USA

180 days before the index date. Propensity-score matched nonusers were defined as 180 days preceding and following the index date, (2) any diagnosis of ADHD, conduct transition among antipsychotic users and propensity-score matched nonusers behaviors. There is limited evidence of the impact of antipsychotic management of Increasingly, antipsychotic medications are used off-label to manage disruptive Attention-deficit hyperactivity/disruptive behavior disorders (ADHD/

Tai M. pill.

BACKGROUND: Despite its VALUE IN HEALTH 18

$300 billion [2013 USD] in annual healthcare expenditures. That individuals with SMI often avoid clinical trials and duals accumulate roughly and 23% filled a mood-stabilizer prescription. Of the 4,307 dual-eligibles who filled an antipsychotic prescription in 2010. Twelve-month antipsychotic utilization rates were calculated for each of these three primary care providers and by medication class. The index date was measured using the proportion-of-days-covered methodology. For nonadher- ent beneficiaries we distinguished between those who discontinued use and those who switched to another antipsychotic. Rates of antipsychotic polypharmacy in a given 30-day period, and antidepressant and mood-stabilizer utilization within the 12-month observation period were estimated. RESULTS: There were 21,749 WA State dual-eligibles who filled an antipsychotic prescription in 2010. Over the 12-month observation period, 92% of the sample filled an atypical antipsychotic prescription (adherent=61%, discontinued=9%, switched=30%), and 16% filled a typical antipsychotic prescription (adherent=50%, discontinued=11%, switched=39%). Of the 4,307 duals who used more than one antipsychotic within a 30-day window, 91% used a maximum of two medications and only 9% used three or more. Finally, during the 12-month observation period, 46% of duals filled an antidepressant prescription and 23% filled a mood-stabilizer prescription. CONCLUSIONS: This information is critical to antipsychotic polypharmacy and linking to improve quality of care and reduce costs, given that individuals with SMI often avoid clinical trials and duals accumulate roughly $300 billion [2013 USD] in annual healthcare expenditures.

EVIDENCE FOR THE OFF-LABEL USE OF METHYLPHENIDATE FOR COGNITIVE ENHANCEMENT IN HEALTHY INDIVIDUALS

Brazil

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BACKGROUND: Legal indications for the use of methylphenidate are restricted to children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Despite its defined therapeutic indications, there is a trend in non-prescribed methylphenidate off-label use by students and professionals to improve performance. New terms related to this trend: academic doping, nootropics, cosmetic neurology or smart pill. OBJECTIVES: To find new criteria and considerations for methylphenidate off-label use for cognitive enhancement in healthy individuals. METHODS: A systema- xized search was conducted to retrieve the best scientific evidence on the subject available in English, Portuguese or Spanish. RESULTS: One review evaluated nine studies on the use of methylphenidate among healthy medical students. The preva- lence was 16%, with no gender difference. However, there was a higher prevalence among those with a low academic performance. Most students (63.2%) began using methylphenidate at least 2 days prior to taking the drug after starting college. The use was seasonal throughout the year - periods close to exams or at the end of the semester were associated with a higher demand for the stimulant. There is little evidence in the literature about the effect of methylphenidate on the learning and cognition of those without ADHD. There is no evidence that the drug increases memorization or associative learning, only that it makes studying more efficient and improves concentration. However, when we currently live in a highly competitive environment, it’s important to adopt social interventions that focus on the misuse of methylphenidate, alerting the public and focusing on the consequences of its non-prescribed use.

ANTIPSYCHOTIC USE AND FOSTER CARE PLACEMENT STABILITY AMONG YOUTH WITH ATTENTION-DEFICIT HYPERACTIVITY/DISRUPTIVE BEHAVIOR DISORDERS

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OBJECTIVES: Attention-deficit hyperactivity/disruptive behavior disorders (ADHD/DBD) often lead to multiple placement transitions among youth in foster care. Increasingly, antipsychotic medications are used off-label to manage disruptive behaviors. There is limited evidence of the impact of antipsychotic management of ADHD/DBD in placement stability among high risk youth. METHODS: This study describes the association between antipsychotic initiation and time to first foster care place- ment transition among antipsychotic users and propensity-score matched nonus- ers. The study population included all patients with a pharmacy benefit card (PCC) involved in foster care anywhere from January 1, 2010 through March 31, 2014 in one Mid-Atlantic state were identified. Data were from child welfare administrative records linked with Medicaid claims. The index date was identified by filling the first antipsychotic prescription in 2010–2013. New antipsychotics were defined as newly prescribed (missed and restarted) within 180 days preceding and following the index date, (2) a diagnosis of ADHD, conduct disorder, oppositional defiant disorder, impulsivity control, and (3) no antipsychotics in 180 days before the index date. Propensity-score matched nonusers were defined as youth with no antipsychotic in 2010-2013 and meet the same selection criteria as the new antipsychotic users. The outcome was time to first foster care placement transition using a 180-day time window. Cox proportional hazards ratio (HR) associated with antipsychotic initiation, adjusting for demo- graphic, clinical, and foster care characteristics. RESULTS: Comparing new users to propensity-score matched nonusers, there was no difference regarding average days to placement transition (HR 1.1, 95% CI: 0.8-1.5). The propensity score foster care placement transition (37% versus 36%) during the follow-up. The HR was 1.1 (95% CI: 0.7-1.6). CONCLUSIONS: Young initiating antipsychotics had no significant reduc- tion in foster care placement transition up the 180-day follow-up. Although antipsy- chotics are widely used for aggressive behaviors, a better understanding of clinical management of youth in foster care is needed to promote stable foster placement.

U.S. TERTIARY CARE HOSPITAL

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OBJECTIVES: To compare resource utilization and costs in patients using AAP to treat off-label conditions such as anxiety, depression, and post-traumatic stress disorder. Despite a black box warning in 2005, AAP still remain the second most common therapeutic class used for dementia. The objective of the study is to determine resource utilization (RU) and costs in patients using AAP to treat off-label condi- tions. METHODS: A retrospective cross-sectional study was conducted using 2009 Medical Expenditure Survey (Meds) data. Study sample included individuals aged 18+ with a pharmacy benefit card (PCC) identified with the Prescribed Medicines file. Indications were identified using ICD-9-CM and CCODEX codes from the Medical Conditions file. Schizophrenia and bipolar disorder were categorized as schizophrenia. Antipsychotics (AAP) were categorized as second line agents. RU was calculated based on inpatient and outpatient visits, 0.84 (0-5) inpatient stays, 3.94 (0-32) office-based provider visits, 5.20% of the claims were for dementia. The typical off-label AAP user was female (50.8%), white (88.6%), had at least 2 years of college, and annual income > $40,000. The average total cost was $13,751.64 per person. For FDA approved uses, mean RU was 17.77 ± 6.73 (0.216) office-based provider visits, 5.11 ± 11.83 (0-123) hospital-outpatient visits, 0.71 ± 12.27 (0-7) ED visits, and 0.39 ± 0.84 (0-5) inpa- tient discharges. The average total cost was $14,243.31 per person. CONCLUSIONS: Off-label prescribing of AAP is still a prevalent practice and needs to be monitored. Future research will compare RU and costs among patients prescribed and not prescribed AAP for off-label indications.

HEALTH RESOURCE USE OF PATIENTS ENROLLED TO JANSSEN CONNECT TREATED WITH LONG-ACTING INJECTABLE (LA) ATYPICAL ANTIPSYCHOTICS: PRELIMINARY RESULTS FROM A SUMMATIVE EVALUATION

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OBJECTIVES: To describe characteristics of a group of schizophrenia patients enrolled to JANSSEN CONNECT® (JC). METHODS: This is a multi-center, retrospective medical chart review of patients enrolled in JC, a comprehensive care and support program for at-risk individuals diagnosed with schizophrenia. The program has developed a Janssen-long acting injectable atypical antipsychotic to be the most clinically appropriate treatment option. Data collected included demographic and clinical characteristics, HRO, outpatient and injection appointments (missed and completed) and medication utilization. The index date was defined as LAI initiation date when new users initiated LAI on after JC enrollment while continuous users initiated LAI prior to enrollment. Descriptive analysis was conducted to evaluate the demographic, clinical characteristics and HRO of JC enrollees at 6-month pre- and post-index periods. Comparative analysis on