

Cost-consequences Analysis of Desvenlafaxine Versus Usual Care in the Treatment of Major Depressive Disorder After Failure of First-line Treatment with a Selective-serotonin-reuptake-inhibitor (SSRI) in Spain

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Aim: To carry out a cost-consequences analysis for 50mg-desvenlafaxine in the second-line outpatient treatment of major depressive disorder (MDD) from the payer (National Health System) perspective in Spain.

Methods: The model (Markov simulation) follows a cohort of MDD patients through 1 year after failure of first-line treatment with a SSRI and estimates outcome measures (% remission and depression-free days) accrued and costs incurred during outpatient treatment of MDD. Selected comparator is usual care (UC), which is assumed to be made of a mix of duloxetine and venlafaxine that make up the majority of the serotonin-norepinephrine reuptake inhibitor (SNRI) market in Spain. The model also considers drug treatment beyond the second-line of therapy (3rd and 4th-lines) in cases of patient discontinuation or lack of remission according with outcomes from STAR-D trial and other clinical trial published. The model generates outcomes and cost from the NHS in year 2014.

Results: Due to fewer discontinuations, desvenlafaxine was associated with numerically more depression-free days and a higher percentage of patients in remission versus UC: 1.7 days and 0.5% more in remission. Also, healthcare costs were lower with desvenlafaxine than with UC: €1,114 vs. €1,224 (-110€).

Conclusion: In patients who have not responded to a first-line SSRI therapy, desvenlafaxine-50mg was clinically similar in effectiveness but a less costly option, approximately 9% lower, compared with a weighted average of duloxetine and venlafaxine for the second-line treatment of MDD patients from a payer (NHS) perspective in Spain.