none of the drugs supporting psychotherapy in treatment of alcoholism is reimbursed, and new, in which naltrexone is reimbursed within the catalogue of guaranteed health services in the treatment of alcohol-dependent patients. The analysis presents the costs incurred by public payer and by patient associated only with drugs that support psychotherapy in the considered target population. The costs were not discounted. Consumption of resources was estimated on the basis of epidemiological data and recommended duration of pharmacotherapies. The effect of changes of key parameters and assumptions of primary analysis on the results obtained from the perspective of the public payer was examined in the one-way sensitivity analysis. RESULTS: If the reimbursement of naltrexone is increased, the annual expenses from the budget of National Health Fund would increase by PLN 11.7 million in the first year, and PLN 11.8 million in the second year of reimbursement. On the other hand, from the patient perspective reimbursement of naltrexone will bring significant cost savings which will annually amount to PLN 28.8 million in the first and second year of the refund. CONCLUSIONS: Reimbursement of naltrexone in the treatment of alcohol-dependent patients in Poland will bring additional costs incurred by public payer (National Health Fund) and patient’s significant cost savings.

PMH20

PSYCHOTROPIC MEDICATION USE AMONG CHILDREN WITH AUTISM SPECTRUM DISORDER: A COMPARISON BETWEEN MEDICAID AND COMMERCIAL INSURANCE

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OBJECTIVES: To compare patterns of psychotropic medication use and the associated costs among children with autism spectrum disorder (ASD) between public and private insurance to bridge a knowledge gap in the literature. METHODS: Retrospective analyses were done using year 2003 claims data from Medicaid and the MarketScan databases, a national sample of privately insured individuals. Two-sample z-tests were used to compare the proportions. T-tests were used to compare the means between the two large sample sizes. RESULTS: A total of 18,166 children with ASD were identified in Medicaid and 2,716 in MarketScan. Psychotropic medication was used by 86% of ASD children in Medicaid and 78% in MarketScan. The psychotropic medication costs per ASD patient were nearly twice higher in Medicaid ($446 vs $796, P < 0.001). The twelve most costly psychotropic drugs accounted for 82% of all psychotropic drug costs, with Medicaid spending more on all drugs. Risperidone, the most costly drug in both systems, cost $391 per ASD patient in Medicaid and $218 in MarketScan. The higher medication costs were due to more users (27% vs 18%) and higher average cost per user ($887 vs. $609; P < 0.001); the corresponding increase for care possibly attributed to long-term use of benzodiazepines (i.e. accident-related, other possibly related) was $1,099 ($7157 vs $7265); P = 0.04. CONCLUSIONS: Health care costs increase in patients with ASD who receive 90 days of benzodiazepine therapy during their treatment period. The substantial proportion of children and adolescents treated with medication is associated with accidents and other known sequelae of long-term benzodiazepine use.

PMH23

COMPARISON OF HEALTH CARE COSTS AND UTILIZATIONS BETWEEN PATIENTS WHO WERE TREATED WITH AND WITHOUT MEDICATION FOR OPIOID DEPENDENCY

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OBJECTIVES: To compare the differences in healthcare costs and utilizations between opioid-dependent patients who were treated with and without medication. METHODS: We conducted a retrospective database analysis using commercial enrollees from a large U.S. health plan database from 2005 to 2009. Continuously eligible patients with at least one claim of opioid dependence during the identification period and an opioid use disorder diagnosis during the baseline period were included. Propensity score matching was applied to compare the risk-adjusted outcomes between the Any Medication Group and the No Medication Group. Baseline differences in age, gender, region, comorbid scores, socio-economic status, baseline healthcare utilization and costs were controlled. RESULTS: Descriptive analysis showed that patients in the Any Medication Group (n = 10,523) were sicker, had more distinct psychiatric diagnoses and medication, and were more likely to have an Elixaier index score of more than 3 when compared to patients from the No Medication Group (n = 8,630). After risk adjustments, 6,658 patients from each group were matched. Patients in the Any Medication Group stayed significantly longer in detoxification facilities, and had a higher number of detoxification and/or rehabilitation admission which translated to a higher cost burden. Also, patients in the No Medication Group had more opioid-related and substance abuse psychosocial provider services and higher total healthcare costs during a 6-month post-index period compared to patients in the Any Medication Group. CONCLUSIONS: After controlling for confounders such as demographic factors, comorbid conditions and baseline healthcare utilization, we showed that medication treatment affects follow-up healthcare resource utilization and costs. Patients treated with medication incurred higher healthcare costs and utilisations than patients who were treated with medication.