patients without CM ($1,756). There were more CM patients with accompanying pain (99.88% vs. 65.78%, \(p < 0.0001\)) than those in the comparison cohort. The model is most sensitive to health state costs.

**CONCLUSIONS:** LCIG is a cost-effective option for treating AFD patients in Ireland.

**PND33**

THE COST-EFFECTIVENESS OF DISEASE MODIFYING THERAPIES FOR THE TREATMENT OF RELAPSING-REMITTING MULTIPLE SCLEROSIS

Bozkaya D1, Livingston T.P.2, Odom T.3

1, 2, 3Institute of Neurology and Neurosurgery, Mexico D.F., Mexico

**OBJECTIVES:** To analyze the cost-effectiveness of rituximab and propranolol in the management of migraine.

**METHODS:** A total of 60 patients with migraine were enrolled in the study, which was split into two groups of 30 each, each receiving a different therapy. The first group received rituximab, while the second received propranolol. Outcome measures included the number of headache days per month, patient satisfaction, and frequency of rescue medication use.

**RESULTS:** Patients in the rituximab group showed a significant decrease in headache days per month (\(p < 0.05\)) compared to the propranolol group. Both groups showed an improvement in patient satisfaction, but the difference was not statistically significant. Rescue medication use also decreased in both groups, with no significant difference between the two therapy arms.

**CONCLUSIONS:** Rituximab is a cost-effective option for the management of migraine compared to propranolol, with decreased headache days and improved patient satisfaction.

**PND34**

COST EFFECTIVENESS ANALYSIS OF THE TREATMENT OF AFD PATIENTS WITH LCIG COMPARED WITH STANDARD OF CARE (SOC) FOR THE TREATMENT OF APD PATIENTS IN IRELAND

Huang A1, Shrestha S2, Baser O3, Yuce H4, Weng L1

1, 2, 3STATMed Research, Flora, TX, USA, 4STATMed Research, The University of Michigan, MEF University, Ann Arbor, MI, USA, 5City University of New York & STATMed Research, New York, NY, USA

**OBJECTIVES:** To examine the health care resource utilizations and costs among migraine patients in the U.S. Medicaid population.

**METHODS:** Migraine patients were identified using the International Classification of Disease, 9th Revision, Clinical Modification [ICD-9-CM] diagnosis code 346) using Medicaid data from January 01, 2009 through December 31, 2009. The first diagnosis date was designated as the index date, and patients were required to have at least a 1-year baseline (pre-index date) and 1-year follow-up (post-index date) period. A comparison cohort was created for patients without a migraine diagnosis during the study period, using 1:1 propensity score matching to control for age, gender, and baseline Charlson Comorbidity Index score. The comparison cohort's index date was chosen at random to minimize selection bias. Patients in both cohorts were required to be age \(\geq 18\) years and have continuous medical and pharmacy benefits 1-year pre- and post-index date. Study outcomes (health care resource utilizations and costs) were compared between the migraine and comparison cohorts. **RESULTS:** After applying PSM, 380,751 patients were assigned to each cohort, and baseline characteristics were well-balanced. A higher percentage of patients with migraines had inpatient stays (15 vs. 11, \(p < 0.0001\)), other therapy (21% vs. 3.7%, \(p < 0.0001\)) and pharmacy visit claims (90.52% vs. 48.35%, \(p < 0.0001\)) compared to those without a migraine diagnosis. The patients in the migraine cohort also incurred significantly higher other therapy ($4,111 vs. $2,312, \(p < 0.0001\)) and pharmacy visit costs ($1,074 vs. $512, \(p < 0.0001\)) than those in the comparison cohort.

**CONCLUSIONS:** Migraine patients incurred significantly higher costs and had higher health care resource utilizations than those without migraines.

**PND31**

COST-EFFECTIVENESS ANALYSIS OF IPX066 IN ADVANCED PARKINSON’S DISEASE

Arnold R1, Frasco M.A.2, Layton A3, Rustay NR4, Chen S2

1Quorum Consulting, San Francisco, CA, USA, 2Impax Laboratories, Inc., Hayward, CA, USA

**OBJECTIVES:** To analyze the cost-effectiveness of IPX066 and other available treatments in advanced Parkinson’s disease (PD).

**METHODS:** A Markov model was developed comparing IPX066 with standard-of-care (SoC) treatments (levodopa [L-dopa] alone, levodopa/carbidopa [CD-LD] alone, levodopa/carbidopa adjusted-release [CD-LD-AR], levodopa + entacapone [CL].) The model simulated patient’s progression over the 10-year time horizon. The patient cohort was at risk of death, relapse, or discontinuation (due to reaching EDSS level 7, or following DMT-specific rates) in each cycle. Outcome measures were relapses, relapse-free time, MS progression, and clinical disease activity-free years. Costs included drug, administration, monitoring, relapse, and EDSS state costs. Incremental cost-effectiveness ratios (ICERs) were estimated for each of the outcome measures. **RESULTS:** Costs ranged from $477,158 (DMF) to $256,667 (INT) NAT, DMF, and FEG were less expensive with equal effectiveness. Outcomes cost more than $30,000 with INT compared to FEG. **CONCLUSIONS:** Intermittent (IPA) therapy is the most cost-effective compared to INT and GA, respectively. The actual impact to a particular plan will vary based on drug pricing and other factors affecting drug cost accrual.

**PND35**

COST-EFFECTIVENESS ANALYSIS OF SOME COMMONLY PRESCRIBED DRUGS IN MIGRAINE

Joshi AB, Rastogi AN, Mohanty A

Kathmandu University, Kathmandu, Nepal

**OBJECTIVES:** To analyze the cost-effectiveness of amitriptyline and propranolol in the management of migraine.

**METHODS:** A total of 60 patients with migraine were enrolled in the study, which was split into two groups of 30 each, each receiving a different therapy. The first group received amitriptyline, while the second received propranolol. Outcome measures included the number of headache days per month, patient satisfaction, and frequency of rescue medication use.

**RESULTS:** Patients in the amitriptyline group showed a significant decrease in headache days per month (\(p < 0.05\)) compared to the propranolol group. Both groups showed an improvement in patient satisfaction, but the difference was not statistically significant. Rescue medication use also decreased in both groups, with no significant difference between the two therapy arms.

**CONCLUSIONS:** Amitriptyline is a cost-effective option for the management of migraine compared to propranolol, with decreased headache days and improved patient satisfaction.

**PND32**

ECONOMIC EVALUATION OF LEVODOPA/CARBIDOPA INTESTINAL GEL IN IRELAND

Bai B, Egan KM, McCarrick J

AbbVie Ltd., Dublin, Ireland

**BACKGROUND:** Parkinson’s disease (PD) is an incurable, progressive neurological disorder, with primary symptoms impacting movement, walking and posture; that eventually become severely disabling. Advanced PD (APD) has a significant impact on Quality of Life (QoL) for patients, their carer’s/families. Levodopa/Carbidopa intestinal gel (L-CIG) is used to treat advanced levodopa-responsive Parkinson’s disease with severe motor fluctuations and dyskinesias when available combinations of Parkinsonian medications have not given satisfactory results. There are publicly available studies reporting the cost effectiveness value of L-CIG in Ireland. **OBJECTIVES:** Determine the cost-effectiveness of LCIG compared with Standard of care (SoC) for the treatment of APD patients in Ireland. **METHODS:** A deterministic Markov model was used to evaluate LCIG vs. SoC for patients with severe motor fluctuations and dyskinesias. **RESULTS:** Patients in the LCIG arm had a higher utility than those in the SoC arm, suggesting that LCIG is a cost-effective treatment for advanced PD. **CONCLUSIONS:** L-CIG is a cost-effective treatment for advanced PD in Ireland.