information included date of purchase; quantity of units purchased; unit price; responsible body; form of acquisition (tendering or waivered emergency purchase) and justification for purchase (regular use or health litigation). Unit prices were deflated to December 2013 by the IPCA (Brazilian Pricing Index) to allow comparability and evaluation of trends. **RESULTS:** More than 47 million units of medicines for AD were bought and expenditures reached 90.1 million reais, with rivastigmine purchases in the forefront. Medicines not present in the guidelines represented 3% of expenditures and purchases associated to health litigation were negligible. The Ministry of Defense was the largest buyer of medicines not included in the guidelines. Over the entire period, a reduction of corrected weighted average prices of PCDT and non-PCDT medicines was observed. **CONCLUSIONS:** We noted a significant increase in the amount of medicine purchases over time. Updates on PCDT, changes in medicines financing and procurement, and the establishment of Productive Development Partnerships may have contributed with the scale-up of AD treatment availability. The reduction of lawsuits demanding medicines suggests normalization of medicine procurement mechanisms for these drugs. The resources consumed with non-PCDT medicines increased in the period.

PND9

A SYSTEMATIC LITERATURE REVIEW OF GLOBAL ECONOMIC EVALUATIONS OF RASAGILINE FOR PARKINSON'S DISEASE

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OBJECTIVES: This systematic review is conducted to investigate the impact of rasagiline on economics of care for patients with PD. **METHODS:** A literature search using the online version of Index Medicus identified relevant publications, abstracts, technology assessments of rasagiline using search terms; title: rasagiline and Parkinson* AND economic OR budget OR cost; language: English; publication dates 01/01/2009 to 01/30/2015. In addition, websites were searched for health technology assessments. **RESULTS:** A total of 15 studies (7 cost models, 1 economic database analysis and 7 resource utilization studies) were eligible for inclusion. The four US based cost effectiveness models suggest that initiating treatment (tx) with rasagiline had lower costs ($1600) and higher expected QALYs (0.0608) over 5 years compared with ropinirole XL; total medical and pharmacy costs were $115,653 less per patient for rasagiline vs standard of care over 25 years. In addition, initiating tx with rasagiline was cost effective relative to generic ropinirole (CE ratio of $25,939 per QALY); and a US cost-utility analysis showed adjunctive use of rasagiline with levodopa and carbidopa/levodopa/entacapone were both dominant strategies over levodopa monotherapy. In a Mexico-based model using a 5-year time horizon the cost per QALY for rasagiline was $33,400 (Mexico peso). Medication and adverse event costs were also evaluated in a Russian model. Observational study results (8) were based on US, UK and Croatian data. US studies results comparing rasagiline to selegiline show fewer hospitalizations (1.119 vs 2.113, p=0.013) shorter length of stay (2.762 vs 5.556, p=0.014) and lower likelihood of emergency department visits (OR=0.791, 95% CI 0.677 to 0.926) with rasagiline. **CONCLUSIONS:** Rasagiline was found cost effective across multiple countries compared with commonly used PD medications. The beneficial impact of rasagiline on resource utilization in the observational studies highlights the real world potential of rasagiline to result in economic benefits to healthcare systems.

NEUROLOGICAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PND10

ADHERENCE AND PERSISTENCE AMONG PATIENTS TREATED WITH FIRST-LINE THERAPIES FOR RELAPSING-REMITTING MULTIPLE SCLEROSIS IN BRAZIL

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OBJECTIVES: To estimate the levels of adherence and persistence of patients with Relapsing-Remitting Multiple Sclerosis (RRMS) and treated with platform therapies in Brazil. **METHODS:** DATASUS, a nation-wide, anonymized, healthcare claims database was used as primary data source. Naïve patients starting on one of the platform therapies for RRMS, between January and June 2013 were followed for at least 13 months (up to 18), until September 2014) after the first entry in DATASUS (considered for this analysis as treatment initiation). Therapies included intramuscular (IM) interferon beta-1a (IFNβ-1a), subcutaneous (SC) IFNβ-1a, IFNβ-1b, and glatiramer acetate (GA). Adherence was measured as medication possession ratio (MPR), calculated as the proportion of months patients possessed their therapies independently of drug change until the end of the analyzed period, where MPR>0.80 was considered adherent. Persistence was time in months from initiation date until a 30-day gap in therapy or the last claim during follow-up. Chi-square assessed the association between treatments and time on-therapy. Median difference between MPR was assessed through Kruskal-Wallis' Method. Analyses were performed using R, version 3.1. **RESULTS:** Total number of patients was 1,052: IM-IFNβ-1a (N=351, 33.4%); IFNβ-1b (N=145, 13.8%); GA (N=264, 25.1%); and SC-IFNβ-1a (N=292, 27.8%). MPR>0.80 was significantly higher (p<0.001) in the IM-IFNβ-1a group (71.8%) versus IFNβ-1b (58.6%), GA (65.5%), and SC-IFNβ-1a (63.7%). There were no consistent differences in persistence between the groups. **CONCLUSIONS:** While there are limitations in measuring adherence even in controlled trials, MPR seems to be appropriate in real life scenario. Patients initiating treatment with IM-IFNβ-1a showed better adherence than those initiating with other platform therapies for RRMS in Brazil. The literature reports similar efficacy and safety profile among platform therapies, however, they differ in terms of administration route and dose scheduling. Better adherence results for IM-IFNβ-1a may be associated with dosing regimen and convenient administration from an auto-injector device.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

PND11

NATIONAL ESTIMATES OF PREVALENCE AND PATTERNS OF PSYCHOTROPIC POLYPHARMACY AMONG ELDERLY INDIVIDUALS WITH PARKINSON'S DISEASE IN NURSING HOME AND HOME HEALTHCARE SETTINGS IN THE UNITED STATES

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OBJECTIVES: Some elderly individuals with Parkinson's disease (PD) may suffer from more than one psychiatric comorbidity, which necessitates the use of concurrent psychotropic medications. To the best of the author's knowledge there are no nationally representative estimates of psychotropic polypharmacy among elderly individuals with PD in the United States. Therefore, the primary objective of this study was to examine the prevalence and patterns of psychotropic polypharmacy among elderly individuals with PD. **METHODS:** A retrospective, cross-sectional study design with 2004 National Nursing Home Survey (NNHS) and 2007 National Home and Hospice Care Survey (NHHCS) data was used. The analytic sample included elderly (age ≥ 65 years) individuals with PD (identified by ICD-9-CM code of 332.xx). Antidepressants, antipsychotics, sedative/hypnotics, and anti-anxiety medications constituted the psychotropic medication classes. Concurrent use of two or more psychotropic medications was classified as psychotropic polypharmacy. National estimates of psychotropic medication use were obtained by using SAS survey procedures. **RESULTS:** National estimate of approximately 93,648 [95% Confidence Interval (CI), 86535 – 100,761] and 37,439 (95% CI, 25,910 – 48,968) elderly individuals with PD resided in nursing homes and home health settings respectively. Among elderly nursing home residents with PD, the nationally representative prevalence of psychotropic polypharmacy was 26.28% (95% CI, 22.81% – 29.75%), whereas, it was 21.36% (95% CI, 8.12% – 34.6%) in the home health setting. Use of antidepressant medications constituted the majority of the psychotropic medication use among both nursing home (48.91%, 95% CI, 44.9% – 52.8%) and home health (40.98%, 95% CI, 25.37% - 56.61%) residents with PD. Nearly one-third (31.26%, 95% CI, 27.6% - 34.9%) nursing home residents with PD were prescribed antipsychotic medications among whom less than one-fourth had a documented psychotic diagnosis. **CONCLUSIONS:** These findings underscore the importance of evidence-based prescribing when psychotropic medications are used in elderly individuals with PD to reduce unnecessary polypharmacy.

PND12

CHARACTERISTICS OF PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS TAKING ONCE DAILY TERIFLUNOMIDE TABLETS IN THE UNITED STATES

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OBJECTIVES: Teriflunomide oral tablets were approved in the United States (US) in September 2012 for the treatment of relapsing remitting multiple sclerosis (RRMS). The objective of this study is to assess the characteristics of RRMS patients taking Teriflunomide tablets in 2012 in the US. **METHODS:** A large US administrative retrospective claims database was used to identify patients diagnosed with RRMS and were prescribed Terfilunomide between September 2012 to December 2012 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan for a year. Descriptive statistics and chi-square tests were performed on the data and statistical significance level was set a priori at 0.05. **RESULTS:** There were a total of 157 patients that met the study inclusion criteria. Of these, 114 (72.6%) were females, mean age was 50.9±9.7 years, and females were older than males (51.4 vs 49.5 years) with no statistical significance different between them. Thirty three percentage of the patients were from Midwest, 30.6% were from East, 26.1% from south and 10.2% from West of the USA. Twenty eight percentage of the patient's prescription was under their health plan formulary and received an average of supply of 29.4 ± 8.8 days. Majority (61.1%) of the patients was under group coverage and 55.4% of patients were diagnosed with having mental health problems. Males enrolled continuously (60.21 ±21.8 vs 52.5 ± 28.9 months) much longer than females in the same health plan. But, females had a higher number of total claims (514.9 ± 443 vs 391.4 ± 307.6) during the enrollment period. **CONCLUSIONS:** Majority of the patients taking Terfilunomide was females and had more number of claims related to MS than males. And, majority of the patients were dispensed Terfilunomide for only one month supply.

PND13

COSTO EFECTIVIDAD DE LA TERAPIA INMUNOMODULADORA EN ESCLEROSIS MULTIPLE TIPO RECAÍDA REMISION: BUSQUEDA SISTEMÁTICA DE LA LITERATURA

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OBJECTIVOS: Llevar a cabo una revisión de la evidencia disponible de costo-efectividad de la terapia inmunomoduladora con medicamentos modificadores de la enfermedad aprobados en Colombia para el tratamiento de la Esclerosis Múltiple (EM) tipo recaída remisión. **METODOLOGÍAS:** Búsqueda sistemática de evaluaciones económicas en las bases de datos PUBMED y EMBASE a través de una estrategia de búsqueda estructurada en pacientes adultos con diagnóstico confirmado de esclerosis múltiple tipo recaída remisión bajo tratamiento con IFN B, Acetato de Glatirámero, Natalizumab y/o fingolimod. Se incluyeron estudios de costo-efectividad y/o costo-utilidad y se excluyeron estudios de análisis de impacto presupuestal y de costo de la enfermedad. Se llevó a cabo la evaluación de la calidad de los estudios mediante la herramienta Quality of Health Economics Studies (QHES) **RESULTADOS:** Se analizaron 30 estudios identificados que contenían los criterios de inclusión preestablecidos. El 83% fueron desarrollados en Estados Unidos y Europa. El 90% de los estudios publicados corresponde a países desarrollados y el 10% a países en vía de desarrollo. Los principales resultados en salud fueron Calidad de Vida, número de recaídas evitadas y años libres de recaídas. Siendo la EM una