If an SSRI is used, the choice of drug has important economic implications. Tailoring psychiatric or cognitive behavioural therapy (CBT) for adults with moderate functional psychosis and mood symptoms managed with non-optimal pharmacologic regimens suggests that the clinical decision-making process be developed a decision-analytic 3-state (outpatient, inpatient, and dead) Markov model to represent the clinical course of Schizophrenia and the experience of the average UK patient with Schizophrenia in the UK health care system. The model was run for a population of 18-year-old patients attending Butabika National Referral Mental Hospital, in 3-monthly cycles over a lifetime horizon. Parameters were derived from published literature and a local survey. However, at some accepted thresholds (between 1 and 3 times the Gross Domestic Product of Uganda), risperidone is highly cost-effective and olanzapine is cost-effective, therefore policymakers should consider adding these agents to essential medicines lists for treatment of Schizophrenia.

PMH35

Evaluating the Cost Effectiveness of Vortioxetine versus Desvenlafaxine as First Line Therapy for Mild to Moderate Major Depressive Disorder in Remitted Patients

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1, Lin J.2, Kharitonova E.2

Objective: The primary objective was to estimate incremental cost-effectiveness of vortioxetine, a serotonin modulator and inhibitor (SMI) versus desvenlafaxine, a selective serotonin and norepinephrine reuptake inhibitor (SSNRI), in the treatment of mild to moderate major depression in general practice. The clinical benefit of a SMI may be in faster onset and shorter time to remission. Evidence suggests Vortioxetine causes fewer discontinuations (Dx) than desvenlafaxine, which has implications for discontinuation of therapy. METHODS: A decision tree was constructed to model the cost effectiveness of these two agents from the societal perspective. Parameters were obtained from published clinical trial data, a meta-analysis using indirect treatment comparison, observational studies, preference elicitation studies, and cost estimates from Average Wholesale Prices for medications and claims analyses for cost of medical care. The model assumed that patients achieved remission. The time horizon was 48 weeks and included opportunities to switch medication therapy at 8 weeks and relapse at 24 weeks. Incremental cost-effectiveness ratios (ICERs) were calculated using the number of discontinuations averted, relapses averted, and quality adjusted life years (QALYs) gained as outcomes. One-way sensitivity analyses were conducted. RESULTS: The ICER was $77,800 per QALY gained, $59,500 per relapse averted, and $58,500 per averted discontinuation due to ADs. The parameter that was least robust was a utility value of maintenance therapy for vortioxetine or desvenlafaxine applied to weeks 8-24 (0.80, range: 0.78-0.82; 0.76, range: 0.74-0.78, respectively). Time to remission was varied from 6-10 weeks. A shorter time to remission for vortioxetine provided moderate cost savings. A longer time to remission and anti depressant discontinuations (Dx) beyond the point of estimate of $77,800 per QALY gained ($69,000-$88,900 per QALY gained, respectively). CONCLUSIONS: Model results suggest that there is value in investing in vortioxetine over desvenlafaxine. A potential faster time to remission for vortioxetine would result in increased value.

PMH40

Cost Utility of Vortioxetine versus Venlafaxine XR in the Treatment of Major Depressive Disorder in South Korea

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Objectives: The cost utility of vortioxetine versus venlafaxine was evaluated using the number of discontinuations averted, relapses averted, and quality adjusted life years (QALYs) gained as outcomes. The utility values for vortioxetine and venlafaxine were estimated using the direct treatment comparison approach. The time horizon was 12 months. The results were expressed in QALYs gained at a societal willingness-to-pay threshold of $77,800. One-way sensitivity analyses were conducted using a range of values for key parameters. RESULTS: The ICER was $77,800 per QALY gained, $59,500 per relapse averted, and $58,500 per averted discontinuation due to ADs. The parameter that was least robust was a utility value of maintenance therapy for vortioxetine or desvenlafaxine applied to weeks 8-24 (0.80, range: 0.78-0.82; 0.76, range: 0.74-0.78, respectively). Time to remission was varied from 6-10 weeks. A shorter time to remission for vortioxetine provided moderate cost savings. A longer time to remission and anti depressant discontinuations (Dx) beyond the point of estimate of $77,800 per QALY gained ($69,000-$88,900 per QALY gained, respectively). CONCLUSIONS: Model results suggest that there is value in investing in vortioxetine over desvenlafaxine.