

OBJECTIVE: To determine whether or not subtle differences between risperidone and olanzapine, two similarly-efficacious medications, are reflected in health care utilization patterns, and therefore, costs, in patients with schizophrenia receiving usual care. **METHODS:** A retrospective cohort study was conducted from the payer perspective in two group model managed care organizations. Analysis of covariance and logistic regression were used to identify outpatient cost and hospitalization differences respectively, while adjusting for variables that may independently influence mental health utilization and choice of atypical agent. Patients ages 18–64 initiating risperidone or olanzapine between January 1997 and December 2000 diagnosed with schizophrenia or schizoaffective disorder in the pre-initiation year were included if they received no atypical antipsychotics in the previous year and were continuously enrolled one year pre through one year post initiation. Utilization units were transformed into 2001 costs at one site. The total post-initiation year outpatient mental health cost derived included all mental health outpatient visits (including urgent care) and medications, and tests related to olanzapine or risperidone monitoring. The relationship between drug exposure and hospitalization was explored using logistic regression. An intent-to-treat analysis was performed. **RESULTS:** Patients receiving risperidone were less costly in the post-initiation year than patients receiving olanzapine. The results were significant ($p < 0.05$) controlling for age, gender, coverage type, total mental health outpatient costs in the year prior to initiation, study site, index year, mental health comorbidities, and mental health hospitalization in the pre-initiation year. Seventeen percent of olanzapine and 21% of risperidone patients were hospitalized in the year post initiation, a difference that was not statistically significant. **CONCLUSIONS:** Prescribers should consider using risperidone before using olanzapine when initiating therapy in a patient with schizophrenia who has no contraindications to either medication. More study is needed to determine the relationship between atypical choice and mental health hospitalization.

COMPARISON OF OLANZAPINE VERSUS QUETIAPINE IN THE TREATMENT OF HOSPITALIZED PATIENTS WITH SCHIZOPHRENIA

Wang PF¹, Zhao Z²

¹Premier, Inc, Charlotte, NC, USA; ²Eli Lilly and Company, Indianapolis, IN, USA

OBJECTIVE: To compare pharmacotherapy patterns and treatment outcomes for olanzapine- versus quetiapine-treated hospitalized patients with schizophrenia. **METHODS:** Hospitalized olanzapine- and quetiapine-treated patients discharged with schizophrenia (ICD9: 295.xx) between 01/1999 and 09/2001 were identified using Premier's Perspective™ database, the largest U.S. hospital drug utilization database. Outcome measures

include use of other antipsychotics, mood stabilizers, antidepressants, anxiolytics, and hypnotics; length of stay (LOS); and total treatment costs were analyzed by regressions, controlling diagnoses, illness severity, patient and institution characteristics. **RESULTS:** Of 9433 patients (54.8% male, mean age 41.5 years), 6699 were olanzapine-treated and 2734 quetiapine-treated. After adjusting for confounding factors, olanzapine-treated patients used fewer psychotropic agents (-0.36 , $p < 0.0001$) and were less likely to switch to or augment with other atypical antipsychotics (odds ratio (OR) = 0.71, 95% confidence interval (CI) = 0.62 – 0.81). Olanzapine-treated patients were less likely to be treated with typical antipsychotics (OR = 0.77, CI = 0.70 – 0.85), mood-stabilizers (OR = 0.84, CI = 0.77 – 0.93), anxiolytics (OR = 0.67, CI = 0.60 – 0.74), or anti-Parkinsonian agents (OR = 0.87, CI = 0.79 – 0.96). There was no between-group difference in antidepressant or hypnotic use. Total costs for olanzapine-treated patients were lower ($-\$678$, $p < 0.0001$) as the result of shorter LOS (-11.4% , $p < 0.0001$). **CONCLUSIONS:** Compared to quetiapine, olanzapine treatment for hospitalized patients with schizophrenia was associated with more favorable pharmacotherapy patterns, shorter LOS, and lower costs.

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ATYPICAL ANTIPSYCHOTICS: TREATMENT PATTERNS, UTILIZATION AND COST AMONG MANAGED CARE ENROLLEES

Hall JA¹, Dodd SL², Nelson MA¹

¹Ingenix Pharmaceutical Services, Eden Prairie, MN, USA;

²Janssen Pharmaceutica, Titusville, NJ, USA

OBJECTIVES: To examine treatment patterns and analyze differences in health services utilization and costs for subjects receiving risperidone, olanzapine or quetiapine. **METHODS:** This study used administrative claims data to identify continuously enrolled subjects prescribed atypical antipsychotics between January 1, 2000 and December 31, 2000. Subjects were assigned to a diagnostic category based on the appearance of two or more ICD-9 codes for schizophrenia, affective disorder, dementia, anxiety or childhood disorders during the study period. Duration of therapy, compliance, daily dose, daily average consumption and concomitant medication use were analyzed descriptively. Subjects were propensity score matched on baseline characteristics for the purpose of comparing health services utilization and cost by site of service. **RESULTS:** Of 6471 study subjects, average annual days of therapy were nearly equal between drug groups (184–186 days). However, average annual days of therapy varied widely by diagnostic condition (181 days for anxiety, 270 days for schizophrenia). Concomitant use of psychotropic medication was common for all 3 drugs (81%). Subjects receiving risperidone had an average daily dose below the recommended target dose for schizophrenia as did olanzapine subjects with bipolar disorder. Daily average consumption increased slightly for risperidone and quetiapine subjects

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