Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262): clinical effectiveness systematic review and economic model

Rachel Archer,1* Paul Tappenden,1 Shijie Ren,1 Marrissa Martyn-St James,1 Rebecca Harvey,1 Hasan Basarir,1 John Stevens,1 Christopher Carroll,1 Anna Cantrell,1 Alan Lobo2 and Sami Hoque3

1Health Economics and Decision Science, School of Health and Related Research (ScHARR), University of Sheffield, Sheffield, UK
2Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK
3Barts Health NHS Trust, London, UK

*Corresponding author

Declared competing interests of authors: none

Published May 2016
DOI: 10.3310/hta20390

Plain English summary
Treating active ulcerative colitis after the failure of conventional therapy
Health Technology Assessment 2016; Vol. 20: No. 39
DOI: 10.3310/hta20390

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Plain English summary

Ulcerative colitis (UC) is a form of inflammatory bowel disease. Patients with this disease experience symptoms including bloody diarrhoea, abdominal pain, weight loss and tiredness.

We reviewed the evidence for the use of infliximab [Remicade®, Merck Sharp & Dohme Ltd (MSD)], adalimumab (Humira®, AbbVie) and golimumab (Simponi®, MSD) for the treatment of patients with UC. The clinical trials included in the review suggested that adult patients receiving these drugs were more likely to achieve a treatment response than patients receiving placebo. More evidence is needed to determine whether or not these drugs reduce the need for hospitalisation or surgery in such patients.

We also assessed whether or not these therapies represent good value for money for the NHS. The analysis suggests that surgery may be more effective and less expensive than medical therapies. For patients that do not want to, or cannot, undergo surgery, the incremental cost-effectiveness ratios for these therapies are expected to be greater than £50,300 per quality-adjusted life-year gained.
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This report
The research reported in this issue of the journal was commissioned and funded by the HTA programme on behalf of NICE as project number 12/51/01. The protocol was agreed in November 2013. The assessment report began editorial review in July 2014 and was accepted for publication in July 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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