NHS Lanarkshire
Outpatient IBD Treatment Pathway
Ulcerative Colitis

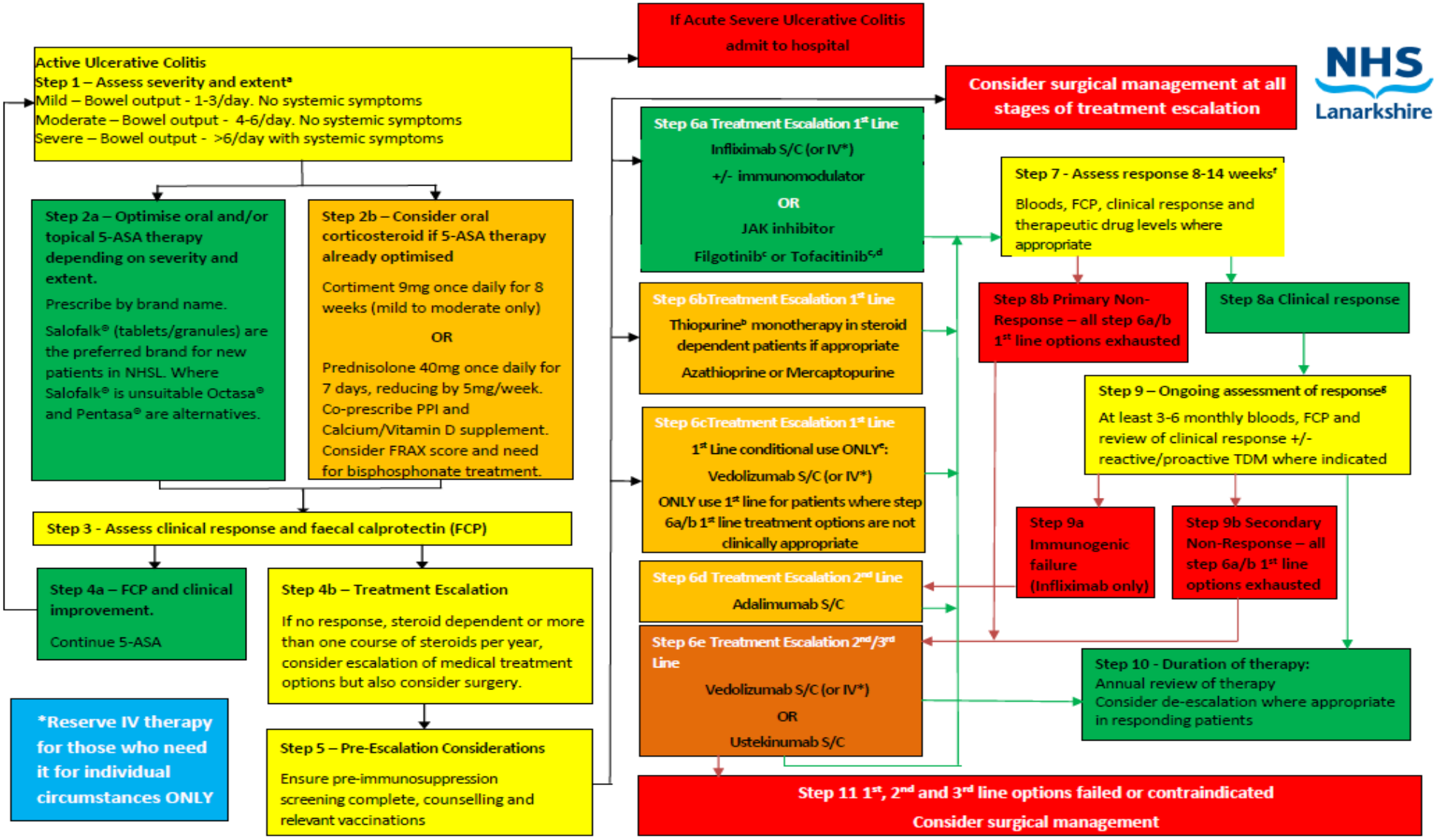
TARGET AUDIENCE	All clinical staff working in the Gastroenterology service in Secondary Care
PATIENT GROUP	Adult patients diagnosed with Ulcerative Colitis

Clinical Guideline Summary

- This guideline describes a pathway for the medical management of adult patients with a confirmed diagnosis of Ulcerative Colitis in the outpatient secondary care setting in NHS Lanarkshire.
- The pathway provides a stepwise approach to the management of Ulcerative Colitis, including a description of the factors to consider when choosing a Biologic or Immunosuppressive therapy.
- This pathway has been re-produced with thanks to the Gastroenterology Team at the Western General Hospital, NHS Lothian.

Lead Author	**Mr Michael Smith**	**Date approved**	**March 2023**
Version	**1.1**	**Review Date**	**March 2024**

NHS Lanarkshire Outpatient IBD Treatment Pathway Ulcerative Colitis



Lead Author	**Mr Michael Smith**	**Date approved**	**March 2023**
Version	**1.1**	**Review Date**	**March 2024**

NHS Lanarkshire Outpatient IBD Treatment Pathway Ulcerative Colitis

Prescribing Notes

The 1st line route of administration choice for Infliximab and Vedolizumab should always be S/C.

This is to ensure capacity for the Aseptic Pharmacy Department and Planned Investigation Unit at University Hospital Monklands is sustainable. This will ensure availability for those patients who absolutely need to be maintained on intravenous therapy e.g. compliance reasons, manual dexterity issues, patient intolerance of S/C therapy (not exhaustive).

Factors to consider when choosing a Biologic or Immunosuppressive drug in IBD

1. Route of administration
2. Speed of response
3. Potential immunogenicity and need for combination therapy
4. Side effects including cancer
5. Persistence of drug therapy
6. Availability of infusion facilities and therapeutic drug monitoring
7. Overall cost

Footnotes

a) Endoscopic assessment should ideally be done before treatment, an appropriate endoscopy scoring (UCEIS) is mandatory. However, this should not delay the start of therapy in those with a confirmed diagnosis of IBD.

b) The evidence for the use of a thiopurine in ulcerative colitis is for the treatment of steroid dependent UC. Those unsuitable for a thiopurine include (but not limited to) EBV negative young males, history of lymphoma, skin cancer, cervical neoplasia and those over the age of 50 years.

c) Avoid JAKi's in pregnancy and breastfeeding. If female of childbearing potential, ensure adequate contraception in place. If contraception use cannot be guaranteed, avoid JAKi use.

d) The MHRA/CHM advice about the use of tofacitinib with regard to venous thrombo-embolism, major adverse cardiovascular events and malignancies should be adhered to and discussed with patients. It should only be used in those over 65 years old if no other alternative exists. https://bnf.nice.org.uk/drug/tofacitinib.html

e) Vedolizumab could be considered as first line therapy in the elderly, those with a past history of cancer or significant co-morbidity that would make other first line options unsuitable.

f) Define treatment goals at the start of treatment which for most patients should be steroid free, clinical and biochemical remission. Non-response should precipitate treatment change.

g) The subsequent drug choice should take in to account any initial response to existing treatment including symptoms and objective markers of response together with therapeutic drug monitoring where available. Primary non-response is often best addressed by moving treatment to a different class of drug. These treatment decisions are best supported by the IBD MDT.

Appendices

1. Governance information for Guidance document

Lead Author(s):	Mr Michael Smith Lead Pharmacist Gastroenterology NHS Lanarkshire
Endorsing Body:	Gastroenterology (IBD) Medicines Governance Group
Version Number:	1.1
Approval date	March 2023
Review Date:	March 2024
Responsible Person (if different from lead author)	N/A

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/ Authors	Dr Elaine Robertson Consultant Gastroenterologist UHH Dr Diarmid Sutherland Consultant Gastroenterologist UHH Dr Jen Veryan Consultant Gastroenterologist UHM Dr Selina Lamont Consultant Gastroenterologist UHH
Consultation Process/ Stakeholders:	Consultant Gastroenterologists UHH, UHM and UHW IBD Clinical Nurse Specialists UHH, UHM and UHW Specialist Clinical Pharmacists Gastroenterology UHM and UHW Head of Pharmacy UHH
Distribution	Consultant Gastroenterologists UHH, UHM and UHW IBD Clinical Nurse Specialists UHH, UHM and UHW Specialist Clinical Pharmacists Gastroenterology UHM and UHW Heads of Pharmacy UHH, UHM and UHW Homecare Medicines Service, NHSL Aseptic Pharmacy Department, NHSL

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version**
January 2023	Mr Michael Smith	Initial version.	1.0
February 2023	Mr Michael Smith	Minor changes based on comments from ADTC.	1.1