Neurology and Therapy

OPEN ACCESS PEER -REVIEWED FEATURE

Persistence, Adherence, and Switching to Higher-Cost Therapy in Patients With Multiple Sclerosis Initiating Oral Disease-Modifying Therapies: A Retrospective Real-World Study

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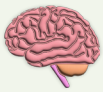
STUDY OVERVIEW

Location

USA

Disease



Multiple sclerosis (MS)

Population

Patients with MS (*N*=6934)

Treatment

Oral disease-modifying therapies (DMTs)

Design

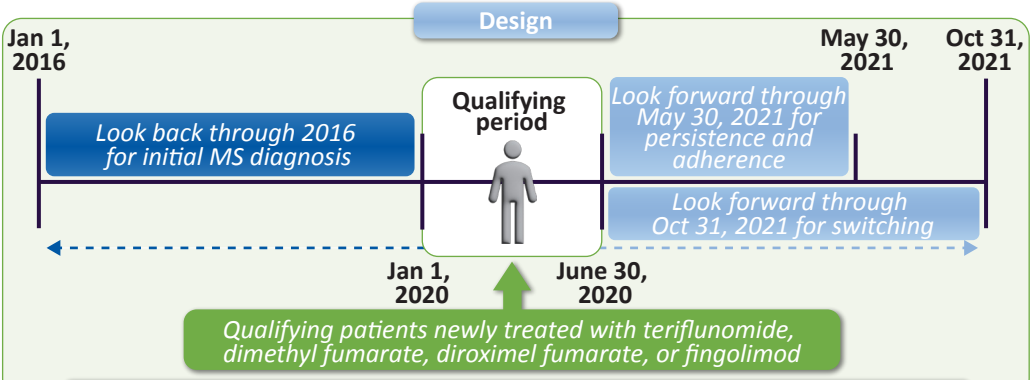


Figure 1: Retrospective real-world analysis using Symphony Health database

WHY CONDUCT THIS STUDY?

MS treatment efficacy with DMTs can be impacted by poor persistence and adherence

This study aimed to measure persistence, adherence, and time to switching to a higher-cost therapy among patients with MS initiating treatment with four oral DMTs:

Teriflunomide (n=1968)
Dimethyl fumarate (n=3049)
Diroximel fumarate (n=616)
Fingolimod (n=941)

There is limited real-world evidence among currently available oral DMTs, particularly for the recently approved diroximel fumarate

WHAT THIS STUDY ADDS

Teriflunomide and fingolimod patients had higher adherence rates at 12 months (55% and 59%, respectively), compared with 40% dimethyl fumarate and 44% diroximel fumarate, which had a higher percentage of patients switching, and a shorter time to switching, to a higher-cost therapy

Given that treatment persistence and adherence are vital in achieving therapeutic goals in MS, our findings may support improved decision-making by health care providers and patients

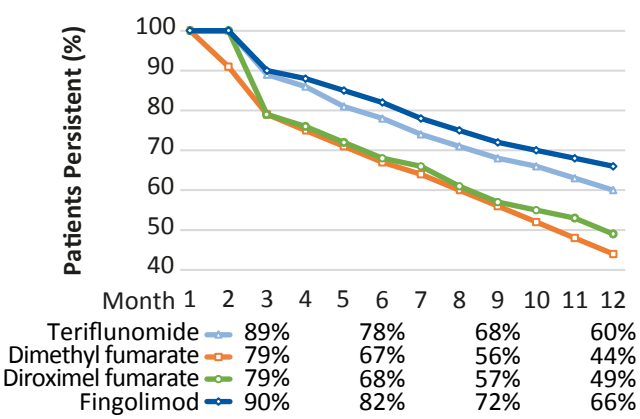


Figure 2: Kaplan-Meier persistence curve of oral DMTs. Patients newly initiated on teriflunomide and fingolimod had higher persistence rates (60% and 66%, respectively) compared with 44% dimethyl fumarate and 49% diroximel fumarate at 12 months (all $p<0.001$)

DMT = Disease-modifying therapy; MS = Multiple sclerosis.

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