100,000-member health care plan. METHODS: Patient characteristics and AED efﬁcacy (decrease from baseline in frequency of drop seizures) were modeled with clinical trial data. Medication costs were derived from administrative claims data from a large US managed health care plan afﬁliated with OptumInsight, with the assumption that 2.3% of drop seizures required medical care. Budget impact was measured over 2 years. Results were expressed as overall difference in costs (seizure-related pharmacy to a health plan, and cost per member per month (PMPM) after the addition of cobalzam. Alternative scenario analyses were performed. RESULTS: With the assumption that 0.04 % of the population had LGS, addition of cobalzam to the formulary resulted in cost savings of $78,600 in Year 1 and $104,000 in Year 2, corresponding to savings of $0.07 and $0.59 PMPM, respectively. Alternative analyses with lower seizure rates upon discontinuation of greater long-term efﬁcacy for lamotrigine and topiramate did not substantially alter the conclusion. Assumption that fewer drop seizures require medical care resulted in a modest cost increase with cobalzam, suggesting that medically attended drop seizures are a primary driver of costs for LGS patients. Sensitivity analyses for other costs (outpatient: early: C – 45.8%; middle: C – 48.2%, M – 66.4%; late: C – 41.5%, M – 78.9%; inpatient: early: M – 37.7%) indicated that early costs contributed to 54.6% of C total late stage costs. CONCLUSIONS: HD direct health care costs in- creased through a decrease in medical costs associated with drop seizures.

PND7
BUDGET IMPACT AND COST-EFFECTIVENESS OF ONCE-DAILY GABAPENTIN FOR THE TREATMENT OF POSTHERPETIC NEURALGIA
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OBJECTIVES: To determine the budget impact (BI) and cost-effectiveness (CE) model to determine the effect of introducing the recently approved once-daily gabapentin (Gralise®, G-QD) into the existing market of postherpetic neuralgia (PHN) treatments. METHODS: The BI model is based on estimated US. PHN incidence and captures the cost of medical costs incurred from initiation of treatment through six months. Treatment included G-QD, gabapentin TID, and pregabalin. After assessment at 10 weeks, patients could remain on initial monotherapy, or add, switch, or discontinue PHN treatments. Post-assessment therapies also included lidocaine patch and opioids. Clinical and epidemiological data sources consisted of clinical trial data, US census data, and published literature. The US payer perspective model includes direct medical costs (in 2010 US dollars) including pharmacy, physician visits, and treatment of adverse events. Discounting was excluded due to the short timeframe. Drugs were priced at wholesale average cost (WAC). Other pricing factors were taken into account. Cost sources were from Medicare fee schedules, and published literature. The CE analysis was based on a hypothetical 1000-patient cohort. Patients with and without pain reduc- tion were determined from clinical trial data; outcomes were quality adjusted based on published PHN utility data for pain and adverse events. Costs were taken from the BI analysis. RESULTS: For $14,183 PHN patients, the addition of G-QD decreased the total cost budget by $12,230 (-0.04%). While the pharmacy budget increased by $299,547 (1.34%), the non-pharmacy budget decreased by $311,777 (-0.66%). The non-pharmacy budget decrease of $311,777 decreased the total cost budget by $12,230 (-0.04%). While the pharmacy budget increase of $299,547 increased by $299,547 (1.34%), the non-pharmacy budget decreased by $311,777 (-0.66%). However, even (70.4%) M HD patients were classified as late stage. The mean total annualized cost per patient varied in both populations (early: C – 45.8%, M – 48.2%; middle: C – 48.2%, M – 66.4%; late: C – 41.5%, M – 78.9%; inpatient: early: M – 37.7%). However, early costs contributed to 54.6% of C total late stage costs. CONCLUSIONS: HD direct health care costs in- creased through a decrease in medical costs associated with drop seizures. 

PND8
POTENTIAL ECONOMIC BENEFITS OF PEGYLATION IN THE TREATMENT OF MULTIPLE SCLEROSIS: A SYSTEMATIC REVIEW OF THE PHARMACOECONOMIC LITERATURE
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OBJECTIVES: Polyethylene glycol-conjugated (PEGylated) therapies are commonly used to treat patients with anemia, neutropenia, and viral hepatitis. While no PEGylated drugs are currently approved for the treatment of multiple sclerosis (MS), a PEGylated formulation of interferon-beta-1a is being developed for relapsing-remitting MS treatment. The goal of this study was to identify the economic beneﬁts of PEGylated drugs currently available in other disease areas. METHODS: A comprehensive search of the medical literature was conducted using PubMed/MEDLINE, article links, and supplemental searches. Inclusion criteria included English language, publications between 1985 and 2010, prospective or retrospective study design, and cost or cost-effectiveness studies comparing PEGylated drugs with their non-PEGylated counterparts in the same therapeutic area. All costs were adjusted to 2010 US dollars for reporting. RESULTS: Thirty-seven published articles reporting data from 11 countries in 12 therapeutic areas were reviewed, including studies on pegylastim, liposomal PEGylated doxycyclin, peginterferon alfa $ and $2b, pegaspargase, and PEGylated epoetin. Twelve studies showed some cost offsets for 6 PEGylated drugs, with 4 of the drugs reducing administration costs. Other offset included those for adverse event treatment, disease complications, and disease treatment. Sensitivity analysis of total treatment costs showed total cost savings with 3 of 5 PEGylated drugs, ranging up to $7743 per patients annually. With 4 PEGylated drugs, 17 of 18 studies reported incremental cost-effectiveness ratios below $50,000 per quality-adjusted life-year. CONCLUSIONS: PEGylated drugs are reported to reduce patient health resource use and costs, including costs associated with drug administration and adverse events. Since multiple studies have demonstrated that PEGylated drugs are more cost- effective than their non-PEGylated counterparts, PEGylated interferon beta-1a may offer similar economic beneﬁts to payers and health care systems.

PND9
HUNTINGTON’S DISEASE (HD) DIRECT MEDICAL COSTS: A RETROSPECTIVE CLAIMS DATABASE ANALYSIS
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OBJECTIVES: Little US data are available on the costs of HD, a debilitating disease marked by motor/cognitive/psychiatric impairment worsening through distinct disease stages. Our study aimed to quantify the direct health care costs (and major cost drivers) among HD patients by disease stage in commercial (C) versus Medicaid (M) databases. METHODS: Health care utilization/cost data (pharmacy, outpa- tient: early: M – 37.7%). However, even (70.4%) M HD patients were classified as late stage. The mean total annualized cost per patient varied in both populations (early: C – 45.8%, M – 48.2%; middle: C – 48.2%, M – 66.4%; late: C – 41.5%, M – 78.9%; inpatient: early: M – 37.7%). However, early costs contributed to 54.6% of C total late stage costs. CONCLUSIONS: HD direct health care costs in- creased through a decrease in medical costs associated with drop seizures.

PND10
COST OF CERVICAL DYSTONIA IN THE UNITED STATES
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OBJECTIVES: Cervical dystonia (CD), or spasmodic torticolis (33.83), is the common adult-onset focal dystonia and is associated with signiﬁcant pain and disability. The quality of life burden of CD has been well documented; however, very few data on the economic impact of CD are available. The study aims to quantify the average per-patient cost of CD health care resource use using baseline data from the CD Patient Registry for the Observation on Botulinumtoxina Efficacy (CD FORBES), a large ongoing registry. METHODS: At baseline, participants reported use of speciﬁc health care resources over the preceding 6 months, including visits to a primary care provider, neurologist, physiatrist, physi- cal or occupational therapist, surgeon, alternative care provider, chiroprac-