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Summary

SUBCUTANEOUS INFLIXIMAB – A REAL WORLD EXPERIENCE

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A real-world study of 103 inflammatory bowel disease patients found that switching from intravenous to subcutaneous infliximab maintained disease control while improving drug levels, reducing costs, and aligning with patient preference.

KEY POINTS

- Infliximab trough levels improved by an average of 14.98 µg/mL (188.6%) after switching to subcutaneous administration compared to intravenous (P<0.05)
- Faecal calprotectin fell by an average of 74.45 µg/g (18.8%) after switching from intravenous to subcutaneous formulation (P<0.05)
- Among surveyed patients, 90% (n=10) preferred subcutaneous to intravenous infliximab administration
- Switching 103 patients from intravenous to subcutaneous infliximab saved 523,137 euro per annum and freed 670 infusion suite appointments per year
- The study included 57 Crohn's disease patients and 46 ulcerative colitis patients, all receiving subcutaneous infliximab for more than 3 months

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