

## Plain English Summary

**[PES IS OUTDATED AND HAS BEEN WITHDRAWN ON 6 FEBRUARY 2026]**

# Treatments for ulcerative colitis and Crohn's disease

## What does the guidance say?

Tofacitinib is recommended for listing on the Medication Assistance Fund (MAF) for government subsidy for adults with moderately to severely active ulcerative colitis that has not improved with previous treatments.

Vedolizumab is recommended for listing on the MAF for government subsidy for adults with moderately to severely active Crohn's disease that has not improved with previous treatments.

Ustekinumab is not recommended for subsidy for ulcerative colitis or Crohn's disease.

## What is ulcerative colitis?

Ulcerative colitis is a long-term condition where the walls of the large intestine (colon) and the area at the end of the bowel where stools are stored (rectum) becomes swollen (inflamed) and ulcers form. Symptoms of moderately to severely active ulcerative colitis can include fever, stomach pain, frequent bloody diarrhoea or tiredness due to blood loss. People with severe disease may also have a fast heartbeat or a sudden loss of weight.

## What is Crohn's disease?

Crohn's disease is a long-term condition where the wall of the gut (digestive tract) becomes swollen (inflamed). Ulcers can also develop. Symptoms of moderately to severely active Crohn's disease can include fever, pain, diarrhoea, weight loss, low red blood cell count and vomiting. People with severe disease can also have blocked intestines, loss of muscle mass or abscesses in their stomach.

## What are tofacitinib and vedolizumab?

Tofacitinib belongs to a group of medicines called Janus kinase (JAK) inhibitors. It is taken orally every day.

Vedolizumab belongs to a group of medicines called biologics. It is given as a slow drip into a vein (intravenously).

Both treatments reduce gut inflammation and relieve symptoms. They are usually given to patients who have already had treatment with conventional therapy (such as anti-inflammatory drugs, immunosuppressants or steroids) and anti-TNF $\alpha$  biologics (such as adalimumab or infliximab) but their condition has continued to worsen. Your doctor will tell you which treatment you need, how much you need to take and how long you need to take it for.

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## Who can have tofacitinib or vedolizumab?

Adults can have tofacitinib if they have moderately to severely active ulcerative colitis that has not improved with previous treatment with conventional therapy and/or anti-TNF $\alpha$  biologics.

Adults can have vedolizumab if they have moderately to severely active Crohn's disease that has not improved with previous treatment with conventional therapy and anti-TNF $\alpha$  biologics.

Your doctor can advise if tofacitinib or vedolizumab are suitable treatments for you.

## Why were tofacitinib and vedolizumab recommended for MAF?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Tofacitinib and vedolizumab were recommended because their benefits in reducing inflammation and improving symptoms for certain patients with ulcerative colitis and Crohn's disease respectively justifies their costs.

Ustekinumab was not recommended for subsidy for treating Crohn's disease or ulcerative colitis because its clinical benefits do not justify its cost. Vedolizumab was also not recommended for subsidy for treating ulcerative colitis.

## What does listing on MAF mean for me?

The MAF helps people pay for expensive treatments that are clinically necessary. If your doctor prescribes tofacitinib or vedolizumab for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

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