

South Central Priorities Committees
(Milton Keynes, Oxfordshire, Berkshire East, Berkshire West and Buckinghamshire PCTs)

Policy Recommendation 61: Dose escalation therapy with infliximab and adalimumab in adult patients (18 or older) with severe Crohn's disease

This policy recommendation should be considered together with:

- **Policy recommendation 62: Dose escalation therapy with infliximab and adalimumab in people aged 6-17 years with severe active Crohn's disease**
- **Policy recommendation 60: Dose escalation therapy with infliximab and adalimumab in people with active fistulising Crohn's disease**

Date of issue: December 2011

The South Central Priorities Committee (Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West) has considered the evidence for dose escalation therapy with infliximab and adalimumab in patients with severe Crohn's disease. NHS funding of dose escalation therapy with adalimumab for the treatment of severe Crohn's disease patients who fail to maintain their initial response to the drug should be **RECOMMENDED**. This is based on published evidence suggesting that about 60% of patients with moderate to severe Crohn's disease who fail to maintain their initial response will re-establish response after dose escalation with the drug and it has similar clinical effectiveness and is less expensive than infliximab.

Dose escalation therapy with infliximab for the treatment of patients with severe Crohn's disease who fail to maintain their initial response to the drug should be considered **LOW PRIORITY** due to the cost. All adult patients (aged 18+) with severe Crohn's disease on infliximab who would benefit from dose escalation should be switched to adalimumab as appropriate in line with NICE technology appraisal guidance 187.

The recommendations made in the **NICE technology appraisal guidance 187** '*Infliximab (review) and adalimumab for the treatment of Crohn's disease*' include;

Infliximab and adalimumab, within their licensed indications, are recommended as treatment options for adults with severe active Crohn's disease whose disease has not responded to conventional therapy (including immunosuppressive and/or corticosteroid treatments), or who are intolerant of or have contraindications to conventional therapy.

NOTES:

1. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
2. This policy will be reviewed in the light of new evidence or guidance from NICE.
3. South Central policy recommendations can be viewed at <http://www.sph.nhs.uk/priorities/policy-statements>