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PERFORMANCE IN OPEN AND CLOSED DATA SOURCES: A STUDY OF FINGOLIMOD VERSUS INTERFERON/GLATIROM ACETATE IN PATIENTS WITH MULTIPLE SCLEROSIS

Lahoz B1, Bergwall N1, Nazareto T2, Korn JR1
1Novartis Pharma AG, Switzerland, 2Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, 3JMS Health, Waltham, MA, USA

OBJECTIVES: To compare 6-month persistence rates among patients receiving the multiple sclerosis (MS) disease-modifying therapies (DMTs) fingolimod or interferon/glatiramer acetate (IFN/GA) (index DMT), using open- and closed-source data that reflect unrestricted or continuous health-care coverage, respectively. METHODS: Retrospective analyses used administrative claims and mail-order pharmacy database sources (JMS PharMetrics Plan™ [closed]) and LRx™ [open], respectively. All patients were ≥18 years old and naive to fingolimod and index DMT, had ≥1 prescription for index DMT between 01-Oct-2010 and 31-Mar-2013 and had not received multiple DMTs across index DMT source. Additional pharmacist support was selected using more stringent criteria (continuous enrolment pre-/post-index, MS diagnosis code). LRx prescriptions were collected from pharmacies supplying ≥1 claim for index DMT between the index date and the last month of follow-up. Persistence was defined as time from initiating index DMT until discontinuation (gap of discontinuation was significantly longer for fingolimod vs IFN/GA (PharMetrics: 23.1% vs 27.2%; LRx: 26.9% vs 33.4%; p ≤0.0001). 1.18; 95%CI: 1.07–1.30, p ≤0.0001). Risk of discontinuation of IFN/GA vs fingolimod increased (HR ≥1.18; 95%CI: 1.07–1.30, p ≤0.0001). Time to discontinuation was significantly longer for fingolimod vs IFN/GA (PharMetrics: 23.1% vs 27.2%; LRx: 26.9% vs 33.4%; p ≤0.0001).

PND62
HUMANISTIC RESEARCH OUTCOMES IN MULTIPLE SCLEROSIS: REVIEW OF THE LITERATURE FROM LATIN AMERICA

Einarson T.1, Bereza B.2, Machado M.2
1University of Toronto, Toronto, ON, Canada, 2Biogen Idec, São Paulo, Brazil

OBJECTIVE: This research reviews the literature research humanistic outcomes related to multiple sclerosis (MS) in Latin America. METHODS: We conducted a systematic search of Medline, Embase, LILACS and Scielo from inception through 2013 for articles reporting original research on quality of life (QoL), utility scores for states of MS, patient preference, mental health, social and emotional wellbeing in people with MS in Latin America. Adherence and related issues were not included. RESULTS: We located 13 articles (748 cases) with respect to age, sex, race/ethnicity, and region). Those who met DSM-V criteria for the same disease, which would be desirable to estimate cost-effectiveness. The

PND63
THE EFFECT OF INSOMNIA AND INSOMNIA TREATMENT SIDE EFFECTS ON HEALTH STATUS, WORK PRODUCTIVITY, AND HEALTH CARE RESOURCE USE

Dibonaventura M.1, Richard L.1, Kumar M.1, Forshythe A1, Moline M.3, Flores N.1
1Kantar Health, New York, NY, USA, 2Einsi Europe Ltd, Hatfield, UK, 3Einsi, Inc., Woodlark Lake, UK

OBJECTIVES: The aims of this study were to quantify the burden of insomnia and to quantify the association between side effect of insomnia medications and work productivity and health care resource use in the 2013 US (N=68,000) and 5EU (N=5,000) National Health and Wellness Survey (NHWS) were used. The NHWS is a patient-reported survey administered to a demographically representative sample of adults (with respect to age, sex, ethnicity, and region). Those who met DSM-V criteria for insomnia and with insomnia (n=2860) in the SEU reported significantly worse mean health utilities (0.60 vs. 0.74; 0.60 vs. 0.74, respectively), greater overall work impairment (37.7% vs. 21.9% 37.7% vs. 21.9%, respectively), and more overall patient visits (9.10 vs. 4.08; 9.10 vs. 4.08). Similar findings were observed in the US cohort. Among those treated for insomnia, 31.56% and 24.55% in the US and SEU, respectively, were non-adherent due to side effects. In the US, this behavior was associated with significantly worse health utilities (0.60 vs. 0.64) and greater overall work impairment (71.7% vs. 14.86%; 71.7% vs. 14.86%, respectively). Significant humanistic and economic burden of insomnia was observed in both the US and 5EU, and the burden remains even after treatment. Non-adherence due to side effects was common and, in the case of the US, associated with significantly poorer health outcomes.

PND64
QUALITY OF LIFE AMONG PATIENTS WITH MULTIPLE SCLEROSIS TREATED WITH PROLONGED-RELEASE FAMPTRIGIDE 10 MG TABLETS FOR WALKING DISABILITIES

Yau Y.1, McNeil M.1, Lee A.1, Zhong J.1, Mehta L.R.1
1Biogen Idec, Cambridge, MA, USA, 2Biogen Idec, Maidenhead, UK

OBJECTIVES: To evaluate the effect of prolonged-release (PR) fampamide 10 mg tablets on walking ability in people with multiple sclerosis (MS) with walking impairment. METHODS: The study population included 132 patients who enrolled in a 24-week randomized, double-blind, and placebo-controlled phase 2 trial (NC1701572975; PR–fampamide 10 mg tablets or placebo twice daily in multiple sites in Europe and Canada. Patients were