Adult with moderately to severely active ulcerative colitis

Moderately to severely active ulcerative colitis as defined by Truelove and Witts severity index criteria:

- Stool frequency >4 and blood in stools mild or more

Has the patient failed to tolerate or respond to conventional treatment (including corticosteroids, mercaptopurine/azathioprine) at maximum tolerated dose?

Yes

- Discuss risks and benefits of surgery versus pharmacological therapy
- Choice of treatment should be made on an individual basis following discussion between the clinician and the patient.
- If more than one treatment is suitable, the least expensive should be chosen (taking into account administration costs)

Adalimumab biosimilar £/Adalimumab £, Tofacitinib £, Golimumab £, Infliximab biosimilar £/infliximab £, Vedolizumab £

Has the patient responded to treatment?

Yes

Continue treatment for 12 months or until treatment failure (whichever is shorter). Treatment should only continue if there is clear evidence of response as determined by clinical symptoms, biological markers and investigation, including endoscopy if necessary. People should be reassessed at least every 12 months. A trial withdrawal should be considered for all patients in stable clinical remission at 12 months**.

No

Depending on clinical grounds consider an alternate therapy or surgery

Central and Eastern Cheshire NICE Pathway for Ulcerative Colitis after failure of conventional therapy

Approved at CEC APG September 2017 (Updated Jan 2019)

Review date September 2019
References

1. **NICE TA329** (Feb 2015) Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after failure of conventional therapy

2. **NICE TA342** (Jun 2015) Vedolizumab for treating moderately to severely active ulcerative colitis

3. **NICE TA163** (Dec 2008) Infliximab for acute exacerbations of ulcerative colitis

4. **NICE TA547** (Nov 2018) Tofacitinib for moderately to severely active ulcerative colitis

*Vedolizumab - may be preferential in patients with:
- High risk of complication or serious infection
- Not previously vaccinated with hepatitis B or varicella
- Heart failure and/or co-morbidities

**Local agreement for tofacitinib.**
A trial withdrawal should be considered for all patients treated with tofacitinib in stable clinical remission at 12 months. For patients at high risk of relapse of disease within a short timeframe, a decision may be made to continue treatment. This decision should be made by an MDT and the rationale should be documented on the Blueteq application proforma. Long term safety data for tofacitinib is limited.

£ represents lower cost options (taking administration costs into account for formulations delivered by intravenous infusion)
££ represents higher cost options (taking administration costs into account for formulations delivered by intravenous infusion)