FOUR DISTINCT CLINICAL PHENOTYPES OF SWITCHING FROM ORIGINATOR INFlixIMAB TO BIOSIMILAR INFlixIMAB (CT-P13) IN PATIENTS WITH ESTABLISHED BEHÇET’S DISEASE

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Background: Infliximab (IFX) has been proved to be effective in several organ involvement of Behçet’s Disease (BD). A recent report describing rapid loss of efficacy of biosimilar IFX after switching from originator IFX suggests the necessity to exercise caution regarding the automatic substitution of originator IFX with biosimilar IFX in patients achieving remission with originator IFX.

Objectives: The purpose of the present study was to describe our experience with biosimilar IFX CT-P13 in patients affected with BD, who were switched from originator IFX.

Methods: Forty-nine patients who had switched from originator IFX to biosimilar IFX CT-P13 were included. The clinical characteristics of these patients were recorded, as well as the time to remission and the time to relapse after switching from originator IFX to biosimilar IFX CT-P13.

Results: The mean age of the patients was 39.2 years (range: 19-68). The mean disease duration was 11.3 years (range: 0.5-32.5). The most common clinical manifestations were oral ulcers (71.4%), genital ulcers (61.2%), and retinal vasculitis (42.9%). The mean time to remission after switching from originator IFX to biosimilar IFX CT-P13 was 16.3 months (range: 4-52). The mean time to relapse after switching from originator IFX to biosimilar IFX CT-P13 was 23.3 months (range: 0.5-60).

Conclusions: Our findings suggest that switching from originator IFX to biosimilar IFX CT-P13 in patients with BD is feasible and safe, with similar efficacy and safety profiles compared to originator IFX. However, further studies are needed to confirm these findings and to evaluate the long-term safety of biosimilar IFX in patients with BD.

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