OBJECTIVES: Buprenorphine/naloxone combination (BUP/NAL) has been available in a film formulation since 2010 for the treatment of opioid dependence. A clinical trial showed that patients preferred the film to tablet formulation. In this study, claims data extracted from MarketScan Medicaid database were analyzed to compare patient persistence and health care costs between the two formulations.

METHODS: Patients initiating treatment with BUP/NAL film (September 2010 to August 2011) or tablet (September 2010 to August 2011) were included in the two groups according to formulation of initial prescription: film or tablet. Time to treatment discontinuation and monthly health care costs by treatment phase (before treatment, initiation period, during treatment, discontinuation period, after discontinuation) were computed, adjusting on baseline characteristics (demographics, comorbidities, treatment, and resource utilization before treatment). RESULTS: Analysis included 450 patients. Time to treatment discontinuation was 1.327 with tablet, followed over 6.3 and 8.0 months on average respectively. Of those treated with tablet, 17.8% of patients switched to film. The average dose at initiation was 16 mg in both bands. Kaplan-Meier estimates of survival were 0.72 (p=0.02). Monthly costs were highest around the time of hospitalization. Generalized linear models were used to compare costs across patient characteristics (demographics, comorbidities, treatment, and indirect cost of schizophrenia in this population between 2005 and 2008 amounted to about $6.6 billion, or about $650 million per year. These estimates did not include costs for homeless, institutionalized, or incarcerated patients. CONCLUSIONS: This study highlights the high financial burden of indirect costs for community-dwelling patients with schizophrenia, most of which were due to reduced employment.

PMH215

BUREN OF SCHIZOPHRENIA IN TEXAS

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OBJECTIVES: Schizophrenia-related costs in the US have been estimated at over $60 billion annually. Although state Medicaid plans cover a large percent of the population with schizophrenia, other non-Medicaid state budgets are responsible for treating the patients who are not covered by state Medicaid plans. State-operated inpatient mental health facilities. The purpose of the study was to estimate the annual direct and indirect costs for Texas Medicaid patients with schizophrenia. Methods: Direct costs were estimated using the ‘survey’ procedure of SAS in order to account for the complex sample design of MEPS. RESULTS: For community-dwelling patients with schizophrenia in Texas (weighted n = 153,872 patient years), the mean indirect costs per patient year were about $17,800. The estimated productivity cost in the first-year of treatment was $2,15, and in the second year, it was $1,75. Restricted activity and caregivers’ costs was $26,572, $215, $67, and $50 respectively. The total indirect costs for patients with schizophrenia in this study population were $26,572, $215, $67, and $50 respectively. This was the first study that estimated both direct and indirect costs of schizophrenia in the Texas Medicaid population. However, this study provided an estimate of the state of Texas as payer using data from 2006-2008 adjusted to 2008 US dollars. Direct Texas Medicaid costs were extracted from claims files (about 90000 patients per year). State-operated inpatient mental health facilities were provided in aggregated form by the Texas Department of State Health Services. Data from the Bureau of Justice Statistics and recent literature were used to estimate incarceration costs. Medical Expense Panel Survey data from 2005-2008 were used to estimate indirect costs per patient-year. Direct costs to the patient (e.g. travel and unreimbursed expenses) were not captured. RESULTS: The schizophrenia-related mean annual per patient cost was estimated at $31,511 - direct and indirect costs were $4,604 (46.3%) and $16,904 (53.7%), respectively. Direct costs to the state of Texas as payer were $7,604 (52.2%), while state-operated inpatient mental health facilities, and jails accounted for 31.6%, 1.1%, and 13.6% of total costs, respectively. Most of the indirect costs (98%) were due to morbidity-associated productivity losses, with the remaining small portion were due to mortality-associated productivity losses (early death/suicide), and unpaid caregivers’ lost productivity. CONCLUSIONS: This was the first study that estimated both direct and indirect costs of schizophrenia in the Texas Medicaid population. Direct medical costs were paid by Medicaid, whereas indirect costs were paid by other budgets. These cost estimates may help health care providers and policymakers better understand the economic burden of schizophrenia.

PMH216

BURDEN OF SCHIZOPHRENIA IN TEXAS

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OBJECTIVES: To estimate the indirect costs for community-dwelling Texas residents with schizophrenia. METHODS: This was a retrospective database study using Medical Expenditure Panel Survey (MEPS) data from 2005 to 2008. The proportion of the total national indirect costs for ‘all mental illnesses’ (based on DSM IV criteria) that were attributable to Texas patients was estimated and this ratio was applied to the national indirect costs for schizophrenia (ICD code of 295) to estimate costs attributable to Texas patients. Categories for indirect costs were restricted (based on number of work days missed), reduced, employment costs (based on difference in wages for patients with versus without schizophrenia), premature mortality costs (based on percentage of patients who commit suicide times discounted wages lost), and caregivers’ costs (based on direct costs associated with an unpaid caregiver). These estimates were adjusted to 2008 dollars and summed to obtain the 2005-2008 total 4-year indirect costs for patients with schizophrenia in this state population. The proportion of costs attributable to Texas patients was estimated at about $2.6 billion, or about $650 million per year. These estimates did not include costs for homeless, institutionalized, or incarcerated patients. CONCLUSIONS: This study highlights the high financial burden of indirect costs for community-dwelling patients with schizophrenia, most of which were due to reduced employment.