OBJECTIVES: Polypharmacy has now become a norm instead of an exception in the treatment of pediatric bipolar disorder (PBD). The objective of the study was to identify the most commonly used psychoactive combinations in PBD patients and to evaluate the adherence patterns of the combination regimens. METHODS: 2003-2007 Medicaid Analytic eXtract (MAX) data files from 4 US states were used. Children and adolescents (6-18 years) were identified if they were newly discharged from a hospital with bipolar disorder as their primary diagnosis. Polypharmacy was operationalized as having more than 1 psychoactive prescription in the episode of care. RESULTS: A total of more than 224 million prescriptions were reviewed. The number of antidepressants that prescribed were 134 million (4.18%), 155 million (4.34%) and 173 million (4.17%) in 2007, 2008, and 2009, respectively. Meanwhile, the number which dispensed from wholesalers to retail pharmacies in that period was 945 million (3.23%), 960 million (3.33%), and 1 billion (3.35%) in 2007, 2008, and 2009, respectively. The most frequently prescribed substances were nortriptyline, fluoxetine, and citalopram, which accounted for 67% of all prescriptions. The total price of antidepressant prescribed during study period was $684270 US$ and total sale was $1114421 US$ obtained from national sale data. CONCLUSIONS: There is a remarkable variation in antidepressants pre- scripting and dispensing that might be related to self-medication of these compouds. A multi interventional policy including educational, regulatory, managerial, and rational financial strategies for the drug industry and public should be planned to promote rational use of antidepressant medications.

PMH72

UTILIZATION PATTERNS AND ADHERENCE TO PSYCHOTROPIC POLYPHARMACY IN BIPOLAR CHILDREN AND ADOLESCENTS
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OBJECTIVES: Utilization and adherence patterns of polypharmacy in bipolar children and adolescents. METHODS: A retrospective cross-sectional study was carried out using a nationally representative sample, the efficacy of gabapentin with treating pain and mental conditions, but much of this work (especially that for gabapentin use is off-label. However, evidence in support of these off label uses is substantial by diagnosis. Those with claims for insomnia receive drug for hypnotic use (55-92%, depending on the drug) is in patients without an insomnia diagnosis. The mean number of prescriptions was consistently higher in those with than without an insomnia diagnosis. In zolpidem, those with an insomnia diagnosis received a mean of 4.8 (95% CI 4.74-4.81) prescriptions within a year, while those without an insomnia claim received 2.8 (95% CI 2.82-2.84). Similarly, the duration of time between refills was lower for those with than without an insomnia claim, for zolpidem, the mean number of days between refills was 63.3 and 83.6, respectively. The duration between prescriptions also varied by drug, with zolpidem and eszopiclone having a shorter mean number of days between refills than zaleplon or the benzodiazepines (75, 65, 84 and 90, respectively). More patients with than without insomnia claims (26.7% vs. 9.4%) switched from one sedative hypnotic to another. CONCLUSIONS: Drug utilization in users of sedative hypnotics varies substantially by diagnosis and drug. Those with claims for insomnia receive drug for longer periods of time, and with less time between refills than those without documented insomnia diagnoses.

PMH73

ESTIMATING OFF-LABEL USE OF PRESCRIPTION DRUGS: THE CASE OF GABAPENTIN
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OBJECTIVES: Studies have indicated that approximately 80 to 95 percent of gabapentin use is off-label. However, evidence in support of these off label uses is substantially by diagnosis. Those with claims for insomnia receive drug for hypnotic use (55-92%, depending on the drug) is in patients without an insomnia diagnosis. The mean number of prescriptions was consistently higher in those with than without an insomnia diagnosis. In zolpidem, those with an insomnia diagnosis received a mean of 4.8 (95% CI 4.74-4.81) prescriptions within a year, while those without an insomnia claim received 2.8 (95% CI 2.82-2.84). Similarly, the duration of time between refills was lower for those with than without an insomnia claim, for zolpidem, the mean number of days between refills was 63.3 and 83.6, respectively. The duration between prescriptions also varied by drug, with zolpidem and eszopiclone having a shorter mean number of days between refills than zaleplon or the benzodiazepines (75, 65, 84 and 90, respectively). More patients with than without insomnia claims (26.7% vs. 9.4%) switched from one sedative hypnotic to another. CONCLUSIONS: Drug utilization in users of sedative hypnotics varies substantially by diagnosis and drug. Those with claims for insomnia receive drug for longer periods of time, and with less time between refills than those without documented insomnia diagnoses.

PMH74

UTILITY OF SEDATIVE HYPNOTICS IN PATIENTS WITH AND WITHOUT INSOMNIA DIAGNOSIS
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OBJECTIVES: TO DESCRIBE UTILIZATION PATTERNS FOR VARIOUS SEDATIVE HYPNOTIC DRUGS IN PATIENTS WITH AND WITHOUT A CLAIM FOR INSOMNIA. METHODS: This study was a cohort analysis of sedative hypnotic utilization in the US-based Marketscan commercial health care claims database for 2008-2010. Patients included those with and without an E9-9 code for insomnia who were treated with sedative hypnotics. RESULTS: Utilization of sedative hypnotics is in patients without an insomnia diagnosis. The mean number of prescriptions was consistently higher in those with than without an insomnia diagnosis. In zolpidem, those with an insomnia diagnosis received a mean of 4.8 (95% CI 4.74-4.81) prescriptions within a year, while those without an insomnia claim received 2.8 (95% CI 2.82-2.84). Similarly, the duration of time between refills was lower for those with than without an insomnia claim, for zolpidem, the mean number of days between refills was 63.3 and 83.6, respectively. The duration between prescriptions also varied by drug, with zolpidem and eszopiclone having a shorter mean number of days between refills than zaleplon or the benzodiazepines (75, 65, 84 and 90, respectively). More patients with than without insomnia claims (26.7% vs. 9.4%) switched from one sedative hypnotic to another. CONCLUSIONS: Drug utilization in users of sedative hypnotics varies substantially by diagnosis and drug. Those with claims for insomnia receive drug for longer periods of time, and with less time between refills than those without documented insomnia diagnoses.

PMH75

IMPACT OF FDA BLACK BOX WARNING ON THE PRESCRIBING OF ATYPICAL ANTIPSYCHOTICS IN NON-INSTITUTIONALIZED DEMENTIA PATIENTS
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OBJECTIVES: In April 2005, the Food and Drug Administration (FDA) issued a black box warning (BBW) regarding the risks of using atypical antipsychotics (AAPS) for behavior problems in demented patients. The objective of the present study was to investigate the impact of the BBW on the utilization of AAPS in elderly non-institutionalized dementia population. METHODS: Medical Expenditure Panel Surveys, from year 2004 through 2007, were used in the study. Utilization rates of AAPS pre-warning (2004-2005) and post-warning (2006-2007) were measures of primary interest in both overall and Medicare samples. Chi-square tests and multivariate logistic regression analyses were performed to examine pre-post differences in utilization rates (defined as elderly patients taking at least one medication associated with dementia) and gain insights into patterns of AAP use with respect to demographic, insurance and other factors. RESULTS: AAPP use declined in the post-warning period for the main sample (X2 = 8.01, p=0.068) as well as Medicare sample (X2 = 2.72, p=0.0992). However the decline was not statistically significant. Additionally, bivariate analyses of the main sample showed significantly higher proportion of patients receiving AAPS in the post-warning period for individuals with prescription drug coverage (X2 = 21.63, p<0.0001). In contrast, a similar analysis for the Medicare sample revealed significantly higher proportion of patients receiving AAPS in the post-warning period for people with no Medicare drug coverage (X2 = 20.83, p<0.0001). Further, logistic regression analyses showed no significant decline in the use of AAPS in the post-warning period for the main sample (Odds Ratio, OR = 0.831, CI = 0.366 – 1.885) as well as the Medicare sample (OR = 0.798, CI = 0.364 – 1.753). CONCLUSIONS: The regulatory warnings and labeling changes regarding off-label use in dementia population do not seem to have made little impact on the actual use in non-institutionalized populations.

PMH76

ATYPICAL ANTIPSYCHOTIC BLACK BOX WARNING AND ITS EFFECT ON NON-ANTIPSYCHOTIC PSYCHOTROPIC DRUGS IN NON-INSTITUTIONALIZED DEMENTIA PATIENTS
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