BACKGROUND

- Hospitalization and other individual costs are a major cost component of total cost of relapse.
- Non-adherence is associated with increased hospitalization.
- Schizophrenia patients need additional remuneration based benefit to help them maintain adherence and reduce hospitalization.
- A previous study suggested patients need additional remuneration within the study period, but the study did not evaluate the impact of LAI medication on hospitalization.
- Study period is cohort-specific and defined as follows:
  - New-user cohort: [index date to 6 months prior to site study start date] (ie, JC eligibility period).
  - Continuous-user cohort: [index date to 6 months prior to JC enrollment].

OBJECTIVE

The study period is cohort-specific and is defined as follows:

- New-user cohort: [index date to 6 months prior to site study start date] (ie, JC eligibility period).
- Continuous-user cohort: [index date to 6 months prior to JC enrollment].

Inclusion Criteria

- 18-29 years of age at the time of index date.
- In the medication use (yes/no) at the class level: psychiatric-related medications, conventional antipsychotics, injectable antipsychotics (long-acting).
- HS/HE result of 40% relative risk reduction in hospitalization, ER visits, and visits to CRUs during a 6-month period.
- Discontinuation status at 6 months of the Janssen LAI medication requested at enrollment.

Study Measures

- Patient disposition, current psychiatric conditions, interventions with the criminal justice system, and self-harm or violence.
- Janssen LAI medication request at the time of JC enrollment.
- Discontinuation status at 6 months of the Janssen LAI medication requested at enrollment.
- Using any use of psychiatric-related medications in 6 months post-index.
- Use of injection centers (post-enrollment only).

Exclusion Criteria

- Patients excluded for hospitalization, such as those who were enrolled from inpatient setting.
- Lower percentage of paliperidone palmitate requesters discontinued compared to the risperidone LAI (10.5% vs 18.8%).

Medication usage appeared similar between the new-user and continuous-user cohorts.

RESULTS

Table 1 shows the patients screened by cohort and total patients eligible for this study.

- All JC patients were screened for eligibility at enrollment.
- Paliperidone palmitate was the most requested offering.

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Number of Patients Screened</th>
<th>Number of Patients Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>New-user</td>
<td>154</td>
<td>70</td>
</tr>
<tr>
<td>Continuous-user</td>
<td>101</td>
<td>58</td>
</tr>
</tbody>
</table>

Table 2 shows the patient demographics and clinical characteristics of the study population.

- 21.3% of the patients were hospitalized for psychosis in the 2 post-mo. at the time of the last hospitalization.

<table>
<thead>
<tr>
<th>Cohort</th>
<th>N</th>
<th>Median (IQR)</th>
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<tr>
<td>New-user</td>
<td>70</td>
<td>15.7%</td>
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STUDY LIMITATIONS

- The number of study sites: a total of 31 sites participated in the study.
- Joint Commission standards are not a consistent criterion in one cohort.
- 12.3% had a mental health justice interaction 6 months before initiation of Janssen LAI medication.

Table 3 shows the demographics and clinical characteristics of the study participants.

- 21.7% of all patients were hospitalized for psychosis in the 2 post-mo. at the time of last hospitalization.

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D I S C U S S I O N AND C O N C L U S I O N S

Overall, we found patients enrolled in JC Program requested multiple programs for medication assistance. The predictive model was highly predictive in identifying risk of relapse and potential development of potential program effectiveness and positive impact on patient health outcomes.

REFERENCES


Background

- Hospitalization and other indirect costs are a major concern because of the cost of rehospitalization
- Cost of hospitalization is associated with increased hospitalization
- Schizophrenia patients need additional reimbursement support to help modify rehospitalization and chronic health costs

Methods

- A previous study suggests patients with older age and a lower level of education are more likely to rehospitalize
- The focus for this analysis is the two JC cohorts

Results

- A total of 102 patients met study criteria and were included in the analysis
- The generalizability of this study to all JC participants may be limited due to small sample size
- The preliminary results presented provide important evidence on potential program effectiveness and positive impact to patient health outcomes

Discussion and conclusions

- The generalizability of this study to all JC participants may be limited due to small sample size
- The preliminary results presented provide important evidence on potential program effectiveness and positive impact to patient health outcomes

References

Table 2. Demographics and Clinical Characteristics of JC Participants at Baseline/Pre-Index Periods

<table>
<thead>
<tr>
<th></th>
<th>Continuous-user Cohort (n=15)</th>
<th>New User Cohort (n=87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years, mean (SD)</td>
<td>40.6 (13.34)</td>
<td>38.0 (8.68)</td>
</tr>
<tr>
<td>Race (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>59.8%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>14.7%</td>
<td>79.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>18.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>6.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Male</td>
<td>79.4%</td>
<td>59.8%</td>
</tr>
<tr>
<td>Female</td>
<td>20.6%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Hospitalizations due to psychiatric reasons in pre-index 6 months (%)</td>
<td>13.7%</td>
<td>13.3%</td>
</tr>
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</table>
| *Schizoaffective disorder is a comorbid condition recorded in case report form, and risperidone LAI is not indicated for schizoaffective disorder.

RESULTS

Table 3 shows patients screened by cohort and total patients eligible for this study.

Table 4 shows number of appointments met and not met in the pre-index and post-index periods.

Table 5 shows post-index show rate for any outpatient or injection site visits 89.4% (95% CI: 88.1% - 90.6%).

STUDY LIMITATIONS

- The generalizability of this study to all JC participants may be limited due to small sample size

DISCUSSION AND CONCLUSIONS

- Overall, our finding patients enrolled in JC program reported multiple program offerings.

REFERENCES

Health Resource Use of Patients Elected to Janssen Connect: Treatment With Long-Acting Injectable (LAI) Atypical Antipsychotics: Preliminary Results From a Summative Evaluation

Benson C1, Boulanger L2, Yang E3, Pan X3, Payne KA2, Fastenau J1

Janssen Scientific Affairs, LLC; Titusville, NJ; Esoterix, Leesburg, VA

OBJECTIVE

To evaluate the impact of the Janssen Connect® (JC) program on health resource utilization (HRU) and show rates compared to patients with similar characteristics who are not enrolled in the program.

METHODS

Data Source

PMH66

Type of insurance (%)

Commercial 14.7% 30.0%
Medicare and/or Medicaid 65.7% 80.0%
Other 20.0% 39.1%

Gender (%)

Male 62.7% 62.7%
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Benson C,1 Boulanger L,2 Yang E,2 Pan X,2 PAY KA,2 Fastenau J3

1Janssen Scientific Affairs, LLC; 2Traxel, LLC; 3Evelina, Lebanon, NH

BACKGROUND

Hospitalization and non-institutional care costs are a major component of health care expenditures. Hospitalization and non-institutional care expenditures also account for a large proportion of health care costs. In addition, there is growing evidence that hospitalization and non-institutional care use are associated with a higher risk of relapse. Therefore, hospitalization and non-institutional care use is a major cost component of total cost of relapse.

OBJECTIVE

The primary objective of this retrospective analysis is to report the hospitalization and non-institutional care use in a community mental health setting for a sample of patients treated with a long-acting injectable (LAI) atypical antipsychotic. The study population is comprised of patients receiving LAI antipsychotics for the treatment of schizophrenia, and who were treated in the Connect Program from the time of enrollment to 6 months post-enrollment. The secondary objectives were to report on the use of inpatient hospitalization, emergency room (ER) visits, and visits to crisis stabilization units (CSUs). In addition, the study will also provide preliminary results for patients receiving LAI antipsychotics for the treatment of other psychiatric disorders, including bipolar disorder and major depression.

METHODS

Data were obtained from a cross-sectional, retrospective, observational study of patients with schizophrenia or bipolar disorder treated with LAI antipsychotics in the Connect Program. The program offers a variety of services to help patients maintain medication adherence and improve overall health outcomes. The analysis included patients enrolled in the Connect Program from January 1, 2021, to December 31, 2021, who received LAI antipsychotics for the treatment of schizophrenia, and who were followed for 6 months post-enrollment. The analysis excluded patients who were on concomitant conventional antipsychotics. The primary outcome measures were hospitalization and non-institutional care use in the community mental health setting during the first 6 months of program participation.

RESULTS

Table 3 shows the percentage of LAI antipsychotics prescribed to patients at the time of enrollment. A majority of the patients prescribed antipsychotics (83.0%, 95% CI: 81.6, 84.4) were treated with a LAI antipsychotic, with 15.3% treated with a conventional antipsychotic. The data show a consistent pattern of LAI antipsychotic use across the 6-month post-enrollment period, with a trend towards increased use of LAI antipsychotics over time. The analysis also showed that patients who were on LAI antipsychotics at the time of enrollment were more likely to continue using LAI antipsychotics for the duration of the study period. This finding is consistent with previous studies that have shown a high persistency to LAI antipsychotics during the first 6 months of program participation.

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