



# Esketamine for the Treatment of Treatment-Resistant Depression: Effectiveness, Value, and Value-Based Price Benchmarks

## Questions for Deliberation and Voting at the May 23<sup>rd</sup> Public Meeting

*These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.*

***Patient Population for all questions: Adults age 18 and over***

### **Clinical Evidence**

1. Is the evidence adequate to demonstrate that the net health benefit of esketamine plus background antidepressant is superior to that provided by background antidepressant alone?

Yes      No

2. Is the evidence adequate to distinguish the net health benefit between esketamine plus background antidepressant and ketamine plus background antidepressant?

Yes      No

***If yes to question 1:***

3. Is the evidence adequate to demonstrate that the net health benefit of esketamine plus background antidepressant is superior to that provided by any of the following treatments: TMS, ECT, or olanzapine?

Yes      No

***If yes to question 3:***

4. For which of the following comparator(s) is the evidence adequate to demonstrate a superior net health benefit to that provided by esketamine plus background antidepressant?
  - a. TMS
  - b. ECT
  - c. olanzapine

## Potential Other Benefits or Disadvantages and Contextual Considerations

5. Does treating patients with esketamine plus background antidepressant offer one or more of the following potential “other benefits or disadvantages” compared to other *approved* treatments for TRD? (select all that apply)
  - a. This intervention will significantly reduce caregiver or broader family burden.
  - b. This intervention offers a novel mechanism of action or approach that will allow successful treatment of many patients for whom other available treatments have failed.
  - c. This intervention will have a significant impact on improving patients’ ability to return to work and/or their overall productivity.
  - d. There are other important benefits or disadvantages that should have an important role in judgments of the value of this intervention: \_\_\_\_\_
  
6. Are any of the following contextual considerations important in assessing the long-term value for money of esketamine plus background antidepressant? (select all that apply)
  - a. This intervention is intended for the care of individuals with a condition of particularly high severity in terms of impact on length of life and/or quality of life.
  - b. This intervention is intended for the care of individuals with a condition that represents a particularly high lifetime burden of illness.
  - c. Compared to other treatments for TRD, there is significant uncertainty about the long-term risk of serious side effects of this intervention.
  - d. Compared to other treatments for TRD, there is significant uncertainty about the magnitude or durability of the long-term benefits of this intervention.
  - e. There are additional contextual considerations that should have an important role in judgments of the value of this intervention: \_\_\_\_\_.

## Long-term Value for Money

As described in ICER’s value assessment framework, questions on long-term value for money are subject to a value vote when incremental cost-effectiveness ratios for the interventions of interest are between \$50,000 and \$175,000 per QALY in the primary “base case” analysis. The base case estimates of the cost per QALY for esketamine exceed the higher end of this range, and therefore the treatment is deemed “low long-term value for money” without a vote unless the CEPAC determines in its discussion that the Evidence Report base case analysis does not adequately reflect the most probable incremental cost-effectiveness ratio for esketamine.