STA Teriflunomide ERG Report Errata (in page order)

Page 15 paragraph 1

"Extension studies found that hepatic disorders and anaphylactic reactions were the most common class of adverse events."

Amended to

"Extension studies found that infections and infestations, hypersensitivity reactions and hepatic disorders were the most common class of adverse events.

Page 18 paragraph 2

"The ICERs for teriflunomide in the full incremental analysis are reported by the manufacturer as £[redacted] and £[redacted] per QALY gained compared to Rebif 22µg for the deterministic and probabilistic analyses respectively."

Amended to

"The ICERs for teriflunomide in the full incremental analysis are reported by the manufacturer as £[redacted] and £[redacted] per QALY gained compared to Rebif 22µg for the deterministic and probabilistic analyses respectively."

Page 19 paragraph 1

"The manufacturer has positioned teriflunomide as a first-line treatment to be used for patients that would otherwise take beta-interferons or glatiramer acetates."

Amended to

"The manufacturer has positioned teriflunomide to be used for patients that would otherwise take beta-interferons or glatiramer acetates including first line use."

Page 29

PPMS corrected to RMS throughout Table 1

Table 1: Overview of teriflunomide trials

Study	Population	Treatment groups	Study Duration	Primary Outcome
Phase III RCTs				
TEMSO	1088 patients with RMS (McDonald) 995 RRMS 51 SPMS 42 PPMS Age 18 to 55 years ≤ EDSS 5	365 teriflunomide 7mg/day 358 teriflunomide 14mg/day 363 placebo	108 weeks	ARR
TOWER	1169 patients with MS (McDonald) [redacted] Age 18 to 55 years ≤ EDSS 5	408 teriflunomide 7mg/day 373 teriflunomide 14mg/day 389 placebo	48 to 154 weeks Optional long-term extension treatment for 48 weeks or until teriflunomide available locally	ARR
TENERE	324 patients with RMS (McDonald) [redacted] Age ≥ 18 years ≤ EDSS 5	109 teriflunomide 7mg/day 111 14mg/day 104 Rebif 44µg given by sub-cutaneous injection 3 x a week	48 to 118 weeks Optional long-term extension treatment until teriflunomide available locally	Time to failure defined as the first occurrence of confirmed relapse or permanent discontinuation for any reason whichever came first
Phase II RCT				
Study 2001	179 patients with RMS (Poser) 157 RRMS 22 SPMS with relapses Age 18 to 65 years ≤ EDSS 6	61 teriflunomide 7mg/day 57 teriflunomide 14mg/day 61 placebo	36 weeks	Combined unique active (new and persisting) lesions per MRI scan
Long-term extension studies				
TEMSO extension	742 patients who completed the TEMSO study and chose to continue to the extension ≤ EDSS 6	381 teriflunomide 7mg/day 359 teriflunomide 14mg/day	On-going	Incidence of adverse events
Study 2001 extension	147 patients who completed the core study and entered the extension ≤ EDSS 6	81 teriflunomide 7mg/day 66 teriflunomide 14mg/day	On-going	Incidence of adverse events

Amended to

Table 2: Overview of teriflunomide trials

Study	Population	Treatment groups	Study Duration	Primary Outcome
Phase III RCTs				
TEMSO	1088 patients with RMS (McDonald) 995 RRMS 51 SPMS 42 PRMS Age 18 to 55 years ≤ EDSS 5	365 teriflunomide 7mg/day 358 teriflunomide 14mg/day 363 placebo	108 weeks	ARR
TOWER	1169 patients with MS (McDonald) [redacted] Age 18 to 55 years ≤ EDSS 5	408 teriflunomide 7mg/day 373 teriflunomide 14mg/day 389 placebo	48 to 154 weeks Optional long-term extension treatment for 48 weeks or until teriflunomide available locally	ARR
TENERE	324 patients with RMS (McDonald) [redacted] Age ≥ 18 years ≤ EDSS 5	109 teriflunomide 7mg/day 111 14mg/day 104 Rebif 44µg given by sub-cutaneous injection 3 x a week	48 to 118 weeks Optional long-term extension treatment until teriflunomide available locally	Time to failure defined as the first occurrence of confirmed relapse or permanent discontinuation for any reason whichever came first
Phase II RCT				
Study 2001	179 patients with RMS (Poser) 157 RRMS 22 SPMS with relapses Age 18 to 65 years ≤ EDSS 6	61 teriflunomide 7mg/day 57 teriflunomide 14mg/day 61 placebo	36 weeks	Combined unique active (new and persisting) lesions per MRI scan
Long-term extension studies				
TEMSO extension	742 patients who completed the TEMSO study and chose to continue to the extension ≤ EDSS 6	381 teriflunomide 7mg/day 359 teriflunomide 14mg/day	On-going	Incidence of adverse events
Study 2001 extension	147 patients who completed the core study and entered the extension ≤ EDSS 6	81 teriflunomide 7mg/day 66 teriflunomide 14mg/day	On-going	Incidence of adverse events

Page 30 paragraph 3

"The majority of participants across the trials have RRMS (at least 87%) for which teriflunomide has a CHMP positive opinion. However a number of participants have PPMS or SPMS. It is noted that the age range of the two phase III randomised trials is 18 to 55 so evidence for older patients is sparse, though not untypical of the population to be treated with teriflunomide. In terms of disease severity all the phase III trials required patients to score 5 or less on the EDSS scale whereas the phase II and extension studies allowed EDSS up to 6, patients with more severe disease."

Amended to

"The majority of participants across the trials have RRMS (at least 87%) for which teriflunomide has a CHMP positive opinion. However a number of participants have PRMS or SPMS. It is noted that the age range of the two phase III randomised trials is 18 to 55 so evidence for older patients is sparse, though not untypical of the population to be treated with teriflunomide. In terms of disease severity all the phase III trials required patients to score 5.5 or less on the EDSS scale whereas the phase II and extension studies allowed EDSS up to 6, patients with more severe disease."

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Table 3: Placebo-controlled trials and RSS populations

	Study 2001	TEMSO	TOWER	Risk Sharing scheme[10]
n	179	1088	1169	4871
Age mean (SD)	39.5	37.9 (8.8)	37.9 (9.3)	39.3
% female	72	72.2	71.1	74.9
% white	NR	97	[redacted]	
Duration disease since start of symptoms mean (SD)	NR	Median 6.83 yrs.	8.00(6.72) median 6.25	8.5 (7.4)
Duration disease since diagnosis mean (SD)	Approx 5 years	Median 3.5 years	5.16 (5.66) Median 3.17	5.2 (5.8)
EDSS baseline mean (SD)	Approx 2.25	2.5	2.7 (1.37)	3.4 (1.70) RRMS only = 3.1 (1.5)
% EDSS $\geq$ 3.5	NR	NR	75.7	NR
Relapses in prior two years, mean (SD)	NR	1 (median in previous 1 yr.)	2.1 (1.2)	2.9 (1.2)
% RRMS	88	91.5	97.5	85.8
Previous treatment with DMT	79%	27.0%	[redacted]	Unclear
% HA *	NR	1.9%	13.3%	NR
%RES*	NR	6.6%	21.6%	NR

*HA and RES defined more specifically in TEMSO than in TOWER therefore the proportions across the trial may not be directly comparable

Amended to

Table 4: Placebo-controlled trials and RSS populations

	Study 2001	TEMSO	TOWER	Risk Sharing scheme[10]
n	179	1088	1169	4871
Age mean (SD)	39.5	37.9 (8.8)	37.9 (9.3)	39.3
% female	72	72.2	71.1	74.9
% white	NR	97.5	[redacted]	
Duration disease since start of symptoms mean (SD)	NR	Median 6.83 yrs.	8.00(6.72) median 6.25	8.5 (7.4)
Duration disease since diagnosis mean (SD)	Approx 5 years	Median 3.5 years	5.16 (5.66) Median 3.17	5.2 (5.8)
EDSS baseline mean (SD)	Approx 2.25	Median 2.5	2.7 (1.37)	3.4 (1.70) RRMS only = 3.1 (1.5)
% EDSS $\geq$ 3.5	NR	NR	75.7	NR
Relapses in prior two years, mean (SD)	NR	1 (median in previous 1 yr.)	2.1 (1.2)	2.9 (1.2)
% RRMS	88	91.5	97.5	85.8
Previous treatment with DMT	79%	27.0%	[redacted]	Unclear
% HA *	NR	1.9%	13.3%	NR
%RES*	NR	6.6%	21.6%	NR

*HA and RES defined more specifically in TEMSO than in TOWER therefore the proportions across the trial may not be directly comparable

Page 45 paragraph 1

"The submission did not include a synthesis of adverse effects data that could be readily checked against supporting tables. The summary of adverse effects cited the Summary of Product Characteristics (SPC) for Aubagio®, which could not be checked by the ERG as it is not yet available. A table outlining the adverse events causing discontinuation across the trials would have been informative."

Amended to

"The submission did not include a synthesis of adverse effects data that could be readily checked against supporting tables. The summary of adverse effects cited the Summary of Product Characteristics (SPC) for Aubagio®. A table outlining the adverse events causing discontinuation across the trials would have been informative.

Page 46 paragraph 3

[redacted]

Page 48 paragraph 3

"The main selection criteria for trials for the MTC were:

Adults with either RRMS or progressive MS (including SPMS or PRMS), of which 80% have RRMS. Trials with mixed MS patient populations with less than 20% PPMS or clinically isolated syndrome (CIS) patients also were included."

Amended to

"The main selection criteria for trials for the MTC were:

Adults with either RRMS or progressive MS (including SPMS or PRMS), of which 80% have RRMS. Trials with mixed MS patient populations with less than 20% PRMS or clinically isolated syndrome (CIS) patients also were included."

Page 55

Table 5: MTC results 3mth SAD

	Base case analysis	**All Years analysis**	**Direct results available***
Comparison	**Hazard ratio [95% CrI]**	**Hazard Ratio [95% CrI]**	**Hazard Ratio [95% CrI]**
Teriflunomide 14mg vs. Placebo	0.71 [0.53, 0.92]	[redacted]	TEMSO: 0.7 [0.51, 0.96] TOWER: 0.68 [0.47, 1] Direct MA: 0.694 [0.544, 0.886]
Betaferon 250µg vs. Placebo	1.21 [0.68, 2.16]	[redacted]	IFNB Study, 0.68 (95% CI 0.40, 1.17)
Avonex 30µg vs. Placebo	0.91 [0.61, 1.33]	[redacted]	Data only for 6mth SAD
Rebif 44 µg vs. Placebo	0.79 [0.51, 1.24]	[redacted]	PRISMS, 0.65 (95% CI 0.45, 0.94)
Rebif 22 µg vs. Placebo		[redacted]	
GA 20 mg vs. Placebo	0.93 [0.59, 1.45]	[redacted]	CONFIRM: 0.93 [0.63, 1.37]
Fingolimod 0.5 mg vs. Placebo	0.75 [0.58, 0.96]	[redacted]	
Natalizumab 300 mg vs. Placebo	0.58 [0.4, 0.84]	[redacted]	Polman, 2006: 0.58 [0.43, 0.78]
Teriflunomide 14mg vs. Betaferon 250µg	0.58 [0.30, 1.12]	[redacted]	
Teriflunomide 14mg vs. Avonex 30µg	0.77 [0.50, 1.24]	[redacted]	
Teriflunomide 14mg vs. Rebif 44µg	0.90 [0.54, 1.45]	[redacted]	[redacted]
Teriflunomide 14mg vs. Rebif 22µg		[redacted]	
Teriflunomide 14mg vs. GA 20 mg	0.76 [0.45, 1.30]	[redacted]	
Teriflunomide 14mg vs. Fingolimod 0.5 mg	0.95 [0.64, 1.35]	[redacted]	
Teriflunomide 14mg vs. Natalizumab 300 mg	1.22 [0.77, 1.94]	[redacted]	

*For complete direct vs. indirect comparisons available see Appendix Table; GA glatiramer acetate

Amended to

Table 6: MTC results 3mth SAD

	Base case analysis	All Years analysis	Direct results available*
Comparison	**Hazard ratio [95% CrI]**	**Hazard Ratio [95% CrI]**	**Hazard Ratio [95% CrI]**
Teriflunomide 14mg vs. Placebo	0.71 [0.53, 0.92]	[redacted]	TEMSO: 0.7 [0.51, 0.96] TOWER: 0.68 [0.47, 1] Direct MA: 0.694 [0.544, 0.886]
Betaferon 250µg vs. Placebo	1.21 [0.68, 2.16]	[redacted]	IFNB Study, 0.68 (95% CI 0.40, 1.17)
Avonex 30µg vs. Placebo	0.91 [0.61, 1.33]	[redacted]	Data only for 6mth SAD
Rebif 44 µg vs. Placebo	0.79 [0.51, 1.24]	[redacted]	PRISMS, 0.65 (95% CI 0.45, 0.94)
Rebif 22 µg vs. Placebo		[redacted]	
GA 20 mg vs. Placebo	0.93 [0.59, 1.45]	[redacted]	CONFIRM: 0.93 [0.63, 1.37]
Fingolimod 0.5 mg vs. Placebo	0.75 [0.58, 0.96]	[redacted]	Kappos L, 2010: 0.7 [0.52, 0.94] Calabresi, 2012: 0.83 [0.61, 1.13] Direct MA: 0.76 [0.614, 0.941]
Natalizumab 300 mg vs. Placebo	0.58 [0.4, 0.84]	[redacted]	Polman, 2006: 0.58 [0.43, 0.78]
Teriflunomide 14mg vs. Betaferon 250µg	0.58 [0.30, 1.12]	[redacted]	
Teriflunomide 14mg vs. Avonex 30µg	0.77 [0.50, 1.24]	[redacted]	
Teriflunomide 14mg vs. Rebif 44µg	0.90 [0.54, 1.45]	[redacted]	[redacted]
Teriflunomide 14mg vs. Rebif 22µg		[redacted]	
Teriflunomide 14mg vs. GA 20 mg	0.76 [0.45, 1.30]	[redacted]	
Teriflunomide 14mg vs. Fingolimod 0.5 mg	0.95 [0.64, 1.35]	[redacted]	
Teriflunomide 14mg vs. Natalizumab 300 mg	1.22 [0.77, 1.94]	[redacted]	

*For complete direct vs. indirect comparisons available see Appendix Table; GA glatiramer acetate

Page 61 paragraph 2

[redacted]

Amended to

[redacted]

Page 67, paragraph 1

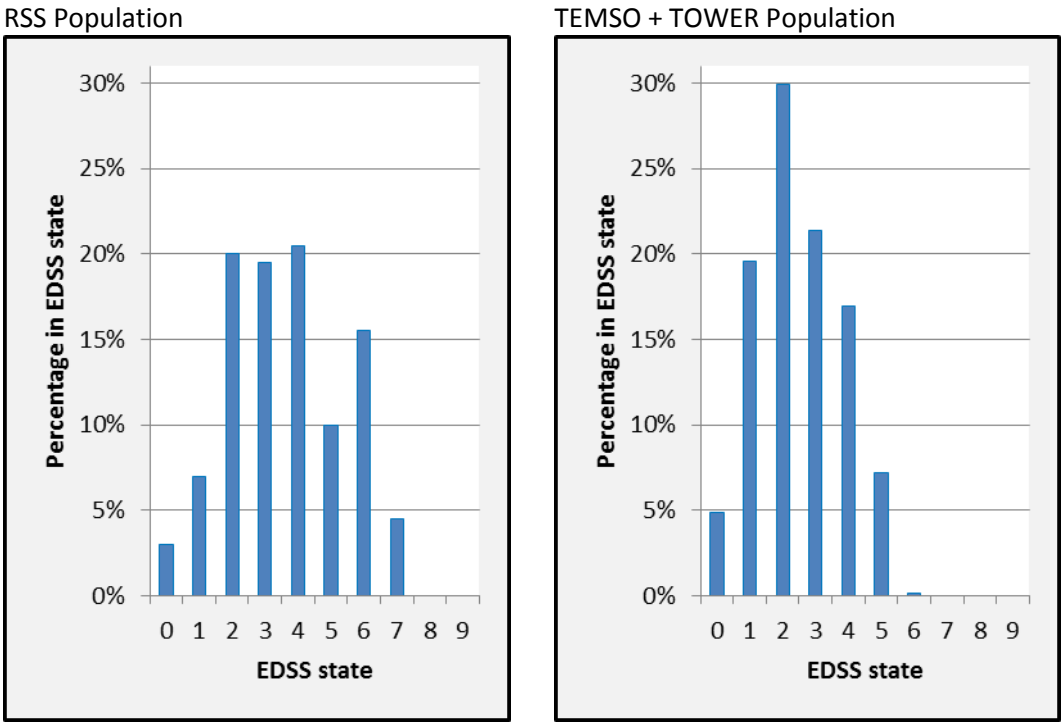
"The manufacturer's main submission considered adults with RRMS for which teriflunomide was granted market authorisation in March 2013. The patient population treated with teriflunomide 14mg in the phase III pivotal trials (TEMSO, TOWER and TENERE) consisted of 95.8% RRMS patients."

Amended to

"The manufacturer's main submission considered adults with RRMS for which teriflunomide was granted market authorisation in March 2013. The patient population treated with teriflunomide 14mg in the phase III pivotal trials (TEMSO, TOWER and TENERE) consisted of 95.8% RRMS patients. The ERG only considers teriflunomide as first-line treatment since the manufacturer reports that "the UK target population for teriflunomide … is early in the disease as first line treatment" (Manufacturer's submission, page 237) and the manufacturer's cost-effectiveness model only allows for teriflunomide as first-line treatment."

Page 68

"The patients' initial distribution by EDSS states is more severe in the RSS population than in the trial populations (**Error! Reference source not found.**).



Error! Reference source not found.

Figure 1 Error! Reference source not found.**: EDSS state distributions across studies"**

Amended to

“The patients’ initial distribution by EDSS states is more severe in the RSS population than in the trial populations (Figure 5).

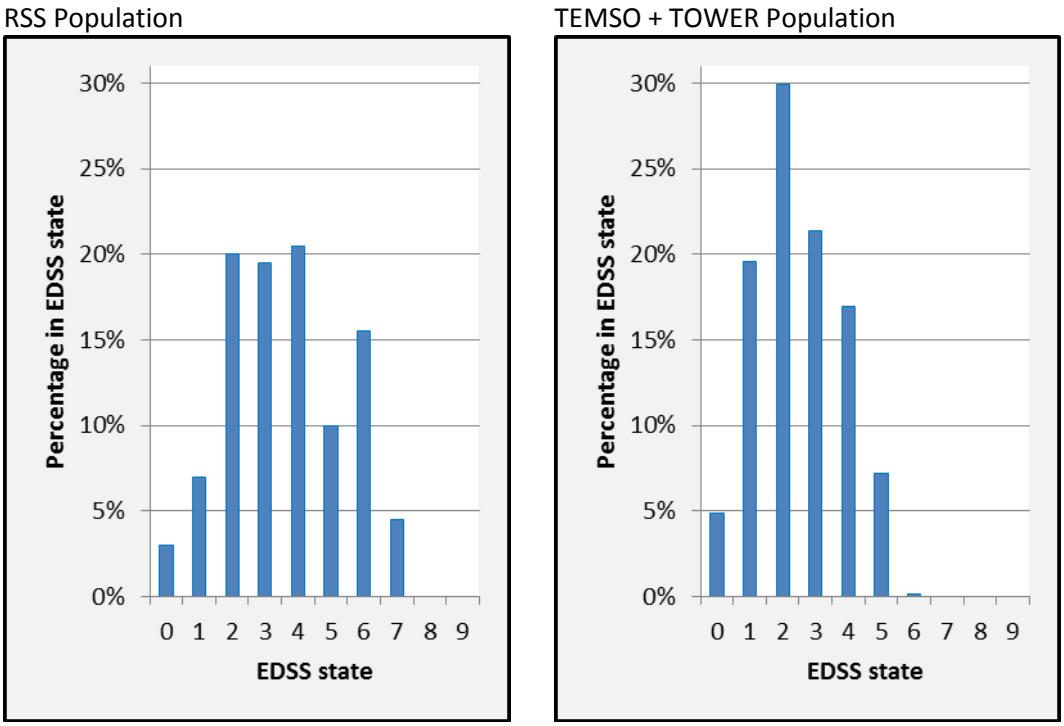


Figure 2: EDSS state distributions across studies”

Page 80 paragraph 2

"Dee et al. estimate that 80% of relapses lead to hospitalisation compared to 69.3% in the TEMSO and TOWER trials. "

Amended to

"Dee et al. estimate that 20% of relapses lead to hospitalisation compared to 30.7% in the TEMSO and TOWER trials."

Page 104, paragraph 1

The QALYs in TA 32 range from 8.93 to 9.57 and the cost from £68,453 to £102,133.

Amended to

The QALYs in TA 32 range from 8.93 to 9.95 and the cost from £68,453 to £131,455.

Page 106 paragraph 1

"Table Y demonstrates that there is a wide range of HRQoL estimates available in the literature and applied in previous technology appraisals for EDSS health states."

Amended to

"Table 52 demonstrates that there is a wide range of HRQoL estimates available in the literature and applied in previous technology appraisals for EDSS health states."

Page 123, paragraph 1

They found that a 25% decrease in efficacy after 5 years increased the ICER compared to the blended comparator by [redacted] per QALY, and a 50% decrease increased it by [redacted] per QALY.

Amended to

They found that a 25% decrease in efficacy after 5 years increased the ICER compared to the blended comparator by [redacted] per QALY, and a 50% decrease increased it by [redacted] per QALY."

Page 128, Table 68 **: Probabilistic results of the full incremental analysis comparing the ERG's preferred analysis, non-PAS price**

Technology	Manufacturer's corrected base case			ERG's preferred analysis		
	QALYs	Cost	ICER	QALYs	Cost*	ICER
Glatiramer acetate	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1b	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
teriflunomide	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

*Not ordered by cost for easier comparison to the base case results

Amended to

Technology	Manufacturer's corrected base case			ERG's preferred analysis		
	QALYs	Cost	ICER**	QALYs	Cost*	ICER**
Glatiramer acetate	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1b	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
teriflunomide	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

*Not ordered by cost for easier comparison to the base case results

**Comparisons to glatiramer acetate, except teriflunomide which is compared to IFNβ-1a 22µg (Rebif)

Page 129

Table 7: Probabilistic results of the full incremental analysis comparing the ERG's preferred analysis with the PAS price

Technology	Manufacturer's corrected base case with PAS price			ERG's preferred analysis with PAS price		
	QALYs	Cost	ICER	QALYs	Cost*	ICER
Glatiramer acetate	[redacted]	[redacted]	-	[redacted]	[redacted]	-
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	£917,667
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1b	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
teriflunomide	[redacted]	[redacted]	Dominates	[redacted]	[redacted]	£107,148

* Not ordered by cost for easier comparison to the base case results

Amended to

Table 8: Probabilistic results of the full incremental analysis comparing the ERG's preferred analysis with the PAS price

Technology	Manufacturer's corrected base case with PAS price			ERG's preferred analysis with PAS price		
	QALYs	Cost	ICER**	QALYs	Cost*	ICER**
Glatiramer acetate	[redacted]	[redacted]	-	[redacted]	[redacted]	-
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	£917,667
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1b	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
teriflunomide	[redacted]	[redacted]	Dominates	[redacted]	[redacted]	£107,148

* Not ordered by cost for easier comparison to the base case results

** Comparisons to teriflunomide, except teriflunomide which is compared to glatiramer acetate.

Page 130

Table 9: Deterministic results comparing the ERG's preferred analysis with the non-PAS price

Technology	Manufacturer's corrected base case			ERG's preferred analysis with the non-PAS price		
	QALYs	Cost	ICER	QALYs	Cost	ICER
Glatiramer acetate	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1b	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
teriflunomide	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Amended to

Table 10: Deterministic results comparing the ERG's preferred analysis with the non-PAS price

Technology	Manufacturer's corrected base case			ERG's preferred analysis with the non-PAS price		
	QALYs	Cost	ICER*	QALYs	Cost	ICER*
Glatiramer acetate	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1b	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
teriflunomide	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

*All comparisons to glatiramer acetate.

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Table 11: Deterministic results comparing the ERG's preferred analysis with the PAS price

Technology	Manufacturer's corrected base case with the PAS price			ERG's preferred analysis with the non-PAS price		
	QALYs	Cost	ICER	QALYs	Cost	ICER
Glatiramer acetate	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
IFNβ-1b	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
teriflunomide	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Amended to

Table 12: Deterministic results comparing the ERG's preferred analysis with the PAS price

Technology	Manufacturer's corrected base case with the PAS price			ERG's preferred analysis with the PAS price		
	QALYs	Cost	ICER*	QALYs	Cost	ICER*
Glatiramer acetate	[redacted]	[redacted]	-	[redacted]	[redacted]	-
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1b	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
teriflunomide	[redacted]	[redacted]	Dominates	[redacted]	[redacted]	£86,946

* Comparisons to teriflunomide, except teriflunomide which is compared to glatiramer acetate.

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Table 13: Deterministic results comparing the ERG's preferred analysis with the PAS price but using the 'post-2000' MTC.

Technology	ERG's preferred analysis with the PAS price and all studies MTC			ERG's preferred analysis with the PAS price and post-2000 MTC		
	QALYs	Cost	ICER	QALYs	Cost	ICER
Glatiramer acetate	[redacted]	[redacted]	-	[redacted]	[redacted]	-
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1b	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
teriflunomide	[redacted]	[redacted]	£86,946	[redacted]	[redacted]	£6,266

Amended to

Table 14: Deterministic results comparing the ERG's preferred analysis with the PAS price but using the 'post-2000' MTC.

Technology	ERG's preferred analysis with the PAS price and all studies MTC			ERG's preferred analysis with the PAS price and post-2000 MTC		
	QALYs	Cost	ICER*	QALYs	Cost	ICER*
Glatiramer acetate	[redacted]	[redacted]	-	[redacted]	[redacted]	-
IFNβ-1a 44µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a 22µg (Rebif)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1a (Avonex 30µg)	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
IFNβ-1b	[redacted]	[redacted]	Dominated	[redacted]	[redacted]	Dominated
teriflunomide	[redacted]	[redacted]	£86,946	[redacted]	[redacted]	£6,266

*Comparisons to teriflunomide, except teriflunomide which is compared to glatiramer acetate.