

Table 1. Vedolizumab cost-consequence analysis

Vedolizumab plus standard of care: 300 mg vedolizumab given intravenously on Weeks 0, 2 and 6 and oral corticosteroids at 40–60 mg/day	Standard of care: Oral corticosteroids at 40–60 mg/day
<p>Additional cost to deliver: ¶¶¶*</p> <p>Clinical considerations:</p> <ul style="list-style-type: none">• High rate for symptom improvement or symptom response 88% (95% CI 62% to 100%)¹⁹.• Reduction in continued oral steroid use and steroid burden (adverse events and healthcare costs)• Lower infection rates (14.3%)^{† 23}• Vedolizumab related AEs <p>Clinical opinion</p> <ul style="list-style-type: none">• Lower hospitalisation rate due to reduction of progression to grade 3–4.• Improved QoL due to reduction in symptoms relative to standard of care.	<p>Clinical considerations:</p> <ul style="list-style-type: none">• Unknown curative rate, patients have not responded to first-line immunosuppression with corticosteroids• Continued oral steroid use and steroid burden (adverse events and healthcare costs)• Higher infection rates (42.9%)^{† 23} <p>Clinical opinion</p> <ul style="list-style-type: none">• Higher hospitalisation rate compared to vedolizumab with standard of care due to relative response rate.• Reduced QoL due to continued symptoms compared to infliximab with standard of care.

* Costs are limited to procurement and administration costs

† Insignificant difference (P = 0.089)

AE: adverse event; CI: confidence interval; QoL: quality of life

¶¶¶ commercial in confidence figure removed