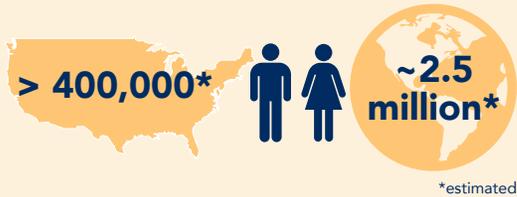


The Spike in Drug Costs: Multiple Sclerosis

Advancements in pharmaceuticals can result in drugs that have fewer side effects, improve a patient's quality of life and save lives, but what if not everyone can afford them?

GENERAL STATISTICS



Multiple Sclerosis (MS) affects at least 400,000 people in the United States and more than 2.5 million globally.¹

There is currently no cure for MS.



MS drugs help people manage their condition and enhance their comfort and quality of life.²

The cost of taking MS drugs can span a lifetime.



\$60,000 +

First-generation MS drugs, originally costing \$8,000 – \$11,000, can now exceed \$60,000 per person per year.³

DRUG PRICES ARE RISING AT AN UNSUSTAINABLE AND SEEMINGLY IRRATIONAL RATE.



Newer MS drugs are launching at a cost of as much as 25 to 60 percent higher than existing drugs.⁴

MS Drugs with the Highest % Price Changes Since Launch for a 30-Day Supply

	2001	2003	2005	2007	2009	2011	2013	2015	% Change
Avonex*	\$830							\$5,286	537%
Avonex Prefilled		\$1,065						\$5,663	432%
Rebif		\$1,174						\$5,977	409%
Betaseron*					\$2,079			\$5,720	175%
Tysabri			\$1,916					\$5,258	174%
Ampyra						\$1,056		\$1,777	68%
Extavia						\$3,013		\$4,808	60%
Aubagio						\$3,709		\$5,441	47%
Avonex Pen						\$3,983		\$5,663	42%

Other Multiple Sclerosis treatments of note include:

Lemtrada, approved for sale in the U.S. in 2014, has a two-year course of treatment estimated at \$158,000.⁵

The new 40 mg dose of the widely prescribed drug Copaxone costs \$5,008⁶ a month, yet shows no gain in efficacy over the 20 mg dose.⁷

*Date listed is the first instance of available pricing data in Medi-Span® Price Rx®. The true launch date is earlier than that listed.

Note: Price modifications will alter the values reflected above.

Source: Medi-Span® Price Rx® and www.rxlist.com. Figures reflect wholesale acquisition cost.

THERE'S ENORMOUS PRESSURE ON...



Consumers and their families, who may be faced with the difficult choice between paying for MS medications and other necessities.



Employers, who may be forced to make cuts to their overall benefits package in order to fund rising health care costs.



Health care providers, who treat an increase in disease-related complications due in part to non-adherence to costly medications.



Health plans and other payers, who want to ensure people get the right drugs and keep coverage affordable.



Federal government, which is bearing an ever-growing share of the costs of these drugs, placing increasing pressure on the federal budget.

SOURCES

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- ⁷ Comi, G., Cohen, J., Arnold, D., Wynn, D., & Filippi, M. (2011). Phase III dose-comparison study of glatiramer acetate for multiple sclerosis. *Annals of Neurology*, 69(1), 75-82. doi:10.1002/ana.22316