

**Intravenous or Subcutaneous Natalizumab in Patients with Relapsing Remitting Multiple Sclerosis: Investigation on Efficiency and Savings—The EASIER Study**

Massimo Filippi<sup>1,2</sup>, Luigi Grimaldi<sup>3</sup>, Antonella Conte<sup>4,5,6</sup>, Rocco Totaro<sup>7</sup>, Maria Rosaria Valente<sup>8</sup>, Simona Malucchi<sup>9</sup>, Franco Granella<sup>10</sup>, Cinzia Cordioli<sup>11</sup>, Vincenzo Brescia Morra<sup>12</sup>, Chiara Zanetta<sup>1</sup>, Daria Perini<sup>13</sup>, Laura Santoni<sup>13</sup>; on behalf of the EASIER study working group

<sup>1</sup>Neurology Unit, Neurorehabilitation Unit, Neurophysiology Service, and Neuroimaging Research Unit, Division of Neuroscience, IRCCS San Raffaele Scientific Institute, Milan, Italy; <sup>2</sup>Vita-Salute San Raffaele University, Milan, Italy; <sup>3</sup>Multiple Sclerosis Center, Fondazione Istituto G. Giglio, Cefalù (PA), Italy; <sup>4</sup>Department of Human Neurosciences, Sapienza, University of Rome, Italy; <sup>5</sup>Multiple Sclerosis Center Policlinico Umberto I Hospital, Rome, Italy; <sup>6</sup>IRCCS Neuromed, Pozzilli (IS), Italy; <sup>7</sup>Demyelinating Disease Center, Department of Neurology, San Salvatore Hospital, L'Aquila, Italy; <sup>8</sup>Clinical Neurology, Santa Maria della Misericordia University Hospital and Department of Medicine, University of Udine, Udine, Italy; <sup>9</sup>SCDO Neurologia, S. Luigi Gonzaga University Hospital, Orbassano (TO), Italy; <sup>10</sup>Department of Medicine and Surgery, University Hospital of Parma, Parma, Italy; <sup>11</sup>Multiple Sclerosis Center, ASST Spedali Civili di Brescia, Montichiari Hospital (Brescia), Italy; <sup>12</sup>Multiple Sclerosis Clinical Care and Research Center, Federico II University Hospital—Department of Neuroscience (NSRO), Naples, Italy; <sup>13</sup>Biogen Italia, Milan, Italy  
Email address of the corresponding author

Tasks	Unchanged (n. responding HCP)	Changed (n. responding HCP)	Null (n. responding HCP)	Delta (minutes)
1 – Material preparation	6	20	0	-0.54
2 – Drug pick-up at the H pharmacy	24	2	0	0
3 – Patient preparation	5	20	0	-4.84
4 – Drug preparation*	NA	NA	NA	-2.31
5 – Drug infusion	0	25	0	-45.84
5.1 – Drug infusion—Active time**	9	14	2	-2.22
6 – Post-infusion tasks**	1	20	4	-5.39
7 – Monitoring	10	15	0	-14.8
7.1 – Monitoring—Active Time***	13	10	2	0
8 – Infusion field cleaning and waste disposal	1	23	1	-0.84

Online Resource 5. How much EASIER? Impact estimations on every task according to the responders.

HCP = healthcare professional

\* IV-specific task, and as such omitted from questionnaire—the delta corresponds to mean observed value for IV, that would be saved with SC as not pertinent

\*\* Estimated time savings (-4.3 min for task 5.1 and -6.1 min for task 6) greater than observed mean value for IV: delta limited to mean IV time as logic constraint

\*\*\* Set at 0, as majority of HCP responders answered it would be unchanged, despite mean estimated saving resulted in 2.97 minutes