group, resulting in cost estimates of $8,580 per abuser compared with $5,878 per non-abusers. **CONCLUSIONS:** Results from this analysis suggest that opioid abuse and dependence was associated with significant work productivity loss and may pose a considerable cost to employers.

**PMH37**

**CHANGES IN HEALTHCARE RESOURCE USE AND COSTS ASSOCIATED WITH THE USE OF ADJUNCTIVE ATYPICAL ANTIPSYCHOTICS IN MAJOR DEPRESSIVE DISORDER**

Seetasith A1, Greene M2, Hartry A3, Burudpakdee C1

1IQVIA, Fairfax, VA, USA, 2Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, 3Lundbeck, Deerfield, IL, USA

**OBJECTIVES:** This study compared all-cause and major depressive disorder (MDD)-related hospitalizations, medical, and pharmacy costs in patients with MDD prior to and in the year following initiation of adjunctive atypical antipsychotic (AAP) treatment. **RESULTS:** 6,217 ± $57,123 and $1,166 ± $11,703, respectively (both p-values < 0.0001). In the year following initiation of AAP treatment, 1.8 ± 1.4 years after first ADT use. Relative to pre-index, proportions of patients with MDD were 40.4 ± 15.3 years and 59.9% were female. On average, patients initiated adjunctive AAP treatment (-6.8%). Relative to pre-index, statistically significant reduction in the mean medical costs per patient decreased $4,513 ± $59,116 (p = 0.025) while there was a trend for lower MDD-related medical costs ($1,182 ± $323, p = 0.263); pharmacy costs per patient increased $4,236 ± $7,605 of which $3,521 ± $3,846 was attributable to psychotropic drug use (both p-values < 0.001). **CONCLUSIONS:** Treatment with adjunctive AAP in major depressive disorder is associated with reduced healthcare resource use and medical costs, primarily due to the reduction in hospitalizations.

**PMH38**

**REDUCTION IN HOSPITALIZATIONS AND MEDICAL COST SAVINGS ASSOCIATED WITH EARLY USE OF ADJUNCTIVE ATYPICAL ANTI PSYCHOTICS IN MAJOR DEPRESSIVE DISORDER**

Seetasith A1, Greene M2, Hartry A3, Burudpakdee C1

1IQVIA, Fairfax, VA, USA, 2Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA, 3Lundbeck, Deerfield, IL, USA

**OBJECTIVES:** This study compared major depressive disorder (MDD)-related hospitalizations and medical and pharmacy costs in patients with MDD both before and after waiting varying amounts of time to initiate adjunctive antipsychotic (AAP) treatment. **METHODS:** Adults (≥18 years) with MDD who were newly initiated on adjunctive AAP treatment (brexpiprazole, aripiprazole, quetiapine, or lurasidone) between 10/1/2014 and 9/30/2015 were identified in IQVIA’s PharMetrics Plus Adjudicated Claims database. **RESULTS:** 1,380 patients who initiated adjunctive AAP therapy were included; mean age was 40 ± 15.3 years and 59.9% were female. On average, patients initiated adjunctive AAP therapy 1.8 ± 1.4 years after first ADT use. **CONCLUSIONS:** Relative to pre-index, proportions of patients with MDD were 40.4 ± 15.3 years and 59.9% were female. On average, patients initiated adjunctive AAP treatment (-6.8%). Relative to pre-index, statistically significant reduction in the mean medical costs per patient decreased $4,513 ± $59,116 (p = 0.025) while there was a trend for lower MDD-related medical costs ($1,182 ± $323, p = 0.263); pharmacy costs per patient increased $4,236 ± $7,605 of which $3,521 ± $3,846 was attributable to psychotropic drug use (both p-values < 0.001). **CONCLUSIONS:** Treatment with adjunctive AAP in major depressive disorder is associated with reduced healthcare resource use and medical costs, primarily due to the reduction in hospitalizations.