date. This study provides an estimate of the cost-effectiveness of memantine compared with standard care (no pharmacotherapy) in moderate to severe AD adapted to a Canadian setting, and including all available evidence. No other pharmacological treatment was included in the evaluation as memantine is currently the only drug approved in this indication. METHODS: The progression of AD in terms of cognitive severity, functional disability and mortality was simulated over two-years using a state-transition (Markov) model. Outcomes of the model were Quality-Adjusted Life-Years (QALY) and costs from a societal perspective. The main cost and epidemiological input parameters of the model were computed using data from the Canadian Study on Health and Aging (CSHA). All relevant published and unpublished clinical trials of memantine versus placebo in moderate to severe AD were used to compute the transition probabilities between health states. A priori distributions were associated to all relevant parameters in order to enable stochastic analyses. RESULTS: Compared with standard care, the memantine strategy produced 0.03 additional QALYs, with no additional overall cost. Probabilistic sensitivity analyses give 83.3% chance that memantine treatment is cost neutral, 89.5% chance of being cost-effective if the decision-maker is willing to pay $20,000 for a quality-adjusted life year and 96.2% chance for a willingness-to-pay of $100,000 per QALY. Robustness of the results was confirmed through one-way and scenario-based sensitivity analyses. CONCLUSIONS: Our evaluation found memantine dominant over standard care. Results were comparable with those published for acetylcholinesterase inhibitors indicated for treatment of earlier stages of AD.

PMH12

PHARMACOECONOMIC ANALYSIS OF ANTIDEPRESSANTS IN BRAZIL

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OBJECTIVE: To determine cost-effectiveness of antidepressant groups (SNRIs, SSRIs, and TCAs) in treating major depressive disorder (MDD) over a 6-month time horizon from the viewpoint of the Brazilian Ministry of Health. METHODS: An existing decision tree model developed by our group was adapted to Brazil, based on Brazilian treatment guidelines. Clinical data were obtained from a published meta-analysis of remission rates published by Machado et al. Patients included adults >= 18 with MDD, diagnosed using DSM-III/IV or comparable, with moderate-to-severe disease (HAMD >= 15 or MADRS >= 18), without comorbidities or comedications, and followed by >= 6 weeks of treatment. Treatments included: SNRIs (venlafaxine, duloxetine, milnacipran), SSRIs (citalopram, escitalopram, fluoxetine, paroxetine, sertraline) and/or TCAs (clomipramine, amitriptyline, nortriptyline, imipramine). SNRIs were used as secondary treatment for SSRIs and TCAs, TCAs were used as secondary treatment for SSRIs. Clinical outcome was remission, defined for a final HAMD score <= 7 or MADRS <= 12. Included were all direct costs of treatment (drug, physician visits, hospitalization). Drug costs were obtained from the 2006 Brazilian National Drug Price List. Costs of hospitalizations and physician visits were taken from the 2006 Brazilian Drug System database (DATASUS). All costs were presented in undiscounted 2006 Brazilian Reais (1RS = USD$0.46). Univariate and Monte Carlo sensitivity analyses were performed. RESULTS: The primary ITT remission rate of SNRIs was significantly (P < 0.05) higher than SSRIs and TCAs. Expected costs/patient treated were: SNRIs = R$4698; SSRIs = R$5341; TCAs = R$4867. Overall success rates (primary + secondary treatment across all decision tree branches) were: SNRIs = 78.1%; SSRIs = 74.0%; TCAs = 76.4%. Average costs/success were: SNRIs = R$6017; SSRIs = R$7217; TCAs = R$6368. Monte Carlo analysis confirmed the relative positions. Break-even analysis showed that results were sensitive to variations to primary success rates. CONCLUSIONS: SNRIs dominated the other two antidepressant classes. Using SNRIs on average could save the government R$775 million annually. Further analyses are warranted to confirm these since they were sensitive to primary remission rates.

PMH13

COST-EFFECTIVENESS OF ESCITALOPRAM VERSUS CITALOPRAM IN OUTPATIENTS SUFFERING FROM MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: Economic models have demonstrated the cost-effectiveness of escitalopram versus citalopram in major depressive disorder (MDD), but no head-to-head clinical trials have evaluated their cost-effectiveness to date. The objective of this study was to assess the relative cost-effectiveness of escitalopram compared with citalopram in outpatients with MDD. METHODS: An economic evaluation was conducted alongside a double-blind randomized clinical trial conducted by French general practitioners and psychiatrists, comparing fixed doses of escitalopram (20 mg/day) or citalopram (40 mg/day) over 8 weeks in outpatients with MDD (baseline Montgomery-Åsberg Depression Rating Scale (MADRS) score ≥30). A standardised health care services form was used to record physician visits, hospitalisations, treatments and days of sick leaves for the 2-month pre-study period and the 8-week study period. RESULTS: Statistically significant improvements in remission rates were observed in patients treated with escitalopram (56% vs. 43%, p < 0.05). Using the price of the generic citalopram, mean per-patient costs from a health care perspective for the escitalopram group were 45% lower than the citalopram group ($79 vs. $141; p < 0.05). Differences were mostly related to lower hospitalisation costs. Bootstrapped distributions of the cost-effectiveness ratios also showed better effectiveness and lower costs for escitalopram compared with citalopram with more than 85% of the draws located in the southeastern quadrant of the cost-effectiveness plane, indicating that escitalopram was the dominant strategy. Sensitivity analyses confirmed the dominance of escitalopram over citalopram from a payer perspective. CONCLUSIONS: Escitalopram is significantly more effective than citalopram and is associated with lower health care costs. This prospective economic analysis demonstrated that escitalopram is a cost-effective first-line treatment option for MDD.

PMH14

PHARMACOECONOMIC POSITIONING OF SERTINDOLE AMONG ANTI精神病ICS IN THE MANAGEMENT OF SCHIZOPHRENIA: THE HUNGARIAN EXPERIENCE

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OBJECTIVES: Despite progress in the treatment of schizophrenia following the introduction of atypical antipsychotics in the late 1990s, current pharmacological options still carry limitations, as highlighted in a recent, pragmatic study in the US. Sertindole is an atypical antipsychotic with a good tolerability profile likely to favour long-term adherence, reductions in relapse and re-hospitalisation rates, and improvements in overall
functioning. METHODS: A Markov model was developed to estimate the cost-effectiveness of sertindole compared with risperidone, olanzapine and aripiprazole in the management of schizophrenia in Hungary over a two-year period. Patients entered the model upon experiencing intolerance to their antipsychotic treatment during an episode of acute psychopathology. Confounding factors included drug-induced adverse events (extrapyramidal symptoms, weight gain, sedation, sexual dysfunction, diabetes), compliance, relapse and treatment setting. Effectiveness was defined as the length of time without relapse over the two-year evaluation period, and by Quality Adjusted Life Years (QALYs). Parameter estimates were based upon published literature and comparative clinical trial data. Resource use data were obtained from the Psychiatry Department, Semmelweis University (Budapest), and costs were evaluated from the Hungarian National Insurance perspective. RESULTS: The time without relapse (over 2 years) for patients receiving sertindole was equivalent to those with risperidone, olanzapine and aripiprazole (0.768, 0.768, 0.764 and 0.766, respectively). The average cost per patient for two years after starting treatment with sertindole equalled that of the other atypical antipsychotics. The costs per year without relapse were similar for sertindole treated patients compared with the atypical risperidone, olanzapine and aripiprazole treated patients (€15,435, 15,096, 15,925 and 15,712, respectively). Sensitivity analyses confirmed robustness of the model. CONCLUSIONS: With equivalent clinical benefits, a good tolerability profile and similar costs, sertindole is an additional valuable treatment alternative to other atypical antipsychotics available in Hungary.

A314

Abstracts

COST-EFFECTIVENESS OF AMISULPRIDE COMPARED TO RISPERIDONE AND OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND

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OBJECTIVES: The aim of the study was to assess costs and effectiveness of amisulpride and other atypical antipsychotic drugs for the treatment of patients with schizophrenia in Poland. METHODS: The cost-effectiveness analysis from the payer perspective was conducted. Clinical data was derived from published clinical trials. Clinical improvement according to the Brief Psychiatric Rating Scale (BPRS) was adopted as a measure of effectiveness. Only direct medical costs were included and were expressed in polish zloty (PLN), 1 EUR = 3.95 PLN, exchange rate; 1 EUR = 1.98 PLN, purchasing power parities. The study horizon amounted to 8 weeks (the short-term model) and to 6 months of treatment (the long-term model). In the analysis there were three strategies of treatment compared: amisulpride, risperidone and olanzapine. The comparison was done pair-wisely: amisulpride vs olanzapine and amisulpride vs risperidone. RESULTS: Both in the short-term and in the long-term model, the amisulpride proved to be a dominant strategy—having lower average cost and higher average effect—against risperidone as well as against olanzapine. Comparing amisulpride and risperidone—in the short-term model the cost-effectiveness ratios (average cost per one unit of BPRS improvement) amounted to 55.3 PLN and 83.1 PLN for amisulpride and risperidone, respectively. In the long-term model the numbers were 135.7 PLN and 179.3 PLN, respectively. Conducting the amisulpride vs olanzapine comparison—in the short-term model the cost-effectiveness ratios amounted to 34 PLN for amisulpride and 43.5 PLN for olanzapine, and in the long-term model to: 105 PLN and 125 PLN, respectively. As amisulpride was a dominant strategy in all comparisons, acceptability curves were calculated instead of incremental cost-effectiveness ratios. CONCLUSIONS: The pharmacoeconomic evaluation in the short-term model as well as in the long-term model shows that amisulpride is a dominant strategy in the treatment of schizophrenia in Poland.

PMH15

COST EFFECTIVENESS MODEL COMPARING FAST DISSOLVING OLANZAPINE AND CONVENTIONAL OLANZAPINE TABLETS IN THE TREATMENT OF SCHIZOPHRENIA

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OBJECTIVES: Olanzapine in fast dissolving orodispersable formulation (OOT) was shown to be associated with greater patient acceptance and improved medication adherence compared to olanzapine in conventional tablet form (OCT) in acute treatment settings. This study assessed, from a payer perspective, the cost and effectiveness of OOT compared to OCT over a 1-year period in the treatment of schizophrenia patients in Turkey. METHODS: Survival Curve Model was used to assess the dynamic effects of relapses and hospitalizations on direct cost of treatment by considering medication efficacy and patients’ adherence to the medication. Rates of relapse and rates of treatment discontinuation—due to poor efficacy, medication intolerance, or patient preference/nonadherence—were based on published medical literature, unpublished data, and a clinical expert panel. The model assumed that treatment discontinuation is lower with OOT compared with OCT in stabilized schizophrenia patients. Model assumptions were validated by an independent expert panel. RESULTS: Based on model projections, the number of patients who would discontinue their current medication during one year of treatment would be 28 for OCT and 40 for OCT group. The number of predicted relapses was 15 for OCT and 18 for the OCT groups. Results indicate a 12% increase in the number of patients who would continue their therapy and 3% decrease in the number of relapses for the OCT group. The projected annual total direct cost for a cohort of 100 patients was 355,629,46 YTL for OOT treatment and 412,845,36 YTL for OCT treatment. If all patients were assumed to be treated with OOT treatment instead of OCT, 16% would be treated, without any additional cost to the payers in Turkey. CONCLUSIONS: The use of olanzapine in fast dissolving orodispersable formulation is predicted in this model to be more cost effective than olanzapine in conventional table form.

PMH16

COST-EFFECTIVENESS OF LONG ACTING METHYLPHENIDATE-OROS IN ADHD YOUTHS WITH SUBOPTIMAL SYMPTOM CONTROL ON IMMEDIATE-RELEASE METHYLPHENIDATE IN THE NETHERLANDS

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OBJECTIVES: To estimate the cost-effectiveness of treatment with long acting methylphenidate-OROS for youths with attention-deficit hyperactivity disorder (ADHD) for whom treatment with immediate-release (IR) methylphenidate is suboptimal. METHODS: We developed a Markov model to obtain an incre-