HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
18 MARCH 2020

vedolizumab
ENTYVIO 300 mg powder for concentrate for solution for infusion

Reevaluation

Key points

Favourable opinion for reimbursement in the treatment of ulcerative colitis (UC) in TNFα antagonist-naive adult patients who have had an inadequate response with, lost response to, or were intolerant to conventional therapy.

Clinical benefit now substantial (previously it was insufficient) in this indication.

What therapeutic improvement?

No clinical added value in the management of ulcerative colitis in TNFα antagonist-naive patients.

Role in the care pathway?

The objectives of medical treatment are first to induce remission and then to maintain remission without corticosteroid and improve quality of life. The choice of treatment is governed, in particular, by the severity of the disease and the extent of colon damage.

In the second-line treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with conventional therapy, or in whom this treatment is contraindicated or poorly tolerated, TNF inhibitors (infliximab, adalimumab and golimumab) are currently the reference treatment.

Role of the medicinal product in the care pathway

As a second-line treatment for moderately to severely active ulcerative colitis, i.e., in patients presenting failure of or intolerance to conventional therapy, ENTYVIO (vedolizumab) now represents a new alternative to TNF inhibitors.
However, a TNF inhibitor should be preferred to vedolizumab in two specific clinical situations:
- in the event of extra-intestinal manifestations (rheumatic, cutaneous and ocular manifestations, in particular), given the local action mechanism of vedolizumab;
- with infliximab being the recommended biologic therapy in the event of severe acute colitis (expert opinion).

COMMITTEE'S CONCLUSIONS

Reevaluation of the Clinical Added Value

◗ UC is a chronic inflammatory bowel disease (IBD) that results in severe chronic bloody diarrhoea, progressing in flare-ups. It leads to a marked deterioration in quality of life and exposes patients to serious complications: acute colitis, dysplasia and colon cancer.
◗ The proprietary medicinal product ENTYVIO (vedolizumab) is a symptomatic treatment for UC.
◗ The efficacy-adverse effects ratio of vedolizumab is high in the treatment of ulcerative colitis (UC) in TNFα antagonist-naive adults that have had an inadequate response with, lost response to, or were intolerant to conventional therapy.
◗ In TNFα antagonist-naive patients presenting failure of or intolerance to conventional therapy, alternatives exist: TNF inhibitors: adalimumab, infliximab and golimumab.
◗ It is a second or later-line therapy.

◗ **Public health impact**:

Considering:

- the seriousness and prevalence of UC, a serious and incapacitating chronic disease with high morbidity due to the frequency of acute flare-ups, its complications and recourse to surgery. It also causes a marked impairment in quality of life;
- the partially met medical need,
- the partial response to the identified need due to the superiority in terms of clinical remission and endoscopic healing in comparison with adalimumab demonstrated in the VARSITY study,
- the absence of elements capable of supporting an expected impact on the care and life pathway of patients in the absence of robust data on quality of life, colectomy and the absence of additional benefit in terms of corticosteroid-free remission
- the absence of any demonstrated impact on the organisation of care,

ENTYVIO (vedolizumab) is not likely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of ENTYVIO (vedolizumab) is now substantial in the treatment of UH in TNFα antagonist-naive adults that have had an inadequate response with, lost response to, or were intolerant to conventional therapy.

The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the treatment of UH in TNFα antagonist-naive adults that have had an inadequate response with, lost response to, or were intolerant to conventional therapy and at the dosages indicated in the MA.

Reevaluation of the Clinical Added Value

Considering:

- **the methodological quality of the VARSITY study, having compared vedolizumab with one of the TNF inhibitors used in UC (adalimumab) in patients in whom conventional therapy has failed and who have not previously received a TNF inhibitor in 79% of cases,**
- **the demonstration in this study of the superiority of vedolizumab compared to adalimumab in terms of clinical remission at week 52 (31.3% versus 22.5%) and endoscopic mucosal healing, with a relevant effect size but at non-optimized doses in the two groups,**
- **the absence of superiority of vedolizumab compared to adalimumab in terms of clinical remission without corticosteroid at week 52 (12.6% versus 21.7%), a clinically relevant outcome measure in UC,**
- **the absence of any robust demonstration relative to an effect on quality of life and the need for colectomy,**
- **the absence of comparison with the other TNF inhibitors available, in particular infliximab, which has demonstrated efficacy on corticosteroid-free remission,**

the Transparency Committee considers that ENTYVIO (vedolizumab) provides no clinical added value (CAV V) in the care pathway for UC as second-line therapy (TNFα antagonist-naive patients who have had an inadequate response with, lost response to, or were intolerant to conventional therapy).