Infliximab and etanercept in rheumatoid arthritis: systematic review of long-term clinical effectiveness, safety, and cost-effectiveness


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objective of the report was to provide the best up-to-date evidence of the safety, long-term effectiveness, and costs of anti-TNF agents (etanercept (ETN; Enbrel), infliximab (IFX; Remicade), and adalimumab (ADM; Humira) in the treatment of Rheumatoid Arthritis (RA). Includes a systematic review of the literature that includes RCTs, observational studies, and economic evaluations from the time when anti-TNF agents were first available. Two questions are implied in the objective. : What is the evidence (clinical trials or observational studies) of the long-term effectiveness and safety of IFX and ETN for RA? : What is the evidence of cost-effectiveness for IFX and ETN for RA?

Authors' conclusions
Implications for Decision Making;

: IFX and ETN are moderately effective at one year. Evidence suggests that IFX and ETN, used concomitantly with MTX, improve surrogate and composite outcomes, such as delay in radiological progression and American College of Rheumatology improvement criteria. The long-term impact on functionality, survival, or quality of life has not been demonstrated.

: Concerns remain regarding long-term harm. Evidence suggests that risks for some serious complications, such as tuberculosis and autoimmune disorders, are greater with IFX than with ETN. Half of patients receiving IFX and a third of patients receiving ETN discontinued therapy by the third year of treatment. Patients receiving therapy should be monitored.

: IFX and ETN are not cost-saving. Economic evidence suggests that ETN and IFX, when used concomitantly with MTX, is only cost-effective for the treatment of RA after the failure of other DMARDs, and if society is willing to pay >100,000 Canadian dollars to obtain a quality adjusted life-year.

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