OBJECTIVES: Buprenorphine/naloxone combination (BUP/NAL) has been available in a film formulation since 2010 for the treatment of opioid dependence. A clinical trial showed that patients preferred the film to tablet formulation. In the analgesic claims data extracted from MarketScan Medicaid database were analyzed to compare patient persistence and health care costs between the two formulations.

METHODS: Patients initiating treatment with BUP/NAL film or tablet were identified from September 2010 to March 2011. Four comorbidity cohorts (0, 1, 2, 3+). Logistic regressions were used to compare costs across cohorts with versus without schizophrenia, and (ii) average of BPD and schizophrenia patients. Total annual costs among BPD subjects ($10,120 to $14,651; p<0.0001). Patients with a higher number of comorbidities were more likely to have a readmission for any cause (9% to 13%; p<0.0001) and die during their index hospitalization (0.3% to 2%; p=0.0727), although increases in mortality were not statistically significant. CONCLUSIONS: A high proportion of eligible schizophrenic patients were found in this study population of hospitalized schizophrenic patients. An increase in the number of metabolic comorbidities had adverse clinical and economic consequences, including increased costs and readmission rates.

PMH25 INDIRECT COSTS OF SCHIZOPHRENIA FOR COMMUNITY-DWELLING TEXAS RESIDENTS Desai P1, Lawson K2, Rascati KL2, Richards EC2

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OBJECTIVES: To estimate the indirect costs for community-dwelling Texas residents with schizophrenia. METHODS: This was a retrospective database study using Medical Expenditure Panel Survey (MEPS) data from 2005 to 2008. The proportion of the total national indirect costs for ‘all mental illnesses’ (based on DSM IV criteria) that were attributable to Texas patients was estimated and this ratio was applied to the national indirect costs for schizophrenia (ICD9 code 295) to estimate costs attributable to Texas patients. Categories for indirect costs included restricted activity costs (based on number of work days missed), reduced employment costs (based on difference in wages for patients with versus without schizophrenia), premature mortality costs (based on percentage of patients who commit suicide times discounted wages lost), and caregivers’ costs (based on days of work missed by an unpaid caregiver). These estimates were adjusted to 2008 dollars and summed to obtain the 2005-2008 total 4-year indirect costs for patients with schizophrenia in Texas. All analyses were carried out using the ‘survey’ procedure of SAS in order to account for the complex sample design of MEPS. RESULTS: For community-dwelling patients with schizophrenia in Texas (weighted n = 153,872 patient years), the mean indirect costs per patient year were about $17,600. The estimated productivity costs due to restricted activity and caregiver’s costs ($16,572, $21,65, and $50 respectively). The total indirect costs for patients with schizophrenia in this study population between 2005 and 2008 amounted to about $6.6 billion, or about $650 million per year. These estimates did not include costs for homeless, institutionalized, or incarcerated patients. CONCLUSIONS: This study highlights the high financial burden of indirect costs for community-dwelling patients with schizophrenia, most of which were due to reduced employment.

PMH26 BURDEN OF SCHIZOPHRENIA IN TEXAS Rascati KL1, Lawson K1, Richards K2, Desai P2, Miller A3

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OBJECTIVES: Schizophrenia-related costs in the US have been estimated at over $60 billion annually. Although state Medicaid plans cover a large percent of the population with schizophrenia, other non-Medicaid state budgets are responsible for patients who are below the poverty line and not eligible for state-to-state operated inpatient mental health facilities. The purpose of the study was to estimate the annual direct and indirect costs for Texas Medicaid patients with schizophrenia. METHODS: Direct costs were estimated using the 2008 MEPS data. A retrospective sample of state residents with schizophrenia was identified from the state of Texas as payer using data from 2006-2008 adjusted to 2008 US dollars. Direct Texas Medicaid costs were extracted from claims files (about 9,000 patients per year). State-operated inpatient mental health facility costs were provided in aggregated form by the Texas Department of State Health Services. Data from the Bureau of Justice Statistics and recent literature were used to estimate incarceration costs. Medical Expenditure Panel Survey data from 2005-2008 were used to estimate indirect costs per patient-year. Direct costs to the patient (e.g travel and unreimbursed expenses) were not captured. RESULTS: The schizophrenia-related mean annual per patient cost was estimated at $51,511 and direct costs were $44,607 (43%) and $68,504 (73%), respectively. Direct costs to state-operated inpatient health facilities, and jails accounted for 31.6%, 1.1%, and 13.6% of total costs, respectively. Most of the indirect costs (98%) were due to morbidity-associated productivity losses, with the remaining small portion were due to mortality-associated productivity losses (early death/suicide), and unpaid caregivers’ lost productivity. CONCLUSIONS: This was the first study that estimated both direct and indirect costs of schizophrenia in the Texas Medicaid population. Direct medical costs paid by Medicaid accounted for only about one-third of total costs. Indirect costs (including morbidity-related and mortality-related) accounted for the remaining costs. These cost estimates may help health care providers and policymakers better understand the economic burden of schizophrenia.

PMH27 THE ECONOMIC BURDEN OF OPPIOID POISONING IN THE UNITED STATES Incioccio T1, Carroll NV2, Read BJ3, Holdford DA4

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OBJECTIVES: Opioid poisoning has increased substantially over the past decade, and has been associated with increases in opioid prescribing. This has been accompanied by intervention efforts aimed at preventing and reversing opioid...