



AGA Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease

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Moderate to severe Crohn's disease is considered a Crohn's Disease Activity Index Score ≥ 220 in this guideline

In adult outpatients, treatment > no treatment for the induction and maintenance of remission
Consider early introduction of biologics +/- immunomodulators

Agents for induction of remission

Recommended

- ✓ Infliximab
- ✓ Adalimumab
- ✓ Certolizumab pegol
- ✓ Ustekinumab
- ✓ Subcutaneous or intramuscular MTX as single agent
- ✓ Corticosteroids

Not Recommended

- ✗ Natalizumab (due to concern for PML)
- ✗ Thiopurines as a single agent
 - ✗ 5-ASA

Treatment Naïve

Infliximab, adalimumab, or ustekinumab > certolizumab pegol

Primary non-response

Ustekinumab, vedolizumab > no treatment

Secondary non-response

Adalimumab, ustekinumab, vedolizumab > no treatment

Biologic monotherapy > Thiopurine monotherapy for induction

Agents for maintenance of remission

Recommended

- ✓ Thiopurines as a single agent
- ✓ Subcutaneous or intramuscular MTX as a single agent
 - ✓ Infliximab
 - ✓ Adalimumab
- ✓ Certolizumab pegol
- ✓ Ustekinumab

Not Recommended

- ✗ Natalizumab (due to concern for PML)
 - ✗ 5-ASA
 - ✗ Corticosteroids

Combination therapy for induction and remission (naïve to biologics and immunomodulators)

- ✓ Infliximab + thiopurines > infliximab monotherapy
- ✓ Adalimumab + thiopurines > adalimumab monotherapy
- No recommendation for ustekinumab or vedolizumab + thiopurines or MTX over biologic monotherapy
- Benefits of combination therapy
 - Improved drug levels
 - Lower risk of immunogenicity
- Risks of combination therapy
 - Infections
 - 2-3x higher risk of lymphoma

Fistulizing Crohn's Disease

Recommended

- ✓ **Infliximab**, adalimumab, ustekinumab, or vedolizumab

Not Recommended

- ✗ Antibiotics alone