List of parameters for further analyses of Eisai model

1) Reduce industry institutional care costs by 28% (PenTAG assumption that 28% are not funded by NHS/PSS). This changes the institutional costs to £2017.

Table 1. Cost effectiveness of base case model with reduced institutional costs

	Base case model			Base case with reduced institutional costs		
	Cost £	QALYs	ICER £	Cost £	QALYs	ICER £
Mild	-3386	0.147	-22975	-1,300	0.147	-8843
Moderate	-1883	0.109	-17310	-398	0.109	-3651

2) Assume PenTAG institutional care NHS/PSS costs of £2117 (£2,941 * 0.72)

Table 2. Cost effectiveness of base case model with PenTAG's institutional costs

	Base case model			Base case with reduced institutional costs		
	Cost £	QALYs	ICER £	Cost £	QALYs	ICER £
Mild	-3386	0.147	-22975	-1,559	0.147	-10605
Moderate	-1883	0.109	-17310	-588	0.109	-5395

3) Assume PenTAG pre-institution care costs by MMSE. The pre-institutional costs for the E/P model are estimated from the data provided by PenTAG. The costs for each MMSE level provided by PenTAG are averaged and interpolated to estimate the costs at home across the severity levels as shown in Table 3.

Table 3: Proportion of patients in pre-institutional care according to severity level and the costs recommended by PenTAG (derived by averaging/interpolation)

MMSE	Severity scale	Costs (£)	Home	Institutional Care
25 to 30	Mild	672	87.1%	12.9%
20 to 24	Mild Moderate	827	74.4%	25.6%
15 to 19	Moderate	1,227	61.7%	38.3%
10 to 14	Moderate Severe	2,034	49.0%	51.0%
0 to 9	Severe	2,457	30.0%	70.0%

Table xxx. Cost effectiveness of base case model with PenTAG's Pre-institutional costs

	Base case model			Base case with reduced institutional costs		
	Cost £	QALYs	ICER £	Cost £	QALYs	ICER £
Mild	-3386	0.147	-22975	-6,424	0.147	-43700
Moderate	-1883	0.109	-17310	-2671	0.109	-24505