Introduction Vedolizumab is a gut-selective immunosuppressive biologic used to treat moderate to severe Crohn’s disease and ulcerative colitis. Vedolizumab is not licensed for use in children under 18 years of age. However, there is experience of using Vedolizumab in paediatric patients in practice. Vedolizumab incurs a significant cost to the NHS, as a result identification of patient response to treatment is fundamental.

Aim To ensure Vedolizumab is prescribed in adherence to guidance documented in the clinical guideline ‘Vedolizumab treatment for inflammatory bowel disease patients’ at an NHS trust.

Standards
- 100% of patients on Vedolizumab have had an inadequate immunisation status reviewed prior to starting therapy
- 100% of patients on Vedolizumab have had and adequate response with, lost response to, or are intolerant to either conventional therapy or anti-TNF treatment
- 100% of patients were assessed for risk of TB prior to starting treatment
- 100% of patient’s immunisation status was reviewed prior to starting therapy
- 100% of patients were prescribed doses recommended in the guideline
- 100% of patients had Vedolizumab checklist completed:
  - Prior to infusion
  - During infusion
  - Post infusion
- 100% of patients had outcome of disease reviewed at 3 months

Method A retrospective study was undertaken to investigate the prescribing of Vedolizumab in CD and UC patients since the implementation of the clinical guideline in June 2018. Ethics approval was not required. List of patients prescribed Vedolizumab was obtained from pharmacy dispensing system. Infusion details were obtained from patient notes. Qualitative data was obtained and analysed.

Results Four patients were prescribed Vedolizumab at the NHS trust between June 2018 and June 2019. One patient had to be excluded from the audit as they had already commenced Vedolizumab prior to the implementation of the clinical guideline. 6 out of the 7 standards were met with a result of 100% except standard 6 which was met with a result of 33% (1 out of the 3 patients).

Discussion and Conclusion 6 out of the 7 standards were completely met; highlighting a robust system in place. The publication of the guideline has ensured that vedolizumab prescribing is appropriate, as inefficient prescribing could result in treatment failure, drug wastage and safety concerns. The only standard not completely met was standard 6, due to the use of surgical booklets on the outpatient wards, the standardised Vedolizumab checklists were not complete.

Recommendations Ensure Vedolizumab checklist is printed out from the clinical guideline and attached in the patient notes. Medical pharmacist to re-audit data yearly to ensure the clinical guideline is being adhered to.

REFERENCES
2. Vedolizumab (review) for the treating moderately to severely active ulcerative colitis. June 2015, NICE Technology Appraisal Guidance 342.