CONCLUSIONS: Patients in plans with no cost-sharing have greater adherence and are less likely to discontinue treatment in the 12 months following the index DMT initiation compared to patients that are M5 sensitive to the financial costs associated with DMT and may make treatment decisions based on this burden. Manufacturer co-payment assistance programs designed to reduce patient financial burden were not considered in this analysis. Therefore, these results may underestimate the effects of benefit design on medication adherence and persistence.

PND62
WHAT ARE THE KEY DRIVERS FOR CHANGING HTA DECISIONS? EXAMPLE OF ALZHEIMER’S DISEASE TREATMENT IN GERMANY, FRANCE AND UK

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OBJECTIVES: Since launch, HTA agencies from Germany, France and UK have repeatedly reviewed the use of Alzheimer’s disease (AD) treatments and issued recommendations, which have changed over time. The aim of this study was to understand drivers of agency decisions and whether these have changed over time.

METHODS: We reviewed HTA appraisals by IQWiG, HAS and NICE for three acetylcholinesterase inhibitors (AChEi) donepezil, galantamine, rivastigmine and memantine, an NMDA receptor antagonist from marketing authorisation to today.

RESULTS: Within 2,557.44 € more innovative drugs are often not well controlled, supporting the consideration of using conventional drugs are often not well controlled, supporting the consideration of using

PND64
COST-MINIMIZATION ANALYSIS OF IFNB-1b AND FINGOLIMOD AMONG MULTIPLE SCLEROSIS PATIENTS IN GERMANY

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OBJECTIVES: Several disease-modifying therapies (DMTs) including IFNB-1b have been approved for patients with multiple sclerosis (MS) to delay disease progression and reduce the incidence of exacerbations. Fingolimod, the first oral formulation of DMT, was recently approved in several nations around the world including Germany. This study aims to conduct a cost-minimization analysis to estimate the cost impact of MS treatment with Fingolimod versus IFNB-1b in Germany from the societal perspective.

METHODS: A Markov model is developed to follow the natural history MS patients from time of diagnosis through disease progression and up to 20 years. MS patients receive either IFNB-1b or Fingolimod treatment but share the same efficacy on disease progression and relapse rate due to the absence of head-to-head comparison data. Fingolimod patients are assumed to have 10% higher treatment adherence difference due to the oral formulation. In the model, DMT’s costs of IFNB-1b: €19,444/year and Fingolimod: €30,584/year) are based on AVP pharmacy retail price, while other cost items are estimated from published literatures or local databases. Main model outcomes include direct costs, indirect costs, and total costs in MS progression with MS and MS dementia.

RESULTS: In the short-term analysis, Fingolimod costs additional €8,929 per patient in one year and €29,550 per patient in 5 years compared to IFNB-1b. Long-term analysis (20 years) shows that cost savings associated with IFNB-1b is €41,593 per patient, which mainly occurs when MS patients are still receiving treatment. The cost advantages of IFNB-1b in the long-term analysis are attributed to its lower drug cost (€50,342 vs. €92,873), serious adverse events management (€6.7 vs. €102.4), and clinical monitoring (€8.8 vs. €438.2). CONCLUSIONS: Compared to Fingolimod, MS treatment with IFNB-1b leads to substantial cost savings from both societal and payer perspectives in Germany, with similar treatment effectiveness.

PND65
DESCRIPTING AND COMPARING UTILITY FROM EQ-SD AND SF-6D IN A HUNTINGTON’S DISEASE POPULATION

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OBJECTIVES: The SF-6D and the EQ-5D are two widely used questionnaires to generate utility scores. The objective of this study is to describe and compare values derived from EQ-SD and SF-6D in Huntington’s disease population.

METHODS: We used data from EuroHDB, a multicenter cross-sectional study conducted in France, Italy, Poland and Germany. In several subpopulations, with different degrees of severity, we used paired-samples t-test to identify significant differences and calculated the Pearson’s correlation between SF-6D and the EQ-5D utility scores.

RESULTS: The Pearson’s correlation analysis showed a significant relationship between the two measures; the Pearson’s correlation coefficient was 0.89 for SF-6D and 0.77 for EQ-5D and the difference between EQ-5D and SF-6D utility scores was high. This difference was also significant when considering subpopulations (as discriminated with score of clinical motor scale, and depression scale), with higher values for SF-6D. The difference between EQ-SD and SF-6D utility scores was higher in severe population than in moderate for most of the studied criteria (severe motor impairment: EQ-SD: 0.62, SF-6D: 0.69, moderate motor impairment: EQ-SD: 0.00, SF-6D: 0.51). The SF-6D scores distribution was found to be approximately normal whereas the EQ-SD distribution was negatively skewed.

CONCLUSIONS: In our study, EQ-SD tends to generate lower scores in all Huntington’s disease subpopulations. EQ-SD appears to be more sensitive than SF-6D. The choice of utility measure is likely to have a strong impact on incremental cost-effectiveness ratios of interventions slowing the progression of Huntington’s disease.

PND66
CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE BRAZILIAN VERSION OF THE FATIGUE SEVERITY SCALE (FSS)

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OBJECTIVES: The aim was to perform a cross-cultural adaptation and validation of the Fatigue Severity Scale (FSS) for use in Brazilian patients with myopathy and who complains of precocious muscular fatigue. METHODS: This study presents nine items measured on a Likert scale ranging from 1 (completely disagree) to 7 (completely agree), where higher scores indicate higher level of fatigue. The process of cross-cultural adaptation included: two independent translations for Portuguese spoken in Brazil; the development of a consensual translated version; application in a pilot group (n=14) of patients with myopathy; evaluation by an expert committee for content validation, a back-translation by one bilingual translator whose native tongue was English, but who was fluent in Brazilian Portuguese. The two English versions (original and back translated) were analyzed by two of the authors and a final Brazilian version was obtained. Twenty one patients with muscular disease following at the outpatient clinic from a University Hospital answered the Brazilian version of the FSS (VAS and CFQ demonstrated moderate correlations (r=0.60 and physical=0.56, respectively). The FSS didn’t correlate with mental component of the CFQ (0.31).