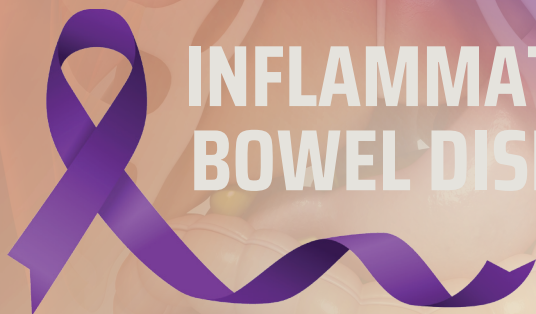


QUICK REFERENCE  
FOR HEALTHCARE PROVIDERS



# INFLAMMATORY BOWEL DISEASE

2025



Ministry of Health Malaysia



Malaysian Society  
of Gastroenterology &  
Hepatology (MSGH)



Malaysian Society of  
Paediatric Gastroenterology,  
Hepatology, and Nutrition  
(MySPGHAN)



Academy of Medicine Malaysia

## KEY MESSAGES

1. Inflammatory bowel disease (IBD) refers to a group of idiopathic, chronic, and relapsing inflammatory disorders of the gastrointestinal (GI) tract, primarily encompassing ulcerative colitis (UC) and Crohn's disease (CD).
2. The diagnosis of IBD should be established through a comprehensive, integrated assessment encompassing clinical features (including extra-intestinal manifestations), laboratory tests, endoscopic evaluation, histopathological findings, and imaging studies.
3. Colonoscopy in IBD should be performed with the acquisition of at least two biopsy specimens from a minimum of six bowel segments.
4. The approach to IBD management is individualised based on a treat-to-target strategy which include short term, intermediate and long-term goals.
5. A multidisciplinary team approach should be employed to guide decision-making in the management of IBD patients.
6. The medical treatment options include conventional and advanced therapies.
7. Early referral to a colorectal surgeon should be considered in IBD patients requiring surgery.
8. Surveillance endoscopy for dysplasia in IBD patients should begin eight years after symptom onset, while those with concomitant primary sclerosing cholangitis should undergo surveillance from the time of diagnosis with annual endoscopic assessments.
9. Pre-conception counselling should be routinely offered to all women of childbearing age with IBD to optimise disease control prior to conception and to discuss medication safety.
10. Safe and effective management of paediatric IBD should prioritise growth, development and psychosocial well-being.

This Quick Reference provides key messages & a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Inflammatory Bowel Disease.

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:

Ministry of Health Malaysia: [www.moh.gov.my](http://www.moh.gov.my)

Academy of Medicine Malaysia: [www.acadmed.org.my](http://www.acadmed.org.my)

Malaysian Society of Gastroenterology & Hepatology: [www.msgh.org.my](http://www.msgh.org.my)

Malaysian Society of Paediatric Gastroenterology, Hepatology and

Nutrition: <https://www.myspghan.my>

International Academy of Pathology Malaysian Division (IAPMD): <https://www.iapmd.net/>

Malaysian Society of Colorectal Surgeons: <https://colorectalmys.org/>

### CLINICAL PRACTICE GUIDELINES SECRETARIAT

Malaysian Health Technology Assessment Section (MaHTAS)

Medical Development Division, Ministry of Health Malaysia

Level 4, Block E1, Precinct 1,

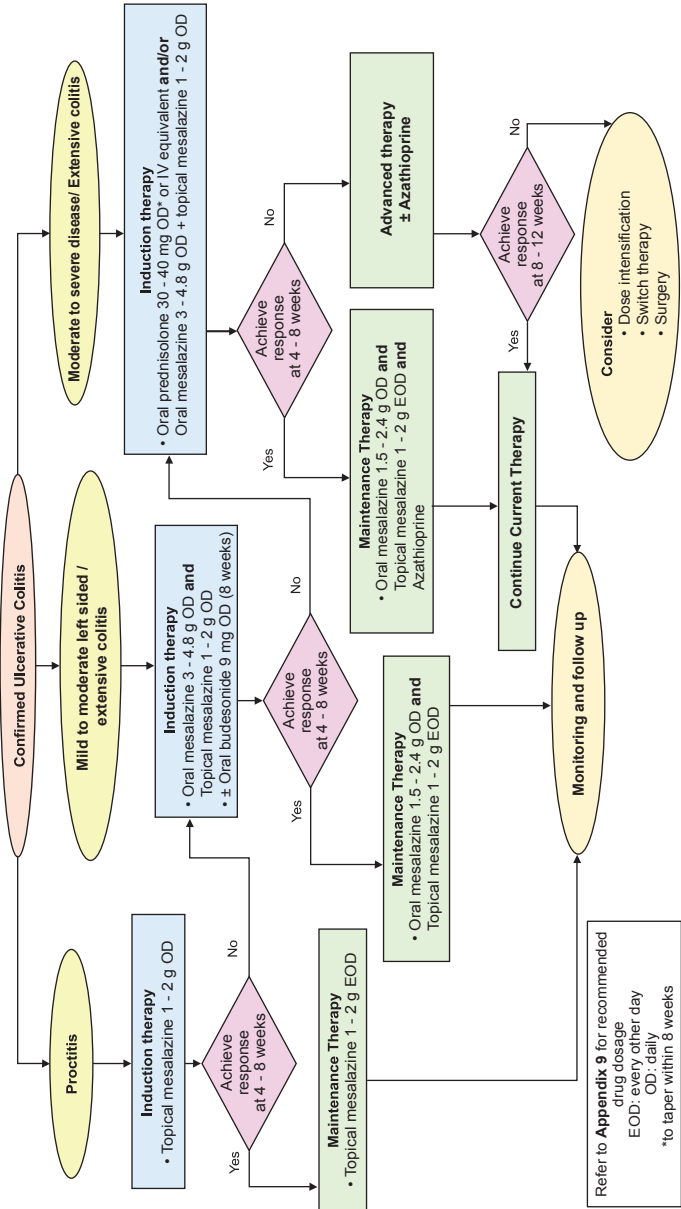
Federal Government Administrative Centre 62590

Putrajaya, Malaysia

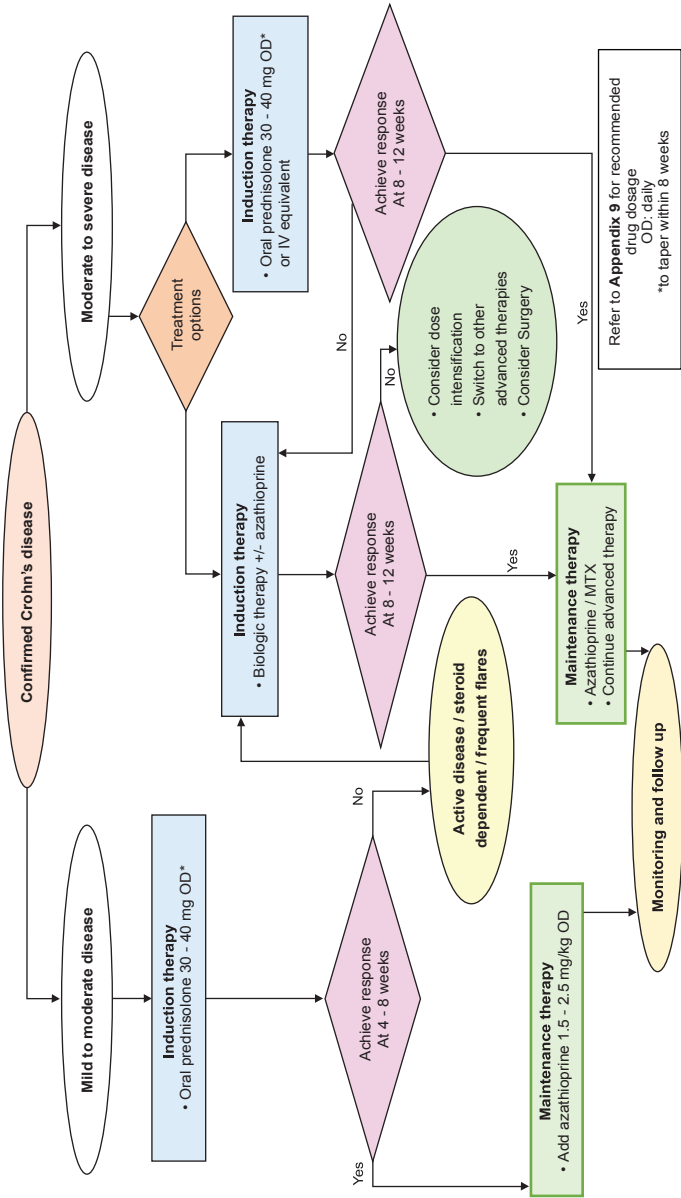
Tel: 603-88831229

E-mail: [htamalaysia@moh.gov.my](mailto:htamalaysia@moh.gov.my)

ALGORITHM ON MANAGEMENT OF ULCERATIVE COLITIS

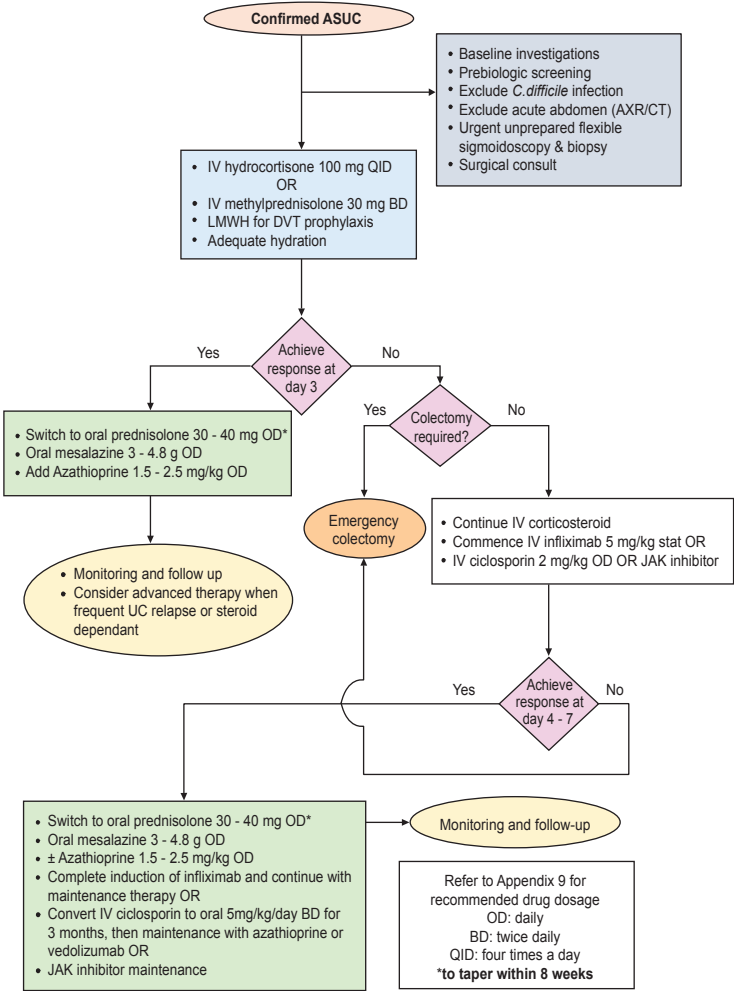


ALGORITHM ON MANAGEMENT OF CROHN'S DISEASE

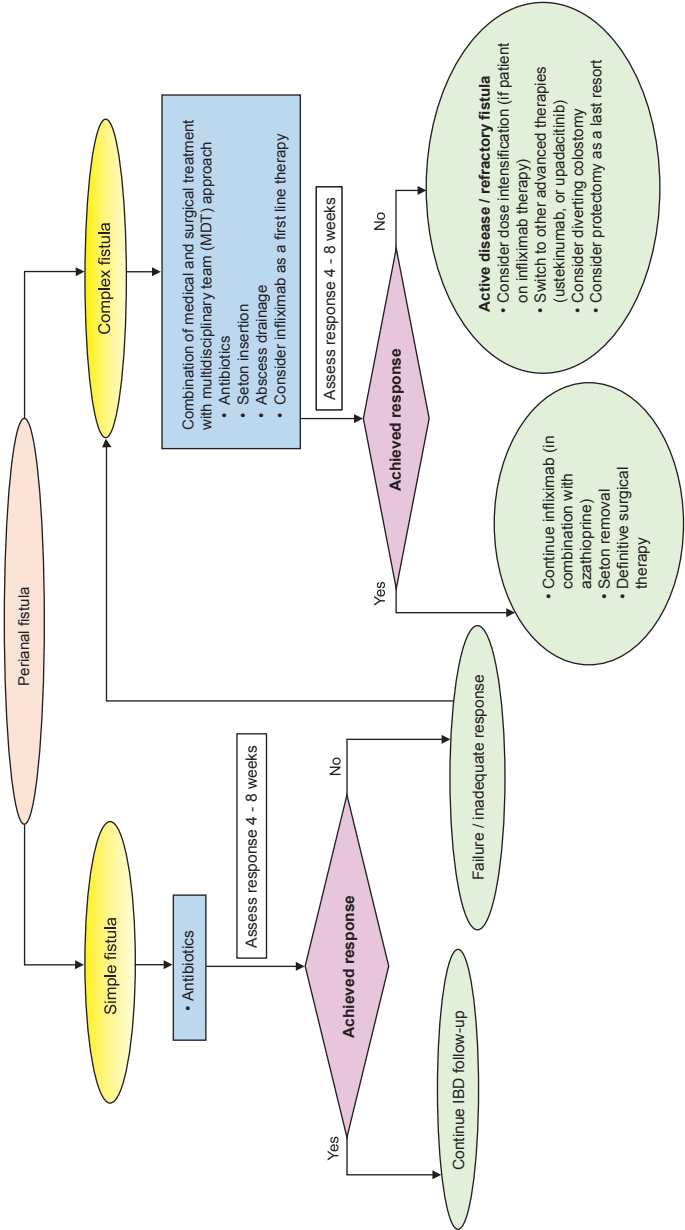




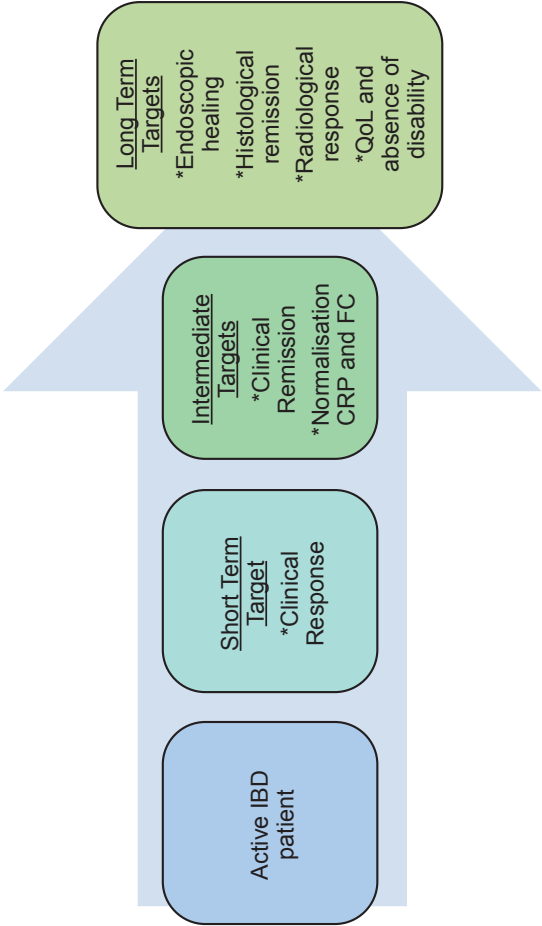
ALGORITHM ON MANAGEMENT OF ACUTE SEVERE  
ULCERATIVE COLITIS (ASUC)



ALGORITHM ON MANAGEMENT OF PERIANAL FISTULA



TREATMENT TARGETS FOR PATIENTS WITH IBD



OVERVIEW OF RISK OF DRUGS DURING PREGNANCY AND LACTATION IN IBD

| Medication group                            | Drugs                                     | Pregnancy risk                        | Lactation risk   | Comments                                                                                                                                             |
|---------------------------------------------|-------------------------------------------|---------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| CS                                          | Prednisolone                              | Low risk                              | Low risk         | Short-term use generally safe; no strong link to birth defects                                                                                       |
|                                             | Budesonide                                |                                       |                  |                                                                                                                                                      |
| Antibiotics                                 | Metronidazole                             | Low risk                              | Avoid            | Mainly used in CD patients with pouchitis, perianal disease, or abdominal sepsis                                                                     |
|                                             | Ciprofloxacin                             | Low risk,<br>Avoid in first trimester | Low risk         |                                                                                                                                                      |
| Amino salicylates                           | Mesalazine                                | Low risk                              | Low risk         | No increased risk of birth defects or major complications.                                                                                           |
|                                             | Sulphasalazine                            |                                       |                  | Folate supplementation (2 mg/day) is recommended with sulphasalazine to prevent toxicity.                                                            |
| Immunomodulators                            | Thiopurines                               | Low risk                              | Low risk         | Generally safe; not linked to birth defects or major AEs                                                                                             |
|                                             | Ciclosporin, Tacrolimus                   | Low risk, limited data                | Limited data     | Limited IBD-specific data; with no clear link to birth defects. May be considered in severe cases, but use requires careful risk-benefit assessment. |
|                                             | Methotrexate                              | Contra-indicated                      | Contra-indicated | Both are teratogenic and strictly contraindicated in pregnancy.                                                                                      |
|                                             | Thalidomide                               |                                       |                  | Can cause severe birth defects, fetal loss, and high neonatal mortality. Discontinue methotrexate 3 months before conception.                        |
| Anti-TNFα                                   | Infliximab<br>Adalimumab                  | Low risk                              | Low risk         | Not linked to birth defects or poor outcomes; safe as mono or combo therapy.                                                                         |
| Anti-α4β7 integrin                          | Vedolizumab                               | Low risk, limited data                | Low risk         | <b>Appear safe</b> , but data are limited; close monitoring recommended.                                                                             |
| Anti-IL-12 and anti IL-23                   | Ustekinumab<br>Risankizumab               | Low risk, limited data                | Low risk         |                                                                                                                                                      |
| JAK inhibitors                              | Tofacitinib<br>Upadacitinib<br>Filgotinib | Contra-indicated                      | No data; avoid   | <b>Contraindicated</b> due to limited human data and animal studies showing fetal harm.                                                              |
| Sphingosine-1-phosphate receptor modulators | Ozanimod                                  | Contra-indicated                      | No data; avoid   | Safety in pregnancy is unproven; avoid use until more evidence is available.                                                                         |

## ADOSING FOR COMMONLY USED MEDICATIONS IN INFLAMMATORY BOWEL DISEASE

| DRUG               | RECOMMENDED DOSAGE (ADULTS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECOMMENDED DOSAGE (PEDIATRICS)                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prednisolone       | PO 30-40 mg once daily; taper down 5 mg weekly (duration: ≤ 8 weeks)<br>*High bioavailability with extensive systemic absorption<br>*Strong anti-inflammatory effect with higher risk of AEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 mg/kg/day (weight-dependent; max 40 mg/day) once daily for 1-2 weeks (not more than 4 weeks), then taper down by 5 mg weekly (duration: ≤ 8 weeks)                                                                                                                                                                                                                                                                                                   |
| Budesonide         | PO 9 mg once daily (duration: ≤ 8 weeks)<br>*Low bioavailability with effective local action in the gut and reduced systemic exposure<br>*Lower risk of AEs compared to prednisolone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mesalazine (5-ASA) | <p><u>Oral formulation:</u></p> <ul style="list-style-type: none"> <li>Mesalazine 500 mg MR tablet</li> </ul> <p>Induction: PO 3.0-4.0 g/day in divided doses</p> <p>Maintenance: PO 1.5-2.0 g/day in divided dose</p> <ul style="list-style-type: none"> <li>Mesalazine 1.2 g gastro-resistant prolonged tablet</li> </ul> <p>Induction: PO 3.6-4.8 g/day once daily</p> <p>Maintenance: PO 2.4 g/day once daily</p> <ul style="list-style-type: none"> <li>Mesalazine 1.5 g gastro-resistant prolonged granules</li> </ul> <p>Induction: PO 3.0-4.5 g once daily</p> <p>Maintenance: PO 1.5-3.0 g once daily</p> <ul style="list-style-type: none"> <li>Mesalazine 2 g prolonged granules</li> </ul> <p>Induction: PO 4.0 g/day in divided doses</p> <p>Maintenance: PO 2.0 g/day in divided dose</p> <p><u>Topical formulation:</u></p> <ul style="list-style-type: none"> <li>Mesalazine 1 g suppository: 1 g rectally once daily (retained in the rectum 1 to 3 hours), or</li> <li>Mesalazine 1 g enema: 1-2 g rectally once daily</li> </ul> | <p><u>Oral formulation:</u></p> <p>Induction:<br/>PO Mesalazine 50 – 70 mg/kg/day up to 100 mg/kg/day or 4.8 g daily + rectal Mesalazine 25 mg/kg up to 1g daily</p> <p>Maintenance:<br/>The induction dose that achieves clinical effectiveness may be used for maintenance, with dose reduction as appropriate within the recommended range of 50–70 mg/kg/day</p> <p><u>Topical formulation:</u><br/>Rectal Mesalazine 25 mg/kg up to 1 g daily</p> |
| Azathioprine       | PO Initially 50 mg once daily; titrate up to 2.5 mg/kg once daily over ≥12 weeks as indicated and tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PO initially 1 mg/kg/day then titrate up to 2 – 2.5 mg/kg/day                                                                                                                                                                                                                                                                                                                                                                                          |

| DRUG                  | RECOMMENDED DOSAGE (ADULTS)                                                                                                                                                                                                                                                                                                                                                                                                      | RECOMMENDED DOSAGE (PEDIATRICS)                                                                                                                                                                                      |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Methotrexate (MTX)    | <p><u>Moderate to severe CD</u></p> <p>Induction:</p> <ul style="list-style-type: none"> <li>IM or SC 15 - 25 mg once weekly (in combination with folic acid), or</li> <li>PO, IM or SC 12.5 - 15 mg once weekly (in combination with biologic therapy). Maximum 25 mg once weekly</li> </ul> <p>Maintenance:</p> <p>IM or SC up to 25 mg once weekly. If remission maintained for 4 months, may reduce to 15 mg once weekly</p> | <p>PO 15 mg/m<sup>2</sup> (max 25 mg) once a week +</p> <p>PO Folate 5 mg 24 – 72 hours after MTX once a week</p>                                                                                                    |
| Mercaptopurine (6-MP) | <p><u>Moderate UC</u>: PO 1-1.5 mg/kg/day</p> <p><u>Moderate CD</u>: PO 0.75-1.5 mg/kg/day</p>                                                                                                                                                                                                                                                                                                                                   | NA                                                                                                                                                                                                                   |
| Infliximab            | <p>Induction: IV 5 mg/kg at week 0, 2, and 6</p> <p>Maintenance: IV 5-10 mg/kg every 8 weeks</p>                                                                                                                                                                                                                                                                                                                                 | <p>Induction: IV 5 – 10 mg/kg at week 0, 2 and 6</p> <p>Maintenance: IV 5 – 10 mg/kg every 4 – 8 weeks</p>                                                                                                           |
| Adalimumab            | <p>Induction: SC 160 mg at week 0 (either 4 injections in a day, or 2 injections for two days), then 80 mg at week 2, then</p> <p>Maintenance: SC 40 mg every other week</p>                                                                                                                                                                                                                                                     | <p>Induction at week 0: 160 mg (&gt; 40 kg) or 80 mg (&lt; 40 kg)</p> <p>Maintenance: 80 mg week 2 then continue with 40 mg every other week (&gt; 40 kg), or 40 mg week 2 onwards every other week (&lt; 40 kg)</p> |
| Vedolizumab           | <p>Induction: IV 300 mg at week 0, 2 and 6</p> <p>Maintenance: IV 300 mg every 8 weeks</p>                                                                                                                                                                                                                                                                                                                                       | <p>Induction: IV 200 mg/m<sup>2</sup> or 10 mg/kg (max 300 mg) at week 0, 2 and 6</p> <p>Maintenance: IV 200 mg/m<sup>2</sup> or 10 mg/kg (max 300 mg) every 8 weeks from week 14</p>                                |
| Ustekinumab           | <p>Induction:</p> <ul style="list-style-type: none"> <li>55 kg and less: IV 260 mg single dose</li> <li>&gt; 55 kg to 85 kg: IV 390 mg single dose</li> <li>&gt; 85 kg: IV 520 mg</li> </ul> <p>Maintenance:</p> <ul style="list-style-type: none"> <li>SC 90 mg every 8 weeks (starting 8 weeks after IV induction dose)</li> </ul>                                                                                             | <p>Induction: IV 6 mg/kg rounded 130 mg (max 520 mg)</p> <p>Maintenance:</p> <p>BSA adjusted dose SC 90 mg or 45 mg every 8 weeks from week 8</p>                                                                    |
| Risankizumab          | <p><u>Moderate to severe CD</u></p> <p>Induction: IV 600 mg at weeks 0, 4 and 8</p> <p>Maintenance: SC 180 to 360 mg at week 12, then every 8 weeks thereafter</p> <p><u>Moderate to severe UC</u></p> <p>Induction: IV 1200 mg at weeks 0, 4 and 8</p> <p>Maintenance: SC 180 to 360 mg at week 12, then every 8 weeks thereafter</p>                                                                                           | NA                                                                                                                                                                                                                   |

| DRUG         | RECOMMENDED DOSAGE (ADULTS)                                                                                                                                                                                                                                                                                                                                                                                                          | RECOMMENDED DOSAGE (PEDIATRICS)                                                                          |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Guselkumab   | <p><u>Moderate to severe UC</u><br/>Induction: IV 200 mg at weeks 0, 4, and 8</p> <p>Maintenance: SC 100 mg every 8 weeks or 200 mg every 4 weeks</p>                                                                                                                                                                                                                                                                                | NA                                                                                                       |
| *Mirikizumab | <p><u>Moderate to severe CD</u><br/>Induction: IV 900 mg at weeks 0, 4 and 8</p> <p>Maintenance: SC 300 mg at week 12, then every 4 weeks dosing</p> <p><u>Moderate to severe UC</u><br/>Induction: IV 300 mg at weeks 0, 4 and 8</p> <p>Maintenance: SC 200 mg at weeks 12, then every 4 weeks thereafter</p> <p><i>*If dose is missed, administer as soon as possible and then resume every 4-week dosing.</i></p>                 | NA                                                                                                       |
| Tofacitinib  | <p><u>Moderate to severe UC</u><br/>Induction: PO 10 mg twice daily for at least 8 weeks, maximum 16 weeks or transition of maintenance dose</p> <p><i>*Discontinue if inadequate response after 16 weeks with PO 10 mg twice daily</i></p> <p>Maintenance: PO 5 mg twice daily</p>                                                                                                                                                  | NA                                                                                                       |
| Upadacitinib | <p><u>Moderate to severe CD</u><br/>Induction: PO 45 mg once daily for at least 12 weeks</p> <p>Maintenance: PO 15-30 mg once daily</p> <p><i>*Discontinue if inadequate response with PO 30 mg once daily</i></p> <p><u>Moderate to severe UC</u><br/>Induction: PO 45 mg once daily for at least 8 weeks</p> <p>Maintenance: PO 15-30 mg once daily</p> <p><i>*Discontinue if inadequate response with PO 30 mg once daily</i></p> | NA                                                                                                       |
| Cidosporin   | <p><u>ASUC</u><br/>Induction: IV 2 mg/kg/day, infused continuously over 24 hours</p> <p>Maintenance: 2.5 mg/kg BD</p>                                                                                                                                                                                                                                                                                                                | <p><u>ASUC</u><br/>IV 2 mg/kg/day, infused continuously over 24 hours up to 7 days or until response</p> |

| DRUG       | RECOMMENDED DOSAGE (ADULTS)                                                                                                                                                                                                                                                                                                                                                                                                 | RECOMMENDED DOSAGE (PEDIATRICS) |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| *Etrasimod | Moderate to severe UC: PO 2mg once daily                                                                                                                                                                                                                                                                                                                                                                                    | NA                              |
| *Ozanimod  | Moderate to severe UC<br>Induction:<br>PO 0.23 mg once daily (Day 1 - Day 4), then 0.46mg once daily (Day 5 to Day 7)<br><br>Maintenance:<br>PO 0.92mg once daily (starting Day 8 onwards)<br><br><i>*If missed during the first 2 weeks of treatment, re-initiate the titration regimen with 0.23 mg once daily.</i><br><i>*If a dose missed after the first 2 weeks of treatment, continue with treatment as planned.</i> | NA                              |

\*Unavailable in Malaysia

- AEs - adverse effects
- ASUC - acute severe ulcerative colitis
- CD - Crohn's disease
- IM - intra-muscular
- IV - intra-venous
- NA - not applicable
- PO - per oral
- SC - sub-cutaneous
- UC - ulcerative colitis