



# THE PAEDIATRIC SOCIETY OF NEW ZEALAND

Secretariat: Denise Tringham  
P O Box 22 234  
Wellington 6441  
Tel: (04) 938 4827  
Fax: (04) 976 4827  
Email: psnz@paradise.net.nz

19<sup>th</sup> March 2015.

Ms Danae Staples-Moon,  
Funding Manager,  
Pharmac,  
PO Box 10 254, Wellington 6143.

Dear Ms Staples-Moon,

**Re: Proposal for amending the restrictions for Infliximab to include paediatric ulcerative colitis**

I write as the Chair of the Paediatric Gastroenterology Clinical Network. We were very pleased to note the proposal for extending the funding of Infliximab to include paediatric ulcerative colitis (UC). This extension will be of relevance and importance to a number of the children with UC that I and my colleagues manage.

I note the criteria for the use of Infliximab in this group of patients and the suggested thresholds to assess response and to allow for continuation. I was very pleased to see that the PUCAI will be used in this way – I have contributed to various international assessments of the role of this device and have used this disease activity scoring system in clinical practice. Several independent studies indicate that this device allows for categorisation into remission (<10), mild disease (10-34), moderate disease (35-64) and severe disease (65-85). Reports also show that this tool is responsive to change in disease activity, with a reduction of at least 20 points indicating a clinically significant improvement in disease activity (and moderate improvement as reduction of 30 points).

The proposed criteria provide for access to Infliximab in those patients with severe disease, which is appropriate. The proposed criteria for continuation of infliximab beyond three months, however, specific that remission is required. On the other hand, the adult criteria for continuation specify a reduction in the SCCAI, rather than requiring the induction of remission.

**I would propose that the requirements for ongoing access to Infliximab beyond three months in children with UC is amended to that of a moderate improvement (e.g. a 30 point reduction in PUCAI) rather than the requirement to achieve remission (<10).**

Thank you for the opportunity to comment on, and to write in support of, this funding proposal.

Yours sincerely,

Professor Andrew S Day  
Paediatric Gastroenterologist  
**Chair, Paediatric Gastroenterology Clinical Network**