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KESIMPTA – Start high efficacy treatment early – HCP

Prescribing information

Image

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Start high-efficacy treatment early

KESIMPTA®▼ (ofatumumab) is indicated for the treatment of adult patients with relapsing forms of multiple sclerosis with active disease defined by clinical or imaging features.[1]

For full safety information, please refer to the KESIMPTA Summary of Product Characteristics (SmPC).1

Starting high-efficacy treatment early has been observed to show favourable long-term outcomes (up to 7 years) compared with

stepwise escalation of therapy*[2-4]

In a retrospective cohort study of patients with RRMS from the Swiss National Treatment Registry (2007–2023):[2]

- 450 patients with RRMS had been maintained on low-efficacy DMTs for ≥2 years and were subsequently escalated to either medium-efficacy DMTs (n=225) or high-efficacy DMTs (n=255; primary analysis)[†‡]
- Each escalating group was then matched separately with control patients who remained on low-efficacy DMTs (secondary analysis)

KESIMPTA was not used in this study and therefore results must not be extrapolated.

Initiating high-efficacy treatment early can help preserve neurological function and reduce disability worsening compared with escalation from low–moderate-efficacy therapy, potentially allowing patients to maintain their current functioning and quality of life[2-4]

Probability of being relapse-free over time by escalation cohort[2]

Primary analysis: up to 7 years, **escalation to high-efficacy DMTs** was associated with an observed **reduced risk of relapses** vs **medium-efficacy DMTs** (HR: 0.67; 95% CI: 0.47–0.95; p=0.027). The median follow-up to pair-wise censoring was 1.9 years, during which 125 outcome events occurred; 73 (58%) in patients switching to MET and 52 (42%) in those switching to HET.[2]

Primary analysis

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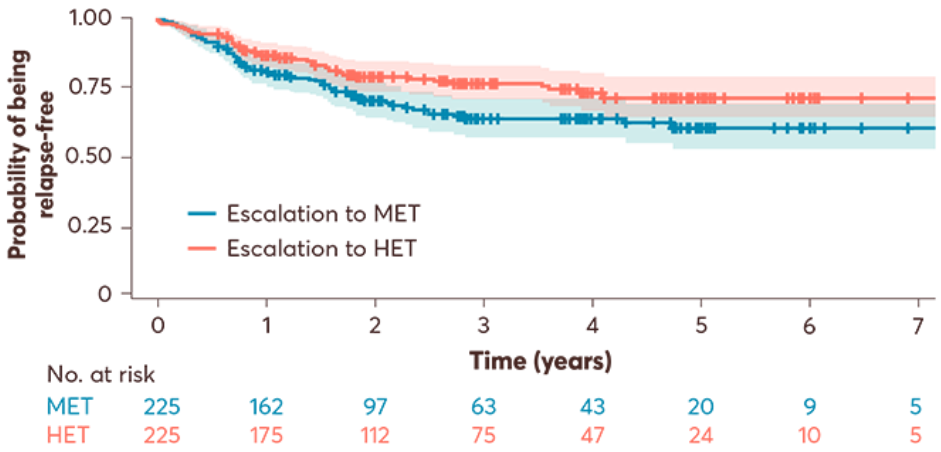

Adapted from Müller J, et al. 2024.[2]

Secondary analysis: up to 9 years, **escalation** from **low- to medium-efficacy DMTs** did **not change the risk of relapses** when compared with **control patients** on low-efficacy DMTs who **did not escalate treatment** (HR: 1.19; 95% CI: 0.89–1.60, p=0.2). At a median follow-up of 2.9 years, relapses occurred in 87 (48.6%) of the patients escalating to MET and 92 (51.4%) patients in the control group.[2]

Secondary analysis

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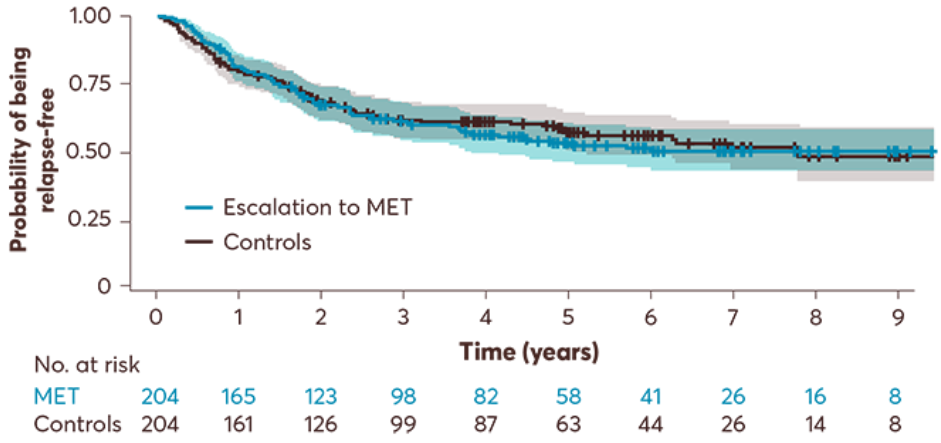

Adapted from Müller J, et al. 2024.[2]

Escalation from low- to high-efficacy therapy is associated with an observed reduction in the risk of relapses, while a stepwise escalation from low- to medium-efficacy therapy may not affect relapse risk[2]

Discover how treating with a high-efficacy treatment may potentially impact the lives of eligible patients with RRMS

Find out more

*Better outcomes in terms of risk of relapse, ARR and EDSS.[2–4]
†To balance the groups for their baseline characteristics, the propensity of treatment escalation strategy was estimated using a multivariable logistic regression model with treatment allocation as outcome and age, sex, disease duration, EDSS, previous treatment, duration on the previous treatment, number of previous treatments, number of relapses in the prior 1 and 2 years, total number of prior relapses, and time since last relapse as independent variables. Nearest neighbour matching was used in a 1:1 ratio, with a calliper of 0.2 SD of the propensity score, without replacement. Patients who were escalated from low-efficacy to medium-efficacy treatment vs from low-efficacy treatment to high-efficacy treatment were matched first. Subsequently, each of these groups was matched separately with the controls.[2]
‡Low-efficacy DMTs included interferon beta-1a, peginterferon beta-1a, interferon beta-1b,

glatiramer acetate, teriflunomide; medium-efficacy DMTs included fingolimod, dimethyl fumarate, ponesimod, ozanimod; and high-efficacy DMTs included ocrelizumab and natalizumab.[2]

ARR, annualised relapse rate; CI, confidence interval; DMT, disease-modifying therapy; EDSS, Expanded Disability Status Scale; HET, high-efficacy treatment; HR, hazard ratio; MET, medium-efficacy treatment; RR, rate ratio; RRMS, relapsing-remitting multiple sclerosis; SD, standard deviation; SmPC, summary of product characteristics.

References

1. KESIMPTA (ofatumumab) Summary of Product Characteristics.
2. Müller J, et al. *Brain Behav* 2024;14(5):e3498.
3. Harding K, et al. *JAMA Neurol* 2019;76(5):536–541.
4. He A, et al. *Lancet Neurol* 2020;19(4):307–316

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ASCLEPIOS and ALITHIOS clinical studies

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Mechanism of action

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report, or alternatively email medinfo.uk@novartis.com or call 01276 698370.
