

savings provide the opportunity for a more individualized therapy in those schizophrenic patients who are in need of and without budget overspend.

PMH13

COST-UTILITY AND BUDGET IMPACT OF SERTINDOLE IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND

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OBJECTIVES: 1) To assess cost-utility of sertindole (Serdolect®) compared with commonly used antipsychotic drugs in Poland—haloperidol and risperidone in the treatment of schizophrenia, and 2) To assess the financial consequences of sertindole reimbursement for Polish National Health Fund (NHF) budget.—haloperidol and risperidone in the treatment of schizophrenia, and 2) To assess the financial consequences of sertindole reimbursement for Polish National Health Fund (NHF) budget. **METHODS:** Cost-utility decision model comparing three pharmacotherapy strategies in the treatment of chronic schizophrenia (sertindole, risperidone, haloperidol) was developed. Payer perspective for health services (NHF budget and patient) and one-year time horizon were undertaken. Measure of effectiveness was expressed in quality adjusted life years (QALYs). Data on clinical efficacy based on published literature. Main parameters of the model were: compliance, clinical response, recurrence, adverse events, cost parameters (eg. drugs, AEs, treatment in hospital and outpatient setting, GP) and disutilities associated with AEs and relapse. Budget impact analysis was performed in a 5-year horizon following Serdolect® introduction. **RESULTS:** In one-year horizon, incremental cost of QALY saved (ICER) was: PLN14,117 (sertindole vs. risperidone) and PLN56,044 (sertindole vs haloperidol). The sensitivity analyses showed the robustness of the results. Based on five year budget forecast, public payer expenditures on atypical antipsychotic drugs would increase by 0.005% (PLN13,478) in year one and by 0.118% (PLN402,243) in year five of Serdolect® reimbursement. **CONCLUSIONS:** ICERs indicate that sertindole is a cost-effective strategy compared to risperidone and haloperidol in the treatment of chronic schizophrenia in Poland. Reimbursement of Serdolect® would result in a minor increase in Polish NHF expenditures. Reimbursement of Serdolect® would result in a minor increase in Polish NHF expenditures.

PMH14

THE COST-EFFECTIVENESS OF QUETIAPINE EXTENDED-RELEASE VERSUS OLANZAPINE FOLLOWING GENERIC RISPERIDONE IN PATIENTS WITH FIRST EPISODE SCHIZOPHRENIA

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OBJECTIVES: Compare the cost-effectiveness of quetiapine extended-release versus olanzapine, in patients with first episode schizophrenia who have failed on generic risperidone. **METHODS:** A one-year, decision analytic model populated with appropriate published efficacy data together with drug acquisition and resource use costs, was employed to illustrate the possible consequences of treatment with generic risperidone followed by either olanzapine or quetiapine extended-release. The perspective taken was that of the UK National Health Service. The clinical outcomes measured and compared were: discontinuation due to clinical reasons; response; relapse; number of patients effectively managed; and those requiring further intervention. An assumption was made that quetiapine extended-release would deliver the same outcomes as the instant-release formulation in this population. The doses applied (ris-

peridone 3.3mg, olanzapine 15.7mg and quetiapine extended-release 646 mg) were the mean doses observed in the clinical trials. **RESULTS:** Relative to olanzapine more patients were effectively managed on quetiapine (5%). The total cost per effectively managed patient was estimated to be higher for olanzapine compared to quetiapine (£21,658 and £20,955 respectively). Quetiapine also had fewer patients that: discontinued due to clinical reasons; failed to respond; relapsed; or required additional intervention relative to olanzapine (28%, 5%, 9% and 13% respectively). **CONCLUSIONS:** Not all atypical-naive patients that receive generic risperidone will tolerate or respond adequately to therapy and for those patients that require subsequent treatment with an atypical antipsychotic, quetiapine extended-release is a cost-effective second-line treatment choice compared to olanzapine. The analysis is limited by the lack of comparative data in this population. The effectiveness of quetiapine extended-release was assumed to be the same as the instant-release formulation, however, due to a less complicated and shorter titration regimen allowing therapeutic dose to be reached much sooner, quetiapine extended-release may have added benefit via a positive impact on patient compliance and psychosis management.

PMH15

COST-EFFECTIVENESS OF QUETIAPINE IN COMBINATION WITH LITHIUM/DIVALPROEX IN MAINTENANCE TREATMENT OF BIPOLAR I DISORDER

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OBJECTIVES: To assess the cost-effectiveness of quetiapine (QTP) in combination with lithium (Li) or divalproex (DVP) (QTP+Li/DVP) in comparison with placebo in combination with lithium or divalproex (Li/DVP alone) in the maintenance treatment of bipolar I disorder. **METHODS:** A Markov decision-analytic model was developed to estimate the relative costs and outcomes associated with QTP+Li/DVP compared with Li/DVP alone from the perspective of the UK National Health Service. Model parameters and transition probabilities were derived from 2 identical randomized, double-blind clinical trials of up to 104 weeks' duration and with a combined ITT patient population of 1326 (Trials 126 and 127). The Markov model followed, over 2 years, 1000 hypothetical patients (receiving either QTP+Li/DVP or Li/DVP alone) with bipolar I disorder in remission, where each patient could move through 1 of 4 mood states (euthymia, mania, depression, or no active therapy) through 8 quarterly cycles. During each cycle, a patient accumulated costs and outcomes and faced a probability of transitioning to another mood state. The reference year was 2007 and the discount rate was 3.5%. **RESULTS:** Compared with Li/DVP alone, QTP+Li/DVP significantly reduced the number of acute mood events per patient per year from 0.92 to 0.42 with an ICER of £506 per acute mood event averted. QTP+Li/DVP was also associated with reductions of 54% and 55% in rates of acute mania and depression events, a 25% reduction in hospitalizations related to acute mania, and a 38% reduction in hospitalizations related to acute depression, all leading to a 29% reduction in hospitalization costs. The incremental cost per QALY gained for QTP+Li/DVP treatment was £7453. Sensitivity analyses found the results to be robust. **CONCLUSIONS:** QTP+Li/DVP is cost-effective and has potential benefits derived from reduced hospitalizations associated with acute mood events, compared with Li/DVP alone.