1995 MTX

2000 MCP-MTX

2000 MTX

2014 COMMIT

2015 MTX kids PO/SC

RCT/MTX/ CD/Induction Conclusion:

In patients with chronically active CD, MTX was better than placebo improving symptoms and reducing the need of prednisone.

RCT/MCP or MTX/ IBD/Induction Conclusion:

These results suggest that 6-MP or MTX added to prednisone could be effective in steroid sparing, as well as in achieving and maintaining remission in steroid-dependent IBD patients. MTX was less effective in maintaining remission in UC patients.

RCT/MTX/ CD/ Maintenance Conclusion:

In patients with Crohn's disease who enter remission after treatment with methotrexate, a low dose of methotrexate maintains remission.

RCT/ IFX+/-MTX / CD/Maintenance Conclusion:

The combination of infliximab and methotrexate, although safe, was no more effective than infliximab alone in patients with CD receiving treatment with prednisone.

Observational/ MTX SC vs PO/ pediatric CD Conclusion:

SC administered MTX was superior to PO, but only in some of the outcomes and with a modest effect size. Therefore, it may be reasonable to consider switching children in complete remission treated with SC MTX to the oral route with close monitoring of inflammatory markers and growth.

METHOTREXATE

2016 METEOR

2018 MERIT-UC

2023 COMBINE

RCT/ MTX/ UC/ Induction Conclusion:

Parenteral MTX was not superior to placebo for induction of steroid-free remission in patients with UC. However, MTX induced clinical remission without steroids in a significantly larger percentage of patients, resulting in fewer withdrawals from therapy due to active UC.

OL+RCT/ MTX / UC / Induction & Maintenance Conclusion:

MTX was not superior to placebo in preventing relapses of UC in patients who achieved steroid-free response during induction therapy.

RCT/ IFX or ADA+/-MTX / CD/Maintenance Conclusion:

In pediatric CD patients, those on adalimumab but not infliximab initiators with combination therapy with methotrexate had a 2-fold reduction in treatment failure.