



Barbara Rinehart

WHITE PAPER MANAGED CARE

My responsibilities were:

- Worked with agency to develop outline
- Researched medical literature
- Wrote referenced and annotated white paper
- Wrote Frequently Asked Questions (FAQ)

SERZONE IN THE MANAGED CARE SETTING

EXECUTIVE SUMMARY

A new advance in the clinical treatment of depression also comes with economic benefits. Please welcome SERZONE to your formulary. SERZONE is an antidepressant unlike any other. We think understanding treatment options for depression is very relevant to managed care groups. We also think SERZONE deserves consideration. Let us tell you why ...

Depression is a very prevalent disease. It will strike many of your plan members sometime in their life. More primary care physicians treat psychiatric conditions, like depression, than do mental health professionals. Because these primary care physicians often have inadequate diagnostic and treatment skills, expensive and often unnecessary, medical treatments are prescribed. In addition, a large percentage of depressive illness goes unrecognized and therefore untreated. Statistics reveal that 79% of psychiatric diagnoses go undetected and the primary physician can misdiagnose up to one-third of psychiatric cases.

This basically results in costs to managed care plans for treating secondary conditions that arise from improperly treated depression. These costs can be substantial. Consider the fact that 3% of your membership will suffer from depression at sometime in their life; the possibility of recurrence is also high. If left untreated the patient will continue to return to the primary care physician for a whole host of medical complaints born out of the unrecognized and untreated depression. This may include incurring medical costs for alcohol and drug abuse problems, accidents, domestic violence, and related hospitalizations.

Depressed individuals have a 15% probability of suicide and 60% of suicides are primarily the result of depression. The hospitalization costs to treat attempted suicide could be hundreds of dollars more than the minimal diagnostic and treatment costs for properly diagnosed depression.

Depressive illness results in more lost time than does back, lung, digestive ailments, heart pain, high blood pressure or diabetes. This lost time equates to dollars spent on unnecessary medical costs -- dollars that could be recouped and multiplied by the number of properly managed individuals in any one managed care setting.

High utilizers of managed care usually suffer from mental illness. If depression is recognized in this population and is properly treated the rate of

SERZONE's extremely selective nature is responsible for the minimal side effects seen with this drug and also for its increased tolerability over the other selective serotonin receptor inhibitors (SSRIs). So while equally effective to other antidepressants, this compound is capturing the attention of clinicians, pharmacists, and managed care directors for a number of reasons.

Now is the time to review your formulary and consider adding the newest antidepressant treatment -- SERZONE.

Bristol-Myers Squibb

QUESTIONS FREQUENTLY ASKED

BY MANAGED CARE PROFESSIONALS

ABOUT DEPRESSION AND SERZONE

Background

Q. Why should managed care organizations be concerned about the treatment of depression?

A. Depression is a treatable disease that will effect one in every six women, and one in every ten men in the United States during their lifetime. Many cases of depression will reoccur. This represents a significant portion of your managed care population.

Depression impairs family life, reduces social adjustment and is a burden on the community. An enormous amount of work time is lost each year to depressive illness. Effective treatment of depression can enhance the quality of life for many of the members of managed care plans.

In the United States we spend over 43 billion dollars per year on depressive illness. Many of those dollars are misspent. If managed care organizations can maximize cost offset efforts in the diagnosis and treatment of depression they will recoup thousands of dollars.

Q. Within managed care organizations, how has the use of antidepressants changed over the last few years?

A. Successful pharmacological treatment of depression began with the first generation antidepressants (phenylzone, tranylcypromine). While these drugs were effective their use was limited due to safety problems such as drug-drug interactions and dietary restrictions.

The second generation antidepressants were the monoamine oxidase inhibitors (MAIOs) (moclobemide). These compounds reduced drug-drug interactions and there were no dietary restrictions; however, side effects were still a problem.

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