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Change in Healthcare Resource Utilization Following Initiation of Ofatumumab in Patients with Multiple Sclerosis

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Abstract Text:

Background: Ofatumumab (OMB), an FDA-approved CD20-directed monoclonal antibody, has shown efficacy in reducing relapse and slowing disability progression in multiple sclerosis (MS). Real-world (RW) data are needed to assess whether clinical benefits of OMB translate into decreased healthcare resource utilization (HCRU).

Objectives: To assess change in MS-related HCRU following OMB initiation in a RW sample of patients with MS using US administrative claims data.

Methods: Adults with an MS diagnosis initiated on OMB (index date) between 8/2020 (FDA approval date) and 11/2022 were identified from Optum[®] Clinformatics[®] data (8/2019-5/2023). Patients were required to be continuously enrolled ≥ 12 months (mo) before and ≥ 6 mo after index date (study period) and persistent on OMB, defined as no gaps in treatment ≥ 60 days or treatment switch, for ≥ 6 mo after index date. Outcomes included MS-related inpatient (IP) stays, IP days, emergency department (ED) visits, and outpatient (OP) visits. The study period was divided into a 12-mo pre- (before OMB initiation) and ≥ 6 -mo post-index period (from OMB initiation until end of follow up). Rates of MS-related HCRU per person-year (PPY) were assessed using negative binomial regression with an offset for person-time and compared between pre- and post-index periods using unadjusted incidence rate ratios (IRR).

Results: In 625 included patients, mean (SD) age at index date was 49 (11) years, 75% were female, and 67% were White. In the pre-index period, 42% and 24% of patients received low/moderate- and high-efficacy DMTs, respectively, while 36% of patients did not receive a DMT. Mean (SD) length of follow up in the post-index period was 15.74 (6.78) mo. IP stays PPY (95% confidence interval [CI]) decreased significantly from 0.05 (0.03, 0.07) to 0.02 (0.01, 0.03) in the pre- versus the post-index period (IRR=0.39, p=0.005). IP days PPY decreased significantly from 0.44 (0.20, 0.94) to 0.14 (0.06, 0.38; IRR=0.33, p=0.008). OP visits PPY decreased significantly from 6.53 (6.16, 6.93) to 4.58 (4.30, 4.87; IRR=0.70, p<0.001). ED visits PPY decreased non-significantly from 0.16 (0.12, 0.22) to 0.13 (0.09, 0.19; IRR=0.82, p=0.276). Significant reductions in OP visits were robust to varying lengths of follow-up and required OMB persistence post-index.

Conclusions: Rates of MS-related IP stays/days and OP visits decreased significantly following OMB initiation, indicating benefits of OMB for patients, payers, and the healthcare system.

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