

29[™] EAHP CONGRESS 12-13-14 MARCH





PHARMACOKINETIC MONITORING OF SUBCUTANEOUS INFLIXIMAB IN PATIEI INFLAMMATORY BOWEL DISEASE

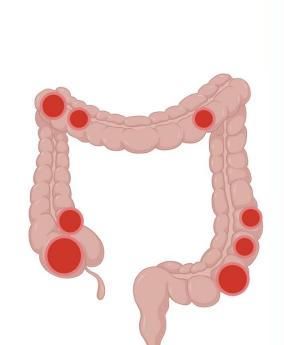
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BACKGROUND AND OBJECTIVES

Subcutaneous infliximab (SC-IFX) Inflammatory bowel disease (IBD) treatment stable drug effectivenes and OFF? concentration safety

- To analyze the variability of trough concentration (Cmin) of SC-IFX
- To establish a cutoff to achieve clinical response (CR), biochemical remission (RemBq) and clinical remission (RemC) during the maintenance phase in IBD patients.



MATERIAL AND METHODS

Study design

- Data: electronic prescription program (Abucasis/MDIS program)
- Variables:

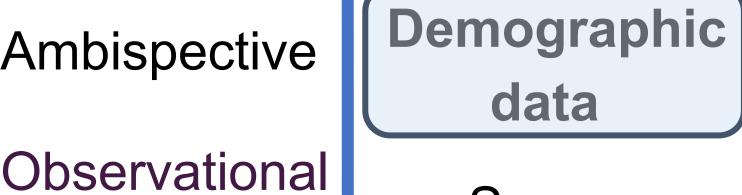
Ambispective

Single center

January 2020

- June 2024

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- Sex
- Age
- Weight

Diagnosis

- Crohn disease (CD)
- Ulcerative colitis (UC)

Pharmacoterapeutic data

- Cmin (3rd,6th,12th months)
- Previous biological therapy

Biochemical parameters

- Albumin (ALB)
- Fecal calprotectin (FCP)
- C-reactive protein (CRP)

p_value

0.226

Clinical score

- Partial-Mayo Score (MS): UC
- Harvey-Bradshaw (HB): CU
- Results expression: percentage, and median [interquartile range(IQR)].

RESULTS

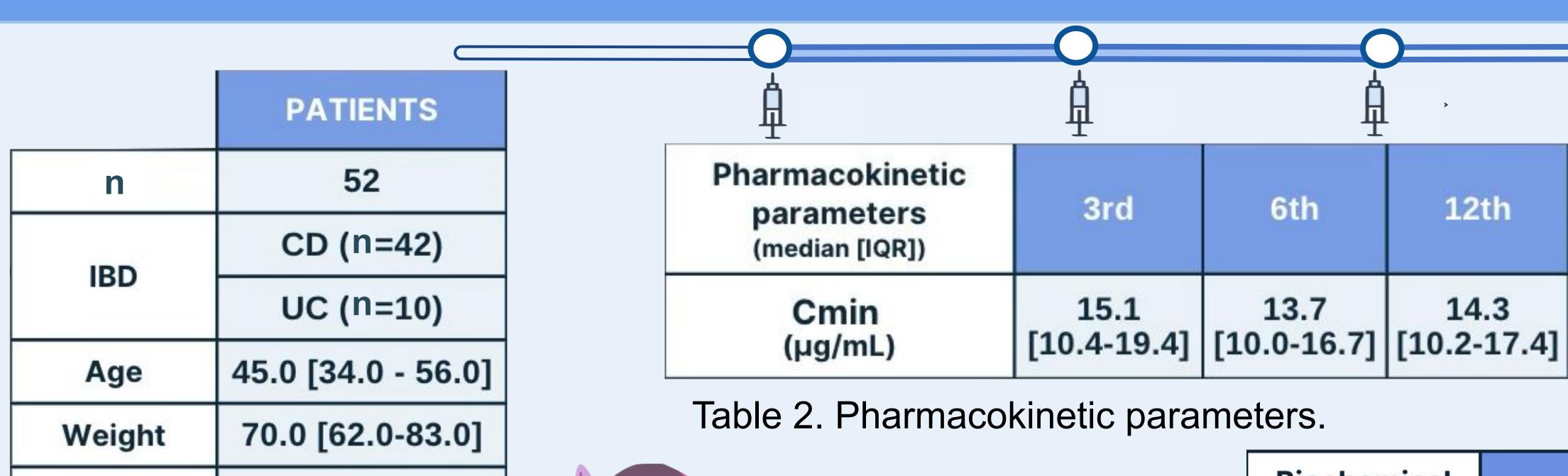


Table 1. Patient's characteristics.

n = 8

Prior biologic

treatment

CR	3rd	12th	
Cmin (µg/mL)	13.5	13.7	
AUC [95%CI] p_value	0.90 [0.82-0.98] p=0.024	0.77 [0.61-0.93] p= 0.020	
S	0.83	0.68	
E	0.87	0.88	

RemBq	3rd	
Cmin (µg/mL)	16.8	
AUC [95%CI] p_value	0.76 [0.63-0.90] p= 0.070	
S	0.53	
E	0.92	

SC-IFX cut off

Biochemical parameters (median [IQR])	3rd	6th	12th
ALB	4.4	4.4	4.4
(g/dL)	[4.2-4.6]	[4.2-4.5]	[4.3-4.7]
FCP	58.0	105.2	75.6
(µg/g)	[30.5-199.4]	[37.4 -265.1]	[32.3-316.2]
CRP	1.3	1.5	1.4
(mg/L)	[1.0-3.3]	[1.0-3.1]	[1.0-3.0]

Table 3. Biochemical parameters.

S: sensitivity, E: specificity

CONCLUSIONS AND RELEVANCE

- SC-IFLX Cmin remained stable over the follow-up period. A cutoff for CR was identified at 13.5 μg/mL and 13.7 µg/mL, and a cutoff of 16.8 µg/mL for RemBq.
- Further studies are required to confirm these findings and establish an optimal cutoff that ensures favorable clinical outcomes.

