



October 2013

Adalimumab for the treatment of Ulcerative Colitis

The New Therapies Subgroup discussed the above at its meeting on the 22nd October 2013. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of adalimumab for the treatment of moderate to severe active ulcerative colitis.

The group recommends adalimumab for patients with moderate to severe active ulcerative colitis who have failed, have a medical contraindication or are intolerant of all conventional treatments and in whom a colectomy is deemed inappropriate by the IBD team.

Patients should be well enough to be seen in an outpatient setting. They will be given 8 weeks treatment and then assessed for a response. There should be clear criteria outlining what a response is (using either the Mayo Score or Harvey-Bradshaw Index) and this should be standardised across GM. It should be clearly documented and activity audited at regular intervals with audit data provided to commissioners at least annually. If a patient does not respond then treatment will be stopped.

The group noted that adalimumab has been shown to induce clinical remission in some patients with moderate to severe colitis who have had inadequate response or are intolerant to conventional treatments (including corticosteroids, mercaptopurine or azathioprine). Adalimumab can be given as an outpatient and therefore reduces the need for admission into hospital and associated tariff and VAT costs (through supply via home care).

Quality of life data from the clinical trial ULTRA-2 showed that treatment with adalimumab led to significant improvements as assessed by the Inflammatory Bowel disease questionnaire (IBDQ)

According to set criteria adalimumab in UC was deemed to be a medium – high priority for funding in the above subgroup of patients.

Review date: October 2015

¹prices correct at time of publication

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.