analysis revealed that if both utilities were tested at the high or low end of their ranges, they were no longer sensitive. CONCLUSIONS: Both drugs, given their low potential for drug-drug interactions, time-released formulations, and lack of anticholinergic side effects, are appropriate for use in the elderly and may improve overall quality of life. However, the results suggest that bupropion SR may be a more cost-effective choice of antidepressant pharmacotherapy in an elderly population, particularly in patients concerned about potential adverse sexual side effects.

**PMH44**

**UTILIZATION AND COST OF ATYPICAL ANTIPSYCHOTICS IN MEDICAID PATIENTS WITH DEPRESSION**

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**OBJECTIVE:** To quantify differences in resource utilization and healthcare cost between olanzapine and risperidone when used as augmentation agents in patients with depression. **METHODS:** We conducted a retrospective analysis using the California Medicaid database (Medi-Cal 1996–2000). Adult patients aged 18 to 65 with 1 year of continuous enrollment and one or more medical claims for depression were included in the analysis. Patients with schizophrenia or psychotic depression were excluded. Treatment groups consisted of patients who received augmentation with risperidone or olanzapine after completing at least four weeks of antidepressant treatment. **RESULTS:** Risperidone (N = 105) and olanzapine (N = 130) groups were similar with respect to length of treatment, use of antidepressants, and occurrence and number of outpatient and inpatient visits. Mean antipsychotic costs per month were significantly lower for risperidone ($154.31 vs. $258.13, p < 0.0003). A significantly higher proportion of risperidone subjects (62.9% vs. 39.2% for olanzapine) had total mental healthcare costs that were below the median (p = 0.0003). **CONCLUSIONS:** Relative to olanzapine, augmentation with risperidone was associated with significantly lower antipsychotic and total mental health costs.

**PMH45**

**COSTS AND EFFECTIVENESS OF METHADONE AND BUPRENORPHINE MAINTENANCE TREATMENTS IN WESTERN AUSTRALIA**

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**OBJECTIVES:** To compare the costs and effectiveness of Methadone Maintenance Treatment (MMT) and Buprenorphine Maintenance Treatment (BMT) among stabilized opioid dependent patients. **METHODS:** A cost analysis was performed. One hundred forty-five patients, on either treatment between 1 month and 12 months, were selected from 28 randomly chosen community pharmacies. Questionnaires were issued to 135 community pharmacies, of which 67 (including these 28) validly responded for costing these 2 services. (24 of the pharmacies did not provide either of these services.) A treatment sector perspective was chosen. Costs incurred at the Commonwealth government, pharmacy and patient levels were investigated. ANOVA models were applied to test for differences while controlling for length on program. Effectiveness was measured as change in opioid-free days. **RESULTS:** At the Commonwealth government level, costs of the medicines and doctor visits were taken into account. The estimated monthly cost (SD) per methadone patient was AUD$62.8 ($32.6) and AUD$169.0 ($33.7) per buprenorphine patient. Costs of medicines comparing treatments showed a significant difference (p = 0.000) but doctor visits showed none (p = 0.609). At the pharmacy level, the estimated monthly cost (SD) of one MMT patient was AUD$104.3 ($24.5) and AUD$128.2 ($40.3) per BMT patient (p = 0.005). At the patient level, median monthly fees (range) for dispensing and transportation were $128.0 ($61.3–$234.7) per MMT patient whereas $156.0 ($66.0–$394.7) per BMT patient. The difference lay in the monthly transportation fee (p = 0.008). During the first year of treatment, estimated mean total cost (SD) on one MMT patient was $306.2 ($51.2) monthly, but $465.8 ($66.4) for one BMT patient (p = 0.000). The average change in opioid-free days (SD) out of 30 was 27.7 (5.7) days for MMT, and 26.0 (7.2) days for BMT patients (p = 0.102). **CONCLUSIONS:** Significant differences in costs of MMT and BMT were identified. MMT was less costly but resulted in the same overall change in opioid-free days.

**PMH46**

**COST CONSEQUENCES OF APPLYING APPROPRIATE USE EDITS TO SELECT HYPNOTIC AGENTS: A RETROSPECTIVE COMPARATIVE ANALYSIS**

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**OBJECTIVE:** To determine the economic impact of an appropriate use edit placed on select non-benzodiazepine hypnotic agents for an HMO client. **METHOD:** Zolpidem and zaleplon are non-benzodiazepine hypnotics indicated for the short-term treatment of insomnia, generally 7–10 days. Comparator HMO 1, with approximately 380,000 members, instituted an appropriate use edit allowing for 14 days of hypnotic therapy every 3 months. Comparator HMO 2, with approximately 220,000 members, placed no edit and served as the control. The study time frame was January–December 2000. Pharmacy claims data were used to evaluate the effect of the edit by identifying the number of prescriptions filled, the