One Wales Medicine Assessment Group summary of decision rationale

Medicine: infliximab
Indication: For the treatment of moderate to severe hidradenitis suppurativa that does not respond to licensed treatments or when licensed treatments are not suitable (OW37).

Meeting date: **05 October 2026**

Criteria	OWMAG opinion
Clinical effectiveness	OWMAG were presented with the Evidence Status Report (ESR) and noted the rationale for use of infliximab for treatment of treat moderate to severe hidradenitis suppurativa that does not respond to licensed treatments or when licensed treatments are not suitable. Use therefore would therefore be after licensed and HTA-approved treatments have been deemed unsuitable. The group noted the two biologic treatments (adalimumab and secukinumab) currently available for patients with moderate-to-severe hidradenitis suppurativa and the relatively short duration of effective disease control. The group acknowledged the proposed place in therapy for infliximab as an option for patients who have not responded, or who have relapsed following these treatments. It was recognised that should other biologic treatments, such as bimekizumab and upadacitinib, be licensed and approved by NICE or AWMSG in the future, infliximab would still be a relevant option after these treatments have been tried.. OWMAG considered the available clinical evidence, including the UK-based randomised control trial by Grant et al. (2010), systemic review and network meta-analysis by Shih et al. (2022) and two retrospective cohort studies by Le et al. (2026) and Srour et al. (2026). Studies were heterogenous with respect to previous treatments and outcome measures. Overall, the Group considered infliximab was likely to be an effective treatment option for patients with moderate-to-severe HS. The group noted the study by Srour et al (2026) where the maintenance dose of infliximab was increased to every 4 weeks. The group agreed that the results suggested that increased dosing could be considered effective and safe for patients who have a suboptimal response to maintenance every 8 weeks. The group noted that, in general, adverse events reported for infliximab in the treatment of HS were in accordance with those in the SmPC. However, there are reports by Acquacalda et al. (2015) and Van Rappard et al. (2011) of

	8 cases of polyarthritis in patients with HS following treatment with infliximab. The clinical expert also noted that inflammatory arthritis is more common in people with HS. OWMAG agreed it would be prudent to advise patients of this rare adverse event. OWMAG considers that, while direct clinical evidence for infliximab in HS is limited, the available data suggest potential clinical benefit for patients who do not respond to, have lost response, or are unsuitable for treatment, with licensed and available treatments. OWMAG considers that the evidence for an increase in dosing frequency suggests benefit for patients with suboptimal response to standard dosing.
Cost-effectiveness	There is no published cost-effectiveness evidence available for this treatment. AWTTC did not conduct cost effectiveness analysis as the available clinical evidence was not considered suitable to support a reasonable cost effectiveness model and infliximab treatment was considered to be either cost saving or low when compared to alternative treatment options.
Budget impact	OWMAG considers the clinical estimate of patient numbers to be reasonable. The estimate was based on the experience of a clinician who treated a large population of people with HS in Wales. It is possible that as more treatments for HS become available this number may fall. The group considers bimekizumab, upadacitinib and best supportive care (BSC) to be reasonable comparator treatments. The main driver of the budget impact is the cost of the comparator, bimekizumab. OWMAG acknowledge that if bimekizumab becomes routinely available cost savings associated with infliximab will be lower. OWMAG note the limitations and uncertainties highlighted in the budget impact. In particular the likely underestimation for BSC costs and uncertainties around the duration of treatment and lack of adverse event costs. Costs such as surgery, drainage of boils, attendance at A&E and visits to healthcare providers are not included, the group recognise that offset costs are likely to be considerably higher than estimated. The group noted the modest reduction in cost savings if infliximab dosing frequency was increased for patients who have suboptimal response at 6 months.

	OWMAG considers that, based on the estimated number of eligible patients and the expected treatment pathway, the overall budget impact is likely to be either cost saving or low. The use of infliximab is expected to reduce NHS resource use for patients who respond to treatment. OWMAG consider the budget impact to be reasonable value for money for NHS Wales.
Resource use	OWMAG note that treatment with infliximab involves intra-venous infusion at an outpatient department. Comparator treatments may be self-administered (bimekizumab after three outpatient appointments). Upadacitinib is an oral treatment. The group accept that monitoring requirements are likely to be the same for infliximab and active comparator treatments. The group considers that any potential additional resource use with infliximab is acceptable, as it may be offset by reduced management needs associated with uncontrolled disease/HS flare.
Other factors	OWMAG considered the contribution by the patient representative, in particular acknowledging the first-hand account of living with HS. Providing an account of the numerous surgical procedures that patients may have to endure. The risk of progressive irreversible scarring was noted by the clinical expert and having a window of opportunity to prevent such scarring. The Group understand the burden of disease on the quality of life for patients and their carers. In particular the chronic pain and impact on further education, work, mental health, family and relationships. The clinical expert noted that for people who are failing current treatments there is a reliance on repeated use of antibiotics was in conflict with the principles of antibiotic stewardship. OWMAG acknowledge that current treatment options often have a short-lived duration of efficacy and patients would welcome additional treatment options for when all licensed and HTA-approved treatments have been exhausted.
Final recommendation	OWMAG recommends the use of infliximab for the treatment moderate-to-severe hidradenitis suppurativa where licensed and health technology appraisal approved treatments are unsuitable. OWMAG recommends an increase in dose frequency to every four weeks for patients with sub-optimal response after six months standard treatment. This recommendation is subject to the development of appropriate start/stop criteria.

Summary of rationale	Despite limited clinical evidence, OWMAG are of the opinion that infliximab may provide meaningful clinical benefit in selected patients with moderate-to-severe HS where licensed and health technology appraisal approved treatments are unsuitable, sufficiently to consider the associated cost to be a reasonable use of NHS resources. Real-world data will be captured to further assess the benefit of this treatment in this patient cohort.