PMH19
REDUCTION IN ER VISITS OF ADHD PATIENTS: EFFECT OF LONG AND SHORT-ACTING STIMULANTS
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OBJECTIVES: Emergency room (ER) visits are perceived with the high costs and unpredictable outcomes. Although the association between Attention Deficit Hyperactivity Disorder (ADHD), stimulants and ER visits has been studied, differences between the types of stimulants in terms of risk of ER visits have not been studied. Our objective is to identify the difference between the effects of long acting and short acting stimulant users in ADHD on ER visits in 18 to 35 year old adults (n=332, year 2011). METHODS: This retrospective secondary data analysis used the MedicalExposure Panel Survey (MEPS) data for the year 2011. Univariate and Multivariate logistic regression were used to evaluate risk factors influencing type of stimulant use. Risk factor assessment was conducted to test for differences included. RESULTS: The risk of ER visits in long acting stimulant users, among the uninsured, on adjusting for race, marital and insurance status, is 14.245 times (p=0.001) the risk of ER visits in short acting stimulant users. If they are insured, the risk of long acting stimulant users is 1.8 times the risk of ER visits in short acting stimulant users (p=0.26).
CONCLUSIONS: Long-acting stimulants combined with lack of insurance is a risk factor for increased ER visits. Our results support Affordable Care Act’s efforts for the requirements of expansion on coverage in mental disorders to reach better healthcare outcome.

Mental Health – Cost Studies

PMH20
REAL-WORLD BUDGET IMPACT ANALYSIS OF ATYPICAL LONG-ACTING ANTI-PSYCHOTICS IN FINLAND
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OBJECTIVES: The long-acting injectable aripiprazole once-monthly 400 mg (AOM 400) has been approved for treatment of schizophrenia in Finland since November 2013. Other atypical antipsychotics, risperidone, paliperidone and olanzapine are also available as long-acting injectable formulations. A multicentre retrospective study in Finland has demonstrated that AOM 400 is at least as efficacious as other atypical long-acting antipsychotics (ALAIs). However, cost of administration and drug (treatment) cost vary among the ALAIs. This analysis aims to investigate the total treatment costs of ALAIs using real-world data in Finland. METHODS: A one-year time horizon budget impact analysis was conducted to compare the treatment costs of ALAIs in Finland. The real-world doses were calculated using sales data. One of the ALAIs (paliperidone) had to be administered monthly using the 300 mg strength. All patients were assumed to be treated with the 300 mg dose every 2 weeks, the other half every 4 weeks. Prices for ALAIs were obtained from the official national price list. The cost of administration for AOM 400, paliperidone-LAI and risperidone-LAI was based on the cost of a short nurse visit (30 minutes) to a psychiatry outpatient clinic. The cost of administration of olanzapine-LAI was based on the cost of a longer visit (120-180 minutes), as the product information recommends monitoring for visit (120-180 minutes), as the product information recommends monitoring for

PMH21
COMPARING THE HEALTHCARE UTILIZATION AND COSTS OF EARLY- AND LATE-STAGE ALZHEIMER’S DISEASE PATIENTS RESIDING IN LONG-TERM CARE FACILITIES
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OBJECTIVES: To compare healthcare utilization and costs between early- and late-stage Alzheimer’s disease (AD) patients residing in long-term care (LTC) facilities. METHODS: Patients diagnosed with AD (International Classification of Diseases, 9th Revision, Clinical Modification [ICD-9-CM] code 331.0) were identified using U.S. Medicare claims linked with the Long-Term Care Minimum Data Set (MDS). The first diagnosis date was designated as the index date. Patients were required to be age ≥65 years, with continuous medical and pharmacy benefits for 6 months pre- and post-index date, and reside in an LTC facility. Patients were categorized as early- or late-stage. Late-stage AD was defined by a cognitive performance score ≤3.5 [range (0-6) and Activities of Daily Living (ADL) score ≥10 points. Patients with and without AD were matched based on demographic and clinical characteristics, and 1 propensity score matching was used to create a follow-up all-cause healthcare-related healthcare utilization. RESULTS: Before matching, late-stage AD patients (n=5,333) were less likely to be white (83.0% vs. 86.4%), male (16.4% vs. 21.7%) and have comorbid conditions (78.0% vs. 85.6%). AOM 400 cost ($4,157 vs. $1,553, p=0.001) was more expensive than early-stage AD patients (n=20,023). After 1:1 matching, 3,804 patients were matched from each cohort and baseline characteristics were balanced. Fewer late-stage AD patients had skilled nursing facility admissions (25.3% vs. 28.9%, p<0.0001), but more hospice admissions (17.8% vs. 7.3%, p<0.0001) and pharmacy visits (85.8% vs. 81.9%, p<0.0001) than early-stage AD patients. There were no significant differences in total all-cause healthcare costs, however, late-stage AD patients incurred significantly higher disease-related total ($14,739 vs. $31,673, p=0.001) and total healthcare costs ($4,197 vs. $5,153, p=0.001) compared to early-stage AD patients. CONCLUSIONS: Patients with late-stage AD incurred higher disease-related costs than those with early-stage AD; however, there were no significant differences in total all-cause healthcare costs.

PMH22
COMPARATIVE ANALYSIS OF PRESCRIPTION UTILIZATION AND COSTS OF LURASIDONE AND ARIPIPRIZOLE: A PHARMACY-DATABASE STUDY
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OBJECTIVES: Pharmacy databases can yield important information about drug utilization and costs, which might be used to examine changes in prescription utilization and costs among atypical antipsychotic (AAP) subjects initiating lurasidone or aripiprazole therapy. METHODS: Adults filling lurasidone or aripiprazole prescriptions from 04/01/2010–6/06/2013 at any pharmacy were identified in the Walgreens pharmacy-database. Treatment-naive monotherapy subjects (no AAP prescriptions before and after index prescription) with ≥12-months pre-/post-index continuous enrollment were included. Lurasidone subjects were compared to a 1:1 matched random sample of aripiprazole subjects. Baseline demographics and health-insurance status were compared between cohorts. Mental-health prescriptions (antianxiety agents, antidepressants, antipsychotics, psychotherapeutic, and neurologic agents) were identified using Generic Product Identifier for the National Drug Code numbers on pharmacy claims. Differences in mean changes (post-pre) in all-cause prescription fills all-cause prescription costs, mental-health prescription fills and mental-health cost were compared using t-tests. RESULTS: Each cohort included 4,595 subjects (lurasidone vs aripiprazole 72.2% vs 72.3% white, 61.9% vs 62.8% male, 43.4 vs 43.4 years). Most subjects were commercially-insured (39.9% vs 48.6%), followed by State-Medicare (24.4% vs 18.7%), Medicare-Part-D (22.8% vs 18.7%), and Managed-Medicard (6.8% vs 5.6%). Lurasidone subjects had lower 30-day equivalent co-pays ($42.02 vs $56.63). Subjects were more likely to be prescribed lurasidone by psychiatrists (78.0% vs 57.3%) and less likely by general-practitioners (3.1% vs 23.0%). Overall, lower mean changes in all-cause prescription fills ($2,388 vs $3,080, p<0.01) and mental-health prescription fills ($2,123 vs $2,810, p<0.01) were lower for lurasidone than aripiprazole subjects. Similar patterns of mean changes in prescription utilization and costs were found in commercial, Medicare and Medicaid subjects. CONCLUSIONS: In this national-US pharmacy-database analysis comparing the use of branded AAPs, lurasidone subjects had fewer mean changes in all-cause and mental-health prescriptions and lower mean increases in associated costs than aripiprazole subjects.

PMH23
COST OF CARE OF AGITATION AND AGGRESSION ASSOCIATED TO DEMENTIA IN 8 EUROPEAN COUNTRIES: RESULTS FROM THE RIGHT TIME PLACE CARE (RTCP) STUDY
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OBJECTIVES: Dementia is associated with high costs of national healthcare in European countries. Disruptive neuropsychiatric symptom (NPS) such as agitation and aggression (A/A), increase caregiver burden, lead to premature institutionalization and increase in hospitalization costs. The aim of this study is to estimate the incremental societal costs for Patients with Dementia (PwD) with A/A in both Community-Dwelling (CD) and long-term care (LTC) settings in 8 European countries. METHODS: This study uses data from the HighTimePlaceCare (HTPC) European project. Interviews using structured questionnaires are conducted in 2014 PwD and their primary informal caregivers. Direct and indirect costs are estimated from a societal perspective. Resource utilization is assessed through the resource utilization in dementia instrument. Resource consumption is valued using unit costs for each country, the replacement cost approach (informal care) and retail prices (medication).

PMH24
PHARMACY CARE RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH PALIPERIDONE PALMATE VS ORAL ATYPICAL ANTIPSYCHOTICS AMONG PATIENTS WITH SCHIZOAFFECTIVE DISORDER
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OBJECTIVES: Schizoaffective disorder, with both mood and psychotic symptoms, may necessitate different treatment than other schizophrenia subtypes. Long-acting injectable antipsychotics may reduce hospitalizations among schizophrenia patients but generalizability to schizoaffective disorder is unclear. This study compared...