(S02) COST PER RELAPSE AVOIDED AND BUDGET IMPACT OF INTERFERON BETA-1B (EXTAVIA) IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS

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Background: Multiple sclerosis (MS) is one of the most common causes of neurologic disability in young and middle-aged adults. The majority of patients initially have a form of MS described as “relapsing-remitting,” which manifests as a series of relapses followed by periods of partial or complete remission. Interferon beta-1b (IFNβ-1b) is indicated for the treatment of relapsing forms of MS to reduce the frequency of clinical exacerbations. Objectives: The purpose of the study is to determine the cost per relapse avoided of IFNβ-1b (Extavia) compared with other disease-modifying treatments (DMTs) and the budgetary impact of its use for the treatment of relapsing-remitting MS (RRMS) from a US payer perspective. Methods: A Microsoft Excel-based model with inputs for acquisition costs, plan rebates, relapse rates and cost, and market share was used. All first-line DMTs for RRMS treatment were included in the analyses. Outcomes included 1-year and 2-year cost per relapse avoided and overall costs to the health plan as well as the per member per month (PMPM) costs. Drug acquisition costs were in 2009 US dollars. Results: The 1-year cost per relapse avoided was lowest for IFNβ-1b (Extavia) at $58,725, followed by $63,190 for IFNβ-1b (Betaseron), $69,438 for subcutaneous (SC) interferon beta-1a (IFNβ-1a), $118,108 for glatiramer acetate (GA), and $195,719 for intramuscular (IM) IFNβ-1a. The 2-year cost per relapse avoided was lowest for SC IFNβ-1a, followed by IFNβ-1b (Betaseron), IM IFNβ-1a, and GA. For a typical plan, a 16% uptake of IFNβ-1b (Extavia) utilization in year 1 resulted in an increased savings of $0.03 PMPM in total IFNβ-1b costs. Conclusions: IFNβ-1b (Extavia) is a cost-effective therapy compared with other DMTs as measured by the cost per relapse avoided. From a US payer perspective, entry of IFNβ-1b (Extavia) in the US health market will lead to health plan cost savings.

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