resource utilisation and the costs associated with health care management of MS in Greece and to provide a basis for cost-effectiveness evaluations. Descriptive epidemiological data of 2,552 MS patients from 27 MS-centers across Greece were analyzed. These patients were randomly included in the study. Continuous data were coded. As the EDSS increases, DMT costs are the most sensitive to DMD costs and relapse rate. Descriptive epidemiological data of 2,552 MS patients from 27 MS-centers across Slovakia were collected electronically and analyzed. In 152 selected patients followed up in 2011-2012 in 34 MS centers, all types of health care services and costs were analyzed. These patients were randomly included in the study. Continuous variables were calculated using standard descriptive statistical methods. RESULTS: 77% of patients had the relapsing-remitting form of MS (RRMS), 60% of patients were in EDSS 1-3, and 39% of patients at the time of the study were females. Total direct health care costs, DMT excluded, ranged from €752 to EDSS 1 to €2,839 to EDSS 7, being the lowest for EDSS9 (at €963). Costs for DMT ranged from €8,584 for EDSS 1 to €13,026 in EDSS5, being lower for EDSS6 (€1,668) and none for EDSS7-9.67% patients were receiving 1st line DMT and 14% receiving 2nd line treatment. DMT was mostly applied in EDSS 2 (97%). The most frequently used DMTs were glatiramer acetate (20%), interferon beta-1a IM (15%) and fingolimod (5%). The most expensive grade 2 adverse events were abdominal pain (46.62%), pain in joints, back and arms (39.55%). CONCLUSIONS: This cross-sectional study determined the average annual direct cost per MS patient to be €1,640, DMT excluded. As the EDSS increases, DMT costs decrease (except of EDSS5-1) and the costs of medical devices rise.

PND38

COST OF HEALTH CARE SERVICES OFFERED BY PARKINSON DISEASE ASSOCIATIONS IN SPAIN

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OBJECTIVES: In Spain, Parkinson Disease Associations (PDA) offers a wide range of care services with partial and variable financial support from the government. The study objective was to estimate the costs of FDA services and to calculate the potential economic benefits, as a contribution to the National Health System. METHODS: A survey conducted by the Federation of FDA collected information on their location, number of members, type and use by patients of the offered services. Services were classified as whether or not they were financed by the NIH based on the existing national portfolio for reimbursed services. Weekly use was recorded and costs were calculated upon official rates (updated to €, 2014). Potential savings for the NHS were estimated by calculating the weekly cost associated to unfinanced services. RESULTS: There were 11 PDA in Spain. The cost of FDA services to 11,420 patients participated in the study. From the 26 services offered, speech therapy (n=41), physiotherapy (n=39), cognitive stimulation (n=23) and occupational therapy (n=23) were the most frequently offered and used. The weekly cost associated to the provided services was €655,219.87 [mean: ±15,580.97 (SD: 22,662.98)] per FDA. 53.8% of services were classified as potentially refundable by the NHS. Costs attributable to potentially financed services represented 78.29%, reaching savings for the NHS of 2,839 to EDSS 7, of 15,980.97 (SD: 22,662.98). The annualized relapse rate as shown to be favourable compared with 30 mcg imIFN-β1a and 287 relapses over 5 years. Those, experiencing 287 relapses over 5 years. Those, experiencing 287 relapses over 5 years. Conclusions: Decision analytic model from a US health care payer perspective was populated with 2 year data from the study and 142,248.23), costs of DMT ranged from €2,839 to EDSS 7, is being the lowest for EDSS9 (at €963). Costs for DMT ranged from €8,584 for EDSS 1 to €13,026 in EDSS5, being lower for EDSS6 (€1,668) and none for EDSS7-9.67% patients were receiving 1st line DMT and 14% receiving 2nd line treatment. DMT was mostly applied in EDSS 2 (97%). The most frequently used DMTs were glatiramer acetate (20%), interferon beta-1a IM (15%) and fingolimod (5%). The most expensive grade 2 adverse events were abdominal pain (46.62%), pain in joints, back and arms (39.55%). CONCLUSIONS: This cross-sectional study determined the average annual direct cost per MS patient to be €1,640, DMT excluded. As the EDSS increases, DMT costs decrease (except of EDSS5-1) and the costs of medical devices rise.

PND39

THE IMPACT OF ADHERENCE AND DEVELOPMENT OF NEUTRALIZING ANTIBODIES TO INTERFERONS β ON TREATMENT OF MULTIPLE SCLEROSIS IN THE CZECH REPUBLIC

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OBJECTIVES: To evaluate the impact of adherence and development of neutralizing antibodies to interferons β on treatment of multiple sclerosis (MS) treatment with one of the interferon β in the Czech Republic in five-year horizon based on development of neutralizing antibodies (NAbs) and patient non-adherence. Intramuscular (IM) interferon β-1a is characterized by very high adherence rate and low rate of NABs production. METHODS: Markov cohort model was developed with one-year cycle length. The Czech patients, MS initiate treatment with one of the interferon β. NABs-positive patients (in the model, NABs are detected during the second year of treatment and thereafter) are switched to a different disease modifying drug; DDT (glatiramer acetate, fingolimod, natalizumab). If patients experience 2 or more relapses during one year of treatment, they are escalated to fingoli

PND40

AN ECONOMIC EVALUATION OF SUBCUTANEOUS AND INTRAMUSCULAR INTERFERON-BETA-1A IN MULTIPLE SCLEROSIS USING A DIRECT HEAD-TO-HEAD STUDY

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OBJECTIVES: To use health economic modeling techniques to quantify and compare the costs and effectiveness of interferon-beta-1a (scIFN-β1a) vs. intramuscular interferon-beta-1a (imIFN-β1a) over 2 years in the management of relapsing forms of multiple sclerosis (MS) from a US health care payer perspective. METHODS: The 2-year decision analytic model was populated with data from the comparative efficacy study, a direct head-to-head comparison of 44 mcg scIFN-β1a and 20 mcg imIFN-β1a once a week. Relapse data from 16-month results were extrapolated for the 2-year model. Disease-modifying drug (DMD) costs were based on 2014 wholesale average cost with consideration of patient copay

CONCLUSIONS: The cost-effectiveness assessment may facilitate the disease management decision in select

PND41

COST-EFFECTIVENESS EVALUATION OF DATA FROM THE EVINDECE OF INTERFERON Dose-Response: EUROPEAN NORTH AMERICAN COMPARATIVE EFFICACY STUDY

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OBJECTIVES: To evaluate the cost-effectiveness of 44 mcg subcutaneous interferon beta-1a (scIFN-β1a) and intramuscular interferon beta-1a (imIFN-β1a) during the comparative efficacy (European North American Comparative Efficacy) study. METHODS: A decision analytic model from a US health care payer perspective was populated with 2 year data from the study and 142,248.23), costs of DMT ranged from €2,839 to EDSS 7, is being the lowest for EDSS9 (at €963). Costs for DMT ranged from €8,584 for EDSS 1 to €13,026 in EDSS5, being lower for EDSS6 (€1,668) and none for EDSS7-9.67% patients were receiving 1st line DMT and 14% receiving 2nd line treatment. DMT was mostly applied in EDSS 2 (97%). The most frequently used DMTs were glatiramer acetate (20%), interferon beta-1a IM (15%) and fingolimod (5%). The most expensive grade 2 adverse events were abdominal pain (46.62%), pain in joints, back and arms (39.55%). CONCLUSIONS: This cross-sectional study determined the average annual direct cost per MS patient to be €1,640, DMT excluded. As the EDSS increases, DMT costs decrease (except of EDSS5-1) and the costs of medical devices rise.

PND42

ECONOMIC EVALUATION OF LACOSAMIDE IN THE MANAGEMENT OF EPILEPTIC PARTIAL ONSET SEIZURES IN GREECE

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OBJECTIVES: To assess the cost-effectiveness of Lacosamide (LCM) in the management of epileptic partial onset seizures (POS) versus standard AED therapy in Greece, as well as its impact on the health care budget. METHODS: A cost-effectiveness model was developed simulating the treatment pathway of a hypothetical cohort of 1000 POS patients using local cost effectiveness data of related health care resources. Patients were enrolled to identify local resource use data for medical, pharmaceutical and hospital treatment. Due to lack of relevant data, an expert panel with 8 neurologists was convened. The sensitivity analyses around model input values showed the model was robust and cost-effectiveness results were consistent. The model results are most sensitive to drug cost. CONCLUSIONS: Cost-effectiveness assessment may facilitate the decision-making process in selecting MS treatments. Using the highest-quality clinical data (Level 1, head-to-head study, EVINDENCE), the cost-effectiveness of 44 mcg scIFN-β1a was shown to be favourable compared with 30 mcg imIFN-β1a.