

# crohn's colitis

## **Name of Clinical Care Pathway**

Initiation of Immunomodulators (Thiopurines and Methotrexate)

## **Objective**

Appropriate initiation and use of immunomodulators (Thiopurines and Methotrexate)

## **Patient Population**

Individuals with a known diagnosis of IBD

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PACE Inflammatory Bowel Disease Clinical Care Pathways

## Highlight Box

Methotrexate should not be used in females wanting to become pregnant (discuss alternate therapy prior to family planning).

**Imuran and 6MP can be continued as ordered throughout pregnancy and breastfeeding.**

## Introduction

This care protocol provides a general guideline for initiating immunomodulators (also called immunosuppressants) in adults with inflammatory bowel disease.

### IBD Provider:

1. Prior to starting an immunomodulator, **consider TPMT testing, EBV IgG screening**. It is important to remember that patients may need to switch to a different immunomodulator or require biologic therapy. Refer to the [Induction of Advanced therapy protocol](#) for pre-biologic work-up.
2. At the time of the medication initiation appointment, the patient is to be given:
  - A patient information sheet and instructions for taking the medication - Thiopurines (Azathioprine or 6-mercaptopurine for IBD, Azathioprine Patient Instructions, 6-Mercaptopurine Patient Instructions); Methotrexate (Methotrexate Information sheet, Methotrexate Patient Instructions) ([PACE QPI 22,23](#))
  - Bloodwork requisitions:
    - A new start immunomodulator lab requisition to be done **every week** for 1 month (Thiopurine Labs - New start), monthly for the first 6 months, then 3-monthly thereafter. This should include CBC, CRP, liver biochemistry, +/- albumin electrolytes and creatinine (Thiopurine Labs - Monthly). ([PACE QPI 12](#))
    - 6-TG and 6-MMP levels to be done at 3 months (physician discretion) ( 6TG & 6MMP Therapeutic Levels)
    - Collection kit for fecal calprotectin at baseline, 3 months, 6 months, and then 6-monthly thereafter.

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3. After the patient has been on an immunomodulator for 3 months, assess for clinical, and biochemical (including fecal calprotectin response). ([Harvey Bradshaw Index](#)) ([Partial Mayo Scoring Index](#)). ([PACE QPI 15](#))
4. If there is inadequate response (including the inability to wean corticosteroids), consider dose optimization (+/- with the assistance of 6-TG, 6-MMP levels), or switch to an alternative therapy. See [Induction of Advanced Therapy protocol](#)
5. Skin cancer surveillance is to be performed by a family physician or dermatologist on an annual basis.

## Support Staff:

1. Arrange a follow-up assessment (phone/clinic visit/telehealth) clinic appointment in 3-4 months.