This analysis aimed to assess if the early switch from IFNB to fingolimod impacts MS clinical outcomes and promotes better use of health care resources from the Portuguese hospital perspective. METHODS: This analysis was based on TRANSFORMS phase III trial extension data. A cost-effectiveness model was developed to calculate the cost per relapse avoided with 4.5 years of continuous treatment with fingolimod (early switch) versus 1 year of treatment with IFNB followed by a 3.5 years of treatment with fingolimod (delayed treatment). A Portuguese hospital perspective was adopted addressing only direct costs: drug, monitoring and relapses' treatment costs. RESULTS: Based on Portuguese hospital costs, a cost of a relapse was estimated in 80,820€ for early treatment versus 79,257,091€ for delayed treatment. This represents an average incremental investment of 1,933€ per patient per year. The early strategy resulted in an incremental cost-effectiveness ratio of 19,358€ per relapse avoided when compared with the delayed strategy. CONCLUSIONS: Under the Portuguese hospital perspective, early treatment with fingolimod is expected to result in better clinical outcomes associated with a more efficient health care resources allocation.

PND21
COST ANALYSIS OF TWO AFTERCARE STRATEGIES IN CHRONIC CONTINUOUS INTRATHecal BACLOFEN THERAPY IN PATIENTS WITH INTRACTABLE SPASTICITY
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OBJECTIVES: Intrathecal baclofen (ITB) therapy is indicated for use in the management of spasticity in patients with multiple sclerosis (MS). ITB therapy has been shown to be a very effective treatment. A pump refill at least once every three months in the hospital (standard care (SC)). Since SC can be very burdensome for both patients and informal caregivers, an alternative approach (Care4homecare) has been developed which enables patients to receive pump refills at home. Moreover, for patients with specially trained nurse practitioners, they ensure that there is no reduction in effectiveness. We compared the costs of both strategies. METHODS: Resource use in both strategies was estimated using observational data on 38 adult patients with spasticity due to multiple sclerosis (42.5% female, average age 52±15.4 years) of the patients were treated with SC and 47.5% with Care4homecare. The costs of direct and indirect costs of both strategies. RESULTS: Patients treated with Care4homecare are less than the costs of patients receiving SC. From a societal perspective, the total costs of Care4homecare were lower than SC. CONCLUSIONS: Care4homecare is an alternative approach to treat patients with intrathecal baclofen that can be cost-neutral from a health care sector perspective. Moreover, it can be a welcome option for many patients and caregivers who want to avoid the burden of regular hospital visits.

PND22
COST ANALYSIS OF THE USE OF GLATIramER ACETATE COMPARED TO INTERFERON-Î² IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS AND SPASTICITY IN SPAIN
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OBJECTIVES: To analyze the costs associated with first-line use of glatiramer acetate (GA) compared to interferon-β (INF-β) in patients with relapsing-remitting multiple sclerosis (RRMS) and spasticity from the perspective of the National Health System of Spain. METHODS: A cost analysis of treatment and spasticity management with INF-β compared to GA for 6 months were analyzed. The clinical data were taken from the ESCALa study, which showed an improvement in spasticity in terms of spasm frequency, muscle tone, and pain 3 and 6 months after the start of GA therapy. Unit costs for the resources used were taken from the BIPPLUS 2.0 database and available literature. The cost analysis is expressed in euros as of 2014, and a price discount of 7.5% was applied as set forth in Spanish Royal Decree 8/2010. RESULTS: The costs associated with the management of RRMS, spasticity, and relapses using INF-β compared to GA for 6 months were €4,671.31 and €7,078.02, respectively, generating a cost savings of €2,406.72/patient, in favour of GA. CONCLUSIONS: The use of AG in the first-line treatment in RRMS promotes better use of health care resources compared with INF-β not only in terms of the direct costs of treatment but also in terms of the indirect costs of treatment. Use of AG in the early treatment with AG and keep it in patients with optimal response would be a more efficient treatment option than INF-β.

PND23
SYSTEMATIC REVIEW OF THE ECONOMICS OF MULTIPLE SCLEROSIS IN LATIN AMERICA
Embank GC1, Scioli M1, LilACS using the key words “multiple sclerosis” and “esclerosis múltiple” in PubMed, Embase, LILACS and all cost-utility studies: a systematic review of reporting original research on cost or economic analyses, budget impact or resource utilization were obtained. No restrictions were placed on publication date or language. All work was done in duplicate by two independent reviewers with disagreements resolved with a third reviewer. RESULTS: We identified 1482 papers, of which 27 were considered for analysis. There were 7 economic analyses (5 cost-effectiveness, 2 cost-utility), 5 budget impact analyses, 10 cost analyses (6 drug expenditures, 1 resource use, 3 cost of illness) and 11 economic evaluations. CONCLUSIONS: No research is required to identify if meaningful differences in the total cost of treatment exist between EIAEDs and nEIAEDs.