between treatment groups. Differences reflected the known efficacy and safety profile of BRV. Where reported for other AEDs, changes from baseline and treatment-group differences are similarly small, raising questions about the appropriateness of short-term fixed-dose trials as a source of HRQoL data for adjunctive AEDs in refractory patients. Long-term assessments may be more informative. Supported by UCB.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

PND81 DOES CRSG PROVIDE PROPER GUIDES FOR AN EFFECTIVE PHARMACEUTICAL PRESCRIPTION IN ALZHEIMER PATIENTS? Cabraller-Parron M1, Vivas-Casasola E1, Escudero-Torrella P1, Macion-Izquierdo C1
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OBJECTIVES: The main objective of this paper is to analyze pharmaceutical expenditure in Alzheimer patients from a European southeastern region (Valencian Region [Spain]), by using the clustering patients system Clinical Risk Group (CRGs). We focused on obtaining more information about Alzheimer patients, stabilizing a more accurate measurement of their resources consumption and individualizing patterns of pharmacoeconomic damage. METHODS: A cross-sectional study of the inhabitants of Valencian region with a population of 5,000,000 was carried out, using data extracted from Electronic Health Records for 2013. A sample of 24,641 Alzheimer individuals was identified. RESULTS: From our sample 29.4% men and 70.6% women were found. The annual average cost per Alzheimer patient is €1,709.051. By gender, women average cost is €1,718.66 while men average consumption is €1,685.97. Age is the key variable affecting the cost, as younger levels are not capable to explain cost variability. CONCLUSIONS: Valuable information about pharmaceutical cost of Alzheimer patients was found. In contradiction to other published research on Alzheimer case, the age of severity does not provide a clear explanation of pharmaceutical cost variability.

PND82 DEVELOPMENT OF A SCREENING TOOL TO SUPPORT IDENTIFICATION OF PATIENTS WITH SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS (SPMS) Ziemssen T1, Simsek D2, Lahoz R2, Verdun di Cantogno E2
1University Clinical Carl Gustav Carus, Dresden, Germany, 2Novartis Pharma AG, Basel, Switzerland

OBJECTIVES: Transition from RRMS to SPMS is difficult to diagnose. Here, we describe methodology for developing a screening tool that can help physicians to diagnose SPMS early. METHODS: Tool will be developed along 3 steps: Quantitative research: A retrospective cross-sectional study to describe differentiating characteristics between SPMS and late RRMS patients using Adelphi Real World database. 2,791 MS patient records from US and Europe were analyzed. Qualitative interviews of patients (16 each in the US and Germany—8 RRMS and 8 SPMS and late RRMS patients using Adelphi Real World database. 2791 MS patient records), and resource implications. This study aimed to quantify the humanistic and health economic effects of Fingolimod treatment with cardiovascular complications for some modifying therapies (DMT) for patients with Multiple Sclerosis (MS). Diagnosis of early benefit assessment by the Federal Joint Committee for patients with cardiovascular problems may benefit from ACE-inhibitor treatment, there is some debate about whether this therapy is safe for use in patients with renal dysfunction. The objective of this study was to describe ACE-inhibitor treatment in renal patients. Long-term assessments may be more informative. Supported by UCB.

PND83 COSTS ASSOCIATED WITH PATIENTS DIAGNOSED WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS TAKING ONCE DAILY FINGOLIMOD CAPSULES IN THE UNITED STATES Greene N1, Greene M1
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OBJECTIVES: Fingolimod oral tablets were approved in the United States (US) in September 2010 for the treatment of relapsing remitting multiple sclerosis (RRMS). The objective of this study is to assess the costs associated with Fingolimod treatment of patients with RRMS or SPMS in the US. Methods: Administrative retrospective claims database was used to identify patients diagnosed with RRMS and were prescribed Fingolimod between January 2010 to December 2012 were included in the study. All patients > 18 years of age and continuously enrolled in the same health plan for a year. Descriptive statistics and chi-square tests were performed. RESULTS: There were 29,477 patients that met the inclusion criteria. These patients were charged $3,570.93 a year. 37% of those filled a subsequent prescription for an ACE-inhibitor. There were 94 (2%) patients in the 18 months before starting treatment with ACE-inhibitors who had evidence of cardiovascular disease (CVD) at the time of the prescription and 127 (24%) of all patients died before the prescription was filled or were treated with an ACE-inhibitor despite a possible contraindication, especially in patients with severe disease. New therapies in development which address underlying disease rather than complications may enable patients to avoid potential contraindications.

PND84 MUSCULAR DYSTROPHY PATIENTS WITH SEVERE RENAL DYSFUNCTION: ANALYSIS OF ACE-INHIBITOR USE Vlahiotis A1, Stott M2, Palmer LA1
1Truen Health Analytics, Cambridge, MA, USA, 2Truen Health Analytics, Bethesda, MD, USA

OBJECTIVES: Cardiovascular deterioration and renal dysfunction are significant complications for many patients with muscular dystrophy (MD) patients. Although MD patients with cardiovascular problems may benefit from ACE-inhibitor treatment, there is some debate about whether this therapy is safe for use in patients with renal dysfunction. The objective of this study was to describe ACE-inhibitor treatment in renal patients. Long-term assessments may be more informative. Supported by UCB.

PND85 OVER-PRESCRIPTON OF FINGOLIMOD IN GERMANY Schoch O1, Steinle T1, Tamminga M1, Blank S1, Wurdenmann E1, Techniker Krankenkasse, Hamburg, Germany

OBJECTIVES: Fingolimod is an orally available immune-modulatory drug for treating relapsing-remitting Multiple Sclerosis (RMS). It was approved by the European Medicines Agency (EMA) in 2013. Some urgent safety warnings (e.g. progressive multifocal leucoencephalopathy (PML) and cardiovascular events) have been reported in the meantime. Early benefit assessment by the Federal Joint Committee in Germany for patients with cardiovascular problems may benefit from ACE-inhibitor treatment, there is some debate about whether this therapy is safe for use in patients with renal dysfunction. The objective of this study was to describe ACE-inhibitor treatment in renal patients. Long-term assessments may be more informative. Supported by UCB.