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Summary

COMPARATIVE HEALTH CARE RESOURCE USE AND TREATMENT PATTERNS FOLLOWING TUMOR NECROSIS FACTOR INHIBITOR CYCLING VERSUS SWITCHING TO UPADACITINIB: A PROPENSITY SCORE MATCHED ANALYSIS

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In this retrospective US claims analysis of 514 IBD patients who switched therapies after initial TNFi, switching to upadacitinib was associated with significantly lower ED visits (7.8% vs 13.3%, P<0.001), lower rates of switching to another advanced therapy (16.4% vs 31.2%, P<0.001), and higher adherence (71.6% vs 59.8%, P<0.001) compared with TNFi cycling at 12 months.

KEY POINTS

- Patients who switched to upadacitinib had significantly fewer IBD-related emergency department visits compared with TNFi cyclers (7.8% vs 13.3%; adjusted odds ratio 0.467; P<0.001)
- Treatment persistence was significantly better with upadacitinib, with only 16.4% switching to another advanced therapy versus 31.2% of TNFi cyclers (adjusted odds ratio 0.482; P<0.001)
- Adherence was significantly higher among upadacitinib switchers (71.6% with proportion of days covered ≥0.8) compared with TNFi cyclers (59.8%; adjusted odds ratio 1.617; P<0.001)
- The study included 398 TNFi cyclers and 116 upadacitinib switchers from a US administrative claims database (January 2021–March 2025), with 1-year follow-up
- Results were consistent in the ulcerative colitis subgroup; Crohn's disease estimates were directionally similar but not statistically significant, likely due to smaller sample size
- The study was funded by AbbVie, and several authors are AbbVie employees or consultants

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