NOTE: As this is a copy of the online survey, there are gaps in the text. Be sure to scroll down so you see every page.

Introd... Experience with Experience with Other Drug-Related Con... Co...

Disease Treatments Questions

Thank you for taking the time to fill out BC PharmaCare's public survey on drugs being reviewed for coverage. You may submit a survey only once. If you do not complete the survey 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, do not include in your responses the names of individuals or companies, locations, or any other information that might identify them or anyone else.

Note: mandatory questions are flagged with a red asterisk(\*). To have your input accepted, you must complete the Confirmation of Eligibility and Conflict of Interestsections and you must be a resident of BC or represent patients who reside in the province. You do not need to answer all the optional questions. You need only answer those that you think apply to you.

### **Confirmation of Eligibility**

The patient input surveys are reserved for patients, caregivers, or patient groups for the disease in question. Please select the category you identify as below:

Patient
Caregiver
Patient group

I am a resident of British Columbia.

Yes No

#### **Conflict of Interest Declaration**

Do you have any conflicts of interest to declare?

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 a 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.

Yes No

Please describe any conflicts of interest below

If not, please take five minutes to read the drug information sheet here.

Yes

No

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Rating

0 1 2 3
No Minimal Moderate Significant
impact impact impact impact N/A

On a scale of 0 to 3, how would you rate the physical pain and discomfort you experience from this disease?

On a scale of 0 to 3, how would you rate the impact of this disease on your activities of daily living?

On a scale of 0 to 3, how would you rate the impact of this disease on your mental wellbeing?

#### Severity

Please describe your experience with the severity of the disease in question. Consider factors such as symptoms, physical pain and discomfort, and mobility.

#### **Quality of Life**

Please describe how the disease in question impacts your quality of life. Consider factors such as independence, social stigma, social functioning, mental wellbeing, and ability to provide care for others.

1.

Does this disease limit your ability to attend work or school?

Yes

No

In the past 30 days, how many days did you miss from work or school as a result of this disease?

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Please describe your experience with available treatments. Consider benefits, side effects, and route of administration.

Are there aspects of the disease that are not being addressed by current treatments?

Yes

No

What aspects of the disease are not being addressed?

1

What trade-offs do you consider when choosing therapy (e.g., more efficacy or less side effects)?

Please describe your ability to access treatment. Consider factors such as financial barriers, social stigma, or any other factors beyond your control that may make it difficult to receive treatment (e.g. travel to clinic, time off work).

1

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Do you have any experience with the drug in question?

Yes

No

How did you access the drug?

Clinical trial
Paid out of pocket
Private insurance
Compassionate program
Other...

Please describe the positive and/or negative impact this drug has had on your condition.

1

How did this drug compare to other treatments you have tried? Consider factors such as efficacy, side effects, and impact on quality of life.

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Do you have any experience with the drug in question?

Yes

No

What do you expect this drug will do differently from other treatments currently available and how would that change your life?

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Is there any thing else you would like the Ministry to consider in their review of this drug?