GLATIRAMER ACETATE COMPARED TO INTERFERON-β IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS AND SPASTICITY IN SPAIN

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**INTRODUCTION**

- Spasticity is a well-known symptom of multiple sclerosis (MS) that may affect up to 80% of patients suffering from the disease. Worsening of spasticity might require additional symptomatic treatment and lead patients to experience a significant disability that often impairs their activities of daily living and quality of life. Current MS treatments have considerably improved the course of the disease, but they might also influence negatively the degree of spasticity. In fact, interferon-β (IFN-β) has been associated with worsening of spasticity in 15–17% of treated patients. It is therefore of utmost importance to determine and reduce the impact of such side effect at an early stage after the start of therapy. However, glatiramer acetate (GA) is a widely-used and effective MS treatment that does not appear to be associated with worsening of spasticity.

**OBJECTIVE**

- To analyze the costs associated with first-line treatment with GA compared to IFN-β in patients with relapsing-remitting multiple sclerosis (RRMS) and spasticity based on the perspective of the Spanish National Health System of Spain.

**METHODS**

- **Clinical data** was taken from the ESCALA Study. It was a multicentric, observational study conducted in 68 patients with spasticity (from 27 Spanish centres) that aimed to assess the impact of switching from IFN-β to GA on spasticity (Table 1). The primary endpoint included changes in spasticity assessed using specific scales (Penn Spasm Frequency Scale (PFS), Modified Ashworth Scale (MAS), Adductor Tone Rating Scale (ATRS) and Global Pain Score (GPS)) in routine clinical practice. 
- **Analysis design**

**RESULTS**

- **The costs of 6-months of treatment were €6,671.31 for GA and €7,078.62 for IFN-β, yielding a cost difference of €2,407.16 (Table 3).**
- **Assuming a fixed budget of €5,000,000, approximately 1,000 and 700 patients could be treated with GA and IFN-β, respectively (Figure 1).**
- **The budget for the treatment of a cohort of 1,000 patients would be €6,671.32 for GA and €7,078.62 for IFN-β (Figure 2).**

**CONCLUSION**

- **The use of GA as first-line treatment for RRMS not only improves patients’ spasticity, but it can also result in cost savings after 6 months of treatment. Thus, initiating and maintaining GA treatment in patients with optimal response could be regarded as a more efficient treatment choice than IFN-β.**

**REFERENCES**

- ISPOR 17th Annual European Congress Poster PM022. Sánchez-de la Rosa R; García-Bujalance L; Meca Lallana J. Glatiramer acetate compared to interferon-β in patients with relapsing-remitting multiple sclerosis and spasticity in Spain. ISPOR 17th Annual European Congress, 2014. (e)

**Figure 1. Patients treated with a fixed budget**

**Figure 2. Budget depending on patients treated**