443 patients (mean age=46.1 years; female=57.3%) and AP cohort included 4,374 patients (mean age=44.8 years; female=59.1%). At month 6 pre-index, ESK cohort had a mean of 1.7 MH-related disability days PPPM relative to 1.2 days in the TMS, 1.3 days in the ECT, and 0.8 days in the AP cohort while mean MH-related disability costs were $443 PPPM in the ESK cohort relative to $178 in the ECT, $339 in the TMS, and $143 in the AP cohort.

In all cohorts, mean MH-related disability days and costs peaked at month 1 after therapy initiation followed by a decreasing trend. At month 6 post-index versus month 6 pre-index, the mean number of MH-related disability days decreased by 0.4 days PPPM in the ESK cohort, remained the same in the TMS cohort, and increased by 1.6 and 0.1 days in the ECT and AP cohorts, respectively. In the same timeframe, MH-related disability costs decreased by $312 and $123 PPPM in the ESK and TMS cohorts and increased by $353 and $26 in the ECT and AP cohorts, respectively. MH-related disability days and costs were driven primarily by short-term disability.

Conclusion. In this descriptive analysis, mean MH-related disability days and costs trended higher at month 6 before therapy initiation in ESK relative to TMS, ECT, and AP cohorts. ESK initiation was associated with lower mean MH-related disability days and costs at month 6 after versus before initiation. This trend was either not observed or less pronounced among patients with TRD initiated on conventional therapies. Results suggest potential economic and societal gains associated with ESK treatment for TRD.

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Adverse Event Duration with Esketamine Versus Quetiapine XR in Adults With Treatment-Resistant Depression: A Subgroup Analysis of ESCAPE-TRD

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Introduction. In ESCAPE-TRD (NCT04338321), a randomized, open-label, rater-blinded, long-term, phase 3b trial, augmentation with esketamine nasal spray (ESK) demonstrated increased probability of achieving meaningful clinical benefit versus quetiapine extended release (QUE XR) in patients (pts) with treatment-resistant depression (TRD). This subgroup analysis of ESCAPE-TRD evaluated the incidence, duration, and impact of treatment-emergent adverse events (TEAEs) on treatment discontinuation in adults with TRD treated with ESK or QUE XR according to US prescribing information.

Methods. Pts aged 18-64 years were randomly assigned to receive flexibly dosed ESK (56 or 84 mg) or QUE XR (150-300 mg), both consistent with US label dosing and in combination with an ongoing oral antidepressant. The incidence and duration of the most commonly occurring TEAEs, as well as the most common TEAEs leading to treatment discontinuation, were summarized descriptively. All randomly assigned participants receiving ≥1 dose of study drug were included in the safety analyses.

Results. Among the 636 pts included in the subgroup analysis, 316 and 320 were randomly assigned to ESK and QUE XR, respectively; 314 and 316 were included in the safety population. In the combined acute and maintenance phases, TEAEs occurred in 92.0% of pts in the ESK group and 78.5% of pts in the QUE XR group. The most commonly reported TEAEs with ESK or QUE XR in the combined acute and maintenance phases were dizziness (47.1% and 7.9%, respectively), headache (25.5% and 13.0%, respectively), somnolence (15.0% and 23.4%, respectively), and nausea (29.9% and 3.2%, respectively). Across all TEAE events reported in ≥5% of pts in either arm, 91.8% (5831 of 6351) resolved within 1 day in the ESK arm compared to 11.6% (90 of 776) with QUE XR. For specific TEAE events of clinical interest for ESK, same-day resolution rates for increased blood pressure, sedation, and dissociation in the ESK group were 93.5% (116 of 124), 96.2% (127 of 132), and 99.6% (740 of 743), respectively. The majority of TEAEs of clinical interest in the ESK group that occurred on the same day of dosing resolved within the first 2 hours after dosing. For the most frequently reported TEAEs with QUE XR, same-day resolution rates for somnolence, headache, and fatigue were 7.8% (8 of 103), 49.2% (29 of 59), and 9.5% (4 of 42), respectively. Fewer pts treated with ESK discontinued treatment due to TEAEs compared to QUE XR (4.4% versus 10.6%).

Conclusions. Safety data from this subgroup analysis were consistent with the overall study population as well as the known tolerability profile of each treatment. TEAEs were reported at higher incidence with ESK than with QUE XR; however, the majority of TEAEs occurring with ESK were transient in nature and did not result in a higher rate of treatment discontinuation compared to QUE XR.

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Cost Efficiency of Esketamine Nasal Spray Versus Quetiapine for Treatment Resistant Depression

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Objective. To compare the per-patient direct and indirect costs associated with achieving remission with esketamine nasal spray

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