



Vedolizumab

This information is for people with [Crohn's](#) or [Colitis](#) who are on vedolizumab (Entyvio) treatment or who are thinking about starting it. This information can help you to decide if this treatment is right for you. It looks at:

- How vedolizumab works
- What you can expect from vedolizumab
- How to take vedolizumab
- Possible side effects
- Stopping or changing treatment

This information is about vedolizumab in general. It should not replace advice from your IBD team.

Contents

Key facts about vedolizumab	2
Other names for vedolizumab.....	3
Deciding which medicine to take	3
How vedolizumab works.....	3
Why you might be offered vedolizumab	4
How quickly can vedolizumab work?	5
How well does vedolizumab work in Crohn's and Colitis?	6
How long will you take vedolizumab for?	9
How to take vedolizumab	11
Side effects.....	15
Checks before starting vedolizumab	20
Ongoing checks.....	20
Taking vedolizumab with other medicines for Crohn's or Colitis.....	21



Vaccinations	21
Taking other medicines	23
Drinking alcohol	23
Pregnancy and fertility	23
Breastfeeding	24
Who to talk to if you are worried	25
Help and support from Crohn's & Colitis UK	25
About Crohn's & Colitis UK	27

Key facts about vedolizumab

- Vedolizumab is used to treat Crohn's or Colitis. It can help get your Crohn's or Colitis under control and keep it under control.
- It is usually an option if other treatments for Crohn's or Colitis have not worked or have stopped working. You might also have it if other treatments have caused serious side effects or are not suitable for you.
- To begin with you will have vedolizumab through a drip into a vein in your arm (intravenous infusion). After this, you might continue to have vedolizumab through a drip. Or you might change to an injection under your skin (subcutaneous injection).
- Vedolizumab targets the immune system in your gut, rather than your whole body. Because of this, it is likely to have a lower risk of serious infections than immunosuppressants that affect your whole body.
- Current advice is that you should avoid live vaccines while taking vedolizumab. You can have the annual flu vaccine and any COVID-19 vaccinations as recommended, as these are not live.



Other names for vedolizumab

Vedolizumab is also known by the brand name Entyvio.

Deciding which medicine to take

There are lots of things to think about when you start a new treatment. Your IBD team will discuss your options with you. When thinking about a new treatment you might want to consider the potential benefits, possible risks, and the goals of your treatment. Some things to think about include:

- How you will take it
- How well it works
- How quickly it is likely to work
- Side effects that you might experience
- Whether you need ongoing tests or checks
- Other medicines you are taking

Our [Appointment guide](#) has a list of questions you might want to ask. It can help you focus on what matters most to you. We also have information on other [medicines](#) or [surgery](#) for Crohn's or Colitis.

How vedolizumab works

Vedolizumab belongs to a group of medicines called [biologic medicines](#). Biologic medicines are made by a biological rather than a chemical process. They are produced in a lab by living cells.

As part of your body's normal immune response, your immune system makes white blood cells. These cells travel to various parts of your body to fight infection. Some of these white blood cells move into the gut. In people with Crohn's or Colitis, too many white blood cells enter the gut. This causes inflammation in the gut, leading to symptoms of Crohn's or Colitis.



Vedolizumab is a 'gut-selective integrin blocker'. It sticks to a protein called integrin. Integrin is found on the surface of the white blood cells that enter your gut. Blocking integrin stops these white blood cells entering the gut and reduces the amount of inflammation. This means that vedolizumab only targets the gut, rather than your whole body.

Why you might be offered vedolizumab

Vedolizumab is used to treat people over 18 years with moderate to severe Crohn's or Colitis. Treatment with vedolizumab aims to get your Crohn's or Colitis under control and keep it under control.

Vedolizumab can only be prescribed by a specialist IBD team and not your GP. Your IBD team might suggest treatment with vedolizumab if you have Crohn's or Colitis and:

- [Standard treatments](#) or an [anti-TNF medicine](#) have not worked.
- Standard treatments or an anti-TNF medicine have stopped working.
- Standard treatments or an anti-TNF medicine have caused side effects that are severe or difficult to manage.
- Standard treatments or an anti-TNF medicine are not suitable for you.

If you have Crohn's Disease, you can only have vedolizumab on the NHS if:

- You have tried an anti-TNF medicine and it has not worked or has stopped working.
- Anti-TNF medicine is not suitable for you.

Standard treatments include [aminosalicylates \(5-ASAs\)](#), [steroids](#), or immunosuppressants such as [azathioprine](#), [mercaptopurine](#) or [methotrexate](#).

Anti-TNF medicines include [adalimumab](#), [golimumab](#) and [infliximab](#).



Use in children is not included in the licence for vedolizumab. The licence is the document that explains what a medicine can be used for. If you are under 18 and other treatments have not helped your condition, your IBD team may discuss whether vedolizumab could be an option for you.

I had a lot of anxiety and very little hope for this drug working after such a long flare, and being needle phobic, this would also make it challenging for me. To my surprise, by the end of the loading doses, I was making improvements, and this continued when I moved onto maintenance doses. Soon after, I was able to be discharged from the surgeon.

Sophie,
Living with Crohn's

How quickly can vedolizumab work?

Some people start feeling better within 6 weeks of starting treatment with vedolizumab. For others it may take longer. Vedolizumab might not work at all for some people.

If you have Colitis, you should start to feel better by 10 weeks. If not, your IBD team might suggest stopping vedolizumab.

If you have Crohn's, vedolizumab can take up to 14 weeks to work. If you have not started to feel better after 14 weeks, your IBD team might suggest stopping vedolizumab.

“It was at least 14 weeks before I could definitively see an improvement. So don't be disheartened if it's not immediate. Vedolizumab is a 'slow burner' but it works for me.”

Helen
Living with Crohn's



How well does vedolizumab work in Crohn's and Colitis?

Vedolizumab can help to get your Crohn's or Colitis under control and keep it under control.

Find out more about how we talk about the [effectiveness of medicines](#).

Induction treatment and maintenance treatment

At first, the aim of vedolizumab treatment is to reduce the inflammation in your gut and get your Crohn's or Colitis under control. This is induction treatment. Once your Crohn's or Colitis is under control, treatment aims to keep it under control (in remission). This is maintenance treatment.

If you have Crohn's Disease

One large study looked at vedolizumab as both induction and maintenance treatment for Crohn's. The study compared vedolizumab given by infusion with placebo (dummy treatment). Some of these people had already been treated with other anti-TNF medicines and some had not.

Getting Crohn's under control with vedolizumab

The table shows how well vedolizumab got Crohn's under control after 6 weeks.

After 6 weeks of treatment...

	People not taking vedolizumab (placebo)	People taking vedolizumab
People with their Crohn's under control (in remission)	 7%	 15%
People with some improvement in their Crohn's (but not in remission)	 19%	 17%
People who did not improve	 75%	 69%



After 6 weeks, about twice as many people who took vedolizumab had their Crohn's under control compared with those who took placebo.

Keeping Crohn's under control with vedolizumab

People whose disease was under control after induction treatment with vedolizumab continued in the study for up to 1 year. They were given vedolizumab every 8 weeks or placebo.

The table shows how well vedolizumab kept Crohn's under control after 1 year.

After one year of treatment...

	People not taking vedolizumab (placebo)	People taking vedolizumab
People with their Crohn's under control (in remission)	 22%	 39%
People with some improvement in their Crohn's (but not in remission)	 8%	 5%
People who did not improve	 70%	 56%

After 1 year, nearly twice as many people had their Crohn's under control after taking vedolizumab compared with people who had been taking placebo. About 39% (39 in every 100 people) who took vedolizumab had their Crohn's under control compared with 22% (22 in every 100 people) who had been taking placebo.

This study looked at vedolizumab given by intravenous infusion. More recent studies using vedolizumab given by subcutaneous injection showed similar effects.

If you have Ulcerative Colitis

These results come from a review that combines several studies. The review compared vedolizumab given by infusion with placebo (dummy treatment). Some of these people had already been treated with other anti-TNF medicines and some had not.



Getting Colitis under control with vedolizumab

The table shows how well vedolizumab got Colitis under control after 6 weeks.

After 6 weeks of treatment...		
	People not taking vedolizumab (placebo)	People taking vedolizumab
People with their Colitis under control (in remission)	 9%	 21%
People with some improvement in their Colitis (but not in remission)	 9%	 30%
People who did not improve	 72%	 49%

After 6 weeks, more than twice as many people who took vedolizumab had their Colitis under control compared with those who took placebo.

Keeping Colitis under control with vedolizumab

People who had a response to vedolizumab after 6 weeks continued in the study for up to 1 year. They were given vedolizumab every 8 weeks or placebo.

The table shows how well vedolizumab, given every 8 weeks, kept Colitis under control after 1 year.



After one year of treatment...

	People not taking vedolizumab (placebo)	People taking vedolizumab
People with their Colitis under control (in remission)	16%	42%
People with some improvement in their Colitis (but not in remission)	8%	15%
People who did not improve	76%	43%

After 1 year, more than twice as many people who took vedolizumab had their Colitis under control compared with those who took placebo. About 42% (42 in every 100 people) who took vedolizumab had their Colitis under control compared with 16% (16 in every 100 people) who took placebo.

This review looked at vedolizumab given by intravenous infusion. More recent studies using vedolizumab given by subcutaneous injection showed similar effects.

How long will you take vedolizumab for?

You are likely to have a planned course of treatment for up to a year if vedolizumab is working well for you. After that, your IBD team will assess you to see whether you are still benefitting from it. If you are, you will most likely continue treatment. If you continue treatment, your IBD team should assess you at least every 12 months. This is to make sure vedolizumab is still right for you.

Vedolizumab was a last resort treatment for my Colitis and luckily it worked. I've been in remission for 6 years since starting the treatment. As hard as it is, never give up hope.

Chrissie,
Living with Colitis



Stopping or changing treatment

There are a few reasons why you and your IBD team may think about stopping or changing your treatment. These include:

- **Your Crohn's or Colitis is under control**
If your Crohn's or Colitis stays under control for a year or more, you might be able to stop taking vedolizumab. But if you become unwell again (relapse) after treatment has stopped, you should be able to start vedolizumab again. About 6 in 10 people who stop vedolizumab will relapse within a year. Restarting treatment will be successful in about 7 out of 10 people within 14 weeks. And about 6 out of 10 people who restart treatment will stay in remission for up to 1 year.
- **Vedolizumab has not worked**
If vedolizumab does not seem to be helping with your symptoms at all after 10 to 14 weeks, your IBD team may advise stopping treatment and trying a different option.
- **Vedolizumab stops working well**
Some people develop antibodies to vedolizumab over time, which can stop it working.
- **You have side effects**
If you have side effects that are serious, affecting your daily life or are hard to manage, stopping vedolizumab might be the best option.

Do not stop taking your medicine without discussing it with your IBD team. If vedolizumab is no longer the best treatment for you, your IBD team should discuss other treatment options with you.



How to take vedolizumab

To begin with, you will have vedolizumab through a drip into a vein in your arm. This is called an intravenous infusion. You will have to go to hospital to have this, but it can often be given in a day unit. So you will only be there for a few hours. You will have at least two doses of vedolizumab through a drip. After that you might continue having vedolizumab through a drip. Or you might have further doses as an injection under your skin. This is called a subcutaneous injection. You can give yourself the injection under your skin at home using a pre-filled pen or syringe. Your doctor, nurse or pharmacist will teach you how to do this.

Discuss with your IBD team how you will be taking vedolizumab.

Infusion

How is the infusion given?

A doctor or nurse will give you the infusion through a drip into one of the veins in your arm. It usually takes about 30 minutes to have the dose. After this, the doctor or nurse will flush your drip through with a solution of saline (a mix of salt and water). This is to make sure that all the vedolizumab goes into your vein, and none is left in the drip. The flush should not be painful but it may feel a bit cold.

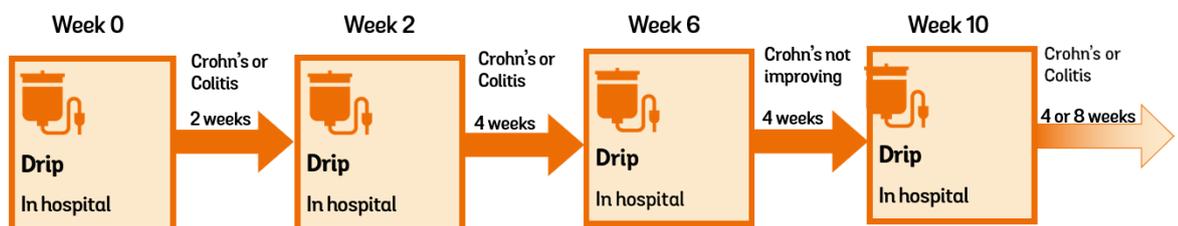
After each of your first two infusions your doctor or nurse will monitor you for about 2 hours. This is to make sure that you are not having a reaction to the infusion. After further infusions they will monitor you for about 1 hour. This may vary between IBD teams.



Dosage information for infusion

You will have a 300mg dose of vedolizumab during each infusion.

- You will have your first dose of vedolizumab.
- You will have your second dose 2 weeks later.
- You will have your third dose 4 weeks later (6 weeks after the first infusion).
- If you have Crohn's and you are not improving after your third dose of vedolizumab, your doctor may feel you need another dose. This will usually be 4 weeks after your third infusion (10 weeks after the first infusion).
- After this you will have a dose every 4 or 8 weeks, depending on how well your symptoms are being controlled.



You might hear the first few doses of intravenous infusion referred to as 'loading doses'.

My fantastic IBD team and infusion nurses have provided incredible support in helping alleviate difficulties with my needle phobia, enabling me to consistently access treatment, and keep my Crohn's stable.

Sophie,

Living with Crohn's



Injection

How to take vedolizumab by injection

Even if you will be taking vedolizumab by injection, you will have at least your first two doses by infusion in hospital. See the section on [infusions](#) for more information.

You will usually have your first injection in hospital, or a nurse will give it to you at home. Your doctor, nurse or pharmacist will then teach you how to inject it yourself. If you prefer, it may be possible for them to teach someone else, such as a friend or family member, to give you the injections.

Vedolizumab injection comes ready to use in either a pre-filled syringe or a pre-filled injection pen. Each contains one dose of vedolizumab.

Delivery

A special delivery company will send your vedolizumab injections to your home. Vedolizumab can only be prescribed by a specialist in the hospital. It is not a medicine that your GP can prescribe for you to pick up from your local pharmacy.

Storage

Keep vedolizumab injections in the fridge, between 2°C and 8°C. Keep the injections in the original carton to protect them from light.

If needed, for example if you are travelling, you can keep vedolizumab injections out of the fridge for up to 7 days. You must keep them in the original carton at room temperature (up to 25°C). They must be out of direct sunlight. If the injections are left out of the fridge for more than 7 days do not use them. Ask your pharmacist to get rid of any unused medicines. Find out more about travelling with medicines in our information on [Travelling with Crohn's or Colitis](#).

Tips on injecting

Pain at the injection site is a common side effect. You may also get redness, itching and swelling. You should expect to feel some pain, but these tips can help to make it easier to manage.



- **Let your medicine warm to room temperature**

It might be uncomfortable if you inject yourself with vedolizumab straight from the fridge. Take it out of the fridge about 30 minutes before you inject it, so it can warm to room temperature. Do not warm the injection in any other way, such as in hot water or a microwave.

- **Apply an ice pack before you inject**

You might find it helpful to apply an ice pack to the area for 2 to 3 minutes before you inject. If you do this, put a thin towel under it or wrap it in a cloth so it does not damage your skin.

- **Choose your injection site**

The upper thigh or tummy (away from the belly button) are good places for the injection. Avoid any areas where the skin is red, scarred, bruised or hard. Do not use the same place every time.

- **Wash your hands and clean the skin at the injection site**

Wash your hands with soap and water. Make sure the skin at the injection site is clean before you inject. This is to reduce the risk of infection.

- **Use a good injection technique**

If you use a syringe, gently pinch the skin at the injection site between your thumb and finger. Use a quick, dart-like motion to insert the needle into your pinched skin. Push the plunger slowly and evenly to inject all the medicine. Keep pressure on the plunger head and keep your skin pinched. If you use a syringe the injection will take about 2 to 5 seconds.

If you use a pen, place the pen at 90 degrees to the injection site and push down as far as it will go to begin the injection. Hold it down for about 10 seconds so that all the medicine is injected.

- **Use an ice pack after you inject**

Applying an ice pack or cold damp towel to the area after you have injected may help with pain at the injection site. Do this for about 10 to 15 minutes. Remember to put a thin towel under the ice pack or wrap it in a cloth.

- **Wear loose clothing**

Wear loose clothing to avoid rubbing or pressure on the injection site.



If you are having problems injecting your vedolizumab, ask your IBD team for help.

Dosage information for injection

You will start having your vedolizumab injections when your next infusion would have been. After that you will have the injections every 2 weeks.

The dose of vedolizumab in each injection is 108mg. So, you will have 108mg vedolizumab by injection every 2 weeks.

Side effects

In general, vedolizumab is safe and has low rates of side effects. But, like all medicines, you can get side effects when you take it. Some side effects can happen right away, others may happen after you have been taking vedolizumab for a while. Some side effects are mild and may go away on their own, or after you stop taking vedolizumab. Others may be more serious and could need treatment. Some side effects might mean that vedolizumab is not right for you.

Speak to your IBD team if you experience any side effects.

Possible serious side effects

Some people might get serious side effects that need urgent treatment. These do not happen often, but it is important to know what to look out for.

Allergic reactions

Up to 1 in every 100 people taking vedolizumab might have an allergic reaction. But serious allergic reactions are very rare.



Contact NHS 111 or call 999 straight away if you think you are having an allergic reaction.

Signs to look out for include:

- Difficulty breathing or swallowing
- A rash or raised, itchy patches on your skin (hives)
- Swelling of your face, lips, mouth, or throat
- Feeling dizzy or light-headed
- Your heart starts beating very fast

After the allergic reaction has been treated, contact your IBD team to let them know what has happened.

Infections

Overall, the rate of infections in people taking vedolizumab is low, and is likely to be lower than in people taking other biologics. This includes common respiratory infections and more serious infections such as pneumonia or shingles. But, infections of the gut may be more common with vedolizumab. This is because it targets the immune system of the gut rather than the whole body.

Contact your doctor or IBD team immediately if you think you have an infection.

Signs to look out for include:

- Chills or shivering
- A high temperature
- A cough that will not go away
- A skin rash
- Severe diarrhoea



If you do get an infection your IBD team might advise you to stop vedolizumab while the infection is treated. This will depend on where the infection is, and how bad it is. You will usually be able to start vedolizumab again when the infection is under control.

Progressive multifocal leukoencephalopathy

It is very rare, but another medicine that works in a similar way to vedolizumab has been associated with an infection called progressive multifocal leukoencephalopathy or PML. Current data indicates that the risk of PML with vedolizumab is very small. Only one case has been reported so far, and that person had other risk factors for PML.

The manufacturer of vedolizumab advises that you should be aware of the symptoms of PML.

Seek medical help immediately if you have any of these symptoms:

- **Change in your eyesight**
- **Difficulty speaking**
- **General weakness**
- **Clumsiness, loss of co-ordination or balance or difficulty walking**
- **Memory loss or confusion**



Common side effects

In general, vedolizumab is safe and has low rates of side effects. In clinical trials, the risk of getting side effects was similar in people taking vedolizumab to people taking placebo.

The following side effects have been reported by more than 1 in every 10 people taking vedolizumab:

- Nasopharyngitis – common symptoms include a cough, sore throat and a blocked or runny nose.
- Joint pain
- Headaches

Other common side effects reported in people taking vedolizumab are listed below.

These may affect up to 1 in every 10 people who take vedolizumab.

- A tear or wound in the lining of the gut near your bottom. This can become infected.
- Changes in how your liver works. Rarely inflammation of the liver can occur. This is known as hepatitis. Let your GP or IBD team know if the whites of your eyes or your skin become yellow, you develop a pain in the right side of your stomach, or you bruise more easily than you usually do.
- Changes to your skin such as itching, rashes, redness, prickling, or tingling. Or you may develop eczema or acne.
- Gastroenteritis – a tummy bug that causes sickness, diarrhoea, and a mild fever.
- Gut problems such as bloating, wind, constipation, piles (haemorrhoids), and indigestion. Some of these will be like the symptoms of Crohn's or Colitis. Speak to your IBD team if you're not sure what may be causing your symptoms.
- High blood pressure.
- Infection in the chest, throat, or sinus.
- Night sweats.
- Pain in your arms or legs or back, muscle cramps and weakness.



A small number of people feel dizzy after receiving vedolizumab. If you feel dizzy do not drive or use tools or machinery. Seek medical advice if you continue to feel dizzy.

This is not a full list of side effects. For more information see the Patient Information Leaflet. You can find the leaflet by searching for vedolizumab on the [electronic medicines compendium](#).

We encourage you to report any side effects to the Medicines and Healthcare Products Regulatory Agency (MHRA). You can do this through the [Yellow Card scheme online](#) or by downloading the MHRA Yellow Card app (yellowcard.mhra.gov.uk). This helps collect important safety information about medicines.

I've had very few side effects from vedolizumab since starting it a month and a half ago, only achy legs and headaches for a day. So far it's been the most effective medication for me.

Elaine,
Living with Crohn's

Risk of cancer

Some treatments for Crohn's and Colitis have been shown to increase the risk of certain types of cancer. This is because of the way they affect your immune system.

In clinical trials people taking vedolizumab had a similar rate of cancer to people with Crohn's or Colitis who did not take vedolizumab. This suggests that vedolizumab does not increase the risk of getting cancer. The risk of cancer in longer term studies also appears to be no greater than in the general population of people with Crohn's or Colitis. This continues to be monitored.



Checks before starting vedolizumab

Having treatment that affects your immune system can mean that your body may not be able to fight off infections as well as it used to. Because it targets the gut, this risk is likely to be lower with vedolizumab than with other biologic medicines. Before you start vedolizumab, your IBD team may ask you some questions and do some tests. This is to make sure your risk from an infection is as low as possible. Tell your IBD team if:

- You have an infection, or if you are feeling unwell or feverish. You may need to delay your treatment if you have an infection. Also let your IBD team know if you have often had infections in the past.
- You have ever had tuberculosis (TB) or you have recently been in close contact with someone who has TB. If you have TB it will need to be treated before you start vedolizumab. You will usually have a blood test or a chest X-ray to check for TB.
- You have HIV or hepatitis (a liver infection caused by a virus). You will usually have a blood test to check for these viruses.
- You have ever had chicken pox, shingles, cold sores or genital herpes. You may be able to be vaccinated against these before you start treatment.
- You have a condition or take any other medicine that weakens your immune system.

Your IBD team may also ask about any vaccinations you have had. This is to make sure that your vaccinations are up to date before you start vedolizumab. Let them know if you are going to have any vaccinations, or you have had a vaccination recently.

Ongoing checks

After you start vedolizumab, you should have regular checks. These are to see how well it is working and to check for any side effects. It is important that you tell your IBD team about any new symptoms or side effects as soon as they occur.



After 12 months of treatment, your IBD team should give you a check-up to see whether you should continue having vedolizumab. Based on your symptoms they might recommend that you continue treatment. If your condition is in complete remission, they may discuss stopping vedolizumab. See the section on [Stopping or changing treatment](#) for more information.

Taking vedolizumab with other medicines for Crohn's or Colitis

You may take vedolizumab on its own or with other medicines for your Crohn's or Colitis. Other medicines that you might take as well as vedolizumab include [steroids](#) or an immunosuppressant, such as [azathioprine](#), [mercaptopurine](#) or [methotrexate](#).

If you are taking steroids when you start vedolizumab, you might be able to stop them. Your IBD team will advise you about this.

It is important that you do not stop taking steroids without speaking to your IBD team.

You will not usually have vedolizumab at the same time as another [biologic medicine](#).

Vaccinations

Your IBD team will check that your vaccinations are up to date before you start treatment with vedolizumab.

Live vaccines

Live vaccines contain weakened live strains of viruses or bacteria. People who are immunosuppressed should not have live vaccines. This is because the weakened virus could reproduce too much and cause a serious infection.

It is likely that the risk from live vaccines is lower with vedolizumab than with other immunosuppressants. This is because vedolizumab targets the immune system of the gut rather than the whole body. But we do not yet know for sure how safe it is for people to take live vaccines while they are on vedolizumab.



The current recommendation is not to have [live vaccines](#) while taking vedolizumab.

- If you have had a live vaccine, you will probably be told to wait at least 4 weeks before starting vedolizumab.
- You will probably be told not have a live vaccine until at least 3 months after your last dose of vedolizumab. But you may be advised to wait up to 12 months.

In the UK, live vaccines include:

- Rotavirus vaccine.
- Measles, mumps, and rubella (MMR) vaccine.
- Nasal flu vaccine used in children – the injected flu vaccine used in adults is not live.
- Shingles vaccine (Zostavax) – a non-live shingles vaccine (Shingrix) is available for people with severe immunosuppression.
- Chickenpox vaccine.
- BCG vaccine against TB.
- Yellow fever vaccine.
- Oral typhoid vaccine. The injected typhoid vaccine is **not** live.

If someone that you live with is due to have a live vaccine

There is a small risk that people who have received live vaccines could pass on (transmit) the weakened form of the virus to close contacts who are immunosuppressed. This could then cause an infection. For most of the live vaccines used in the UK the virus is not passed on to contacts. You can reduce the risk by following simple precautions such as:

- Careful hand washing before direct contact with the person who has had the vaccine, and before preparing food.
- If the contact develops a rash after live shingles vaccine, they should cover the rash until it is dry and crusted.



Non-live vaccines

The annual flu vaccine and pneumococcal and COVID-19 vaccines are not live vaccines. They are safe to have while you are taking vedolizumab.

Taking other medicines

You should not generally take vedolizumab with other types of biologic drugs that suppress your immune system. But there may be exceptions.

If you have ever taken natalizumab (a medicine used to treat multiple sclerosis) or rituximab (a medicine used to treat certain types of cancer and rheumatoid arthritis), tell your IBD team. They will decide if you can take vedolizumab.

Speak to your IBD team, doctor, or pharmacist if you are taking or plan to take any other medicines while you are taking vedolizumab. This includes medicines that you buy from a pharmacy or supermarket. It also includes any herbal, complementary or alternative remedies.

Drinking alcohol

Alcohol is not known to interact with vedolizumab. To keep the health risks from drinking alcohol low it is best to stay within the [recommended limits](#).

Pregnancy and fertility

We do not know if vedolizumab affects fertility.

The manufacturers of vedolizumab advise that people who could get pregnant should use effective contraception while taking vedolizumab. This is to prevent pregnancy. They recommend carrying on using contraception for at least 18 weeks (4 to 5 months) after stopping vedolizumab.



There is not much research looking at the use of vedolizumab during pregnancy. From the limited information available, vedolizumab does not seem to cause problems during pregnancy or to babies exposed during pregnancy.

Experts agree that taking vedolizumab while you are pregnant is probably a low risk. Stopping vedolizumab during pregnancy may increase the risk of a flare-up or worsening of symptoms.

You and your IBD team should discuss whether the benefits of taking vedolizumab outweigh any risks to you and your baby.

- If you are taking vedolizumab and you are pregnant or planning to get pregnant, talk to your IBD team. They can discuss your treatment options with you.
- Having a flare-up during pregnancy can itself lead to problems. So it is a balance between keeping your condition under control and keeping any risk to your baby as low as possible.
- If you take vedolizumab during pregnancy, healthcare professionals may recommend delaying your baby's live vaccines until they are 6 to 12 months old. It's important to tell your baby's healthcare team that you were taking vedolizumab when you were pregnant. Decisions on whether and when your baby should have live vaccines should be made on an individual basis. See our information on [Pregnancy and breastfeeding](#) for more on your baby's live vaccines.

Breastfeeding

Vedolizumab passes into the breastmilk in low levels. You cannot take biologic medicines like vedolizumab by mouth because they are broken down and destroyed by your gut. Vedolizumab in breastmilk is likely to be broken down in your baby's gut. So very little will be absorbed by your baby.



There is little information about taking vedolizumab during breastfeeding. But experts agree this is unlikely to be harmful to your baby. Tell your IBD team if you are thinking about breastfeeding while taking vedolizumab. They can help you weigh up the benefits of breastfeeding during treatment against any possible risks.

Who to talk to if you are worried

Taking medicines and managing side effects can be difficult – we understand and we're here to help. Our Helpline Team can answer general questions about treatment options and can help you find support from others with the conditions.

Your IBD team is also there to help. You can talk to them about the dose of your treatment and how often you need to take it, how they will monitor you and what other options may be available. You should also get in touch with your IBD team if you have any new symptoms or side effects.

It can take time to find the medicine that's right for you. Don't be afraid to ask questions and seek out extra support when you need it.

This information is general information and does not replace specific advice from your health professional. Talk to your doctor or IBD team for more information that is specific to you.

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: crohnsandcolitis.org.uk/information



Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options
- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

Call us on **0300 222 5700** or email helpline@crohnsandcolitis.org.uk.

See our website for LiveChat: crohnsandcolitis.org.uk/livechat.

Crohn's & Colitis UK Forum

This closed-group community on Facebook is for everyone affected by Crohn's or Colitis. You can share your experiences and receive support from others at:

facebook.com/groups/CCUKforum.

Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and will help when you need urgent access to the toilet when you are out. See crohnsandcolitis.org.uk/membership for more information, or call the Membership Team on **01727 734465**.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.



About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call **01727 734465** or visit crohnsandcolitis.org.uk.

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We hope that you've found this information helpful. You can email the Knowledge and Information Team at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.



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Vedolizumab, edition 2b

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