COST IMPACT OF INITIATING PREGABALIN TREATMENT IN SWEDISH PATIENTS WITH GENERALIZED ANXIETY DISORDER
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OBJECTIVES: To compare the health care costs 6 months prior to and 6 months after initiation of pregabalin in generalized anxiety disorder (GAD) patients in Sweden. METHODS: This was a retrospective longitudinal database study of GAD patients from 2000–2010 in Stockholm West region of Sweden. Individual patient data on health care visits (outpatient, inpatient, primary care), costs, mortality and diagnoses were included from year 2000. Data from the Swedish Prescribed Drug Register were included from July 1, 2005 until December 31, 2007. Patients with a GAD (ICD-10 F41.1) diagnosis and who initiated pregabalin treatment in 2006 were included. Health care utilization was measured six months before and six months after pregabalin initiation. Patients with 2 or more prescriptions of benzodiazepines six months prior to pregabalin initiation were censored as benzodiazepine patients. Non-parametric statistical tests (Mann-Whitney) were used for the cost and resource use comparisons. RESULTS: A total of 149 patients met the inclusion criteria, of whom 99 used benzodiazepines prior to pregabalin treatment. The number of in-patient (P < 0.05) and primary care (P < 0.05) visits significantly decreased in the 6-month period following pregabalin initiation. There was also a statistically significant reduction (p = 0.004) in overall health care costs from SEK 73,030 (€7,408) to SEK 45,000 (€4,605). Among the benzodiazepine users (n = 99), the number of in-patient visits (p = 0.0021), days in hospital (p = 0.0026) and primary care visits (p = 0.0121) were all statistically significantly reduced following pregabalin initiation. The reduction in total cost was from SEK 79,000 to SEK 43,000; $8,243 to $4,846 among the users of benzodiazepines was also statistically significant (p = 0.0001). The decrease in total cost, in all patients as well as benzodiazepine treated, was to a large extent explained by the decrease in in-patient costs. CONCLUSIONS: Initiating treatment with pregabalin in GAD patients significantly reduced health care utilization and costs during the following 6 months.

COSTS ASSOCIATED WITH ANTIPSYCHOTIC MEDICATIONS FOR PATIENTS WITH A BIPOLAR DIAGNOSIS AT CLINICALLY RECOMMENDED DOSES
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OBJECTIVES: There is accumulating evidence of sub-therapeutic second-generation antipsychotic (SGA) dosing for patients diagnosed with bipolar disorder, leading to suboptimal control of disease and higher overall treatment costs. The objectives of this study were to identify Medicaid bipolar patients receiving clinically effective doses of SGAs and compare their medical costs. METHODS: Patients with bipolar disorder taking an oral SGA (aripiprazole, olanzapine, quetiapine, risperidone or ziprasidone) were identified in Medicaid claims databases (2005–2008) from 8 US states. Patients were followed for 18 months (6-month pre-index period during which patients did not receive an SGA, followed by a 12-month post-index utilization period to determine total costs). For patients on recommended dosing, costs were compared to a generalized linear model with a gamma distribution and log-link function. Baseline covariates (age, gender, race, pre-index costs, Charlson co-morbidity score, and specific psychiatric co-morbidities) were adjusted for. Ziprasidone-treated patients comprised a reference group. RESULTS: A total of 2464 patients met inclusion criteria, with 45% (N = 1102) taking clinically effective doses by day 61 of their follow-up period. Patients on quetiapine had the lowest percentage of effective dosing at 26% (N = 280/1072). Other results were aripiprazole 77% (N = 336/448), olanzapine 52% (N = 118/226), risperidone 50% (N = 236/474), and ziprasidone 58% (N = 110/226). Regression analyses indicated that mental health-related prescription costs (P < 0.01) and all-prescription costs (P < 0.01) were statistically significantly lower for the risperidone group compared to the ziprasidone group. There were no significant differences between the groups for total mental health-related costs or total all-cause costs (includes prescription and medical services). CONCLUSIONS: Less than half of the patients in this sample were prescribed clinically recommended doses 2 months after their initial start. Among patients using recommended doses, while those on risperidone had lower prescription costs, there were no significant differences for total costs compared to patients taking ziprasidone.

COST IMPACT ANALYSIS OF AMISULPRIDE IN TREATMENT OF SCHIZOPHRENIA IN POLAND
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OBJECTIVES: To estimate the impact of amisulpride continued reimbursement in schizophrenia treatment on payer’s budget in Poland. METHODS: The analysis was performed in 5-year time horizon from the payer (National Health Fund, NHS) perspective and payer patient perspective. Only costs of medicines were included. On the base of IMS Health Poland sale data for years 2005–2010 linear regression was conducted to predict consumption and prevalence of antipsychotics in Poland. Cost data of medicines were obtained from Ministry of Health and medicine portals in case of lack of reimbursement. One-way sensitivity analysis were performed for the key input parameters. RESULTS: From the payer perspective, cost of amisulpride is approximately €7.13 million in 2010 and €9.15 million in 2014 and it represents from 4.62% in 2010 to 4.28% in 2014 of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.87 million in 2014. From the payer patient perspective, cost of amisulpride is approximately €7.26 million in 2010 and €9.32 million in 2014 and it represents from 4.01% in 2010 to 3.85% of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.87 million in 2014. Increase of NHS and patients costs is related to an increase in costs of antipsychotics sales over a span of the next five years caused by expanding awareness of schizophrenia and the importance of treatment. CONCLUSIONS: Our findings suggest that the cost of treatment with amisulpride are at a reasonable level and represent a small proportion of the total costs of schizophrenia treatment both from the payer perspective and common payer patient perspective. The declining trend in the share of amisulpride cost in total cost of schizophrenia is noticeable. Amisulpride is an alternative therapeutic option of schizophrenia treatment in Poland and its reimbursement from public funds is justified.

BUDGET IMPACT ANALYSIS OF AMISULPRIDE IN TREATMENT OF SCHIZOPHRENIA IN POLAND
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OBJECTIVES: To estimate the impact of amisulpride continued reimbursement in schizophrenia treatment on payer’s budget in Poland. METHODS: The analysis was performed in 5-year time horizon from the payer (National Health Fund, NHS) perspective and payer patient perspective. Only costs of medicines were included. On the base of IMS Health Poland sale data for years 2005–2010 linear regression was conducted to predict consumption and prevalence of antipsychotics in Poland. Cost data of medicines were obtained from Ministry of Health and medicine portals in case of lack of reimbursement. One-way sensitivity analysis were performed for the key input parameters. RESULTS: From the payer perspective, cost of amisulpride is approximately €7.13 million in 2010 and €9.15 million in 2014 and it represents from 4.62% in 2010 to 4.28% in 2014 of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.87 million in 2014. From the payer patient perspective, cost of amisulpride is approximately €7.26 million in 2010 and €9.32 million in 2014 and it represents from 4.01% in 2010 to 3.85% of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.87 million in 2014. Increase of NHS and patients costs is related to an increase in costs of antipsychotics sales over a span of the next five years caused by expanding awareness of schizophrenia and the importance of treatment. CONCLUSIONS: Our findings suggest that the cost of treatment with amisulpride are at a reasonable level and represent a small proportion of the total costs of schizophrenia treatment both from the payer perspective and common payer patient perspective. The declining trend in the share of amisulpride cost in total cost of schizophrenia is noticeable. Amisulpride is an alternative therapeutic option of schizophrenia treatment in Poland and its reimbursement from public funds is justified.