CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

lorlatinib (Lorbrena)

(Pfizer Canada)

Indication: ALK-positive locally advanced or metastatic non-small cell lung cancer

December 16, 2021

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0249-000
Brand name (generic)	lorlatinib
Indication(s)	Monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC)
Organization	Lung Cancer Canada - Clinician Group
Contact information[a]	Name: Shem Singh, *Executive Director, Lung Cancer Canada*

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
We agree with the committee's overall recommendation. Minor concerns related to reimbursement conditions are discussed below (that may also impact on implementation).		

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐
Overall the recommendation demonstrates good consideration of the stakeholder's input.		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
We agree with the overall recommendations.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒
There are several reimbursement conditions that are internally contradictory to the pERC recommendations, would be difficult to implement or are lacking strong rationale. These are discussed in Question 5, but could also pose potential implementation problems.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒
We note that providing the reimbursement conditions and the associated rationale in a tabular format is a change from prior recommendations. Overall, this is a positive change. There are, however, several discrepancies between the reimbursement condition and the accompanying rationale; the latter often provided fuller context and potential exceptions, which were not mentioned in the reimbursement condition portion of the table. Thus, this clinician group is unclear whether exceptions listed in the rationale will be accounted for in reimbursement conditions. This clinician group strongly encourages some flexibility in the reimbursement conditions to reflect the real-world setting, and provides several examples below for minor consideration, in the interests of improving clarity of recommendation.		

First, in Table 1, reimbursement condition 1.3 states, “Prior treatment (i.e., neoadjuvant or adjuvant) for earlier stages of NSCLC must be completed >12 months prior to initiating treatment with lorlatinib”. Although this was a criterion for entry into the CROWN trial, it was quite arbitrary and based on outdated routine clinical trial exclusion criteria that assumed that there was cross-resistance between prior chemotherapy and the investigational agent. Over the last few years, it has become conventionally accepted that prior chemotherapy by itself does not lead to lower rates of response or worse outcome in patients with TKI-targetable tumours who are treated with an effective TKI-agent.

Further, if applied as written, a patient who was able to wait until the 12 month period had elapsed, would then qualify for the agent. There is no rationale for this waiting period; it would assume that even if the patient were diagnosed with metastatic/incurable disease one month after the completion of adjuvant therapy, if the patient could wait 11 months without any further systemic therapy, then lorlatinib would be reimbursed. It also does not outline how to handle patients who are receiving chemoradiation + durvalumab for stage III unresectable lung cancer; would these individuals have to wait 12 months after the end of durvalumab to qualify for first-line lorlatinib? In that case, this would mean that such patients would have to be potentially 27 months from initial diagnosis (chemoradiation and durvalumab can take approximately 15 months and then one would have to wait 12 more months to meet lorlatinib reimbursement conditions), as compared to patients who had resected disease (with adjuvant chemotherapy, 15-16 months from surgical resection). This clinician group argues that these timelines are arbitrary, and most importantly, unnecessary, given that we do not anticipate cross-resistance with either chemotherapy or immunotherapy.

Moreover, Canadian data from Princess Margaret Cancer Centre presented at the World Conference for Lung Cancer (WCLC) in 2021 (https://www.jto.org/article/S1556-0864(21)02570-3/fulltext) suggests that prior immunotherapy does not increase toxicity of subsequent ALK TKI, and that the median time between end of adjuvant immunotherapy post chemoradiation for unresectable Stage III NSCLC and start of an ALK-TKI was under two months in this setting. Clearly, the real-world use of these ALK TKI agents for relapsed incurable tumours that were previously diagnosed at earlier stages does not require a waiting time of 12 months before administration.

Finally, no such condition is in place for alectinib or brigatinib, and there is no corresponding data to suggest that lorlatinib has cross-resistance with chemotherapy/immunotherapy whereas other members of the same family of agents do not. In fact, in the Princess Margaret Cancer data presented at WCLC 2021, ALL patients receiving any ALK-TKI agents (including a lorlatinib first-line patient) immediately after failure of immunotherapy in this setting achieved a partial response. Please consider removing reimbursement condition 1.3, or adding text to the rationale explaining that exceptions should be considered, given that no cross-resistance is anticipated between lorlatinib and either prior adjuvant/neoadjuvant use of chemotherapy or immunotherapy.

Secondly, the standard for all five Health Canada approved ALK TKIs is to continue using these agents post-progression, if there is clinician-determined clinical benefit. This is clearly stated in the rationale for Table 1, reimbursement condition 5. The CROWN trial allowed for such post-progression lorlatinib use. This clinician group requests consideration of a minor modification of the reimbursement condition to include a phrase in the reimbursement condition section 5.1 that states, “it is acceptable to continue therapy with lorlatinib if the clinician determines that there is clinical benefit.” Otherwise, the reimbursement recommendation and its accompanying rationale would seem to contradict each other.

Finally, there are several unenforceable reimbursement conditions, according to our clinician group. This includes Section 1.5 in Table 1, that CNS metastases must be asymptomatic and Section 6, that “Lorlatinib should initially be prescribed by an oncologist with experience in the treatment of ALK-positive NSCLC but can be administered in the community setting thereafter by the patient’s health

care team.” In the real-world setting, because of the massive benefit of lorlatinib in patients with brain metastases (and this is acknowledged in the pERC portion of this report), we are MORE likely to use lorlatinib when other methods of CNS metastases control are inadequate; we recommend removing this condition as being counter-intuitive to the biology of lorlatinib and being unenforceable. This clinician group feels that it is impossible to demonstrate and quantify the degree of expertise required to be considered an ALK experienced oncologist. This condition is of special concern to our clinical group, as striving for equity of access to care regardless of geographic location is one of the cornerstones of our mandate, and this restriction could specifically have a greater negative impact on access to therapy for lung cancer patients living in rural settings. Overall, we recommend that the reimbursement condition simply state that “use of lorlatinib should be by a health care team with experience with ALK patients” instead of proscriptively stating that it has to be initiated at one centre and potentially transferred to another; there are many ways in which oncologists gain experience with new drugs - including communicating with academic centres, etc. – that do not involve having to wait for a patient to start at a centre with “ALK experience”. Otherwise, for those patients with limited access to resources to travel and who live the furthest from major academic centres, this restriction may make access to lorlatinib impossible.

[a] CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.
- For conflict of interest declarations:
  - Please 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.
  - Please note that declarations are required for each clinician that contributed to the input.
  - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
  - Please add more tables as needed (copy and paste).
  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your clincian group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
• Dr. Geoffrey Liu • Dr. Stephanie Snow • Dr. Paul Wheatley-Price • Dr. Quincy Chu • Dr. Kevin Jao • Dr. David Dawe • Dr. Ron Burkes • Dr. Donna Maziak • Dr. David Stewart • Dr. Shaqil Kassam • Dr. Mahmoud Abdelsalam • Dr. Rosalyn Juergens • Dr. Silvana Spadafora • Dr. Nicole Bouchard • Dr. Callista Phillips • Dr. Catherine Labbé • Dr. Sunil Yadav *All clinicians listed provided input on the submission and declarations have not changed for anyone.*		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

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**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

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**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*

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

Conflict of Interest Declaration

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
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 4	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

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
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 5	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

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
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0249
Name of the drug and Indication(s)	Lorlatinib for NSCLC
Organization Providing Feedback	PAG

1. Recommendation revisions Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	**Major revisions:** A change in recommendation **category** or patient **population** is requested	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	X
	No requested revisions	☐

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
None.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
In Table 4 Summary of Economic Evaluation, in the “Treatment” row, PAG is suggesting adding the dosing schedule here as it helps to put the submitted price into context.
b) Reimbursement conditions and related reasons
In Table 1 Reimbursement Conditions and Reasons, under the heading “Initiation,” for Condition #1, PAG is requesting to remove item *“1.3 Prior treatment (i.e., neoadjuvant or adjuvant) for earlier stages of NSCLC must be completed >12 months prior to initiating treatment with lorlatinib.”* In Table 1 Reimbursement Conditions and Reasons, under the heading “Initiation,” for Condition #3, PAG is requesting to state the following “Lorlatinib should not be used in patients with the following conditions or comorbidities” PAG noted Condition #3 also refers to patients with GI

comorbidities. PAG is requesting clarification whether there was data for patients with GI comorbidities and the corresponding reason cited in the adjacent column. PAG is requesting to start the “Reason” column with the statement that the CROWN trial excluded these patients which provides an explanation as to why these particular medical conditions are being highlighted in the recommendation.
c) Implementation guidance
None.

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	
Brand name (generic)	Lorlatinib
Indication(s)	As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)- positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).
Organization	Lung Health Foundation
Contact information[a]	Name: Jessica Sopher

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation?	Yes	☐
	No	☒

Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.

Condition 1.3 makes Lorlatinib inaccessible to some patients who would have otherwise benefitted from it. Because of the poor prognosis associated with lung cancer, waiting 12 months between treatments is a requirement patients will struggle with. Patients have reported that wait times from diagnosis to treatment are great source of stress and anxiety. Patients are looking for treatments that prolong life, delay disease progression and reduce the severity of disease-related symptoms. The efficacy demonstrated by Lorlatinib in delaying disease progression makes it a viable option that should be available to patients at their healthcare provider's discretion.

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☐
	No	☐

The Lung Health Foundation did not submit stakeholder input at the onset of the review.

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐

If not, please provide details regarding the information that requires clarification.

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐

If not, please provide details regarding the information that requires clarification.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒
If not, please provide details regarding the information that requires clarification. 1.3. Prior treatment (i.e., neoadjuvant or adjuvant) for earlier stages of NSCLC must be completed >12months prior to initiating treatment with lorlatinib		

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	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.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☒
	Yes	☐

D. New or Updated Conflict of Interest Declaration

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**
Pfizer	☐	☐	☐	☒
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0249-000
Brand name (generic)	Lorbrena (lorlatinib)
Indication(s)	Monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC)
Organization	Lung Cancer Canada - Patient Group
Contact information[a]	Name: Shem Singh

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
The Lung Cancer Canada Patient Group thanks pERC for recommending lorlatinib for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced or metastatic non-small cell lung cancer. Undoubtedly, this positive recommendation will allow for patients to receive equitable access to this treatment that otherwise may not have had the opportunity to.		
Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐
LCC believes the recommendation demonstrates good and thorough consideration of the stakeholder's input.		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
The reasons for the recommendation are clearly stated.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
Overall, the implementation issues are adequately addressed; however, there are a few reimbursement criterion that are unclear or contradictory, therefore may also impact implementation of the agent. These are further discussed in question 5 of this document.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒

There are a few discrepancies that arise in the reimbursement conditions and the corresponding rationale, which are discussed below.

In Table 1, Section 5, the rationale for discontinuation is thoroughly discussed, particularly about continuing treatment even after disease progression if there is clinical benefit to the patient. However, this rationale seems to contradict the stated reimbursement condition 5.1: “Treatment with lorlatinib should be discontinued upon occurrence of documented disease progression per RECIST criteria or clinical progression”. As discussed in the rationale, there are instances where continuation of treatment after disease has progressed has yielded clinical benefits to the patients, particularly with managing their symptoms. This aligns well with patient values and what they look for in treatments, as longevity, ability to manage and minimize symptoms, minimal side effects, and ability to increase independence, functionality, and return to life are some of the key outcomes lung cancer patients really wish for in a treatment. Patients value being able to return to a lifestyle that can resemble what they had prior to diagnosis, and many of them experienced this with lorlatinib, as outlined in our initial submission. They were able to maintain a good quality of life, spend time with friends and family, regain their independence and functionality, and even return to work. Some patients did have to reduce their dosage due to side effects, but lorlatinib was still effective at managing their symptoms and treating their cancer. Effective dose reduction reduces the need for treatment discontinuation. Thus, we encourage CADTH to consider a rewording of the reimbursement condition to state the acceptability of continuing treatment post-progression if there is clinical benefit to the patient as determined by the clinician.

Additionally, Table 1, Section 6 states “Lorlatinib should initially be prescribed by an oncologist with experience in the treatment of ALK-positive NSCLC but can be administered in the community setting thereafter by the patient’s healthcare team”. The wording of this condition implies that prescription should originate from a clinician who is experienced in ALK-positive NSCLC, which is virtually impossible to quantify the expertise required to be experienced enough to qualify. Lorlatinib is an oral targeted therapy, so any oncologist who is familiar with this mutation should be able to both prescribe the medication, and continue administering it to patients, regardless of their location. From a patient perspective, having the need to begin treatment at one center and then needing to relocate to a different setting poses barriers for those who are unable to travel to major hospitals for initial prescription of treatment, and therefore making access to lorlatinib for some impossible. Rural location of patients, financial resources, inability to take time off work, and availability of caregivers to drive long distances are only a few of the barriers that can limit patients from accessing lorlatinib if they are required to start treatment at a center with “ALK experience”. It would be extremely unfair to limit patients from accessing treatment that can could potentially benefit them in many ways because of their postal code. We encourage CADTH to reconsider this condition, and instead modify its wording to state “patients can start and access lorlatinib at any center by a healthcare team who has experience with ALK patients”.

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

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- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*Shem Singh*
Position	*Executive Director, LCC*
Date	*16-12-2021*
☒	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.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

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**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐