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 (serindole, 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 (e.g., 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 (risperidone 3.3mg, olanzapine 15.7mg and quetiapine extended-release 646mg) 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-naïve 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.