from the 200,000-cohort claim database of the National Health Insurance (NHI). The prices, total amounts and the market shares in different levels of health care setting were analyzed. RESULTS: Among 5 SSRI antidepressants, fluoxetine used 43.5% of the total SSRI expenditures. Compared with other SSRIs, fluoxetine also had the most number of different generic items, the shortest time lags, higher prices of the generics, and the fastest replacement rate by other generics. In 1997 the total expenditure of fluoxetine in medical centers and the district hospitals was 82.8% and 17.2% in the local hospital and the clinics. After the first entry the original drug 15 years ago, the market share of the original drug had shrunk to 1.46%. In general the prices of original drugs fell 0–6.4% in the first year while the first generic entered the market with the 80–87.7% original price. CONCLUSION: This study presented the profiles of generic competitions of SSRI antidepressants, which could provide an approach for both policy maker and industry to investigate the drug usage at national level. Except for fluoxetine, the generic market of SSRI antidepressants seem still promising.

**PMH81**

**EXAMINING THE PERCEIVED BURDEN OF PRIOR AUTHORIZATION OF PSYCHOTHERAPEUTICS AMONG TEXAS MEDICAID PRESCRIBERS**

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OBJECTIVE: To examine Texas Medicaid prescribers’ perceptions of the perceived burden of prior authorization for psychotherapeutics (BoPAP) held among mental health prescribers. The BoPAP instrument was developed based on responses from three expert focus group panels and was comprised of three sub-scales (‘patient care process and outcomes’, ‘system/societal costs’, and ‘administrative issues’). The survey was pre-tested and then mailed to 1650 Texas prescribers of psychiatric medications. Exploratory factor analyses (EFA) techniques were used to refine the BoPAP scale(s). RESULTS: The study yielded an 18.3% (n = 237) response rate with a majority of respondents being family physicians (43%). Most (95.4%) reported treating Medicaid patients. Respondents prescribed an average of 64 (Median = 40, SD = 102) Medicaid prescriptions per week with 17.8% requiring PA for non-preferred psychotherapeutics. Overall, prescribers reported PA as a moderate burden (BoPAP scale mean = 3.90, SD = 1.48; possible range 1 = ‘low burden’ to 5 = ‘high burden’) to their practice. Regarding the ‘administrative issues’ subscale, respondents reported a moderate to strong burden (Mean = 4.5, SD = 0.54); prescribers felt the PA process led to uncompensated administrative time (Mean = 4.56, SD = 0.63) and introduced an extra step in providing patient care (Mean = 4.55, SD = 0.65). Prescribers reported a moderate burden (Mean = 3.90, SD = 1.48) on the ‘patient care processes and outcomes’ subscale, citing the PA process added another level of bureaucracy (Mean = 4.51, SD = 0.64), led to patient frustration (Mean = 4.21, SD = 0.77), and took focus away from patient care (Mean = 4.08, SD = 0.87). The third subscale, ‘system/social costs,’ was less burdensome (Mean = 3.29, SD = 0.67) among respondents. CONCLUSION: Overall, Texas mental health providers felt that the PA process negatively impacted the quality and continuity of care they provide to their mentally ill patients. Future studies should be conducted in other states to determine the utility of the BoPAP instrument.

**PMH82**

**PREVALENCE AND PATTERNs OF NEWER ANTIdePRESSANts USE IN CHILDREN AND ADOLESCENTS IN A STATE MEDICAID PROGRAM OVER SEVEN YEARS**

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OBJECTIVE: To describe the temporal prescribing patterns of selective serotonin reuptake inhibitors (SSRI) and similar antidepressant medications among pediatric patients covered through a state child health insurance and Medicaid program from 2000 through 2007. METHODS: Administrative claims data from the health insurance programs of the Arkansas Department of Human Services were examined from July 2000 through June 2007. Continuously eligible patients under age 18 were identified in 14 6-month time periods. Pharmacy claims data identified all covered recipients receiving a prescription for any antidepressant obtained from an outpatient pharmacy. Considering published data on use in children, antidepressant medications were characterized as FDA approved, supported with evidence, lacking adequate evidence, or relatively contraindicated. RESULTS: Prevalence of SSRI and similar product use was 20 per 1000 children aged 6 to 12 years, and 48 per 1000 children aged 12 to 18 years in the initial 6 month period. Use peaked for 6 to 12 year old children at a rate of 24 per 1000 in the last half of 2002, and for 12 to 18 year old children at a rate of 63 per thousand in the first half of 2004. In the first half of 2007, the prevalence of use was 16 per 1000 and 53 per 1000 for the younger and older age groups respectively. Since 2002, the proportion of SSRI products with minimal or no supporting evidence of safety or effectiveness in children increased from 20% to more than 45% of patient treatments. CONCLUSION: Decreases in use of SSRI and similar medications were seen among children covered by Arkansas medical assistance plans after FDA advisories were issued in 2003 and 2004. Additionally, young patients appear to be increasingly treated with SSRI and similar medications having minimal or no data supporting safety and effectiveness in children or adolescents.

**PMH83**

**USING RETAIL PHARMACY PRESCRIPTION DATA TO INVESTIGATE THE SEASONALITY OF ADHD TREATMENT: JANUARY 2003-OCTOBER 2007**

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OBJECTIVE: Anecdotal evidence suggests that prescribing of ADHD therapies among children in the United States decreases over the summer months when children and adolescents are out of school. METHODS: We used retail pharmacy prescription data to investigate monthly and annual ADHD prescribing trends from January 2003 to October 2007 to determine if there is any variation in prescribing, especially over the summer months. The prescription data was obtained from Verispan’s Vector One National (VONA), which captures nearly half of all retail prescriptions, to describe the temporal prescribing patterns of ADHD therapies among children in the United States decreases over the summer months. RESULTS: There was a significant dip in total prescription volume in the summer months for the 0–17 age group. The magnitude of the seasonality observed between May and July ranged from a 22% to 29% decrease in total prescriptions, depending on the year. In contrast, total prescriptions in the 18 and older age group have been rising steadily since January 2003, and there is no observed seasonality. CONCLUSION: Our findings suggest that as many as 30% of children and adolescents use...