

COMPARATIVE ECONOMIC OUTCOMES IN PATIENTS WITH FOCAL SEIZURE INITIATING FIRST-LINE ESL MONOTHERAPY VERSUS GENERIC ASMs

Mehta D, et al. *Clinicoecon Outcomes Res* 2021;13:251–61

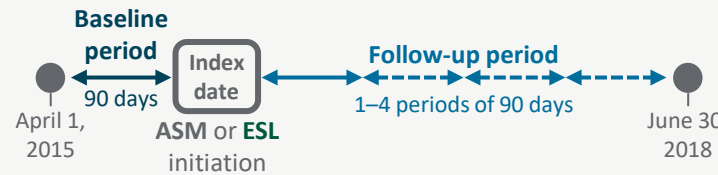
OBJECTIVE

Examine the association between initiating first line (1L) monotherapy with ESL versus a generic ASM and HCRU and healthcare charges in adults with treated focal seizures

STUDY DESIGN

Retrospective analysis of **Symphony Health's Integrated Dataverse®** open-source claims data

Arm 1: Generic ASM as 1L monotherapy
Arm 2: ESL as 1L monotherapy



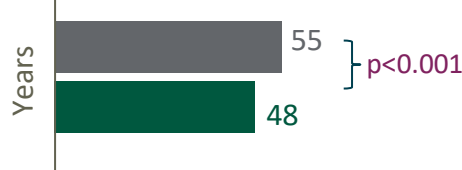
Additional changes in HCRU and charges from before to after initiation with ESL vs generic ASM were assessed using **linear regression models** with person fixed effects, and inverse probability treatment weights

Generic ASM*
n = 43,220

ESL
n = 250

BASELINE & CLINICAL CHARACTERISTICS[†]

Mean age



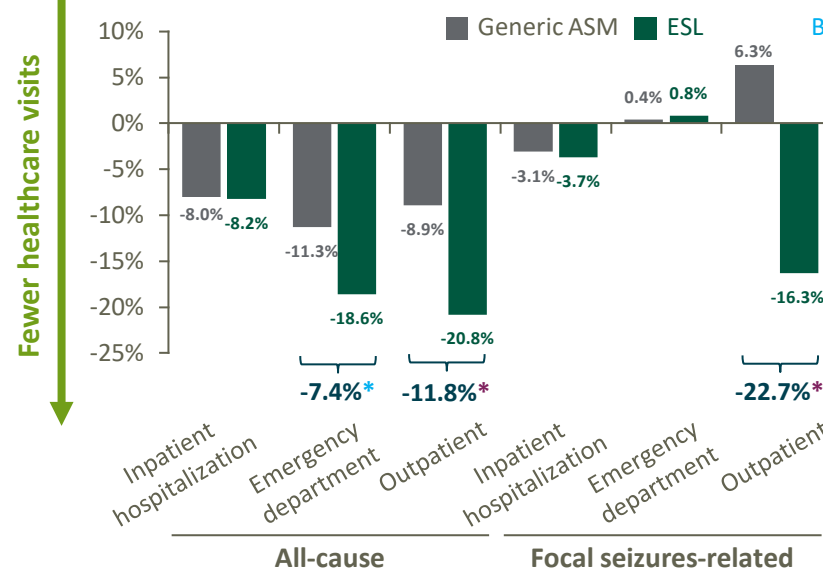
Payer



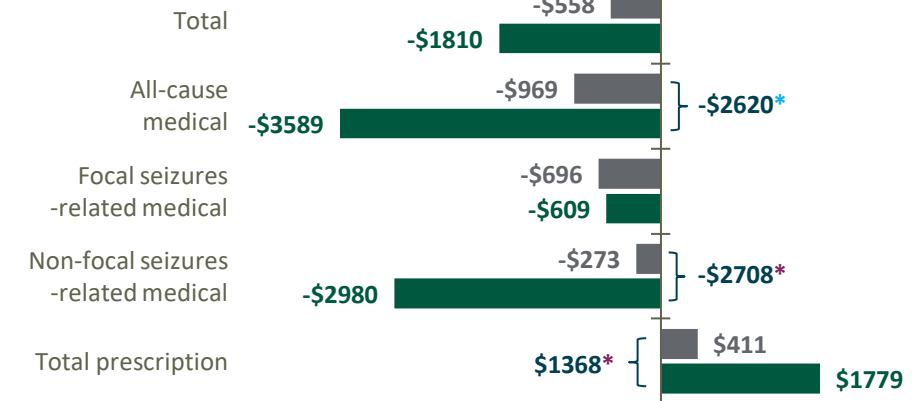
HCRU & HEALTHCARE CHARGES

On average, patients with focal seizures taking ESL had fewer healthcare visits and lower healthcare charges than those taking a generic ASM

Additional change in HCRU according to specific claims type Additional change in charges associated with specific claims types



Blue asterisks = p < 0.05 Purple asterisks = p < 0.001



Lower healthcare charges

Increases in prescription charges were of a lower magnitude than the decreases in medical charges

CONCLUSIONS

Initiation of ESL as 1L monotherapy was associated with greater reductions in use of some all-cause and focal seizures-related healthcare services and healthcare charges compared with initiation of a generic ASM as 1L monotherapy in patients with focal seizures