A STUDIES-BASED PRIVATE INSURANCE BUDGET IMPACT ANALYSIS OF BUPRENORPHINE / NALOXONE FILM AND TABLET FORMULATIONS

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OBJECTIVES: Buprenorphine/naloxone (BUP/NAL) combination for the treatment of opioid dependence is available in film and tablet formulations. Earlier studies showed that treatment with film leads to better persistence and lower health care costs compared to BUP/NAL tablet. Higher costs were related to higher relapse and reinitiation rates found in the tablet treated groups. Based on these scientific analyses, a budget impact analysis was built to assess the health care expenditures related to new patients entering treatment in scenarios characterized by different market shares of the two BUP/NAL formulations.

METHODS: A Markov model was structurally tracking a cohort of patients initiating opioid dependence treatment with BUP/NAL film or BUP/NAL tablet through successive phases of treatment: initiation, maintenance, discontinuation, off treatment and reinitiation. Transition probabilities and resource utilization were estimated from the literature and national databases. The objective of this study was to estimate the impact of BUP/NAL dosing on treatment persistence, resource utilization and health care charges among privately insured patients.

RESULTS: The probability of psychiatric hospitalization in the year following the treatment initiation was 41% for typical initiators, mainly due to a lower rate of atypical initiators being hospitalized. Although antipsychotic costs were higher for patients initiated on atypical antipsychotics than for typical initiators ($1892 (2465), p<0.001), consistent with logistic regression (OR=0.58, p<0.001). Mean (SD) annual antipsychotic costs for the atypical initiators were 17% lower in the high dose patients (p=0.001).

CONCLUSIONS: Treatment with buprenorphine/naloxone film results in less health care resource utilization and lower total cost burden for private insurers when compared to treatment with buprenorphine/naloxone tablet.

The probability of inpatient psychiatric hospitalization in the first year following the theoretical end date of the previous prescription. Resource use and related costs were calculated over the 12-month period after the last prescription. The matching algorithm selected patients with doses above 15 mg/day. The matching algorithm resulted in the selection of 1,949 patients.

CONCLUSIONS: One-to-one propensity score matching was conducted as a sensitivity analysis. The typical initiators had significantly lower mean (SD) annual antipsychotic costs for the atypical initiators were 17% lower in the high dose patients (p=0.001).

PMH29
HEALTH CARE RESOURCE UTILIZATION AND DIRECT MEDICAL COSTS FOR SCHIZOPHRENIA PATIENTS INITIATING TYPICAL OR ATYPICAL ANTIPIPYSCHOTICS IN TAIWAN

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OBJECTIVES: To compare the psychiatric-related health care resource utilization and direct medical costs of schizophrenia patients initiating typical or atypical antipsychotics and to understand their resource utilization pattern.

METHODS: A retrospective cohort study of Taiwan National Health Insurance Research Database was conducted. The matching algorithm selected patients with >= 1 prescription of antipsychotics after a 90-day washout period (during which patients didn’t receive any antipsychotics) and 12-month continuous enrollment after first psychiatric-related resource utilization and direct medical costs during 12-month follow-up period were estimated.

CONCLUSIONS: Antipsychotic costs were no differences in atypical and typical initiators ($1661 (2224) vs. $1892 (2465), p=0.001), consistent with logistic regression (OR=0.58, p<0.001). Mean (SD) annual antipsychotic costs for the atypical initiators were 17% lower in the high dose patients (p<0.001).

PMH30
THE HUMANISTIC AND ECONOMIC BURDEN OF BULIMIA NERVOSA AND BINGE EATING DISORDERS: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To perform a systematic review of humanistic and economic burden of bulimia nervosa (BN) and binge eating disorder (BED). METHODS: A systematic literature search of English-language articles was conducted in June 2013 using Medline, EMBASE, PsycINFO, Academic Search Complete, CINAHL Plus, Business Source Premier and Cochran Library. Cost data were included and converted to 2012 US$ using purchasing power parity. RESULTS: Forty-seven studies were examined. The humanistic burden was significantly larger than economic burden. CONCLUSIONS: The humanistic burden was significantly larger than economic burden.

PMH31
COGNITIVE EFFECTIVENESS OF GUANFACINE EXTENDED-RELEASE VERSUS ATOMOXETINE FOR THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN CANADA

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OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) is a common childhood psychiatric disorder, with worldwide prevalence varying from 2.2 to 3.4% of school-aged children. ADHD is a chronic condition with approximately 30% of children with ADHD do not have adequate response to the stimulants and may require alternative treatments to control their symptoms.

METHODS: A Markov model that included the following health states: symptom response, no response, and treatment discontinuation was developed. Transition probability from non-