

P-950 - ECONOMIC EVALUATION OF AGOMELATINE IN PATIENTS ATTENDING PRIVATE HOSPITALS IN SAUDI ARABIA

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Objective: To conduct a Cost-effectiveness evaluation of agomelatine, in the treatment of major depressive disorder (MDD) in adults in private hospitals setting in Saudi Arabia.

Method: Using an economic model validated by European Health Authorities, data were collected from expert's opinion survey regarding MDD management and patients profile in Saudi Arabia. The perspective used was that of private hospitals. The comparators of agomelatine were venlafaxine, escitalopram, and a hybrid comparator which cost and effectiveness were those of the previous compounds weighted by their market share. The effectiveness data was extracted from published head-to-head clinical trials (e.g., venlafaxine) or derived from a meta-analysis when no publicly available direct comparison (e.g., escitalopram). The effectiveness included remission rates, time to remission and potential adverse events occurrence (sleep disorder and sexual dysfunction). Utilities, for QALY (quality adjusted life years) expression, were collected from international literature. The results are expressed in cost/life year in remission (cost/LYR) and in cost/QALY. Costs (SAR 2010) and effectiveness were discounted at 5%/year.

Results: Agomelatine was dominant (i.e., cost saving with incremental effectiveness) versus venlafaxine, escitalopram and the hybrid comparator venlafaxine/escitalopram (21%/79%). In the sensitivity analysis, agomelatine was cost saving versus all comparators in 75%, 60%, and 61% of the cases respectively.

Conclusion: Agomelatine brings incremental effectiveness in MDD patients and reduces hospital expenditures compared to venlafaxine, escitalopram and the hybrid comparator. The sensitivity analyses confirmed the robustness of those results. Therefore, the choice of agomelatine is relevant for an optimization of resource allocation in private hospitals in Saudi Arabia.