

CADTH COMMON DRUG REVIEW

# Patient Input

**TILDRAKIZUMAB (Ilumya)**

(Sun Pharma Canada Inc.)

Indication: Psoriasis, moderate to severe plaque

CADTH received patient input from:

**Canadian Organization for Rare Disorders**

**Canadian Skin Patient Alliance, the Canadian Association of Psoriasis Patients  
and the Canadian Psoriasis Network**

July 31, 2019

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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 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.

## Patient Input Template for CADTH CDR and pCODR Programs

Name of the Drug and Indication	Ilumya (tildrakizumab-asmn)
Name of the Patient Group	Canadian Organization for Rare Disorders
Author of the Submission	████████████████████
Name of the Primary Contact for This Submission	████████████████████
Email	████████████████████
Telephone Number	██████████

### 1. About Your Patient Group

Canadian Organization For Rare Disorders (CORD)

CORD is Canada’s national network for organizations representing all those with rare disorders. CORD provides a strong common voice to advocate for health policy and a healthcare system that works for those with rare disorders. CORD works with governments, researchers, clinicians and industry to promote research, diagnosis, treatment and services for all rare disorders in Canada.

<https://www.raredisorders.ca/>

### 2. Information Gathering

The information provided in this submission was collected through two sources: individual interviews with patients and a survey developed by the Canadian Organization for Rare Disorders (CORD) and distributed through physicians who were identified by the company as investigators treating patients with Ilumya through clinical trials or other access pathways. We contacted 12 physicians in Canada and one in the USA; five agreed to connect us with patients and to distribute the link to the survey to their patients, primarily those who had been treated with Ilumya but not exclusively. **The survey data are shared by CORD and CBCN, with each organization providing its own input submission.**

Interviews were conducted by CORD in July 2019 with three patients, two males and one female, all diagnosed with plaque psoriasis who had been treated with Ilumya and living in Canada. The individual patients received the drug as part of the clinical trials or extended trials. The contact information for patients who agreed to be interviewed was passed to CORD, who explained the purpose of the interview and how the information would be used as part of the CDR patient input. All interviews were conducted by phone and lasted from 15 to 30 minutes each.

All of the interviewed patients had been diagnosed with plaque psoriasis, one with moderate plaque psoriasis and two with severe psoriasis. All three lived in Ontario. The ages of the patients are between 42 and 63 years; however, two were between 19 and 35 years old and one reported age between 55 and 75 years old when diagnosed. All responded it has been more than 10 years since diagnosis.

The survey was distributed through physicians but it is unknown how many of the physicians in our list actually reached out to patients to complete the survey. The survey was available on Survey Monkey for two weeks, from 13 – 27 July 2019. There were 20 respondents, with 12 meeting the criteria of diagnosis of moderate to severe plaque psoriasis (the indicated patient population).

About three-fourths (75% or 9 respondents) were between 19 and 35 years old when diagnosed, while about 17% were diagnosed between the ages of 36 and 55 years old, and the remainder over age of 55 at timer of diagnosis,

In terms of time since diagnosis, the largest cohort were those who have been diagnosed for more than 10 years (67%). The remainder were equally divided between those diagnosed for five up to 10 years and those diagnosed for less than five years. No one had been diagnosed for less than 12 months.

### 3. Disease Experience

The purpose of this CORD outreach was specific to collecting feedback on current therapies, identifying unmet need, and understanding patient experiences with Ilumya. Because two patient organizations specific to psoriasis, Canadian Skin Patient Alliance and the Canadian Psoriasis Network, had submitted previously on patient experiences living with psoriasis (symptoms, physical appearance, management, impact on daily living, impact on family, and quality of life, this survey did not include questions about the disease experience. We will defer to CSPA and CPN to provide the experience of living with psoriasis based on previous surveys and/or new data collection.

The interviewed patients did describe their experience of living with moderate to severe psoriasis as “overwhelming; influencing every aspect of your life.”

- “In the beginning, when it was mostly on my legs and parts of my body that I could cover up, it was pretty challenging. But when it was also on my face and hands, found myself withdrawing more and more. I didn’t even want to go to family events.”
- “It affected my job which involved representing the company. I was embarrassed and unable to concentrate. And sometimes the pain would be really bad; you can’t prepare for it.”
- “Imagine, flakes everywhere so using a computer became a nightmare and a job became impossible.”
- “I felt like I was in a downward spiral, depressed a lot of the time. It was hard on the rest of the family, too, watching what I was going through.”
- “And there’s the anxiety of ‘what next’; how much worse, and what if it affects my joints, becomes arthritis?”

Most expressed gratitude for support from family, friends and colleagues at work. They indicated that they had good medical care and support through their clinics and healthcare providers.

### 4. Experiences With Currently Available Treatments

All of the respondents had experience with multiple types of therapies.

All had used “skin creams or ointments (topical corticosteroids or retinoids, Vitamin D analogues, etc.)”; with two-thirds reporting “past use” and the remainder said they were currently using.

Additionally, all had experience with “light therapy (phototherapy)” and/or “UVB phototherapy”, although none of the respondents reported they were currently using these therapies.

About one-third has used methotrexate (Rheumatrex) and/or cyclosporine in the past, but none reported they were currently taking the medication.

When presented with a list of Injection TNFs (etanercept (Embrel), infliximab (Remicade), adalimumab (Humira, Certolizumab pegol (Cimzia)), about two-fifths (41%) of the respondents reported experience with at least one TNF.

Importantly, all patients were using one of the anti-interleukin therapies. One-fourth responded “current use” to the list that specified “Anti-IL antibodies: ustekinumab (Stelara); secukinumab (Cosentyx), and ixekizumab (Taltz); the anti-IL-17 receptor antibody brodalumab (Siliq); guselkumab (Tremfya).” They were not asked to identify which specific therapy was being used. Three-fourths reported they were using Tildrakizumab-asmn (Ilumya).

When presented with an “open -ended” question as to the effectiveness of available therapies, most gave somewhat nuanced and conditional responses.

“I think this is a tricky question because all the previous methods provided some relief for varying periods of time.”

“The use of Cyclosporine was the longest term effective treatment but side effects are the problem after long term use particularly in respect to kidney function.”

“I have had little luck with topical ointments.”

“UVB works but involves a daily trip in excess of 30 miles for 50 seconds of treatment for months on end and once you cease treatment Psoriasis starts to return.”

“Up to now, I would say the side effects [with Humira] were worse than nothing...sometimes.”

“Methotrexate was the worse; did nothing for the itching and flaking and was really rough on the GI system.”

“I had to worry about the long-term damage to the organs with cyclosporine.”

“I just felt tired most of the time; not sure it did much good.”

“I would say that the treatment has been about 60% effective, meaning that for a period of time, I was able to walk more because my feet were better and I was able to sleep better because I had less pain at night. But that only lasted about six months.”

“I had high hopes starting Stelara but in the end, it was not doing much. I still had over 60 to 80% of my body covered with lesions.”

“I am loving Tremfya. It is effect [[sic] with little to no obvious side effects.”

In summary, all respondents had experience with one or more types of therapy. However, based on the survey and interview responses, treatments, not including the interleukin blockers, were experienced by the majority as mostly ineffective in addressing their key concerns: appearance of plaques, pain, daily functioning, social life, quality of life, and psychological distress, including anxiety and depression,

## 5. Improved Outcomes

We did not probe the survey respondents about desired improved outcomes, since we understand these are addressed by the other patient organizations in their submission. However, we can provide some general comments, drawn from the feedback from the interviewees.

For all participants in this cohort, the single most important outcome was considered to be resolution of the plaques; moreover the treatment should be easy to access and use, had minimal side effects, and had little potential impact on organs and/or other long-term negative outcomes.

## 6. Experience With Drug Under Review

The three patients interviewed who had experience with Ilumya said they were receiving therapy through an extended trial (at no cost).

They were unanimous in their opinion that the drug was “highly effective” in the most important outcome measure: clearing their skin. All of the interviewees expressed “astonishment” at how effectively and quickly the drug worked.

The following includes the comments from the patients interviewed and surveyed who were using Ilumya.

“Frankly, after all the hype and disappointments with other treatments, you really don’t expect any treatment to work 100%, but this is pretty close. I can’t even complain about the small remaining patches.”

“At two weeks, I could tell this was different and after the second injection at four weeks, I knew for sure. It’s turned my life around.”

“It’s a bonus that the treatment is every 12 weeks. I would do it every week for this kind of results. But 12 weeks is good.”

“It has even improved my joints which were getting stiff at the knees and elbows. I can walk, ride a bike, maybe even skiing again, or do whatever. Unless you’ve lived for so many years being unable to just go out and enjoy life, you don’t know what this medication is like.”

“Illumya cleared up my skin, took away my pain, and definitely improved my outlook on life.”

“I can’t imagine not having this drug. So I am hoping that the trial just continues but no one seems to know what will happen in the future. I hope somebody is listening and appreciates what this means to patients like me.”

“I have returned to work on a regular basis. I wear what I want without being self-conscious. I look people straight in the eye. Not bad for someone who was almost forced into early retirement.”

“There have been no side effects that I know of. It’s been about the easiest medication ever.”

“I had no side effects, no nausea or diarrhea like with the previous medicine.”

In summary, respondents appeared to react very positive to the treatment protocol, in particular the very 12-week cycle for repeat infusion. Those who commented were positive about the ease of administration and the minimum active monitoring in between shots, especially in comparison to previous therapies. None reported side effects as a deterrent to taking the therapy, with most indicating they had experienced few or no side effects.

Most were aware that the “long-term” impact was still unknown, especially with regard to side effects but all felt the trade-off in terms of symptom management against any potential negative effects was worthwhile.

When asked about the importance of having Ilumya available to all patients with moderate-to-severe plaque psoriasis, there was 100% agree that it was “very important.” They also felt that it should be broadly available, regardless of the cost because the condition was so debilitating.

“It’s not life-threatening like cancer or heart disease but in some respects it is worse because it makes your whole life miserable. If there is a drug that works, it should be available.”

“When one is continually returning to their doctor who then refers them to a Dermatologist, who proscribes UVB in their office for a 6 month daily course resulting in a 12 or so month of skin clarity only to have the cycle begin anew, you feel more like a cash cow than a patient. If better treatments are available and they are proscribed en masse the cost factor should decrease and the cost to the system should come reasonably close to balancing out. The costs attributed to lost time and productivity, as well as psychological costs of people who suffer from depression because of the disease should not be excluded from your equation.”

It is important to note that the patient who was being treated with Tremfya had similar positive responses, although this was not the same as the reported experience with the other IL-therapies.

## 7. Companion Diagnostic Test

- NA

## 8. Anything Else?

It is very clear that patients are highly positive about the benefits of Ilumya. There are obviously many other therapies so it is not apparent when it should be introduced into the treatment line-up but the ease of use, the lack of side effects, and strong benefits suggest it need not be the treatment of “last resort” only available when all else has failed but should be considered as an earlier option.

## Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, 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.

We collaborated with CBCN to distribute the survey. We did not receive any other help.

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.

The survey was administered through CBCN; we analyzed the data without additional help.

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

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Innomar Strategies			X	

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.

Name: Durhane Wong-Rieger

Position: President & CEO

Patient Group: Canadian Organization for Rare Disorders  
Date: 3 May 2019



## Patient Input Template for CADTH CDR and pCODR Programs

<b>Name of the Drug and Indication</b>	Ilumya (tildrakizumab) for plaque psoriasis
<b>Name of the Patient Group</b>	Canadian Skin Patient Alliance, the Canadian Association of Psoriasis Patients and the Canadian Psoriasis Network
<b>Author of the Submission</b>	[REDACTED]
<b>Name of the Primary Contact for This Submission</b>	[REDACTED]
<b>Email</b>	[REDACTED]
<b>Telephone Number</b>	[REDACTED]

### 1. About Your Patient Group

The Canadian Skin Patient Alliance is working in collaboration with the Canadian Association of Psoriasis Patients (CAPP) as well as the Canadian Psoriasis Network (CPN) for the completion of this submission.

CAPP is a national, non-profit formed to better serve the needs of psoriasis patients across the country. We are a partner organization of the Canadian Skin Patient Alliance and strive to improve the quality of life for all Canadian Psoriasis Patients. Our mission is to be a resource and advocate for psoriatic patients and their families to improve patient care and quality of life.

CPN is a national, non-profit dedicated to enhancing the quality of life of people living with psoriasis and psoriatic arthritis by providing current information on research and treatment options and by working with others to build awareness and advocacy about the complexities of these conditions.

(CSPA is registered patient group with CADTH.)

### 2. Information Gathering

All three groups posted information on social media platforms looking for patients who had experience with this new drug for plaque psoriasis. Unfortunately we were not successful in finding any patients to interview which is not surprising given that there were only 72 patients involved in the clinical trials here in Canada.

Sections 3-5 build on data provided from other recent submissions and surveys used to assess the patient experience living with psoriasis; in particular, the submission for Risankizumab sent on October 22<sup>nd</sup>, 2018 and Cimzia sent on November 28, 2018.

Lastly, this submission is supplemented from information researched from on-line disease discussion boards where patients share their disease experiences and treatments used.

### 3. Disease Experience

Psoriasis is a chronic inflammatory skin condition that affects the regeneration of skin cells. Normal skin cells grow, mature and are shed as part of a natural cycle that takes 28 to 30 days. Psoriasis is a skin condition that happens when faulty signals in the body's immune system trigger new skin cells to form in three to four days instead. Because the skin cells grow too quickly, they are not shed normally. Instead, they pile up on the skin's surface, creating sores or lesions—often called plaques. Thick, silvery scales form atop these itchy and sometimes painful red patches.

Psoriasis usually affects the elbows, knees and scalp, but it can also occur on the palms of the hands, soles of the feet, nails, genitals and torso. Psoriasis is a persistent, chronic condition that may come and go—flare up then go into remission. During flare-ups, psoriasis causes itchiness and pain in the inflamed skin. Under this stress, the skin may crack and bleed.

Psoriasis can range from a few dandruff-like scales to widespread patches that cover large areas of skin. For many people, psoriasis is nothing more than a nuisance. For others, it's an embarrassment. And for a few, it's a painful and disabling condition.

Responses to the survey used for our Common Drug Review (CDR) CIMZIA submission reinforced our knowledge that many people with psoriasis perceive their condition to be uncontrolled. Twenty-one per cent identified as having controlled psoriasis, while 74% identified as being a person with psoriasis that they feel is uncontrolled. The remaining 5% identified as a family member or caregiver of a person with psoriasis.

Findings from a recent questionnaire conducted by CPN and CAPP regarding stability found that over 38% of survey respondents have lived for 10 or more years feeling that their condition was not satisfactorily controlled. The length of time survey respondents' lived with psoriasis ranged from 2-55 years. Of the 16 people who responded to this question, the majority (87.5%) experience psoriasis on their legs/knees, 75% on their arms/elbows and 75% on their scalp. Others indicated involvement of their back (56%), their face (50%), their feet (31%) and their palms (25%).

Gaps in treatment can have profound effects on all aspects of a person's life. Of the 15 people who responded to the question, "When your psoriasis is not being treated

or when treatment isn't working well for you, how have any of the following physical, emotional and social factors impacted you?":

- One third identified the following as "frequently" affecting them:
  - o Feelings of embarrassment
  - o Loss of sleep
  - o Problems with intimacy
  - o Negatively affects self-confidence
- Just under half (47%) indicated that their concentration at work is affected "frequently"
- Over half (53%) indicated that they "frequently" experience feelings of depression

Patients who answered the survey were very clear and passionate about the impact of psoriasis on their lives and the importance of effective treatments. Here are some of the stories we heard:

- o "Unable to go out due to the severity of pain and discomfort on my feet. Not able to sleep."
- o "I am excessively tired from dealing with itching, scaling, swelling and bleeding."
- o "I just feel awful. Flakes everywhere. It's depressing for me and I don't feel like going to the gym or eating well when I don't like myself."
- o "Physical discomfort and embarrassment about appearance led to decreased exercise, comfort eating, and depression."

Of the 16 people who responded to the question "How does psoriasis affect your day-to-day life?", 81% indicated that they do not wear certain types of clothing; 50% indicated that they have trouble sleeping; and 31% had to miss social events. Four respondents indicated that psoriasis does not affect their day-to-day lives. Four others provided additional examples of how psoriasis affects them:

- o "In general ... it's isolated my life to the extent [*sic*] I am depressed, how can one not be with this 'disease'. The worst part is the itch, pain and the bleeding. ... and it is so hard to control!"
- o "Don't want to be seen at the pool."
- o "I leave flakes and/or sore [*sic*]."

In response to the question "Are there any associated/related conditions or situations that you have to deal with that may be related to your psoriasis?", of the 16 respondents, 62.5% identified depression, 37.5% joint pain and just over 56% weight gain. A few respondents provided insights into these related conditions:

- o "My finger joints are always sore and I have to keep them moving."
- o "At times I sink into depression and cut myself off from any socializing, total unreasonable behavior with my spouse."

In terms of the effects of psoriasis on family members and caregivers, the following challenges for family members and caregivers were identified by survey respondents –

emotional challenges (just over 66%); costs (associated with travel to appointments, medications, other) (55%); lack of support or information about psoriasis (44%); missing school or work, difficulties with intimacy, and missing social events (33%, each).

#### 4. Experiences With Currently Available Treatments

People who responded to the survey for our CDR CIMZIA submission indicated experience with a range of different therapies including topical treatments, phototherapy, oral systemic drugs and biologics. A few indicated that they have not tried any treatments with one person indicating, “none, just live with it.” 58% said their current medications were “very convenient” to use.

Nine people responded to the question about what side effects they experience with their treatment. About half said “none”. Other responses included:

- “For a month, I felt tired and experienced extreme dryness on my face and lips.”
- “Redness, soreness, thinning skin, painful burns.”
- “None but it’s greasy for about an hour after application.”
- “Hair loss, weight gain otherwise good.”
- “I am not using anything at the moment ... the worst is the uncontrollable itch and shedding and bleeding!”

When asked, “Are there any needs you have that are not being met by this treatment?” We heard:

- “I still have new outbreaks.”
- “No long term solution, only temporary fixes.”
- “I’d like to ask my dermatologist about a better treatment such as a pill or injections.”

When asked the main reason people had to stop using treatments that they have used in the past, we heard the following responses from the nine people who answered this question, demonstrating the heterogeneous experience of treatment response:

- “Topical treatments and light therapy worked many years ago for Psoriasis on my body but did not work for the soles of my feet or hands. Oral meds had no effect at all. Stellara [*sic*] did not work at all, the only thing that has given me my life back is Humira.”
- “Not working.”
- “Did not have any effect.”
- “Topical and phototherapy were inconvenient and didn’t work.”
- “Ineffective - used too much.”
- “Humira made me ill, made the psoriasis worse than it ever was. Methotrexate affected the organs 1 month after starting the treatment cyclosporine affected organs after 1 year [*sic*].”

Some respondents provided insight into challenges they had accessing medications including:

- “It has taken me years to get Humira and that was when I changed my dermatologist who saw that a more aggressive treatment was needed. I saw at least 3 dermatologists prior who prescribed the usual creams, oral meds. I even went to a naturopathic doctor who tried to help through acupuncture, light treatment, creams and vitamins.”
- “Difficulty finding a provider, long commutes, expensive.”
- “I have no coverage for medication except what OHIP covers for under 25’s.”

## 5. Improved Outcomes

When asked, “What aspects of psoriasis are the most important to control in your opinion?” of the 15 people who responded, the majority (73%) selected “itching”, just over 53% indicated “pain” and about a third selected all of the following – bleeding, related conditions (e.g., diabetes, heart disease), depression and social stigma.

- “Life is difficult with this disease ... it's so painful ... some of these questions just don't answer half of the pain that anyone goes through with this skin condition!”
- “I was unable to participate in any social activity, could not walk downstairs and did not feel like socializing due to the pain and discomfort from my psoriasis on my feet. When I have experienced a flare up, I stay at home, in my bedroom.”
- “My well-being is just ... well ... just not well ... you isolate because of the pain or the embarrassment! Try vacuuming your bed daily from all the shredding skin ...that in itself is painful!”
- “I will not travel to tropical destinations or beaches.”
- “...I don't want to go swimming or to the beach and that affects my family.”
- “My mom washes my towel and sheets daily and has tried changing my diet.”

## 6. Experience With Drug Under Review

As mentioned at the beginning of this submission, we did not hear from any patients who have experience with Ilumya. So this is the only data we found from an online patient discussion board:

“I've only been Ilumya for two weeks. All seems to be going well - my psoriasis is full body and scalp. The lesions on my body have calmed down in appearance and inflammation, although I still have a daily pinetarsol bath and moisturise, but I am quite pleased considering that I was really quite ill, the only problem that I have had was hair loss upon washing my hair the day after

my first injection but I don't know whether dying my hair as well caused some kind of reaction. Next injection I will wash my hair before and see what happens.”

“I started [Ilumya](#) about 2 months ago. The pattern is: you get a shot, then a month later another shot, and then only every 3 months after.”

“It took a while to take effect, honestly, but it's almost completely (but not completely, keep reading) eliminated my psoriasis issues!”

“I was taking Otezla which had moderate success, this seems much better though. I didn't follow doctors' orders (which were to gradually go off the Otezla), I quit it cold turkey and promptly had a flare-up which worried the heck out of me! But that faded and now it's nearly invisible.”

“I do notice it still flares up a bit when I'm under stress (such as lack of sleep, or drinking) probably due to cortisol levels, but it's overall a vast improvement, I highly recommend trying it if you can get approval by whatever healthcare coverage you have (my derma really had to work for it, unfortunately.)”

## 7. Companion Diagnostic Test

**Not applicable**

## 8. Anything Else?

- Firstly, psoriasis is complicated, frustrating and can be debilitating without access to appropriate treatments. Patients are very different in how they react to changes in lifestyle, topical treatments and biologics. What works for one patient, may not work for the other, even if their symptoms are very similar.

Choice is a fundamental value for our organizations and believe that access to a range of safe, effective and affordable treatments is key to effectively treat psoriasis patients. Having a range of treatment options available to patients does not affect the bottom line as there is always a finite number of patients.

- Secondly, psoriasis is much more than “just a skin disease.” It is estimated that up to 30 percent of people with psoriasis develop psoriatic arthritis. People with psoriatic disease also are at greater risk of developing cardiovascular disease, depression and other health conditions such as cancer (a 2015 study - <https://www.psoriasis.org/advance/cancer-rates-rise-with-psoriasis-biologics-have-little-effect>, diabetes (a 2012 study - <https://www.psoriasis.org/media/press-releases/psoriasis-tied-higher-risk-type-2-diabetes>), and cardiovascular disease (a 2015 study - <https://www.psoriasis.org/advance/cardiovascular-disease-the-leading-cause-of-death-for-psoriatic-arthritis>.) For these reasons alone, the more effective treatment options available to patients becomes even more important as these co-morbidities have an economic impact on the health system.

- Thirdly, for more information about the challenges of living with psoriasis, please see CAPP's recent report called "Pso Serious 2018: A Report on Access to Care and Treatment for Psoriasis Patients in Canada": [http://psoserious.ca/wp-content/uploads/2018/10/CAPP\\_2018\\_Report\\_Final.pdf](http://psoserious.ca/wp-content/uploads/2018/10/CAPP_2018_Report_Final.pdf).
- Lastly, all patients are looking for a treatment that will control all of their symptoms but ultimately they would like a cure for psoriasis!

## Appendix: Patient Group Conflict of Interest Declaration

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1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

**Not applicable to this submission**

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.

**Not applicable to this submission**

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

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
AbbVie			X	
Janssen	X			
Pfizer			X	
Merck			X	

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.

Name: Kathryn Andrews-Clay  
Position: Executive Director  
Patient Group: Canadian Skin Patient Alliance  
Date: July 31, 2019



Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
AbbVie		X		
Janssen			X	
AMGEN		X		
Novartis		X		
Eli Lilly			X	
UCB		X		
Bausch Health			X	
Leo Pharma		X		

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.

Name: Kathryn Andrews-Clay  
Position: Executive Director  
Patient Group: Canadian Association of Psoriasis Patients  
Date: July 31, 2019

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Abbvie				X
Janssen				X
Amgen			X	
Novartis			X	
Eli Lilly			X	
Leo			X	
Pfizer			X	
Celgene			X	

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.

Name: Antonella Scali  
Position: Executive Director  
Patient Group: Canadian Psoriasis Network  
Date: July 31, 2019