

# A systematic review and economic evaluation of adalimumab and dexamethasone for treating non-infectious intermediate uveitis, posterior uveitis or panuveitis in adults

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## Plain English summary

### Treating adults with non-infectious intermediate, posterior or panuveitis

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## Plain English summary

**N**on-infectious intermediate uveitis, posterior uveitis and panuveitis are a group of conditions causing inflammation in the eye, which if untreated may lead to sight loss. Treatment may include injections or implants into the eye or medicines taken by mouth or via injection.

This assessment evaluated whether adalimumab (as an injection under the skin) (Humira®; Abbvie Ltd, Maidenhead, UK) or dexamethasone (as an implant in the eye) (Ozurdex®; Allergan Ltd, Marlow, UK) improved patients' eye inflammation, vision and quality of life. We also examined the harmful effects of treatment as well as the associated costs. Data were combined from published sources in an economic model to estimate the cost-effectiveness of adalimumab and dexamethasone compared with current treatment.

Evidence from three studies showed that adalimumab and dexamethasone were each better than placebo at improving eye inflammation, vision and quality of life. In terms of safety, adalimumab resulted in more generalised effects such as infections and injection site reactions. The dexamethasone implant resulted in more eye-related complications such as raised pressure in the eye and cataracts.

For dexamethasone, the additional cost for each additional year of life in full health (cost per quality-adjusted life-year gained) was estimated as £19,509 compared with current practice. The equivalent figure for adalimumab was estimated to be > £90,000, which is higher than the values reported by the National Institute for Health and Care Excellence as thresholds for a treatment to be considered cost-effective. There is substantial uncertainty around the evidence, in particular with regard to the impact of the interventions on patient blindness and differences between trial evidence and clinical practice.

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