PMH11

RETROSPECTIVE ECONOMIC EVALUATION OF MIRTAZAPINE, VENLAFAXINE XR AND SERTRALINE IN A MANAGED CARE POPULATION

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OBJECTIVE: To compare the depression-related health care expenditures among patients receiving mirtazapine, venlafaxine XR and sertraline in a managed care setting.

METHODS: Pharmacy and medical claims were obtained for patients in three major health plans, for three months prior to and six months after their initiation of antidepressant therapy. Patients included in the study were 18 years or older; had a primary diagnosis of depression; had no depression-related costs in the pre-index period; had at least two prescriptions for the study antidepressant in the post-index period; were continuously eligible during the study period, and had no claims for substance abuse, schizophrenia or bipolar disorder. Cost comparisons were estimated using multivariate regressions after controlling for demographic and plan characteristics.

RESULTS: Median depression-related costs after index date for patients prescribed mirtazapine (n = 182), venlafaxine XR (n = 469) and sertraline (n = 4617) were $344, $374, and $326, respectively. Treatment with venlafaxine XR was associated with 11% higher (p = 0.025) total costs compared to treatment with mirtazapine. There was no statistically significant difference in total depression-related costs between mirtazapine and sertraline (p = 0.072). Similar results were obtained when pharmacy costs were used as a dependent variable in the multivariate model.

CONCLUSIONS: Compared to sertraline and mirtazapine, venlafaxine XR was associated with significantly higher depression-related total costs. Treatment with mirtazapine was associated with higher depression-related total costs, but the results were not statistically significant.

PMH12

THE COST OF TREATING SCHIZOPHRENIA IN ROUTINE CLINICAL PRACTICE: RESULTS FROM THE CANADIAN NATIONAL OUTCOMES MEASUREMENT STUDY IN SCHIZOPHRENIA (CNOMSS)

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OBJECTIVE: Schizophrenia costs between $CDN 1.17 to 2.94 billion, annually. The objective of this analysis was to quantify the costs of treatment for patients receiving clozapine (CLZ), olanzapine (OLZ), quetiapine (QUE) or risperidone (RIS) as antipsychotic monotherapy.

METHODS: CNOMSS is a prospective, longitudinal, naturalistic study involving 456 patients from 32 community and academic sites across Canada. Patients completed a monthly resource-use questionnaire detailing the quantity of health-care resources accessed during the previous month. This study included 316 patients (67 CLZ, 118 OLZ, 28 QUE, 103 RIS) who had used an atypical antipsychotic as continuous monotherapy since entry into the study. Each patient’s mean monthly cost of care was determined. Analysis of covariance was used to compare costs, adjusting for demographic and disease-specific factors.

RESULTS: The unadjusted cost of care per patient-month was $2,305 for CLZ, $1,046 for OLZ, $644 for QUE, and $533 for RIS. Inpatient costs were the greatest contributors to total costs for CLZ (51%) and QUE patients (43%), while outpatient costs comprised the greatest portion of OLZ (34%) and RIS (44%) treatment costs. From the model, drug costs were higher in CLZ ($415, p < .001) and OLZ patients ($314, p < .001) versus RIS-treated patients ($145). No difference in drug costs was detected between RIS and QUE ($160, p = 0.632). Adjusted lab/diagnostic costs (p < .001), psychiatric day care (p = 0.013), psychiatric nursing (p = 0.001), specialists (p = 0.031), and inpatient costs (p = 0.005) were greater in CLZ patients versus RIS-treated patients. Compared to RIS, the adjusted cost of accessing social workers was also greater for both CLZ (p = 0.003) and OLZ (p = 0.091) patients.

CONCLUSION: The results of this analysis indicate that, even after adjustment for demographics and severity, treatment with clozapine is the most costly atypical monotherapy, while from a budgetary perspective, risperidone was the least expensive drug treatment.

PMH13

THE DIRECT COST OF RISPERIDONE VERSUS HALOPERIDOL THERAPY FOR CHRONIC SCHIZOPHRENIA IN POLAND

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OBJECTIVE: The novel antipsychotics in comparison with old ones turned out to have similar clinical efficacy, produce less adverse effects, increase quality of life, reduce hospital stay with subsequent shift in resources towards community care. However, in Poland drug costs result in substantial percentage of direct health care costs and cost-effectiveness of novel antipsychotics can be questionable. A decision analysis model was used to evaluate potential clinical and economic consequences of using oral risperidone versus haloperidol in chronic schizophrenic Polish patients.

METHODS: A decision analysis model based on a three month Markov cycle tree was implemented through a time horizon of five years. The probability parameters for