NEUROLOGICAL DISEASES/DISORDERS & PAIN—Healthcare Policy

**COMPLIANCE OF TWO TREATMENTS OF ALZHEIMER’S DISEASE**

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OBJECTIVE: Compliance with Alzheimer’s Disease (AD) medication is an important determinant of their effectiveness. This study tests whether differences in compliance were observed with two AD medications that have different administration schedules (od versus bid).

METHOD: Data for first-time users of donepezil and rivastigmine between October 1, 2000 and March 31, 2002 were extracted from the Quebec Health Insurance Board database. Two cohorts were identified: rivastigmine and donepezil. Information on sex, age, and compliance was gathered at 3, 6, 9 and 12 month following their first prescription. Compliance was measured by dividing the total number of days covered by patients’ prescriptions within the 3, 6, 9 or 12 month period. If patients consumed at least 80% of their medication they were assumed to be compliant. Statistical difference at 95% between the proportions in each group was assessed. RESULTS: A total of 6267 patients (69% of women) with a mean age of 78.6 in the donepezil cohort and 773 (48% of women) with a mean age of 77.3 in the rivastigmine group were identified. At month 3, no statistical difference (CI: -0.82–0.88) in compliance between donepezil (77.6%) and rivastigmine (74.6%) was detected. The same conclusion was reached for the analysis at month 6, 9 and 12. Of note, a large decrease in the compliance in both groups was observed from month 3 to month 12. However, the trend is very similar in both groups. CONCLUSION: No statistically significant difference in compliance was observed between patients on rivastigmine and donepezil. Furthermore, no difference in the compliance trend (from month 3 to 12) in both groups was observed. Finally, compliance with AD medication did not seem to differ depending of the administration schedules (od versus bid).

**FORMULARY DECISION SUPPORT FOR INTERFERON-BETA-1A USING ANALYSIS OF CARE-SEEKING BEHAVIOR FOR MULTIPLE SCLEROSIS**

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OBJECTIVE: To estimate the incremental pharmacy PMPM change according to various formulary designs for interferon-beta-1a using administrative claims data

METHODS: Cross-sectional sex- and age-specific disease prevalence and treatment rates for multiple sclerosis (MS) patients were measured using integrated medical and pharmacy claims data from a 508,066-member employer

**50% reduction in seizures.** The mean utility value of patients who prematurely discontinued treatment (n = 50) was 0.846 (VAS = 64.89). CONCLUSIONS: More frequent epilepsy seizures were associated with lower utility values in this prospective study of patients with active epilepsy. In addition, patients who became seizure-free on treatment reported higher utility gains than those who failed to respond. Better seizure control may result in utility gains in epilepsy patients.
Mental Health—Economic Outcomes

The Health Care Costs of Schizophrenia in Australia: 18-Month Follow-Up Results

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Objective: Schizophrenia is a chronic condition associated with a significant burden of disease and high health care costs. The Schizophrenia Care and Assessment Program (SCAP) is a naturalistic, observational study that aims to collect information on a range of treatment outcomes (clinical, functional and social) as well as detailed information on health care service utilisation and associated costs. Methods: The Australian arm of this study involves 350 participants recruited from a large regional mental health service in outer Melbourne. Participants are assessed every six months. Health care resource data are collected via a combination of electronic systems, including a national medical and prescription claims database, a state-based patient registry and a hospital pharmacy information management system. Results: The first 18-month longitudinal analysis of the complete SCAP cohort reveals that the average total cost of health care services and medications per patient during the 18 months was AUD21,287 (£12,559). The most expensive component of the total costs was in-hospital treatment (71%), followed by outpatient services (17%) and medications (12%). The average cost of medications dispensed to the subjects during the 18-month period was AUD2570 (£1516). Eighty percent of the subjects had medication costs of less than AUD5000. In contrast, 2.3% of subjects had costs greater than AUD10,000 (£5900) and accounted for 10% of the total medication costs. Conclusions: While medications remain an important part of the treatment strategy for people with schizophrenia, they are only a small proportion of the overall cost of care. The most expensive component is in-hospital treatment.

Antipsychotic Use Patterns and Healthcare Costs for Individuals with Schizophrenia Treated with Haloperidol, Olanzapine or Risperidone in a Medicaid Population

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Objective: To evaluate medication use patterns and healthcare costs for individuals with schizophrenia treated with haloperidol, olanzapine or risperidone in a Medicaid program. Methods: Medicaid recipients who were diagnosed with schizophrenia (ICD-9 295.XX) and began treatment with haloperidol (n = 302), olanzapine (n = 895), or risperidone (n = 479) between January 1997 and June 1997 were followed for 1 year. Medical service and pharmacy claims one-year prior and post-initiation were extracted and analyzed. Length of treatment, total and component healthcare costs were compared using regression models controlling for demographic and clinical characteristics and previous service and medication use. Results: Compared to haloperidol and risperidone users, patients using olanzapine stayed on therapy significantly longer (+69 days vs. haloperidol, p < .0001; +29 days vs. risperidone, p < .0001). Olanzapine patients had higher antipsychotic medication costs (+$1269 vs. haloperidol, p < .0001; +$562 vs. risperidone, p < .0001) but lower psychiatric inpatient costs (~$1713 vs. haloperidol, p = .02; ~$305 vs. risperidone, p = 0.62). There were no significant differences in total healthcare costs (~$304 vs. haloperidol, p = .74 and ~$49 vs. risperidone, p = .95). Conclusion: Longer treatment duration, reductions in hospitalization costs and similar total costs associated with olanzapine treatment may be indicative of better patient outcomes.