



Warwickshire North
Clinical Commissioning Group

Drug Policy: Infliximab dose escalation in Crohn's disease



Version Control

Version	2.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	12 th January 2017
Name of originator/author	Suzy Heafield, Medicine Optimisation Team Arden Clinical Commissioning Policy Development Group
Responsible committee	Commissioning, Finance and Performance Committee
Date issued	01 April 2017
Review date	April 2020

Version History

Date	Version	Comment / Update
01 / 10 / 2013	V1	Approved by CCG CDG
12 / 01 / 2017	V2	Version drafted by Arden Clinical Policy Development Group

Treatment	Drug Policy: Infliximab dose escalation in Crohn's disease
Indication	Crohn's Disease
Funding Status	Treatment restricted

OPCS Code	Not applicable
Treatment	<p>This policy relates to treatment with Infliximab in patients with Crohn's disease who have not responded to standard dosing.</p> <p>Infliximab 5mg/kg every 6 weeks in patients with Crohn's disease who have not responded to standard dosing.</p> <p>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.</p> <p>Criteria for use</p> <ul style="list-style-type: none"> • Initial response to infliximab 5mg/kg every 8 weeks • Dose escalation approved at MDT meeting <p>Discontinuation</p> <ul style="list-style-type: none"> • Adverse event due to infliximab or • No evidence of therapeutic benefit after dose adjustment <p>An audit will take place prior to the policy review date to ensure compliance with this policy and to assess patient response.</p> <p><i>Reference: As per British Society Gastroenterology (BSG) Guidelines for the management of inflammatory bowel disease in adults</i></p>
Equality Impact	See EIA attached
Quality Impact	See QIA attached

Equality Impact Assessment

Policy	Infliximab dose escalation in Crohn's disease	Person completing EIA	Suman Ghaiwal, Equality and Human Rights Manager, CSU
Date of EIA	9 October 2016	Accountable CCG Lead	Jenni Northcote, Director of Partnerships and Engagement

Aim of Work	The Public Sector Equality duty requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	Warwickshire North registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	No	Age	No
Race	No	Gender Reassignment	No
Disability	No	Marriage and Civil Partnership	No
Religion / belief	No	Pregnancy and Maternity	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

Since CCGs operate within finite budgetary constraints the policy detailed in this document make explicit the need for the CCG to prioritise resources and provide interventions with the greatest proven health gain. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

The impact of this policy has been considered against all protected groups and human rights principles.

Crohn's Disease affects at least 115,000 people in the UK. The condition is more common in urban areas and in northern developed countries – although it's on the increase in developing nations.

Crohn's is also more likely to appear in white people of European descent, especially those descended from Ashkenazi Jews (who lived in Eastern Europe and Russia). The disease can start at any age, but usually appears for the first time between 10 and 40. Surveys suggest that new cases of Crohn's are being diagnosed more often, particularly among teenagers and children. The disease is slightly more common in women than in men.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

<https://www.crohnsandcolitis.org.uk>
<https://www.nice.org.uk/Guidance/CG152>
<https://www.nice.org.uk/guidance/ta187>

Quality Impact Assessment

QIA Completed By: Mary Mansfield, Deputy Chief Quality Officer (CCG)				Completed: 9 October 2016					
Infliximab dose escalation in Crohn's Policy AREA OF ASSESSMENT		OUTCOME ASSESSMENT			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome			X	There has been no change to the policy.				
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			X					
	Ensuring people have a positive experience of care			X					
	Preventing people from dying prematurely			X					
	Helping people recover from episodes of ill health or following injury			X					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			X					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			X					
	Access to the highest quality urgent and emergency care			X					
	Convenient access for everyone			X					
	Ensuring that citizens are fully included in all aspects of service design and change			X					
	Patient Choice			X					
	Patients are fully empowered in their care			X					
	Wider primary care, provided at scale			X					