Title:

Satisfaction and practicality of the branded glatiramer acetate pen in RRMS patients

Short title:

COP-APPLY Study

Abstract

Background

For some injectable relapsing-remitting multiple sclerosis (RRMS) drugs, various administration devices are available, providing patients with more choice. This is true for branded glatiramer acetate (GA; 40 mg/mL), which is available as a pre-filled syringe (PFS; with or without an auto-injector(GA-device)), and recently, as a single-use pre-filled pen (PFP). Patient preferences for drug devices may impact drug selection and treatment adherence.

Objectives

This study evaluated practicality and patient satisfaction of the GA-PFP for patients with RRMS who either used the 40 mg/mL pen for the first time or switched from PFS or an alternative GA-device.

Methods

In this cross-sectional, multicentre, open-label, observational Phase IV study, patients with RRMS rated their self-administered pen use experiences via self-reporting questionnaires 3 months after their first use. Patients satisfaction was measured using a visual analogue scale. The primary endpoint assessed the overall percentage of patients who were satisfied with the pen. Secondary endpoints were ease-of-use of the pen (measured on a four-point Likert scale) and identification of the three most favourable device functions from a list of twelve options.

Results

79 patients with RRMS were enrolled (median age 41.8 years; 70% female). The mean duration of RRMS was 6.6 years, the mean number of pre-treatments was 0.4. Overall, 84% (66/79) of patients were satisfied with the pen, 95% (77/79) reported it as being 'very easy' or 'easy' to use. The three most favourable device functions were 'easy to start injection', 'no injection button' and 'pen sits comfortably in hand when starting'.

Conclusions

In this study, most patients found the pen convenient and easy-to-use, and reported high levels of satisfaction. Since treatment satisfaction is known to significantly impact patient adherence and persistence to medication (Barbosa 2012), these findings may translate into improved treatment outcomes.

References

Barbosa CD, et al. Patient Prefer Adherence 2012;6:39-48