PMH27

COST-EFFECTIVENESS ANALYSIS OF OPIOID SUBSTITUTION TREATMENT IN SLOVENIA

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OBJECTIVES: We analyzed cost effectiveness of buprenorphine/naloxone combination and methadone in patients treated for opioid dependence in Slovenia. To compare the expected costs of treatment with buprenorphine/naloxone combination and SR morphine, we also performed cost minimization analysis. METHODS: We adopted a micro-simulation decision model using published data and our findings. Sensitivity analysis was performed using varying the costs of treatment, with buprenorphine/naloxone combination and SR morphine, and methadone.

PMH28

A SYSTEMATIC REVIEW OF MODEL-BASED ECONOMIC EVALUATIONS OF DRUG SUBSTITUTION THERAPIES IN MAINTENANCE TREATMENT OF NON-PHARMACOLOGICAL MAINTENANCE THERAPY DEPENDENCE

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OBJECTIVES: Opioid dependence is a serious and costly medical condition that can be treated with opioid substitution therapy (OST). We conducted a systematic review of published model-based economic evaluations of drug substitution therapy in treating non-medical opioid dependence. METHODS: Literature searches were conducted in March 2014 in 8 databases and supplementary reference lists and searches on 6 health technology assessment (HTA) agency websites. The selection criteria included: A population dependent on opioids and receiving opioid substitution therapy or maintenance therapy. The intervention included any pharmacological maintenance therapy and the comparator included any pharmacological maintenance therapy, including placebo or no treatment. The outcomes and study types included health economic models of any type. RESULTS: After removal of duplicates, 163 citations were reviewed, of which 63 progressed to full-text review. Of these, 19 publications of 18 unique models were included in the review. These 18 models used a wide range of modelling approaches, including Markov models (n=4), decision tree with Monte Carlo simulations (n=4), decision analysis (n=3), dynamic transmission models (n=3), decision tree (n=1), cohort simulation (n=1), Bayesian (n=1), and Monte Carlo simulations for sensitivity analysis (n=1). Time horizons ranged from 6 months to a lifetime. The most common evaluation was cost-effectiveness analysis (n=4), budget impact analysis (n=4) and cost comparison (n=2) and cost-benefit analysis (n=1). Countries modelled were the US (n=11), UK (n=8), Spain (n=1), Vietnam (n=1) and New Zealand (n=1). A range of perspectives were modelled, including societal and healthcare systems.

PMH29

THE COST EFFECTIVENESS OF AGOMELATINE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: To evaluate the cost effectiveness of agomelatine versus branded fluoxetine, sertraline and escitalopram in treatment for major depressive disorders in adults in Russia. METHODS: We have published adapted Markov model of major depressive disorder. It consisted of 4 different health states (depression, remission, remission, well-being and death). Cycle length was 4 weeks. Transition probabilities and utilities were taken from the international published research data. Direct costs and productivity losses were calculated. Costs data were derived from Russian cost-of-illness study and registered maximal charges list. The outcomes were modelled for 3 years period. Costs were converted to EUR based on the average weighted exchange rate in 2014 (1 EUR = 58.155 RUR). Sensitivity analysis was performed. RESULTS: Agomelatine appeared to be the dominant therapy in comparison with fluoxetine, sertraline and escitalopram and showed high probability of achieving maximum clinical outcome and utility (2.148 QALY vs 2.097, 2.133 and 2.119 QALYs, respectively) at the lowest costs (1,932 vs 2,485, 2,076 and 2,454). Agomelatine remained dominant treatment even when lower costs were included into analysis (943 vs 1,172, 1,002 and 920). CONCLUSION: Agomelatine was demonstrated to be the rational choice in comparison with other branded antidepressants routinely used in Russian health care settings.

PMH30

PRIMARY CARE DEMENTIA CLINIC REDUCES SOCIETAL COST OF DEMENTIA: A COST-UTILITY ANALYSIS

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OBJECTIVES: The prevalence of dementia in Singapore is expected to increase with an aging population. With the inclusion of dementia as part of Chronic Disease Management Program, more primary care consultations are expected in the poly- clinic. A Primary Care Dementia Clinic (PCDC) was set up in Ang Mo Kio Polyclinic to manage stable patients. The objective of this study is to evaluate the cost utility of dementia care at PCDC compared with specialists’ care at the Memory Clinic (MC) and care at other polyclinics. METHODS: Stable dementia patients with a Clinical Dementia Rating of 1.0–3.0 were recruited for the programme. Costs were measured from the societal viewpoint, including both direct and indirect costs. To establish cost-utility, EQ-SD was used to calculate QALYs. Cost and utility were measured at six-months and one-year. The incremental cost-effectiveness ratio was calculated by dividing the difference in costs by the difference in QALYs. RESULTS: A total of 168 dementia patients were recruited for this study. 55% of the PCDC arm and 11% from the two comparator groups (MC = 82 & Other Polyclinics = 31). Compared with the memory clinic, the average cost per patient at PCDC was $2,110 (vs. MC) and $2,335 (vs. Other Polyclinics) lower respectively at six-months. There were no statistical differences in one-year costs and QALYs across both comparators. CONCLUSIONS: Our analysis found that dedicated dementia care for stable patients at the primary care setting reduces societal cost. Expansion of PCDC could greatly reduce societal resources without impacting patients’ quality of life.

PMH31

EVALUATION OF THE BURDEN OF OPIOID ABUSE AMONG US VETERAN PATIENTS

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OBJECTIVES: To examine the economic burden and health care utilization for patients diagnosed with opioid abuse in the US veteran population. METHODS: Patients diagnosed with opioid abuse (International Classification of Diseases, 9th Revision, Clinical Diagnosis codes 965.0x and 965.8x) were identified using the Veterans Health Administration (VHA) SAS Datasets from October 1, 2007 through September 30, 2008. Patients were segmented as those with newly identified opioid abuse (new cohort) and those patients identified in a previous sample (comparison cohort) using a propensity score matching control for age, region, gender, index year and baseline Charlson Comorbidity Index score. The index date was chosen randomly for the comparison cohort to minimize selection bias. Patients in both cohorts were required to be at least age 18 years and have continuous medical and pharmacy benefits 1 year pre- and 1 year post-index date. Study outcomes including health care costs and utilizations were extracted from veterans with stays during the period of study. A range of perspectives were included in the cost-utility analysis: inpatient stays (92.37% vs. 5.08%, p < 0.0001), outpatient pharmacy ($1,516 vs. $696, p < 0.0001), doctor pharmacy ($1,155 vs. $112, p < 0.0001), outpatient ($9,193 vs. $2,665, p < 0.0001), pharmacy ($1,516 vs $696, p < 0.0001) and total costs ($39,913 vs $4,757, p < 0.0001) than for study subjects without opioid abuse. CONCLUSIONS: During a period of 12 months, VHA patients diagnosed with opioid abuse reported higher health care utilization and costs than their matched controls.

PMH32

ECONOMIC BURDEN IN STUDIES PUBLISHED IN 2014: WHAT TYPE OF MENTAL HEALTH DISORDERS AND OUTCOMES HAVE BEEN MOST COMMONLY ASSESSED?

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OBJECTIVES: To determine which economic burden outcomes were assessed in studies on mental health disorders and published in 2014. A search of PubMed was performed using the keywords ‘economic burden’ and ‘2014’. All abstracts included the keywords ‘economic burden’ in health disorders were included in the analysis. The search was performed on 8th December 2014. RESULTS: A range of health disorders were included in the analysis, with depression identified as the most common disorder. The common economic burden outcomes were cost of illness and productivity losses. A total of 232 abstracts were identified. Among these, 1,170 articles published in 2014, with 968 meeting the inclusion criteria for any disease. Of these, 76 (8%) were in mental health disorders. The most commonly researched disorders were drug, tobacco or alcohol abuse (25 articles), followed by depression (17), dementia (7) and schizophrenia (9). The USA was the most common setting, based on abstract text or author affiliations (31 articles), fol-