
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

Have you read the drug information sheet?

If not, please take five minutes to read the drug information sheet [here](#).

Yes

No

Your Voice Sample Survey, Patients

Intro...

**Experience with
Disease**

Experience with Other
Treatments

Drug-Related
Questions

Con...

Co...

Rating

0	1	2	3	
No impact	Minimal impact	Moderate impact	Significant 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.

/

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.

4

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?

4

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

4

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).

4

Your Voice Sample Survey, Patients

Intro...

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**Drug-Related
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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.

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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**Drug-Related
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Con...

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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?

Your Voice Sample Survey, Patients

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Conc...

Co...

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