Common Drug Review
Patient Group Input Submissions

brinzolamide / brimonidine (Simbrinza) for glaucoma and ocular hypertension

Patient group input submissions were received from the following patient groups. Those with permission to post are included in this document.
Canadian Council of the Blind — permission granted to post.
Foundation for Fighting Blindness – permission granted to post
CNIB (Canadian National Institute for the Blind) — permission not granted to post.

CADTH received patient group input for this review on or before December 22, 2014

CADTH posts all patient input submissions to the Common Drug Review received on or after February 1, 2014 for which permission has been given by the submitter. This includes patient input received from individual patients and caregivers as part of that pilot project.

The views expressed in each submission are those of the submitting organization or individual; not necessarily the views of CADTH or of other organizations. While CADTH formats the patient input submissions for posting, it does not edit the content of the submissions.

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 personal information is included in the submission. The name of the submitting patient group and all conflict of interest information are included in the posted patient group submission; however, the name of the author, including the name of an individual patient or caregiver submitting the patient input, are not posted.

Canadian Council of the Blind

Section 1 — General Information

Name of the drug CADTH is reviewing and indication(s) of interest	Name of drug: **SIMBRINZA** SIMBRINZA® (brinzolamide/ brimonidine tartrate ophthalmic suspension) 1%/0.2% is a fixed combination indicated in the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.
Name of patient group	Canadian Council of the Blind
Name of primary contact for this submission:	[redacted]
Position or title with patient group	[redacted]
Email	[redacted]
Telephone number(s)	[redacted]
Name of author (if different)	[redacted]
Patient group's contact information:	
Email	ccbpresident@ccbnational.net
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Address	20 James Street, Suite 100, Ottawa K2P 0T6
Website	www.ccbnational.net
Permission is granted to post this submission	Yes

1.1 Submitting Organization

The Canadian Council of the Blind (CCB) was founded in 1944 by blind war veterans and graduates from schools of the blind. All officers and directors are blind or visually impaired which gives a unique sensitivity to the needs of the blind community. The CCB is a registered charity pursuant to the provisions of the Income Tax Act (Canada); charity number is: 11921 8899 RR0001. The CCB has over 65 chapters across Canada, and with over 1,500 members, is the largest membership-based organization for the blind.

1.2 Conflict of Interest Declarations

a) We have the following declaration(s) of conflict of interest in respect of corporate members and joint working, sponsorship, or funding arrangements:

CCB has received support from the following: VIA Rail, Cannondale, Community Foundation of Ottawa, Lions Club, Keith Communications Inc., Human Resources and Skills Development Canada (HRSDC), and the following pharmaceutical companies - Bayer, Merck Frost, Novartis, and Pfizer.

b) We have the following declaration(s) of conflict of interest in respect of those playing a significant role in compiling this submission:

Nothing to declare. This submission was prepared by CCB staff.

Section 2 — Condition and Current Therapy Information

2.1 Information Gathering

Information was obtained from online literature searches, conversations with some patients, and product monogram.

2.2 Impact of Condition on Patients

- Glaucoma
- Glaucoma is a significant public health issue and is the second leading cause of blindness after cataract and the leading cause of irreversible blindness worldwide. Among seniors in Canada, glaucoma is the second most common cause of vision loss. It is a progressive optic neuropathy characterized by optic disc cupping and visual field loss. Open-angle glaucoma (OAG) accounts for 90% of all glaucomas in Western nations.
- The exact cause of glaucoma is unknown; there are usually few or no symptoms of OAG. Hence, up to 50% of individuals with glaucoma are not aware they have the disease (undiagnosed), and therefore not receiving treatment. Loss of vision begins in the periphery and as much as 40% of vision can be lost before a patient begins to notice. Once the vision is lost, it is lost and cannot be retrieved.

How does this condition affect day-to-day life?

There is a social impact: often when someone develops a condition such as vision loss, friends seem to disappear basically because they don't know how to deal with the situation. People become isolated because they cannot move independently in their former environment. The daily activities cannot be performed as usual – often become very limited which leads to frustration and depression.

Are there activities that the patients are not able to do as a result of the condition?

- The patient has to learn how to deal with new challenges as they arise.
- Depression can also set in due to pending loss of independence, potential loss of employment, loss of driving privileges, and the sheer uncertainty of diminished quality of life and of a life with no vision.
- Vision loss can cause patients to fall and injure themselves more frequently.
- There is often an economic impact and a higher cost to vision loss due to loss of employment and the cost of treatment. Also the cost of travel for treatment can be a concern for many patients.
- Family dynamics change. Patients can no longer drive, read newspapers/books watch TV, thread a needle, identify medications, cook/prepare food and many other routine tasks.

2.3 Patients' Experiences With Current Therapy

Treatment

The overarching management goals in patients with glaucoma are to preserve visual function by slowing or halting progression of the disease and to maintain or improve the HRQoL of glaucoma patients. Although optic nerve preservation is also important, the goal of therapy in glaucoma is directed primarily towards lowering intraocular pressure (IOP). IOP lowering is the only clinically established method of treating glaucoma.

Current treatment options include medical treatment, laser therapy, or surgery. Although laser surgery may be effective, about half of patients will once again require medication 2 or 3 years after surgery; hence neither is a long-term substitute for medical treatment. The two main classes of topical agents achieve lower IOP either by increasing aqueous outflow (prostaglandin analogues, alpha-2 adrenergic

agonists, and miotics) or by reducing aqueous production (beta blockers, alpha-2 adrenergic agonists, and topical carbonic anhydrase inhibitors). Topical beta blockers are contraindicated for patients with respiratory and cardiovascular conditions as they have been associated with asthma exacerbation, worsening congestive heart failure, heart block and, rarely, sudden death. Surgical procedures can lead to other complications as well.

Unmet Need

Despite existing treatment options, the proportion of glaucoma patients who deviate from their prescribed medication can be as high as 80%; hence, there is a need for a convenient therapy that is effective in controlling open-angle glaucoma (OAG) and OHT with an improved dosing regimen, which is well tolerated and enhances compliance. In addition, studies have found that almost half of patients with glaucoma have contraindications precluding the use of beta-blockers, which are often still prescribed.

SIMBRINZA®

SIMBRINZA® is a fixed combination of a carbonic anhydrase inhibitor and an alpha 2 adrenergic receptor agonist indicated for the reduction of elevated intraocular pressure in adult patients with open-angle glaucoma or ocular hypertension.
SIMBRINZA® has been shown to provide clinically meaningful efficacy in the treatment of patients with OAG or OHT in two phase 3 pivotal trials including:

- A superiority study that demonstrated that the fixed combination of brinzolamide 1%/brimonidine 0.2% ophthalmic suspension was statistically superior in IOP-lowering efficacy, compared with either of the individual components alone, and
- A non-inferiority study to the individual components used concomitantly.

The safety profile of SIMBRINZA® was shown to be similar to that of the individual components (brinzolamide and brimonidine) and did not result in additional risk to patients.

SIMBRINZA® provides an alternate therapy for patients in whom therapy with beta-blockers is contraindicated as it is the first combination treatment for glaucoma that does not contain a beta blocker. In addition, SIMBRINZA provides the convenience of 2 well-established medications in a single formulation with the potential for improved patient compliance and adherence.

2.4 Impact on Caregivers

With diagnosis of glaucoma of a loved one, caregivers have to deal with all the emotional effects of vision loss in someone who had been previously independent, and deal also with their own emotions. Caregivers need to provide a safe environment for the patient. They may need to possibly take time off work to transport patient to medical appointments, shopping, etc. They may need to do more household chores, especially if the patient live alone. They may need to provide comfort and reassurance to the patient.

Caregivers are dealing with an added financial burden due to both patient and caregiver having to take additional time from employment or arranging childcare for other family members as they care for a parent, etc. Due to lack of knowledge or understanding they may not know how to deal with the personal feelings/depression of the patient.

Should a patient not receive proper treatment the caregiver needs to arrange daily living care for the patient – most especially if there is a resulting injury due to decrease in vision.

Section 3 — Information about the Drug Being Reviewed

3.1 Information Gathering

Information was obtained from internet searches, one-to-one conversations with patients, and printed sources.

3.2 What Are the Expectations for the New Drug or What Experiences Have Patients Had to Date With the New Drug?

It is expected that the lives of patients will be improved with Simbrinza. According to research IOP should decrease and therefore improve vision while reducing the chance of damage to the optic nerve

More Info Needed Here to Answer Questions Above

An unmet need is that sometimes patients may have an adverse reaction to current therapy and with Simbrinza there is hope that this drug can lower IOP therefore lessening the chance of vision loss.

It is expected that there will be improvement with this new drug by arresting the progress of glaucoma. With decreased IOP the possibility of returning to work, regaining independence and living a “normal” life provides hope for the patient.

If the patient felt they were going to prevent further loss of sight, they would often be willing to experience some temporary adverse effects.

Patients indicate that they have nothing to lose if the treatment doesn’t work or cause adverse side effects so will be willing to give it a try with the anticipation that they will retain their sight. Patients are always looking with hope to regain vision or prevent any other complications.

Retaining sight, fewer hospital visits, returning to work, and regaining independence to a greater degree than prior to treatment would be considered adequate improvement and worth the risk of side effects.

Mild irritation for short time is acceptable. Severe adverse reaction is not acceptable.

The new drug can decrease IOP which in turn prevents damage to the optic nerve. If the drug does not work there is a risk of loosing vision.

Symptoms of glaucoma are not always evident to the patient but the physician could see the change by close follow up exams.

As with any medical treatment there can be a risk of adverse effects.

The drug is easier for the patient to use. It is not invasive like laser or surgery.

If the patient felt they were going to prevent further loss of sight, they would often be willing to experience some temporary adverse effects. Patients indicate that they have nothing to lose if the treatment doesn’t work or cause adverse side effects so would be willing to give it a try with the anticipation that they will retain their sight.

Decrease in IOP, fewer hospital visits, returning to work, and regaining independence to a greater degree than prior to treatment would be considered adequate improvement and worth the risk of side effects.

With improved vision the patient can return to work, have a better outlook on life, lessen depression and improve overall well-being.

Section 4 — Additional Information

Having new drugs available can allow patients more choice and would allow for better quality of care.

The questions are clear.

It is clear to the Canadian Council of the Blind (CCB), that the Common Drug Review (CDR) should recommend this treatment for listing by all participating drug plans and make it accessible to patients who need this treatment.

Foundation Fighting Blindness

Section 1 — General Information

Name of the drug CADTH is reviewing and indication(s) of interest	SIMBRINZA
Name of patient group	Foundation Fighting Blindness
Name of primary contact for this submission:	[redacted]
Position or title with patient group	[redacted]
Email	[redacted]
Telephone number(s)	[redacted]
Name of author (if different)	
Patient group's contact information:	
Email	[redacted]
Telephone	[redacted]
Address	890 Yonge Street, Toronto, ON M4W 3P4
Website	www.ffb.ca
Permission is granted to post this submission	Yes

1.1 Submitting Organization

The Foundation Fighting Blindness is Canada's leading charitable funder of sight saving research. Our Charitable Registration Number is: 11912 9369 RR0001.

The mission of the Foundation Fighting Blindness is to lead the fight against blindness by advancing retinal disease research, education and public awareness. We work with Canadian families affected by retinal diseases and with vision scientists at hospitals and universities across Canada. Over the past 40 years, the Foundation has contributed over $25 million to sight-saving research. Our organization has a rigorous process of peer review, and the systems and processes in place to support and monitor complex research projects. Currently the Foundation Fighting Blindness is supporting 25 ongoing research projects, and funding more than $2 million of research each year.

Our Board of Directors consists of 22 individuals from across Canada, leaders in the worlds of business, science, medicine and philanthropy, many of whom have personal experience with a blinding disease. These individuals donate their time to ensure the responsible governance of our organization, our financial stability and organizational integrity. As a non-profit organization, we do not charge membership fees and instead, we consider our community of various stakeholders (donors, educational event participants, researchers, etc.) to be our general members. Our board of directors comprises our official voting members.

1.2 Conflict of Interest Declarations

a) We have the following declaration(s) of conflict of interest in respect of corporate members and joint working, sponsorship, or funding arrangements:

Since 2004 Novartis has contributed approx. $365,000 to the FFB through both sponsorship and donations. Alcon has contributed about $60,000 since 2005. We receive $4.2 million/year in donations, so this is a small percentage.

b) We have the following declaration(s) of conflict of interest in respect of those playing a significant role in compiling this submission:

We learned about Simbrinza from our contact at Alcon. He did not prepare the form, conduct interviews, or contact patients. Rather, he knows that we want to be more involved with patient advocacy, so he drew our attention to Simbrinza.

Section 2 — Condition and Current Therapy Information

2.1 Information Gathering

We contacted patients with glaucoma via email. We had this information because they are involved with the Foundation Fighting Blindness. Some patients responded to the email and a few were contacted by telephone. Mary Sunderland gathered all of the information and synthesized the key messages.

2.2 Impact of Condition on Patients

Patients are struggling to control pressure in their eye with a method that is not painful.

Because many patients continue to experience a decline in their vision, there are also mental health elements to consider. Patients are therefore very interested to learn more about drugs that might help to protect them from further vision loss.

2.3 Patients' Experiences With Current Therapy

Patients are currently using a variety of drugs, including: Azarga, Azopt, Timolol, Travatan, Travoprost, Truspot, Cosopt, Xalatan, and Brimonodine. In addition, a few patients do not use any drugs but instead keep their condition under control with laser treatments. The main hardship with the current therapy is pain associated with some of the medications (particularly Cosopt). There is also a general awareness that current drugs and treatments might cease to work as their condition progresses, so many patients want the option to change their current treatment regime and therefore want access to more drugs.

2.4 Impact on Caregivers

Patients did not report a large caregiver burden.

Section 3 — Information about the Drug Being Reviewed

3.2 Information Gathering

We contacted patients with glaucoma via email and provided them with a summary information sheet about Simbrinza that was prepared by Alcon. We also provided links to Simbrinza information on the internet. Some patients responded to the email and a few were contacted by telephone. Mary Sunderland gathered all of the information and synthesized the key messages

3.2 What Are the Expectations for the New Drug or What Experiences Have Patients Had to Date With the New Drug?

a) Based on no experience using the drug:

Patients have not tried the new drug because it is not available in Canada. Patients would not be willing to experience serious side effects, because most are not experiencing side effects with their current treatment. Simbrinza could provide a cost-saving and be appealing to patients who need to avoid beta-blockers because Simbrinza does not have a beta-blocker.

The main desire for access to this new drug stems from patients' knowledge that their condition is likely to change as they age and therefore their needs will also change.

b) Based on patients' experiences with the new drug as part of a clinical trial or through a manufacturer's compassionate supply:
Patients have not tried the new drug because it is not available in Canada.

CNIB (Canadian National Institute for the Blind)

Section 1 – General Information

Name of the drug CADTH is reviewing and indication(s) of interest		Brinzolamide / brimonidine for glaucoma and ocular hypertension
Name of the patient group		CNIB (Canadian National Institute for the Blind)
Name of the primary contact for this submission:		[redacted]
Position or title with patient group		[redacted]
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Telephone number(s)		[redacted]
Name of author (if different)		
Patient group's contact information:	Email	[redacted]
	Telephone	[redacted]
	Address	1929 Bayview Avenue, Toronto, Ontario M4G 3E8
	Website	www.cnib.ca
Permission is granted to post this submission		No

The patient group has not granted permission to post its patient input submission. As announced in *CDR Update — Issue 99*, when permission is not granted, CADTH will post on its website that a patient submission was received, but it was not posted at the request of the submitter.

The patient input that was provided in this submission, along with all other patient input received for this drug, is included in the summary of patient input that is contained in the posted *CDR Clinical Review Report*.