Independent Study Highlights Differences Between Advanced Practice Providers and Neurologists in Monoclonal Antibody Disease-Modifying Therapies Use

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Background

Survey fielded by an independent market intelligence agency which specializes in tracking the US disease-modifying therapy (DMT) market, including benchmarking new launch metrics, in multiple sclerosis (MS).

Objective

Characterize the MS treatment and management patterns of Advanced Practice Providers (APPs) and compare to neurologists.

Methods

Fielded between August and October 2017, 53 US APPs provided responses to an online survey. Results were compared to a parallel survey of 98 US neurologists, fielded in August 2017.

Results

Even with no significant difference in primary practice types, APPs are more likely to practice in a setting with MS specialist(s), a significantly higher MS patient volume, and onsite infusion capabilities compared to surveyed neurologists (*Fig. 1*). When considering MS patient care, neurologists perceive APPs as most competent at diagnosing and managing relapses and symptoms (*Fig. 2*). APPs report not only significantly higher shares of natalizumab (12.8% vs 7.3% compared with neurologists) and alemtuzumab (3.4% vs 1.1%), but also appeared to be early adopters of ocrelizumab (81% of APPs vs 67% of neurologists) with a self-reported share more than double that reported by neurologists (6.4% vs 3.0%). Neurologists, on the other hand, report significantly higher shares of dimethyl fumarate, interferon beta-1b, interferon beta 1a (SC), and Sandoz's glatiramer acetate (*Fig. 3*). PML concern is less of a limiting factor in APPs' use of monoclonal antibody (mAb) DMTs compared to neurologists, except for natalizumab which they rate similarly to neurologists. Likewise, more APPs report significantly lower concern with the risk-benefit profiles of the individual mAb DMTs compared with neurologists (*Fig. 4*). Instead of safety, barriers to using infusion mAb DMTs are more related to reimbursement/payer restrictions and patient reluctance among APPs (*Fig. 5*).

Figure 1

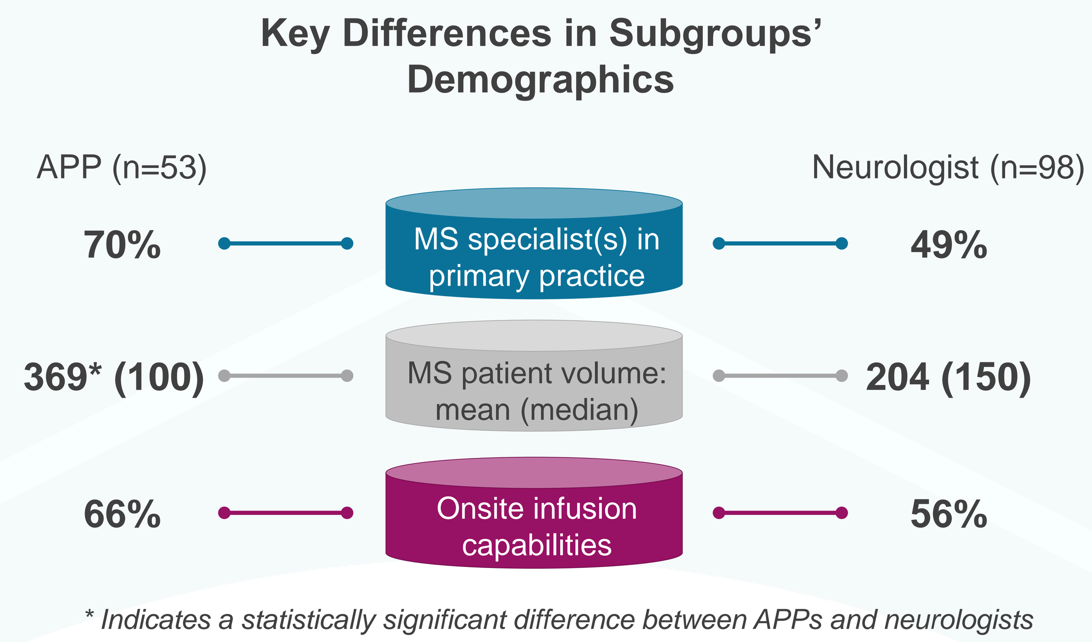


Figure 2

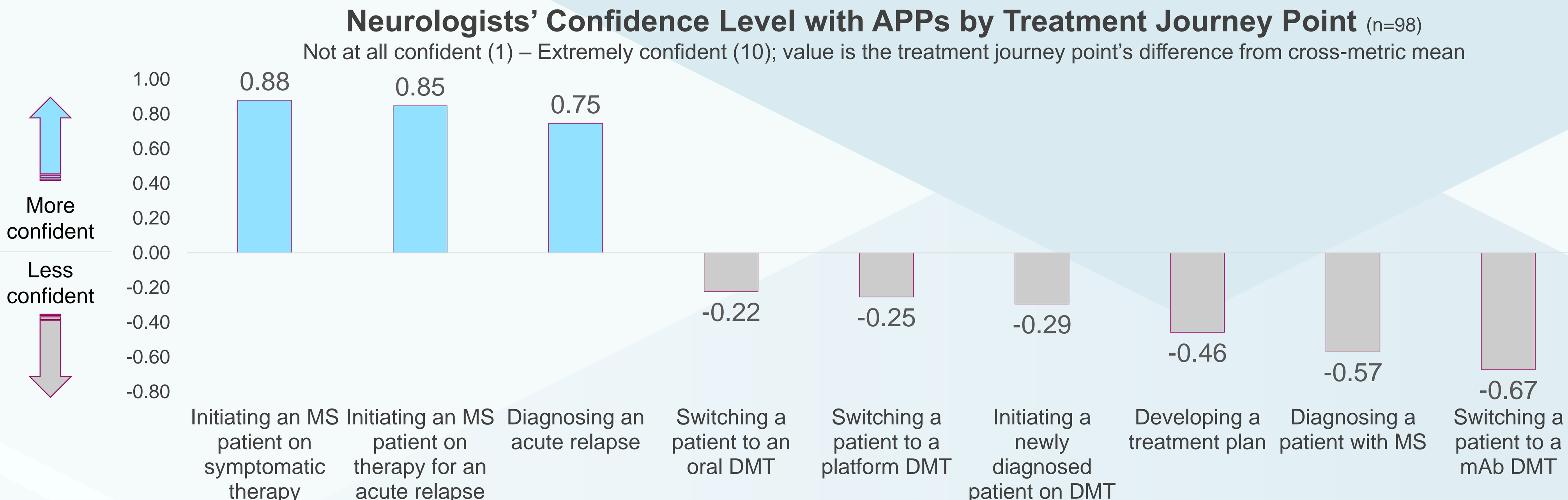
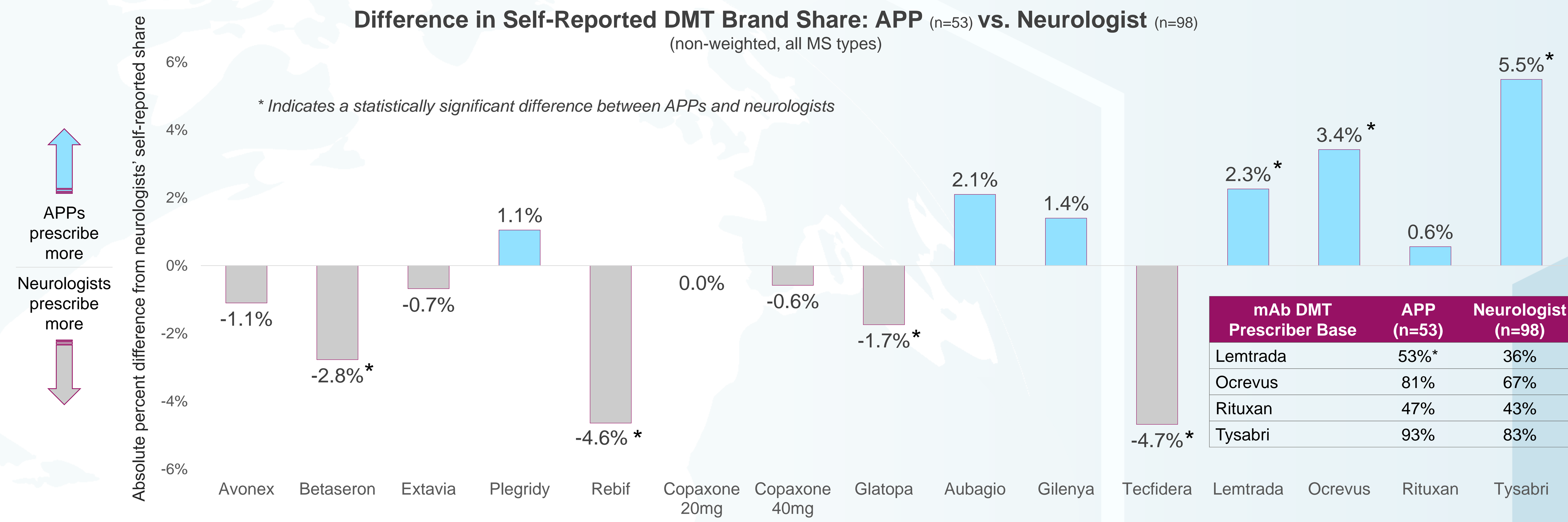


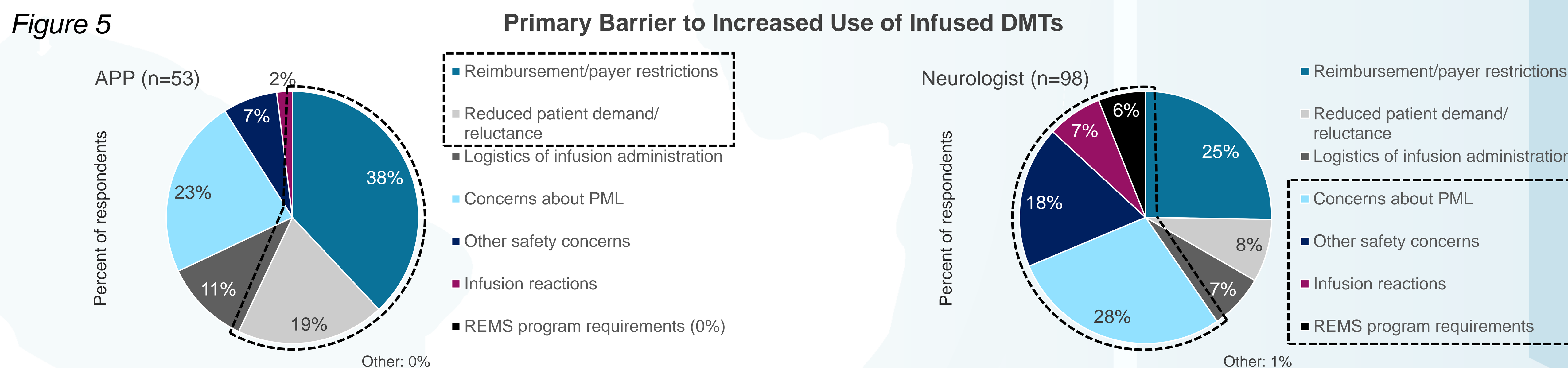
Figure 3



mAb DMT Prescriber Base	APP (n=53)	Neurologist (n=98)
Lemtrada	53%*	36%
Ocrevus	81%	67%
Rituxan	47%	43%
Tysabri	93%	83%

Figure 4

Figure 5



Qualitative Feedback on APPs' Role in MS Management: In Their Own Words

"I argue that I probably have a couple of the ***higher severity*** *[MS patients]. Because I have more time to spend with them, I have the ones that are* ***more tedious*** *and* ***more severe****."* - NP, office based

"I think if you are in an MS center or you have a fellowship-trained MS specialist, those specialists are probably going to have more of an active role in the care of the patients. I would say in our practice itself, probably ***only half of the neurologists routinely see MS****. Many of them are* ***deferring their care to the PA****. So, I would say in our tight* <u>*community-based general neurology setting*</u>*, the* ***PAs are probably the most active treaters of MS patients****. I would say truthfully we're not micro-managed, we're* ***very independent in our decision-making****."* - PA, office based

"I see patients primarily for follow-up and for acute visits with ***urgent new patients*** *that need to establish care here with us. So for the most part, it'll be an every other visit type of deal where a patient will see the physician and then come back and see me in three or six months or, if they're having an* ***acute issue and need to be addressed sooner than their normal follow-up visit****, they'll typically come back and see me for their neuro exam and to determine if we need imaging or steroids."* - PA, MS center

"Probably the biggest chunk of my MS patient base is folks that are ***coming in with flares*** *and getting them managed and back on the right track. The follow-up to that would be, once the flares are resolved, bringing them back in and having a conversation, whether it's looking at a* ***new scan*** *down the road and deciding is our current modification therapy still a good choice, or do we need to consider* ***making a switch*** *at that point."* - PA, office based

Conclusion

APPs, who are often tasked with oversight of onsite infusion capabilities, tend to manage clinically complex, relapsing patients who may be appropriate candidates for a DMT switch to a mAb therapy. With their significantly greater clinical experience and comfort with mAb agents, APPs may be especially influential in the uptake of this growing DMT class for the treatment of MS.

Note: Spherix Global Insights is an independent healthcare market analytics company. All studies are independently funded and fielded by the organization. Final reports are developed from these studies which are then made available for purchase. For more information, contact info@spherixglobalinsights.com