new antipsychotic users. The outcome was time to first foster care placement transition. Given 180-day follow-up, Cox proportional hazards ratio (HRs) associated with antipsychotic initiation, adjusting for demographic, clinical, and foster care characteristics. RESULTS: Comparing new users to propensity-score matched nonusers, there was no difference regarding average days to placement transition (104.4 vs. 106.4). The propensity score foster care placement transition (73% versus 36%) during the follow-up. The HR was 1.1 (95% CI: 0.7-1.6). CONCLUSIONS: Youth initiating antipsychotics had no significant reduc- tion in foster care placement transition. Future research may explore antipsychotic use among youth in foster care to better inform foster care policy.

PMH67
RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH OFF-LABEL USE OF ATYPICAL ANTIPSYCHOTICS IN A COMMUNITY-DWELLING ADULT SCHIZOPHRENIA POPULATION: FINDINGS FROM THE MEDICAL EXPENDITURE SURVEY

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OBJECTIVES: Atypical antipsychotics (AAP) are commonly used to treat off-label conditions such as anxiety, depression, and post-traumatic stress disorder. Despite a black box warning in 2005, AAP still remain the second most common therapeutic class used for dementia. The objective of the study is to determine resource utilization (RU) and costs in patients using AAP to treat off-label condi- tions. METHODS: A retrospective cross-sectional study was conducted using 2009 Medical Expenditure Survey (Meds) data. Study sample included individuals aged 18+ from the AAP claims file. Indications were identified using ICD-9-CM and CCD CODEX codes from the Medical Conditions file. Schizophrenia and bipolar disorder were categorized as medical conditions requiring psychiatric consultation and classified as off-label use. RU and costs were obtained from the Full-Year Consolidated Files. RESULTS: N=352 patients had at least 2 claims for AAP. 55.7% were off-label users with 1,442 AAP claims. The most common off-label indications were depressive disorder (29.8%), other neurotics (15.4%) and general symptoms (13.8%). 5.20% of the claims were for dementia. The typical off-label AAP user was female (60.20%), White (87.6%) with mean age 51.1+16.8 years (R: 8-185). Mean RU for off-label users was $14,573.93 per person. 1.38 (0-12) ED visits, and 0.36 (0-216) office-based provider visits. The average total cost was $15,751.64 per person. For FDA approved users, mean RU was $17,776.73 (0-216) office-based provider visits. 0.51+11.83 (0-123) hospital outpatient visits, 0.71+11.22 (0-7) ED visits, and 0.39+0.84 (0-5) inpatient discharges. The average total cost was $14,573.93 per person. CONCLUSIONS: Off-label prescribing of AAP is still a prevalent practice and needs to be monitored. Future research will compare RU and costs among patients prescribed and not prescribed AAP for off-label indications.

PMH66
HEALTH RESOURCE USE OF PATIENTS ENROLLED TO JANSSEN CONNECT TREATED WITH LONG-ACTING INJECTABLE (LA) ATYPICAL ANTIPSYCHOTICS: PRELIMINARY RESULTS FROM A SUMMATIVE EVALUATION

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OBJECTIVES: To describe the resource utilization and costs of schizophrenia patients enrolled to JANSSEN CONNECT® (JC). METHODS: This is a multi-center, retrospective medical chart review of patients enrolled in JC, a comprehensive self- and family-directed health care program. An experienced health care professional has determined a Janssen long-acting injectable atypical antipsychotic to be the most clinically appropriate treatment option. Data collected included demographic and clinical characteristics, HRU, outpatient and injection appointments, and medication claims. The index date was defined as LAI initiation date when new users initiated LAI on/after JC enrollment while continuous users initiated LAI prior to enrollment. Descriptive analysis was performed to evaluate the demographic, clinical characteristics and HRU of JC enrollees at 6-month pre- and post-index periods. Comparative analysis on...