

Rituximab retreatment at clinical relapse cost-effective in RA

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(HealthDay)—Rituximab retreatment at clinical relapse is at least as cost-effective as a more intensive regimen in longstanding rheumatoid arthritis (RA), according to a study published in the July issue of *Arthritis Care and Research*.

Luca Quartuccio, M.D., Ph.D., from the University Hospital Santa Maria della Misericordia in Udine, Italy, and colleagues conducted an observational, retrospective study involving 102 patients with longstanding RA, enrolled in three hospitals and followed for 12 months or more. Forty-seven patients followed regimen 1, which included rituximab treatment as needed, scheduled at the time of clinical relapse. Fifty-five patients followed regimen 2, which comprised a more intensive regimen with a fixed full cycle after six months if remission was not reached. The regimens were compared in a cost-effectiveness analysis.

The researchers found that regimen 1 was less costly at 10, 20, and 30 years, and was associated with a higher quality of life compared to regimen 2. At 10 years, a probabilistic sensitivity analysis estimated a probability of 95.1 percent for regimen 1 to be cost-effective, given a willingness to pay €35,000 per quality-adjusted life-year. For seropositive [patients](#) and tumor necrosis factor failures, probability was estimated at 92.0 and 92.7 percent, respectively.

"In longstanding RA, cost-effectiveness of rituximab retreatment at clinical relapse was found to be at least equivalent to the more intensive regimen proposed," the authors write.

One author disclosed financial ties to OptumInsight and Gruenenthal.

More information: [Abstract](#)
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