

CADTH Reimbursement Review Patient Input Template

Name of the Drug and Indication	Bimekizumab for moderate to severe plaque psoriasis
Name of the Patient Group	Canadian Psoriasis Network (CPN) and Canadian Association of Psoriasis Patients (CAPP)
Author of the Submission	Antonella Scali (CPN) executivedirector@cpn-rcp.com Rachael Manion (CAPP) executivedirector@canadianskin.ca

1. About Your Patient Group

The [Canadian Psoriasis Network \(CPN\)](#) is working in collaboration with the [Canadian Association of Psoriasis Patients \(CAPP\)](#) for the completion of this submission. CPN is a national, not-for-profit organization dedicated to improving the quality of life of people in Canada who live with psoriasis and psoriatic arthritis. We do this by providing current information on research and treatment options and by working with others to build awareness and advocacy about the complexity of these conditions. CAPP is a national, not-for-profit organization formed to better serve the needs of psoriasis patients across the country. CAPP is a partner organization of CSPA and strives to improve the quality of life for all Canadian psoriasis patients. CAPP's mission is to be a resource and advocate for psoriatic patients and their families to improve patient care and quality of life.

2. Information Gathering

2.1 Data gathering

Information for this submission was obtained primarily through a survey hosted on both CPN and CAPP's websites from July 19, 2021-August 29, 2021 in English and French. CPN and CAPP also sent the survey to clinics in Canada that conducted bimekizumab trials and asked that they share it with patients. We received 95 survey responses from all provinces. There were no responses from participants in the Northwest Territories, the Yukon or Nunavut. In addition to the written survey, we conducted one telephone interview with an individual who had taken bimekizumab through a clinical trial.

2.2 Regional data

The majority of survey responses were from Ontario (53%, n=49) followed by Quebec (18%, n=17) and British Columbia (11%, n=10). We received one response from Saskatchewan, one from New Brunswick, and one from Nova Scotia. The remaining responses came from Alberta (5%, n=5), Newfoundland and Labrador (3%, n=3) and Prince Edward Island (2%, n=2).

2.3 Survey demographics

The vast majority of participants (95%, n=90) identified as living with psoriasis. Another 5% (n=5) identified as a caregiver and/or family member of someone who lives with psoriasis. One caregiver/family member participant indicated that the patient in their life takes bimekizumab for their psoriasis and 12 (18%) participants who identified as patients stated that they take bimekizumab for their psoriasis.

One-third of survey participants (34%, n=21) stated that they are between the ages of 55-65; 30%, (n=18) indicated that they are over 65; 18% (n=11) stated that they are between 45-54; 11% (n=7) are between the ages of 25-34; and the remainder (3%, n=2) are 18-24.

The majority of participants (66%, n=40) indicated that they are female and 34% (n=21) stated that they are male.

Most participants (61%, n=30%) live with psoriatic arthritis and 29% (n=14) live with another type of arthritis. Some participants indicated living with comorbidities, including anxiety (33%, n=16), diabetes (27%, n=13), depression (22%, n=11), heart disease or stroke (12%, n=6), another inflammatory condition (12%, n=6), another skin condition (12%, n=6), cancer (6%, n=3), kidney disease (6%, n=3) and lung disease (4%, n=2). In the open-ended text option for this question, a few participants mentioned living with cardiovascular conditions, such as hypertension and metabolic conditions, including high cholesterol.

2.4 Disease severity

Nearly half (46%, n=36) of participants described their psoriasis severity as “mild” (less than 3% of body surface area, or BSA); 40% (n=31) of participants described their severity as “moderate” (between 3-10% of BSA); and 14% (n=11) described their severity as “severe” (greater than 10% of BSA).

3. Disease Experience

Patient survey participants provided insights into how psoriasis affects their lives including living with the following symptoms outlined in Table 1.

Symptom	Total (%)	Total (n)
Flaking	89.6	69
Itch	85.7	66
Redness	85.7	66
Flares	75.3%	58
Pain/burning	59.7%	46

Table 1. Symptoms that patient survey participants experience that affect their ability to participate in day-to-day life and/or quality of life.

In open-ended responses, survey participants reported other symptoms, including pain, inflammation and joint stiffness related to psoriatic arthritis, peeling skin on feet, swelling, and hair loss. The majority of survey participants indicated that their symptoms have an impact on multiple aspects of their lives including social life (70%, n=53), self-esteem (69%, n=52), mental health (65%, n=49), intimate life (63%, n=47), sleep (61%, n=46), work (54%, n=41), exercise (52%, n=39), family life (40%, n=30), and finances (38%, n=28).

When asked to share any additional information about challenges participants face living with psoriasis that are important to them, we were told:

“I basically hide from life. I never married, had children, had the career I wanted because I had such low self-esteem. It’s truly devastating and now that this current trial drug has completely cleared my psoriasis do I fully appreciate how much of life I’ve been robbed of up until now.”

“Past twenty years have been extremely difficult. Psoriasis and my psoriatic arthritis worsen with stress. The topical cream [and] steroid[s] are not very effective. The other stronger options are either too expensive or have side effects.”

“As a lady I had to look for alternatives to shaving my legs as the razor would cause lots of bleeding. Psoriasis on the scalp causes dandruff and sometimes this would be really bad and embarrassing. When

my skin was flaking I would get up in the morning and the sheets would be covered in skin which is embarrassing when staying at someone else's house."

"I had psoriasis almost all my life and in the last two years I have psoriatic arthritis. I live in [a major city] and I didn't have a rheumatologist in the last two years. I will have a rheumatologist in three months that will retire soon. I'm worst in the last year and don't have the support I need."

"I live approximately 30 min away from phototherapy. It is difficult to get in also as you have to pay for parking. I would be interested in biologics or being able to purchase my own phototherapy machine with the right coverage offered."

"Not getting the right treatment. Would like to see a dermatologist but no referral yet. I don't have a regular doctor which doesn't help."

"After 60 years nothing has changed. No cure."

"Fatigue [and] lack of motivation."

Two survey participants who identify as caregivers/family members provided insights into how supporting someone with psoriasis impacts their life. Specifically, they identified impacts on their social life and on their intimate life. They also described providing emotional support to the person with psoriasis and arranging for transportation or driving the individual to appointments. One caregiver/family member (from Quebec) indicated that the person with psoriasis pays for their psoriasis treatment out of pocket and the other (from PEI) stated that the person has private insurance. Both participants indicated that the patient has had financial hardships for paying for medications and has had to stop taking their medications as a result. Other caregiver/family member participants provided insights into how psoriasis symptoms impact aspects of the patient's life including school, social life, intimate life and mental health.

4. Experiences With Currently Available Treatments

4.1 Experience with currently available treatments

Survey participants were asked to identify the treatments that they have used for psoriasis and to rate how effective they were at treating symptoms. Specifically, participants told us what they had found to be effective: 40% (n=25) rated phototherapy as effective; 38% (n=27) participants rated topical corticosteroids (e.g., betamethasone, mometasone, etc.) as effective; 37% (n=23) rated biologics as effective; 29% (n=20) rated topical combination treatments as effective; 29% (n=19) rated methotrexate as effective; and 18% (n=12) rated topical vitamin D derivatives as effective. Table 2 provides a full breakdown of responses.

Treatment	Very effective (% , n)	Effective (% , n)	Ineffective (% , n)	Very ineffective (% , n)	N/A (% , n)
Topical corticosteroids (e.g., betamethasone, mometasone, etc.); n=70	7.1% (5)	31.4% (22)	45.7% (32)	11.4% (8)	4.3% (3)
Topical vitamin D derivatives (e.g., Dovonex, Silkis, etc.); (n=67)	3.0% (2)	14.9% (10)	41.8% (28)	13.4% (9)	27% (18)
Topical combination treatment (e.g., Dovobet, Enstilar, etc.; n=69	5.8% (4)	23.2% (16)	31.9% (22)	8.7% (6)	30.4% (21)
Topical retinoids; n=62	0 (0)	6.5% (4)	19.4% (12)	3.2% (2)	80.0% (53)

Apremilast; n=59	3.4% (2)	1.7% (1)	5.1% (3)	0 (0)	90.0% (53)
Cyclosporine; n=60	0 (0)	1.7% (1)	10.0% (6)	3.3% (2)	85.0% (51)
Methotrexate; n=64	9.4% (6)	20.3% (13)	15.6% (10)	9.4% (6)	45.3% (29)
Oral retinoids; n=59	0 (0)	0 (0)	8.5% (5)	5.1% (3)	86.4% (51)
Oral steroids; n=19	1.7% (1)	10.0% (6)	6.7% (4)	3.3% (2)	78.3% (47)
Biologics n=62	17.7% (11)	19.4% (12)	1.6% (1)	1.6% (1)	59.7% (37)
Phototherapy; n=63	4.8% (3)	34.9% (22)	15.9% (10)	4.7% (3)	39.7% (25)
Medical cannabis; n=60	0 (0)	6.7% (4)	10.0% (6)	1.7% (1)	81.7 (49)

Table 2. Patient survey participant rating of effectiveness of psoriasis treatments they have used.

Overall, the majority of participants (including those who are on a clinical trial for bimekizumab) (70%, n=47) indicated that their current treatment allows them to resume daily activities (e.g., work, household tasks, caring for children) but 7% (n=5) disagreed this was the case for them.

When asked if participants experience any side effects of treatments that are difficult to tolerate or manage, the most common responses were:

Side effect	Respondents who found it difficult to tolerate (% , n)
Skin irritation or redness	(51%, n=35)
Skin itching	(46%, n=32)
Muscle soreness or joint stiffness	(43%, n=30)
Skin thinning	(42%, n=29)
Changes in skin pigmentation (i.e., affected skin turns lighter or darker)	(42%, n=29)
Unexplained fatigue	(41%, n=28)
Dry skin, eyes, or lips	(36%, n=25)
Headache	(28%, n=19)
Hair loss	(26%, n=18)
Development of rash/acne	(23%, n=16)
Pain	(23%, n=16)

Table 3: Side effects of treatment that are difficult to tolerate or manage for patient survey participants.

Nearly one-third (31%, n=23) of participants stated that they take medications or over-the-counter products to help them manage the side effects noted in Table 3, including moisturizers, pain medication (e.g., acetaminophen, ibuprofen, codeine), and vitamins (e.g., vitamin D, folic acid).

4.2 Affordability of treatment

Survey participants were also asked to respond to a series of statements regarding their current treatments. In terms of affordability, 41% (n=27) indicated that they do not think their current treatment is affordable. In addition, about one third of participants (34%, n=22) disagreed with the statement “I can afford my medication.”

Participants indicated paying for their medications in various ways. Most participants (48%, n=32) have private insurance either through their employer, union or professional association, or through their partner/spouse. Nearly one-third (29%, n=19) are covered through a public drug program. Other ways

that people accessed their treatments included: participating in a clinical trial (23%, n=15); paying for medications out of pocket (12%, n=8); and receiving medication from the manufacturer through a Patient Support Program or compassionate access (12%, n=8).

Comments from participants regarding drug plans included the following:

“Have insurance but most of time [it does] not cover [my medication].”

“My private drug [plan] gives me nothing but grief and basically ruins any chance I have to go on a biologic.”

When asked if they had ever experienced financial hardship with paying for treatments, 52% (n=35) of participants said yes. Of those that did experience financial hardships, some said they managed (18%, n=12), while others stopped taking their medications (15%, n=10), took less than prescribed (10%, n=7), and/or did not fill their prescription at the pharmacy (9%, n=6).

4.3 Accessibility

In terms of being prescribed the treatment they need, 71% (n=47) agreed that their prescriber can prescribe the preferred/appropriate treatment for their circumstances, however only 54% (n=35) indicated that they are receiving their preferred choice of treatment. The dissonance between these responses were not explored in the current survey, however it is important to recognize that survey participants expressed some level of dissatisfaction with being able to access the treatment that they would prefer. The vast majority (88%, n=59) agreed that instructions for using the treatment are easy to follow and 68% (n=44) agreed that their current dosing schedule is convenient.

4.4 Participant satisfaction with treatments

Notably, less than half (41%, n=28) of participants either disagreed or were neutral with regards to the statement “Overall, my needs are met with the treatment I receive” indicating that there is room for improvement. Section 5 – Improved Outcomes – may provide some insights into participants’ perspectives in this regard. Moreover, 14% (n=9) do not feel that the travel to and from medical appointments is manageable.

5. Improved Outcomes

When asked what survey participants’ expectations for a new medication are, given their experience with existing treatments for psoriasis, 68% (n=41) indicated “improves my symptoms” as the top response. Other responses included “better quality of life (e.g., return to work, able to socialize more, mental wellbeing, fewer doctor visits)” (63%, n=38); reduced side effects (50%, n=30); affordable (50%, n=30); help with persistent symptom(s) (47%, n=28); and easier to take (e.g., improved dosing schedule) (42%, n=25).

When asked, “What is the biggest improvement that you would like to see in psoriasis treatment?” participants shared a range of responses including the following:

“Clear skin and pain free.”

“Life changing biologic drugs made more easily accessible to psoriasis sufferers without private insurance. The cost is prohibitive and to access it through i.e. Ontario Trillium requires a lot of effort and commitment from the dermatologist to get approved for their patient use. I shouldn’t feel like there are haves and have nots in Canadian health care but I had to get on a trial to get this outstanding drug, yet a family member working for the government with excellent health care has been on a biological drug for years with far less severe psoriasis than my own. I believe this trial drug is superior to any other biological drug when I compare my complete and quick improvement to what others have shared on other biological drugs. I am so very thankful to have been on this trial for bimekizumab, it changed my life.”

“Length of remission extended.”

“No redness and colour discolouration [sic].”

“Would like to find a medication that doesn’t make me sick, works, and is safe to take for the long term.”

“Reduction of plaques.”

“The itching to be gone, and the flakes to be gone.”

“No more inflammation and flaking.”

“It works and I’m clear for longer periods with minimum side effects.”

“I want to walk or sleep without too much pain.”

“More information on how best to treat my inverse psoriasis, particularly my genital area.”

“Reduced costs, fewer side effects.”

The majority of the 51 participants who responded to this question provided some form of “a cure” and/or “clear skin” as responses. Drug coverage and affordability were also common responses from participants. A few participants commented on the benefits of different treatment modalities (e.g., *“Oral would be great. I am on scheduled injections which is a bit harder to apply...”*)

6. Experience With Drug Under Review

6.1 Summary of participants

As mentioned above, one caregiver/family member survey participant indicated that the patient in their life takes bimekizumab for their psoriasis and 12 (18%) participants identifying as patients stated that they take bimekizumab for their psoriasis. In addition, one telephone interview was conducted with a patient who has accessed bimekizumab through a clinical trial. His perspectives are provided in summary form as an example of one person’s experience.

Though we do not have specific information about how survey participants accessed bimekizumab, given its status in Canada at the time of the survey and our outreach efforts to clinical trial sites, as well as some of the open-ended comments in the survey, it is likely that all respondents accessed the drug under review by participating in a clinical trial.

Of the survey participants who indicated that they have taken bimekizumab, the following number also report having tried the other treatments: topical corticosteroids (99%, n=11), topical vitamin D derivatives (80%, n=8), topical combination treatments (90%, n=9), topical retinoids (33%, n=3), cyclosporine (11%, n=1), methotrexate (55%, n=5), oral retinoids (33%, n=3), biologics 66%, n=6), phototherapy (54%, n=6), and medical cannabis (33%, n=3).

6.2 The impact of bimekizumab on participants / patients

When asked to share their positive and negative experiences with bimekizumab, survey participants shared the following:

“To start, I have no side effects. Within two months of starting the trial my skin is clear and has remained that way. My skin is completely clear and I didn’t realize how much my psoriasis affected me mentally until it was gone. I was part of a clinical trial so the drug cost to me was zero.”

“I am in a clinical trial and when I am done, I will not be able to afford the cost. I have great, almost clear results.”

“This trial drug has completely cleared my moderate to severe psoriasis and changed every aspect of my life to the better in ways I couldn’t have even imagined. The thought that the drug trial will come to an end and my psoriasis will return is devastating. When approved, I fear this drug will be unattainable to me as I do not have insurance and rely on Ontario Trillium for my prescriptions. The side effects are negligible – nasal drip, periodically have small rashes in body folds that are easily treated and cleared. I was significantly clear within a short amount of time of starting this drug and have been COMPLETELY CLEAR for close to 3 years taking it every 2 months after the initial few months. I also have normal nails for the first time in my life.”

“I have been totally clear since starting the trial 3 years ago. The self injections are simple. I had a minor rash side effect at the start that cleared within a couple of months as my body adjusted...”

“My skin was clear very early on in the clinical trials. No negative side effects whatsoever.”

“My psoriasis cleared up.”

“I don’t know about the costs as I was part of a clinical study, but this medication literally changed my life for the better. I’m not trying to sound melodramatic, but I was applying topical medications for 2 hrs daily just to keep a semblance of control over my outbreaks. I have been completely symptom free from the first week I took my first injection, and have remained so ever since. My old life centered around controlling my psoriasis. I cannot say enough positive things...”

“My overall quality of life has improved. I don’t feel any side effects yet but the known risks are for sure always at the back of my mind which sometimes makes me worry.”

Survey participants were asked to rank how effectively bimekizumab manages their psoriasis symptoms: pain/burning (90%, n=9); itch (100%, n=11); flaking (90%, n=10); redness (100%, n=10); flares (100%, n=9).

Table 4 describes survey participant responses when asked to rate the following statements related to their experience with using bimekizumab compared to other treatments.

Statement	Strongly agree/Agree	Neutral	N/A
Bimekizumab is easier to use than other therapies	64%, n=7	36%, n=4	
Bimekizumab is better at managing my psoriasis symptoms than other therapies	100%, n=11		
Bimekizumab’s side effects are more tolerable than other therapies	82%, n=9	9%, n=1	9%, n=1
Bimekizumab’s instructions are easier to follow than other therapies	81%, n=9	18%, n=2	
I expect that bimekizumab will improve my long-term health and well-being	91%, n=10	9%, n=1	
Bimekizumab improved my quality of life (i.e., return to work, ability to socialize more, mental well-being)	100%, n=11		
Bimekizumab helped me return to my day-to-day activities	82%, n=9	9%, n=1	9%, n=1
Bimekizumab reduced my flares	100%, n=10		
Overall, my needs are better met with bimekizumab	100%, n=11		

Table 4. Experiences with bimekizumab statement rating.

When asked to describe what impact (if any) bimekizumab had on their quality of life and day-to-day activities, examples of survey participant responses include:

“I didn’t realize how much having psoriasis bothered me until my skin was clear. I didn’t have to think about trying to control my itching when we were out.”

“My self awareness and self esteem are a lot better.”

“I no longer need to hide and I can live my life to the fullest. I am in a long term relationship for the first time, I have started a new career and I no longer hide my body with long sleeves and pants. I just go out now without worrying about camouflaging anything or heavy makeup to conceal what I could.”

“The last three years have been my best years for managing and controlling my psoriasis. I have had psoriasis for over 40 years. I am no longer itching, in pain or fatigued. I am also no longer embarrassed to wear shorts, go swimming, change for sports in dressing rooms.”

“Improved my quality of life in every conceivable aspect.”

“It cleared up my psoriasis.”

“This medication has completely eliminated my plaques. For the first time in over 40 years, I was able to wear shorts and t-shirts, go swimming in a bathing suit, and not have to constantly worry about my psoriasis. It really has been a godsend.”

“Being able to live life normally. The smallest things like standing up from your bed without seeing flakes of your skin.”

All patients reported positive outcomes of bimekizumab treatment, with a few participants noting side effects including dry skin, eyes, or lips (50%, n=3), development of new rash/acne (50%, n=3), or muscle soreness or joint stiffness (33%, n=2). These participants commented that with additional treatment, the side effects went away and/or could be well managed. For instance, one participant who indicated that they experienced a rash/acne stated that “the rash did not last very long, less than a month.”

6.3 Summary of interview with bimekizumab clinical trial patient

The interviewee shared that he started to experience psoriasis in his early 40s (about 25 years ago) with a little bit of itching on his scalp and left hip. At first, he thought it was “just dry skin”, but it was itchy and “never seemed to go away”. Eventually he also started to have issues with his lungs and with arthritis. He saw a pulmonary specialist and was diagnosed with sarcoidosis – but, he reflected, “back then people didn’t know that psoriasis was more than skin deep”. As a result, he had to have angioplasty surgery due to a blocked artery in the heart and it was at the cardio clinic that he was first informed that psoriasis is an inflammatory condition that can impact other organs.

Just before turning 50 in 2003, he had to see an orthopedic surgeon because his knees were terribly swollen – he was told that it was psoriatic arthritis and that there was “nothing you can do about it.” Eventually he was referred to a rheumatologist and was “finally able to get some relief”. They had to drain his knee and he was prescribed Celebrex.

Though he had seen dermatologists for his psoriasis, it was not until he saw his current specialist that he said he received appropriate care and treatment for his symptoms. Previously, he reflected that he was “lucky to get five minutes with dermatologists...they would only prescribe topicals” which in his experience were not effective at treating his symptoms. He further reflected that previous dermatologists wanted to prescribe methotrexate but he said no, “that’s an awful drug”. He considered phototherapy but it was “a terrible location” which was far from his home and where there was no parking.

He indicated that he had heard about the clinical trial from someone in his community. He met with the dermatologist conducting the clinical trial who reassured him about finding appropriate treatment options. The interviewee shared that he was relieved and finally felt heard.

Regarding his experience with the clinical trial, he described having an injection once every 4 weeks right at first, and then every 8 weeks. He said that after his first injection, the plaques on the back of his hands were gone the next day. Within a week, his skin was clear. He said that he knew from the beginning he was on the treatment arm of the trial because the results were so fast. He shared that in three months, he found renewed growth in his fingernails and within six months, his toes were cleared. He also shared that his arthritis pain has since been manageable, and he believes the treatment is impacting this – he described that the swelling in his knees has been minimal and that he only occasionally has to take a Tylenol for his pain. He shared that some redness and skin discoloration lasted about a year.

Prior to the clinical trial, the interviewee said that if he went to someone’s home, he’d ask them to put a cover on furniture. He described having psoriasis all over his body – “back, rear end, back of legs, elbows, everywhere” – and that as his skin was drying after a shower, it felt like his skin was on fire; touch or sunshine would also feel like burning on his skin. He described waking up several times during the night because he’d be itching – “If you scratched, you’d bleed. “It was just awful”.

He said, “I can understand why some people could take their own lives.”

Since he has been on the clinical trial, the interviewee says that he cannot remember what it was like to live that way. He made an analogy to smoking – he doesn’t remember what it was like to smoke but he did at a time and similarly, he can’t even remember what it was like having psoriasis.

6.4 *Values that are important to patients*

In terms of values that are important to patients and caregivers with respect to the drug under review, a few themes stood out to us based on survey responses from people with experience of bimekizumab. Specifically, finding care and treatment that works for the individual, achieving clear skin, safety of treatment, treatment that works over the long term, increased self-esteem and social engagement, and generally living life freely – in a way that is not consumed by symptoms and by vigilance related to one’s disease.

7. Companion Diagnostic Test

N/A

8. Anything Else?

Psoriasis is a chronic and potentially debilitating condition that poses many challenges, including high prevalence, chronicity, disfigurement, disability, and associated comorbidities. Psoriasis is linked to anxiety, depression, and social isolation, and can interfere with relationships, productivity, family life and work life. The physical, psychological, social, and economic impact of psoriasis can significantly burden patients and their families. Access to effective care and appropriate treatment is needed but management of psoriasis can be complex partly due to varied patient response to treatments, differences in social determinants of health, lifestyle considerations, and other factors that affect one’s condition. Moreover, due to the chronicity of this disease, patients are concerned about recurrence and resistance to earlier therapies.

- Psoriasis is more than a skin condition. It is an inflammatory disease that can impact several organ systems. 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 anxiety](#), [diabetes](#), and [cancer](#).
- For more information about the challenges of living with psoriasis, please see the following resources:
 - CAPP’s report [Pso Serious 2018: A Report on Access to Care and Treatment for Psoriasis Patients in Canada](#)
 - CPN and CAPP’s joint report, [Journey to Stability](#)
 - CPN and CAPP’s joint infographic on [Impact of COVID-19 on the Psoriasis and Psoriatic Community in Canada – Highlights from a National Survey](#)
 - CPN’s fact sheet for health care providers on [Women and Psoriasis: Findings from a Survey of Women-identified People with Psoriatic Disease](#)
- Patients are looking for a treatment that will control all of their symptoms but ultimately, they want and value a cure for psoriasis.

Appendix: Patient Group Conflict of Interest Declaration

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 received help with developing the survey and outreach to clinical trial sites by two medical student volunteers.

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.
 N/A

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 Canada				X
Amgen Canada			X	
BMS			X	
Bausch Health Canada		X		
Boehringer Ingelheim Canada			X	
Boehringer Ingelheim International	X			
Eli Lilly Canada		X		
Janssen Canada			X	
LEO Pharma Canada			X	
Novartis Canada			X	
Pfizer			X	
UCB Canada			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: Sept 13, 2021

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 Canada			X	

Amgen Canada			X	
Bausch Health Canada			X	
Boehringer Ingelheim International			X	
Eli Lilly Canada			X	
Janssen Canada			X	
LEO Pharma Canada			X	
Novartis Canada			X	
Novartis Global		X		
UCB Canada			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: Rachael Manion
Position: Executive Director
Patient Group: Canadian Association of Psoriasis Patients
Date: Sept 13, 2021