SO YOUR EMPLOYEE HAS TRD...

What’s the impact of treatment-resistant depression on your benefits plan?

By Mike Sullivan and Chris von Heymann
Your employee has tried to treat her depression with at least two different medications but nothing seems to be working. She's not alone: research suggests at least half of adults with major depressive disorder (MDD) will fail to respond to multiple attempts with antidepressants.

Treatment-resistant depression (TRD), also known as treatment-refractory depression, is commonly defined as an MDD that hasn’t responded adequately to two or more courses of therapy with different antidepressants (usually from different medication classes).

If a patient doesn’t respond to two different antidepressants, be or she can try a third course of treatment with a different antidepressant to see if there's an adequate response. In some cases, it may simply be a matter of finding the right drug for that specific individual.

The prescribing physician can also add a second antidepressant therapy to the treatment plan, or augment the antidepressant therapy with lithium, thyroid hormone or antipsychotic medication. Complements to drugs—such as counselling, psychotherapy or lifestyle changes—are also expected to be part of the treatment considerations for all MDDs, including TRD, and should be discussed with the physician.

The prevalence of TRD opens up a much-needed dialogue in the benefits industry. How should employers support members with a more severe form of depression or another serious condition? Can we develop plan designs to make appropriate resources easily available to members with unique needs? Can third-party providers play a more active, targeted role in supporting these members?

For plan sponsors, transactional-level claims data is key because it can be used to measure and determine severity within a given condition, such as TRD within depression, allowing them to look at plan design in different ways. For example, does it make sense to put a hard cap on the sum available to a member for services such as psychotherapy or counselling in a given benefit year if a TRD claimant’s needs are different from those of a member who can control his or her depression with less intervention? Would a plan sponsor’s perspective on benefits plan design change if it understood the relative cost implications of TRD? Can providers play a more active role in using claims data to prioritize resources toward members most in need while also respecting their privacy and confidentiality?

While it’s encouraging to see the conversation around mental health in the workplace get more attention, there’s an absence of updated financial and health metrics to help guide decision-making. To that end, Janssen, Great-West Life and Cubic Health collaborated on research into TRD in 2014—focusing on prescription drug, short-term disability (STD) and long-term disability (LTD) claims—on a population of roughly 58,000 employees over a two-year period.

Research Results

In Year 1 of the study, 13.1% of all employees treated for depression were treated for TRD, and that figure grew to 13.4% in Year 2. The research shows TRD employees treated for depression were substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.

Looking at drug claims data alone, the research suggests employees who are being treated for TRD are, in general, treating multiple or more severe health conditions along with depression. Those with TRD spent an average of $2,168 in Year 2 on medications, compared with $1,039 for non-TRD employees and $567 for employees not being treated for any form of depression.

Looking solely at drug costs for treating depression, the cost to treat TRD was substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.

Looking at drug claims data alone, the research suggests employees who are being treated for TRD are, in general, treating multiple or more severe health conditions along with depression. Those with TRD spent an average of $2,168 in Year 2 on medications, compared with $1,039 for non-TRD employees and $567 for employees not being treated for any form of depression.

Looking solely at drug costs for treating depression, the cost to treat TRD was substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.

Looking at drug claims data alone, the research suggests employees who are being treated for TRD are, in general, treating multiple or more severe health conditions along with depression. Those with TRD spent an average of $2,168 in Year 2 on medications, compared with $1,039 for non-TRD employees and $567 for employees not being treated for any form of depression.

Looking solely at drug costs for treating depression, the cost to treat TRD was substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.

Looking at drug claims data alone, the research suggests employees who are being treated for TRD are, in general, treating multiple or more severe health conditions along with depression. Those with TRD spent an average of $2,168 in Year 2 on medications, compared with $1,039 for non-TRD employees and $567 for employees not being treated for any form of depression.

Looking solely at drug costs for treating depression, the cost to treat TRD was substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.

Looking at drug claims data alone, the research suggests employees who are being treated for TRD are, in general, treating multiple or more severe health conditions along with depression. Those with TRD spent an average of $2,168 in Year 2 on medications, compared with $1,039 for non-TRD employees and $567 for employees not being treated for any form of depression.

Looking solely at drug costs for treating depression, the cost to treat TRD was substantially higher, averaging $794 per employee per year compared with $293 per non-TRD employee per year. Employees with TRD spent $1,374 on drug therapies for other conditions, compared with $746 for non-TRD employees and $567 for employees without depression. Interestingly, 2.9% of employees with TRD made one or more claims for a specialty medication (i.e., an expensive biologic or non-biologic medication for treating conditions such as rheumatoid arthritis, Crohn’s disease, multiple sclerosis and cancer), compared with 1.9% for non-TRD employees. There was also a significant difference in STD and LTD rates. In Year 2, 2.0% of employees with TRD made an STD claim related to depression, compared with only 1.0% for non-TRD employees. And 4.1% of employees with TRD made an LTD claim related to depression compared with only 0.3% for non-TRD employees.