**Multiple Sclerosis Specialty Drug Utilizers Cost of Care Trends 2008 to 2010: An Integrated Medical and Pharmacy Claims Analysis**

C. I. Stamer*1, R. Shah1, G. C. Alexander2, B. Gunderson3, S. Ritter4, P. P. Gleason5

1Prime Therapeutics LLC, Englewood, WA, USA; 2University of Minnesota, College of Pharmacy, Minneapolis, MN, USA; 3Mayo Clinic, Rochester, MN, USA; 4Saphyr Analytics, Pittsburgh, PA, USA; 5Prime Therapeutics LLC, Milwaukee, WI, USA

---

**Background**

Service offerings may have on these costs. Costs in order to understand MS cost and therefore is not generalizable to other regions or Medicare. New MS treatments approved subsequent to the time period analyzed. Therefore, the reported spending may have an impact on costs and trends.

**Methods**

The compound annual growth rate (CAGR) was used to describe all trends from 2008 through 2010. Inclusion criteria required members to be less than 65 years of age and continuously enrolled in any field with an International Classification of Disease – North Revision (ICD-NR) diagnosis code for MS. All patients were classified as medical claimants if an MS specialty drug claim from the pharmacy or medical benefit (≤ 4 for MS specialty drug claims from the pharmacy or medical benefit in 2010).

**Results**

The commercially insured analyzable population remained relatively constant from 2008 to 2010 with 1,936,641 members and an average annual increase of 1.4% from 2008 to 2010.

**Objective & Purpose**

To describe the cost of care trends among commercially insured individuals with MS diagnosis and to decompose these costs in order to understand MS cost drivers and the impact of managed care service offerings may have on these costs. The annual average total cost of care was calculated and reported as a per member per year (PMPM) for all individuals with MS diagnosis and for the subset utilizing an MS specialty drug.

**Limitations**

Administrative pharmacy and medical claims have the potential for miscoding and include assumptions of member annual membership in the Multiple Sclerosis (MS) service.

The data from this are more commercial population in the Central U.S. and therefore may not represent a true cost of care associated with MS. New MS treatments approved subsequent to the time period analyzed. Therefore, the reported spending may have an impact on costs and trends.

**Conclusions**

MS specialty drug costs alone accounted for an average of $32,883 to $41,760 for a CAGR of 12.7%. Medical MS specialty drug costs were $19,403 PMPY (96.0%) of the combined MS specialty drug costs increasing to $26,661 PMPY (94.7%); CAGR 18.0%.

**References**


2. Starner CI. Integrating medical and pharmacy claims analysis to determine the affordability of MS specialty drugs. J Manag Care Pharm. 2010;16(9):713-717.

3. Gunderson B. Multiple Sclerosis Specialty Drug Utilizers Cost of Care Trends 2008 to 2010: An Integrated Medical and Pharmacy Claims Analysis. Prime Therapeutics LLC. Englewood, WA, USA; University of Minnesota, College of Pharmacy, Minneapolis, MN, USA; Mayo Clinic, Rochester, MN, USA; Saphyr Analytics, Pittsburgh, PA, USA; Prime Therapeutics LLC, Milwaukee, WI, USA; Blue Cross and Blue Shield of Minnesota, Minneapolis, MN, USA.