Commissioning Policy: Coventry & Rugby CCG

Date:	September 2016
Requested Intervention:	Infliximab 5mg/kg every 6 weeks in patients with Crohn's disease who have not responded to standard dosing
CCG decision:	Infliximab 5mg/kg every 6 weeks is approved as an alternative to infliximab 10mg/kg every 8 weeks in patients who initially responded to 5mg/kg every 8 weeks but lost response. Any dose increase must be agreed at MDT meeting.
Evidence Summary:	As per British Society Gastroenterology (BSG) Guidelines for the management of inflammatory bowel disease in adults
Criteria for Use (if applicable):	• Initial response to infliximab 5mg/kg every 8 weeks • Dose escalation approved at MDT meeting
Discontinuation:	• Adverse event due to infliximab **or** • No evidence of therapeutic benefit after dose adjustment
Further Information	An audit will take place prior to the policy review date to ensure compliance with this policy and to assess patient response. This policy will be reviewed in light of new evidence or guidance.

VERSION CONTROL

Version:	2.0
Ratified by:	Governing Body
Date ratified:	9th November 2016
Name of originator/author:	Suzy Heafield, Medicine Optimisation team
Name of responsible committee:	Clinical Development Group
Date issued:	December 2016
Review date:	2018

Version Control

Date	Version	Comment / Update
October 2013	1.0	Approved by CCG CDG
September 2016	2.0	Reviewed with no changes

Equality Impact Assessment

Organisation	NHS Arden CSU	Department	Medicines & Therapeutics	Name of lead person	Suzy Heafield

Piece of work being assessed	Infliximab in patients with Crohn's disease who have not responded to standard dosing
Aims of this piece of work	To provide a policy and criteria for patients requiring Infliximab in the above circumstances

Date of EIA	October 2013	Other partners/stakeholders involved	Secondary care clinicians

Who will be affected by this piece of work?	Patients requiring treatment with Infliximab in the above circumstances

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	All clinical decisions are based on extensive research and apply to all patients regardless of gender, race, disability, age, religion or belief, sexual orientation, gender identity, social deprivation or caring responsibility	No
Race		
Disability		
Religion/ belief		
Sexual orientation		
Age		
Social deprivation		
Carers		
Human rights	Will this piece of work adversely impact on anyone's human rights?	No