A PHARMACOECONOMIC OUTCOMES ANALYSIS COMPARING RISPERIDONE LONG-ACTING INJECTION AND CONVENTIONAL DEPOT ANTIPSYCHOTICS

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OBJECTIVES: To assess the effectiveness and economic impact of treatment with risperidone long-acting injection (RLAI) in patients with schizophrenia and matched patients prescribed conventional depot antipsychotics (CDA) using a naturalistic, retrospective chart review design. METHODS: Records were obtained for forty inpatients initiated on RLAI and 49 inpatients initiated on a CDA from March–June 2004 at the Alberta Hospital Edmonton. Discharge and readmission rates were evaluated after 1 year of treatment and a further pharmacoeconomic evaluation comparing global costs of treatment was completed 2 years post initiation. RESULTS: There were no statistically significant differences between the cohorts with respect to age, gender, number of previous psychiatric admissions and admission GAF scores. Post-discharge follow-up care was similar for both cohorts. After 1 year of treatment, discharge rates for RLAI and CDA were 83% and 58% and readmission rates were 0% and 26%, respectively. After 2 years of treatment, discharge rates for RLAI and CDA were 87% and 66% and readmission rates were 19% vs. 29%, respectively. Mean days of hospitalization per patient over the second year of treatment was 73 days for RLAI and 171 days for CDA. Mean cost of treatment, including inpatient hospitalization and medication costs, was $57,414 per patient for RLAI and $123,975 per patient for CDA, representing a cost savings of $66,561 per patient per annum. All comparisons reached statistical significance (p < 0.05). Secondary measures of effectiveness and tolerability revealed that treatment with RLAI was associated with a reduction in antipsychotic polypharmacy as well as a reduced need for anticholinergic rescue medications. CONCLUSION: In this difficult to treat patient population, RLAI conferred significant advantages over CDA in terms of effectiveness and tolerability. Differences in discharge and readmission rates, as well as an overall reduction in hospitalization, resulted in significant pharmacoeconomic advantages.

SERTINDOLE IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND: A COST ANALYSIS

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OBJECTIVES: To evaluate the clinical outcomes and costs of sertindole versus risperidone in the treatment of schizophrenia in Poland, when considering the ECG measurements required for prescribing sertindole. METHODS: A 6-month cost analysis of a randomized, double-blind, parallel-group, flexible-dose, multi-centre study was performed, for which the efficacy and tolerability of sertindole were directly compared with risperidone. The 12-week health outcomes observed in the clinical trial were: response rates of 42.2% and 32.9% for sertindole and risperidone, respectively; 19% and 28% of patients experiencing EPS-related AEs for sertindole and risperidone, respectively; and 9.3% and 12.4% of patients experiencing insomnia/agitation as an adverse event for sertindole and risperidone, respectively. The total estimated 6-month costs of treating a patient in Poland responding to antipsychotic treatment was 10,046 PLN, and for a non-responding patient 25,929 PLN. When the health outcomes are extrapolated to 6 months, and the 6-month costs are applied, the total cost of 6-month treatment with sertindole is 18,305 PLN as compared with 19,448 PLN with risperidone. CONCLUSION: Sertindole is therefore a less costly antipsychotic treatment option in Poland, despite the additional costs of ECGs (30 PLN).

A COST-UTILITY ANALYSIS OF ATOMOXETINE AGAINST CONVENTIONAL DEPOT ANTIPSYCHOTICS

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OBJECTIVES: To estimate the cost-effectiveness of atomoxetine, a non-stimulant alternative for the treatment of children with ADHD, compared to currently used stimulant therapies in Germany. METHODS: The economic analysis employs a Markov process to estimate the incremental cost per QALY gained by the introduction of atomoxetine compared to prevailing treatment options in Germany including extended release methylphenidate (XR-MPH) and immediate release methylphenidate (IR-MPH). The economic model is calculated for three different patient populations; stimulant-naive patients, stimulant-failure patients and patients with unmanageable contra-indicated comorbid conditions. Utility values were derived from a survey of 83 parents of children with ADHD. The effectiveness and safety aspects of the various treatment options, based on a thorough review of controlled clinical trials and other clinical literature, were validated by clinical experts. Cost values were estimated from the perspective of the German health service. Expected cost and outcome values were calculated over one year. RESULTS: In the stimulant-naive population, the ICER of atomoxetine was estimated at €18,227 per QALY gained compared with XR-MPH, and €7,778 per QALY gained compared with IR-MPH. In the stimulant-failure population, the ICER of atomoxetine was estimated at €14,385 per QALY gained compared with no medication. In the stimulant contra-indicated population, the ICER of atomoxetine was estimated at €14,916 per QALY gained compared with no medication. Sensitivity analyses showed that the results of the model were robust to changes in most important variables with the utility values being important indicators of the cost-effectiveness of atomoxetine. CONCLUSION: The incremental cost per QALY gained of atomoxetine compared to current treatment options suggests that atomoxetine offers a value-for-money alternative in the treatment of children with ADHD in Germany.