

Medico- economics of therapy decisions in Multiple Sclerosis: switching to ocrelizumab as compared to extending natalizumab intervals.

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Multiple Sclerosis (MS) therapies are costly. Medico-economic aspects should be considered in decision making.

The risk of progressive multifocal leukencephalopathy (PML) limits the long term use of natalizumab. In Germany, two strategies are frequently followed to reduce PML risk: (i) the extension of natalizumab dosing intervals, and (ii) switching to ocrelizumab therapy. We compare the economic burden of both therapeutic strategies.

Real world costs of natalizumab therapy in 8 week intervals were compared to costs of switching from natalizumab to ocrelizumab, and the following therapy with ocrelizumab, in a two year interval. Assessment refers to the setting of a specialized German MS. Costs of a two year period were divided by two to get averaged yearly costs.

Yearly expenses were dominated by the costs of medication, some 33300€ for ocrelizumab opposed to 14300€ for natalizumab in 8 week intervals.

All other costs summed up to 1200€ and 1400€ for ocrelizumab, and natalizumab patients, respectively. Costs of ocrelizumab therapy totaled 34500€ per year, as opposed to 15800€ for natalizumab in extended intervals.

In order to reduce PML risk after long term natalizumab therapy, switching to ocrelizumab is costly. Extension of natalizumab intervals is an alternative with substantial economic advantages.