likelihood of suicide, absenteeism, and the hospitalisation rate. The reimbursment of Seroquel XR® could generate annual budget savings of PLN 8.6 million (2150 thousand Euros) if Seroquel XR® were used as the recommended treatment.'

RESULTS: The use of Seroquel XR® will decrease hospitalisation rate and length of hospitalisation, what will reduce direct costs of bipolar disorder treatment by PLN 645 thousands (161 thousands Euros). The use of Seroquel XR® was associated with the population-based reduction of the recommended treatment, which will reduce the likelihood of suicide, absenteeism, and the disability pension. The budget savings related to indirect costs reduction are estimated at PLN 15.3 million (382 thousands Euros). Moreover, the reimbursement of Seroquel XR® will increase the social transfers by PLN 157.6 thousands (39.4 thousands Euros) in comparison to current scenario. CONCLUSIONS: The reimbursement of Seroquel XR® with the reimbursement limit at the level of the reimbursement limit for normal tablets of quetiapine is profitable for the state budget – it will not only bring budgetary savings, but also allow patients to return to active life, which is crucial in the case of schizophrenia.

PMH19

OBJECTIVES: To estimate the economic consequences of replacing Seroquel (the normal tablets of quetiapine) with Seroquel XR® in the treatment of bipolar disorder in Poland. METHODS: Based on the established model of economic consequences of bipolar disorder treatment, we calculated the cost of treating bipolar disorder with quetiapine in Poland. Expenditures for the purchase of medicines, hospital costs and the costs of lost productivity were highlighted. The analysis was performed from a societal perspective, taking into account the payer’s perspective, in three-year time horizon.

RESULTS: The cost of quetiapine of 398.8 million PLN per year was calculated. The cost of Seroquel XR® treatment was estimated at 295.2 million PLN per year. After controlling for confounders like demographic factors, comorbid conditions and baseline health utilization, we showed that pharmaceutical treatment medications associated with lower health care costs than non-pharmacological substance treatment for both alcohol and opioid-dependent patients.

PMH20

HEALTH CARE COST COMPARISONS BETWEEN ALCOHOL OR OPIOID-DEPENDENT PATIENTS WHO WERE TREATED WITH MEDICATION AND THOSE WHO WERE NOT

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OBJECTIVES: To compare the differences in health care costs between alcohol or opioid-dependent patients who were treated with pharmacological (Any Medication) and non-pharmacological substances (No Medication). METHODS: A retrospective analysis was conducted using a large U.S. health plan claims database from 2005 to 2009. Continuously eligible patients with at least one claim of alcohol/ opioid dependence during the identification period, and an alcohol/opioid use disorder diagnosis during the baseline period were included. Propensity score matching (PSM) was applied to compare the risk-adjusted outcomes between the ‘Any Medication’ and ‘No Medication’ cohorts. Baseline differences in age, gender, region, comorbidity scores, socioeconomic status, baseline health utilization and the healthcare setting were controlled.

RESULTS: During the pre-index period, for both alcohol and opioid dependent patients, those in the ‘Any Medication’ cohort had more distinct psychiatric diagnoses, and were more likely to have Elixauser Index Scores of higher than 3, when compared to patients from the ‘No Medication’ cohort. After adjusting for baseline characteristics and endogenous health utilization and the healthcare setting, we showed that pharmacological treatment medications associated with lower health care costs than non-pharmacological substance treatment for both alcohol and opioid-dependent patients.