Welcome to B.C. PharmaCare's Public Input Questionnaire for drugs being reviewed under the B.C. Drug Review Process.

This patient questionnaire is for [enter name of SEB under review] which is being considered as an alternative to [enter name of innovator biologic drug].

You may submit a questionnaire only once. If you do not complete the questionnaire or navigate away from the page while entering your responses, you can return to the last unsaved page and complete the questionnaire. To ensure privacy, you will not be able to go back to review or change your answers on a page once it is saved.

To protect your privacy, please do not include in your response names of individuals, companies, locations or any other information that might identify them or anyone else.

Completing the questionnaire

Mandatory questions are flagged with a red asterisk (*).

If you decide not to provide the required information, click the CANCEL button at the bottom of this page to exit the questionnaire. To protect your privacy, your browser window will close.

You do not need to answer all the optional questions. You need only answer those that you think apply to you.

To protect your privacy, please close this browser window after you complete this questionnaire.

Respondent information

To have your input accepted, you must complete the Confirmation of Eligibility, Contact Information and Conflict of Interest Declaration sections of this questionnaire.

Confirmation of Eligibility

1. I am a resident of British Columbia, **AND**
   I have the medical condition or disease which the drug under review would be used for.*
   - ○ Yes
   - ○ No

Contact Information

Your contact information will only be used to retrieve your submission if you submit a request under the Freedom of Information and Protection of Privacy Act (FOIPPA). It will not be used for any other purpose.

2. **First and Last name***

3. **Home Street Address***

4. **City***

5. **Postal Code***

Conflict of Interest Declaration

To make sure the Drug Review process is objective and credible, everyone who provides input has to tell us about any possible conflicts of interest.

A conflict of interest exists if you or an immediate family member might benefit from the outcome of PharmaCare's drug review. For example, if you own stock in the company that makes the drug, there could be a financial benefit IF PharmaCare decides to cover the drug.

Examples of conflicts of interest include, but are not limited to, financial support from the pharmaceutical industry (e.g., educational or research grants, honoraria, gifts and salary) as well as affiliations or commercial relationships with drug manufacturers or other interest groups.

Even if you or an immediate family member has a conflict of interest, your input will still be considered as long as you declare the conflict of interest in your answers to the questions. All information you provide is protected under the Freedom of Information and Protection of Privacy Act.

6. Do you have any Conflicts of Interest to declare?*
   - ○ Yes
   - ○ No

7. Describe any Conflicts of Interest below.*

Questions on the drug under review

Question 8 is mandatory; all other questions in this section are optional.

Please read through these definitions before answering any of the questions.

Innovator and Subsequent Entry Biologic Drugs – definitions

The drug under review is known as a **subsequent entry biologic drug (SEB)**.

Most drugs are made of simple chemical compounds that can be made from non-living materials. It is relatively easy to create an almost exact copy of these drugs; the copy (known as a generic) contains the **same active ingredients** and works the same way.

Biologic drugs, however, are very complex compounds created from a variety of natural sources, such as materials from micro-organisms, animals and humans. Pharmaceutical companies use complicated bio-engineering processes, such as recombinant DNA technology, to combine these materials into new forms.

The processes used to create biologic drugs are almost impossible to duplicate, so there can be no exact copy of the drug.

It is possible, however, to create one or more biologic drugs that are very similar to the first biologic drug (also known as the brand name or **innovator biologic drug**). These are known as **subsequent entry biologics (SEBs)**.

A **SEB** is a drug that

- has been created after the patent for the first, **innovator biologic drug** is no longer in force,

- produces results that are similar to the **innovator biologic drug**, and
- demonstrates similar safety characteristics as the **innovator biologic drug**.

All biologic drugs (both **innovator biologic drugs** and **SEBs**) have to receive approval from Health Canada before they can be sold in Canada.

8. Have you read the PharmaCare information sheet for this drug?*

   (If you would like to read this information now, click on the "this drug's information sheet" link in the *What this drug is for* column of the List of Drugs Under Review. The information sheet will open in a new tab.)*

   - ○ Yes, I have read the information sheet.
   - ○ No, I have not read the information sheet.

9. Which of the following disease(s)/condition(s) do you suffer from and want to treat with this drug?

   Check off all that apply.

   - ☐ indication 1
   - ☐ indication 2
   - ☐ indication 3
   - ☐ indication 4

10. Describe how the medical condition or disease you checked in the previous question affects your day-to-day life.

11. Have you tried **[enter name of SEB under review]**, the drug under review?
    If you answered YES, please go to Question 11. If you answered NO, please go to Question 12.

    - ○ Yes
    - ○ No

12. Please tell us about any positive and/or negative effects you experienced when taking **[enter name of SEB under review]**.

13. Have you tried **[enter name of innovator biologic drug]** to treat your medical condition or disease?

- ○ Yes
- ○ No

14. Please tell us about any positive and/or negative effects you experienced when taking **[enter name of innovator biologic drug]**.

15. What clinical symptoms do you hope and/or expect **[enter name of SEB under review]** will help with?

16. What do you think will be the advantages and disadvantages of taking **[enter name of SEB under review]**?

For example, how do you think you will benefit from taking this drug (e.g., improvement in quality of life, greater independence or mobility, etc.)? And what do you think might be the disadvantages of taking this drug (e.g., side effects, increased risk for developing other diseases or conditions, financial costs)? Please provide details.

17. Are there any additional factors you would like considered in the review of **[enter name of SEB under review]**?

    (For example: does the drug meet any special patient needs that have not been met by other drugs or treatments; is the drug easier to use than other drugs; does the drug reduce visits to the hospital; does the drug reduce days off work or school; or are the drug's side effects acceptable or intolerable?)

Conclusion

Thank you for your input to B.C. PharmaCare's review of this drug.

Once the survey period for this drug ends, your input, along with other information, will be considered in the drug review process.

Before your input is considered in the drug review process, we will remove all personal information, including the names of patients and any other identifying details.

Would you like to learn more about the drug review process? Visit the drug review process overview on the PharmaCare website.

Would you like to learn about the drug review decisions? Visit the PharmaCare drug coverage decision summaries on the PharmaCare website.

Click the DONE button to submit your input and close this questionnaire.

After you have clicked "DONE," your browser may ask you whether you want to close the questionnaire window. To protect your privacy, please answer "yes" at the "close this window?" prompt.