

Hvordan kan MS medikamentenes effekt og sikkerhet sammenlignes?

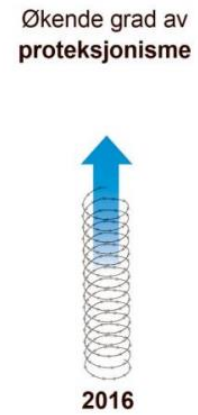
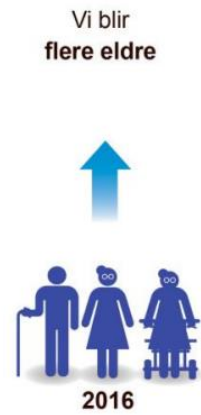
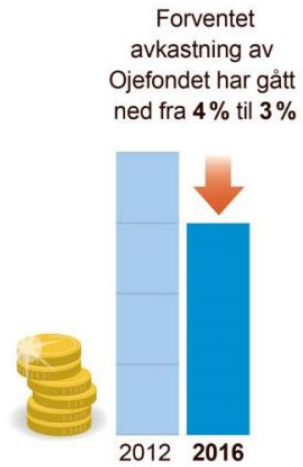
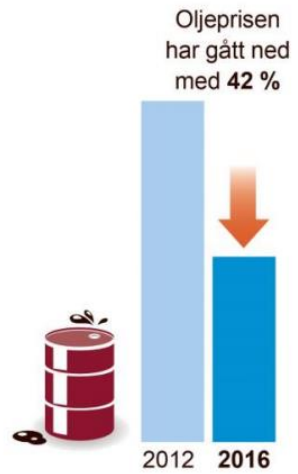
LIS MS seminar 2018

Biogen

v/Bjørn Magnus Bjørnstad

Perspektivmeldingen 2017

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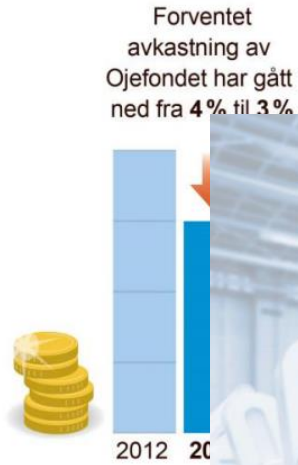
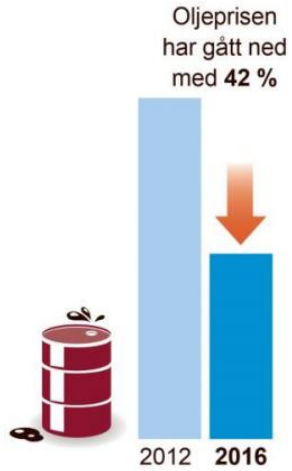
Kilde: Statistisk sentralbyrå
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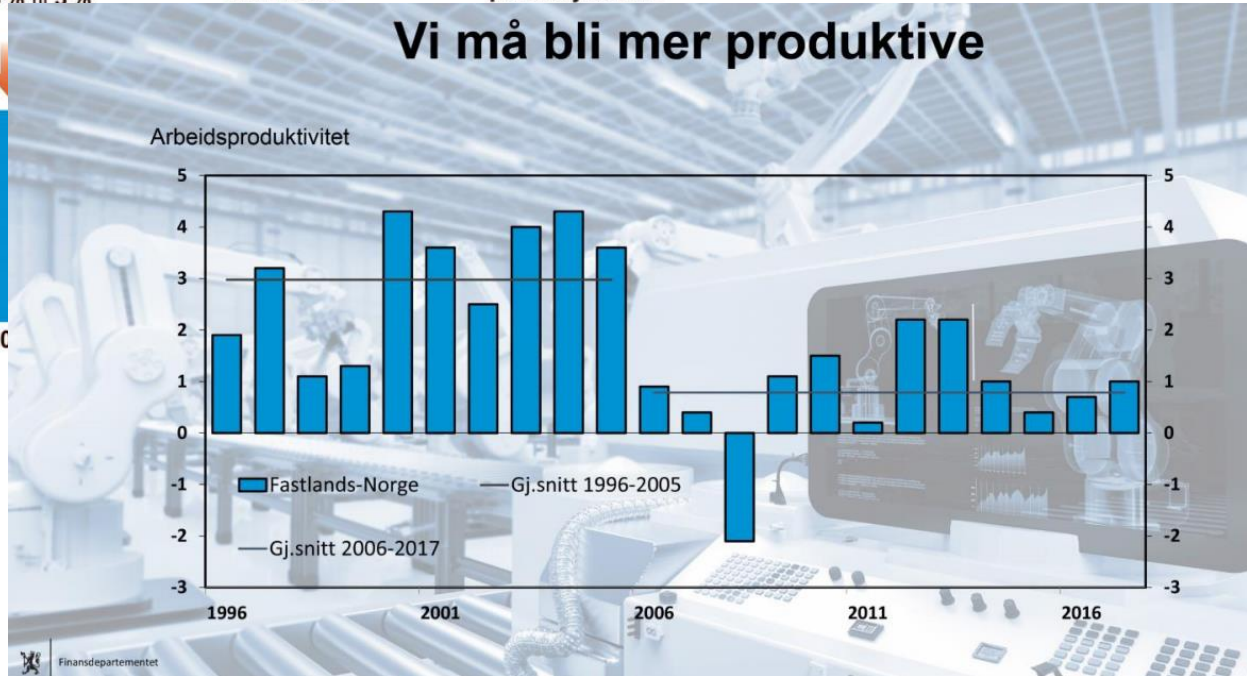
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Vi blir flere eldre

Økende grad av proteksjonisme

Vi må bli mer produktive



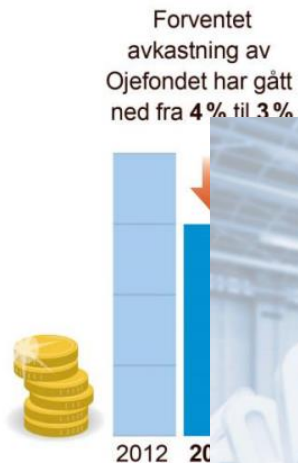
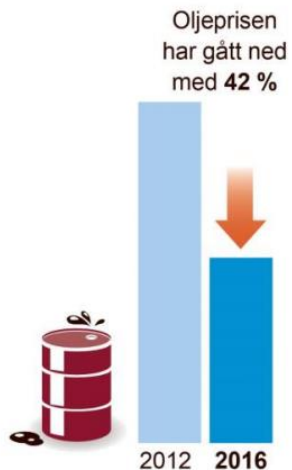
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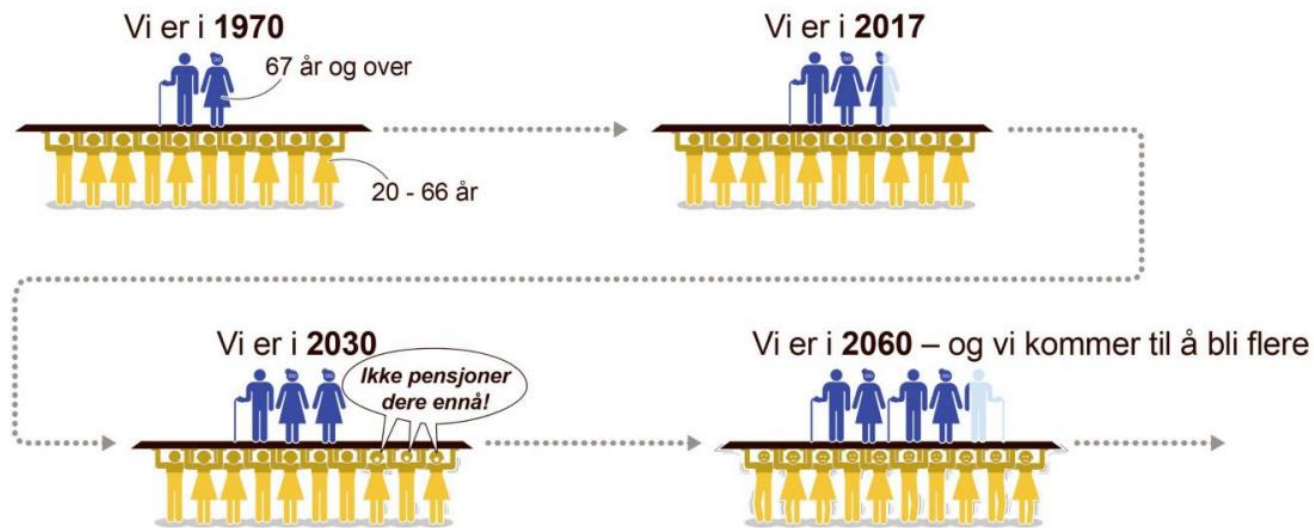
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Økende grad av proteksjonisme

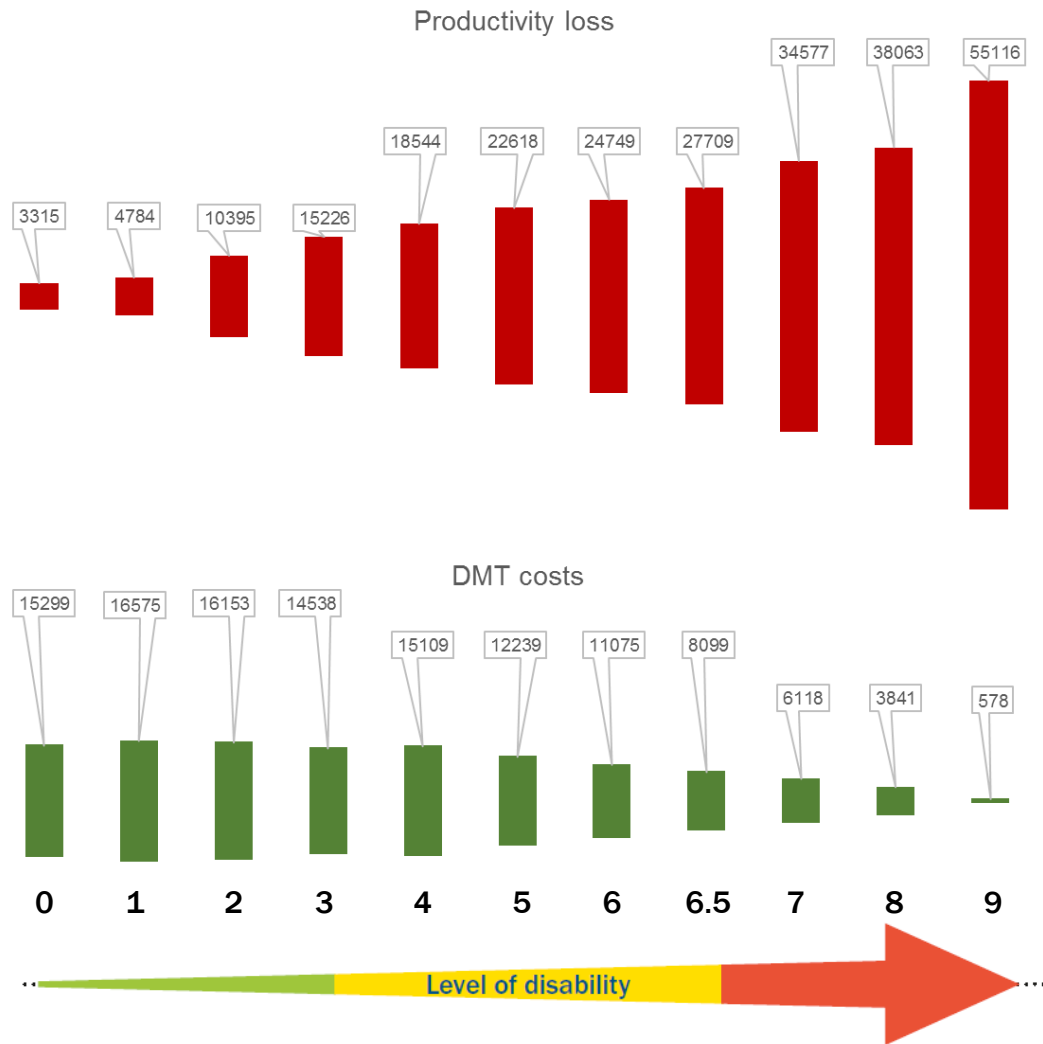
Vi må bli mer produktive



Velferdssamfunnet skal bære økende levealder



Productivity loss in MS is substantial



Without investment in effective treatments that prevent disease progression, the cost to the economy from lost productivity (short-term absence, early retirement, caregiver time) becomes substantial

Investment in DMTs early in the course of disease can save direct and indirect costs later

An individualised approach is required to navigate through multiple treatment choices

Today

Stratified medicine

For RWE, examine the quality of the data collection and the analysis

Look at the characteristics of the study to see whether it fits your patient's profile

Combined datasets
Increased collaboration



Biomarkers
Pharmacogenetics
Standardised and granular data collection

The future

Personalised medicine

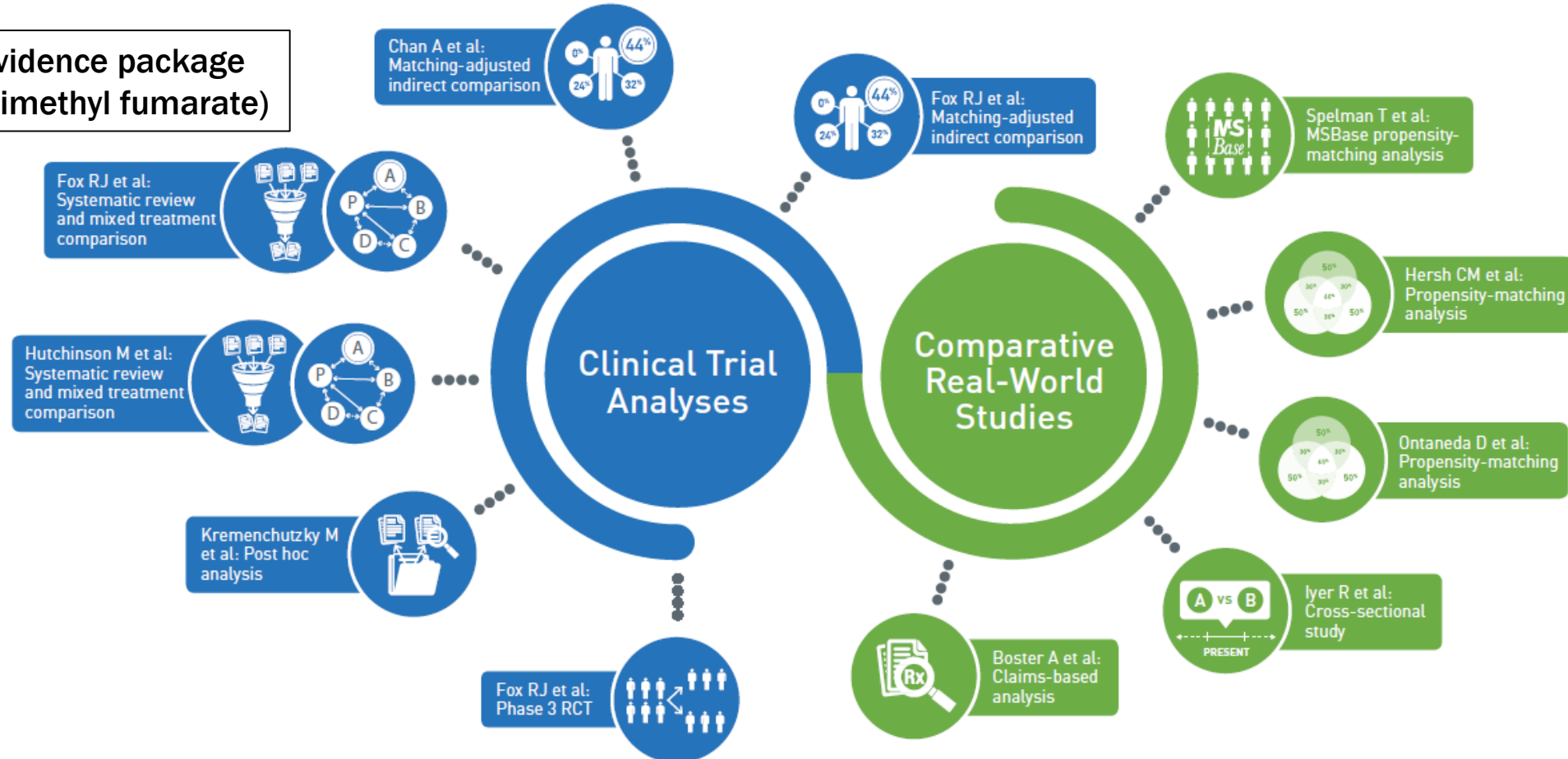
Select treatments based on individualised safety and efficacy predictions

Monitor treatment response using early biomarkers

Optimised therapeutic outcomes

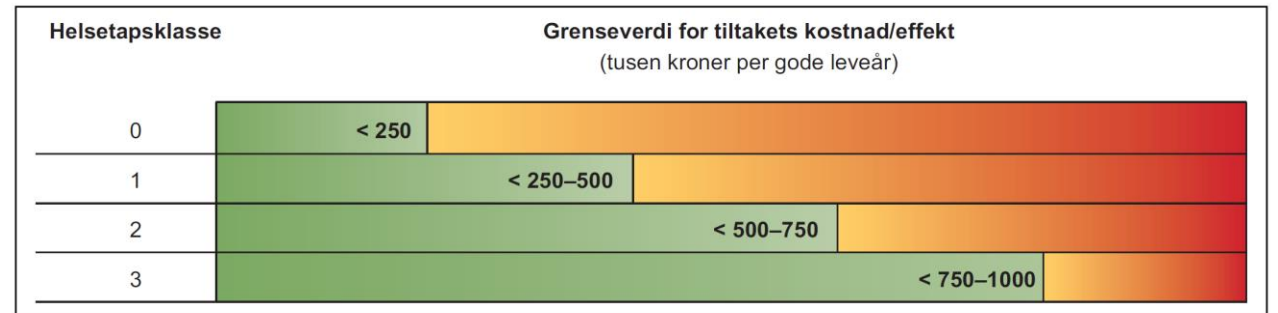
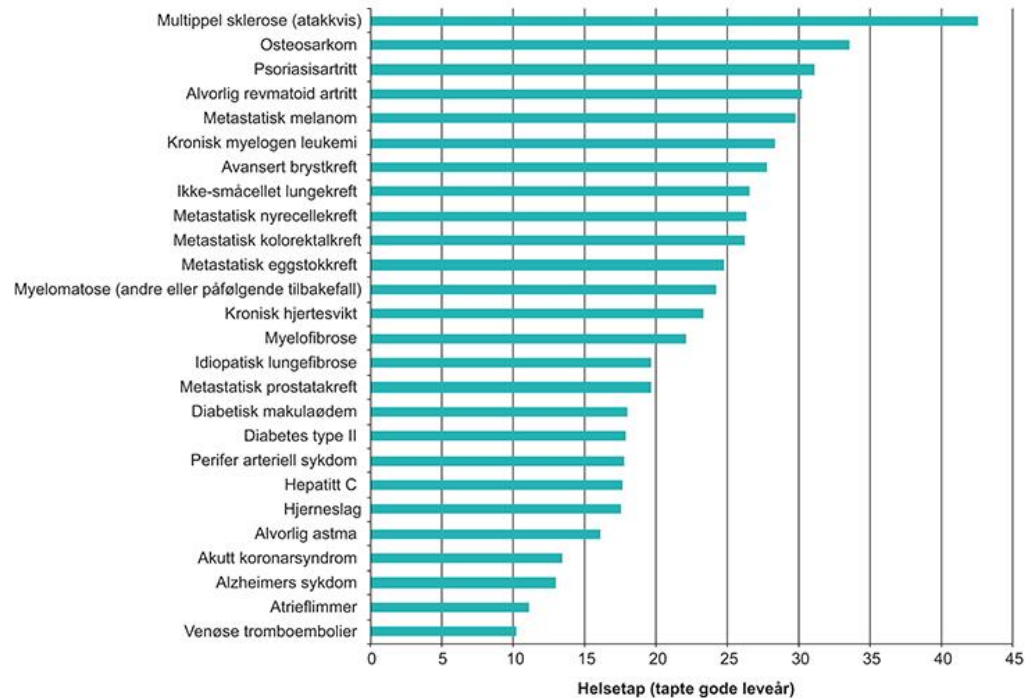
To evaluate the comparative efficacy and effectiveness of a treatment for MS, a range of clinical trial and real-world evidence should be assessed

Comparative evidence package for Tecfidera (dimethyl fumarate)



References: 1. Fox RJ et al. N Engl J Med. 2012; 2. Kremenutzky M et al.ECTRIMS 2015; 3. Hutchinson M et al. Curr Med Res Opin. 2014; 4. Fox RJ et al. AAN 2015; 5. Chan A et al. EAN 2016; 6. Fox RJ et al.ECTRIMS 2015; 7. Boster A et al. AAN 2016; 8. Iyer R et al. AAN 2016; 9. Ontaneda D et al. AAN 2016; 10. Hersh CM et al. Mult Scler Relat Disord. 2016; 11. Spelman T et al.ECTRIMS 2016.

MS svært alvorlig sykdom



Figur 9.1 Trappetrinnsmodellen med tentative grenseverdier

NOU 2014: 12 Åpent og rettferdig – prioriteringer i helsetjenesten

Kostnad for MS behandling

- **Pris på legemiddel**
- **Bivirkninger**
- **Andelen non-respondere, respondere og super-respondere**
- **Bytte av legemiddel**
- **Tap av funksjonsnivå**
- **Indirekte kostnader for pasient og pårørende**

Konklusjon

- MS pasientene er en heterogen, de må ha tilpasset medisin – «one size does not fit all»
- Ensidig prisfokus er ikke **bærekraftig** for **innovasjon** og persontilpasset medisin
- Feil behandling kan gi alvorlige konsekvenser i form av **unødvendig tidlig sykdomsprogresjon**
 - Responderanalyse er én måte å finne rett medisin til rett pasient til rett tid – redusere utgifter til non-respondere
 - Krav til oppfølging av dokumentasjon (RWE) bør være med i et anbud