## **Erratum to Addendum IV:**

## Therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis (DAR 17/10/02) (date 2 May, 2019)

Please note that a replacement page with a summary of and rationale for corrections is provided below.

## Page 8:

• Correction of text in the table header row of Table 5.

PAGE 8

Table 1: Sensitivity analyses

Sensitivity analysis		Overall patient population		Subpopulation of RA patients <sup>1</sup>	
		Differential cost (£ per patient per 18 months)	ICER	Differential cost (£ per patient per 18 months)	ICER
Frequency of testing (#tests per year):	1	-£624	Interventio n dominates SC (in all scenarios below)	-£87	Intervention dominates SC
	2	-£491		£46	£800
Duplicate concurrent testing with phlebotomy appointment		-£159		£378	£6,629
Duplicate reflex testing with phlebotomy appointment, 35.8% of patients w/LDL		-£199		£337	£5,919
Duplicate reflex testing with phlebotomy appointment, of patients w/LDL		-£225		£316	£5,542
Singlet reflex testing with phlebotomy appointment, 35.8% of patients w/LDL		-£244		£293	£5,140
Singlet reflex testing with phlebotomy appointment, of patients w/LDL		-£257		£280	£4,904
Singlet reflex testing without phlebotomy appointment, of patients w LDL		-£663		-£126	Intervention dominates SC (in all scenarios below)
Singlet reflex testing without phlebotomy appointment, 35.8% of patients w/LDL		-£649		-£112	
Duplicate reflex testing without phlebotomy appointment, of patients w/LDL		-£626		-£90	
Singlet concurrent testing without phlebotomy appointment		-£630		-£93	
Duplicate reflex testing without phlebotomy appointment, 35.8% of patients w/LDL		-£605		-£68	
Duplicate concurrent testing witho phlebotomy appointment	ut	-£564		-£28	

Key: LDL, low drug level; N/A, not applicable (intervention dominates standard care); SC, standard care <sup>1</sup> In these analyses, only the drug acquisition costs are specific to the RA patient subpopulation, with all the other parameters assumed to be the same as for the overall patient population.