antidepressant medication adherence. The improvements seen in the antidepressant medication adherence improvement initiatives can be attributed to the strength of the intervention program. Although results of our study are encouraging, expanded effort is needed to further improve the persistence rate at 180 days.

**PMH31**

**THE RELATIVE PERFORMANCE OF NEWER ANTIDEPRESSANTS IN A MEDICAID POPULATION**

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**OBJECTIVES:** Assess the relative performance of new antidepressants in terms of compliance, drug switching and cost.

**METHODS:** A total of 246,116 episodes of antidepressant therapy were abstracted from the fee-for-service paid claims file of the California Medicaid (Medi-Cal) program for year 1999–2002. Episodes of treatment using sertraline, paroxetine, fluoxetine, citalopram, bupropion or venlafaxine were selected for study. Data for each episode cover six-months prior and 12 months post-treatment. **RESULTS:** Most episodes of antidepressant therapy are for patients who restarted therapy using the same medication (33.2%) or on a second antidepressant (18.9%), followed by augmentation episodes (14.8%) and switching episodes with no break in treatment (13.6%). Antidepressants open formulary access (paroxetine and fluoxetine) are more frequently used in restarting episodes using the same medication. Patients who restart therapy display better adherence and lower switching rates than patients who switch or augment therapy, thus biasing upward the overall treatment compliance performance of open-access antidepressants. Unadjusted data for restart and delay switching episodes suggest that patients treated with sertraline and venlafaxine achieve longer duration of therapy than patients treated other drugs with other drugs. Differences are relatively minor across all of the antidepressants studied with the exception of bupropion.

**CONCLUSIONS:** Unadjusted results indicate little difference in patient outcomes across alternative antidepressants. However, physicians may be selectively prescribing drugs to those sub-populations where each drug may have a clinical advantage. For future research, propensity scoring methods will be used to investigate if clinicians have been successful in prescribing alternative medications for those sub-populations in which each product achieves superior outcomes.

**PMH32**

**APPROPRIATENESS AND VARIATION IN DRUG UTILIZATION ACROSS PATIENTS WITH DEPRESSION**

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**OBJECTIVES:** Retrospective claims were assessed to determine factors associated with meeting National Committee for Quality Assurance (NCQA) guidelines for Antidepressant Medication Management and impact of NCQA compliance on expenditures.

**METHODS:** Using MarketScan Commercial Claims and Encounter database, adult patients with depression and initiating on tricyclics (TCAs), selective serotonin reuptake inhibitors (SSRIs), venlafaxine (SNRI), and “other” (bupropion, nefazodone, or mirtazapine) were followed for 12-months (2001–Q12003). Claimants with schizophrenia, bipolar, psychoses, or prior antidepressants were excluded. Factors associated with compliance (demographics, comorbidities, initiating antidepressants) were assessed in the sample (n = 48,098) using logistic regression. Exponential conditional mean models were used to determine the marginal effect of compliance on expenditures.

**RESULTS:** In total, 29% of patients had optimal provider visits during the 12-week acute treatment phase. These patients were more likely to initiate therapy on SNRIs and “other antidepressants” (all p < 0.001). Patients with capitated insurance coverage, initiating on TCAs, not seen by mental health specialists or residing in the South were less likely to be compliant (all p < 0.001). Sixty-eight percent and 49% met minimum NCQA guidelines during acute and six-month continuation treatment phases, respectively. Males, those younger in age, having comorbid conditions, not seen by non-mental health specialists or residing in the South were less likely to be compliant in either treatment phase (all p < 0.001). Compared to SSRIs, users of “other antidepressants” were less likely to be compliant and SNRI users were more likely to be compliant in acute and continuation phases; initiators on TCAs were more likely to be compliant in the continuation phase (all p < 0.001). NCQA compliant patients incurred an additional $1430 expenditures per year compared to non-compliant patients.

**CONCLUSIONS:** Compliance with NCQA guidelines was less than optimal and associated with initiating drug type, comorbidities, gender, age, and geographic region. Improved management of these patients could result in reduced illness burden.

**PMH33**

**DRUG UTILIZATION AND MARKET-SHARE COMPETITION AMONG ANTIDEPRESSANT MEDICATIONS IN US MEDICAID PROGRAMS**

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**OBJECTIVES:** Antidepressant medications are frequently used for the treatment of various psychiatric disorders, including depressive and anxiety disorders. Expenditure for antidepressants in 2001 was ranked as number one among all therapeutic categories in US. The objectives of this study were to examine antidepressant utilization trends and to understand market-share competition between brand-name and generic drugs.

**METHODS:** Three major classes of antidepressants are selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and other antidepressants. Using the Center for Medicare/Medicare Services (CMS) prescription drug database, we constructed quarterly per-prescription reimbursement figures for each brand-name and generic drug from 1991 to 2004. The market-share for each drug or class was calculated as the proportion of total number of antidepressant prescriptions.

**RESULTS:** Total expenditure of antidepressants increased sharply from $18 million per quarter in 1991 to $350 million per quarter from 2001–2004. The proportion of total expenditure for brand-name drugs increased from 70% in 1991 to 94% in 2001. Brand-name market-share increased dramatically from 27% in 1991 to 50% in the second quarter of 1997, and then to 63% in the first quarter of 2001. In the third quarter of 2001, brand-name market-share dropped to 52%. SSRIs (Prozac®), Zoloft®; Luvox®, Paxil® dominated the brand-name market. The market share for Prozac® decreased sharply from 23% in the third quarter of 2000 to 2% in the first quarter of 2004, due to its generic entry. Celaexa's® market share decreased from 20% in the third quarter of 2002 to 15% in the first quarter of 2004, due to the market entry of Lexapro®. Generic antidepressant market-shares decreased over time, particularly those of TCAs.

**CONCLUSION:** Large increases in antidepressant drug expenditures paralleled increases in brand-name market-share. Com-