for people with moderate to severe conditions. The aim of this study was to estimate the pharmacoeconomic impact of antipsychotics to the Australian public health system. The most frequently prescribed drugs for the three most prevalent mental illnesses: depression, anxiety-related, and substance use disorders. METHODS: The National Survey of Mental Health and Wellbeing (NSMHWB) has been conducted every 10 years since 1997. Data from the 2014 survey, the 5th wave of the NSMHWB, reported the duration and the name of up to five drugs used during the past 12-month period. In order to adjust for inflation, 2013-14 reference year was adopted for the unit cost of each drug obtained from Pharmaceutical Benefit Scheme (PBS).

RESULTS: Among 34% of respondents used medications for a total cost to the society of AUD 101 million (SE 11.9). Citalopram was the most frequently prescribed drug (71.1%), followed by venlafaxine (15.6%), sertraline (14.4%), and temazepam (10.5%).

CONCLUSIONS: The effects of each of Antipsychotics were compared by the highest percentage in use of medications (63.85%), followed by D-ANX (44.26%), and D (34.74%) ANX accounted for 50% of total medication costs followed by D+ANX at 23.6%.

PMH22
COST-EFFECTIVENESS ANALYSIS OF ARIPIPAZOLE ONCE-MONTHLY VS PALIPERIDONE PALIMATATE IN SPAIN
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OBJECTIVES: Aripiprazole once-monthly (AOM) is a long-acting injectable formulation of aripiprazole, and is approved in Europe for the maintenance treatment of schizophrenia after a minimum of 6 months of oral treatment. The objective of this study was to evaluate the cost-effectiveness of AOM versus paliperidone palmitate (PP) in the maintenance treatment of schizophrenia in Spain. METHODS: This pharmaco-economic study was conducted alongside an open-label, rater-blind study comparing AOM 400mg and PP (50-150mg) in stabilized adults with schizophrenia. Effectiveness outcomes of the cost-effectiveness analyses (CEA) included the changes in Heinrichs-Carpenter Quality of Life Scale (QLS-primary CEA) and Clinical Global Impression-Severity (CGI-S) (secondary CEA) at week 28. All healthcare providers, both in- and out-of-pocket were collected using a health economic assessment questionnaire (HEA). Healthcare services unit costs from the Basque Country were used (2014 costs). All patients with at least one valid post-baseline assessment questionnaire (HEA). Healthcare services unit costs from the Basque Country were used (2014 costs). All patients with at least one valid post-baseline assessment questionnaire (HEA).

RESULTS: Over the total 28-week period, AOM was associated with significantly reduced total healthcare costs compared to PP (mean per patient: €1,935 vs. €2,475, respectively, p<0.001). This cost reduction was primarily due to significant reduction in drug acquisition costs (€1,237 vs. €1,899, p<0.001). The other cost aggregates (healthcare provider costs, costs, and in-patient costs) were not statistically different between drugs (p=0.528, p=0.102 and p=0.194, respectively). In the primary CEA, AOM dominated PP (being more effective on the QLS scale and less costly). This result was confirmed when using CGI-S as effectiveness measure. The cost-effectiveness acceptability curve was estimated using the Markov model. The median ICER was €79.5, 78.0, Emergency Room visits (0.122, 0.168, 0.250, 0.242), hospitalizations (0.288, 0.295, 0.795, 0.785), and key drivers determined from sensitivity analysis.

CONCLUSIONS: Aripiprazole once-monthly was associated with statistically significantly reduced healthcare costs and greater effectiveness compared paliperidone palmitate in all scenarios, showing its economic value in the management of maintenance schizophrenia in Spain.

PMH23
COST-EFFECTIVENESS ANALYSIS OF THE INFORMATION TECHNOLOGY AIDED RELAPS PREVENTION PROGRAMME IN SCHIZOPHRENIA (ITAREPS) IN THE CZECH REPUBLIC
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OBJECTIVES: Information technology aided relapse prevention programme in schizophrenia (ITAREPS) is a unique mobile phone-based teledicine solution for weekly remote patient monitoring and disease management to Australian public health system. The most frequently prescribed drugs for the three most prevalent mental illnesses: depression, anxiety-related, and substance use disorders. METHODS: The National Survey of Mental Health and Wellbeing (NSMHWB) has been conducted every 10 years since 1997. Data from the 2014 survey, the 5th wave of the NSMHWB, reported the duration and the name of up to five drugs used during the past 12-month period. In order to adjust for inflation, 2013-14 reference year was adopted for the unit cost of each drug obtained from Pharmaceutical Benefit Scheme (PBS).

RESULTS: Among 34% of respondents used medications for a total cost to the society of AUD 101 million (SE 11.9). Citalopram was the most frequently prescribed drug (71.1%), followed by venlafaxine (15.6%), sertraline (14.4%), and temazepam (10.5%).

CONCLUSIONS: The effects of each of Antipsychotics were compared by the highest percentage in use of medications (63.85%), followed by D-ANX (44.26%), and D (34.74%) ANX accounted for 50% of total medication costs followed by D+ANX at 23.6%.

PMH24
PHARMACOECONOMIC EVALUATION OF ARIPIPAZOLE ONCE-MONTHLY VERSUS PALIPERIDONE PALIMATATE IN THE UK: FINDINGS FROM QUALIFY TEMPEST M, Sapin C1, Cimino de la Fuente V, Blancher P, Bellet M
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OBJECTIVES: Ministry of Health, Labour and Welfare of Japan aims for the introduction of Health the Analysis the exacerbation of major depressive disease (MDD) and to evaluate available analytical approaches that can be applied to Japanese environment. METHODS: The literature search was conducted in MEDLINE and JDream III. Inclusion criteria are studies focusing on cost-effectiveness of treatments used in the past 10 years. Studies were assessed for the followings: country, model structure and simulation method, time horizon, perspective, source of key parameters, results, and key drivers determined from sensitivity analysis. RESULTS: Twenty-three studies were reviewed in details. Markov (6 articles) and decision-tree (3 articles) models were adopted, and time horizon were relatively short, ranging from 8 weeks to 5 years. Thirteen studies included costs of productivity loss. Costs were based on literature or expert opinion in 21 studies. Utility scores were referred to other studies. Parameters which became key drivers for these analyses varied among studies. CONCLUSIONS: Data collection methods adopted in prior studies were considered applicable to CEPA for UC treatment in Japan. Cost data can be obtained not only from national survey to doctors but commercial database. Because evidence on utility scores of Japanese population is still limited, further studies will be needed, especially on MDD patients in depression, remission, and relapse phase of treatment.

PMH25
ECONOMIC ANALYSIS OF PALIPERIDONE LONG-ACTING ACTING INJECTABLE FORMULATION (PP-LAI) FOR CHRONIC SCHIZOPHRENIA IN PORTUGAL
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OBJECTIVES: Patients with chronic schizophrenia are difficult to manage and costly to the health system. The European Medicines Agency has approved paliperidone palmitate (PP-LAI, Xeplion®), an atypical antipsychotic depot which is administered monthly. However, the epidemiologic economic profile in Portugal is unknown. Therefore, we conducted a cost-effectiveness analysis from the analytic viewpoint of the Portuguese National Health Service. METHODS: PP-LAI was compared with long acting injectable forms of risperidone (RIS-LAI) and haloperidol (HAL-LAI) as well as short acting depot risperidone long acting injectable forms (RIS-LA) and two key outcomes demonstrated in a study aimed at evaluating the cost-effectiveness of aripiprazole once-monthly 400mg and PP-LAI (50-150mg) in stabilized adults with schizophrenia. Effectiveness outcomes of the cost-effectiveness analyses (CEA) included the changes in Heinrichs-Carpenter Quality of Life Scale (QLS-primary CEA) and Clinical Global Impression-Severity (CGI-S) (secondary CEA) at week 28. All healthcare providers, both in- and out-of-pocket were collected using a health economic assessment questionnaire (HEA). Healthcare services unit costs from the Basque Country were used (2014 costs). All patients with at least one valid post-baseline assessment questionnaire (HEA). Healthcare services unit costs from the Basque Country were used (2014 costs). All patients with at least one valid post-baseline assessment questionnaire (HEA).

RESULTS: Over the total 28-week period, AOM was associated with significantly reduced total healthcare costs compared to PP (mean per patient: €1,935 vs. €2,475, respectively, p<0.001). This cost reduction was primarily due to significant reduction in drug acquisition costs (€1,237 vs. €1,899, p<0.001). The other cost aggregates (healthcare provider costs, costs, and in-patient costs) were not statistically different between drugs (p=0.528, p=0.102 and p=0.194, respectively). In the primary CEA, AOM dominated PP (being more effective on the QLS scale and less costly). This result was confirmed when using CGI-S as effectiveness measure. The cost-effectiveness acceptability curve was estimated using the Markov model. The median ICER was €79.5, 78.0, Emergency Room visits (0.122, 0.168, 0.250, 0.242), hospitalizations (0.288, 0.295, 0.795, 0.785), and key drivers determined from sensitivity analysis.

CONCLUSIONS: Aripiprazole once-monthly was associated with statistically significantly reduced healthcare costs and greater effectiveness compared paliperidone palmitate in all scenarios, showing its economic value in the management of maintenance schizophrenia in Spain.