

**FAST FACTS** Up-to-date insights on disease, treatment, and care based on real-world data from Komodo's full-stack healthcare analytics platform

# MULTIPLE SCLEROSIS

For patients with the most common form of MS, relapsing-remitting multiple sclerosis (RRMS), there is consensus that early treatment with a disease-modifying therapy (DMT) can slow the progression of disease and reduce the number of relapses. However, experts don't always agree on the best approach to treatment, and there is no standard protocol for DMT selection.

Providers generally advocate for one of two strategies: **"escalation"** or **"induction"** (also referred to as "early-intense"). An escalation approach begins with DMTs that are both lower risk and lower efficacy, escalating if needed, while an induction approach starts with higher-risk, higherefficacy medications.\* The use of high-efficacy, higher-risk DMTs has historically been limited to those with more active disease and a prognosis that suggests a more severe disease course. However, recent research suggests that

higher-potency DMTs may benefit patients at earlier disease stages, offering improvements in disease progression and relapse rates. Given the diverse nature of

"... the conservative approach may forfeit a window of opportunity for optimal disease control in some patients."

MS and the fact that most individuals initially exhibit milder forms of the disease, the conservative approach may forfeit a window of opportunity for optimal disease control in some patients. Ongoing clinical trials are expected to further inform treatment guidelines for RRMS, balancing efficacy, safety, and patient quality of life.

## PREVALENCE

The number of medically insured MS patients (commercial, Medicare, Medicaid) in Komodo's Healthcare Map™ between January 2016 and June 2023:



## FLARES

Among newly diagnosed patients ages 18-55 with 2 or more MS-related visits within 6 months:

had 2 or more encounters indicative of an exacerbation within 1 year.

The most common symptoms among patients with recurrent exacerbations:

Fatigue

- Skin tingling/numbness
- Weakness 🔹 •
- Dizziness

## **TREATMENT APPROACHES**

## Among newly diagnosed patients ages 18-55 with 2 or more MS-related visits within 6 months:

## ESCALATION

underwent an escalation approach to treatment (among patients treated with either approach).

#### By Recommended DMTs

Usage among patients on top-recommended\* lower-efficacy drugs

Usage among patients on top-recommended\* intermediate-efficacy drugs

Glatiramer acetate:	63%	
Teriflunomide:	19%	I
Interferon beta-1a/		
albumin human:	10%	

3%	Dimethyl fumarate:	70%
9%	Fingolimod HCI:	26%
	Diroximel fumarate:	13%

## **By Insurance Type**



## **By Gender**

FEMALE 77%	MALE 23%

#### 2-Year Escalation DMT Treatment Journey

Among patients initially prescribed a low drug at the beginning of their treatment<sup>+</sup>:

#### 58%

remained on the same low drug exclusively

#### 16%

switched to another low drug

#### 12%

switched to an intermediate drug

14% switched to a high drug

Among patients who made one or more switches from a low drug to an intermediate or high drug<sup>+</sup>:

#### 29%

switched medications within 0-6 months

### 54%

switched medications within 6 months-1 year

# 87%

switched medications within 1-2 years

# INDUCTION

underwent an induction approach to treatment (among patients treated 0 with either approach).

#### **By Recommended DMTs**

Usage among patients on top-recommended\* high-efficacy drugs

Ocrelizumab:	63%
Natalizumab:	34%
Ofatumumab:	5%



#### **By Gender**

FEMALE 69%	MALE 31%

#### Notes and Citations

Komodo Health Fast Facts are derived from the Komodo Healthcare Map<sup>™</sup>, the largest and most complete database of de-identified, realworld patient data. The Healthcare Map uses artificial intelligence and advanced analytics to track the individual encounters with the healthcare system of over 330 million patients. Drawing data from both providers and payers, the Healthcare Map is the only database of its kind to provide a longitudinal view of the entire patient journey: whether care was delivered in-network or out-of-network and through a specialist, an urgent care center, or a retail clinic. The data in this Fast Facts report represents the latest real-world patient data from January 2018 to June 2023.

#### How to cite this information:

Source: Fast Facts: Multiple Sclerosis. Komodo Health. March 2023.

#### Sources

<sup>o</sup>lek MJ, Mowry E. Initial disease-modifying therapy for relapsingremitting multiple sclerosis in adults. UptoDate.com. August 2021.

<sup>†</sup>All within a two-year period