



Adalimumab Recommended by NICE for Crohn's Disease Sufferers for the First Time in the UK

MAIDENHEAD, UK, May 19, 2010 — HUMIRA (adalimumab) has today been recommended by the National Institute of Clinical Excellence (NICE) as one of the treatment options for adults with severe and active Crohn's disease.¹ Humira is the first anti-TNF therapy approved by NICE for Crohn's disease that can be self-injected at home, after appropriate training.

Contact:
**UK Communications
Department**
01628 644 582

"This positive recommendation by NICE supporting the use of anti-TNF therapy in appropriately selected patients with Crohn's disease is an important advance in managing this serious, debilitating condition and in supporting patient independence," commented Dr James Lindsay of Barts and the London NHS Trust. "As there is currently no cure for Crohn's disease, ensuring that patients have access to effective treatments that will help maintain control of their disease is crucial."

Clinical trials of adalimumab in Crohn's patients have shown that:

- Adalimumab demonstrated response from as early as week one²
- Approximately three times as many patients who continued on adalimumab maintained clinical remission at one year compared with placebo³
- 29% of patients previously on steroid treatment with adalimumab were both in remission and able to discontinue steroids compared with only 6% on placebo³

Nearly 60,000 people in the UK are affected by Crohn's disease⁴. Adalimumab is the first anti-TNF licensed to treat Crohn's disease which offers adult patients the convenience of self-injection at home after appropriate training by their health care practitioner.

"The unpredictability of Crohn's disease makes it difficult to lead a normal life as the disease can flare-up at any time. We welcome NICE's guidance which will provide additional treatment options, and therefore an improved quality of life for people who have more severe disease. For example, being able to continue on this type of treatment has made it possible for one of our younger members to follow his university course and enjoy his university experience without interruption from his Crohn's disease," said Richard Driscoll, CEO of the National Association for Colitis and Crohn's Disease (NACC).

Primary Care Trusts have a statutory duty to fund NICE technology appraisals within three months of publication. The full NICE guidance can be found at www.nice.org.uk

-Ends-

Notes to Editors

What does the NICE Guidance say?

Infliximab and adalimumab, within their licensed indications, are recommended as treatment options for adults with severe active Crohn's disease whose disease has not responded to conventional therapy, or who are intolerant of or have contraindications to conventional therapy. Treatment with infliximab or adalimumab may be a planned course of treatment until treatment failure (including the need for surgery), or until 12 months after the start of treatment, whichever is shorter. People should then have their disease reassessed (see 1.4) to determine whether ongoing treatment is still clinically appropriate.¹

Treatment as described in 1.1 should normally be started with the less expensive drug (taking into account drug administration costs, required dose and product price per dose). This may need to be varied for individual patients because of differences in the method of administration and treatment schedules.¹

How are the two treatments costed?

Treatments costs based on the dosing regimens and unit costs listed in section 3.10 of NICE guidance:¹

	Adalimumab	Adalimumab	Infliximab
Dosing schedule	80mg week 0, 40mg week 2 then every 2 weeks	160mg week 0, 80mg week 2 then every 2 weeks	5mg/kg infusion at weeks 0,2,6 then every 8 weeks
Cost per dose	£357.50*	£357.50*	£1,936.48†
Cost per first year treatment‡	£9,652.50	£10,725	£15,491.84

*per 40mg prefilled device †based on 73kg patient with £258 drug administration cost per infusion. VAT is payable on both drugs if administered in hospital
‡induction and maintenance treatment

How does the guidance affect patients already on anti-TNF therapy?

People who continue treatment with infliximab or adalimumab should have their disease reassessed at least every 12 months to determine whether ongoing treatment is still clinically appropriate. People whose disease relapses after treatment is stopped should have the option to start treatment again.¹

The full NICE guidance can be found at www.nice.org.uk

How adalimumab works

Adalimumab is a fully human monoclonal antibody that works by specifically blocking the activity of TNF, which is a key component of the inflammatory process associated with Crohn's disease.

Clinical trials

There are three key randomised, double-blind, placebo-controlled, multi-centre trials of adalimumab in Crohn's disease. In each trial, clinical remission was measured by a Crohn's Disease Activity Index (CDAI) score of less than 150. CDAI is a weighted composite score of eight clinical factors that evaluate patient wellness, including daily number of liquid or very soft stools, severity of abdominal pain, levels of general wellness and other measures.

CLASSIC I (Clinical assessment of Adalimumab Safety and efficacy Studied as an Induction therapy in Crohn's disease)³ was a study of 299 patients with moderate to severe Crohn's disease who were new to anti-TNF therapy. Results showed that adalimumab demonstrated response from week 1 and resulted in a greater percentage of patients achieving clinical remission at four weeks compared to placebo.

CHARM (Crohn's trial of the fully Human antibody Adalimumab for Remission Maintenance)⁵ was a 56-week trial that enrolled 854 patients with moderate to severely active Crohn's disease. 778 patients received either adalimumab or placebo after a four week open label induction phase. Three times as many patients who continued on adalimumab maintained clinical remission at one year compared to placebo.

GAIN (Gauging Adalimumab effectiveness in Infliximab Non-Responders)² evaluated the efficacy of adalimumab in 325 patients with moderate to severely active Crohn's disease who had previously lost response or were unable to tolerate infliximab. Adalimumab induced significantly higher rates of clinical remission compared to placebo.

More about Crohn's disease

Crohn's disease, an inflammatory disease of the intestines, affects up to 60,000 people in the UK.⁴ Typically diagnosed before the age of 30,¹ Crohn's disease can have a devastating impact on the day-to-day life of patients, many of whom are young and active. Five years after developing Crohn's, 15-20% of people are

disabled to some degree by their disease.⁶ Common symptoms include diarrhoea, abdominal pain, weight loss, fever, and in some cases, rectal bleeding. Many patients develop complications such as intestinal obstruction, fistulas (abnormal connections from the bowel to surrounding organs), and malnutrition.

Adalimumab licensed indications⁷

Crohn's disease

Adalimumab is indicated for the treatment of severe, active Crohn's disease, in patients who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies.

For induction treatment, adalimumab should be given in combination with corticosteroids. Adalimumab can be given as monotherapy in case of intolerance to corticosteroids or when continued treatment with corticosteroids is inappropriate.

The recommended adalimumab induction dose regimen for adult patients with severe Crohn's disease is usually 80 mg at week 0 followed by 40 mg at week 2. In case there is a need for a more rapid response to therapy, the regimen 160 mg at week 0 (dose can be administered as four injections in one day or as two injections per day for two consecutive days), 80 mg at week 2, can be used with the awareness that the risk for adverse events is higher during induction. After induction treatment, the recommended dose is 40 mg every other week via subcutaneous injection.

Rheumatoid arthritis

Adalimumab in combination with methotrexate, is indicated for:

- the treatment of moderate to severe, active rheumatoid arthritis (RA) in adult patients when the response to disease-modifying anti-rheumatic drugs including methotrexate has been inadequate.
- the treatment of severe, active and progressive RA in adults not previously treated with methotrexate.

Psoriatic arthritis

Adalimumab is indicated for the treatment of active and progressive psoriatic arthritis (PsA) in adults when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate.

Ankylosing spondylitis

Adalimumab is indicated for the treatment of adults with severe active ankylosing spondylitis (AS) who have had an inadequate response to conventional therapy.

For RA, PsA and AS, adalimumab is usually administered as 40mg every other week as a single dose via subcutaneous injection.

Please refer to the Summary of Product Characteristics for full information on adalimumab including contraindications, special warnings and precautions and side effect information.⁷

To date, adalimumab has been approved across indications, and more than 403,000 people worldwide are currently being treated with adalimumab.⁸

About Abbott

Abbott is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals and medical products, including nutritionals, devices and diagnostics. The company employs approximately 83,000 people and markets its products in more than 130 countries.

Abbott has been operating in the UK for more than 70 years and currently has operations in Maidenhead, Berkshire (UK Headquarters), Kent, Lancashire, the Midlands and Oxfordshire. Abbott's news releases and other information are available on the company's Web site at www.abbott.com and www.abbott.co.uk

#

References

1. National Institute for Health and Clinical Excellence Technology Appraisal Guidance. Crohn's disease – infliximab (review) and adalimumab. Available at: www.nice.org.uk. Accessed May 2010.
2. Sandborn WJ, et al. Adalimumab induction therapy for Crohn disease previously treated with infliximab. A randomized trial. *Ann Intern Med.* 2007; 146:829-38.
3. Hanauer SB, et al. Human anti-tumour necrosis factor monoclonal antibody (adalimumab) in Crohn's disease: the CLASSIC 1 trial. *Gastroenterology* 2006; 130:323-333
4. Carter M J et al. Guidelines for the management of inflammatory bowel disease in adults. *Gut* 2004; 53: supp
5. Colombel JF, et al. Adalimumab for maintenance of clinical response and remission in patients with Crohn's disease: the CHARM trial. *Gastroenterology* 2007;132:52-65

6. National Institute for Health and Clinical Excellence Technology Appraisal Guidance No.40. Guidance on the use of infliximab for Crohn's disease. April 2002. Available at: www.nice.org.uk. Accessed April 2010.
7. Electronics Medicines Compendium Humira (adalimumab) Summary of Product Characteristics <http://emc.medicines.org.uk/>. Accessed April 2010.
8. Abbott Data on File. RM16075 Number of Patients Worldwide. 2009