OBJECTIVES: Duloxetine, a serotonin and norepinephrine reuptake inhibitor, has been approved for the treatment of both major depressive disorder (MDD) and certain chronic pain-related diseases (CPD). This study examined the association between adherence to duloxetine and hospital utilization among MDD patients with CPD.

RESULTS: Adherence has a cost-effectiveness ratio of approximately $93,000 per QALY gained vs. MTX, comparable with those of etanercept ($96,000) and adalimumab ($112,000) and much lower than that of infliximab ($171,000). At willingness-to-pay between $80,000 and $97,000, abatacept is the most cost-effective and adalimumab ($112,000) and much lower than that of infliximab ($171,000). At willingness-to-pay between $80,000 and $97,000, adalimumab is the most cost-effective option. Results were most sensitive to the assumption of the threshold for clinically meaningful HAQ improvement at 6-month and applied time horizon.

CONCLUSIONS: Determination of an appropriate biological therapy in RA depends on multiple factors including economic value. Adalimumab offers a valuable therapeutic option for the treatment of moderate-to-severe active RA in patients with inadequate response to one or more DMARD therapies.

WTP threshold, ceritalizumab may be the most cost-effective agent for the treatment of rheumatoid arthritis compared to all other TNF-alpha inhibitors.