treatment plan included Dialectical Behavior Therapy for Borderline Personality Disorder and potential polysomnography to evaluate sleep disorders.

This case underscores the management challenges of co-occurring Bipolar I and PTSD with psychotic features, emphasizing the need for further research on their interplay, impact on functioning, and optimal treatments. It also explores CES as a potential intervention for psychosis during mood episodes.

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Long-Acting Injectable Antipsychotic Treatment: Calculating Cost Offsets From Real-World Data

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Background. Long-acting injectable antipsychotics (LAIs) have demonstrated better rates of adherence among patients with schizophrenia than oral antipsychotics (OAs). While LAIs often cost more than OAs, better adherence can lead to cost offsets in other areas.

Objective. The purpose of this LAI Cost-Offset Value Calculator (LCVC) model is to provide an evidence-based model that estimates total costs and total cost offsets for a hypothetical population of adult patients with schizophrenia treated with atypical LAIs relative to second-generation oral antipsychotics (SGOAs) in the United States.

Methods. The model was derived based on studies included in a recent meta-analysis of patients who relapsed while taking an SGOA and were either switched to an atypical LAI or continued an SGOA. User inputs to the model include population size and payer archetype. The model then estimates the difference in adherence rates, relapse rates, hospitalizations, hospital days, hospital costs, emergency department (ED) visits, ED costs, and pharmacy costs, as well as cost offsets overall and by source (ie, hospitalization, ED, pharmacy).

Results. In the base case, representing a hypothetical cohort of 1000 adult patients with schizophrenia in the United States and a composite payer archetype, 1-year pharmacy costs were higher for patients who switched to an LAI relative to patients who continued taking an SGOA ($14,561,971 vs $7,203,142). However, cost offsets were observed for other dimensions of direct costs, including lower ED costs ($1,664,808 vs $2,241,483) and substantially lower hospital costs ($23,623,612 vs $44,195,100) due to fewer relapses (409 vs 508). For some payer archetypes (ie, Medicare and Veteran Affairs), the cost offsets completely covered the higher pharmacy costs for LAIs; for others (ie, Commercial and Medicaid), the cost offsets partially covered the higher pharmacy costs for LAIs, though sometimes substantially.

Conclusion. Despite potential higher pharmacy costs for LAIs, this model supports the conclusion that those costs could be mitigated by cost offsets in other areas, with varying results depending on payer archetype. The LCVC model, parameterized using real-world data extracted from a recent systematic review and meta-analysis, may be helpful for payers in understanding the potential cost offsets of switching patients with schizophrenia who have relapsed while taking OAs to LAIs. To our knowledge, there are no similar studies for schizophrenia that calculate cost offsets based solely on empirical evidence of patients who failed on OAs.

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Mental-Health Related Disability Leave and Costs Among Patients with Treatment Resistant Depression Initiated on Esketamine and Conventional Therapies

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Introduction. Treatment resistant depression (TRD) is linked to disproportionate unemployment and productivity burden in the US. Little is known about mental-health (MH)-related disability leave and costs of patients with TRD initiated on esketamine (ESK) versus conventional therapies including transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), or antipsychotic augmentation (AP) in the US.

Methods. Adults with evidence of TRD (≥2 unique antidepressants of adequate dose and duration within the same major depressive episode) were selected from Merative™ MarketScan® Commercial and Medicare Supplemental databases (01/2016-01/2023) and classified in four cohorts (ESK, ECT, TMS, and AP) based on therapy initiated (index date) on/after 03/05/2019 (ESK approval date for TRD). Patients had ≥12 months of health plan eligibility pre-index date and disability information available pre-and post-index in the Merative™ MarketScan® Health and Productivity Management database (01/2016-12/2021). MH-related disability days (i.e., short- or long-term) and associated costs (USD 2022) were reported per-patient-per-month (PPPM) for the 6 months pre- and post-index.

Results. The ESK cohort included 107 patients (mean age=45.5 years; female=54.2%), ECT cohort included 55 patients (mean age=47.6 years; female=41.8%), TMS cohort included

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