Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Drug Name: Vedolizumab for Crohn's Disease

Brand Name: Entyvio® 300 mg

Form: Powder for concentrate for solution for infusion

Administration Route: IV Infusion

Dose: 300mg at zero, two and six weeks and then every eight weeks* thereafter.

Licensed Indication: Treatment of adult patients with moderately to severely active Crohn's disease (Mayo score 6 to 12 with endoscopic sub score ≥2, Crohn's Disease Activity Index [CDAI] score of 220 to 450) who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNFα) antagonist. (http://www.medicines.ie/medicine/16097/SPC/Entyvio+300+mg+powder+for+concentrate+for+solution+for+infusion/#INDICATIONS)

Reimbursed Indication: As per licence.

Reimbursement Mechanism: Hospital

Ex-manufacturer price: €2,347

Alternative price in place: Yes commercial in confidence discount in place. Please contact the company (Takeda) for pricing information.

Cost-effectiveness: Not found to be cost effective at the original price submitted. Please see NCPE website for summary report (http://www.ncpe.ie/wp-content/uploads/2014/10/Summary-Crohns-disease.pdf).

Comparator drugs for Crohn's Disease:
Combination of aminosalicylates, corticosteroids and immunomodulators and the TNF-α antagonists infliximab and adalimumab.

Other Information:

- This medicine is under additional monitoring. This means that it is being monitored even more intensively than other medicines. All suspected adverse events should be reported to the Health Products Regulatory Agency.

- Clinical trials[1] (GEMINI 2&3) of vedolizumab demonstrated small gains over placebo in the induction phase, which were inconsistent across clinical outcomes and patient subgroups. Comparative efficacy data with TNF-α antagonist therapy is lacking at this time.
- Therapy should not be continued if no evidence of therapeutic benefit is observed by Week 14. Therapeutic benefit is described in the clinical trials as enhanced clinical response which is a ≥100-point decrease in CDAI score from baseline.

*The Summary of Product Characteristics advises that 'Some patients who have experienced a decrease in their response may benefit from an increase in dosing frequency to 300 mg every four weeks'. However in the NCPE review the cost effectiveness decreased (ICER increased) when the frequency was increased from eight-weekly to four-weekly dosing, as no difference was observed between the efficacies of four-weekly and eight-weekly vedolizumab dosing in clinical trials but the cost of treatment increases substantially.

[1] GEMINI II was a phase 3, randomised, placebo-controlled, multicentre study that evaluated the efficacy and safety of vedolizumab as induction and maintenance treatments in the licensed population (n=368) (DOI: 10.1056/NEJMoa1215739); GEMINI III was a placebo-controlled, phase 3, double-blind trial to evaluate the efficacy and safety of vedolizumab, an antibody against the integrin $\alpha_4\beta_7$, as induction therapy (doi.org/10.1053/j.gastro.2014.05.008)