Comparison of administrative burden associated with ofatumumab and ocrelizumab among Multiple Sclerosis (MS) clinics in Canada

Szymczak M¹, Perron B1, <u>Gaboury H¹</u>, Grant R¹, Paron L¹, D'Souza D², Tan C², Murray J², Neish CS²

¹Novartis Pharmaceuticals Canada Inc., Montreal, QC, Canada, ²IQVIA Solutions Canada Inc., Mississauga, ON, Canada

INTRODUCTION

- Multiple sclerosis (MS) is a chronic neurological disorder that affects an estimated 2.8 million people worldwide (1). MS has a significant impact on quality of life, with symptoms including vision problems, fatigue, difficulty with balance, walking and coordination, bowel and bladder issues, and pain (2). In Canada, annual direct medical care costs are three times higher for a person with MS than one without MS (3).
- Several disease-modifying therapies (DMTs) are available to slow disease progression and reduce the frequency and severity of relapses (4). There is a growing need for therapies that can provide the most benefit to patients, exhibit cost-effectiveness, and optimize clinical resource utilization by minimizing the administrative burden placed on health care practitioners (HCPs).

RESULTS

Patient Characteristics

- A total of 130 patients were included in the survey, with most patients being female (74%, n=48/65 on ofatumumab; 72%, n=47/65 on ocrelizumab), and aged 40 years or older (62%, n=40/65 on ofatumumab; 52%, n=34/65 on ocrelizumab) (**Table 1**).
- More patients on ofatumumab (60%, n=39/65) had private coverage compared to patients on ocrelizumab (49%, n=32/65) (Table 1).

Administrative Burden

• Overall, HCPs reported 21% fewer total

Table 1. Baseline Demographics

Patient	N=130	
Characteristics	ofatumumab (N=65)	ocrelizumab (N=65)
Aged ≥40 years, n (%)	40 (62%)	34 (52%)
Sex - female, n (%)	48 (74%)	47 (72%)
B-Cell DMT Naïve, n (%)	33 (51%)	34 (52%)
Loading Phase of B-Cell Treatment, n (%)	34 (52%)	33 (51%)
Private Coverage, n (%)	39 (60%)	32 (49%)

EE703

Figure 2. Total Annual Administrative Interactions

Figure 2a. Total Annual Administrative Interactions

800

Figure 2b. Total Time of Annual Interactions

21%*

30%*

- (Ocrevus®) Ocrelizumab ofatumumab and (Kesimpta®) are two B-Cell therapies indicated for the treatment of MS (5,6). Ocrelizumab is administered through intravenous (IV) infusion twice annually, while of a tumumab is administered through monthly self-injections.
- While previous research has examined the costeffectiveness of these therapies from a Canadian healthcare system perspective (7), limited information is available regarding how these therapies impact administrative burden. The purpose of this study was to evaluate differences in administrative burden between ocrelizumab and ofatumumab at several MS clinics across Canada.

OBJECTIVES

- This study aimed to assess the administrative burden of two B-Cell DMTs (ofatumumab or ocrelizumab) to inform a scenario model highlighting the financial and operational impact of B-Cell therapy selection.
- To accomplish this goal, the study addressed the following objectives:
 - o Describe the administrative work associated with ofatumumab and ocrelizumab at MS clinics across Canada through an HCP survey.

administrative interactions (Figure 2a) and spent 30% less time on these interactions (Figure 2b) for patients on ofatumumab compared to patients on ocrelizumab.

Figure 3. Administrative Work, by Type

Figure 3a. Total Annual Administrative Interactions, by Type





Figure 3b. Total Time of Annual Administrative Interactions, by Type



14

12

8

6

2

Ω

- HCPs reported 26% less administrative work (i.e., phone calls, emails, faxes, paperwork) (Figure 3a) for patients on ofatumumab, spending almost half the time (48%) on these compared to patients on ocrelizumab (Figure 3b).
- HCPs reported completing 36% more in-person administrative visits for patients on ofatumumab compared to patients on ocrelizumab (Figure 3a), spending 23% more time in total than for patients on ocrelizumab (Figure 3b). However, the survey only captured visits to the MS clinic and not those occurring at infusion centers for ocrelizumab patients.

Note: administrative work includes phone calls, emails, faxes, and paperworkrelated activities *Calculated as percent difference from of atumumab to ocrelizumab

^There may be different numbers of patients with specific interaction types

Figure 4. Average Annual Administrative Interactions, by Treatment Phase and **Treatment Naivety**

• Assess the time and financial impact of administrative work related to B-Cell therapies at MS clinics across Canada through a scenario model developed from HCP survey data.

METHODS

- HCPs from MS clinics located in provinces representing more than 75% of the Canadian population (Alberta, Ontario, Quebec, and New Brunswick) participated in a cross-sectional survey that collected data on 12 months of recent administrative interactions for patients with Relapsing Remitting MS (RRMS) treated with ofatumumab or ocrelizumab. Administrative interactions included inperson visits and administrative work (i.e., phone call, fax, email, paperwork) completed to support but not directly treat patients.
- Each HCP selected a convenience sample of patients, starting with patients with the most recent administrative interactions (12 months).
- To ensure a comparable sample of patients for each B-Cell therapy, each site was required to meet the following criteria for their convenience sample:
- An equal number of patients on ofatumumab and ocrelizumab,
- An equal number of patients on each therapy who initiated therapy (i.e., loading/initiation phase) and were in the maintenance phase during the most

- A 12% difference in the average annual interactions was reported between ofatumumab treatment phases. While there was a 24% reduction in the average annual interactions reported for patients maintaining ocrelizumab versus those initiating (Figure 4a), the average number of annual interactions for ocrelizumab exceed those of ofatumumab in both treatment phases.
- There was no difference in annual average interactions between DMT naïve and DMT switch patients on ofatumumab. In contrast, a 12% increase was reported between DMT naïve and DMT switch patients on ocrelizumab (Figure 4b).

Scenario Model

Figure 5. Hypothetical Scenario

Given a hypothetical scenario where the % of RRMS patients on Kesimpta MS Clinic X is changed to: 65%

The hypothetical scenario results in:





Figure 4b. Average Annual Interactions by Treatment Naivety



*Calculated as the difference from loading/initiation to maintenance

\$ 11,691.23 less total cost

\$400,000

\$200,000

Total annual clinic cost by scenario

\$335,460.75

MS Clinic X

\$323,769.53

Hypothetical

Scenario

^Calculated as the difference from DMT naïve to switch [#]The average values were 8.879 for DMT naïve and 8.938 for DMT switch

- Based on survey results, a scenario model was developed to assess the impact of B-Cell therapy selection on administrative burden at an MS clinic. The model was a basic multiplier model with inputs from the survey on average number of annual administrative interactions, time, and a summary clinic rate to estimate time and cost for administrative burden.
- In a hypothetical scenario using the model, increasing the proportion of patients on ofatumumab resulted in fewer hours spent on

recent administrative interactions (12 months), and

- An equal number of patients on each therapy who were naïve to treatment or who switched to a B-Cell treatment from a different DMT.
- Patient demographics were limited to age, sex, insurance plan, and prior treatment history (to ensure an equal number of DMT naïve or DMT switch patients). No patient identifiable information was collected as part of the survey.
- HCPs also reported details regarding recent administrative interactions (e.g., date of interaction, type of interaction, duration, objective, parties involved) for each patient included in the survey. As part of post-hoc analysis, the type of administrative interactions were categorized as either administrative work (i.e., phone calls, emails, faxes, paperwork) or in-person visits.
- Survey data were analyzed descriptively and informed the development of a scenario model.

The difference in time between the baseline scenario of and the hypothetical scenario is equivalent to **259.81 hours** of administrative work. MS Clinic X Assuming 1.0 FTE = 37.5 hours, this translates to a 1.0 FTE working for 1.39 weeks.

*In this hypothetical situation, 65% represents a situation where a majority (but not all) patients at an MS clinic are treated with of atumumab.

administrative interactions at clinics. Based on survey results, the estimated annual time savings is ~70 hours per 100 patients treated with ofatumumab instead of ocrelizumab.

CONCLUSIONS

- HCPs spent 30% less time on administrative interactions for ofatumumab patients compared to those on ocrelizumab, likely associated with differences in the therapies' pre-treatment requirements (e.g., lab work to be completed prior to each dose) and route of administration.
- When extrapolating the findings of this research to a larger scale through a scenario model, the research suggest that having a higher proportion of patients on ofatumumab can limit the number of administrative interactions and reduce the total time spent on administrative tasks, leading to cost and resource savings for the clinic.
- B-Cell therapy choice impacts clinic administrative burden, and ofatumumab may offer greater efficiency for Canadian MS clinics.

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