

Supplementary Material

Cost per Remission of Vedolizumab Versus Risankizumab for the Treatment of Moderately to Severely Active Crohn's Disease in Italy

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Table S1 CHEERS 2022 Checklist

Topic	No.	Item	Location where item is reported
Title	1	Identify the study as an economic evaluation and specify the interventions being compared.	Title, Section 1
Abstract	2	Provide a structured summary that highlights context, key methods, results, and alternative analyses.	See Abstract
Introduction			
Background and objectives	3	Give the context for the study, the study question, and its practical relevance for decision making in policy or practice.	Section 1
Methods			
Health economic analysis plan	4	Indicate whether a health economic analysis plan was developed and where available.	Section 2.1
Study population	5	Describe characteristics of the study population (such as age range, demographics, socioeconomic, or clinical characteristics).	Section 2.2
Setting and location	6	Provide relevant contextual information that may influence findings.	Sections 2.2, 2.3
Comparators	7	Describe the interventions or strategies being compared and why chosen.	Sections 2.1, 2.2
Perspective	8	State the perspective(s) adopted by the study and why chosen.	Section 1
Time horizon	9	State the time horizon for the study and why appropriate.	Sections 2.1, 2.2
Discount rate	10	Report the discount rate(s) and reason chosen.	Section 2.4
Selection of outcomes	11	Describe what outcomes were used as the measure(s) of benefit(s) and harm(s).	Section 2.2
Measurement of outcomes	12	Describe how outcomes used to capture benefit(s) and harm(s) were measured.	Section 2.2
Valuation of outcomes	13	Describe the population and methods used to measure and value outcomes.	Sections 2.1, 2.2, 2.3
Measurement and valuation of	14	Describe how costs were valued.	Section 2.3

resources and costs			
Currency, price date, and conversion	15	Report the dates of the estimated resource quantities and unit costs, plus the currency and year of conversion.	Section 2.3
Rationale and description of model	16	If modelling is used, describe in detail and why used. Report if the model is publicly available and where it can be accessed.	Section 2.1, Data Availability statement
Analytics and assumptions	17	Describe any methods for analysing or statistically transforming data, any extrapolation methods, and approaches for validating any model used.	N/A
Characterising heterogeneity	18	Describe any methods used for estimating how the results of the study vary for subgroups.	N/A
Characterising distributional effects	19	Describe how impacts are distributed across different individuals or adjustments made to reflect priority populations.	N/A
Characterising uncertainty	20	Describe methods to characterise any sources of uncertainty in the analysis.	Section 2.4
Approach to engagement with patients and others affected by the study	21	Describe any approaches to engage patients or service recipients, the general public, communities, or stakeholders (such as clinicians or payers) in the design of the study.	N/A
Results			
Study parameters	22	Report all analytic inputs (such as values, ranges, references) including uncertainty or distributional assumptions.	Sections 2.2, 2.3, 2.4
Summary of main results	23	Report the mean values for the main categories of costs and outcomes of interest and summarise them in the most appropriate overall measure.	Section 3.1
Effect of uncertainty	24	Describe how uncertainty about analytic judgements, inputs, or projections affect findings. Report the effect of choice of discount rate and time horizon, if applicable.	Sections 3.2, 3.3, 3.4
Effect of engagement with patients and	25	Report on any difference patient/service recipient, general public, community, or stakeholder	N/A

others affected by the study		involvement made to the approach or findings of the study.	
Discussion			
Study findings, limitations, generalisability, and current knowledge	26	Report key findings, limitations, ethical or equity considerations not captured, and how these could affect patients, policy, or practice.	Sections 4, 4.1
Other relevant information			
Source of funding	27	Describe how the study was funded and any role of the funder in the identification, design, conduct, and reporting of the analysis.	See funding statement
Conflicts of interest	28	Report authors conflicts of interest according to journal or International Committee of Medical Journal Editors requirements.	See conflict of interest statement
CHEERS, Consolidated Health Economic Evaluation Reporting Standards			

Table S2 Drug acquisition and administration costs

Treatment	Cost per pack, €	Units per pack	Unit cost per administration, €
VDZ: 300 mg IV	2036.04	1	9.71
VDZ: 300 mg SC	1465.95	2	0.00 ^a
RZB: 600 mg IV	3682.20	1	9.71
RZB: 360 mg SC	3682.20	1	0.00 ^a

IV intravenous, *RZB* risankizumab, *SC* subcutaneous, *VDZ* vedolizumab

^aThe cost of subcutaneous self-administration was assumed to be €0

Table S3 Drug dosing schedule

Treatment	Induction dosing	Maintenance dosing	Doses, <i>n</i> (1 year)
VDZ (GEMINI 2)	300 mg IV	300 mg IV, Q8W	Induction, 3; maintenance, 5
VDZ (VISIBLE 2)	300 mg IV	108 mg SC, Q2W	Induction, 2; maintenance, 24
RZB (FORTIFY)	600 mg IV	360 mg SC, Q8W	Induction, 3; maintenance, 6

IV intravenous, *Q2W* every 2 weeks, *Q8W* every 8 weeks, *RZB* risankizumab, *SC* subcutaneous, *VDZ* vedolizumab