PMH56

COMPARISONS OF 30-DAY RE-HOSPITALIZATION RATES IN PATIENTS WITH SCHIZOPHRENIA RECEIVING LONG-ACTING INJECTABLE ANTIPSYCHOTICS DURING HOSPITALIZATION

Greene M[1], Yan T[2], Stellhorn RA[3], Hartry A[4], Broder MS[2]
[1]Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, [2]Partnership for Health Analytic Research, LLC, Beverly Hills, CA, USA, [3]Otsuka Pharmaceutical Development & Commercialization, Inc., Princeton, NJ, USA, [4]Lundbeck Pharmaceuticals Services, LLC, Deerfield, IL, USA

OBJECTIVES: To examine 30-day hospital readmission rates in patients with schizophrenia treated with different long-acting injectable antipsychotics (LAIs) during their index hospitalization. **METHODS:** Inpatient claims from Premier Perspective Database™ were used to identify adult patients (age ≥ 18 years) hospitalized with a primary diagnosis of schizophrenia (ICD-9-CM diagnosis code 295.XX) between 01/01/2013 and 06/30/2015 who received an LAI and were discharged home or to a home care program during the first (index) hospitalization. Five mutually exclusive LAI cohorts were included: aripiprazole, fluphenazine, haloperidol, paliperidone, or risperidone. All-cause and psychiatric-related 30-day re-hospitalization rates were calculated across different LAIs. Logistic regression models controlling for patient demographic and clinical characteristics were constructed to estimate associations between different LAIs and 30-day hospital readmissions. **RESULTS:** Of the 73,222 hospitalized adult patients with schizophrenia, 15,286 (20.9%) were treated with LAIs: aripiprazole (206), fluphenazine (2,052), haloperidol (7,088), paliperidone (2,767), or risperidone (3,173). Compared with those in other LAI cohorts, patients in the aripiprazole cohort were younger (mean (SD) age: 37.3 (14.4)); a higher percentage of them were white (48.1%) and married (11.2%). The aripiprazole cohort had the lowest Charlson comorbidity score (mean (SD): 0.35 (0.68)), but the highest percentages of depression (12.1%) and anxiety (18.5%). The 30-day readmission rates were lowest in the aripiprazole cohort (all-cause: 9.7%; psychiatric-related: 8.7%), followed by haloperidol (10.0%; 9.5%), paliperidone (10.8%; 10.2%), risperidone (10.9%; 10.5%), and fluphenazine (11.0%; 10.4%). However, the differences were not statistically significant with and without adjusting for patient demographic and clinical characteristics. **CONCLUSIONS:** This real-world study is, to our knowledge, the first to examine 30-day re-hospitalization rates among schizophrenia patients treated with different LAIs. Our findings suggest that 30-day re-hospitalization rates were lowest in the aripiprazole cohort but relatively low across the different LAIs.

PMH57

COMPARISONS OF RE-HOSPITALIZATION RATES IN PATIENTS WITH BIPOLAR DISORDER RECEIVING LONG-ACTING INJECTABLE ANTIPSYCHOTICS DURING HOSPITALIZATION

Greene M[1], Yan T[2], Stellhorn RA[3], Touya M[4], Broder MS[2]
[1]Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, [2]Partnership for Health Analytic Research, LLC, Beverly Hills, CA, USA, [3]Otsuka Pharmaceutical Development & Commercialization, Inc., Princeton, NJ, USA, [4]Lundbeck LLC, Deerfield, IL, USA

OBJECTIVES: To examine hospital readmission rates in patients with bipolar disorder (BD) treated with different long-acting injectable antipsychotics (LAIs) during their index hospitalization. **METHODS:** Inpatient claims from Premier Perspective Database™ were used to identify adult patients (age≥18 years) hospitalized with a primary diagnosis of bipolar disorder between 01/01/2013 and 06/30/2015 who received an LAI and were discharged home or to a home care program during the first (index) hospitalization. Five mutually exclusive LAI cohorts were included: aripiprazole, fluphenazine, haloperidol, paliperidone, or risperidone. All-cause and psychiatric-related 60-, 90-, and 180-day re-hospitalization rates were calculated across different LAIs. Logistic regression models controlling for patient demographic and clinical characteristics were conducted to estimate associations between different LAIs and hospital readmissions. **RESULTS:** Of the hospitalized BD patients, 2,414 were treated with LAIs: aripiprazole (76), fluphenazine (261), haloperidol (839), paliperidone (538), or risperidone (700). Compared with those in other LAI cohorts, patients in the aripiprazole cohort were younger (mean (SD) age: 38.7 (15.3)). The 60-, 90-, and 180-day readmission rates were lowest in the aripiprazole cohort (all-cause 14.5% (60-day), 17.1% (90-day), 23.7% (180-day); psychiatric-related 14.5%, 17.1%, 22.4%), followed by fluphenazine (16.5%, 20.3%, 26.1%; 14.9%, 18.8%, 23.8%), risperidone (17.4%, 20.6%, 28.1%; 16.4%, 19.3%, 26.6%)), paliperidone (17.4%, 21.4%, 27.5%; 16.2%, 19.9%, 25.3%), and haloperidol (18.5%, 20.5%, 25.5%; 18.0%, 19.9%, 24.4%). However, none of these differences were statistically significant with and without adjusting for patient demographic and clinical characteristics. **CONCLUSIONS:** This real-world study is, to our knowledge, the first to examine 60-, 90-, and 180-day readmission rates among hospitalized BD patients treated with different LAIs. Only a small number of patients received aripiprazole LAI. While there were no statistically significant differences across the various LAIs, the aripiprazole cohort showed lower hospital readmission rates compared to the other cohorts.

PMH58

MEDICATION ADHERENCE AND DISCONTINUATION IN MEDICAID PATIENTS WITH SCHIZOPHRENIA INITIATING A LONG ACTING INJECTABLE ANTIPSYCHOTIC VERSUS THOSE WHO CHANGE TO A DIFFERENT ORAL ANTIPSYCHOTIC

Greene M[1], Yan T[2], Chang E[2], Hartry A[3], Broder MS[2]
[1]Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, [2]Partnership for Health Analytic Research, LLC, Beverly Hills, CA, USA, [3]Lundbeck Pharmaceuticals Services, LLC, Deerfield, IL, USA

OBJECTIVES: To compare medication adherence and discontinuation in patients with schizophrenia who initiate a long acting injectable antipsychotic (LAI) to those who change to a different oral antipsychotic. **METHODS:** This retrospective cohort analysis used the Truven Health Analytics MarketScan® Medicaid claims database. Of the identified adult patients (≥18 years) diagnosed with schizophrenia, two mutually exclusive cohorts were created: LAI cohort, or patients initiating LAI therapy between 01/01/2013 and 06/30/2014 (the identification (ID) period); and oral cohort, or patients who changed to a different oral antipsychotic mono therapy during the ID period. The first day of initiating an LAI or changing oral therapy was the index date. Primary outcome measures were medication adherence (proportion of days covered) during the 1-year post-index period and medication discontinuation (continuous medication gap ≥ 60 days) of the index LAIs or orals during the entire follow-up period. General linear Cox regression models were used to estimate medication adherence and time to medication discontinuation. Models adjusted for patient demographic and clinical characteristics, baseline medication, and baseline emergency department visits or hospitalizations. **RESULTS:** The study sample consisted of 2,861 (50.7%) LAI initiators and 2,777 (49.3%) oral monotherapy users. Compared with the oral cohort, LAI initiators had better medication adherence (adjusted mean: 0.55 vs. 0.50, $p<0.001$). LAI initiators also had a lower discontinuation rate (72.5% vs. 77.2%; $p<0.001$) and a significantly longer time to medication discontinuation than the oral cohort. The median time to discontinue index LAI was 196 days, compared with 123 days for the oral cohort ($p<0.001$). The oral cohort discontinued their index treatment at a higher rate than the LAI cohort (hazard ratio: 1.20; $p<0.001$). **CONCLUSIONS:** This real-world study suggests that patients with schizophrenia initiating LAIs had better medication adherence and lower discontinuation risk than patients who changed to different oral antipsychotic monotherapy.

PMH59

BREXPIPRAZOLE USE IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: RESULTS FROM A RETROSPECTIVE ANALYSIS OF LONGITUDINAL PRESCRIPTION DATA

Greene M[1], Seetasith A[2], Hartry A[3], Burudpakdee C[2]
[1]Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, [2]QuintilesIMS, Fairfax, VA, USA, [3]Lundbeck Pharmaceuticals Services, LLC, Deerfield, IL, USA

OBJECTIVES: Brexpiprazole, a serotonin-dopamine activity modulator, was approved in 2015 in the United States for the treatment of schizophrenia and for use as an adjunctive treatment for major depressive disorder (MDD). The aim of the study was to describe patient characteristics, treatment history before adjunctive atypical antipsychotic (AAP) initiation, and adherence to brexpiprazole and older AAPs indicated for MDD (quetiapine, aripiprazole, and lurasidone). **METHODS:** Prescription and medical history were obtained from longitudinal prescription and medical claims databases. Patients selected were ≥18 years of age with a diagnosis of MDD who initiated adjunctive brexpiprazole or other AAPs between 10-Jul-2015 and 31-Mar-2016. Patient characteristics and antidepressant use were measured in the 12 months before therapy initiation. Adherence was measured by variable medication possession ratio (MPRv) during a 3 month follow up period in patients with ≥2 fills. **RESULTS:** 4,265 brexpiprazole, 88,063 quetiapine, 63,004 aripiprazole, and 11,462 lurasidone patients were identified. Mean age of brexpiprazole patients was 49±14.4 years (quetiapine: 54±16.7 years, aripiprazole: 49±15.7 years, lurasidone: 44±14.3 years). 55% of brexpiprazole patients had prior use of a selective serotonin reuptake inhibitor (quetiapine: 59%, aripiprazole: 58%, lurasidone: 54%), and 48% of brexpiprazole patients had prior use of a serotonin and norepinephrine reuptake inhibitor (SNRI) (quetiapine: 30%, aripiprazole: 38%, lurasidone: 33%) in the previous year. Among patients newly diagnosed with MDD, 19% of brexpiprazole, 11% of quetiapine, 12% of aripiprazole, and 12% of lurasidone patients had used ≥3 antidepressants prior to current therapy. Mean MPRv was 90% in brexpiprazole, 89% in quetiapine, and 88% in aripiprazole and lurasidone. **CONCLUSIONS:** Brexpiprazole patients were more often treated with a prior SNRI compared to other AAP patients. Brexpiprazole patients had used ≥3 prior antidepressants. Adherence to brexpiprazole was similar to that of other AAPs.

PMH60

NON-BUPRENORPHINE OPIOID UTILIZATION AMONG PATIENTS USING BUPRENORPHINE/NALOXONE (SUBOXONE)

Daubresse M[1], Saloner B[2], Pollack H[3], Alexander GC[4]
[1]Johns Hopkins School of Public Health, Baltimore, MD, USA, [2]Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, [3]University of Chicago, Chicago, IL, USA, [4]Johns Hopkins Bloomberg School of Public Health, Center for Drug Safety and Effectiveness, Baltimore, MD, USA

OBJECTIVES: Buprenorphine/naloxone is commonly used to treat opioid dependence, however, non-buprenorphine prescription opioid utilization among these patients has not been well defined. We sought to characterize patterns of opioid utilization among incident buprenorphine/naloxone (Suboxone) users in eleven states. **METHODS:** We used IMS Health anonymized, individual-level, all-payer pharmacy claims to identify incident users of buprenorphine/naloxone between January 2010 and August 2013. We focused on patients 18 years of age and defined each patient's first treatment episode as the length of time from the patient's incident prescription for buprenorphine/naloxone (index fill) until the first day of a gap where the patient had no buprenorphine/naloxone on-hand for 90 or more days. We calculated measures of non-buprenorphine opioid utilization during the first treatment episode as well as during 12-month periods prior to and following this episode. **RESULTS:** Of the 22655 individuals meeting inclusion criteria, 49% were female and 50% were between 25 and 46 years of age. The median length of the first treatment episode was 79 days (interquartile range [IQR], 30 to 226 days). More than half (58%) of buprenorphine/naloxone recipients filled prescriptions for other opioids following buprenorphine/naloxone treatment and 30% filled at least