This analysis aimed to assess if the early switch from IFNB to fingolimod impacts MS clinical outcomes. The results support that MS relapses are reduced under fingolimod compared to IFNB. This benefit is maintained after the switch. The early switch from IFNB to fingolimod results in better measures of disability, fewer relapses and lower healthcare costs. The methodological quality of the studies included was assessed using the Jadad scale. The results of this systematic review support the switch from IFNB to fingolimod as an early switch strategy.

PND21
COST ANALYSIS OF TWO AFTERCARE STRATEGIES IN CHRONIC CONTINUOUS INTRATHecal Baclofen Therapy in Patients with INTRACTABLE SPASTICITY
Burgers L.T.1, Hoogvans-van der Gaag EM2, Delhaas EM2, Redekop WK3
1Erasmus University, Rotterdam, The Netherlands, 2Erasmus University, Rotterdam, The Netherlands
OBJECTIVES: Intrathecal baclofen (ITB) therapy is indicated for use in the management of severe involuntary muscle contractions (spasticity) in patients with conditions such as multiple sclerosis (MS). The majority of patients require treatment with 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, a care pathway of specially trained nurse practitioners ensures 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 of 38 adult patients with spasticity (due to e.g. multiple sclerosis or spinal cord injury) that are currently living at home. We then combined this data with expert opinion and the Dutch costing manual to estimate the total one-year costs from a societal perspective. RESULTS: Patients included in the Care4homecare group had a mean age of 56.1 years and 61% were men and patients in the SC group scored on average 44±12.5 points on the Care Dependency Scale. The Care4homecare strategy involves care that is almost identical to SC and therefore can result in comparable direct medical costs. However, patients receiving Care4homecare do not incur any travel costs compared with SC patients (€489). In addition, the productivity costs of informal caregivers (SC €195; Care4homecare €40) and of patients treated with Care4homecare are less than the costs of patients receiving SC. From a societal perspective, the total costs of Care4homecare are lower than those of SC. CONCLUSIONS: Care4homecare is an alternative approach to treat patients with intrathecal baclofen that can be cost-neutral from a healthcare care 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-Å IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS: A SYSTEMATIC REVIEW
Sanchez de la Roza R1, Garcia Bujalance L2, Meca Lallana J3
1Teva Pharma, Madrid, Spain, 2Teva Pharmaceuticals, Madrid, Spain, 3Virgen de la Arrixaca Hospital, Murcia, Spain
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 was analyzed. The clinical data were taken from the ESCALA study, which showed an improvement in spasticity in terms of spasm frequencies, muscle tone, and pain 3 and 6 months after the start of GA therapy. Unit costs for the resources used were taken from the BOTPLUS 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 analyzed: Clinical: GA 16,001.70 vs INF-β 15,965.93, respectively. The results showed a saving with INF-β of 355.77 euros per patient. CONCLUSIONS: Treatment with INF-β is cost-effective and may save the healthcare system between 578.30 and 767.30 euros per patient, depending on the degree of spasticity.

PND23
SYSTEMATIC REVIEW OF THE ECONOMICS OF MULTIPLE SCLEROSIS IN LATIN AMERICA
Embihaj 2, Scioli L1, ALACCS using the key words “multiple sclerosis” and “esclerosis multipla” and the language requirements. Embihaj 2, Scioli L1, ALACCS using the key words “multiple sclerosis” and “esclerosis multipla” and the language requirements. Embihaj 2, Scioli L1, ALACCS using the key words “multiple sclerosis” and “esclerosis multipla” and the language requirements. Embihaj 2, Scioli L1, ALACCS using the key words “multiple sclerosis” and “esclerosis multipla” and the language requirements. Embihaj 2, Scioli L1, ALACCS using the key words “multiple sclerosis” and “esclerosis multipla” and the language requirements.

PND24
ALZHEIMER'S DISEASE: MEDICATION COSTS AND COST OF EFFECTIVE SUBSTITUTION
Truter T1, Nelson Mandela Metropolitan University, Port Elizabeth, South Africa
OBJECTIVES: This study aimed to estimate the annual societal cost of incurred costs and the cost of an effective substitution on patients with Alzheimer’s disease (AD). METHODS: The annual societal costs were estimated using a societal perspective. The costs were based on a Dutch productivity cost study conducted on patients with AD (mean age 81.9 years, 55% females, 24 patients). The costs of substitution were estimated using the cost of utilisation of the most expensive treatment (donepezil 20 mg 2x/day) and the least expensive treatment (rivastigmine 4 mg 3x/day). RESULTS: The total societal cost of AD was estimated to be €40,539 per patient per year. The costs of substitution were estimated to be €21,170 per patient per year. CONCLUSIONS: In South Africa, patients with AD receive donepezil as the first-line treatment. The substitution of donepezil with rivastigmine would result in a cost saving of €19,369 per patient per year.

PND25
COSTS ASSOCIATED WITH THE USE OF ENZYME-INDUCING ANTI-EPILEPTIC DRUGS VERSUS NON-ENZYME-INDUCING ANTI-EPILEPTIC DRUGS: A SYSTEMATIC REVIEW
Xiong T1, Gallagher E2, MacCollin R2, Trinder J3, Meca Lallana J3
1Abacus International, Oxfordshire, UK, 2UCB Pharma, Brussels, Belgium, 3Virgen de la Arrixaca Hospital, Murcia, Spain
OBJECTIVES: Several commonly prescribed enzyme-inducing anti-epileptic drugs (EIAEDs) stimulate the synthesis of some hepatic enzymes responsible for drug metabolism. This can lead to complications by altering endogenous metabolic pathways or by affecting the elimination of concomitant drugs thus increasing health care costs. The aim of this systematic review was to review the evidence on the cost effectiveness of EIAEDs compared to non-enzyme-inducing anti-epileptic drugs (nEIAEDs) in patients with focal or generalised seizures, and to evaluate methodological differences between the studies. METHODS: Comprehensive electronic searches were undertaken using EMBASE, EMBASE, Cochrane Library, EconLit, relevant conference proceedings and cost effectiveness analysis registries. All studies reporting any direct and indirect costs of AEDs for the treatment of patients with epileptic seizures were included. Study quality assessment was performed for all included study using a predesigned check list. RESULTS: Thirty-two full-length articles and two abstracts reporting costs were reviewed. Two studies reported AED costs, drug-specific adverse event costs and non-drug health care costs, but did not report any other subsequent AED-related health care costs stratified over time. Thirteen studies reported the whole cost of illness with only a list of AEDs included, to date, no study has been specifically designed to compare the total costs between EIAED and nEIAED use, although some studies compared direct medical cost of patients treated with EIAEDs versus nEIAEDs. CONCLUSION: Insufficient data and heterogeneity in methodology prevent valid comparisons being made between the total cost of EIAEDs and nEIAEDs. More research is required to identify if meaningful differences in the total cost of treatment exist between EIAEDs and nEIAEDs.