

SUPPLEMENTARY INFORMATION

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to:

X Li, Swathi Pathadka, Kenneth K Man, Ian CK Wong, Esther WY Chan. Budget impact of introducing tofacitinib to the public hospital formulary in Hong Kong, 2017-2021.

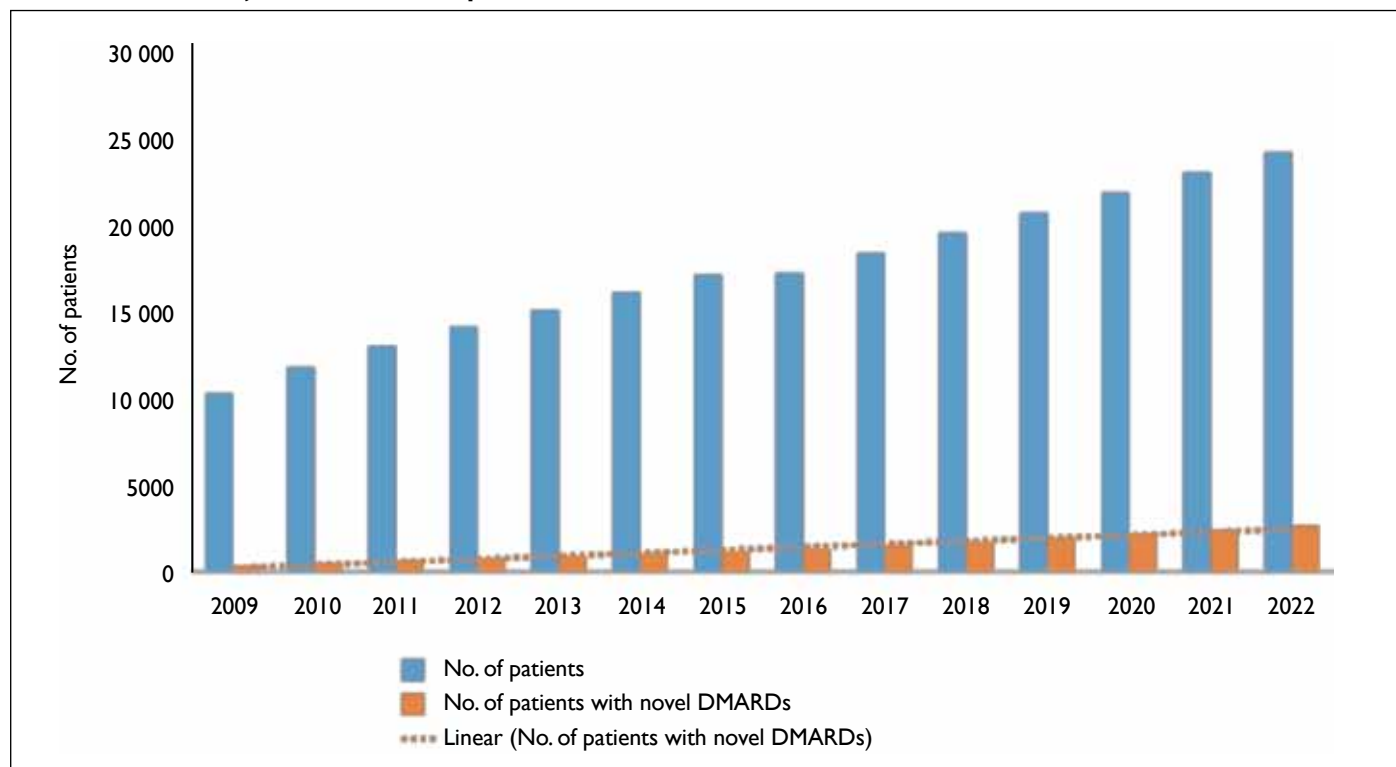
Hong Kong Med J 2019;25:Epub 29 May 2019. <http://doi.org/10.12809/hkmj187673>

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APPENDIX I. Projected number of patients, 2017-2022



Abbreviation: DMARDs = disease-modifying anti-rheumatic drugs

APPENDIX 2. Summary of base-case scenario assumptions

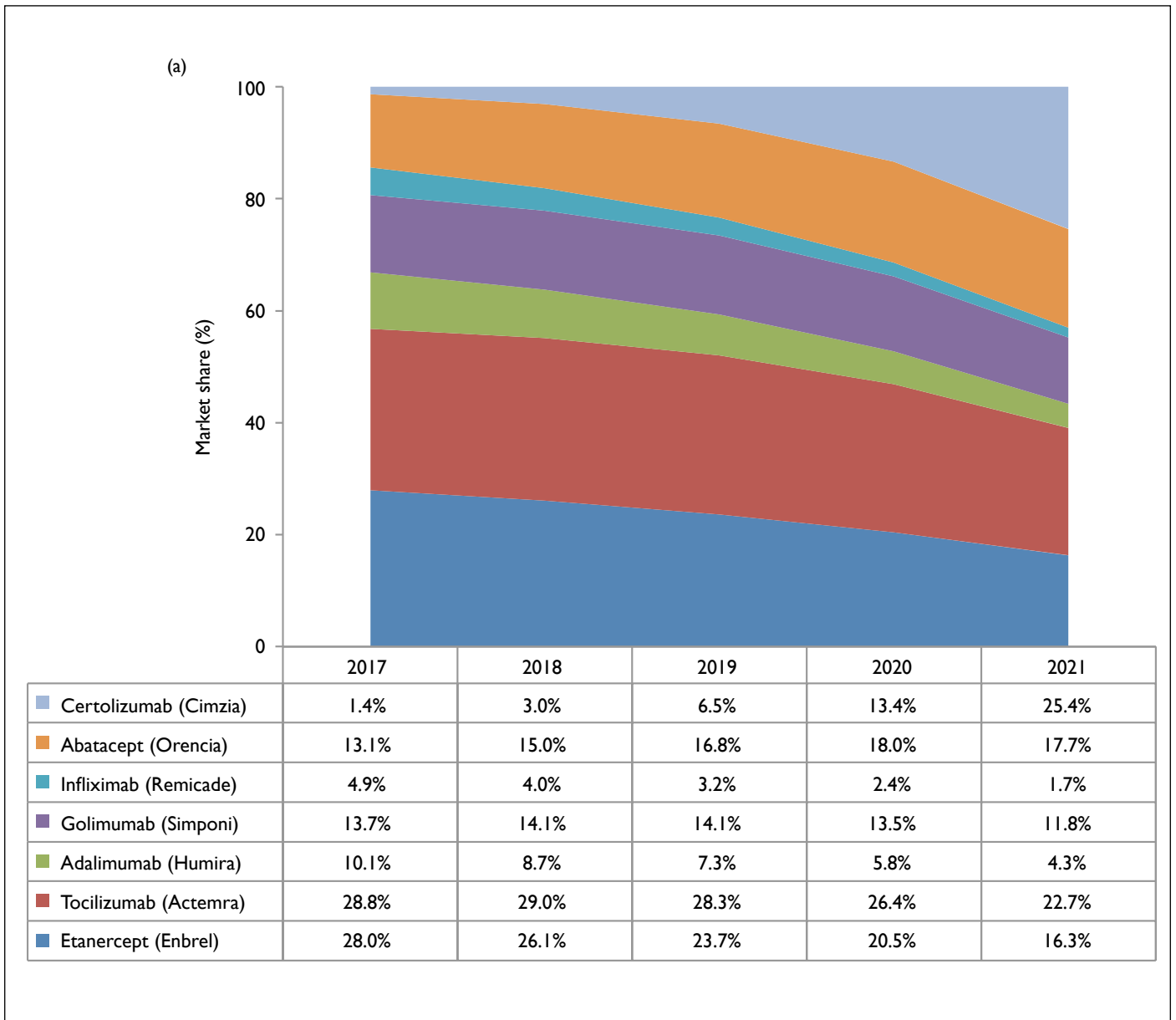
Clinical assumptions

1. Remission and treatment failure were disregarded.
2. Identical efficacy and safety profiles were maintained for all treatments.
3. The 1-year retention rate was 80% for tofacitinib, whereas it was 100% for all biologic treatments.
4. Patients who discontinued tofacitinib would switch to a biologic treatment, on the basis of its market share.
5. All treatments had 100% compliance.

Economic assumptions

1. Treatment monitoring costs (eg, laboratory tests, rheumatology visits, X-rays, and cardiology and pulmonology monitoring assays) were not considered.
2. Indirect costs were not considered.
3. Costs of conventional synthetic disease-modifying antirheumatic drugs were not considered, as these comprise general drugs in the formulary.
4. Medication costs were identical throughout the 5-year period.
5. No cost inflation was considered.

APPENDIX 3. Projected market share in the base-case scenario (a) without tofacitinib and (b) with tofacitinib, 2017-2021



APPENDIX 3. (cont'd)

