



CADTH REIMBURSEMENT REVIEW

Patient and Clinician Group Input

infliximab (Remsima) (Celltrion Healthcare Co., Ltd.)

Indication:

- Maintenance treatment of adults with moderately to severely active Crohn's disease who have had an inadequate response or were intolerant to conventional therapy. Remsima SC should only be used as maintenance therapy after the completion of an induction period with intravenous infliximab.
- Maintenance treatment of adults with moderately to severely active ulcerative colitis who have had an inadequate response or were intolerant to conventional therapy. Remsima SC should only be used as maintenance therapy after the completion of an induction period with intravenous infliximab

October 17, 2023

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CADTH in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings.

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CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.

Patient Group Input

Name of Drug: infliximab (Remsima™ SC)

Indication: Crohn's disease and ulcerative colitis

Name of Patient Group: Gastrointestinal Society

Author of Submission: Jaymee Maaghop

1. About Your Patient Group

The GI (Gastrointestinal) Society is committed to improving the lives of people with GI and liver conditions, supporting research, advocating for appropriate patient access to healthcare, and promoting gastrointestinal and liver health.

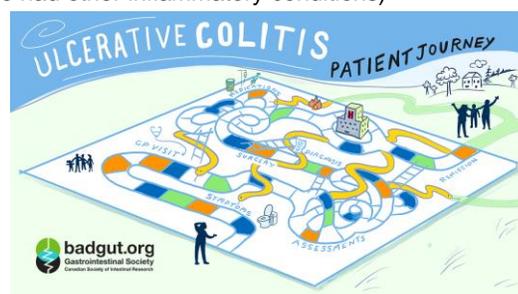
We are a national charity formed in 2008 on the groundwork of its partner organization, the Canadian Society of Intestinal Research (CSIR), which was founded in Vancouver in 1976. We receive national and international attention, simply because we have earned the respect of both the gastrointestinal medical community and Canadians who battle GI and liver issues daily. Our [English](#) and [French](#) websites received 6,903,208 pageviews by 5,174,016 unique visitors in 2022.

All our programs and services focus on providing Canadians with trusted, commercial-free, medically-sound information on gut (including obesity) and liver diseases and disorders in both official languages. Our BadGut® lectures, quarterly *Inside Tract*® newsletter, pamphlets, support groups, and educational [videos](#) arm Canadians with the information they require to better understand and manage their specific needs. We also work closely with healthcare professionals and governments at all levels toward system-wide improvements in care and treatment.

2. Information Gathering

The information we used to complete this submission was obtained primarily through questionnaires and interviews:

1. 2015 survey on biologics and biosimilars (then called subsequent entry biologics) completed by 423 Canadians (English: 317 and French: 106) with inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis
2. 2018 survey on the unmet need in IBD completed by 432 Canadians with IBD
3. 2020 survey completed by 579 respondents regarding the unmet needs of IBD
4. 2020 survey on biosimilars with 145 respondents, most of whom had IBD (some had other inflammatory conditions)
5. 2022 survey about the IBD patient journey with 54 Canadian respondents with IBD
6. 2022 focus group with several persons living with IBD so we could map the patient journey and animate it (pictured here), which is available on our website at www.badgut.org/patient-journeys, and we encourage your reviewers to watch these short videos
7. We also had contact with patients affected by IBD through one-to-one conversations at our BadGut® Lectures, a patient roundtable, recent phone/email/social media interactions with individuals who have IBD, and stories submitted over time from patients.



3. Disease Experience

Crohn's disease and ulcerative colitis are both inflammatory bowel diseases that can arise at any age, commonly occurring in young people. There is an increased risk for those who have a family member with the condition. Currently, Canada has among the highest prevalence and incidence of IBD yet reported in the world, with approximately 270,000 diagnosed individuals. A recent report from Crohn's and Colitis Canada predicts this to increase to 470,000 Canadians living with IBD by 2035.

Diarrhea, rectal bleeding, and abdominal pain are some of the common recurring symptoms of IBD. Inflammation decreases the intestine's absorptive surfaces, triggering watery stools that can lead to fecal urgency and poor control of bowel function. Low red blood cell count (anemia) can result from blood loss due to ulcerations in the intestine and from general malnutrition due to decreased nutrient absorption and the debilitating effects of the disease.

Some patients have extra-intestinal manifestations, including fever, inflammation of the eyes or joints (arthritis), ulcers of the mouth or skin, tender and inflamed nodules on the shins, and numerous other conditions. Anxiety, stress, and mental health are major factors.

More than anything, patients have told us that sustained remission/treatment response is more important than relieving any one symptom. As a chronic disease, it is never just one flare that dominates the impact of the disease, but the constant concern that there will be future flares, possibly worse than the last, at unpredictable times, which can disastrously disrupt their lives.

The following quotes are from individuals describing what it feels like during an IBD flare, and what their biggest concern is, in their own words:

- "Your gut aches and burns and there is often blood in the toilet. You lose your appetite and weight, unhealthily! My biggest concern is I'm going to run out of meds to help!"
- "It's like I can't control anything, I feel weak and can barely get up. My biggest concern is usually when I see blood and determining at what point to go to the ER."
- "The pain is worse than childbirth... and I have 3 kids...1 labour without drugs."
- "Worst flu symptoms, fatigue, lethargy, like swallowing glass and chili and then having constipation and diarrhea at the same time. Gut cramps and hunger cramps at the same time. Want to die. Biggest concern is needing a toilet at all times with zero minutes waiting time."
- "It feels like my guts are in a vise. The nausea can be so bad I can't move or even vomit and the diarrhea is so painful I'll be literally screaming in the bathroom."
- "The worst part is fear of irreversible permanent damage that will affect your day-to-day life forever."
- "It is so exhausting and feels like it will never end. You start to question if you can still live the life you planned. And no-one gives you a break."
- "A flare can come out of nowhere and completely disrupt your life. Pain can sometimes be so bad that it keeps you in bed. You mostly spend life either asleep or on the toilet. My biggest concern during a flare is being able to keep up with my responsibilities (work, school, social, etc.)."
- "It feels like your body is betraying you. You can't plan anything in advance because you don't know how your body will feel on a day-to-day basis."
- "There's a huge element of fear and worry and being faced with mortality at such a young age."

It's one thing to read a list of common symptoms or data on how IBD affects patients, but it is the individual stories of these patients, as summarized above, which astound us and motivate us to support patients' need for more diversity in effective treatments. In addition, treatments should improve quality of life, not cause more symptoms, pain, frustration, or hardship.

4. Experiences With Currently Available Treatments

The treatment of Crohn's disease and ulcerative colitis is multi-faceted; it includes managing the symptoms and consequences of the disease along with therapies targeted to reduce the underlying inflammation. Typically, a patient starts on one type of treatment and, if there is inadequate response, then switches to another type. Since IBD is a chronic disease and there is no cure, it is vital to have a variety of treatment options available.

5-ASA helps to settle acute inflammation and, for some patients, keeps the inflammation inactive when taken on a long-term basis (maintenance). However, this type of medication can have side effects such as headaches, loss of appetite, and nausea. To reduce inflammation in moderate to severe cases, corticosteroids can help but they are not well-tolerated and can have potentially serious side effects, so they are best for short-term treatment only. For topical relief in the colon, corticosteroids are available in rectal formulations. These are inconvenient therapies that make it difficult for patients to keep a normal routine. Also, if a patient has significant diarrhea, then the rectal medications may be difficult to hold in place for sufficient time to be effective.

Immunosuppressive agents reduce dependence on steroids and can help patients who have steroid-resistant disease, but it could take up to six months or more of therapy to see results. Recent studies have shown that they are not as beneficial as biologics when used on their own, are less effective in healing the mucosa, and can increase the risk of some infections.

Biologics treat IBD when older medications fail to relieve symptoms. There are a variety of mechanisms through which they work. Patients also find the patient support programs associated with biologics to be significantly beneficial to their treatment plan and disease journey.

A May 2022 state of knowledge report by *Institut national d'excellence en santé et en services sociaux* (INESSS) found that clinicians are shifting toward the use of biologics and biosimilars as first line treatment for patients living with ulcerative colitis, especially in those who are at risk for disease progression. The report also recognized that corticosteroids should not be used for long-term maintenance and do not prevent flares. The CADTH Horizon Scan report released in July 2023 also had similar findings for ulcerative colitis. While we are grateful that these reports have strengthened the evidence for biologic drugs as first line therapy for ulcerative colitis, we hope that CADTH and INESSS will evaluate the treatment landscape for Crohn's disease as well.

There are newer classes of medications, but they are currently only available for ulcerative colitis. These are Janus kinase (JAK) inhibitors and sphingosine-1-phosphate (S1P) inhibitors. JAK inhibitors typically work faster than other immunosuppressive medications, pose no risk for immunogenicity, unlike biologics, and are easier and more convenient to take since they are in pill form. We are also aware of many recent health risks that have arisen with the first product of this type introduced to the market. However, upadacitinib (Rinvoq®) works in a more targeted way, which might mitigate the side effects found with other JAK inhibitors.

For S1P inhibitors, there is currently only one drug in this class, ozanimod (Zeposia®). It treats moderate-to-severe ulcerative colitis and may not be available for those with contraindications of poorly-controlled diabetes or heart block.

While there are a few options available, patients still have a lot of difficulty obtaining remission or adequate symptom relief. In one of our surveys, we asked patients if the currently available medications are adequate to control their disease. Only 24% of those with IBD thought that the available medications are adequate, 56% found them to be only somewhat adequate, and 20% not at all adequate. Patients are still suffering, and they need new and effective options to achieve mucosal healing and reduce the debilitating symptoms of IBD.

5. Improved Outcomes

Patients affected by IBD need access to medications that work. Inadequate access to medication results in preventable patient suffering (e.g., continual, debilitating disease symptoms; secondary illnesses such as depression and anxiety disorders; and loss of family/social interactions). It also leads to unnecessary usage of healthcare resources (e.g., hospital stays, surgeries, diagnostic procedures, other medications) and a ripple effect of financial burden on the government and taxpayers (e.g., through inability to work, long-term disability claims, biologic-related debt, and even bankruptcy).

When the IBD patient receives the right medication at the right time and for the right duration – as determined between physician and patient – these individuals can live full, rewarding lives as productive, valuable citizens who participate in the workforce and community. However, since patients are unique, they respond differently to various medications, and in some cases stop responding to medications after using them for some time, so it is important to have a variety of options available.

6. Experience With Drug Under Review

Biologics and biosimilars are effective therapies for many people living with IBD, and we know that they can heal the mucosa. While we have not spoken with individuals taking Remsima™ SC for IBD, we have conducted four patient surveys on biologics and biosimilars across several disease areas. Some of the patients we have interviewed have been taking biologics for several years to a decade or two. In one of our surveys, 63% of respondents reported symptom reduction on a biologic and 23% reported confirmed remission. Many of these individuals had been suffering for years trying to find a treatment that works.

From our surveys on biosimilars switching policies, we learned that ensuring adequate supply of medications and continuity of care, especially timely communication between patients and their healthcare providers, were major issues of concern. Disruptions and/or changes to treatment plans can increase anxiety and stress for patients and caregivers. Although Quebec has implemented a non-medical switching policy, they listened to patient input and implemented our evidence-based recommendations for exceptions, which are available at www.badgut.org/biosimilars. These exceptions have provided patients with some relief and alleviated burdens on their continuity of care. We trust that with these important exceptions in place, switching to a biosimilar will be smoother in the province. We applaud their efforts and encourage other jurisdictions to follow.

We know that patients want more options, with a variety of administration methods and dosages. While biologic medications are very effective, the ongoing injections or infusions required for a person with a chronic disease can be a lot of work and effort. For many, this could mean taking time off work, which can be difficult and contribute to financial hardship. While some patients prefer the care they get at an infusion clinic, a patient living with ulcerative colitis shared with us the following: “Something I can do at home and take a tablet is a better option. It allows me to not have to take off work and lose wages and time. I already have to take time off for colonoscopies every year.

7. Companion Diagnostic Test

n/a

8. Anything Else?

n/a

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.
No.
2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.
No.

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
n/a				

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

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Position: Health Policy and Outreach Manager
Patient Group: Gastrointestinal Society
Date: 2023-10-13

Clinician Group Input

No clinician group input was submitted for this review.