Real-World Healthcare Resource Utilization and Associated Costs of Ocrelizumab Compared to Ofatumumab in France: 12-Month Results from the OLIDIA Cohort

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INTRODUCTION

- Anti-CD20 monoclonal antibody therapies are increasingly used in multiple sclerosis (MS), but differ markedly in administration: ocrelizumab (OCR) is given by intravenous infusion twice yearly; ofatumumab (OFA) is self-administered monthly by subcutaneous injection (1).
- This difference is often assumed to affect healthcare resource utilisation (HCRU) and associated costs, but real-world comparative evidence in France is lacking.

OBJECTIVE

To describe real-world HCRU and associated costs over a 12-month follow-up for MS patients initiating OCR compared to OFA in France.

METHOD

- **Design:** Retrospective study conducted within the french real-world OLIDIA study (2,3), based on claims data from the French National Health Data System (SNDS)
- **Population:** Adult MS patients initiating OCR or OFA between September 2021 and December 2022
- **Stratification:** Analyses were performed separately in treatment-naïve and non-naïve cohorts
- **Matching:** Patients were 1:1 propensity score matched adjusting for baseline socio-demographics, treatment initiation timing, disease severity, number of previous treatments, and comorbidities.
- **Analysis:** Descriptive statistics were used to summarize HCRU and costs.
- **Outcomes:** HCRU included MS-related hospitalisations (excluding infusion admissions), corticosteroid dispensing (defined as any outpatient dispensing of a systemic corticosteroid, identified via ATC H02AB) and sick-leave days.

RESULTS

Population

1,302 matched patients were included (214 naïve pairs; 437 non-naïve pairs), with overall high baseline needs for symptomatic treatments >77% and out-hospital lab testing >85%.

Relapse-related HCRU (Table 1)

MS-related hospitalisations excluding infusion admissions did not differ between groups, in either the naïve cohort (OCR 19.6% vs OFA 31.3%) or the non-naïve cohort (23.6% vs 25.2%).

Corticosteroid utilization, indicative of acute relapse, was low in both cohorts (non-naïve: OCR 27.0% vs OFA 28.6%), with comparable mean monthly dispensing rates (for non-naïve OCR: 0.3 vs. OFA:0.3; for naïve: OCR:0.2 vs. OFA:0.4).

Work productivity

Mean sick-leave days among patients with any sick leave were higher with OCR in the non-naïve cohort (10.5 days for OCR vs 7.0 for OFA), while no difference was observed in the naïve cohort (13.8 days for OCR vs 13.6 days for OFA).

Table 1. Relapse-related HCRU over 12 months, by cohort

Outcome	OCR n (%)	OFA n (%)
Treatment-naïve patients (N = 214 pairs)		
MS hospitalisation, excluding MS-infusion	42 (19.6)	67 (31.3)
Corticosteroid dispensing	46 (21.5)	44 (20.6)
Treatment non-naïve patients (N = 437 pairs)		
MS hospitalisation, excluding MS-infusion	103 (23.6)	110 (25.2)
Corticosteroid dispensing	118 (27.0)	125 (28.6)

Costs (Figure 1)

When excluding treatment-related expenses, mean monthly costs in the naïve cohort were similar (OCR €466.1 vs OFA €411.2).

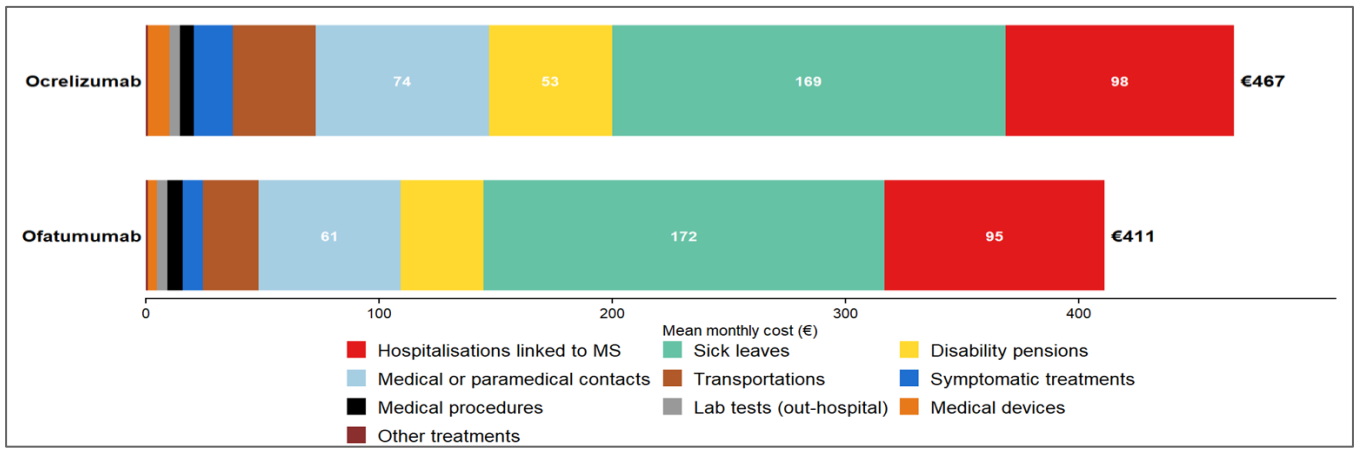


Figure 1. Mean monthly cost per patient excluding treatment-related costs, treatment-naïve cohort (N=214 matched pairs).

CONCLUSIONS

In this real-world matched analysis, OCR and OFA showed comparable 12-month profiles for acute relapse HCRU : MS-related hospitalisations (non-infusion) and corticosteroid dispensing were similar in both cohorts.

Despite very different administration schedules, costs excluding treatment-related expenses as well as work productivity (sick leaves) were similar between arms in the treatment-naïve cohort.

REFERENCES

1. Hauser SL, Cree BAC. Treatment of Multiple Sclerosis: A Review. *Am J Med*. 2020;133(12):1380-1390.e2. doi:10.1016/j.amjmed.2020.05.049
2. Moisset X, Mercier G et al., Management of patients with active relapsing-remitting or secondary progressive multiple sclerosis: A French real-world study based on claims data linked to a phase IV study Multiple Sclerosis and Related Disorders, 2025; 95
3. Grégoire Mercier, David Pau et al., Place in the Therapeutic Landscape at its 2019 Launch in France J Mult Scler Neuroimmunol. 2025;16(1):19-25. Published online June 30, 2025

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