ECONOMIC OUTCOMES OF CO-TREATMENT OF INSOMNIA AND MAJOR DEPRESSIVE DISORDER (MDD) WITH ESZOPICLONE AND FLUOXETINE VERSUS FLUOXETINE TREATMENT ALONE
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OBJECTIVES: To compare the economic costs and benefits of eszopiclone co-administered with fluoxetine (ESZ+FLX) to that of placebo co-administered with fluoxetine (PBO+FLX) in patients with insomnia and co-morbid MDD. METHODS: Data from 422 patients enrolled in an 8-week, double-blind, placebo-controlled, trial were used to estimate the cost per quality-adjusted life-year (QALY) gained by treating patients with insomnia with ESZ along with FLX for MDD. The costs of medical care and time away from work were estimated using published algorithms based on scores of the Hamilton Depression Scale (HAM-D17). Cost of lost productivity while at work was based on responses to the Work Limitations Questionnaire collected during the trial. Utilities were estimated via the Hamilton Depression Scale-derived utilities, the mean gains in QALYs were 0.0392 and 0.0334 for the ESZ+FLX and PBO+FLX groups, respectively. Mean 8-week per-patient costs including absenteeism and presenteeism were $1,279 and $1,198, respectively. Thus, eszopiclone with co-administered fluoxetine resulted in an incremental cost per QALY gained of $13,881. When absenteeism and presenteeism costs were excluded, this ratio increased to $29,748. The 6-month trial data extrapolation, including productivity costs, resulted in eszopiclone in treating patients with schizophrenia in a naturalistic clinical setting in Finland following switch to Risperdal Consta indicates a high treatment continuation rate and sizeable reductions in inpatient resource use.

IMPACT ON SCHIZOPHRENIA INPATIENT RESOURCE USE FOLLOWING SWITCH TO LONG-ACTING RISPERIDONE IN FINLAND
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OBJECTIVES: To estimate changes in inpatient resource use in a naturalistic clinical setting in Finland following switch to Risperdal Consta, a long-acting atypical antipsychotic. METHODS: Data were collected retrospectively from patient charts at 10 geographically and functionally diverse sites in Finland. Patients were at least 18 years old, diagnosed with schizophrenia or schizoaffective disorder, and initiated treatment with Risperdal Consta between January 1, 2004 and June 30, 2005. The study employed a mirror-image design.

The economic benefits of eszopiclone co-administered with fluoxetine (ESZ+FLX) to that of placebo co-administered with fluoxetine (PBO+FLX) in patients with insomnia and co-morbid MDD. The costs of medical care and time away from work were estimated using published algorithms based on scores of the Hamilton Depression Scale (HAM-D17). Cost of lost productivity while at work was based on responses to the Work Limitations Questionnaire collected during the trial. Utilities were estimated via the Hamilton Depression Scale-derived utilities, the mean gains in QALYs were 0.0392 and 0.0334 for the ESZ+FLX and PBO+FLX groups, respectively. Mean 8-week per-patient costs including absenteeism and presenteeism were $1,279 and $1,198, respectively. Thus, eszopiclone with co-administered fluoxetine resulted in an incremental cost per QALY gained of $13,881. When absenteeism and presenteeism costs were excluded, this ratio increased to $29,748. The 6-month trial data extrapolation, including productivity costs, resulted in eszopiclone being a cost-saving, QALY-gaining strategy with a cost of $26,736 for patients treated by quetiapine extended-release (XR) compared to quetiapine immediate-release (IR) in treating patients with schizophrenia in hospitals and outpatient care in the Finnish setting. The analysis explores the effects of titration time and probability of relapse on expected annual costs. METHODS: The analysis estimates the total direct health care costs for a patient with schizophrenia over a one-year time horizon. One-year probabilities of relapse were derived from literature. Costs were gathered from national unit cost report in 2007 and length of stay data was based on a Finnish register study. Due to short-term perspective no discounting was applied. In addition to deterministic approach, an Excel-based simulation model was used for the probabilistic analyses and one-way sensitivity analyses. RESULTS: Total costs in average were €25,687 and €26,736 for patients treated by quetiapine XR and quetiapine IR, respectively. The results of the stochastic model indicated that quetiapine XR was associated with cost savings of €1300 per patient per year. Most sensitive parameters were length of inpatient periods and unit cost of quetiapine IR. Approximately 94% of the saving was due to effects of faster titration and 6% due to difference in relapse rates. CONCLUSIONS: The results of this model suggest that expected total costs for patients treated with quetiapine XR are lower than for patients treated with quetiapine IR. The potential increase in hospital drug budgets due to introduction of quetiapine XR may be offset by lower inpatient care costs associated with quetiapine XR.