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PSYCHIATRY
New medicinal product
February 2015

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

BRINTELLIX (vortioxetine), antidepressant

No clinical benefit demonstrated in the treatment of major depressive episodes by comparison with other antidepressants

Main points

- BRINTELLIX has Marketing Authorisation in the treatment of major depressive episodes in adults.
- It is a new alternative to the antidepressants that are currently available. The clinical data (superiority studies versus placebo and non-inferiority study versus comparator) did not demonstrate superiority over the available alternatives.

Therapeutic use

Antidepressants are the standard drug therapy for moderate to severe major depressive episodes.
In moderate to severe depressive episodes managed in an outpatient setting it is recommended that, except in specific cases, a selective serotonin reuptake inhibitor (SSRI), a serotonin-norepinephrine reuptake inhibitor (SNRI) or one of the "other antidepressant" class drugs (the class that includes vortioxetine) should be prescribed as first-line therapy on account of their better safety.
Among these three classes of medicinal product, no one antidepressant is generally recommended over another. Since the overall efficacy of the antidepressants is similar, selection should be based primarily on the safety profile, pharmacological properties, patient preference, treatment history, risk of withdrawal symptoms and toxicity in the event of overdose.
Imipramine-type drugs and MAOIs are generally prescribed as second- or third-line options.
Antidepressant treatment should not be envisaged independently of an overall management strategy and must be combined with psychotherapy.

Role of the medicinal product in the therapeutic strategy

BRINTELLIX is a new alternative to the antidepressants that are currently available.

Clinical data

- The short-term efficacy (6-8 weeks) of vortioxetine versus placebo has been evaluated in 11 studies in adults. Except at a dose of 15 mg/day, at doses between 5 and 20 mg/day vortioxetine showed superior efficacy to placebo in reducing depressive symptoms (MADRS score). The differences versus placebo were:
  - -2.3 points [-3.9 to -0.6] for vortioxetine 5 mg/day (6 studies);
  - -3.6 points [-5.0 to -2.2] for vortioxetine 10 mg/day (7 studies);
  - -2.6 points [-5.8 to +0.5] for vortioxetine 15 mg/day (2 studies);
  - -4.6 points [-6.6 to -2.6] for vortioxetine 20 mg/day (5 studies).

- In one study vortioxetine 5 mg/day showed superior efficacy to placebo in reducing depressive symptoms after 8 weeks in elderly subjects (aged 65 years or over).

- Vortioxetine was statistically superior to agomelatine in reducing depressive symptoms after 8 weeks (difference in change in MADRS score after 8 weeks: -2.16 [95% CI: -3.51; -0.81]). The observed difference is not considered clinically relevant.

- In a relapse prevention study versus placebo, patients treated with vortioxetine had a significantly lower probability of relapse after 24 weeks (13%) than those who received placebo (26%) (HR: 2.01 [95% CI: 1.26; 3.21]).

- The most commonly reported adverse event during the clinical studies was nausea.

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Benefit of the medicinal product

- The actual benefit* of BRINTELLIX is moderate.
- BRINTELLIX does not provide clinical added value** (CAV V) in the treatment of major depressive episodes in adults.
- Recommends inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

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This document was created on the basis of the Transparency Committee Opinion of 04 February 2015 (CT-13896) and is available at **www.has-sante.fr**

* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement by National Health Insurance.

** The clinical added value (CAV) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of CAV on a scale from I (major) to IV (minor). A level V CAV means “no clinical added value”.

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