Introduction

Objectives

Methods

Results

Table 1. Baseline Patient Characteristics in the PS-Matched Cohort

OBR vs Oral DMTs

A total of 1168 patients met the inclusion criteria (OMB, n=576; platform self-injectable DMTs, n=592). Before PS matching, the OMB cohort had a higher proportion of patients in the 29-34 year age group, patients who lived in the South, and patients indexed in 2021. The OMB cohort also had more pre-index relapses (0.61 vs 0.38, respectively) and a higher PDG score (46.3 vs 45.9, respectively), and more patients with variation in the different sociodemographic and clinical characteristics vs patients in the platform self-injectable DMT cohort. After matching, all variables were generally balanced between cohorts, except for age, sex, race, region, Deyo-Charlson comorbidity index, psychiatric diagnostic group score, number of pre-index MS relapses, MS disability, and prior DMT use. Treatment discontinuation was defined as a switch to a new DMT (for self-injectable DMTs) or >90-day gap in supply of the index therapy (for oral DMTs) or >60-day gap in supply of the index therapy (for self-injectable DMTs) or >90-day discontinuation of the index therapy or end of therapy data set. A standardized mean difference $|<0.1|$ indicated balance between cohorts.

Study Endpoints

The primary endpoint was treatment discontinuation within the first 12 months of therapy for patients treated with OMB vs self-injectable DMTs. Treatment discontinuation – OMB vs Oral DMTs

- Early discontinuation may be overestimated if treatment occurred outside the purview of a clinical trial.
- Patients who treated with OMB had a 31% lower risk of treatment discontinuation within the first 12 months of therapy than patients treated with oral DMTs.

Discussion

Acknowledgments

Disclosure

References

LIMITATIONS

The study sample consists of predominantly commercially insured patients in the US and may not generalize to other payer types.

- Demographics and study outcomes are dependent on the accuracy and completeness of electronic data stored in the pharmacy database.

Study medication may be received outside of the pharmacy settings and patients prescriptions outside of the pharmacy.