Significant but lesser changes in losartan utilization were seen in Austria and Belgium. There was no change in losartan utilization patterns in Scotland or Spain. Losartan typically generic at low prices, leading to appreciable increases in prescribing efficiency in NHS Bury, Sweden, Austria, and Belgium. There were some savings in Scotland with generic losartan.

Conclusion: Multiple demand-side measures appreciably enhanced ARB prescribing efficiency. This mirrors previous findings that multiple measures are need to change prescribing habits. No significant increase in losartan utilization following generics where countries have not instigated specific measures suggests authorities cannot rely on a "spillover" effect between classes to change physician prescribing habits. This is the case even with multiple demand-side activities encouraging preferential prescribing of generics in related classes. This may be exacerbated on this occasion by a more complex message; for example, away from ACEIs first line versus ARBs to ACEIs + low cost ARBs first line.

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PP063—CHANGES IN THE UTILISATION OF VENLAFAXINE AFTER THE INTRODUCTION OF GENERICS IN SWEDEN: IMPLICATIONS FOR OTHER COUNTRIES

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Introduction: The availability of generic venlafaxine is an opportunity for health authorities to save resources given the prevalence of depression. However, depression can be complex to treat, with physicians reluctant to change prescriptions if patients are responding to a particular antidepressant. Consequently, there is a need to assess: (1) changes in the utilization pattern of venlafaxine versus other newer antidepressants before and after the availability of generic venlafaxine and before and after prescribing restrictions were introduced for duloxetine in Sweden limiting prescribing to refractory patients; (2) utilization of generic versus originator venlafaxine; and (3) price reductions for generic venlafaxine and subsequent expenditure on newer antidepressants over time, to guide future reforms.

Patients (or Materials) and Methods: Interrupted time series analyzing the changes in aggregated dispensed prescriptions (DDDs [defined daily doses]) of patients dispensed at least 1 of the newer antidepressant from January 2007 to August 2011. This included time before the availability of generic venlafaxine to 19 months after the availability of generic venlafaxine but before prescribing restrictions introduced for duloxetine and to 13 months after prescribing restrictions were introduced for duloxetine. Expenditure measured, which included price reductions for generic venlafaxine over time.

Results: There was no appreciable change in the utilization of venlafaxine after generic availability but before prescribing restrictions for duloxetine with no appreciable demand-side activities by the regions (counties) to preferentially encourage its prescribing. However, the utilization of venlafaxine significantly increased after the introduction of prescribing restrictions for duloxetine, although no appreciable change in the utilization of duloxetine. Principally, generic venlafaxine was prescribed and dispensed versus the originator once available. There was an appreciable fall in expenditure for venlafaxine following generics that lead to a fall in expenditure for newer antidepressants in Sweden after generic venlafaxine became available.

Conclusion: No apparent concerns with generic venlafaxine among physicians versus the originator. Multiple demand-side measures are needed to change physician prescribing habits. Authorities cannot rely on a "spillover" effect between classes to change physician prescribing habits. The limited influence of prescribing restrictions on the subsequent utilization of duloxetine reflects the complexity of the disease area versus treating acid-related stomach disorders, hypercholesterolemia, or hypertension. However, the influence of the prescribing restrictions for duloxetine resulting in increased utilization of venlafaxine is encouraging.

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PP064—AGRANULOCYTOSIS DETECTION OUTCOME BY CLOZAPINE TREATMENT (ADOC STUDY) IN PSYCHIATRY: A COST-EFFECTIVENESS STUDY

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Introduction: White blood cell (WBC) monitoring is mandatory in several countries among schizophrenic patients treated by clozapine, because of the risk of drug-induced agranulocytosis. Our aim is to compare the cost-effectiveness of 4 WBC- monitoring strategies (United Kingdom, United States, Switzerland, and an weekly short-run monitoring) to the absence of monitoring.

Patients (or Materials) and Methods: We built a semi-Markovian model to conduct a cost-utility analysis from a health care perspective with a 3-year time horizon, assuming a probability of agranulocytosis of 0.7% at 3 years. Clinical and resources used parameters were based on national clozapine patients' registries, cohorts, and Swiss pharmacovigilance data; health-related quality of life and mortality estimates were derived from literature reviews. Model uncertainty was was assessed with 1-way and probabilistic sensitivity analyses.

Results: In our model, compared with the absence of monitoring, all 4 monitoring strategies increased the quality-adjusted survival similarly by <1 day, with 5000 patients to monitor to avoid 1 death. The incremental cost-effectiveness ratio (ICER) was at least $1,000,000 per QALY gained for all 4 strategies compared with no monitoring. It was higher in strategies with higher frequency and longer monitoring duration. The results remain robust in the 1-way sensibility analyses and the probabilistic sensitivity analysis, indicating that the absence of monitoring strategy had the highest probability of cost-effectiveness for willingness-to-pay under $1,000,000.

Conclusion: Current WBC monitoring based on current national detection guidelines do not appear to be cost-effective. New guidelines are needed to improve WBC monitoring in schizophrenic patients receiving clozapine.

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