

Primary Progressive Multiple Sclerosis

We compared the health-adjusted life expectancy, caregiving needs, medical costs, and workforce participation between an average person living with primary progressive multiple sclerosis (PPMS) and a comparable person from the US general population. The differences between the two represent the unmet need and define the health and economic opportunity for PPMS innovation.



PATIENT OPPORTUNITY

Increase health-adjusted life expectancy

9.3 discounted health-adjusted life years to recover

\$4-\$13M

value from improved health per person



CAREGIVER OPPORTUNITY

Free up time spent providing care

40K hours of disease-related caregiving to free up

\$475K

worth of caregiving time to free up



HEALTH SYSTEM OPPORTUNITY

Reduce disease-related medical costs

\$137K net medical cost savings after accounting for added costs of living longer

\$250K

disease-related medical costs to avoid



ECONOMIC OPPORTUNITY

Restore workforce productivity

5 full-time-equivalent years of productivity to recover

\$500K

additional paid labor production

ANALYTIC APPROACH AND CONTEXT

The report is about the broader progress that innovation in PPMS could provide, not about the reimbursement or pricing of specific therapeutics. The analysis compares estimated outcomes for an average person living with PPMS receiving best supportive care to a comparable person in the general US population. Gaps in health-adjusted life expectancy, caregiving, medical costs, and workforce participation were monetized and discounted at a 3% discount rate. All monetary estimates are in 2025 US dollars. Importantly, societal value estimates by stakeholder group may not be additive, this is not a comprehensive assessment of all societal impacts of PPMS, and the interpretation of caregiver time findings are subject to important data limitations. Read the full report for more information.

AUTHOR:

Melanie D. Whittington, PhD, MS
Managing Director and Head
Leerink Center for Pharmacoeconomics

Disclosures

The Center for Pharmacoeconomics (“CPE”) is a division of MEDACorp LLC (“MEDACorp”). CPE is committed to advancing the understanding and evaluating the economic and societal benefits of healthcare treatments in the United States. Through its thought leadership, evaluations, and advisory services, CPE supports decisions intended to improve societal outcomes. MEDACorp, an affiliate of Leerink Partners LLC (“Leerink Partners”), maintains a global network of independent healthcare professionals providing industry and market insights to Leerink Partners and its clients. The information provided by the Center for Pharmacoeconomics is intended for the sole use of the recipient, is for informational purposes only, and does not constitute investment or other advice or a recommendation or offer to buy or sell any security, product, or service. The information has been obtained from sources that we believe reliable, but we do not represent that it is accurate or complete and it should not be relied upon as such. All information is subject to change without notice, and any opinions and information contained herein are as of the date of this material, and MEDACorp does not undertake any obligation to update them. This document may not be reproduced, edited, or circulated without the express written consent of MEDACorp.