

Which IBD Medication Is Right for Me?

FDA-approved Medications for Inflammatory Bowel Disease

Medication	When is the medication right for me?	When is the medication <i>not</i> right for me?
Aminosalicylates – sulfasalazine, mesalamine, olsalazine, balsalazide	These medications can be used in both Crohn's and ulcerative colitis but are more effective in treating ulcerative colitis. Aminosalicylates have been shown to induce and maintain remission in mild to moderate ulcerative colitis.	Patients with sulfa allergies should not take sulfasalazine. These medications are generally safe and will occasionally have adverse effects, such as headache, nausea, and rash. Patients with kidney disease should have routine kidney function tests performed.
Corticosteroids – prednisone, budesonide	Corticosteroids are very effective in treating flare-ups of IBD. Most patients notice a rapid improvement of symptoms with this therapy.	Corticosteroids should not be used as a long-term therapy. Some short-term adverse effects include increased appetite, weight gain, insomnia, fluid retention, mood changes, rapid heart rate, anxiety, depression, stretch marks, and indigestion.
Immunomodulators – azathioprine and 6-mercaptopurine (6-MP)	Immunomodulators are used to maintain remission in Crohn's disease and ulcerative colitis and lower corticosteroid dosage. They are also used in patients with non-response or intolerance to aminosalicylates.	Azathioprine and 6-MP are associated with an increased risk of infection and lymphoma. Patients taking these immunomodulators need to undergo blood tests to assess blood cell counts and liver enzyme activity.
Immunomodulators – methotrexate	Methotrexate is not often used as a single therapy; however, it is used in combination with anti-TNF agents and corticosteroids.	Patients taking methotrexate may experience nausea, vomiting, and increased liver blood tests. Some adverse effects with methotrexate may be prevented by taking a daily vitamin or folic acid supplements. Pregnant patients should avoid this medication because it can cause birth defects.
Immunomodulators – cyclosporine A, tacrolimus	Cyclosporine A is used in patients with acute severe colitis who did not respond to corticosteroids. Tacrolimus is used when patients do not respond to other therapies.	Use of these medications for more than 6 months is not recommended due to an increased risk of kidney disease. Patients may experience tremor, unwanted facial hair, or high blood pressure and are at increased risk for infections.
Antibiotics – metronidazole, ciprofloxacin, vancomycin, rifaximin	Antibiotics may be used in combination with IBD agents or when infection is a concern. Clostridium difficile infection associated with IBD can be treated with antibiotics. Antibiotic therapy can also be used in IBD complications such as abscesses or fistulas.	Most antibiotics are well tolerated. Some adverse effects may include: nausea, vomiting, loss of appetite, rash, diarrhea, dizziness, and headache. Patients are at increased risk for Achilles tendinitis and tendon rupture when taking ciprofloxacin. Ciprofloxacin and metronidazole are associated with increased risk of a burning sensation in the feet.
Anti-TNF agents – adalimumab, adalimumab-atto, adalimumab-adbm, certolizumab pegol, golimumab, infliximab, infliximab-abda, infliximab-dyyb, infliximab-qbtx	These medications have been shown to induce and maintain remission in patients with moderate to severe Crohn's disease and ulcerative colitis. These agents have been shown to heal fistulas.	Anti-TNF agents have been associated with an increased risk of infection and a slight increased risk of lymphoma and melanoma. Patients with untreated hepatitis B should avoid these medications.
Integrin receptor antagonists – vedolizumab, natalizumab	These medications have been proven to induce and maintain clinical remission in patients with Crohn's disease (vedolizumab and natalizumab) and ulcerative colitis (vedolizumab) who have not had success with other therapies.	Integrin receptor antagonists are generally safe and have low rates of serious infections and malignancies.
IL-12 and IL-23 antagonist – ustekinumab	This medication has been approved for the treatment of patients with moderate to severe Crohn's disease who have not had success with other therapies.	This is a generally safe medication with low rates of serious infections and malignancies.
JAK inhibitor – tofacitinib	This medication has been approved for the treatment of adult patients with moderately to severely active ulcerative colitis.	Patients taking tofacitinib are at increased risk for infection, such as herpes zoster, and may be at increased risk for malignancies, including skin cancer and potentially lymphoma.

IBD = inflammatory bowel disease; IL = interleukin; JAK = Janus kinase; TNF = tumor necrosis factor.

Types of Medications for Crohn's Disease and Ulcerative Colitis. <http://www.crohnscolitisfoundation.org/resources/types-of-medications.html>. Accessed October 12, 2018.