CHANGES IN HEALTHCARE RESOURCE USE (HCRU) AND COSTS IN COMMERCIALLY INSURED INSOMNIA PATIENTS INITIATING SUVOREXANT

Hrishikesh P. Kale; Zaina P. Qureshi; Ruchit Shah; Rezaul Khandker; Marc Botteman; Weilin Meng; Ruth Benca DOI: https://doi.org/10.1007/s12325-021-01891-8

SUVOREXANT WAS ASSOCIATED WITH A DECREASE IN ALL-CAUSE HCRU AND COSTS IN A 1-YEAR REAL-WORLD STUDY

Burden of Insomnia Disorder in the US







10-25%

from 5% to 50%

PREVALENT COHORT





64.5 (14.1) Mean (SD) Age (Years)

9



Medicare/Commercial

00%

CCI index score ≥1

MENTAL HEALTH COMORBIDITIES

Among a subgroup of patients with mental health disorders on suvorexant, cost reductions were 1.5-3 times greater than those for the overall cohort.

ANALYSIS

Interrupted Time Series (ITS)

Level and slope changes

INCIDENT COHORT



5,939

Patients



(Years)





3% 71% / 29% emale Medicare/Commercial



59% CCI index score ≥1

\$3,848

\$878

In the absence of suvorexant, by the end of the study period, total healthcare costs could have increased to

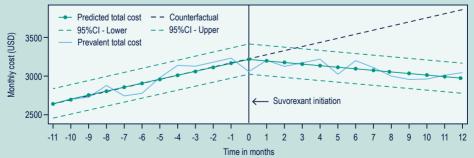
Potential cost savings in 12 months after suvorexant initiation per patient

\$4,009

\$1,405

CHANGES IN TOTAL HEALTHCARE COSTS BEFORE AND AFTER SUVOREXANT ADMINISTRATION

Prevalent Cohort Data Analysis



Total healthcare costs change before suvorexant initiation:

Prevalent cohort: \$52.51 increase per month Incident cohort: \$74.93 increase per month Total healthcare costs change after suvorexant initiation:

Prevalent cohort: \$72.66 decrease per month Incident cohort: \$112.07 decrease per month

Please refer to the journal article for a full analysis of prevalent and incident cohort data.





