visits and inpatient care. The pattern was observed in each cohort. In two diseases—sleep apnea-29.6, no sleep apnea-21.6. In three diseases: sleep apnea-35.4, no sleep apnea-25.8. CONCLUSIONS: The more metabolic syndrome diseases the higher risk for having OSA. The OSA burden is increasing the more metabolic syndrome components exist.

**PN12**

**LOWER DAILY AVERAGE CONSUMPTION AND GREATER PRESCRIPTION COST SAVINGS OF ARMODAFINIL COMPARED WITH MODAFINIL: A 12-MONTH RETROSPECTIVE DATABASE ANALYSIS**

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OBJECTIVES: Armodafinil and modafinil are indicated to improve wakefulness in patients with excessive sleepiness associated with treated obstructive sleep apnea, shift work disorder, and narcolepsy. Because both medications are approved for once-daily dosing with different tablet strengths, their real-world utilization may differ. This analysis examined utilization of armodafinil and modafinil based on daily average consumption (DACON) and determined the impact of armodafinil and modafinil on pharmacy budgets using an economic modeling technique.

METHODS: DACON was examined in a retrospective analysis of Wolters Kluwer Source LX pharmacy analytic data collected from March 1, 2009 to May 31, 2010. DACON was calculated by dividing the total tablets dispensed by the total days supplied. An economic model was used to evaluate the financial impact of changes in prescription share from modafinil to armodafinil.

RESULTS: The DACON for armodafinil and modafinil were 1.03 (7,976 prescriptions) and 1.40 (453,216 prescriptions), respectively. Among patients with 2 to 8 prescription fills for modafinil, the DACON remained between 1.03 and 1.05. A total of 6,069 modafinil patients switched to armodafinil. Their DACON on prescription fills for armodafinil, the DACON remained between 1.03 and 1.05. A 20% increase in armodafinil’s share, the projected annual savings would be $1,843,897 (per-member-per-month savings of $0.154).

CONCLUSIONS: By using pharmaceutical claims data in tandem with well-designed economic models, payers can better estimate current and future pharmaceutical spending. Based on this analysis, the utilization of armodafinil has a real-world advantage over modafinil that can significantly affect pharmacy budgets. This research was sponsored by and conducted in collaboration with Cephalon, Inc, Frazer, PA.

**PN13**

**BURDEN OF ILLNESS IN THE UNITED STATES FOR PEDIATRIC EPILEPSY PATIENTS WITH PARTIAL ONSET SEIZURES RECEIVING ANTI-EPILEPTIC DRUGS**

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OBJECTIVES: The objective of this retrospective claims database study was to better understand the burden of illness for pediatric patients in the US who have epilepsy with partial onset seizures and who are being treated with anti-epileptic drugs (AEDs).

METHODS: Data were administrative claims from a large national US health plan. Patients were commercial enrollees 17 years of age and total costs were: $5441 and $11,430, LTG; $3025 and $9121, LEV; $2095 and $6866, LVE, $1609 and $2564, CBZ, $1011 and $2409, PHT, and $245 and $451, PB. The overall post-index mean annual pharmacy costs were $2736, and the mean annual total costs were $4390. CONCLUSIONS: Epilepsy is a relatively common neurologie disorder associated with a range of comorbidities that impact the medical management and the economic burden related to the disease.