ance claims database (TruvenHealth MarketScan® Medicaid) from January 2007 to June 2012. Patients with at least two treatment episodes in the first year after the initial filled prescription were identified. The end of a treatment episode was defined as a period of 60 days with no filled BUP/NAL prescriptions following the theoretical end of the last filled prescription. An ordered logistic regression model was used to determine the impact of influenza treatment episodes on the number of new episodes in the year following the end of the first episode. Health care resource utilization and related costs during the first year after influenza treatment episodes were compared between the two groups. **RESULTS:** 2,223 patients were included in the analysis. During the first year, 86% of patients had only one treatment episode, 13% had two and 1% had three. Compared to patients treated continuously over 12 months, the monthly treatment episode group had lower medication costs ($2,873) but higher psychiatric inpatient costs ($4,956). Inpatient costs ($2,600) and emergency room costs over 12 months. Total health care costs over 12 months were higher among multiple treatment episode patients ($15,304) compared with stable disease. The primary economic outcome was the incremental cost/QALY.

**CONCLUSIONS:** Influenza treatment episodes were associated with higher health care costs, total health care costs over 12 months were higher among patients with multiple treatment episodes compared to patients treated continuously.

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**PMH43**

**HEALTH CARE COST SAVINGS ASSOCIATED WITH ARIPIPRAZOLE ONCE-MONTHLY (AOM) TREATMENT AMONG SCHIZOPHRENIA PATIENTS WITH RELAPSING SCHIZOPHRENIA.**


**OBJECTIVES:** Preliminary data from a multicenter, open-label mirror study of patients aged 18-65 with schizophrenia and at least one relapse over prior 6 months demonstrated that switching from oral standard of care (SOC) antipsychotics to aripiprazole once-monthly (AOM) reduced total psychiatric hospitalization rates from 12.9% to 5.5% during a 6-month period. The objective of this study was to determine the cost-effectiveness of switching to AOM in a real-world setting.

**METHODS:** A cost-effectiveness model was developed to examine the impact of switching to AOM on costs and outcomes of switching to SOC. Cost for hospitalizations, hospita
tal length of stay, and cost of drug therapy were estimated for a subgroup of 76 patients who were schizophrenia who entered the ongoing mirror study (CONTINUOUS), and had at least 1 psychiatric hospitalization during the retrospective period. Cost estimates were obtained from HealthCare Costs and Utilization Project, published literature, and US Bureau of Labor Statistics. Adjustments were made to estimate the resource use for patients in a managed care setting. Sensitivity analysis was performed to determine the robustness of the model.

**RESULTS:** Among patients with at least 1 psychiatric hospitalization while receiving oral SOC in the retrospective period, switching to AOM resulted in a reduction of total health care costs by $13,102 per patient. Hospitalizations per patient were reduced from 1.16 to 0.38. Among patients with multiple treatment episodes, the cost savings were $11,457 ($16,583 vs. $5,123, p < 0.001). The cost savings were robust to changes in other parameters.

**CONCLUSIONS:** Switching to AOM from oral SOC in patients with relapsing schizophrenia resulted in significant cost savings of $13,102 per patient. Hospitalizations per patient were reduced from 1.16 to 0.38. The results of this study suggest that switching to AOM from oral SOC in patients with relapsing schizophrenia is cost-effective.

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**PMH44**

**PHARMACOECONOMIC ANALYSIS OF PALIPERIDONE PALMITE FOR CHRONIC RELAPSING SCHIZOPHRENIA IN FINLAND.**


**OBJECTIVES:** Management of patients with chronic relapsing schizophrenia is difficul
t and costly. We assessed the cost-effectiveness of paliperidone palmiate long-acting injectable (PF-LAI) versus risperidone depot (RS-LAI), olanzapine pamoate (OLZ-LAI), oral olanzapine (oral-OLZ) and oral clozapine (CLOZ) from the viewpoint of the Finnish National Health Service. **METHODS:** We expanded and adapted a 1-year prospective decision tree model that had been previously validated for Finland, with assistance from an expert panel. Patients started in a stable state and were treated as per standard procedures in Finland. Drug doses, success and relapse rates were determined from published clinical studies. Patient management was guided by expert opinion. Health state utilities were derived from the literature. Only direct medical costs were considered, including hospitalization and other institutional care, medical and nursing care, and drugs. Prices were obtained from standard lists. Outcomes included quality-adjusted life-years (QALYs), rates of rehospitalization and days with stable disease. The primary economic outcome was the incremental cost/QALY. One-way sensitivity analyses were performed on all pertinent costs and clinical outcomes. The model was run under two different scenarios: (1) a head-to-head randomized trial. Resource utilization and associated costs were estimated from standard national sources. Analyses from a third party payer’s perspective were conducted.

**RESULTS:** Among patients with previous relapsing psychiatric hospitalizations, treatment with AOM led to a decrease in health care costs by $11,457. Cost savings were robust to changes in other parameters.

**CONCLUSIONS:** Switching to AOM from oral SOC in patients with relapsing schizophrenia resulted in significant cost savings of $13,102 per patient. Hospitalizations per patient were reduced from 1.16 to 0.38. The results of this study suggest that switching to AOM from oral SOC in patients with relapsing schizophrenia is cost-effective.

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**PMH45**

**COST-EFFECTIVENESS ANALYSIS OF ESCITALOPRAM OVER PAROXETINE IN TREATMENT OF GENERALIZED ANXIETY DISORDER (GAD) IN THE UNITED STATES.**

Gumal S.S., Sarginpy S.S.

**OBJECTIVES:** University of Houston, Houston, TX, USA

**OBJECTIVES:** The objectives of this study are: (1) to estimate the expected health outcomes of atypical antipsychotics (AAP) and other non-stimulant attention-deficit/hyperactivity disorder (ADHD) medications based on trade-offs between clinical effectiveness and adverse events and (2) to evaluate the cost-effectiveness of AAPs compared to other non-stimulant ADHD medications. Both aims target children and adolescents with ADHD who have failed prior stimulant therapy.

**METHODS:** We used decision analysis to compare three alternatives for treating children and adolescents with ADHD who failed initial stimulant treatment: (1) AAPs (2) a selective serotonin reuptake inhibitors (SSRIs) and (3) stimulants. We compared Escitalopram and Paroxetine to the only SSRIs approved by the U.S. Food and Drug Administration. The objective of the escitalopram over Paroxetine in the treatment of GAD in the U.S. **METHODS:** A decision analytic model with a 12 month time horizon, adapted to the U.S. setting was constructed. Outcome measured as a reduction in Hamilton Anxiety Scale (HAMA) scores, and adverse event probabilities were obtained from a head-to-head randomized trial. Resource utilization and associated costs were esti
mated from standard national sources. Analyses from a third party payer’s perspective were conducted.

**RESULTS:** Escitalopram demonstrated efficacy by having a lower total annualized cost ($8,104 vs. $8,434, respectively) and better outcomes (14 HAMA vs. 13 HAMA point reduction, respectively) over Paroxetine. The ICER was found to be -$656/HAMA point which indicates improved effectiveness along with reduction in costs by adopting Escitalopram over Paroxetine. Sensitivity analysis demonstrated the robustness of the model.

**CONCLUSIONS:** Escitalopram appears to be cost-effective compared with Paroxetine in treatment of GAD in the U.S. from a third party payer’s perspective.