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Modelling the Economic Impact of Desvenlafaxine Versus Venlafaxine as a Second Line Therapy of Major Depressive Disorder Patients in Spain

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Aim: To model the cost and consequences of desvenlafaxine and venlafaxine in the second-line outpatient treatment of major depressive disorder (MDD) from the payer (National Health System) perspective in Spain.

Methods: The model (a Markov simulation) follows a cohort of MDD patients through 1 year after failure of first-line treatment with a Selective-Serotonin-Reuptake-Inhibitor (SSRI) and estimates outcome measures (% in remission and depression-free days) accrued and costs incurred during outpatient treatment of MDD. Selected comparator is venlafaxine because its actual generic price. The model also considers drug treatment switching beyond the second-line of therapy (3rd line) or changing to another drugs in 4th-line in cases of patient discontinuation or lack of remission according with outcomes from STAR-D trial. Efficacy of drugs was extracted from 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 venlafaxine: 1.7 days and 0.5% more in remission. Also, healthcare costs were a little bit lower with desvenlafaxine than with venlafaxine: €1,114 vs. €1,166 (-52€).

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 (about 5% lower) compared with venlafaxine for the second-line treatment of MDD patients from a payer (NHS) perspective in Spain.