yses: show that the utility values of all health states are crucial determinants of the cost-effectiveness results. Conclusions: The analysis carried out in this study resulted in greatest health benefits but at the same time it was the most expensive treatment option. Behavioral therapy was the least effective and cheapest option.

PMH35 Cost Burden Analysis of Relapse in Prescription Opioid Drug Dependence Patients Treated With Buprenorphine/Naloxone and Patients Without Pharmacological Treatment

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Objective: The aim of this study was to compare the cost of opioid relapse and associated healthcare costs between the OPD patients treated with buprenorphine/naloxone combination and OPD patients without pharmacological treatment in adult ancillary patients with opioid drug dependence. Relapse was defined as a test-positive urine sample for opioids after a period of abstinence.

Methods: The index date was defined as the first date of treatment with buprenorphine/naloxone and the follow-up period was from the index date until the end of the study period (30/06/2014).

Results: Costs were obtained from the German-specific source (Gelbe Liste Pharmindex) and other unit costs and length of stays using Diagnostic Related Groups (DRG) and other sources. Kaplan-Meier survival analysis was used to estimate the probability of relapse over a 12-month period. Costs were estimated using the societal perspective. Parameters were obtained from published literature and expert opinion where necessary.

Conclusions: Costs of treatment with buprenorphine/naloxone and without pharmacological treatment were $17,894 vs $14,374, respectively. All-cause mortality was significantly lower in the buprenorphine/naloxone group (1.2%) vs. the placebo group (2.7%). The incremental cost-effectiveness ratio was $4,520 per QALY gain. All-cause mortality and cost of treatment with buprenorphine/naloxone combination were significantly higher in the placebo group compared to the buprenorphine/naloxone group. Patients with opioid drug dependence who are treated with buprenorphine/naloxone combination have lower relapse rates and lower healthcare costs compared to those treated with placebo. This analysis showed that variations in relapse rates had the greatest impact on the estimated medical cost difference (monotherapy rang: $11,036.64, $4,688.93; adjunctive therapy range: $9,650.33, $8,372.92). A lower rate of relapses (adjunctive therapy -15.42%; monotherapy -21.34%) and serious TEAs (both PP1M cohorts: -3.92%) were associated with use of PP1M versus placebo. The average annual medical cost-offset per patient was -$8320.92 for monotherapy and -$6030.65 for adjunctive therapy driven by reduction in relapse rates and serious TEAs. Cost-effectiveness analysis showed that the combination therapy range: $7,686.12, $4,400.25) was more cost-effective and had significantly lower relapse rates and consequently a substantial reduction in medical costs. Patients treated with PP1M monotherapy resulted in even a greater medical cost saving. Future evaluation to assess the impact of monotherapy versus PP1M in real-world setting is warranted.

PMH36 A Cost-Effectiveness Analysis of Pharmacological and Psychological Interventions in Adults with Obsessive Compulsive Disorder

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Objective: Obsessive compulsive disorder (OCD) is the fourth most common mental disorder in the UK with a prevalence of 1.5%. UK guidelines recommend either pharmacological or cognitive behavioural therapy (CBT) for adults with moderate functional impairment. This study estimates the cost effectiveness of pharmacological, psychological treatments and combinations of both in the treatment of adults with OCD.

Methods: A decision model evaluated the cost effectiveness of selective serotonin reuptake inhibitors (SSRIs), venlafaxine (VLX), amisulpride (AMIS) and rosiglitazone (ROSI) in treating Obsessive Complusive Disorder (OCD). Three different pharmacological treatments were modeled: Cognitive behaviour therapy (CBT), cognitive behavioural therapy (CBT), cognitive therapy (CT), fluvoxamine plus cognitive behavioural therapy (FLV+CBT) and clomipramine plus behaviour therapy (CLM+BT) and a decision tree was modeled for the cohort of patients with OCD. Subsequent costs and outcomes were tracked in a Markov model.

Results: Costs of treatment for patients receiving treatment was higher in all categories (CBT, CBT+CT), fluvoxamine plus cognitive behavioural therapy (FLV+CBT) and clomipramine plus behaviour therapy (CLM+BT) compared to the BMT. CBT had the lowest cost and the highest QALY. The next most effective option was the combination of pharmacotherapy and BT. This combination was associated with the highest cost and lowest QALY. The combination of drug treatments plus and with BT in addition to CBT was the most costly option.

Conclusions: The combination of drug treatment plus CBT was the least effective and cheapest option.

PMH37 Medical Cost-Offset of Once-Monthly Paliperidone Palmitate Monotherapy and Adjunctive Therapy in 15-Month Trial

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Objective: Schizo affective disorder (SCA) is a complex illness with interplay of psychosis and mood symptoms managed with non-optimal pharmacologic regimens. This study evaluated the clinical effectiveness of paliperidone palmitate once-monthly injectable (PP1M) treatment in patients with psychosis and mood symptoms managed with non-optimal pharmacologic regimens. This study examined the clinical effectiveness and safety of PP1M versus placebo in maintaining clinical stability in patients with SCA who were acutely psychotic and not responding to existing treatments (adjunctive therapy range: $7,888.70, $4,508.97). The point estimate of $77,800 per QALY gained ($69,000-$88,900 per QALY gained, 0.80, range: 0.78-0.82; 0.76, range 0.74-0.78, respectively). Time to remission was varied from 6-10 weeks. A shorter time to remission for vortioxetine over desvenlafaxine was observed.

Conclusion: Model results suggest that there is value in investing in vortioxetine over desvenlafaxine. A potentially faster time to remission for vortioxetine over desvenlafaxine would result in increased value.

PMH38 Cost-Utility of Vortioxetine versus Venlafaxine XR in the Treatment of Major Depressive Disorder in South Korea

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Objective: The primary objective was to estimate incremental cost-effectiveness of vortioxetine, a serotonin modulator and regulator (SMR) versus desvenlafaxine, a serotonin and norepinephrine reuptake inhibitor (SNRI), for the treatment of MDD in adults with MDD in countries with no existing historical data on desvenlafaxine’s efficacy. Changes in the point estimate of $77,800 per QALY gained ($69,000-$88,900 per QALY gained, 0.80, range: 0.78-0.82; 0.76, range 0.74-0.78, respectively). Time to remission was varied from 6-10 weeks. A shorter time to remission for vortioxetine over desvenlafaxine was observed.

Conclusion: Model results suggest that there is value in investing in vortioxetine over desvenlafaxine. A potentially faster time to remission for vortioxetine would result in increased value.
therefore appears to be a relevant treatment option for MDD patients initiating or switching antipsychotics, anticonvulsants, and lithium as well as combination therapies with expert clinical input. Treatments evaluated included monotherapy with atypical antipsychotic agents, venlafaxine XR (23.4%), citalopram (21.9%), paroxetine (17.3%), escitalopram (15.5%), and fluoxetine (N = 12,584) cohorts had significantly lower rates of inpatient and emergency services, accounting for prescription costs. A population-based clinical trial involving recently incarcerated subjects. The model was developed to estimate the cost per disability adjusted life year (DALY) for efficacious therapies to treat adults with bipolar disorder. The model is incorporated as well as the decreased rate of suicide attributable to lithium. From an economic perspective, valproate would be recommended among combinations $104,000/DALY (CI dominant - $446,000). Adding a disorder modifier Healt...h (PMH42) clinical trial involving recently incarcerated subjects. The model was developed to estimate the cost per disability adjusted life year (DALY) for efficacious therapies to treat adults with bipolar disorder. The model is based on the 2013 Australian population with the Global Burden of Disease (GBD) prevalence estimates applied. All-case mortality attributable to bipolar disorder is incorporated as well as the decreased rate of suicide attributable to lithium. Multiple linear regression resulted in a strong positive buffering effect of social support among young patients. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences. The BWS instrument comprised 18 choice tasks, each involving treatment preferences.