patients without CM ($1,756). There were more CM patients with accompanying pain compared to those without the disease.

PND30 HEALTH CARE RESOURCE UTILIZATIONS AND COSTS AMONG MIGRAINE PATIENTS IN THE U.S. MEDICARE POPULATION

Huang A1, Shrestha S2, Baser O2, Yuce H1, Wang L1
1StatinMED Research, Plano, TX, USA; 2StatinMED Research, The University of Michigan, MEF University, Ann Arbor, MI, USA; 3City University of New York & StatinMED Research, New York, NY, USA

OBJECTIVES: To examine the health care resource utilizations and costs among migraine patients in the U.S. Medicare population. METHODS: Migraine patients were identified using the 2010 International Classification of Disease, 10th revision, Health Care Utilization Project, Medical Expenditure Panel Survey (ICD-9-CM) diagnosis code 456) using Medicare data from January 01, 2009 through December 31, 2009. The first diagnosis date was designated as the index date, and patients were required to have at least a 1-year baseline (pre-index date) and at least a 1-year post-index date. Study outcomes (health care resource utilizations and costs) were compared between the migraine and comparison cohorts. RESULTS: After applying a propensity score matching to control for age, region, gender and baseline Charlson comorbidity index, the cohorts were well-balanced. A higher percentage of patients with migraines had inpatient stays (21.8% vs. 11.1%, p < 0.0001), other therapy (99.88% vs. 65.78%, p < 0.0001) and pharmacy visit claims (90.52% vs. 48.35%, p < 0.0001), compared to those with a migraine diagnosis. The patients in the migraine cohort also incurred significantly higher other therapy ($4,111 vs. $2,312, p < 0.0001) and pharmacy visit costs ($1,074 vs. $512, p < 0.0001) than those in the comparison cohort. CONCLUSIONS: Migraine patients incurred significantly higher costs and had higher health care resource utilizations than those without the disease.

PND31 COST-EFFECTIVENESS ANALYSIS OF IPX066 IN ADVANCED PARKINSON’S DISEASE

Arnold R1, Frasco MA1, Layton A1, Rusty NR2, Chen S2
1Quorum Consulting, San Francisco, CA, USA; 2Impax Laboratories, Inc., Hayward, CA, USA

OBJECTIVES: Parkinson’s disease (PD) is a progressive disease associated with substantial health care resource utilization and increased drug costs. Levodopa/carbidopa (CD-LD) is the gold standard in treatment for advanced PD patients. However, effectiveness of IR CD-LD diminishes with long-term treatment and is associated with increased “off” time and re-emergence of PD symptoms and the advent of motor complications. CD-LD plus entacapone (CD-E) has produced some clinical improvement over IR CD-LD alone. IPX066 is an extended-release formulation of CD-LD designed to address some of the limitations of IR CD-LD by rapidly attaining and maintaining therapeutic LD concentrations for a prolonged duration. The aim of the study was to evaluate the comparative cost-effectiveness of IPX066 against CD-E. METHODS: A Markov model was developed comparing IPX066 with branded and generic LD, and LD-CD. The model was run using 20-year Markov cycle lengths. Health state costs were discounted at 4% and quality of life was discounted at 1.5% to reflect the health care system’s perspective. The model simulated a hypothetical patient’s progression over their lifetime and assessed and recorded at baseline by using a suitably designed questionnaire and headache impact test questionnaire. The patients were given either amitriptyline or propranolol. After the completion of one month of drug therapy score of patients were measured using the same questionnaire and in addition cost of patients. The data was used for the determination of IPX066 effectiveness in migraine headache treatment. The cost-effectiveness ratio for IPX066 compared to FIN, GA, and INT, respectively The actual impact to a particular plan will vary based on drug pricing and other factors affecting drug cost accrual.

PND32 COST-EFFECTIVENESS ANALYSIS OF LEVODOPA/CARBIDOPA INTESTINAL GEL IN IRELAND

Bai B, Egan KM, McCarthy J
AbbVie Ltd., Dublin, Ireland

BACKGROUND: Parkinson’s disease (PD) is an incurable, progressive neurological disease, with primary symptoms impacting movement, walking and posture; that eventually become severely disabling. Advanced PD (APD) has a significant impact on Quality of Life (QoL) for patients, their carers/families. Levodopa/Carbido is the gold standard for the treatment of PD. The use of levodopa in Parkinson’s disease with severe motor fluctuations and dyskinesias is recommended in Parkinson’s disease guidelines. The objective of this study was to assess the cost-effectiveness of levodopa/corticosteroid therapy in patients with APD in Ireland. OBJECTIVES: To determine the cost-effectiveness of levodopa/corticosteroid therapy in patients with APD in Ireland. METHODS: A deterministic Markov model was used to evaluate levodopa/corticosteroid therapy in APD patients. The model was based on a previously published model, adjusted for the Parkinson’s disease population with severe motor fluctuations and dyskinesia in Ireland. The model simulated 100 patients and redistributed them into disease-specific health states. Health states were defined by Hoehn & Yahr (H&Y) stage combining with amount of time in off state. The model comprised of standard of care treatment +/- sub-cutaneous apomorphine infusion and standard follow up. CONCLUSIONS: The model was most sensitive to health state costs. LCIG is a cost-effective option for treatment APD patients in Ireland.

PND33 THE COST-EFFECTIVENESS OF MIGRAINE TREATMENT OPTIONS

Baj R1, Egan KM, McCarthy J2, Odom T3, Layton A1
1Xcenda, Palm Harbor, FL, USA; 2Biogen Idec, Weston, MA, USA

OBJECTIVES: To analyze cost-effectiveness data presented in the previously published randomized controlled trials (RCTs) and systematic reviews to develop a model of migraine headache management. Methodology: We developed an RCT model, that linked and evaluated the CIs of the Patient’s Disease Rating Scale (UPDRS) Parts II (activities of daily life) and III (motor) scores to diseases progression and direct costs (drugs, medical appointments, adverse events, and laboratory studies), which were obtained from clinical records and unit cost of NINN. Data used in the model were obtained from clinical trials and we developed an indirect

Clinical efficacy, utilities and transition probabilities were derived from published studies. Resource costs were estimated from 656 individual patient level data from Adelphi 2012 UK patient dataset, using Irish costs, where possible. Time horizon was 20 years and patients were followed until death if it occurred earlier. Costs and outcomes were discounted at 4%. Both one-way and probabilistic sensitivity analyses were conducted. RESULTS: The incremental cost-effectiveness ratio for LCIG vs. SOC was €41,114/QALY (total costs LCIG vs. SoC are €537,276 vs. €465,716 and QALYs are 4.72 vs. 2.98). LCIG is cost-effective at a payer threshold of €45,000. The model is most sensitive to health state costs. CONCLUSIONS: LCIG is a cost-effective option for treatment APD patients in Ireland.