

17 years between launch and 2013—imply a price of approximately \$1,620,721 rather than the actual price of \$62,394. The correct answer for Avonex is a more modest 12% annual change (note that the error is greater the more years since a product launch).

CPI calculation errors are much smaller so that the differences between drug and CPI changes are also not maintained when corrected. Thus the difference from CPI is also more modest. While these corrected price increases (and differences from CPI increases) may still suggest further exploration, a 12% annual price increase is not as striking as the claimed 34.6%.

**Author Response: Daniel M. Hartung, Dennis N. Bourdette, Sharia Ahmed, Ruth H. Whitham, Portland, OR:** We thank Dr. Rittenhouse for his interest in our article. Dr. Rittenhouse is correct that in table 1 we report the annualized change as the overall percentage increase divided by the number of years since market approval for each DMT and the 2 CPIs corresponding to the same time periods. This allowed us to show changes in each DMT from introduction onto the market until December 2013 and compare these with the changes in CPI for the corresponding

time period. We agree that the labels used for the 3 columns could lead some readers to misconstrue the data as being the annual growth rate.

We could have presented the data as a cumulative percentage change in price from marketing approval to the present rather than an annualized percentage increase. The ratio of the cumulative increase in DMT prices to CPI increases would remain unchanged from table 1. For example, there has been a 615% cumulative increase in the price of Avonex relative to an 84% cumulative increase in CPI for prescription drugs since introduction of the DMT until December 2013, a greater than 7-fold difference. For all the MS DMTs, price changes exceed prescription drug inflation during the same period by at least 3-fold.

We appreciate the opportunity to clarify the labeling and method used to generate the data presented in table 1. However, this clarification does not alter our analyses or conclusions about the rapid rise in MS DMT costs since 2002.

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1. Hartung DM, Bourdette DN, Ahmed SM, Whitham RH. The cost of multiple sclerosis drugs in the US and the pharmaceutical industry: too big to fail? *Neurology* 2015;84:2185–2192.

### CORRECTIONS

#### **The cost of multiple sclerosis drugs in the US and the pharmaceutical industry: Too big to fail?**

In the article “The cost of multiple sclerosis drugs in the US and the pharmaceutical industry: Too big to fail?” by D.M. Hartung et al. (*Neurology*® 2015;84:2185–2192), there is an error in table 1. Columns 5–7 should have been labeled “cumulative percent change per year” rather than “annualized changes.” The authors regret the error.

#### **Role for the microtubule-associated protein tau variant p.A152T in risk of $\alpha$ -synucleinopathies**

In the article “Role for the microtubule-associated protein tau variant p.A152T in risk of  $\alpha$ -synucleinopathies” by C. Labbé et al. (*Neurology*® 2015;85:1680–1686), originally published ahead of print on September 2, 2015, there is an omission in the author list. The missing author, Andreas Puschmann, MD, PhD, should appear between Michael G. Heckman and Allan McCarthy in the author list. A corrected version was posted on September 25, 2015. The authors regret the omission.

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Author disclosures are available upon request ([journal@neurology.org](mailto:journal@neurology.org)).

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**The cost of multiple sclerosis drugs in the US and the pharmaceutical industry: Too big to fail?**

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