

Early Uptake Analysis of Ocrelizumab Highlights Shifting and Distinct Treatment Paradigms by Multiple Sclerosis Subtypes

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Background

Quarterly 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 impact of ocrelizumab, approved for relapsing forms of MS (RMS) and first-to-market for primary progressive multiple sclerosis (PPMS), on the MS market in the United States.

Methods

Fielded in February 2018, 101 US neurologists provided responses to an online survey. Trending is provided from surveys fielded quarterly since June 2017. Compared to submitted abstract, methods, results, and conclusions have been updated as needed based upon most recent data.

Results

67% of collaborating US neurologists reported use of ocrelizumab within the first ten months of availability, representing a 4.9% share of DMT-treated MS patients (Fig. 1). Ocrelizumab-treated patients are primarily diagnosed with relapsing remitting MS (RRMS) or active secondary progressive MS (SPMS), with the active SPMS share and prescriber base having increased significantly since launch (Fig. 2). The majority of RRMS and active SPMS patients were previously treated with other DMTs, most frequently dimethyl fumarate, natalizumab, and the interferons. Among PPMS patients, approximately one-third were initiated on ocrelizumab as their first DMT (Fig. 3) consistent with the higher percentage of prescribers who reported being comfortable using ocrelizumab in treatment-naïve PPMS compared to treatment-naïve RRMS patients (Fig. 4). Collaborating neurologists estimated that 24% of their RRMS patients and 55% of their PPMS patients are appropriate candidates for ocrelizumab (Fig. 5). Ocrelizumab prescribers and non-prescribers did not differ significantly in their estimates of active SPMS candidate share. More than half of prescribers disagreed that ocrelizumab would not be appropriate for PPMS patients without evidence of acute or chronic inflammation (Fig. 6). Since ocrelizumab launch, the self-reported DMT treatment rate has trended up for active SPMS and increased significantly for PPMS, although PPMS treatment rates did not differ significantly between ocrelizumab prescribers and non-prescribers (Fig. 7).

Figure 1

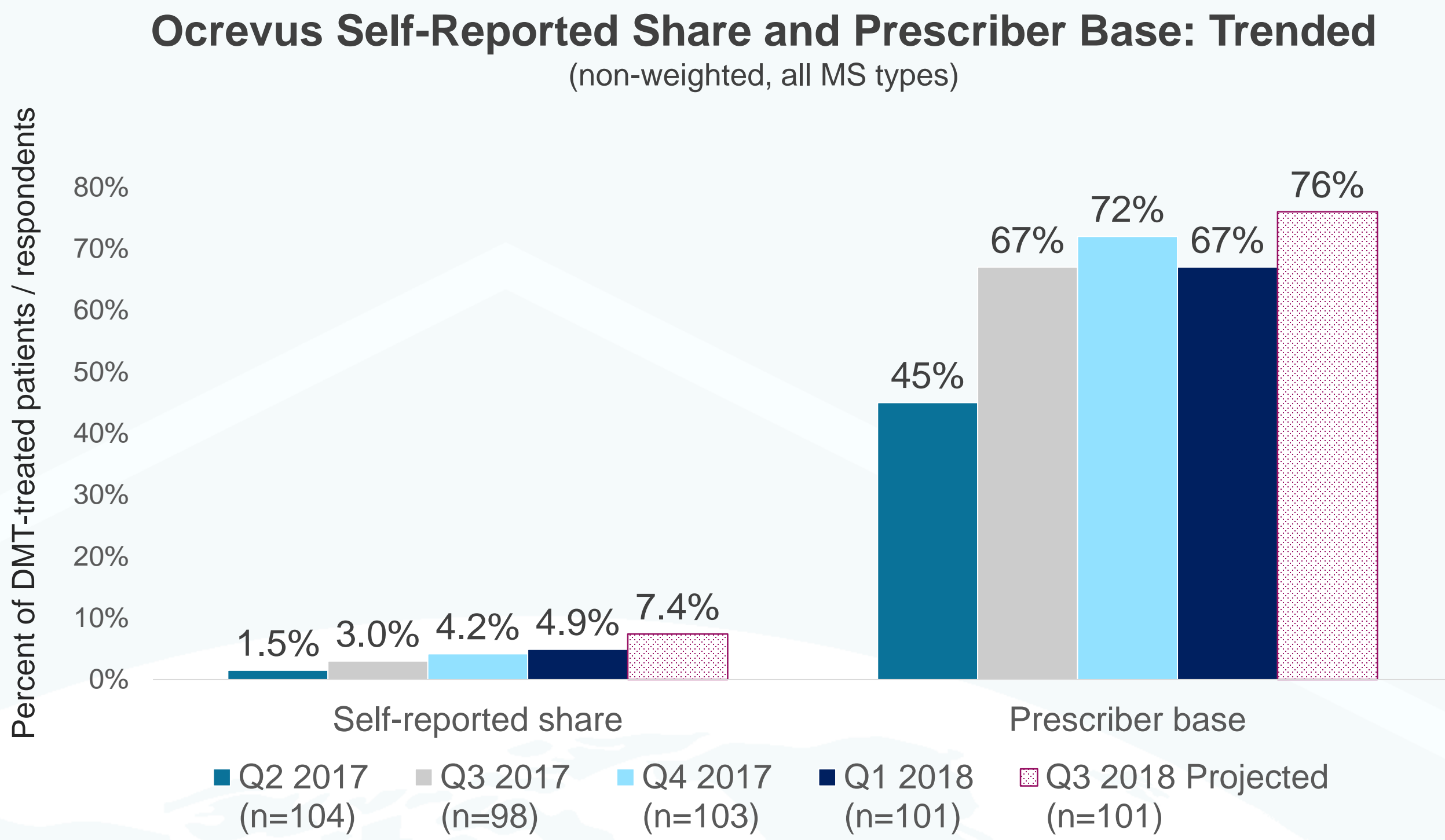


Figure 2

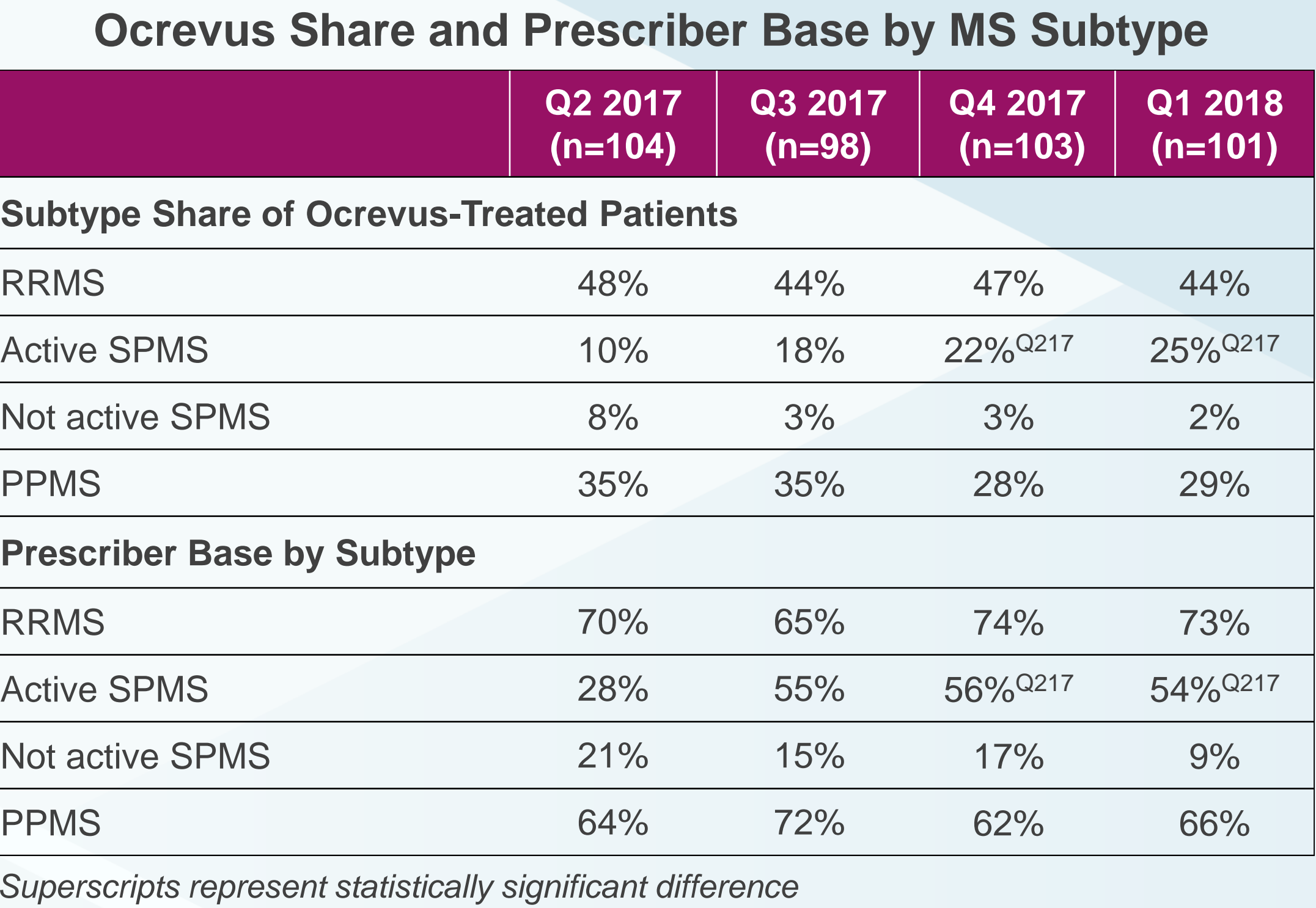


Figure 3

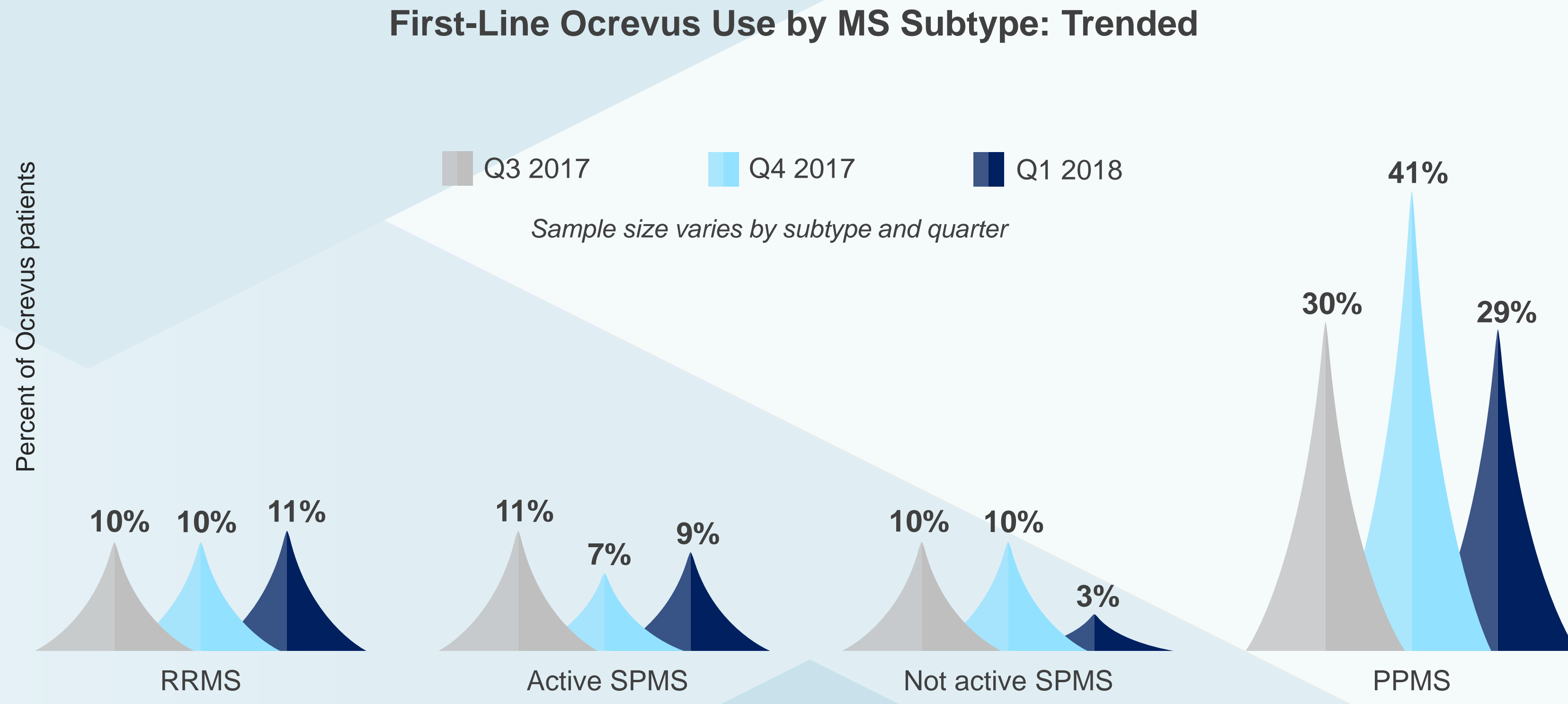


Figure 4

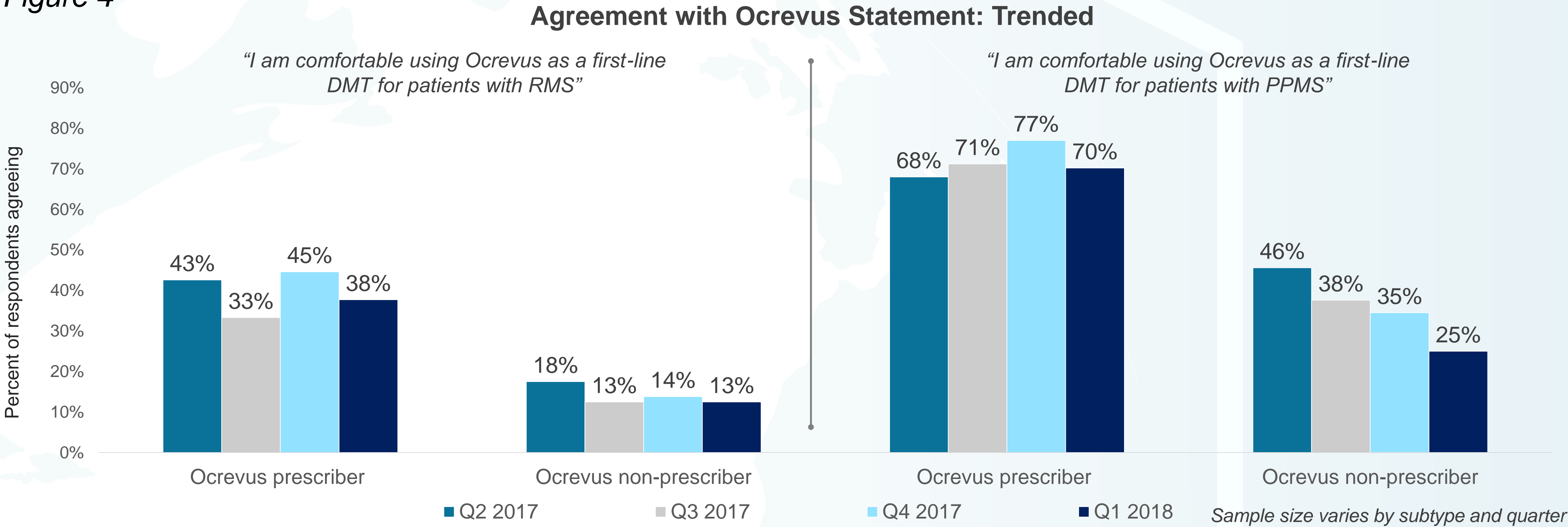


Figure 5

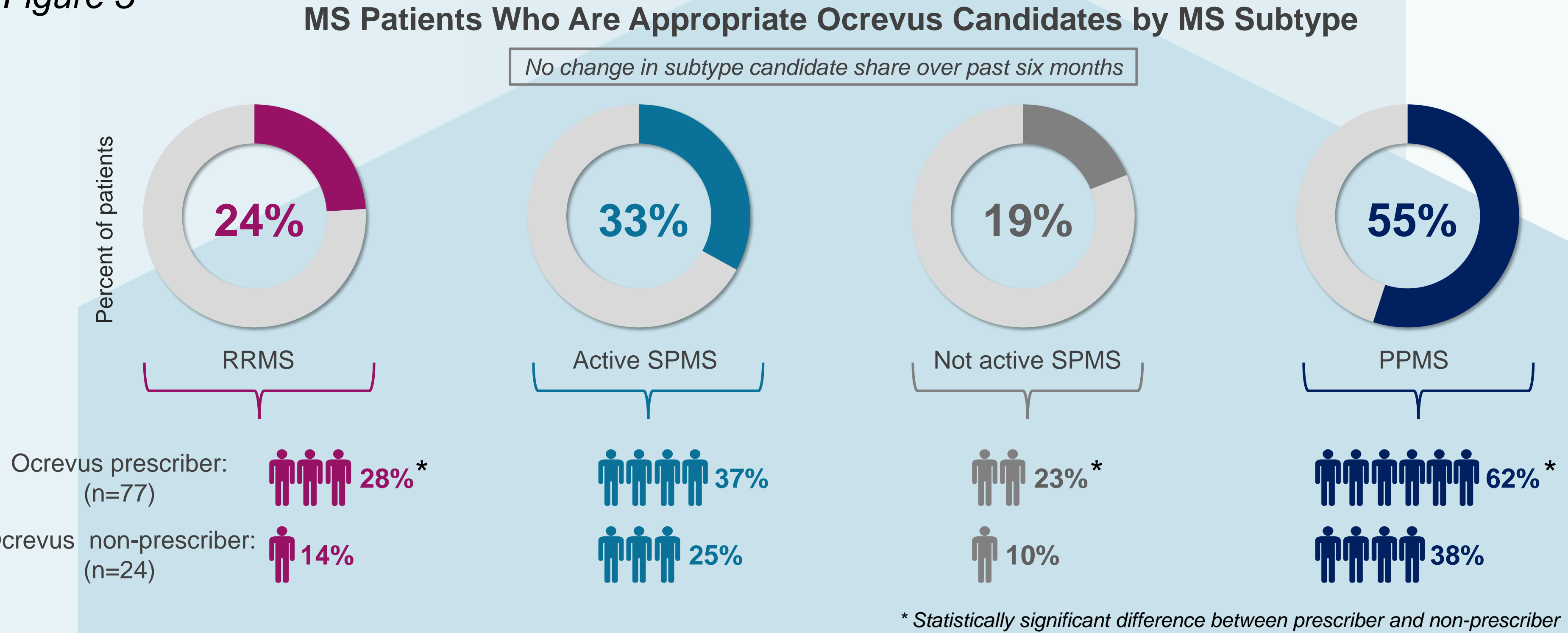


Figure 6

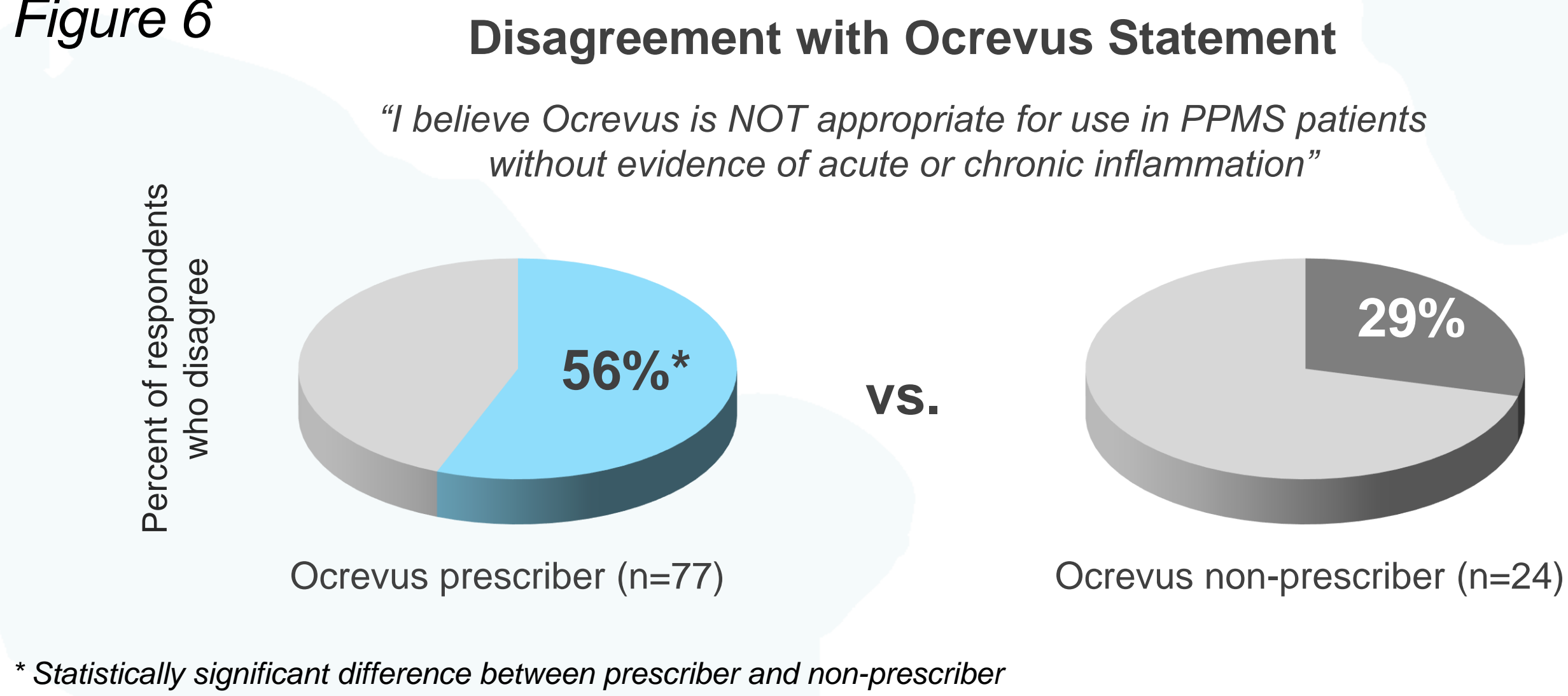
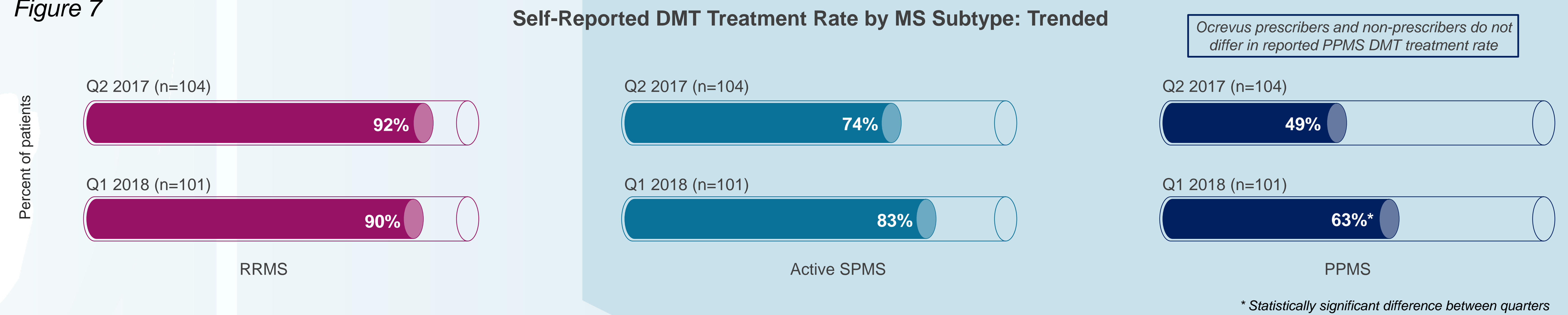


Figure 7



Conclusion

Ocrelizumab is likely to expand the DMT-treated PPMS patient pool due to neurologists' willingness to use ocrelizumab first line in PPMS as well as their belief that efficacy will not be limited to only patients with evidence of inflammation. In RRMS, where ocrelizumab uptake has been largely restricted to switching, the overall DMT treatment rate will likely remain stable. The anticipated use in the active SPMS subtype, regardless of current ocrelizumab experience, implies a predominately later-line relapsing MS positioning for ocrelizumab for the foreseeable future.

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