



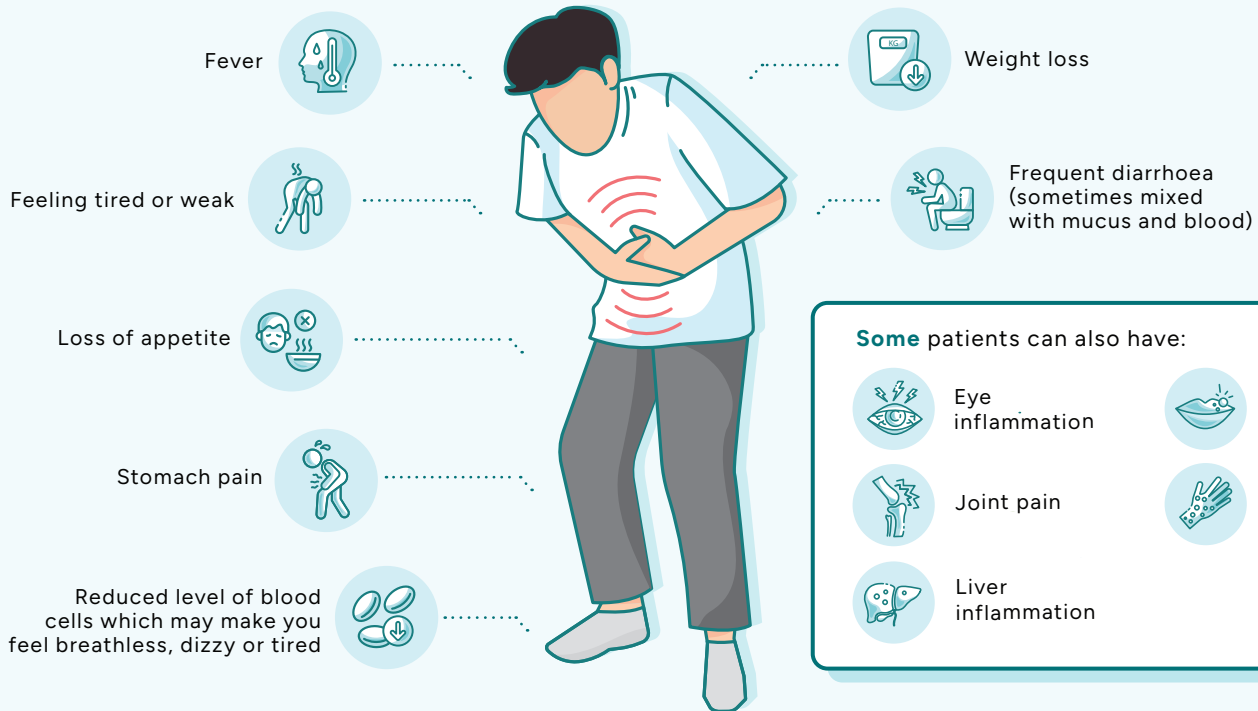
TREATMENTS FOR CROHN'S DISEASE AND ULCERATIVE COLITIS

WHAT ARE CROHN'S DISEASE AND ULCERATIVE COLITIS?

Crohn's disease and **ulcerative colitis** are types of **inflammatory bowel disease** (IBD) that can cause **inflammation** (swelling, redness and pain) in the walls of the **gut** (digestive tract). **Ulcers** (sores) can also develop. They can affect anyone at any age, but symptoms often first appear in early adulthood or later in life (over 50 years of age).

They are non-infectious, **life-long** conditions, and their cause is **unknown**. However, having family members with Crohn's disease or ulcerative colitis might increase the risk of getting these conditions.

Symptoms of Crohn's disease or ulcerative colitis can be different for each person and can range from being mild to serious. There may be times when patients have few or no symptoms (**remission**) and times when symptoms are more active (**flares**). Common symptoms during a **flare** are:



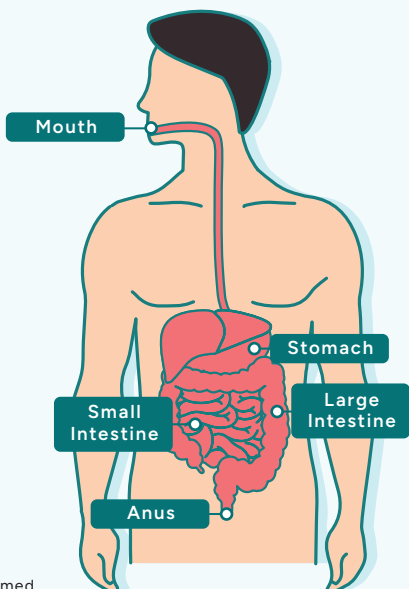
CROHN'S DISEASE

DIFFERENCES BETWEEN

ULCERATIVE COLITIS

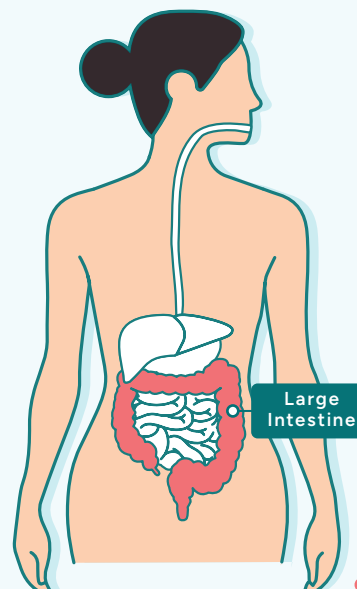
Around **50** people in Singapore are diagnosed with Crohn's disease every year.¹

Symptoms depend on where inflammation appears in the gut. **Any part** of the gut from the mouth to the anus can become inflamed, but the **small and large intestines** are most commonly affected.



Around **80** people in Singapore are diagnosed with ulcerative colitis every year.¹

Inflammation is **limited** to the **large intestine**. Symptoms will depend on how much of the large intestine is affected.



HOW ARE CROHN'S DISEASE AND ULCERATIVE COLITIS TREATED?

There is **no cure** for these conditions, but lifestyle (diet) changes, and **effective** treatments can **control symptoms** and **stop** them from coming back including:

Oral Drugs



- Drugs to reduce inflammation**
 - Steroids
 - Immunosuppressants
 - **Tofacitinib***
- Conventional Therapy*

Injections



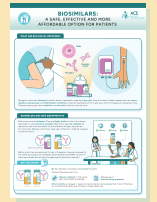
- Anti-TNFa biologics
- Other biologics
 - **Ustekinumab**
 - **Vedolizumab**

Did you know?

Ustekinumab and vedolizumab are medicines that contain active ingredients made by living cells. These are called biological medicines or **biologics**.

Biosimilars, or highly similar copies of some biologics, are available.

Click here to learn more about them.⁵



Key: Anti-TNFa, anti-tumour necrosis factor alfa. **Such as mesalazine. *Only for treating ulcerative colitis.

Doctors determine which treatments are likely to work best by using medical tests and imaging to classify how severe the symptoms are, and which parts of the gut are affected. People with **moderate to severe** disease are usually treated with conventional therapy and/or anti-TNFa biologics **first**. If these treatments don't work well, **ustekinumab**, **vedolizumab** or **tofacitinib** may be needed to manage symptoms.

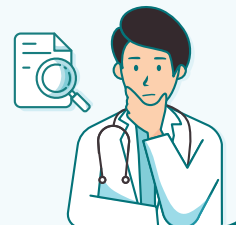
WHAT DOES THE EVIDENCE SAY?

For the newer drugs — tofacitinib, ustekinumab and vedolizumab — ACE reviewed all available clinical evidence and received expert advice from doctors about the use of these drugs to treat inflammatory bowel disease.²

Tofacitinib is an **effective** treatment for managing symptoms of **ulcerative colitis**.

Ustekinumab and **vedolizumab** are **effective** treatments for managing symptoms of **Crohn's disease** and **ulcerative colitis**.

The 3 drugs have **different** side effects from each other.



SUBSIDISED TREATMENTS

Many oral drugs that are used as conventional therapy have been subsidised.

SUBSIDISED

- ✓ Tofacitinib (for ulcerative colitis)
- ✓ Ustekinumab biosimilar (Steqeyma)
- ✓ Vedolizumab (for Crohn's disease)

Vedolizumab is not subsidised for treating ulcerative colitis because its benefits do not justify its cost compared to tofacitinib.

NOT SUBSIDISED

- ✗ Ustekinumab (brands other than Steqeyma, such as Stelara)

Not subsidised for Crohn's disease or ulcerative colitis because its benefits do not justify its cost at the price offered by the company.

Treatment costs are subsidised by **40% to 75%** for eligible patients.



KEY MESSAGES

Tofacitinib, **vedolizumab** and **ustekinumab biosimilar (Steqeyma)** are subsidised for treating moderate to severe ulcerative colitis and Crohn's disease, making them more affordable.

The treatment that you need will depend on different factors such as the type of symptoms you have, how bad the symptoms are, and if your condition has improved with previous treatments. Talk to your doctor to discuss which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to **local patient support groups**³ if you want to meet people with these medical conditions and share your experiences.

Sources

1. Ng SC et al. Population Density and Risk of Inflammatory Bowel Disease: A Prospective Population-Based Study in 13 Countries or Regions in Asia-Pacific. 2019. Adjusted to present day figures based on clinician input
2. ACE Technology Guidance, Ustekinumab biosimilar for treating inflammatory conditions. 6 February 2026
3. Crohn's & Colitis Society of Singapore



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