

Management of IBD Patients Who Are Unwilling or Unable to Receive Infusion Therapy During the COVID-19 Pandemic

Key Words: inflammatory bowel disease; COVID-19

To the Editor,

We read your article on the challenges in the care of inflammatory bowel disease (IBD) patients during the coronavirus 2019 (COVID-19) pandemic with interest and commend the authors for sharing their experiences during these unprecedented times.¹ An additional clinical challenge is managing our IBD patients who are unable to receive infusions because of either restrictions on leaving congregate living settings, including prisons, or those patients who are resistant to come to an infusion center despite reassurance about safety.

Some of these patients may be candidates for home infusions. However, switching to home infusions is not an ideal choice due to concerns that visiting nurses are moving house to house, which may be riskier than highly controlled infusion centers.² There has been some discussion about switching patients from intravenous to a subcutaneous (SC)-administered medication in the same class. For stable patients on infliximab, there is a risk of relapse when switching to adalimumab. In one study, nearly half the patients who switched

to adalimumab required dose intensification or early treatment discontinuation. One third of the patients switched back to infliximab, and of those, half required dose increases.³

Infliximab and vedolizumab both have SC formulations that have been developed. The European Commission approved an SC infliximab biosimilar for rheumatoid arthritis patients and is currently reviewing extending the indication to IBD. We recently saw evidence that SC vedolizumab was effective as maintenance therapy in ulcerative colitis patients who responded clinically to intravenous vedolizumab induction therapy.⁴ In preparation for the possibility that the COVID-19 pandemic progresses into the next year, we hope that the United States Food and Drug Administration is working with industry to facilitate approval and commercial launch of these products. Globally, IBD specialists have appealed to regulatory agencies to expedite approval of SC infliximab and vedolizumab.

In conclusion, we recommend IBD patients stay on their current infusion therapy during the COVID-19 pandemic. An infusion center with clear safety guidelines is imperative.⁵ To facilitate this process, we collectively need to (1) work in collaboration with congregate living facilities to provide a safe path moving forward to administer infusions and (2) develop patient education materials to reassure patients that with proper safety protocols in place, they can safely receive therapy at an infusion center or at home.

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ABBREVIATIONS:

IBD, inflammatory bowel disease;
SC, subcutaneous

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