Your Abstract Submission Has Been Received

Print this page

You have submitted the following abstract to 2024 Annual Meeting of the Consortium of Multiple Sclerosis Centers. Receipt of this notice does not guarantee that your submission was complete or free of errors.

Real-World Persistence and Adherence to Ofatumumab Vs Ocrelizumab in Patients with Multiple Sclerosis

Ming-Hui Tai, PhD¹, Qiujun Shao, PhD¹, Brandon Brown, PharmD¹, Riley Taiji, PhD², Ariane Faucher, MSc² and Abhijit Gadkari, PhD¹, (1)Novartis Pharmaceuticals Corporation, East Hanover, NJ, (2)STATLOG Inc., Montreal, QC, Canada

Abstract Text:

Background: B-cell monoclonal antibodies (MAB) are currently the preferred treatments for multiple sclerosis (MS). Ofatumumab (OMB) and ocrelizumab (OCR) are two B-cell MABs with different routes of administration and dosing schedules (OMB: self-administered subcutaneously once-monthly; OCR: biannual infusion). Real-world (RW) data comparing persistence and adherence to OMB vs OCR are needed, as these factors impact therapeutic success and patient quality of life.

Objectives: To compare 18- and 24-month (mo) persistence and adherence to OMB vs OCR in RW setting.

Methods: A retrospective cohort study was conducted using Optum® Clinformatics® claims data (8/2019-5/2023). The sample included adults with ≥1 inpatient or ≥2 outpatient MS diagnoses ≥30 days apart; ≥1 OMB or OCR claim; and continuous enrollment (CE) ≥1 year (yr) before and ≥2 yrs after first OMB or OCR claim (index date). Patients treated with OMB were matched 1:1 on propensity score to patients treated with OCR (matched OMB and OCR cohorts). Persistence was defined as the number of days from index date until treatment discontinuation, where discontinuation was defined as a gap ≥60 days of index therapy or switch to another diseasemodifying therapy (DMT). Persistence was assessed using Kaplan-Meier approach. Adherence was estimated based on proportion of days covered (PDC) and was defined as PDC ≥0.8.

Results: Of 498 patients in the study sample (mean age [range]: 50 yrs [20-80]; female: 72%; commercially insured: 53%), 102 and 396 were treated with OMB and OCR, respectively. The matched cohorts included 98 each and were balanced with respect to demographic and disease characteristics. Persistence and adherence to OMB and OCR were comparable in matched cohorts. Specifically, the proportions of patients persistent at 18 and 24 mo post-index in the matched OMB vs OCR cohorts were 69% vs 70% (p=1.00) and 63% vs 59% (p=0.62), respectively. Likewise, the proportions of patients adherent at 18 and 24 mo post-index were 77% vs 74% (p=0.74) and 71% vs 67% (p=0.54), respectively. Similar patterns were observed in sensitivity analyses that had less restrictive CE requirements post-index and that required ≥2 OMB claims or ≥2 OCR infusions 13-21 days apart for cohort eligibility.

Conclusions: OMB demonstrated similar persistence and adherence over 24 mo to the less frequently administered biannual infusible OCR in patients with MS, supporting its utility as a convenient monthly self-injectable DMT.

Title:

Real-World Persistence and Adherence to Ofatumumab Vs Ocrelizumab in Patients with Multiple Sclerosis

Submitter's E-mail Address:

rtaiji@statlogeconometrics.com

Preferred Presentation Format:

Poster

Category:

Disease-modifying therapy

Has this abstract been presented/published elsewhere prior to this meeting?:

No

Have you simultaneously submitted this abstract to another organization for consideration?: No

Would you give CMSC and International Journal of MS Care the first preference to any article that is submitted for publication based on this abstract presentation?:
Yes

Category: Disease-modifying therapy

Keywords:

Disease-modifying treatments in MS, Economic issues and MS and Epidemiology of MS

First Presenting Author

Presenting Author

Ming-Hui Tai, PhD

Email: mindy.tai@novartis.com -- Will not be published

Novartis Pharmaceuticals Corporation East Hanover NJ USA

Click to view Conflict of Interest Disclosure

Second Author

Qiujun Shao, PhD

Email: samantha.shao@novartis.com -- Will not be published

Novartis Pharmaceuticals Corporation East Hanover NJ USA Click to view Conflict of Interest Disclosure

Third Author

Brandon Brown, PharmD

Email: brandon.brown@novartis.com -- Will not be published

Novartis Pharmaceuticals Corporation East Hanover NJ USA

Click to view Conflict of Interest Disclosure

Fourth Author

Riley Taiji, PhD

Email: rtaiji@statlogeconometrics.com -- Will not be published

Alternate Email: rtaiji@statlogeconometrics.com -- Will not be published

STATLOG Inc. Montreal QC Canada

Click to view Conflict of Interest Disclosure

Fifth Author

Ariane Faucher, MSc

Email: afaucher@statlogeconometrics.com -- Will not be published

Alternate Email: rtaiji@statlogeconometrics.com -- Will not be published

STATLOG Inc. Montreal QC Canada

Click to view Conflict of Interest Disclosure

Sixth Author

Abhijit Gadkari, PhD

Email: abhijit.gadkari@novartis.com -- Will not be published

Novartis Pharmaceuticals Corporation East Hanover NJ USA

Click to view Conflict of Interest Disclosure

First Contact

Ming-Hui Tai, PhD

Email: mindy.tai@novartis.com -- Will not be published

Novartis Pharmaceuticals Corporation East Hanover NJ USA

Second Contact

Rilev Taiji, PhD

Email: rtaiji@statlogeconometrics.com -- Will not be published

Alternate Email: rtaiji@statlogeconometrics.com -- Will not be published

STATLOG Inc. Montreal QC Canada

If necessary, you can make changes to your abstract submission.

To access your submission in the future, use the direct link to your abstract submission from one of the automatic confirmation emails that were sent to you during the submission.

Or point your browser to /cmsc/reminder.cgi to have that URL mailed to you again. Your username/password are 9470/907203.

Any changes that you make will be reflected instantly in what is seen by the reviewers. You DO NOT need to go through all of the submission steps in order to change one thing. If you want to change the title, for

example, just click "Title" in the abstract control panel and submit the new title. When you have completed your submission, you may close this browser window.

Tell us what you think of the abstract submission process Home Page