Milestone Pharmaceuticals Presents Studies on the Economic Impacts of PSVT at the ISPOR 2019 Annual Meeting

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MONTREAL and CHARLOTTE, N.C., May 21, 2019 /PRNewswire/ -- Milestone Pharmaceuticals Inc. (Nasdaq: MIST), a Phase 3 clinical-stage biopharmaceutical company dedicated to developing and commercializing etripamil for the treatment of cardiovascular indications, today announced the presentation of data on the economic impact of paroxysmal supraventricular tachycardia (PSVT) and current standard of care therapy at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 2019 Annual Meeting.

"We believe that PSVT represents a large and under-recognized market that we estimate affects approximately two million Americans and results in over 600,000 healthcare claims in the United States per year, including emergency department visits, hospital admissions and ablations," said Joseph Oliveto, President and Chief Executive Officer of Milestone Pharmaceuticals. "The current treatment paradigm for PSVT is restricted to the acute care setting and is both burdensome and costly. Etripamil has the potential to become the first self-administered therapy approved for the rapid termination of episodes of PSVT wherever and whenever they occur."

Oral Presentation: "Variations in healthcare resource use and expenditures by age in patients under age 65 newly diagnosed with paroxysmal supraventricular tachycardia (PSVT) in the United States"

Naomi Sacks, PhD, Director, Health Economics and Outcomes Research, Precision Xtract, presented findings from a review of patient data from the Truven Health MarketScan® database for 13,092 commercially-insured, newly-diagnosed PSVT patients under the age of 65. Outcome measures included mean annual per-patient costs paid by insurers three years pre- and post-diagnosis, as well as ablations within one-year post-diagnosis. Patients were divided into three age groups, with the majority of patients between the age of 41-64 years old (<18y: N=780; 6.0%; 18-40y: N=2,324; 17.8%; 41-64y: N=9,988; 72.3%). Costs in all age groups were relatively stable in the 13-36 months before index but rose significantly in the year immediately preceding diagnosis (P<0.0001), consistent with the challenge of making a PSVT diagnosis. Matched control patients in all age groups had significantly lower costs (P<0.0001) and showed minimal variation throughout the six-year study period. In the year immediately following diagnosis, costs for PSVT patients more than tripled in patients age <18y (from $6,739 to $23,904; P<0.0001) and doubled in patients age 18-40y (from $10,203 to $20,127; P<0.0001) and 41-64y (from $11,796 to $23,543; P<0.0001) relative to the pre-diagnosis year. Costs for healthcare encounters with PSVT diagnoses accounted for more than two-thirds of these cost increases (age <18y: 78.2%; 18-40y: 82.9%; 41-64y: 68.2%), and may reflect costs of monitoring, ablation procedures, and medical management of PSVT.

Poster Presentation: "Healthcare resource use and costs following catheter ablation in paroxysmal supraventricular tachycardia (PSVT) patients age <65"

Naomi Sacks, PhD, Director, Health Economics and Outcomes Research, Precision Xtract, presented data from a retrospective study of 20,649 patients under the age of 65 who underwent index catheter ablation for PSVT. Primary outcomes included mean annual per patient costs paid by insurers, repeat ablations and pacemaker implantations and healthcare resource utilization (HRU) within one year of the procedure. Costs in the post-index year, $52,717, were significantly higher compared with the pre-index year ($18,662; P<0.001) but showed no change when the costs for the index ablation were excluded. Repeat ablations and pacemaker implantations contributed to post-index costs ($3,243 and $2,656, respectively). Inpatient admission rates increased from 0.33 to 0.38 per patient, reflecting hospitalization rates for index and repeat ablations and pacemaker implantations (0.18, 0.02, 0.02, respectively). While emergency department visit rates decreased significantly post-index (from 1.01 to 0.55; P<0.0001) and the proportion of patients treated with calcium channel blockers and beta-blockers also decreased (from 66.0% to 43.8%; P<0.0001), catheter ablation for PSVT was associated with significant cost increases, with costs net of ablations showing no change relative to pre-ablation costs.

About Milestone Pharmaceuticals

Milestone, headquartered in Montreal, Canada with a U.S. subsidiary in Charlotte, N.C., is a Phase 3 clinical-stage biopharmaceutical company dedicated to developing and commercializing the investigational new drug etripamil for the treatment of cardiovascular indications. Etripamil is a novel, potent and short-acting calcium channel blocker designed by Milestone and being developed as a rapid-onset nasal spray to be administered by the patient to terminate episodes of PSVT as they occur.

Forward-Looking Statements:

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "will," "expect," "plan," "anticipate," "estimate," "intend" and similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) are intended to identify forward-looking statements. These forward-looking statements are based on Milestone's expectations and assumptions as of the date of this press release. Each of these forward-looking statements involves risks and uncertainties. Actual results may differ materially from these forward-looking statements. Forward-looking statements contained in this press release include statements regarding market size and the potential of etripamil to become the first self-administered therapy approved for the rapid termination of episodes of PSVT. Important factors that could cause actual results to differ materially from those in the forward-looking statements are set forth in Milestone's filings with the U.S. Securities and Exchange Commission, including in its registration statement on Form S-1, as amended, under the caption "Risk Factors." Except as required by law, Milestone assumes no obligation to update any forward-looking statements contained herein to reflect any change in expectations, even as new information becomes available.

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