Acute Care Events and Treatment Patterns in Patients With Bipolar I Disorder 12 Months After Initiating Olanzapine/Samidorphan: A Subgroup Analysis of Patient Characteristics

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BACKGROUND

- The combination of olanzapine and samidorphan (OLZ/SAM) is approved for the treatment of schizophrenia and bipolar I disorder (BD-I)[1]
  - It provides the established treatment efficacy of olanzapine while mitigating olanzapine-associated weight gain[2,3]
- In a prior real-world analysis of patients with BD-I, OLZ/SAM treatment significantly reduced acute care events, including BD-I–related events used as a proxy for relapse,[4] during the 12 months after treatment initiation compared with the 12 months before initiation[5]
- This analysis assessed the impact of OLZ/SAM initiation on treatment patterns and acute care events across different subgroups defined by baseline patient characteristics

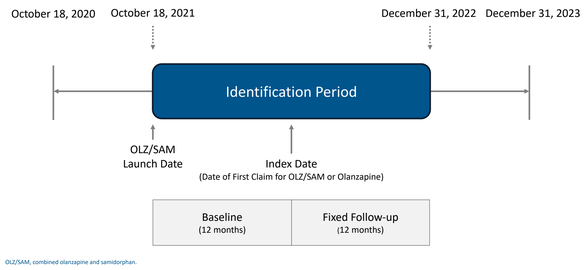
OBJECTIVE

- Examine 12-month treatment patterns and acute care events by subgroups in patients with BD-I after initiating OLZ/SAM treatment

METHODS

- This claims analysis used data from the Komodo Healthcare Map, a fully deidentified database of ~150 million patients covered by a commercial (66%), Medicaid (27%), or Medicare Advantage (7%) plan
- Eligible patients were aged ≥18 years with ≥1 pharmacy/medical claim for OLZ/SAM and ≥12 months of continuous enrollment in pharmacy/medical benefits before (baseline period) and after (follow-up period) the index date
- Subgroups were defined by age (18–34, 35–54, or ≥55 years), sex (male or female), antipsychotic treatment prior to initiating OLZ/SAM (olanzapine or non-olanzapine), and insurance type (commercial, Medicaid, or Medicare Advantage)
- Outcomes of interest included treatment patterns (adherence, persistence, and discontinuation), as well as acute care events (inpatient [IP] admissions and emergency department [ED] visits) categorized as all-cause, mental health–related, or BD-I–related events
- *P*≤0.05 indicates a statistically significant difference when comparing the periods before vs after starting OLZ/SAM

Figure 1. Study Design



OLZ/SAM, combined olanzapine and samidorphan.

RESULTS

- Measures of adherence, persistence, and discontinuation were generally similar across subgroups (**Table 1**)
- Across most subgroups (**Figure 2**), OLZ/SAM initiation was associated with lower proportions of patients experiencing ≥1 all-cause, mental health–related, or BD-I–related acute care event in the follow-up vs baseline period
  - The largest reductions in acute care events were observed in the subgroups of those who had used olanzapine as their most recent antipsychotic and those who were 18 to 34 years old
  - These reductions were larger than those observed in the full study cohort[5]

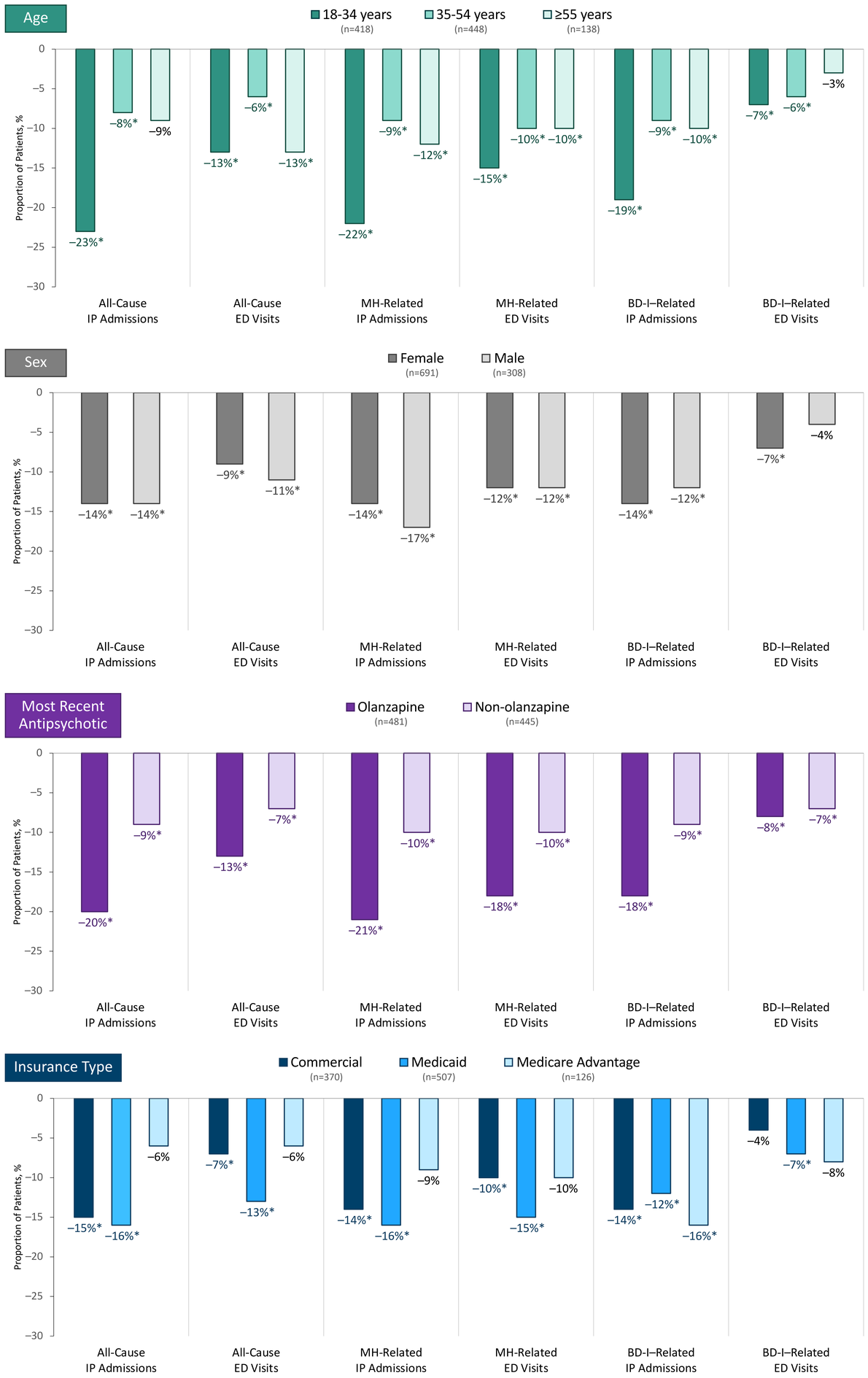
Table 1. Treatment Patterns

Subgroups	n	MPR, mean	Persistence, mean, days	Discontinuation, %
All patients	1004	0.86	173.7	70.1
Age				
18–34 years	418	0.86	173.0	70.1
35–54 years	448	0.87	176.0	68.5
≥55 years	138	0.84	168.2	75.4
Sex				
Female	691	0.85	173.0	70.3
Male	308	0.88	177.1	69.2
Most recent antipsychotic				
Olanzapine	481	0.87	180.5	68.4
Non-olanzapine	445	0.86	170.5	70.1
Insurance type				
Commercial	370	0.85	157.2	74.9
Medicaid	507	0.86	185.3	66.9
Medicare Advantage	126	0.89	176.3	69.1

MPR, medication possession ratio.

RESULTS

Figure 2. Absolute Changes in Proportions of Patients With ≥1 IP Admission or ED Visit After Initiating OLZ/SAM



*P≤0.05, indicating a statistically significant difference when comparing the periods before vs after starting OLZ/SAM.
BD-I, bipolar I disorder; ED, emergency department; IP, inpatient; MH, mental health; OLZ/SAM, combined olanzapine and samidorphan.

LIMITATIONS

- Results from these cohorts may not be generalizable to uninsured cohorts
- Claims data do not capture disease severity and are subject to data omissions and/or coding inaccuracies
- Presence of a claim for a filled prescription does not indicate that the medication was consumed
- Due to the fixed follow-up time, treatment patterns and acute care events reported may not fully capture the effects of longer-term (>12 months) OLZ/SAM use

CONCLUSIONS

- In patients with BD-I initiating OLZ/SAM, treatment patterns were generally similar across all subgroups
- Across most subgroups, initiating OLZ/SAM was associated with significant reductions in proportions of patients with ≥1 all-cause, mental health–related, or BD-I–related IP admission or ED visit
  - Reductions in BD-I–related acute care events suggest a reduction in relapse after the initiation of OLZ/SAM
- Greater reductions in young adults (18- to 34-year-old subgroup) suggest that earlier intervention with OLZ/SAM treatment may lead to greater reductions in acute care events for patients with BD-I

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ACKNOWLEDGMENTS

This study was sponsored by Alkermes, Inc. Medical writing and editorial support were provided by Peloton Advantage, LLC, an OPEN Health company, and funded by Alkermes, Inc.

DISCLOSURES

RJ has been a consultant for AbbVie, Acadia, Adamas, Alfasigma, Alkermes, Almatica, Axsome, Biogen, Boehringer Ingelheim, Cingulate Therapeutics, Corium, Eisai, Evidera, Impel, Janssen, Lilly, Lundbeck, Merck, Neos Therapeutics, Neurocrine Biosciences, Osmotica, Otsuka, Pamlab, Pfizer, Sage Therapeutics, Shire, Sunovion, Supernus, Takeda, Teva, Transcend Therapeutics, and Viatris; received speaker/promotional honoraria from AbbVie, Alkermes, Almatica, Axsome, Corium, Eisai, Intra-Cellular Therapies, Ironshore Pharmaceuticals, Janssen, Lilly, Lundbeck, Merck, Neos Therapeutics, Otsuka, Pamlab, Pfizer, Shire, Sunovion, Takeda, Tris Pharmaceuticals, and Viatris; served on an advisory board for Adamas, Alkermes, Corium, Eisai, Janssen, Lilly, Lundbeck, Merck, Neos Therapeutics, Neurocrine Biosciences, Otsuka, Pamlab, Pfizer, Sage Therapeutics, Shire, Sunovion, Supernus, Takeda, and Teva; and received research funding from AbbVie, Lilly, Lundbeck, Otsuka, Pfizer, Shire, and Takeda.
HRP and **MJD** are or were employees of Alkermes, Inc., and may own stock/options in the company.
AGH is or was an employee of Optum, Inc., a health services innovation company that received funding from Alkermes, Inc., to conduct this study and analyze the data used for this publication.
HEO has been a consultant for AbbVie, Alkermes, Biogen, Bristol Myers Squibb, Intra-Cellular Therapies, Janssen, Karuna, Neurocrine, Otsuka, Sage Therapeutics, and Sunovion; is on the speakers' bureau and has received honoraria from Alkermes, Bristol Myers Squibb, Intra-Cellular Therapies, Johnson & Johnson, Lundbeck, Luye Pharma, Neurocrine, and Teva; receives no royalties; and holds no stock options.
AJC has been a consultant or on an advisory board for AbbVie, Acadia, Actinogen, Alfasigma, Alkermes, Anavex Life Sciences, Arrivo BioVentures, Autobahn Therapeutics, Axsome, Aytu Biopharma, BioXcel, Boehringer Ingelheim, Bristol Myers Squibb, Collegium Pharmaceutical, Corium, Definium Therapeutics, 4M Therapeutics, Helus Pharma, Incannex Healthcare, Intra-Cellular Therapies, J&J Innovative Medicine, Jazz Pharma, Knight Therapeutics, Kye Pharmaceuticals, Kuvatris Therapeutics, LivaNova, Lundbeck, Luye Pharma, MapLight Therapeutics, Mentavi, Neumora, Neurocrine Biosciences, Noven, Otsuka, Sensorium Therapeutics, Sirtsei Pharmaceuticals, Supernus, Teva, Thynk, Transneural Therapeutics, Tris Pharma, Vanda Pharmaceuticals, and Vistagen; is on the speakers' bureau for AbbVie, Alfasigma, Alkermes, Axsome, Aytu Biopharma, Bristol Myers Squibb, Collegium Pharmaceutical, Corium, Intra-Cellular Therapies, J&J Innovative Medicine, Knight Therapeutics, Kye Pharmaceuticals, Lundbeck, Luye Pharma, Neurocrine Biosciences, Noven, Otsuka, Supernus, Teva, Tris Pharma, and Vanda Pharmaceuticals; serves on a data safety monitoring board for Compass Pathways; and holds stock options/equity from EMA Wellness, Evolution Research Group, 4M Therapeutics, Sensorium Therapeutics, and Transneural Therapeutics.

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Supported by funding from Alkermes, Inc.