Dual Biologic Therapy for Crohn's Disease - Criteria for use

There is local agreement that dual biologic therapy (intravenous infliximab/ adalimumab + vedolizumab/ustekinumab) may be considered within the agreed criteria below for refractory Crohn's disease where combined mechanisms of action may be more effective.

Criteria for use

All of the following criteria must apply for combination use:

- Refractory Crohn's disease requiring two mechanisms of action (refer to Section 1)
- Consensus decision to treat at biologics multidisciplinary team meeting
- Disease progression (defined by cross-sectional imaging and endoscopy) despite optimised treatment as describe below
- Inadequate response with, lost response to, or were intolerant to vedolizumab or ustekinumab and a TNF-alpha inhibitor or have medical contraindications to such therapies.
- Surgical treatment inappropriate
- Inclusion of the patient in clinical trials has been considered but is unsuitable

Response

- A 6 month assessment of disease activity after initiation will be reviewed to determine if continuation of treatment is appropriate taking into account disease activity score, biochemistry (including C-reactive protein and faecal calprotectin) and endoscopic assessment or cross sectional imaging.
- Improvement in physician's global assessment grading from severe to moderate disease is an acceptable response.

Stopping criteria

- If there is no improvement after six months discontinuation of therapy should be considered.

Safety considerations

- The limited case series published suggest dual biologic therapy is well tolerated and does not signal a strong safety concern. Additionally dual biologic therapy has been occurring for several years in other indications with no safety issues identified
- Patients will be closely monitored and any safety concerns will be reported

Suggested approach to monitoring implementation and outcomes

- A database of these patients will be maintained to track patient outcomes, safety and adherence to include criteria
- Patients will be monitored closely at fixed intervals, as outlined above
- Data and usage will be presented at the IBD group

References

1. Present DH, Rutgeerts P, Targan S, et al. Infliximab for the treatment of fistulas in patients with Crohn's disease. N Engl J Med 1999;340:1398–405.
2. Sands BE, Anderson FH, Bernstein CN, et al. Infliximab maintenance therapy for fistulizing Crohn's disease. N Engl J Med 2004;350:876–85
3. Yarur AJ, Kanagala V, Stein DJ, et al. Higher infliximab trough levels are associated with perianal fistula healing in patients with Crohn's disease. Aliment Pharmacol Ther 2017;45:933–40.
   Davidov Y, Ungar B, Bar-Yoseph H, et al. Association of induction infliximab levels with clinical response in perianal Crohn's disease. J Crohns Colitis 2017;11:549–55