

## Inflammatory Bowel Disease Standardized Care Protocols

### 2. IBD PATIENTS STARTING BIOLOGIC – INDUCTION REGIME

#### **Nurse:**

1. Refer patient to Refer patient to AbbVie Care for Adalimumab (#1), to BioAdvance for Infliximab (Remicade) (#2), Golimumab (#3) and Ustekinumab (#4), to Yourvantage for Vedolizumab (#5), or to Innomar Strategies for Infliximab biosimilar (Inflixtra)(#6). Forms are available on the [Biological therapy Summary](#) page.
2. Review insurance options and provide appropriate Startup sheets and Information sheets to the patient. The information and startup sheets are available on the [Biological therapy Summary](#) page. ([PACE QPI 22,23](#))
3. Prior to starting therapy, the patient must have the following completed:
  - a. Hepatitis and HIV testing (#7) ([PACE QPIs 6, 30](#))
  - b. Routine IBD follow-up labs (#8)
  - c. Chest x-ray (#9)
  - d. TB Skin test (#10) ([PACE QPI 6](#))
  - e. Vaccinations up-to-date (see protocol 19. Vaccination)
  - f. Routine breast exam and pap smear, to be done by the family physician
  - g. Skin exam to be performed by family physician
  - h. Dental assessment within the past year
  - i. Take history for hypertension/hyperlipidemia/heart failure, multiple sclerosis, diabetes and consider age of patient. If age > 60 years, and there is known history or risk factors for congestive heart failure, a baseline echocardiogram is recommended (up to physician discretion). Note: Anti-TNF therapy is contraindicated for patients with congestive heart failure NYHA Class III and IV, and multiple sclerosis.
  - j. Provide the patient with a fecal calprotectin kit to bring back prior to the first dose of biologic (Edmonton specific)
4. Once you are aware of the start date/initial dose, send a message to support staff to arrange a follow-up visit at 12-14 weeks, prior to week 14 dosing, to assess for primary response.
5. Have the patient complete and report HBI (#10) or Partial Mayo (#11) every 2 weeks up to week 12 ([PACE QPI 15](#)). Consider calling the patient at 6 weeks to follow-up, using the patient phone consultation form (#12).
6. At week 13-14, arrange for the patient to have their Infliximab (#13 & #14) or Adalimumab (#15 & #16) trough and antibody levels drawn, prior to week 14 dose (after the loading doses) to ensure the dosing is optimal.
7. Plot above information (if available) on an IBD flow sheet (#17) for the physician to review at week 12-14 follow-up and assess response, and maintenance strategy.

#### **Support Staff:**

1. Arrange a clinic appointment for the patient at 12-14 weeks and provide IBD follow-up labs (#8) and a fecal calprotectin kit (Edmonton specific) to complete the week prior to his/her appointment.
2. Add the patient to the endoscopy booking list to be scheduled for a colonoscopy\* (#18, #19 & #20) at 6-10 months to assess mucosal healing.

#### **Physician Guided:**

1. Consider dose optimization at 12-14 week follow-up visit if not in clinical remission (#21).
2. Consider dose optimization at 6-10 months colonoscopy\* if not at mucosal healing (#21).

\*In the case of left-sided ulcerative colitis schedule flexible sigmoidoscopy.