Entyvio® (Vedolizumab):

Entyvio® vedolizumab

Administered as a 30 minute IV in all patients, without the need for dosing adjustments[1]

Starting regimen (induction phase)[1]

Entyvio® 300mg

→ 0 weeks
→ 2 weeks
→ 6 weeks

Maintenance phase[1]

Entyvio® 300mg every 8 weeks

No dose adjustment is required in elderly patients[1]

There are no data available on the use of Entyvio® in paediatric patients (0–17 years of age) or those with renal or hepatic impairment[1]

Contraindications

Hypersensitivity to the active substance or to any of the inactive ingredients[1]

Active severe infections such as tuberculosis, sepsis, cytomegalovirus, listeriosis, and opportunistic infections such as progressive multifocal leukoencephalopathy (PML)[1]

- Entyvio® 300mg is administered as a 30-minute IV infusion in all patients with ulcerative colitis or Crohn's disease[1]
- For patients who have a decrease in response, dosing may be escalated to 4 week intervals[1]

Assessment of response at week 10 - Crohn's disease

- Patients with Crohn's disease who have not shown a response may benefit from a dose of Entyvio® at week 10. Continue therapy every eight weeks from week 14 in responding patients. Therapy for patients with Crohn's disease should not be continued if no evidence of therapeutic benefit is observed by week 14[1]

Assessment of response at week 10 - Ulcerative colitis

- Continued therapy for patients with ulcerative colitis should be carefully reconsidered if no evidence of therapeutic benefit is observed by week 10[1]

Additional information

- Patients should be monitored during the infusion and for two hours after their first two infusions. This can be reduced to one hour for subsequent infusions[1]
- Entyvio® should be administered in a healthcare setting equipped to allow management of acute hypersensitivity reactions including anaphylaxis, if they occur[1]
- If an acute severe infusion reaction occurs, discontinue administration of Entyvio® immediately and initiate appropriate therapy[1]
- All patients who receive Entyvio® must be given a Patient Alert Card, which should be kept with them at all times[1]

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Entyvio® safely and effectively.

Entyvio® vedolizumab

NAME OF THE MEDICINAL PRODUCT

Entyvio® 300 mg powder for concentrate for solution for infusion.

Entyvio® is a humanised IgG1 monoclonal antibody that binds to the human α4β7 integrin and is produced in Chinese hamster ovary (CHO) cells.

Therapeutic indications

Entyvio® is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis/ Crohn's disease, 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.

Posology and method of administration

Entyvio® treatment should be initiated and supervised by specialist healthcare professionals experienced in the diagnosis and treatment of ulcerative colitis or Crohn's disease. Patients should be given the Patient Alert Card. The recommended dose regimen of Entyvio® is 300 mg administered by intravenous infusion at zero, two and six weeks and then every eight weeks thereafter. Some patients who have experienced a decrease in their response may benefit from an increase in dosing frequency to Entyvio® 300 mg every four weeks. In patients who have responded to treatment with Entyvio®, corticosteroids may be reduced and/or discontinued in accordance with standard of care. If therapy is interrupted and there is a need to restart treatment with Entyvio, dosing at every four weeks may be considered.

Continued therapy for patients with ulcerative colitis should be carefully reconsidered if no evidence of therapeutic benefit is observed by Week 10. Patients with Crohn's disease, who have not shown a response may benefit from a dose of Entyvio® at week 10. Continue therapy every eight weeks from Week 14 in responding patients. Therapy for patients with Crohn's disease should not be continued if no evidence of therapeutic benefit is observed by Week 14.

Paediatric population

No data is available on the safety and efficacy of Entyvio® in children aged 0 to 17 years.

Elderly patients

No dose adjustment is required.

Patients with renal or hepatic impairment

Entyvio® has not been studied in these patient populations. No dose recommendations can be made.

Contraindications

Hypersensitivity to the active substance or to any of its excipients. Active severe infections such as tuberculosis, sepsis, cytomegalovirus, listeriosis, and opportunistic infections such as Progressive Multifocal Leukoencephalopathy (PML).

Special warnings and precautions for use

Entyvio® should be administered in a healthcare setting equipped to allow management of acute hypersensitivity reactions including anaphylaxis, if they occur. Appropriate monitoring and medical support measures should be available for immediate use when administering Entyvio®. All patients should be observed continuously during each infusion. Patients should continue to be observed for two hours following infusion completion for the first two infusions and one hour for subsequent infusions.

Infusion related reactions (IRR) - IRR and hypersensitivity reactions have been reported, with the majority being mild to moderate in severity. Discontinue administration if a severe IRR, anaphylactic reaction, or other severe reaction occurs, and institute appropriate treatment. If a mild to moderate IRR occurs, the infusion rate can be slowed or interrupted and appropriate treatment initiated. Consider pre treatment prior to the next infusion for patients with a history of mild to moderate IRR to Entyvio®.

Infections

Entyvio® treatment is not to be initiated in patients with active, severe infections until the infections are controlled. Consider withholding in patients who develop a severe infection while on treatment with Entyvio®. Before initiating treatment, patients must be screened for TB. If latent TB is diagnosed, anti-tuberculosis appropriate treatment must be initiated prior to Entyvio® treatment.

Progressive Multifocal Leukoencephalopathy (PML)

No cases of PML were reported in clinical studies of Entyvio® however, healthcare professionals should monitor patients on Entyvio® for any new onset or worsening of neurological signs and symptoms, and consider neurological referral if they occur. If PML is suspected, treatment with Entyvio® must be withheld; if confirmed, treatment must be permanently discontinued.

Malignancies

The risk of malignancy is increased in patients with ulcerative colitis and Crohn's disease. Immunomodulatory medicinal products may increase the risk of malignancy. Overall, results from the clinical program to date do not suggest an increased risk for malignancy with Entyvio® however, the number of malignancies was small and long-term exposure was limited.

Prior and concurrent use of biological products

No Entyvio® clinical trial data are available for patients previously treated with natalizumab or rituximab. Caution should be exercised when considering the use of Entyvio® in these patients. Patients previously exposed to natalizumab should normally wait a minimum of 12 weeks prior to initiating therapy with Entyvio®. Entyvio® not recommended for concomitant use with biologic immunosuppressants as no clinical data are available.

Live and oral vaccines

Patients recommended to be up-to-date with all appropriate immunisations prior to initiating Entyvio®. Live vaccines may be administered concurrently only if benefit clearly outweighs risk. Patients may continue to receive non-live vaccines.

Interactions

No interaction studies have been performed. Concomitant administration of corticosteroids, immunomodulators (azathioprine, 6-mercaptopurine, and methotrexate) and aminosalicylates did not have a clinically meaningful effect on Entyvio® pharmacokinetics.

Fertility, pregnancy and lactation

Women of childbearing potential are strongly recommended to use adequate contraception to prevent pregnancy and to continue its use for at least 18 weeks after the last treatment with Entyvio®. There are limited amount of data from the use of Entyvio® in pregnant women. Entyvio® is to be used during pregnancy only if the benefits clearly outweigh any potential risk to both the mother and foetus. Because maternal antibodies (IgG) are excreted in breast milk, it is recommended that a decision be made whether to discontinue breast-feeding or to discontinue/abstain from Entyvio® therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

There are no data on the effects of Entyvio® on human fertility. Effects on male and female fertility have not been formally evaluated in animal studies.

Undesirable Effects

Very Common (≥1/10): nasopharyngitis, headache, arthralgia.

Common (≥1/100 to <1/10): bronchitis, gastroenteritis, URTI, influenza, sinusitis, pharyngitis, paraesthesia, hypertension, oropharyngeal pain, nasal congestion, cough, anal abscess, anal fissure, nausea, dyspepsia, constipation, abdominal distension, flatulence, haemorrhoids, rash, pruritis, eczema, erythema, night sweats, acne, muscle spasm, back pain, muscular weakness, fatigue, pain in the extremity, pyrexia.

For further information, please refer to the full prescribing information as approved by the Israeli MOH.

Reference: 1. Entyvio® Prescribing information as approved by the Israeli MOH

Takeda

Takeda Israel Ltd | 25 Efal st. | POB 4140 | Petach Tikva 4951125, Israel | 03-3733140 | www.takeda.co.il

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