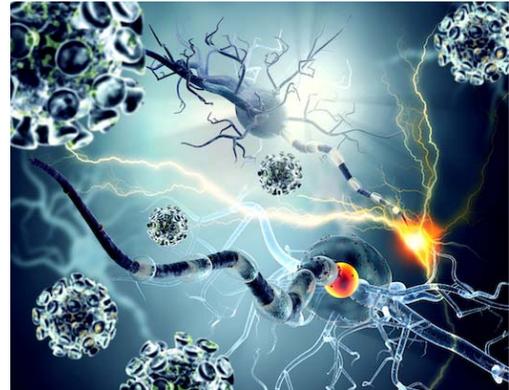


Ocrevus Wins in Cost-effectiveness Study, But Price Questions Remain

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A recent study has found ocrelizumab (Ocrevus) is more cost-effective than a chief rival treatment for the long-term treatment of relapsing remitting multiple sclerosis (RRMS).

Over a 20-year period, Ocrevus would save consumers about \$64,000 versus interferon beta-1a (Rebif), a brand of subcutaneous injections. Ocrevus also resulted in more years of life and more quality-adjusted years of life, the researchers found.



The study is important because it attempts to add a long-term perspective to the debate over high-cost drugs at a time when rising drug prices are coming under increasing public scrutiny. The research also puts pressure on the higher-cost Rebif to prove it deserves its steep price tag.

Researchers from Analysis Group, Inc., a Boston-based financial consultancy, conducted the study. A researcher from Genentech — Ocrevus' manufacturer — is listed as a co-author.

The researchers compared Ocrevus to Rebif using a 20-year Markov model that listed 21 potential health states. Those potential health states included low and high scores on the Expanded Disability Status Scale, progression to Secondary Progressive MS, and death.

To determine the likelihood that a particular patient would transition from one disease state to another, researchers used patient data from 2 Ocrevus studies and 2 subcutaneous interferon beta 1-a studies.

On an annual basis, Ocrevus costs about \$65,000, while Rebif had a price tag of \$86,000 — assuming patients followed dosing suggestions. After 2 decades, the researchers found patients who took Ocrevus would save \$63,822 in total.

“The results suggest that ocrelizumab is more cost-effective than SC interferon beta-1a for the treatment of RMS,” the researchers wrote.

Though both Ocrevus and Rebif are in a high-priced category of drugs, Ocrevus won praise when it was launched for its relatively low cost of treatment versus other similar MS drugs. The National Multiple Sclerosis Society [said Genentech was setting a positive example on pricing](#), and urged other drug-makers to follow suit.

Cathryn Donaldson, the director of communications and public affairs at America's Health Insurance Plans (AHIP), an insurance industry trade group, said insurers take a wide array of data into consideration when developing formularies, including reports from the Institute for Clinical and Economic Review and the Academy of Managed Care Pharmacy. But it's the data insurers don't have that causes inefficiency in the system, she told *MD Magazine*.

"Pharmaceutical costs overall continue to rise exponentially with a lack of transparency into how they are priced, making these assessments all the more challenging," Donaldson said. "From patients who cannot access breakthroughs and consumers who pay higher and higher premiums to taxpayers who fund public programs like Medicaid and Medicare, the consequences are profound."

She said value should play a key role in drug availability, but that's not possible without more price transparency. AHIP has [urged the US Food and Drug Administration](#) to require drug companies to disclose research and development costs, and evaluate the impact of direct-to-consumer advertising on the cost of drugs.

"We need effective market-based solutions that deliver real competition, create more consumer choice, and ensure that open and honest drug prices are driven by the value they bring to patients," Donaldson said.

The study, "[Cost-effectiveness analysis of ocrelizumab versus subcutaneous interferon beta-1a for the treatment of relapsing multiple sclerosis](#)," was published online in *Journal of Medical Economics*.

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