

Table 1. Infliximab cost-consequence analysis

Infliximab plus standard of care: Three doses of infliximab at 5 mg/kg and oral corticosteroids at 40–60 mg/day	Standard of care: Oral corticosteroids at 40–60 mg/day
<p>Additional cost to deliver: ¶¶*</p> <p>Clinical considerations:</p> <ul style="list-style-type: none"> • High rate for symptom improvement or symptom response 81% (95% CI: 73% to 87%)²⁵. • Short duration of steroid with infliximab associated with lower infection rates during the treatment duration, however, this difference was not statistically significant (14.3%)^{† 23} • Infliximab related AEs <p>Clinical opinion</p> <ul style="list-style-type: none"> • Lower hospitalisation rate due to reduction of progression to grade 3–4. • Improved QoL due to reduction in symptoms relative to standard of care. 	<p>Clinical considerations:</p> <ul style="list-style-type: none"> • No evidence on the curative rate, patients have not responded to first-line immunosuppression with corticosteroids • Continued oral steroid use and steroid burden (adverse events and healthcare costs) • Long duration of steroid without infliximab associated with higher infection rates during the treatment duration, however, this was not statistically significant (42.9%)^{† 23} <p>Clinical opinion</p> <ul style="list-style-type: none"> • Higher hospitalisation rate compared to infliximab with standard of care due to relative response rate. • Reduced QoL due to continued symptoms compared to infliximab with standard of care.

* Costs are limited to procurement and administration costs.

† insignificant difference (P=0.089)

AE: adverse event; CI: confidence interval; QoL: quality of life

¶¶ commercial in confidence figure removed