AD shows a potential budget impact of approximately BrZ$132,9 million (US$1,8 million) for 5 consecutive years. CONCLUSIONS: The use of Suroverin®A, a new approach in the management of mild AD, can benefit approximately 100,000 patients with AD in 5 years and it is estimated to have a relatively small budget impact to SUS, since the projections of cost for the same period are BrZ$354 million and potential budget impact of approximately BrZ$91,9 million.

PND15 DIRECT MEDICAL COSTS RELATED TO PARKINSON’S DISEASE

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OBJECTIVES: Parkinson’s disease is a neurodegenerative disorder with an associated incidence of 150-100,000 habitual. With the passage of time, Parkinson’s disease has a significant impact on the total burden of the disease, due to its complications. The purpose of this paper is to estimate the direct medical costs of Parkinson’s disease. In addition, direct medical costs according to age, gender, socio-economic level, severity and educational attainment were evaluated. METHODS: A partial economic evaluation was performed in on published articles in both English and Mandarin languages were conducted. Literature search was conducted using PubMed, Cochrane, WAN FANG, and VIB databases. Articles published between 2000 and 2013 were selected. The inclusion criteria included studies on Chinese population based in China only and studies that reported direct or indirect cost of PD management, as well as economic evaluation. The economic perspective used was the societal perspective. All-cause mortalit

PND16 COST OF MANAGING PARKINSON’S DISEASE IN CHINA

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OBJECTIVES: To review studies that investigated the direct and indirect costs of care for Parkinson’s disease (PD) in China. METHODS: A structured literature review on published articles in both English and Mandarin languages were conducted. Literature search was conducted using PubMed, Cochrane, WAN FANG, and VIB databases. Articles published between 2000 and 2013 were selected. The inclusion criteria included studies on Chinese population based in China only and studies that reported direct or indirect cost of PD management, as well as economic evaluation. The economic perspective used was the societal perspective. All-cause mortalit

PND17 USE OF THE INCOME MULTIPLIER EFFECT TO ACHIEVE MORE ACCURATE ESTIMATE OF THE INDIRECT BURDEN OF ALZHEIMER’S DISEASE

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A59

OBJECTIVES: To estimate the indirect burden of Alzheimer’s disease in US. METHODS: Applying the economic concept of the multiplier effect - the degree to which a change in aggregate demand may have a greater effect on national income than the change in the aggregate cost of Alzheimer’s disease and can provide valuable insights to the societal burden of the disease. US demographic forecasts and disease incidence rates were used to develop a Markov model for the Alzheimer’s patients. The model assumes that the costs for the indirect cost of Alzheimer’s disease are derived using key variables, such as hours spent on care per patient, severity of the illness, percentage in need of care by disease severity, and salaries. RESULTS: The model predicted that the indirect burden of Alzheimer’s will increase by 65% from 2015-2050, or $91,510 per QALY. Compared to first-line GA treatment without switching, first-line natalizumab treatment dominated second-line natalizumab treatment when compared to GA treatment without switching through principles of extended dominance. CONCLUSIONS: Treating JC virus negative RRMS patients with natalizumab as a first-line treatment for RRMS patients negative for anti-JC virus antibodies. METHODS: We used a cohort simulation model to estimate the 25-year costs and the incremental cost-effectiveness of first-line versus second-line natalizumab treatment. Model inputs included published natural history and progression of the Expanded Disability Status Scale (EDSS), treatment effects from randomized controlled trials on disease progression and relapse rates, risk of PML, and utilities. We used the Pharametrics Plus claims database for total costs, switching and discontinuation rates and their associated costs (i.e., first-line treatment with GA then switch or discontinue). Outputs for the average patient, discounted at 3% per annum, were quality-adjusted life years (QALYs), costs in 2012 US dollars, and incremental cost-effectiveness ratios (ICERs). RESULTS: Compared to natalizumab as second-line treatment after switching from GA, first-line natalizumab treatment was associated with 0.40 incremental QALYs gained, $36,779 more in 20-years costs for an ICER of $91,510 per QALY. Compared to first-line GA treatment without switching, first-line natalizumab treatment was associated with an ICER of $95,764 per QALY (likelihood = 0.56 that first-line natalizumab treatment was cost-effective at a willingness-to-pay of $100,000 per QALY). First-line natalizumab treatment dominated second-line natalizumab treatment when compared to GA treatment without switching through principles of extended dominance. CONCLUSIONS: Treating JC virus negative RRMS patients with natalizumab as a first-line treatment provided better value compared to natalizumab use as a second-line agent. More aggressive treatment with natalizumab should be considered for RRMS patients who are negative for anti-JC virus antibodies.

PND20 COST-EFFECTIVENESS OF FINGOLIMOD, TERIFLUNOMIDE, DIMETHYL FUMARATE AND INTRAMUSCULAR INTERFERON BETA-1A IN RELAPSING-REMITTING MULTIPLE SCLEROSIS

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OBJECTIVES: To estimate the cost-effectiveness of fingolimod, teriflunomide, dimethyl fumarate and IFN-β-1a as first-line therapies in treatment of patients with Relapsing-Remitting Multiple Sclerosis (RRMS). METHODS: A Markov model was developed to simulate the disease progression and to evaluate the cost-effectiveness of disease-modifying drugs from a US societal perspective. The time horizon in base the multiplier effect. This novel approach highlighted the unique characteristics of Alzheimer’s disease on the particular focus on the additional costs and societal impact stemming from caring for a patient with Alzheimer’s. Future cost-effective

PND18 TRENDS IN ANTI-EPILEPTIC ADJACENCY THERAPY UTILIZATION AND COSTS FROM 2006-2011: AN ANALYSIS OF A LARGE ADMINISTRATIVE CLAIMS DATABASE

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OBJECTIVES: To evaluate patterns of adjacency therapy with anti-epileptic drugs (AED) and AED-specific pharmacy costs among patients with epilepsy over a six-year period (2006-2011). METHODS: Study patients were identified from the 2006-2011 Pharametrics Plus Database. Separate patient cohorts were created for each year of interest, with patients identified on NHCG codes indicative of a generic/branded therapy for each year. RESULTS: Patients meeting cohort selection criteria varied for each year of analysis, ranging from 19,621-23,437. The proportion of patient and adjacency AED therapy stayed relatively constant over the analysis period, increasing only slightly over time (2006: 21.2%, 2007: 24.1%, 2008: 23.9%, 2009: 23.9%, 2010: 24.6%, 2011: 26.0%). CONCLUSIONS: A doubling in the utilization of generic drugs over a six-year period was associated with a 7.6% decrease in pharmacy cost.