prior to treatment initiation. Multinomial logistic regression models were used to estimate the probability of treatment with olanzapine, quetiapine, or risperidone (reference group) monotherapy based on patients' demographic, clinical characteristics and health care resource utilization during the three months prior to treatment initiation. **RESULTS:** A total of 838 patients (mean age 38.9 [SD: 11.4] years) met inclusion criteria. Patients were initiated on monotherapy with either olanzapine (n = 393), risperidone (n = 262), or quetiapine (n = 183). Compared to risperidone, patients aged 25–34, and 55–64 years were more likely than other age groups to receive olanzapine. African-American patients were less likely to initiate olanzapine or quetiapine. Women were more likely than men to receive quetiapine, compared with risperidone. Patients whose first bipolar episode was depressive or who had used second generation antidepressants during the three-month baseline period were less likely to initiate olanzapine. Patients who used second generation antidepressants were more likely to receive quetiapine than risperidone. Patients in the two counties with the largest population of patients diagnosed with bipolar disorder were less likely to initiate quetiapine. **CONCLUSIONS:** Several variables, including gender, race, type of first bipolar episode, and county of residence were associated with the choice of atypical antipsychotic monotherapy used to treat bipolar disorder.

PMH29

ATTENTION DEFICIT HYPERACTIVITY DISORDER MEDICATION CLINICAL PRIOR AUTHORIZATION PROGRAM'S IMPACT ON PRESCRIPTION DRUG UTILIZATION AND COSTS

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OBJECTIVES: This study aims to evaluate the impact of Attention Deficit Hyperactivity Disorder (ADHD) Narcolepsy Clinical Prior Authorization program on prescription drug utilization and costs. **METHODS:** Using pre-post with control group approach, prescription records from April 2003 to June 2005 were obtained from pharmacy claims database in a pharmacy benefit management organization. The study group comprised of eight clients enrolled in ADHD Narcolepsy program, while the control group comprised of all other clients not enrolled in this program. Number of prescriptions dispensed per month per thousand eligible members, and per member per month (PMPM) total, plan and member costs were analyzed and compared. PMPM cost savings were calculated using the following formula: $Y' = Y_{st0} * R_{ct} - Y_{st1}$ where Y_{st0} and Y_{st1} represent actual pre and post PMPM costs in the study group and R_{ct} is the ratio of PMPM post and pre costs in the control group. **RESULTS:** The study group included 60,916 eligible lives from eight clients, and the control group included 526,612 lives from 109 clients. From the pre to post period, in the study group, the average number of prescriptions per month per thousand eligible lives and the average PMPM total costs decreased by 35% (from 7.38 to 4.82) and 24% (from $0.68 to $0.51) respectively. In the control group, however, the average number of prescriptions and the average PMPM costs increased by 40% (from 5.18 to 7.25) and 68% (from $0.47 to $0.79). After comparing the trend in these two groups, ADHD Narcolepsy Clinical Prior Authorization was estimated to result in $0.63 PMPM and $460,525 annualized cost savings for the eight clients as a whole. **CONCLUSION:** ADHD Narcolepsy Clinical Prior Authorization program led to decrease of prescription utilization and savings in PMPM costs and was an effective strategy in controlling prescription drug utilization and costs.

PMH30

EVALUATION OF SELECTIVE SEROTONIN REPUTAKE INHIBITOR STEP CARE PROGRAM ON MEDICATION COSTS AND UTILIZATION

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OBJECTIVES: This study evaluated the impact of Selective Serotonin Reputake Inhibitor (SSRI) Step Care program on prescription drug utilization and expenditures. **METHODS:** Using pre-post with control group study approach, prescription records from October 2003 to April 2005 were obtained from pharmacy claims database in a pharmacy benefit management organization. The study group comprised of patients enrolled in SSRI Step Care, while the control group comprised of those not enrolled in this program. Number of prescriptions dispensed and total costs per member per month (PMPM) for both targeted brand drugs and shift-to-generic drugs were compared between the study and control groups. **RESULTS:** The study group included 62,451 eligible lives, and the control group included 341,971 lives. From the pre to post period, in the study group, the average number of prescriptions per month per thousand eligible lives and the average PMPM total costs decreased by 37.5% (from 26 to 16.26) and 31.3% (from $2.25 to $1.54) for the target drugs, and increased by 48% (from 11.7 to 17.3) and 15.4% (from $0.79 to $0.91) for the shift-to-drugs respectively. In the control group, however, the average number of prescriptions and the average PMPM costs increased by 18.3% (from 21.18 to 17.31) and 13.4% (from $1.95 to $1.69) for the target drugs, decreased by 8.6% (from 10.4 to 9.5) and 25% (from $0.82 to $0.62) for the shift-to-drugs. SSRI Step Care was estimated to result in $0.41 PMPM cost savings in the target drugs but $0.31 PMPM cost increase in the shift-to-drugs, and a net PMPM total cost savings of $0.10. **CONCLUSIONS:** SSRI Step Care was found to shift prescription drug utilization from expensive brand names to low cost generics. A medication management program such as SSRI Step Care has been shown to lower prescription drug expenditures.

PMH31

LIKELIHOOD OF EMPLOYMENT TERMINATION FOR EMPLOYEES WITH BIPOLAR DISORDER TREATED WITH DIFFERENT PSYCHOTROPIC MEDICATIONS

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OBJECTIVES: To evaluate the likelihood of employment termination among patients with bipolar disorder (BPD) treated with different classes of psychotropic medications. **METHODS:** Patients with BPD (classified according to ICD-9-CM codes) were identified from the Human Capital Management Services Research Reference Database. Patients with continuous eligibility six months before and 12 months after their initial prescription treatment for BPD were categorized into those using: atypical antipsychotics only (ATYP); conventional antipsychotics, mood stabilizers (including lithium, divalproex, lamotrigine, and carbamazepine), and specific anticonvulsants only (OTHER); medications from both categories (BOTH); and no study-specified psychotropic medications (NONE). The index "prescription" date for the NONE group was defined as six months after the initial diagnosis. Both voluntary and involuntary terminations of employment were included. Regression models controlled for possible confounding factors (age, gender,