OBJECTIVE: To carry out a cost-utility analysis of the treatment of relapsing-remitting multiple sclerosis (RRMS) with glatiramer acetate (Copaxone) or interferon beta products (all as a whole, Avonex, Rebif and Betaferon). METHODS: Markov pharmacoeconomic model that compared treatments by simulating the life of a hypothetical cohort of 30-year-old women, from the societal perspective. Transition probabilities, utilities, resource utilization and costs (direct and indirect) were estimated from Spanish sources and bibliography. Simple univariate sensitivity analyses of the base case were performed. RESULTS: In the base case analysis, the average cost per patient ($ in 2001) of life treatment, considering a life expectancy of 53 years, would be €1,243,906 (€1,818,149, €1,763,263, €1,987,153 and €1,704,031 with Copaxone, all the interferons, Avonex, Rebif and Betaferon, respectively. Thus, the savings with Copaxone would range from €460,000 to €737,000 approximately. The quality-adjusted life years (QALY) obtained with Copaxone or the interferons would be 10.977 and 6.917, respectively, with a mean gain of 4.060 QALY/patient with Copaxone. Sensitivity analyses confirmed the robustness of the base case. Interferons would be superior to Copaxone only in the hypothetical and unlikely case that they delay the progression of the illness by 20% more than that presently observed in the clinical trials. CONCLUSIONS: For a typical patient with RRMS, treatment with Copaxone would be more efficient than interferons, which would be dominated by the former (Copaxone would be more effective with lower costs than interferons, which would be dominated by the former.

OBJECTIVES: To examine the direct and indirect costs for adults diagnosed with migraine, as well as the costs associated with comorbid anxiety and/or depression. METHODS: Individuals diagnosed with migraine or receiving a migraine medication between 1999–2000 were identified in a database capturing inpatient, outpatient, and prescription drug services from approximately 45 large employers. The migraine cohort (N = 2519) was matched to a non-migraine cohort (N = 2519) at a 1:1 ratio based upon age, gender and metropolitan statistical area. Variables of interest included direct medical costs (inpatient, outpatient, and prescription drug) as well as indirect costs (absenteeism, short-term disability and worker compensation). RESULTS: Adults with migraine had significantly higher inpatient (p = 0.0008), outpatient (p < 0.0001), prescription drug (p < 0.0001), and overall medical costs (p < 0.0001) compared to the non-migraine cohort. In addition, adults with migraine had significantly higher costs associated with absenteeism (p = 0.0010) compared to the healthy cohort. The presence of depres-