WAHT-KD-019

Treatment of Inflammatory Bowel Disease with Biologics (in patients over 15 years of age)

Worcestershire Acute Hospitals NHS Trust

Relevant NICE Guidelines

Key Document code:	Treatment of Inflammatory Bowel Disease with Biologics (In patients over 15 years of age)	
Key Document Owner:	Helen Osinski	Senior IBD CNS
Approved by:	Medicines Safety committee	
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This is the most upto date and should be used until a revised version is in place:	4th November 2021	

Key Amendments

Date	Amendment	Approved by

These can all be found in full at https://www.nice.org.uk/guidance/conditions-and-diseases/digestive-tract-conditions/inflammatory-bowel-disease

NICE TA 187 – Infliximab (review) and adalimumab for the treatment of Crohn's disease (2010)

The treatment of adults with severe, active Crohn's disease in patients unresponsive to or intolerant to conventional therapy (including corticosteroids and/or immunosuppressants). Severe active Crohn's disease is defined by NICE as very poor general health and one or more symptoms such as, weight loss, fever, severe abdominal pain and usually frequent (3-4 or more) diarrhoeal stools daily.

Infliximab is also indicated in the treatment of severely active Crohns disease in children and young people aged 6-17 years.

NICE TA 329 – Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262) (2015)

The treatment of adults with moderately to severely active ulcerative colitis in patients unresponsive to or intolerant to conventional therapy (including corticosteroids and/or immunosuppressants). Moderate ulcerative colitis is defined by NICE using the modified Truelove and Witts severity index as more than 4 daily bowel movements but the patient is not systemically ill; and severe ulcerative colitis as more than 6 bowel movements daily and the patient is also systemically ill (as shown by tachycardia, fever, anaemia or a raised erythrocyte sedimentation rate).

Infliximab is also indicated in the treatment of severely active ulcerative colitis in children and young people aged 6-17years.

NICE TA 342 - Vedolizumab for treating moderately to severely active ulcerative colitis

Vedolizumab is recommended, within its marketing authorisation, as an option for treating moderately to severely active ulcerative colitis in adults only.

NICE TA352 Vedolizumab for treating moderately to severely active Crohns disease after prior therapy (2015)

Vedolizumab is recommended for treating moderately to severely active Crohn's disease if an Anti TNFα has failed, cannot be tolerated or is contraindicated

NICE TA456 Ustekinumab for previously treated moderate to severe active crohns disease (2017)

Ustekinumab is recommended for treating moderately to severely active Crohns disease in those who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a Anti TNFα or have medical contraindications to such therapies.

Biologic treatment should be given as a planned course of treatment until treatment fails (including need for surgery) or until 12 months after starting treatment, whichever is shorter. If the patient is in remission as determined by clinical symptoms, biological markers or investigation including endoscopy a trial withdrawal of treatment should be considered.

A trail withdrawal of treatment for patients in stable clinical remission for more than 6 consecutive months on standard dosing regimes, may be inappropriate for the following groups:

- Patients receiving ustekinumab or vedolizumab, due to absence of evidence
- Patients with small bowel disease where MDT has determined surgery is inappropriate
- Patients in whom there are no alternative immunosuppressive maintenance options (e.g. Prior failure or intolerance)
- Patients receiving second or subsequent lines of treatment, following prior relapse (direct or indirect)