QALY is thus 17.433 years (QALYs), but implying a cost increase of 8.971. The analysis was conducted from the societal perspective, assuming a time horizon estimated on a mixed treatment comparison while natural history was based on disability progression, relapse rate and discontinuation of ITT population. The analysis objectivity was to compare the cost-effectiveness of dimethyl fumarate with teriflunomide for treatment of RRMS in a Danish setting from a healthcare and societal perspective. METHODS: In a cohort based Markov model patients progress through a series of disability states based on the Expanded Disability Status Scale (EDSS). At any time, patients have fixed probabilities of progression and relapse dependent on RRMS or secondary progressive MS (SPMS) status and the EDSS score. Mixed treatment comparisons determined the incremental QALYs per QALYs gained with the treated compared to the controlled first-line ITT ADVANCE trial. We assessed the cost-effectiveness of PEGIFN beta-1a compared with other injectable first-line RRMS treatments in Italy. METHODS: The analysis was developed through a Markov model with lifetime simulation in the perspective of the Italian National Healthcare System. The study population included RRMS patients diagnosed between 2005 and 2012, aged less than 65 years (QALYs), lifetime costs, and incremental cost-effectiveness ratio (ICER). The natural progression of disease used in the model was based on previously published literature and modelling exercises. Treatment efficiency (reduction of disability progression and reduction of relapse rate) was derived from published mixed treatment comparison. Unit costs were based on Italian 2015 prices and tariffs, and the published literature. A 3.5% discount rate was applied to costs and benefits. One-way and probabilistic sensitivity analyses were performed and calculated. Cost-effectiveness acceptability curves generated. RESULTS: PEGIFN beta-1a provided numerically longer patient survival (19.94 vs. 19.68-19.81 discounted LYS, respectively) compared to PEGIFN beta-1a (907 vs. 850 discounted LYS, respectively). The ICER for SC PEGIFN beta-1a vs IM interferon beta-1a 30mcg; SC interferon beta-1b 22mcg; SC interferon beta-1b 250mcg; or glatiramer acetate 20mcg was €11,018, €12,500; €19,325, and €23,516, respectively. PEGIFN beta-1a dominated first-line ITT EDSS state. The outcomes of the sensitivity analyses confirmed the robustness of these results. CONCLUSIONS: PEGIFN beta-1a was dominant vs SC interferon beta-1a 44mcg and cost-effective when compared with other approved first-line and second-line treatable MS treatments in Italy The ICERs fall below the commonly accepted thresholds of €30,000 - €50,000 per QALY gained demonstrating that PEGIFN beta-1a is a cost effective treatment.

PND58 EVALUATION OF THE BURDEN OF PARKINSON’S DISEASE IN MEDICARE AND LINKED LONG TERMIN CARE POPULATION
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OBJECTIVES: To examine the economic burden and health care utilization for patients diagnosed with Parkinson’s disease using linked data from Medicare and the Long Term Care (LTC) Minimum Data Set (MDS). METHODS: Patients were included in this study if they were Medicare beneficiaries with International Classification of Diseases, 9th Revision, Clinical Modification code 332.xx during the identification period (01JUL2008-31DEC2010). The first Parkinson’s disease (PD) diagnosis date and the index date were defined as the earliest occurrence of a PD diagnosis date of ≥65 years and patients with continuous health plan enrollment from the identification period (01JUL2008-31DEC2010). The outcome measures included inpatient and outpatient costs during the index year. RESULTS: In total, 1,660 patients were included in each group (disease and control patients), and the baseline characteristics were well-balanced. Patients with Parkinson’s disease were more likely to have inpatient stays (14.26% vs. 9.51%, p<0.0001), outpatient visits (47.72% vs. 41.11%, p<0.0001), skilled nursing facility (SNF) visits (20.37% vs. 4.51%, p<0.0001), hospice visits (8.64% vs. 3.16%, p=0.0001), and part D pharmacy visit (62.65% vs. 53.33%, p<0.0001). Compared to control patients, higher all-cause health care costs were also observed for Parkinson’s disease patients, including inpatient costs ($2,451 vs. $1,301, p<0.0001), SNF costs ($2,503 vs. $778, p<0.0001), hospice costs ($1,164 vs. $245, p<0.0001), total outpatient costs ($4,417 vs. $1,904, p<0.0001), pharmacy costs ($695 vs. $1,399, p<0.0001) and total costs ($9,775 vs. $5,314, p<0.0001). CONCLUSIONS: During a period of 12 months, patients diagnosed with Parkinson’s disease had higher health care utilization and costs compared to matched control patients.

PND59 COST-UTILITY ANALYSIS OF PRAZIPOXEL EXTENDED RELEASE MONOTHERAPY IN EARLY PARKINSON’S DISEASE
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OBJECTIVES: To evaluate the cost-utility of modern anti-Parkinson drugs in monotherapy in early clinical stages of Parkinson’s disease (PD) (Motor Fluctuations Phase). METHODS: For analysis of market data regarding FD treatment products we used IMS Health Russia database (2014). The target population was newly diagnosed PD patients over 60 years in the early clinical stages according to Hoehn and Yahr functional scale of 1-2. The effectiveness of drugs was evaluated by the summary scale UPDRS – Unified Parkinson’s Disease Rating Scale, part II (daily activities) and III (the severity of motor disorders). In the analysis we took into account the costs associated with adverse drug reactions (ADRs). Discounting...