



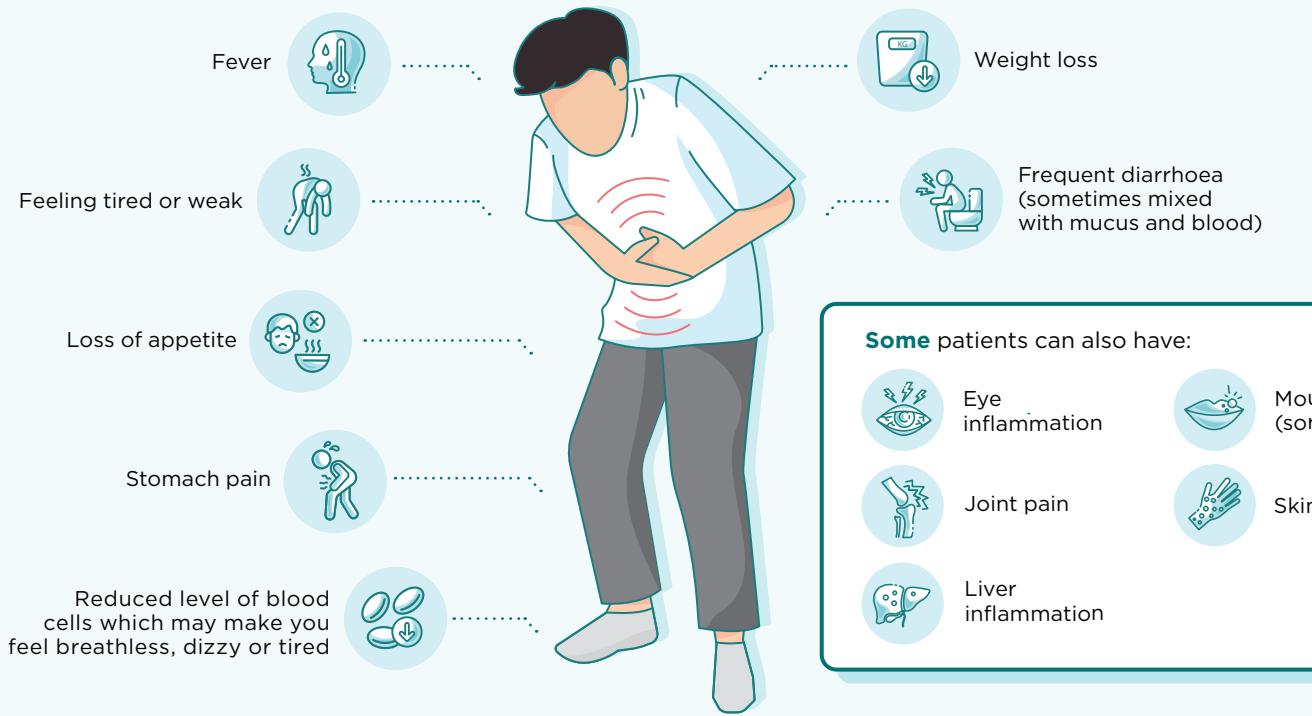
TREATMENTS FOR CROHN'S DISEASE AND ULCERATIVE COLITIS

WHAT ARE CROHN'S DISEASE AND ULCERATIVE COLITIS?

Crohn's disease and **ulcerative colitis** are types of **inflammatory bowel disease** (IBD) that can cause **inflammation** (swelling, redness and pain) in the walls of the **gut** (digestive tract). **Ulcers** (sores) can also develop. They can affect anyone at any age, but symptoms often first appear in early adulthood or later in life (over 50 years of age).

They are non-infectious, **life-long** conditions, and their cause is **unknown**. However, having family members with Crohn's disease or ulcerative colitis might increase the risk of getting these conditions.

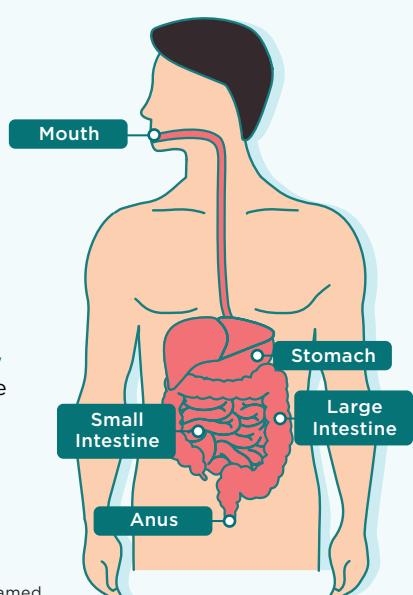
Symptoms of Crohn's disease or ulcerative colitis can be different for each person and can range from being mild to serious. There may be times when patients have few or no symptoms (**remission**) and times when symptoms are more active (**flares**). Common symptoms during a **flare** are:



CROHN'S DISEASE

Around 50 people in Singapore are diagnosed with Crohn's disease **every year.¹**

Symptoms depend on where inflammation appears in the gut. **Any part** of the gut from the mouth to the anus can become inflamed, but the **small and large intestines** are most **commonly** affected.

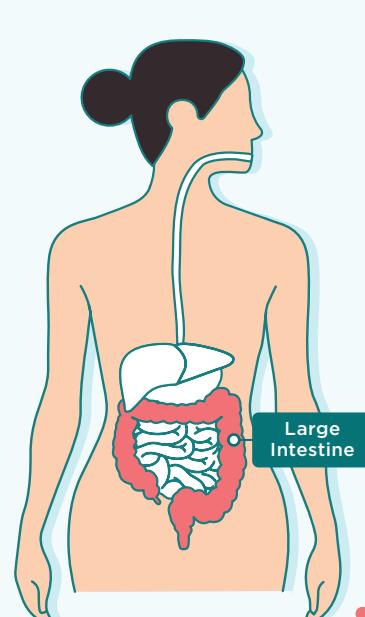


DIFFERENCES BETWEEN

ULCERATIVE COLITIS

Around 80 people in Singapore are diagnosed with ulcerative colitis **every year.¹**

Inflammation is **limited** to the **large intestine**. Symptoms will depend on how much of the large intestine is affected.



HOW ARE CROHN'S DISEASE AND ULCERATIVE COLITIS TREATED?

There is **no cure** for these conditions, but lifestyle (diet) changes, and **effective** treatments can **control symptoms** and **stop** them from coming back including:

Oral Drugs

- Drugs to reduce inflammation**
- Steroids
- Immunosuppressants
- Tofacitinib***

Conventional Therapy



Injections

- Anti-TNF α biologics
- Other biologics
 - Ustekinumab**
 - Vedolizumab**



Surgery



Key: Anti-TNF α , anti-tumour necrosis factor alfa. *****Such as mesalazine. *****Only for treating ulcerative colitis.

Doctors determine which treatments are likely to work best by using medical tests and imaging to classify how severe the symptoms are, and which parts of the gut are affected. **Most** patients have mild to moderate disease and are usually treated with **conventional therapy** to reduce gut inflammation and improve symptoms.

People with **moderate to severe** disease may have symptoms such as anaemia, fever, frequent diarrhoea, severe stomach pain and weight loss. They are usually treated with conventional therapy and/or anti-TNF α biologics **first**. If these treatments don't work well, **ustekinumab**, **vedolizumab** or **tofacitinib** may be needed to manage symptoms. These drugs are taken in different ways:

Drug name	Approved in Singapore for treating:		How is the drug taken?
	Crohn's disease	Ulcerative colitis	
Tofacitinib	✗	✓	Taken orally as tablets
Ustekinumab	✓	✓	First dose is given as a slow drip into a vein (intravenously) and later doses are given as an injection under the skin
Vedolizumab	✓	✓	Given as a slow drip into a vein (intravenously)

WHAT DOES THE EVIDENCE FROM CLINICAL STUDIES SAY?

Tofacitinib is an **effective** treatment for managing symptoms of **ulcerative colitis**.

Ustekinumab and **vedolizumab** are **effective** treatments for managing symptoms of **Crohn's disease** and **ulcerative colitis**.

The 3 drugs have **different** side effects from each other.



SUBSIDISED TREATMENTS

Many oral drugs that are used as conventional therapy have been subsidised. For the newer drugs — tofacitinib, ustekinumab and vedolizumab — ACE reviewed all available clinical evidence and negotiated prices with the companies.² Tofacitinib and vedolizumab were the best value for money (most cost-effective) at the prices proposed by the companies.

SUBSIDISED

- ✓ Tofacitinib (for ulcerative colitis) ✓ Vedolizumab (for Crohn's disease)

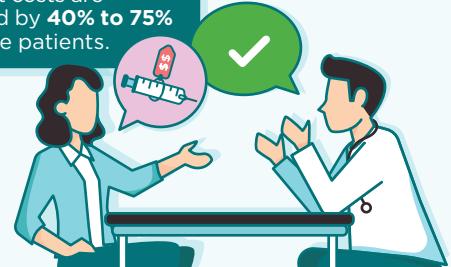
Vedolizumab is not subsidised for treating ulcerative colitis because its benefits do not justify its cost compared to tofacitinib.

NOT SUBSIDISED

- ✗ Ustekinumab

Ustekinumab is not subsidised for Crohn's disease or ulcerative colitis because its benefits do not justify its cost at the price offered by the company.

Treatment costs are subsidised by **40% to 75%** for eligible patients.



KEY MESSAGES

Tofacitinib and **vedolizumab** are subsidised for treating moderate to severe ulcerative colitis and Crohn's disease respectively for patients who have tried conventional therapy and/or anti-TNF α biologics, but they could not tolerate these treatments or their symptoms have not improved.

The treatment that you need will depend on different factors such as the type of symptoms you have, how bad the symptoms are, and if your condition has improved with previous treatments. Talk to your doctor to discuss which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to **local patient support groups**³ if you want to meet people with these medical conditions and share your experiences.

Sources

1. Ng SC et al. Population Density and Risk of Inflammatory Bowel Disease: A Prospective Population-Based Study in 13 Countries or Regions in Asia-Pacific. 2019. Adjusted to present day figures based on clinician input.

2. ACE Technology Guidance, Tofacitinib, ustekinumab and vedolizumab for treating inflammatory bowel disease. 1 July 2022

3. Crohn's & Colitis Society of Singapore



The Agency for Care Effectiveness (ACE) was established by the Ministry of Health (Singapore) to drive better decision-making in healthcare through health technology assessment (HTA), clinical guidance and education. It publishes guidances on diagnosing, treating, and preventing different medical conditions based on the latest research information available worldwide. This factsheet is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition. ©Agency for Care Effectiveness, Ministry of Health, Republic of Singapore. All rights reserved. Reproduction of this publication in whole or in part in any material form is prohibited without the prior written permission of the copyright holder.

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