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 US: A POPULATION APPROACH
Huang A1, Shrestha S2, Basri O2, Yuce H1, Wang J1
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 US. Medicaid population. METHODS: Migraine patients were identified using ICD-9-CM diagnosis codes 464.x and were included in the analysis. Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code 346) used Medicaid 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 1-year post-index date. Study outcomes (health care resource utilizations and costs) were compared between the migraine and comparison cohorts. RESULTS: After applying PSM, 380,751 patients were assigned to each cohort, and baseline characteristics were well-balanced. A higher percentage of patients with migraines had inpatient stays (21.1% vs. 15.0%, p < 0.0001), other therapy (95.7% vs. 65.78%, p < 0.0001), and pharmacy visit claims (90.52% vs. 48.35%, p < 0.0001), compared to those without 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, p < $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, Fraser MA2, Layton A1, Rusty NR1, Chen S2
1Quorum Consulting, San Francisco, CA, USA, 2Improxy Laboratories, Inc., Hayward, CA, USA

OBJECTIVES: Parkinson's disease (PD) is a progressive disease associated with substantial economic and societal burden. Intermittent intrajejunal electrical (IR) stimulation (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 (emergence of PD symptoms) and the advent of motor complications. CD-LD plus entacapone (CL-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 CL-E+. METHODS: A Markov model was developed comparing IPX066 with branded and generic LD (CL-E) and placebo. Health states included off-time, “on” time, and dead. The model simulated a hypothetical patient’s progression over a 5-year period through these health states, with a 6-month Markov cycle length. Uncertainty was conveyed through a probabilistic one-way sensitivity analysis. RESULTS: The incremental cost-effectiveness ratio (ICER) was lower for IPX066 compared to CL-E+ (-$75,920) when compared to CL-E+. The ICERs were (-$166,044) compared to Fin and GA, respectively and (-$166,044) compared to Fin and GA, respectively The actual impact to a particular plan will vary based on drug pricing and other factors affecting drug cost accrual.

PND34
COST EFFECTIVENESS ANALYSIS OF MOST COMMONLY PRESCRIBED DRUGS IN MIGRAINE
Huang A1, Baj R, Egan K.M., McCarthy J.
University of Texas, Dallas, TX, USA

OBJECTIVES: To analyze cost effectiveness of amitriptyline and propranolol in the management of migraine. METHODS: A total of 60 patients with migraine were prospectively enrolled, over 12-months to assess impact of these drugs on migraine frequency and headaches in an uncontrolled observational study. Migraine was measured by the monthly number of days with headache, monthly number of headache days patients reported that their headache was moderate to severe, headache impact test questionnaire. The patients were given either amitriptyline or propranolol for treatment of migraine headache frequency and severity. The effectiveness was measured using the same questionnaire and in addition cost and quality of life analysis were conducted. RESULTS: The patients in the amitriptyline group has to pay NRs.8.897 on the drugs (amitriptyline and analgesic) to prevent single migraine headache. In addition the study suggests using either amitriptyline or propranolol for treatment of migraine headache frequency and severity. The actual impact to a particular plan will vary based on drug pricing and other factors affecting drug cost accrual.

PND35
COST EFFECTIVENESS OF EARLY TREATMENT OF PARKINSON’S DISEASE IN MEXICO
Moreno A1, Diaz JP2, Pizarro M3, Ibarra A1, Cervantes A1, Rodriguez M1, Soto H1
1Universidad Autonoma Metropolitana, Mexico D.F., Mexico, 2Hospital Infantil de Mexico Federico Gomez, Mexico City, Mexico, 3Hospital Nacional de Neurologia y Neurocirugia, Mexico D.F., Mexico

OBJECTIVES: Compare the cost-effectiveness (CE) of levodopa, pramipexole, rasagiline and selegiline in patients with early Parkinson’s disease from the perspective of National Institute of Neurology and Neurosurgery (NINN) in Mexico. METHODS: We developed a CE model, that linked Unified Parkinson’s Disease Rating Scale (UPDRS) Parts II (activities of daily life) and III (motor) scores to disease 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 resources. 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 treating APD patients in Ireland.

A283