effects associated with VPA and DVPX-ER estimated by the expert panel was 0.36 and 0.10 respectively. The average probability of treatment success for VPA and DVPX-ER was estimated to be 0.45 and 0.58 respectively. In the base case analysis, the expected total cost per patient was $33,525 and $24,968 for VPA and DVPX-ER respectively, a difference of $8557 favoring ER. The expert panel also estimated the frequency of drug switching within one year for VPA and DVPX-ER to be 58.3% and 28.7% for VPA and DVPX-ER respectively. Finally, sensitivity analysis results indicated DVPX-ER was the preferred option when the probability of disease control with VPA was 0.5 or less, across all GI event probabilities with VPA. CONCLUSION: The results from our decision analysis, based on probabilities of major events and associated utilization from an expert panel, suggest that divalproex sodium extended-release provides greater net benefit than valproic acid in the treatment of bipolar disorder.

PMH10
COST-EFFECTIVENESS ANALYSIS OF LONG ACTING MICROSHERES OF RISPERIDONE (RISPERDAL CONSTA) IN THE TREATMENT OF SCHIZOPHRENA IN MEXICO
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OBJECTIVES: The aim of the study was to estimate the cost-effectiveness relation of the long-acting injection formulation of Risperidone (LARI) IM every 2 weeks vs oral antipsychotics Olanzapine and Risperidone and the traditional prolonged-action antipsychotic injection formulation of haloperidol depot in the pharmacological management of schizophrenia in Mexico. Consequently, a pharmacoeconomic study was proposed using a cost-effectiveness model in adult patients treated in the Mexican Social Security Institute (IMSS). METHODS: A decision analysis was developed using a retrospective and comparative cost-effectiveness model over a 24 month period. A sample of Schizophrenic patients was obtained using IMSS databases and a decision tree based on relapses, hospitalization, pharmacological treatment, hospital discharges and re-hospitalizations. To determine the criteria for the effectiveness of each alternative, a meta-analysis was carried out based on national and international literature taking the clinical outcomes: total PANSS, changes in body weight, AE, adherence, hospitalization, re-hospitalization and relapses. The factors for costs were: specific pharmacological therapy, outpatient consultations for treatment, basal hospitalization, re-hospitalization, length of hospital stay and absence from work. The decision tree was validated by a panel of experts. RESULTS: Risperidone LA was the alternative with the lowest cost for annual treatment ($84,877 pesos). Differences versus the other treatment therapies were found in regards to hospitalization, subsequent hospitalizations and, to a lesser degree, absenteeism from work. Treatment with LARI produced savings of $8324 pesos compared to Haloperidol Depot (the most widely used injected antipsychotic in Mexico); compared to the second generation antipsychotics (atypical), savings were $27,733 pesos versus Olanzapine and $1875 pesos versus oral Risperidone. LARI produced the lowest number of re-hospitalized patients and events requiring re-hospitalization as well as superior clinical improvements compared to the other therapies. CONCLUSION: The study demonstrated that LARI is a cost-efficient and dominant alternative for the treatment of schizophrenia patients in Mexico.

PMH11
MEDICATION USE PATTERNS AND COSTS ASSOCIATED WITH ATYPICAL ANTIPSYCHOTICS IN THE TREATMENT OF BIPOLAR DISORDER
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OBJECTIVES: The objective of this study was to determine the medication use patterns and costs associated with atypical antipsychotics in the treatment of bipolar disorder. METHODS: Data for this retrospective study were obtained from private payer administrative claims. Bipolar patients were identified based on one inpatient or two outpatient diagnoses of bipolar disorder. Those who initiated on olanzapine, risperidone,quetiapine, or ziprasidone during 2003, had not used the initiated medication during the prior three-months, and met eligibility criteria in prior six-months and post one-year were included. RESULTS: Among the 1516 bipolar patients in this study, olanzapine (N = 507) was more likely to be initiated as the primary bipolar medication (50.9%) than risperidone (39.9%, N = 424), quetiapine (36.1%, N = 463) or ziprasidone (25.4%, N = 122). During the post one-year, olanzapine was used as the only primary bipolar medication for more days (73.5) than risperidone (53.7), quetiapine (56.3), and ziprasidone (36.6). Overall, olanzapine and risperidone initiated patients incurred lower total annual costs ($15,208 & $14,216 respectively) than quetiapine ($18,087) and ziprasidone ($18,729) initiated patients. CONCLUSION: Among the atypical antipsychotics studied, olanzapine was used more often as a primary bipolar medication while quetiapine and ziprasidone were used more in conjunction with other bipolar medication for bipolar disorder.

PMH12
DEPRESSED INDIVIDUALS WITH MUSCULOSKELETAL CHRONIC PAIN AND HEADACHE SHOW HIGHER HEALTH CARE UTILIZATION AND COSTS
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OBJECTIVES: To compare resource utilization in depressed patients with and without co-morbid musculoskeletal chronic pain (MSCP) and headache. METHODS: Caremark administrative pharmacy and medical claims data were analyzed in this study over a one-year period. ICD9 CM codes were used to identify participants with depression, MSCP and headache. Outcomes included number of visits and expenditures associated with office visits (MD), emergency room visits (ER), hospitalizations (HOS) using medical claims data, and prescription costs (Rx) using pharmacy claims data. Logistic regression was used to identify the demographic predictors of co-morbid MSCP and headache in patients with depression. Analysis of covariance was used to determine differences in health care use and expenditures, adjusting for age, sex, and marital status. RESULTS: One-year prevalence of MSCP and headache in depressed patients was 18%. Women with depression were 1.7 times more likely to have MSCP or headache than men with depression (p < 0.0001). After adjusting for age, sex and marital status, depressed patients with MSCP and headache had significantly more ER visits per year (2.5 vs. 1.6, p < 0.0001) and physician visits per year (10.0 vs. 7.0, P < 0.0001). Annual ER, MD and Rx expenditures were significantly higher in the depression group with co-morbid MSCP and headache (ER: $2008 vs. $1635, p < 0.0001 and MD: $559 vs. $412, p < 0.00001 and Rx: $3926 vs. $3111, p < 0.0001). CONCLUSION: Depressed patients with co-morbid MSCP and headache utilize more health care resources and incur higher health care expenditures. Treating depression and pain in combination could improve financial and clinical outcomes.