Introduction

As the demand for health care delivery models becomes more evident, a growing number of studies have focused on comparing the efficacy and cost-effectiveness of various treatment options. This has important implications for comparative effectiveness research.

Methods

Patient population

Inclusion criteria selected patients who were between 16-65 years of age at index (i.e., the date of the first DMD prescription). Outcomes were measured using claims data from the IMS RWD Adjudicated Claims – US database. All patients were included in the study.

DMD treatment outcomes – outpatient resource use

Resource use associated with management of patients newly initiating scIFN-1α was assessed using self-reported data on clinical visits, inpatient, and outpatient hospitalizations.

Limitations

This network meta-analysis, after adjustment for demographics and clinically meaningful disease severity indicators, several healthcare resource use resource measures associated with outpatient management of MS during the first year on treatment were significantly reduced in treatment-naive patients initiating scIFN-1α compared with patients initiating oral DMDs.

Conclusions

The results of this study demonstrate the clinical and economic impact of various management approaches for patients newly initiating scIFN-1α.

References


Disclosures

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Outpatient resource use – diagnostic and laboratory tests

Table 4. Unadjusted rates of post-index diagnostic and laboratory test use among treatment cohorts are presented in Table 4.

- The mean number of post-index CBCs per patient was significantly lower for scIFN-1α patients (1.29 [0.54]; p=0.0046).
- The mean number of post-index LFTs per patient was significantly lower for patients initiating scIFN-1α compared with patients initiating oral DMDs.