Reviewer's report

Title: Healthcare utilization and costs in patients with schizophrenia or bipolar disorder receiving second-generation antipsychotics at hospital discharge: a retrospective cohort study

Version: 2 Date: 29 January 2012

Reviewer: Haya Ascher-Svanum

Reviewer's report:

Compulsory Revisions:

• The title of the manuscript is inaccurate. The manuscript actually reports healthcare utilization and costs in patients with schizophrenia or bipolar disorder following hospital discharge on quetiapine, aripiprazole or ziprasidone: A retrospective cohort study. The authors indicated they have “modified the title of our manuscript, as requested.” However, the title reads as before.

• The Background section now provides a rational for the study’s focus on only 3 atypicals (quetiapine, aripiprazole or ziprasidone). Please add a study limitation indicating that although the current analysis focused on the three second generation antipsychotics not currently available generically in the US (i.e., quetiapine, aripiprazole, ziprasidone), two other frequently used second generation antipsychotics were excluded (i.e., olanzapine, risperidone) although they were branded (not generic) during the 8-year study period (Jan 1, 2001-Sept 30, 2008).

• The discussion section indicates that patients are “sometimes discharged from hospital with a small supply (e.g., 3 days) of medication to insure continual use of needed treatment until they can fill prescriptions for such therapies at outpatient (i.e., retail) pharmacies.” Please clarify, using JCAHO Standards, the recommended number of days supply of medication for psychiatric patients at the time of psychiatric hospital discharge. It is very likely higher than 3 days. This is an important point that should be elaborated in the manuscript. Please clarify if the Medstat Marketscan® Hospital Drug Data captures the “supply” medications type and their duration at the time of discharge. If not, this should be noted as a study limitation, as compliance calculations may not be accurate due to lack of information about the days supply at the time of discharge. If this is captured, please add this information to the Methods section and to the Discussion (as a study strength).

• It appears that 26% of schizophrenia patients (11 of 43) were re-hospitalized at least once for schizophrenia during the 6 month follow-up. Please clarify if the compliance measures incorporated data on antipsychotic medication these patients received during their re-hospitalizations. If not – why not (as the Medstat Marketscan® Hospital Drug Data captures medication use during hospitalizations). If not– please add this as a study limitation. If yes – identify this
as study strength.
Thank you.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I am a full time employee of a pharmaceutical company (Eli Lilly and company) that manufactures an antipsychotic that competes with Pfizer’s, the sponsor of the manuscript.