For patients with schizophrenia in Guatemala. The model reflected a better compliance of the patient and the real world effectiveness of both treatments. A Markov decision analytic model was developed to simulate multi-episode patients transitioning through different states on monthly basis over a 5 year time horizon from the perspective of the Colombian Health System. Probability of relapse and side effects, utilities, treatment discontinuation were derived from scientific literature. Only direct costs were considered as medications, laboratory tests, relapses and adverse events by using national tariffs and prices from Ministry of Health medication database. Outcomes were measured as relapses rate and Quality Adjusted Life Years (QALY). Discount rate 3%, exchange rate (1 USD = 1,794 COP) and threshold considered 3xPib per capita (USD 20,066 / QALY). RESULTS: Total costs (USD): FP: (13,338), RLAl: (12,635), OP (11,481) and QP (13,247). Hospitalization relapses costs (USD): FP 1.71, RLAl 3.141, QP 4.881 and OP 6.866. QALY: FP 0.09, RLAl 0.00, OP 2.93 and QP (2.87). Relapses ratio: FP: (1.35), RLAl: (1.38), OP: (2.01) and QP: (2.81). Incremental Cost Utility Ratios (ICUR: USD / QALY): FP vs. RLAl (4.517), FP vs. OP (6.713) and FP vs. QP: (2.93). CONCLUSIONS: Considering a willingness to pay of USD 20.66 per QALY, the incremental cost of FP versus other alternatives could be compensated by its incremental benefits in terms of relapses avoided and QALY gained. From Health Care Provider perspective, FP demonstrates savings in terms of less hospital setting relapsing costs.}

**PMH9**

**THE COST-EFFECTIVENESS AND COST-UTILITY OF PALIPERIDONE PALMITATE IN THE TREATMENT OF SCHIZOPHRENIA IN GUATEMALA**

Obando CA1, González L2, Muschett D3

**OBJECTIVES:** To compare from the Guatemalan third party perspective the cost-effectiveness of paliperidone palmitate with oral quetiapine. METHODS: A Markov model was developed to assess the cost-effectiveness and the cost-utility of treatment available for schizophrenia in Guatemala. The model was adjusted to reflect the context of schizophrenia as a chronic condition and the real world effectiveness of the treatments. Utilities were derived from scientific literature. Only direct costs were considered as medications, laboratory tests, relapses and adverse events by using national tariffs and prices from Ministry of Health medication database. Outcomes were measured as relapses rate and Quality Adjusted Life Years (QALY). Discount rate 3%, exchange rate (1 USD = 1,794 COP) and threshold considered 3xPib per capita (USD 20,066 / QALY). RESULTS: Total costs (USD): FP: (13,338), RLAl: (12,635), OP (11,481) and QP (13,247). Hospitalization relapses costs (USD): FP 1.71, RLAl 3.141, QP 4.881 and OP 6.866. QALY: FP 0.09, RLAl 0.00, OP 2.93 and QP (2.87). Relapses ratio: FP: (1.35), RLAl: (1.38), OP: (2.01) and QP: (2.81). Incremental Cost Utility Ratios (ICUR: USD / QALY): FP vs. RLAl (4.517), FP vs. OP (6.713) and FP vs. QP: (2.93). CONCLUSIONS: Considering a willingness to pay of USD 20.66 per QALY, the incremental cost of FP versus other alternatives could be compensated by its incremental benefits in terms of relapses avoided and QALY gained. From Health Care Provider perspective, FP demonstrates savings in terms of less hospital setting relapsing costs.