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Summary

INTRAVENOUS INFLIXIMAB, SUBCUTANEOUS INFLIXIMAB AND SUBCUTANEOUS ADALIMUMAB AS “TOP-DOWN” TREATMENT FROM DIAGNOSIS, ARE ALL MORE EFFECTIVE, SAFER AND LESS COSTLY THAN CONVENTIONAL ‘STEP-UP’ CARE FOR PATIENTS WITH ACTIVE CROHN’S DISEASE

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IBD

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A health economic analysis of the PROFILE trial demonstrates that top-down anti-TNF therapy from diagnosis in newly-diagnosed active Crohn's disease is cost-effective compared to accelerated step-up strategy over 5 years.

KEY POINTS

- A Markov model using PROFILE trial data and UK biosimilar costs from 18 sites showed top-down therapy dominated accelerated step-up, with intravenous infliximab yielding 0.17 additional QALYs and saving £1,681 per patient over 5 years.
- Adalimumab provided the greatest cost savings at £10,059 per patient over 5 years, with similar clinical benefits observed for subcutaneous infliximab and subcutaneous adalimumab.
- Sensitivity analyses supported robustness, with top-down therapy being most cost-effective in 98.7% of model simulations.
- The analysis concludes that top-down anti-TNF therapy results in lower healthcare resource use, longer remission periods, fewer flares, and enhanced quality of life in newly-diagnosed active Crohn's disease patients meeting specified disease activity criteria.

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