flecting real-life clinical practice based on structured interviews with experts. **METHODS:** Six experts in the field of schizophrenia from different treatment settings and regions in Germany were consulted. Structured interviews about the treatment patterns and costs in selected outpatient and inpatient treatment areas, e.g. psychiatrists, occupational therapists, day care units and acute psychiatric wards, were conducted. Costs were assessed from the perspective of the statutory health insurance. The assessment was divided into stable and relapsing schizophrenic patients. Costs for the management of frequent side effects were considered. **RESULTS:** The proportion of stable patients with schizophrenia was assessed to be 80% in Germany. Stable patients were estimated to have 1.5 psychiatrist contacts per quarter and relapsing patients were assessed to have 6-8 contacts per quarter. Psychiatrist costs per quarter are varying between different regions in Germany, e.g. costs in Bavaria were €92 in 2011. Inpatient costs per day in acute psychiatric wards are varying between €206 in Baden-Württemberg and €244 in Saarland. **CONCLUSIONS:** The results of the structured expert interviews will be used as input for cost-effectiveness models in schizophrenia. In further studies the results should be verified in real-life clinical practice.

PMH19
A REHABILITATION INTERVENTION TO HELP PEOPLE WITH SEVERE MENTAL ILLNESS OBTAIN AND KEEP A PAID JOB: THE ECONOMIC EVALUATION

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OBJECTIVES: Only few people with severe mental illness are able to obtain paid work. Individual placement and support (IPS) is a vocational rehabilitation intervention aimed at assisting people with severe mental illness in finding competitive employment. This study assessed the balance between costs and outcomes of IPS compared to regular vocational rehabilitation in people with severe mental illness in the Netherlands. **METHODS:** An economic evaluation was conducted alongside a multicenter RCT with a follow-up of 30 months. In total 151 people with severe mental illness were randomly assigned to IPS or regular vocational rehabilitation-(RVR). The primary outcome measure of the cost-effectiveness analysis was the percentage of people with at least one day of paid work during the study. The economic evaluation was conducted from a societal perspective. Costs and outcomes were prospectively assessed during 30 months. The expectation maximisation algorithm with a bootstrap approach was applied to deal with missing cost data. **RESULTS:** The percentage of people with paid work during the study was significantly higher in the IPS group (44% versus 25% in RVR). There were no differences between groups in quality of life. Mean total costs were €57,285 in the IPS group and €43,819 in the RVR group. Cost types that contributed considerably to the total costs were related to hospital admissions, sheltered accommodations, and informal care. The calculated incremental cost-effectiveness ratio was €1,084 per percent of people with paid work gained. **CONCLUSIONS:** The study demonstrated that IPS was associated with higher costs and better (work-related) outcomes in people with severe mental illness. Decision makers will eventually have to decide whether the described gains associated with IPS are worth the additional costs. Generalizing current results to other countries may only be possible after carefully comparing the various components of each health care system concerned.

PMH20
METABOLIC CONSEQUENCES AND COST-EFFECTIVENESS OF ASENAPINE IN THE TREATMENT OF BIPOLAR DISORDER

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OBJECTIVES: Metabolic syndrome (MetS) is a medical condition that may arise during exposure to antipsychotics and carries with it an increased risk of diabetes and cardiovascular disease (CVD). Asenapine is the first tetracyclic antipsychotic to treat manic episodes of Bipolar I Disorder (BD- I). In a head-to-head non-inferiority trial versus olanzapine, post-hoc analyses illustrate the higher incidence of developing MetS with olanzapine than with asenapine, already after 12 weeks of treatment. The aim of this study was to assess the cost-effectiveness of asenapine in the treatment of BD-I manic episodes compared to atypical antipsychotics with a focus on the long-term consequences of MetS over lifetime horizon. **METHODS:** A Markov health-state cohort model was developed. Because similar efficacy in treating manic episodes was demonstrated in active controlled non-inferiority clinical trial vs. olanzapine and through indirect comparisons with quetiapine and aripiprazole, only the consequences of MetS were considered for this model. The risks of developing MetS after 12 weeks of treatment were derived from randomized clinical trials. The subsequent risks of developing diabetes or cardiovascular disease were based on previously published risk models. The perspective of the UK National Health Service (NHS) was applied and a lifetime horizon adopted. Deterministic and probabilistic sensitivity analyses were conducted. **RESULTS:** Asenapine dominates (more effective and less expensive) olanzapine, quetiapine and aripiprazole over lifetime horizon. Compared to treatment with generic olanzapine, and branded aripiprazole and quetiapine, asenapine was associated with incremental total costs of -£121, -£312 and -£560 respectively. Asenapine was associated with Quality-Adjusted Life Year gains of 0.0569 compared to olanzapine and quetiapine, and 0.0038 compared to aripriprazole. **CONCLUSIONS:** The significant lower incidence of developing MetS associated with asenapine compared to olanzapine, aripriprazole and quetiapine is associated with a lower incidence of diabetes and CVD that results in lower subsequent treatment costs and improved morbidity.

PMH21
COST-EFFECTIVENESS OF INTRAMUSCULAR ZIPRASIDONE FOR THE TREATMENT OF ACUTE AGITATION ASSOCIATED TO SCHIZOPHRENIA IN MEXICO

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OBJECTIVES: Acute agitation is a transient syndrome characterized by increase in verbal and physical behavior, which results in aggression. In order to diminish the risk of damage for both, caregivers and patients, fast response drugs are required. The study is aimed to estimate the pharmacoeconomic profile of intramuscular injections of haloperidol 5mg, olanzapine 10mg and ziprasidone 20mg for acute agitation episodes associated with schizophrenia, from the perspective of a Mexican public health institution. **METHODS:** A discrete event simulation model was developed. The measure of effectiveness was the average time in which patients reach control ≥50%, regarding baseline level in the Overt Aggression Scales, with a time horizon of 12 hours. Clinical efficacy was extracted from published literature. A panel of experienced psychiatrists (n=12) was used to estimate the medical resource use profile. The model assesses direct medical costs (2012 US$) such as drugs, specialist's visits, laboratory tests and management of adverse events. The results are reported in terms of ICER. Deterministic and probabilistic sensitivity analyses were performed. **RESULTS:** The cost per patient for ziprasidone was $693, it represents $198.6 and $64.6 less than the cost of haloperidol and olanzapine, respectively. Differences in costs were driven by less specialist's visits with ziprasidone and high incidence of akathisia and dystonia with haloperidol. The effectiveness measure was accomplished by ziprasidone, olanzapine and haloperidol at 1.55h, 1.48h and 1.74h, respectively. Both ziprasidone and olanzapine dominated haloperidol. Results were robust to changes up to ±10% in the acquisition cost of ziprasidone. In probabilistic sensitivity analysis, results were consistent with base case, although differences between ziprasidone and olanzapine were slighter. **CONCLUSIONS:** In comparison to olanzapine and haloperidol, ziprasidone is associated to the lowest costs in the treatment of acute agitation episodes in schizophrenic patients in the Mexican setting, as well as better clinical performance than haloperidol.

PMH22
COST-UTILITY ANALYSIS OF DEPOT ATYPICAL ANTIPSYCHOTICS FOR CHRONIC SCHIZOPHRENIA IN CROATIA

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OBJECTIVES: We conducted a pharmacoeconomic analysis to determine the cost-effectiveness of atypical antipsychotic long acting treatments in Croatia. **METHODS:** A 1-year decision-analytic framework modeled drug use in chronic schizophrenia. We determined the average direct cost to the Croatian Institute for Health Insurance of using treatment pathways that includes depot formulations of paliperidone (PP-LAI), risperidone (RIS-LAI) or olanzapine (OLZ-LAI) long acting treatments. The decision tree was populated with guidance from an expert panel along with literature-derived clinical rates. Costs were obtained from published lists and adjusted to 2012 euros using the Croatian consumer price index. Clinical outcomes included quality-adjusted life-years (QALYs), hospitalization rates, emergency room treatment rates, and relapse days. The outcome of interest was the incremental cost/QALY gained. **RESULTS:** Total direct costs to treat one patient for one year were €4958 for PP-LAI, €5117 for RIS-LAI, and €6429 for OLZ-LAI. Respective QALYs were 0.817, 0.805 and 0.812. PP-LAI dominated the other choices as it had a lower cost and higher QALY score. PP-LAI was associated with 34.5 relapse days, 0.252 hospitalizations and 0.127 emergency room visits; OLZ-LAI had 38.4 relapse days, 0.280 hospitalizations and 0.142 emergency room visits; RIS-LAI had 41.1 relapse days, 0.305 hospitalizations and 0.146 emergency room visits. Results were sensitive against RIS-LAI with respect to drug costs (i.e., if PP-LAI cost increased by 10% or RIS-LAI decreased by 14%) and to OLZ-LAI (i.e., a 10% change for either drug) with respect to adherence rates. Overall, results were generally robust; PP-LAI dominated OLZ-LAI in 72.2% of 10,000 Monte Carlo simulations and dominated RIS-LAI in 87.8%. **CONCLUSIONS:** PP-LAI was the cost-effective choice which dominated the others for treating chronic schizophrenia in Croatia. Using depot paliperidon would reduce the overall costs of caring for SCH patients.

PMH23
A COST-EFFECTIVENESS ANALYSIS OF THE LONG-ACTING ANTISPYCHOTIC DRUGS PALIPERIDONE PALMITATE, OLANZAPINE PAMOATE AND RISPERIDONE IN THE TREATMENT OF SCHIZOPHRENIA IN FINLAND

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OBJECTIVES: We determined the cost-effectiveness of long-acting antipsychotic (LAI) drugs paliperidone palmitate (PP-LAI), olanzapine pamoate (OLZ-LAI) and risperidone (RIS-LAI) for chronic schizophrenia. **METHODS:** We adapted a decision tree analysis from Norway for the Finnish National Health Service. Country-specific data were sought from the literature and public documents, guided by clinical experts. Costs of health services and products were retrieved from literature sources and current price lists. We estimated average costs for treating patients with each LAI for one year, average remission days, rates of hospitalization and