Cost of Care for Relapsing/Remitting Multiple Sclerosis Treatments: A Pharmacoeconomic Evaluation From the Spanish Healthcare System Perspective

AUTHOR(S)

Ana Caminero, MD[1], Mercedes Romera Tellado, MD[2], Susana Otero Romero, MD[3], Heidi de los Santos Real, PhD[4], **Bleric Alcalá, MSc**[4], Yeray Granado, PharmD[4], Maria Soler, MSc[5], Ángel Arévalo, '[3].

[1]Complejo asistencial de Ávila, Ávila, Spain, [2]Hospital Universitario Virgen Valme, Sevilla, Spain, [3]Hospital Universitario Vall d'Hebron, Barcelona, Spain, [4]Merck S.L.U., Madrid, Spain, an affiliate of Merck KGaA, Darmstadt, Germany, [5]Outcomes'10 (a ProductLife Group Company), Castellón, Spain.

OBJECTIVES: Relapsing/remitting multiple sclerosis (RRMS) imposes a significant burden on patients and healthcare systems. This study aimed to assess the pharmacoeconomic impact of 12 available treatment alternatives for RRMS in Spain, including fumarates, S1P receptor modulators, monoclonal antibodies, and immune reconstitution therapies, focusing on the total cost of care over a 4-year time horizon from the perspective of the Spanish National Healthcare System (NHS).

METHODS: A cost-of-care model was developed in Microsoft Excel, incorporating publicly available drug costs and disease management costs, including pre-administration, administration, and monitoring. A panel of local experts was consulted through an advisory board to validate model inputs, including posology, administration frequencies, and healthcare resource utilization. For each treatment, the total cost over 4-years and the average annual cost were estimated.

RESULTS: The top five least costly treatments over the 4-year period included therapies with varying efficacy profiles. Among those with high efficacy and innovative profile, therefore not included in the reference price decree, cladribine tablets (CladT) emerged as the most economically favorable option, with a total treatment cost of €56,876 and an average annual cost of €14,219. In terms of resource utilization, CladT is the most cost-saving option overall, with a total cost of €6,482 and an average annual cost of €1,620, while natalizumab had the highest total cost at €22,953 and an average annual cost of €5,738. The greatest savings were observed in administration costs, due to the oral posology of CladT compared to other alternatives.

CONCLUSIONS: This pharmacoeconomic analysis suggests that innovative treatments such as CladT emerge as one of the most cost-saving options for RRMS in Spain, highlighting its potential to reduce healthcare resource use and supporting the sustainability of the NHS. These findings offer valuable insights for clinicians and policymakers, supporting informed decision-making in the treatment of RRMS.

CONFERENCE/VALUE IN HEALTH INFO

2025-11, ISPOR Europe 2025, Glasgow, Scotland

Value in Health, Volume 28, Issue S2

CODE

EE179

TOPIC

Economic Evaluation

TOPIC SUBCATEGORY

Cost/Cost of Illness/Resource Use Studies

DISEASE

Neurological Disorders, Systemic Disorders/Conditions (Anesthesia, Auto-Immune Disorders (n.e.c.), Hematological Disorders (non-oncologic), Pain)

ISPOR–The Professional Society for Health Economics and Outcomes Research

Copyright © 2026 **ISPOR**. All rights reserved.

International Society for Pharmacoeconomics and Outcomes Research, Inc

Website Design & Development by **Matrix Group**