Ustekinumab Dose Escalation Policy for Crohns Disease

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Introduction

This policy has been developed to support the decision making process associated with the allocation of resources for commissioning. In creating this policy BSW CCG has reviewed this treatment and the clinical conditions for which it is prescribed. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Background

Ustekinumab was approved by NICE for adults with moderately to severely active Crohn's Disease in July 2017[1]. The licensed maintenance dose for this indication is 90mg every 8 weeks or 90mg every 12 weeks[2]. However it is current practice that some patients are treated with doses that are outside of the license in order to maximise treatment response. Therapeutic options for patients with Inflammatory Bowel Disease (IBD) are limited and so optimising drug therapy is essential to ensure patients get the maximum value from treatments. Patients without further drug options are likely to be left with a high symptom burden and require frequent hospital admissions and/or surgery.

Proposal

In order to ensure that our patients across BSW CCG are dealt with in an equitable manner, this policy aims to provide clarity to acute provider trusts on how to deal with patients where dose escalation is being considered. Proposed commissioned dose escalation for ustekinumab in Crohns Disease:

- 90mg 6 weekly (off label)
- Criteria based access using blueteq.

We have identified that a proportion of ustekinumab treated patients experience a return in their Crohns symptoms before their next dose at the minimum licensed interval of 8 weekly. We propose that for a small number of patients increasing the dose to 90mg 6 weekly would be beneficial. As a CCG we are aware that this dose escalation is utilised by IBD colleagues in tertiary centres. It is expected that the patients eligible for this escalation would have an appropriate recommendation from a tertiary centre based on assessment of their symptoms. As this dose escalation is outside of license, where utilised, both the patient and consultant would need to aware of and agree to the use of an off-license dosing schedule.

In practice the majority of ustekinumab patients are maintained on an 8 weekly frequency. The annual cost of 1 year of ustekinumab 90mg 8 weekly, via homecare, is £13,956. When escalated to 90mg 6 weekly the average annual cost of treatment increases to £18,464. However a small cohort of patients requiring 6 weekly injections has already been commissioned via tertiary referral and IFR applications. This change in policy would seek to align us with the current practice of tertiary colleagues and support the use of acriteria based access for clinicians. The aim is to minimise the variation in dose escalation and assessment taking place and to unify practice across BSW.

Evidence

There is increasing evidence for the effectiveness of dose escalation in patients with Crohn's Disease treated with ustekinumab. The following evidence has been compiled by University Hospital Southampton NHS

Foundation Trust and reports three significant retrospective cohort studies that have described the efficacy of this strategy:

- Fumery et al. (Abstract to be presented at UEGW 2018): 69 patients with active Crohn's disease but an inadequate response to ustekinumab 90mg every 8 weeks were dose escalated to 90mg every 4 weeks. Clinical response was observed in 68% (n=41/69) of patients after a median of 2.1 months and adverse events were reported in 7 patients, including two serious adverse events (pneumonitis, infectious colitis).
- Young et al. Abstract presented at ACG 2018: Of 122 consecutive CD patients on ustekinumab 17% (n=21) required dose intensification (to 90mg 6 weekly or 90mg 4 weekly; some having a repeat intravenous loading dose). 11 patients (52%) were deemed to have had a positive clinical response to dose escalation. Side effects reported were dizziness, fatigue, nausea, abdominal pain, dehydration, diarrhoea, arthritis, and a perianal abscess although the frequency of these was not reported.
- Ma et al. Inflamm Bowel Dis. 2017 May;23(5):833-839: 24 out of the 104 patients included had their dose escalated (most commonly to 90mg every 4 or 6 weeks; 7 of these also having a repeat loading dose) which was effective in 13 (54%) patients.

Monitoring

To ensure that these patients are appropriate for initiating dose escalation advice should be sought from a tertiary centre. It is expected that our clinicians would discuss the patient's condition, including clinical symptoms and inflammatory markers. Only following advice/recommendation from a tertiary centre may clinicians escalate a patient to 6 weekly ustekinumab. To determine if dose escalation has been successful, ongoing monitoring of the patients symptoms and inflammatory markers is required. If successful, then it is expected that the ongoing need for dose escalation will continue to be reviewed at the patient's annual review. If the patient is well maintained and asymptomatic, de-escalation of treatment should be considered by the clinician. Where the dose escalation has not improved the patient's condition, guidance should be sought from tertiary colleagues on when to consider discontinuing/ switching therapy. Further dose escalation beyond 6 weekly is not commissioned. BSW CCG will require secondary care service providers to embrace the policy and advise patient's accordingly. Adherence to this policy will be demonstrated by clinicians via Blueteq criteria based access. BSW CCG will monitor blueteq, alongside standard contractual process monitoring on an ongoing basis.

References

[1] Ustekinumab for moderately to severely active Crohn's disease after previous treatment. NICE TA 456. 12 July 2017 https://www.nice.org.uk/guidance/ta456

[2] Summary of product characteristics. Stelara 45mg solution for injection (ustekinumab); date of revision of text 20 January 2020. Janssen-Cilag Ltd. https://www.medicines.org.uk/emc/medicine/3236

University Hospital Southampton NHS Foundation Trust. Ustekinumab dose escalation for patients with Crohn's disease. January 2019