SC IFN-1a is projected to avoid 28, 10, and 10 additional escalations to second-line therapies compared with IM IFN-1a, IFN-1b, and GA, respectively. Cost savings of €658,391, €231,021, and €231,021 were most sensitive to each therapy’s risk of relapse at 2 years. CONCLUSIONS: Among newly-diagnosed RRMS patients, treatment with SC IFN-1a is projected to avoid more relapses and escalations to second-line therapy compared with IM IFN-1a, IFN-1b, and GA. These projected cost offsets within the UK may be applicable to other payer environments. **PND20**

**REAL-WORLD DATA AND BUDGET IMPACT ANALYSIS FOR INCOTUBULIN TOXIN A AND ONABOTULINUM TOXIN A FOR UPPER-LIMB POST-STROKE SPASTICITY AT UK CENTRE**

Robertson A1, Davies P2, Kusel P, Page S, Soon I

1Mdi Yorkshire Hospitals NHS Trust, West Yorkshire, UK, 2Costello Medical Consulting Ltd, Cambridge, UK, 3Costello Medical Consulting Ltd., Cambridge, UK, 4Mera Pharma UK Ltd., Elstree, UK

OBJECTIVES: Botulinum toxins (BT) are a valuable treatment option for patients with post-stroke upper-limb spasticity (PS-ULS), which affects 33,000 patients in the UK. Xeomin (incobotulinum toxin A) and Botox (onabotulinum toxin A) are two BTs, and the treatment of PS-ULS. The treatment costs for Xeomin and Botox will depend on their real-world usage. OBJECTIVES: To conduct budget impact analysis of abobotulinumtoxinA treatment with subcutaneous (sc) IFN-1a/1b 44mcg three times weekly (TW) versus other interferon-beta (IFN) therapies across endpoints common to both diseases, including vital and essential drug list prices and regional tariffs. METHODS: A decision-analytic model was developed using comparative efficacy data sourced from a network meta-analysis (NMA) of IFN therapies: scIFN-1a 44mcg TW, IFN-1b 4mcg sc weekly (sc), IFN-1b 12mcg sc every other day, intramuscular IFN-1b 30mcg sc weekly, and pegIFN IFN-1a 125mcg every two weeks. The number of patients experiencing NEDA-related endpoints (relapse, new MRI activity, or disability progression) for each therapy was estimated using risk ratios derived from odds ratios (ORs) vs. placebo (pairwise analysis) or vs. other IFN therapies (NMA analysis). The model followed 1,000 patients with RRMS over 2 years. Costs were sourced from the literature. One-way sensitivity analyses (OWSA) were performed to test the robustness of the results. RESULTS: Medical costs were assessed, thus observed cost-offsets meant fewer patients experienced NEDA-related endpoints. For scIFN-1a 44mcg vs. pegIFN-1a 125mcg, results from the NMA also projected cost-offsets of €578,174 (relapse), €15,628 (disability), and €105,667 (MR). For scIFN-1a 44mcg vs. imIFN-1a, results from the pairwise analysis projected cost-offsets of €755,737 (relapse) and €239,926 (MR); results from the NMA also projected cost-offsets of €525,511 (relapse), €118,716 (disability), and €110,435 (MR). For scIFN-1a 44mcg vs. scIFN-1b, results from the pairwise analysis projected cost-offsets of €84,826 (relapse) and €32,435 (disability); results from the NMA also projected a cost-offset of €15,948 (disability). OWSAs confirmed substantial cost-offsets for the comparisons examined. CONCLUSIONS: The results of this decision-analytic model suggest that scIFN-1a 44mcg provides substantial cost-offsets versus other IFN treatments across NEDA-related endpoints. **PND21**

**BUDGET IMPACT ANALYSIS OF ADJUNCTIVE THERAPY FOR PATIENTS WITH PARTIAL EPILEPSY**

ydushkina E1, Arsentyeva M2, Frolov M2

1The Russian Presidential Academy of National Economy and Public Administration, Moscow, Russian Federation, 2Center of Pharmacoeconomic Research LLC, Moscow, Russia

BACKGROUND: Epileptic seizures are associated with significantly impaired quality of life, excessive healthcare resource use and thus high costs. According to published sources based on clinical data new anti-epileptic add-on therapy options for refractory patients with partial-onset seizures with or without secondary generalisation, such as lacosamide and perampanel, has achieved greater efficacy by responder rates (better control of the seizures) and seizure freedom than placebo being equally effective between each other. OBJECTIVES: to estimate the budgetary impact of the introduction of 2 types of adjunctive treatment in adult patients with refractory partial epilepsy (RPE) - lacosamide and perampanel added to standard treatment, and to forecast this impact over the following three years in Kaliningrad region of Russian Federation. METHODS: The budget impact model has been developed for the Russian Federation regions. Efficacy data used to assess the resource consumption was taken from randomized clinical trials and meta-analysis. The demographic parameters and the partial epilepsy incidence were calculated based on the official statistic surveillance system data for the regions. Resource use was estimated by expert survey. Drug and other medical costs were calculated on the basis of registered vital and essential drug list prices and regional tariffs. RESULTS: Introduction of lacosamide to clinical practice (as add-on anti-epileptic treatment) compared to perampanel with equal market shares of 10%, 20% and 30% leads to average budget savings of €318,800,000, €336,100,000 and €353,600,000 in Year 1, 2 and 3 respectively compared to the costs of the current scenario of €319,200,000, €337,200,000 and €355,200,000 in Year 1, 2 and 3 respectively. The cumulative budget reduction over the three year period was €3,100,000 (an approximate 0.3% savings). CONCLUSIONS: The adoption of IFN-1b-1a for the treatment of RRMS is economically sustainable by the Italian NHS.