The outcomes were measured in terms of quality-adjusted life years, QALYs, which represent a synthetic index which considered in the analysis and substantially equivalent indirect costs compared to Escitalopram. Agomelatine has the highest efficacy in terms of the deterministic Markov model consists of six states: healthy, depressive episode on treatment, remission on treatment, therapies commonly prescribed and belonging to the SSRI and SNRI pharmacological classes (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine). The purpose of the present study is to conduct an economic evaluation of Agomelatine vs the current alternatives proposed price (1.14 €/unit) was applied. The time horizon adopted is 24 months. The population considered in the model consists of patients suffering from MDD and will have a mean age of 45 years. The perspective of both the third-party payer (Italian National Health Care Service) and the society were considered in the analysis. Due to lack of Italian utility values for patients with depression, the values proposed for the Swedish population by Villablanca et al. for each health state of model (e.g., healthy, remission, and depressive episode) were used. The direct health care costs and indirect costs associated with the use of patients’ time were also included in the model. The model included direct costs (e.g., medication, laboratory tests and management of adverse events) were considered. Data for resource utilization during a depressive episode or remission were taken from a recent publication and all the values (both direct and indirect costs) has been validated by an expert opinion. The results of the model were expressed in terms of incremental cost-effectiveness ratios (ICER). Considering that most of the input data included in the model are subject to variations, in order to manage the uncertainty in probabilistic sensitivity analysis was carried out using Monte Carlo simulation.

RESULTS

The outcomes were measured in terms of quality-adjusted life years, QALYs, which represent a synthetic index which incorporates both quantity and quality of life. The calculation of QALYs was carried out on the basis of efficacy, proven by randomized comparative clinical trials, is in remission and maintaing it. The results of the model expressed in terms of incremental cost-effectiveness ratios (ICER). Considering that most of the input data included in the model are subject to variations, in order to manage the uncertainty in probabilistic sensitivity analysis was carried out using Monte Carlo simulation.

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According to the societal perspective, considering both direct and indirect costs, the results reported in Table 2 were obtained. Agomelatine is dominant against Venlafaxine, Fluoxetine, Sertraline and Duloxetine, since it is less expensive and more effective. Moreover, the ICER for Agomelatine vs. Escitalopram was calculated to be €310/QALY indicating that Agomelatine is a cost-effective alternative for MDD treatment in Italy vs. Escitalopram.

The probable sensitivity analysis showed that at a willingness to pay threshold of €15,000/QALY Agomelatine is highly likely to be cost-effective, with probabilities of 70% vs Duloxetine, 85% vs Venlafaxine, 86.6% vs Fluoxetine, 95.5% vs Escitalopram, 97.1% vs Sertraline.

CONCLUSIONS

According to results of the present study, Agomelatine dominates (i.e. is cost-saving for the payer and in parallel is more effective) all five comparators included in the analysis (Venlafaxine, Fluoxetine and Sertraline) except for Escitalopram, where we found that Agomelatine is cost-effective with an ICER equal to €310/QALY gained. Agomelatine represents a powerful tool for many patients suffering from MDD, which may lead to both clinical and economic advantages.

ECONOMIC EVALUATION OF AGOMELATINE FOR MAJOR DEPRESSIVE DISORDERS RELATIVE TO OTHER ANTIDEPRESSANTS IN THE ITALIAN SETTING

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