

CADTH COMMON DRUG REVIEW

Patient Input

risankizumab (TBC)

(Abbvie Corporation)

Indication: Psoriasis, moderate to severe plaque

CADTH received patient input from:

Arthritis Consumer Experts

Canadian Psoriasis Network (CPN), Canadian Skin Patient Alliance (CSPA) and the Canadian Association of Psoriasis Patients (CAPP)

November 8, 2018

Disclaimer: The views expressed in each submission are those of the submitting organization or individual; not necessarily the views of CADTH or of other organizations.

CADTH does not edit the content of the submissions.

CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no personal information is included in the submission. The name of the submitting patient group and all conflict of interest information are included in the posted patient group submission; however, the name of the author, including the name of an individual patient or caregiver submitting the patient input, are not posted.

C/O: Canadian Agency for Drugs and Technologies in Health (CADTH)

Re: Patient Input for risankizumab for plaque psoriasis

Date of submission: November 8, 2018

Section 1 — General Information

Name of the drug: risankizumab

Indication of interest: plaque psoriasis

Name of patient group: Arthritis Consumer Experts

Name of the primary contact for this submission:

[REDACTED]
[REDACTED]
[REDACTED]

Name of author (if different):

[REDACTED]
[REDACTED]

Patient group's contact information:

feedback@jointhealth.org

604-974-1366

Unit 210-1529 West 6th Avenue

Vancouver, BC

V6J 1R1

www.jointhealth.org

Permission is granted to post this submission: Yes

Section 1 – About your Patient Group

Canada's largest, longest running national arthritis patient organization headquartered in Vancouver, BC, Arthritis Consumer Experts (ACE) provides free, science-based information and education programs in both official languages to people with arthritis. ACE serves people living with all forms of arthritis by helping them take control of their disease and improve their quality of life through education and (em)powerment. Founded and led by people with arthritis, ACE also actively advocates on arthritis health and policy issues,

through ACE's JointHealth™ family of programs and the Arthritis Broadcast Network, directly to consumers/patients, media and government. ACE operates as a non-profit in a fully transparent manner and is guided by a strict set of guiding principles, set out by an advisory board comprised of leading scientists, medical professionals and informed arthritis consumers.

Link to website: www.jointhehealth.org

Section 2 – Information Gathering

The information was gathered through Arthritis Consumer Experts' (ACE) call for patient input issued on September 27, 2018 and day-to-day interactions with people living with plaque psoriasis, its work with clinical researchers in Canada, and through discussions with consumers-patients and scientific members of the ACE Advisory Board. The data was gathered in Canada from January 2018 to November 2018. Patients who have submitted inputs for a previous submission for plaque psoriasis on January 4, 2018 authorized the use of their information for future patient inputs for plaque psoriasis; there are no updates to their disease journey or perspectives.

Section 3 — Disease Experience

3.1 How does the disease impact the patients' day-to-day life and quality of life?

Moderate to severe plaque psoriasis has a significant effect on the lives of people living with it and they constantly consider the state of their disease and decide what they can, or more likely, cannot, cope with or achieve, how they can go about their daily lives, and how much help they may need along the way.

- Patient A has been living with plaque psoriasis since he was 16-years-old. He experiences severe joint pains, especially in the hip, knee, ankle, elbow and spine. He finds it very hard to bend his fingers. Occasionally, he will experience headaches.
- "I'm a patient suffering from rheumatoid arthritis and I take methotrexate injections, which caused plaque psoriasis to appear on my body, my scalp, and my ears", said Patient B. She added: "My plaque psoriasis created thick white scales of skin that I was scratching until they bled and those pieces were all over my floors, my car, and on all areas around me. I was seeing certain plaques get bigger and new ones appear elsewhere." Mentally, she was feeling frustrated, worried and tormented because her rheumatologist informed her that she would have to wait until her body was 99% covered with those infected wounds before her case was taken seriously.
- Patient C said that pain, fatigue, stiffness, and loss of function are the most prevalent and troublesome symptoms of the arthritis component of her psoriatic arthritis (PsA). She experiences skin sensitivity, redness, flaking, and pain for her plaque psoriasis. She describes her life with PsA and plaque psoriasis as follows: "My

symptoms make daily activities harder and require pacing and prioritizing of activities. For example, even doing daily activities, such as showering, putting on clothing, cooking meals or walking up stairs is painful, and requires more effort and time to do. Because completing daily activities take more time, I am more likely to stop doing social and creative activities due to limited time and energy and increased pain. I can ask for assistance but that is not always available. I stopped working due to pain and fatigue. When my psoriasis is visible and flaking occurs, I feel distressed and embarrassed. I am reluctant to do activities and sports like swimming that would expose my body, arms, and legs in public.”

It is important to note that as a result of the symptoms of PsA and plaque psoriasis, anxiety and depression are prominent amongst people with PsA and/or plaque psoriasis.

3.2 How does the disease impact the caregivers’ day-to-day life and quality of life?

Caregivers of people living with plaque psoriasis and/or PsA have indicated that time management is very important to them. They have to arrange their day according to the person living with the diseases. When patients are in pain, caregivers have to help with house chores and many other aspects of life at home.

According to Patient B, her husband is retired and available to help her out with house chores and drive her around when her back and knees are bad. The downside is that helping her with disease management has reduced the time her husband is available to do part-time consulting work, enjoying his own recreational activities, and socializing with his friends.

3.3 Are there any aspects of the illness that are more important to control than others?

As they have expressed in past ACE patient input submissions, patients are concerned about medication side effects over a prolonged period. As well, people living with plaque psoriasis fear they may develop PsA and vice versa. The people interviewed agreed that they would take the medication that would be most effective and poses the lowest risk of side effects.

Section 4 – Experiences with Currently Available Treatments

How well are patients managing their disease/condition with currently available treatments?

Patient A did not provide comments for this section.

Patient B did not wish to disclose the name of the medication she is on but notes that there is a great improvement on her scalp and there is less itchiness around the scaly areas. Side effects of her medication include heartburn and dizziness. She is paying for the medication through private health insurance.

Patient C is using a combination of Enbrel and methotrexate. This combination has helped to reduce the number of joints with active inflammation, especially for peripheral joints. As a result of this combination therapy, her psoriasis is under control. Occasionally, she would experience gastrointestinal upset and mucus membrane irritation from using methotrexate; however, she can take folic acid to reduce these side effects. She does not experience any side effect from using Enbrel.

Section 5 – Improved Outcomes

Patients generally feel that the more treatment options for them to choose from, the better. Having more options – especially ones with fewer side effects – could mean access to a medication that might work on the first try, and also ensure they have a “backup plan” in case their current therapy stops working. Whether their reimbursement coverage was provided publicly or privately, patients worry about affordability short- and long-term. Through ACE’s research and education efforts, people with plaque psoriasis and PsA who interact with our organization generally understand there is a high degree of variability of disease from patient to patient and that there is a need for increased research into the causes and possible cures for them. Patients want new treatments that can control or stop the symptoms (itchiness, scaling, pain, and flaking) of plaque psoriasis.

Section 6 – Experience with Drug Under Review

None of the patients interviewed have experience with using risankizumab to treat their moderate to severe plaque psoriasis.

Section 7 – Companion Diagnostic Test

Not applicable to this submission.

Section 8 – Biosimilar

Not applicable to this submission.

Section 9 – Anything Else?

Arthritis Consumer Experts is providing this patient input submission based on patients who have responded to current and past call for patient inputs for the treatment of psoriatic arthritis and plaque psoriasis. Our organization believes that a new therapy for psoriatic arthritis and plaque psoriasis will ultimately improve the lives of people living with the disease.

Appendix: 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.

This submission was researched and written by the staff of Arthritis Consumer Experts in entirety, free from advice or influence from any outside individual, group or company.

- 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.

- 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.

Not applicable.

Patient Input Template for CADTH CDR and pCODR Programs

Name of the Drug and Indication	Risankizumab for psoriasis, moderate to severe plaque
Name of the Patient Group	Canadian Psoriasis Network (CPN), Canadian Skin Patient Alliance (CSPA) and the Canadian Association of Psoriasis Patients (CAPP)
Author of the Submission	[REDACTED]
Name of the Primary Contact for This Submission	[REDACTED]
Email	[REDACTED]
Telephone Number	[REDACTED]

1. About Your Patient Group

CPN is a national, non-profit dedicated to improving the quality of life of all Canadians who are living with psoriasis and psoriatic arthritis while vigorously supporting the pursuit of a cure.

CPN is working in collaboration with CSPA and CAPP for the completion of this submission. The CSPA is registered patient group with CADTH.

CAPP is a national, non-profit 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

The three organizations worked together to inform people about a patient survey (hosted on Survey Monkey) that was developed specifically to collect information for this patient submission. The survey was in English only and was live from August 26-September 20, 2018. The survey was advertised on our social media platforms, websites, newsletters, personal contacts and membership lists.

In total, we received 19 responses, including from British Columbia, Alberta, Ontario and New Brunswick. Of the 11 respondents who provided their age, five were over 55, four were between 35-54 and two were under 34.

CPN also completed four telephone interviews with people who have been on a clinical trial for Risankizumab. CPN connected to patients through a clinical research coordinator with the SKiN Centre for Dermatology. The coordinator obtained verbal consent from the interviewees to have CPN contact them for an interview about their experience on the medication. Beyond connecting CPN with patients, the coordinator had no involvement in the development of interview questions, in outreach to interviewees or in the interviews themselves, nor did the SKiN Centre for Dermatology.

This submission is also supplemented from information gathered through a recent questionnaire of 286 people with psoriasis conducted by CPN and CAPP to explore what stability means to people with this condition.

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 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 CPN and CAPP's questionnaire 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 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:
 - Feelings of embarrassment
 - Loss of sleep
 - Problems with intimacy
 - 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. Direct quotes include:

- "Unable to go out due to the severity of pain and discomfort on my feet. Not able to sleep."
- "On my face, dont where shorts, cant shave my legs, dont wear black. scratch legs and arms until they bleed [*sic*]."
- "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."
- "Physical discomfort and embarrassment about appearance led to decreased exercise, comfort eating, and depression."
- "Psoriasis on palms can make easy every day chores hard, if not impossible. Brushing hair, teeth, cutting sandwich etc."

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:

- "In general ... it's isolated my life to the extend [*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!"
- "Don't want to be seen at the pool."

- “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:

- “My finger joints are always sore and I have to keep them moving.”
- “I was diagnosed with prurigo nodularis in my early 30's I am now 56 and just recently started getting I believe plaque psoriasis [sic], but waiting to confirm this with a dermatologist ... but my Family Dr is pretty sure this is what it is ... seems to have attacked my nodules ... it's bizarre and my family Dr. is also checking into if I may have diabetes ... we are in the process of checking my BG levels ... I do not take anything for depression ... I am not on any formal medication treatment or creams! Just using an emulsifying ointment and wrapping my legs with cotton ties to keep from the horrid scaling ... it's horrific .. (sorry).”

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 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.”

When asked about the effectiveness of their current therapy, of the 13 respondents to this question:

- Just under 54% said therapies were “somewhat” effective in reducing psoriasis skin plaques and spots (15% indicated “very well”);
- Just over 41% said they were “somewhat” effective in dealing with pain (25% said “very well”);
- 46% said they were “somewhat” effective in dealing with redness and shedding (15% said “very well”);

- And 36% indicated they were “somewhat” effective in dealing with joint stiffness (9% indicated “very well”).

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?”, some people indicated, “no” or that they are not on any treatment. From others, 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 cyclospine 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.

To provide insight into what “improved outcomes” might look like to people living with psoriasis, the following statements received in the survey responses are provided:

- “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 outlined above, CPN conducted individual telephone interviews with four people who have experience with Risankizumab through a clinical trial. Two men and two women were interviewed; two had psoriasis for upwards of 25 years, one since they were a teenager and the fourth is unknown. The interviewees utilized a range of treatments over the course of their condition including topical creams, phototherapy, steroids and biologics other than the one under review.

All of the interviewees described challenges managing symptoms with treatments they tried before Risankisumab. A brief overview of their experiences follows:

- The first interviewee shared that she hated high school because she had to wear bandaids on her palms and patches everywhere on her body. She shared that people would say it was a “nervous condition” which would upset her. This interviewee also mentioned that

her twin sister has psoriasis as well and is currently on a biologic covered in part by private insurance.

At its worse, this interviewee said that both she and her twin were covered and she recalls that her mother would say, “why did I have kids”. This interviewee also said that she and her twin “used to clear the beach – people would look at us and would clear out”. She shared that children would at least be inquisitive - “kids would come up to you and ask, did you get burned?” She mentioned that they would tell children who would ask that they were not contagious. She also described the itchiness she experienced as feeling like she is covered in “a ton of fleas”. She described trying “so many products – baby oil; steroids didn't work because you couldn't stay on them”.

- The second interviewee described being embarrassed to go anywhere because of the flaking – she mentioned having to have the vacuum out whenever she visited family. She shared that the “worse it got, the more I withdrew and wore more cover-up clothing. When it started to come up on my face, I had to either get this fixed or get a veil.” She described feeling “embarrassed and uncomfortable” and shared that “mental issues became worse” and that she “became very self-conscious”. This interviewee described psoriasis as “an insidious disease.”
- The third interviewee described psoriasis as starting off very minimally on elbows and hands and got progressively worse over the years. He described trying topical medications over 20 years but stopped over the last five; he also tried dietary changes. He described having to wear long sleeves and constant flaking. He shared that psoriasis didn't affect him mentally – but he told his doctor that if he had to stop the clinical trial right now, he would be happy he had the opportunity to try this medication.
- The last interviewee shared that his symptoms started when he was a teenager on his elbows and knees. He shared that for a time, he had “runny psoriasis” on his scalp – this cleared but the other parts did not, and then the lesions started on his midriff and buttocks. He described it as “unsightly, but probably moderate” and shared that it was “enough that if you wore a bathing suit, you felt kind of odd”.

He first attempted treatments in his late twenties/early thirties and described trying several therapies – tar, phototherapy, creams, retinoid – with retinoid he shared that he had “all the side effects – shivers, eye lashes fell out”. He then decided to “just live with it” until it “became intolerable” and he had to go back to his doctor – he said he went from a period of “liveable” to “really having to do something”.

Interviewees were asked to describe their experience on their current medication (Risankizumab) both in terms of what is working well and what is not working well for them.

All of the interviewees stated that they do not have any side effects. Other feedback regarding what is working well, includes:

- So easy to manage once every 3 or 4 months
- Worked very quickly compared to other medications
- Almost clear – doesn't want to give it up
- Best she's ever been on (this person indicated that she had been on 3 prior injectable medications for psoriasis)
- Not itchy all the time
- Not conscious of what she's wearing – in the past, even in the summer, she'd wear long sleeves because people would stare at her; even in extreme heat she'd wear long skirts and sleeves
- Didn't get involved with a lot of things because people would look at you – not the case anymore
- “You're dealing with someone with 90% of body coverage and now down to 2%”
- “Completely clear...I would love nothing more than to stay on it. Long-term I would love to live the rest of my life not having psoriasis”
- “Nothing about this treatment is worse than before” and “anything that I can complain about doesn't compare to the benefit that I'm getting”
- There are “no needs not being met that I wish were – every day I feel that I won the lottery”
- Cleared up within 6 weeks, with no side effects and has remained clear since he started the medication about three years ago
- Taking the medication is really easy – no reactions or challenges. There was a lot of assessment at the beginning, but it's pretty easy now
- Skin clearance was the most notable response; one interviewee mentioned that he had been starting to have problems in his knees – “seemed like an arthritis” – that he noticed cleared up with this treatment as well
- “Because your skin is clearer, you don't feel conspicuous”

In terms of what is not working well, all of the interviewees expressed that they do not have any negative effects from this medication. A couple of interviewees described having additional monitoring by their family doctors, but neither expressed this as a negative aspect of treatment or a challenge. For instance, one person shared, “I haven't experienced any side effects from it. My own family doctor wants to make sure that there aren't any issues with thyroid/liver...family doctor sees that it isn't affecting me. For someone with psoriasis that wants it cleared up, it works.”

One person mentioned that there is a risk to one's immune system; however she said that she has not experienced any negative effects and that the "trade-off is that now I have a life".

Another interviewee shared that her immune system has not changed – she said, I get two, three colds a year like most people". One interviewee shared that she still has psoriasis on her feet – "small patches on right foot around toes and instep". She said her doctor "thinks we'll get it".

7. Companion Diagnostic Test

Not applicable

8. Anything Else?

- ✓ 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 another, even if their symptoms are very similar. Many wait for the next treatment option in hopes that it will work well for them and that they will achieve 100% effectiveness with limited side effects.
- ✓ All patients are looking for a treatment that will control all of their symptoms but ultimately they would like a cure to this potentially debilitating disease.

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.

As outlined in the “Information Gathering” section of this submission, CPN completed four telephone interviews with people who have been on a clinical trial for Risankizumab. CPN connected to patients through a clinical research coordinator with the SKiN Centre for Dermatology. The coordinator obtained verbal consent from the interviewees to have CPN contact them for an interview about their experience on the medication. Beyond connecting CPN with patients, the coordinator had no involvement in the development of interview questions, in outreach to interviewees or in the interviews themselves, nor did the SKiN Centre for Dermatology.

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
Janssen Canada		X		
Celgene			X	
Novartis		X		
AbbVie Canada				X
Pfizer 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: Kathryn Andrews-Clay
 Position: Executive Director
 Patient Group: Canadian Skin Patient Alliance
 Date: October 30, 2018

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen Canada				X
Novartis		X		
AbbVie Canada			X	
Eli Lilly Canada			X	
Celgene			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: October 30, 2018

Company.	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen Canada				X
AbbVie Canada				X
Eli Lilly			X	
Celgene			X	

Novartis			X	
Amgen			X	
Pfizer 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: October 22, 2018