Formulary Drug Listing Decisions

ESCITALOPRAM

Indication(s)

Treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), and obsessive compulsive disorder (OCD).

Formulary Status

The Drug Advisory Committee (DAC) recommended:

- generic escitalopram be listed on persistent pain (02WS), central nervous system (03WS), burn (05WS), psychotraumatic injury (22WS), and chronic pain disability (23WS) formulary; and
- Drug Profile

Products available in Canada:

Cipralex[®], Cipralex MELTZ[®], generic escitalopram products 2. Cipralex MELTZ® not be listed on any WSIB formulary.

The WSIB has decided to accept the DAC recommendation.

Generic escitalopram (strengths: 10 mg and 20 mg tablets) is listed on WSIB formularies 02WS, 03WS, 05WS, 22WS and 23WS.

Recommendation Highlights

- Escitalopram is a second generation antidepressant (SGA) belonging to a class of medications known as selective serotonin reuptake inhibitors (SSRIs). It is an S-isomer of citalopram.
- Cipralex MELTZ® is an orodispersible tablet for which efficacy and adverse event profile is similar to that of Cipralex®. Cipralex MELTZ® has no interchangeable products, and its cost is significantly greater than generic escitalopram.
- Systematic reviews and meta-analyses of randomized controlled trials have concluded that there are no clinically significant differences in efficacy between escitalopram and SGAs for the treatment of MDD.

- Meta-analyses of RCTs comparing escitalopram with less costly SGAs such as sertraline and venlafaxine have not demonstrated a clinically significant difference in achieving remission.
- Although one manufacturer sponsored meta-analysis reported that escitalopram was more effective than citalopram, the effect size was small and not clinically significant. Multiple concerns with the meta-analysis' design limit the validity of the conclusions.
- The general tolerability profile of escitalopram is similar to that of other SSRIs. Common adverse effects include nausea, headache, sleep disturbance and sexual dysfunction.
- Comparisons of quality of life and days of disability have not been investigated or reported with escitalopram.
- There is no evidence demonstrating any clear therapeutic or safety advantage for escitalopram in comparison to other SGAs.
- No pharmacoeconomic studies relevant to the WSIB were located.
- Based on the published evidence and the introduction of generic escitalopram, the DAC concluded that generic escitalopram is comparable to formulary alternatives. Hence, the DAC recommended that generic escitalopram be added to relevant WSIB formularies.

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