compared two strategies based on hypothetical treatments: under strategy A, an antidepressant with high response rates/high SD rate prescribed in first-line and an antidepressant with moderate response rate/low SD rate available in second-line; under strategy B, the positions of these two drugs were reversed. Efficacy and safety parameters were obtained from a meta-analysis and other parameters, from the literature. Costs were estimated from the perspective of the US payer.

The numbers of QALYs were estimated at 3,660 QALYs (SE 0.013) and 3,639 (SE 0.012) under strategies A and B respectively. Costs were estimated at $3,894 (SE 0.012). The time horizon was 6 months. The results showed that both strategies were cost-effective compared to the base case. However, the difference in QALYs was statistically significant (U test: p<0.05). Thus, a cost-effectiveness analysis is needed to determine the optimal strategy.

PMH35 COST-EFFECTIVENESS OF INJECTABLE ATYPICAL LONG-ACTING ANTIPTYCHICS FOR CHRONIC SCHIZOPHRENIA IN POLAND

The study was conducted from the perspective of the National Health Fund (NHF), a payer in Poland. The model was a Markov decision tree with 12 months as the cycle length. The baseline model used a 6-month cycle, but the model was also run with a 12-month cycle. The model was used to simulate the outcomes of treating patients with schizophrenia in Poland. The model was a Markov model with transitions between possible states: hospitalization, emergency room visits, days free of symptoms, and quality-adjusted life-years (QALYs). The model was validated with published data.

PMH36 MOODSTABILIZERS AND ATYPICAL ANTIPTYCHICS IN MAINTENANCE THERAPY FOR BIPOLAR DISORDER: A COST-EFFECTIVENESS ANALYSIS

The study was conducted from the perspective of the Brazilian Ministry of Health and its public health system. The model was a Markov decision tree with 12 months as the cycle length. The baseline model used a 6-month cycle, but the model was also run with a 12-month cycle. The model was used to simulate the outcomes of treating patients with bipolar disorder in Brazil. The model was validated with published data.

PMH38 MOODSTABILIZERS AND ATYPICAL ANTIPTYCHICS IN MAINTENANCE THERAPY FOR BIPOLAR DISORDER: A COST-EFFECTIVENESS ANALYSIS

The study was conducted from the perspective of the Brazilian Ministry of Health and its public health system. The model was a Markov decision tree with 12 months as the cycle length. The baseline model used a 6-month cycle, but the model was also run with a 12-month cycle. The model was used to simulate the outcomes of treating patients with bipolar disorder in Brazil. The model was validated with published data.

PMH39 PATIENT-LEVEL MARKOV MODEL TO ASSESS ECONOMIC IMPACT OF NEW ANTIPTYCHICS INTRODUCTION IN SCHIZOPHRENIA

The study was conducted from the perspective of the French National Health Insurance (CCAM). The model was a Markov decision tree with 12 months as the cycle length. The baseline model used a 6-month cycle, but the model was also run with a 12-month cycle. The model was used to simulate the outcomes of treating patients with schizophrenia in France. The model was validated with published data.