

## Patient Input Template for CADTH CDR and pCODR Programs

<b>Name of the Drug and Indication</b>	Upadacitinib for psoriatic arthritis
<b>Name of the Patient Group</b>	Canadian Arthritis Patient Alliance (CAPA) & The Arthritis Society
<b>Author of the Submission</b>	Luke Fox and Helen Anderson
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### 1. About Your Patient Group

The Canadian Arthritis Patient Alliance (CAPA) is a grass-roots, patient-driven and managed, independent, national education and advocacy organization with members and supporters across Canada. CAPA creates links between Canadians with arthritis, assists them to become more effective advocates and seeks to improve the quality of life of all people living with the disease. CAPA believes the first expert on arthritis is the individual who has the disease, as theirs is a unique perspective. We assist members to become advocates not only for themselves but all people with arthritis. CAPA welcomes all Canadians with arthritis and those who support CAPA's goals to become members. Our website is updated regularly and can be viewed at: [www.arthritispatient.ca](http://www.arthritispatient.ca)

The Arthritis Society (AS) has been setting lives in motion for over 70 years. Dedicated to a vision of living in a world where people are free from the devastating affects that arthritis has on the lives of Canadians, the Arthritis Society is Canada's principal health charity providing education, programs and support to the over 6 million Canadians living with arthritis. Since its founding in 1948, the Arthritis Society has been the largest non-government funder of arthritis research in Canada, investing more than \$200 million in projects that have led to breakthroughs in the diagnosis, treatment and care of people with arthritis. The Arthritis Society is accredited under Imagine Canada's Standards Program. The website [www.arthritis.ca](http://www.arthritis.ca) provides more detailed information.

### 2. Information Gathering

We developed a survey to hear directly from people living with psoriatic arthritis (PsA) about their experiences with PsA and any experiences taking upadacitinib. The survey was collaboratively developed by the Canadian Arthritis Patient Alliance (CAPA), the Arthritis Society, Canadian Spondylitis Association (CSA), Canadian Association of Psoriasis Patients (CAPP), and Canadian Psoriasis Network (CPN). The design was informed by the lived experiences of the organizations' members, many of whom live with various forms of arthritis. The survey was shared via e-mail, social media, and organization websites from all five organizations, through our respective Canadian networks and communities. The survey was

translated into French to reach a broader national audience, and was open from December 15, 2020 to January 11, 2021. CAPA and the Arthritis Society are making this collaborative submission, while the three remaining organizations who collaborated on the survey design will each be making their own submissions based on survey response data and their unique community perspectives.

An AbbVie contact provided us with names and email contact information of the Canadian rheumatologists who had patients enrolled in the upadacitinib clinical trial. We contacted these rheumatologists and asked them to pass along an outreach letter to patients involved with the clinical trial, inviting them to participate in our survey. This letter described CADTH, explained the Common Drug Review process, and communicated why their input would be of value. The letter also provided a link to the survey as well as contact information for each participating organization, in case they had questions or wanted to get in touch via email or phone.

Fifty-five total online survey responses were received, of which 6 (4 English, 2 French) individuals had experience taking upadacitinib. Survey participants were located across Canada, ranging from British Columbia to Newfoundland and Labrador. One participant was located outside of Canada. The survey collected demographic data, however not all respondents completed this section. Those who provided demographic data (n=27) represented a range of ages from 26 to 80 years old. Most respondents were between the ages of 35 and 80. The vast majority of respondents indicated that their PsA was moderate to severe in terms of its severity.

### 3. Disease Experience

Psoriatic arthritis (PsA) is a chronic, inflammatory, systemic disease of the skin and joints. Symptoms include musculoskeletal pain, stiffness, fatigue and limited range of motion in the joints as well as psoriasis plaques that are itchy, sensitive, red, flaky and cause pain. PsA is also a systemic disease meaning that other parts of the body in addition to joints can be affected, including the eyes and heart. PsA can vary in severity from mild to very severe. A person may experience active periods of disease (commonly known as flares or flare-ups) and times where there is decreased activity or even inactivity (remission). While people who have PsA generally live with a number of the same symptoms, how they experience those symptoms and the severity of PsA can be very different from person to person – PsA is unique to each person who lives with it. There is currently no cure for PsA.

The disease impacts all aspects of a person's life including a variety of activities that people without PsA take for granted such as walking, sleeping, holding a phone, standing, and taking care of every day tasks, such as shopping, running errands, and cooking. Given the limitations in activities of daily living, PsA impacts all aspects of a person's life including workplace participation and productivity, carrying out parenting and other social roles, and relationships with spouses, friends and family members.

When asked about the most significant impacts of PsA on their daily quality of life, respondents expressed that PsA interfered with social connections (78%), self-esteem (69%), family life (66%), mental health (66%), work (60%), friendships (50%), intimacy (44%), and parenting (15%). Other impacts included embarrassment and self-consciousness from symptoms caused by PsA.

*“embarrassing dry skin on head, ears, feet and elbows”*

*“...I certainly have zero desire to find a romantic partner because I don't want anyone seeing me naked because of the psoriasis....”*

People living with the disease are also at risk of co-morbidities, such as depression and mental health issues, diabetes, and cardiovascular disease. Periods of very active disease are called a 'flare' and for some people, flares can be incapacitating. Flares are not predictable in terms of how severe they will be or how long they will last. They may last for a few hours, days, weeks or even months. Because of their unpredictability, flares must be dealt with reactively by people. The unpredictable nature of PsA also often makes it feel like a person is not in control of their disease and can impact their ability to carry out day to day activities and life roles, such as contributing in the workplace.

*"The Fatigue is the worst!!! I don't sleep well! I have been in a Flare since September 2020 [4 months], The Psoriatic Arthritis is starting to affect my pelvis, lower spine, tailbone, my pelvic pain is Unreal!! I am cranky and worn out every day, I'm 51, not 80, but it impacts my daily life!..."*

People living with PsA who completed the survey noted the following symptoms and effects:

*"Joint pain, stiffness, swelling of joints, trouble with mobility"*

*"Chronic fatigue - daily. Worse in the winter than summer months. Energy levels decline dramatically starting 4pm. I am unable to do much socializing after 6pm due to lack of energy. Dinners out are a rare occurrence. Enthesitis - in my wrists, elbows, achilles. My hands are now weak (I'm 50) that carrying grocery bags is uncomfortable. I take a rolling cart whenever I have to carry more than 5lbs. Flares - occur when there is hot weather or I have over-exerted myself exercising. This causes the enthesitis to become painful and I experience extreme body aches and fatigue. Like the flu. This lasts 1-3 days. Gluten and dairy flares me - so I avoid them in my diet. I normally have to pack food when travelling as it's difficult to find gf [gluten-free] options."*

*"Stiffness, pain, fatigue limit my mobility and prevent me from participating in many activities."*

*"I don't have the energy or ability to work a full time job. I can't get income assistance.... I've been waiting for word for some time but so far nothing. Some days I feel hopeless. I am definitely in pain all the time it just varies in intensity. I can't really go out and do things for more than a couple of hours without becoming exhausted. On the rare, pre-Covid times when I'd take a day trip somewhere, it would wipe me out for the next couple of days. There is zero financial support for someone in my situation and if I end up homeless and on the streets at some point, I won't be surprised at all."*

PsA impacts lives in many ways: daily tasks that many well individuals take for granted may become too difficult or exhausting to complete; participating in leisure activities or hobbies can be challenging; while caring for or spending time with family members, including children, spouses/partners and other loved ones, also becomes difficult. Survey respondents described the following symptoms and their impacts on daily activities:

*"Pain in the joints of the fingers and toes. I would like to go for walks but the pain is too bad. I try to knit and it's difficult."*

*"Permanent joint damage; having reduced mobility in some of my joints negatively impacts some activities such as exercise (unable to participate in some forms of exercise), and sometimes more basic activities such as writing, opening doors etc. This joint damage has also impacted my muscle mass (i.e. I have less muscle mass associated with the damaged joint) which further limits my abilities at times. When my psoriasis was really bad, I was extremely self-conscious about it and this impacted my mental health."*

*“Pain all over body. Especially in seat bone area. Pain not just in joints. Goes into tendons and muscles. Unable to do most things I used to enjoy. Canoeing, kayaking, skating, hockey, snowshoeing, snow and water skiing all not able to do anymore. Cannot even work as I never know when I will be so affected by this that it is a struggle to even force myself out of bed. Pain is a constant companion.”*

People indicated difficulties in contributing and participating at school or work due to the fatigue, pain, and other symptoms of the psoriatic arthritis:

*“...Even with the biologics I am on, I still experience pain most days & find I am tired a lot. I make it through my work day & pretty much am exhausted by the time I return home. Living with the pain & fatigue is a constant part of my life now as is the constant fear of a medication failure. Not being able to participate in a lot of [activities] with family & friends is also frustrating. I find myself sad a lot these days too.”*

*“Use of my hands is very painful. I have trouble peeling potatoes, carrots, etc. and continually drop items. My feet are painful, but have been helped with an immune suppressant. Unfortunately, I feel nauseated and other side effects.”*

*“I’m 35 years old... At its worst, I can’t physically get out of bed without help, can’t dress myself...I’ve been trying to maintain a 4 day work week with a lightened work load. I’ve been one of the lucky ones as I’ve had a lot of support at work and they have been trying to make my job manageable, but sometimes it’s very hard even then. I used to be one of the top performers in my company, and now I feel like I’m bottom of the barrel. I worry that my [employer’s] and coworkers’ patience has a limit, and eventually I’ll be seen as detrimental vs an asset. I find myself profusely apologizing for something that is out of my control. My inflammation moves around my body from my toes, feet, knees, lower back, hips, back ribs, Costochondritis, shoulders, elbows, wrists, hands, fingers and ligaments in my arms, shins and Achilles’ tendon. ....I’ve had days I have had to be driven [to work] as I was afraid to operate a vehicle. Besides this affecting my work life, it’s affected my social life. Sometimes even just sending a bunch of texts feels too taxing and I just lack energy.....”*

*“My Poly PsA. The impact from the Joint Pain, Chronic Fatigue daily causes me to limit my activity level during the day. Depending on [the severity of inflammation day to day, adapting] my activity levels from house work to physical fitness. Especially during work days naps are important to get through 8 hours of sitting desk work & hands/fingers typing.”*

PsA’s impacts also extend to others within a person’s support circle, including caregivers such as spouses/partners and children. Often, these people take on additional chores or tasks such as cooking, cleaning, shopping, etc. to support the person living with PsA, and family roles change as spouses / partners take on more tasks, such as supporting their spouses / partners in getting to and from medical appointments.

*“I’m sick of the Pain and Fatigue!! I feel like a Burden to my Husband!”*

*“I had struggled with severe pain for 30 plus years, was very hard to do everyday tasks ,my son thank god for him was always there to help me as opening a simple bottle of water was at times very hard to even open”*

#### **4. Experiences With Currently Available Treatments**

Clinical practice guidelines emphasize early aggressive treatment of PsA, which provides the best long-term outcomes for people living with the disease. A number of treatment approaches are used to manage PsA including non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids and conventional synthetic Disease Modifying Anti-Rheumatic drugs (csDMARDs) such as Methotrexate, as well as biologic Disease-Modifying Anti-Rheumatic Drugs (bDMARDs), such as Etanercept and Infliximab. Effective treatments mean that people with PsA do not need to live with the permanent damage, high medical costs (e.g. surgery, mobility aids, accessible housing) and disability. Early intervention is critical to allow people with Psoriatic Arthritis the opportunity to fully participate in all aspects of life.

Notwithstanding the fact that numerous medication options exist, patients' responses to medication can vary significantly. Some medications are effective for some people with arthritis while not effective for others. Some treatments will only manage the disease for a short period of time before the patient's immune system adapts to a drug's presence (i.e. becomes non-responsive to it) and they will have to switch to another medication. In some cases, patients with PsA may not adequately respond to any of the DMARD's (conventional and biological) currently available. As a result, patients need a number of medication options in order to effectively manage their disease throughout their lives. There are also no specific tests that identify which medication will be effective for a person living with PsA. This means that a person with the disease will need to go on one or more medications on a trial and error basis in order to find a medication that is effective. Often, the treating physician determines which medication is most appropriate based on a number of factors such as patient preferences, mode of administration, anticipated side effects, etc. It is also an anxious and stressful experience if medications are not effective and cost thousands of dollars out of pocket. Oftentimes, people with PsA need to make difficult financial choices in order to pay for their medications.

It is also important to note that conventional synthetic DMARDs (csDMARDs) are difficult to take for people living with PsA. Nausea, vomiting and a general malaise can persist for days after treatment with csDMARDs. Due to these experiences, many patients may not wish to take the medicine in question because the medication(s) is too difficult to take. This impacts adherence to treatment, increases health care costs (e.g. more visits to the doctor) and makes it difficult for people living with PsA to work, carry out social roles and participate in other activities of daily living. Toxicity issues (e.g. liver) can also be of concern for people taking csDMARD's, such as Methotrexate, Immuran, and Leflunomide.

To highlight some of these issues, people living with PsA shared their experiences with currently available treatments:

*"My life has been impacted by PsA. I have to spend more time stretching and using anti-inflammatory creams to try and help. It's affected my ability to do housework, cook as it requires standing in one spot which hurts my back, yard work, shopping, standing in lines at stores which are longer now due to COVID. Side effects are a huge problem. They are worse than the disease I feel. MTX [methotrexate] and Sulfasalazine made me sick and I felt worse with them. Having the disease is enough to deal with on its own, let alone the side effects."*

*"Well my brain fog worsening with methotrexate use has greatly affected my work life. I can't do my job effectively if I feel intoxicated, I've had to call in sick on the bad days or I'm afraid I'll make a big mistake and that can cost my company but more importantly, someone's well being as my job does involve some high risk activities. It's also affected my social life as I've previously mentioned. The nausea doesn't allow me to get a good night's sleep as it keeps me up. When I took the methotrexate injection, I had to have someone else administer it as I couldn't bring myself to doing it on myself."*

*"I inject Methotrexate weekly....it has a horrible side effect of making me nauseous, I lose a*

*day of productivity every week because of this. I also find the methotrexate no longer helps the psoriasis. I have been using methotrexate for nearly 25 years.”*

*“I found most drugs I have tried did nothing to help me and would usually make me very nauseous”*

*“I found celecoxib very effective, however I had to stop using it regularly because I had been using it too long at full dose and there was concern I would start to have complications from it. The combination of methotrexate and sulphasalazine has been moderately, or maybe slightly more than moderately effective, however, the methotrexate has been giving me nausea and worsening my brain fog. Additionally, I’ve been hesitant to try Biologics because I’m afraid of needles. I have done weekly methotrexate injections for over 6 months and it gave me anxiety every week to have to put myself through it every time, on top of my monthly bloodwork.”*

*“oral meds stomach upset, cause stomach pain, gastrointestinal issues, headache. Not much pain relief”*

*“The side effects have been the worst. It’s coming to the point I’d rather deal with living with pain than the side effects. I was not able to function with methotrexate, Extreme fatigue, extreme irritability, brain fog, it was horrible. I was very grouchy and not enjoying life. Sulfasalazine - I had fever, chills, a horrible hot tingling rash, fatigue, [I ended] up going to hospital and found out my liver enzymes went up through the roof and I had to come off all medications including my anti-inflammatory. So I spent 2 weeks with no medications and my pain increased more and more each day till I was able to resume my anti-inflammatory. I spent 3 weeks on MTX [methotrexate] and had to stop it. And Sulfasalazine I spent 5 weeks on it and at 4.5 weeks I had the reaction start. My PsA remains uncontrolled. The Meloxicam does not help with my stiffness and muscle tightness. I still get flares. The DMARDs don’t work fast enough to provide relief. It’s a constant battle to deal with, like you’re on a hamster wheel going nowhere and it’s tiring and frustrating.”*

Patients may also pursue medical cannabis and/or non-pharmacological approaches to manage PsA symptoms, such as physiotherapy, occupational therapy, massage therapy, counselling, or acupuncture. These approaches can often help to address the symptoms of the disease, such as pain and fatigue. However, there are significant unmet patient needs in terms of accessing non-pharmacological treatments, often because they are not reimbursed through provincial health care systems, the treatment options are simply not offered, or there are lengthy waits.

*“I have been thinking about cannabis for awhile but my doctor said to hold off”*

*“Methotrexate made me extremely ill and I had to stop. I had an allergic reaction to sulfasalazine. I’m on leflunomide now. It’s working OK, I think. It killed my appetite and I lost 30lbs so that’s cool. CBD and cannabis (THC) have been the only thing to give me pain relief but neither are covered under the NB Drug Plan and I don’t always have the money for it. I can’t take NSAIDs. They trigger my asthma. It would be nice if my medical prescription for cannabis would be recognized by my drug plan.”*

*“...lifestyle changes through diet, sleep and exercise. I have found the most effective changes were cutting Gluten and dairy from my diet. My swollen joints disappeared and my psoriasis also has receded 80% in the past 3 yrs. I get 7-8hrs sleep and daily exercise. This I had to discover through my own research and has been the greatest help in alleviating my symptoms.”*

Patients identified a number of issues in accessing treatment options. Expense, travel, and time required for treatment were all cited as being prohibitive. Some patients also identified a difficulty in access to treatment relating to lack of access to specialists and general practitioner, and/or the COVID-19 pandemic restrictions.

*“My Rheumatologist doesn't want to follow up sooner than her every 3 month schedule which makes it frustrating to figure out the next steps to treatment when you had to abruptly stop a treatment. Which leaves you in limbo for several weeks. Travel to and from appts takes up time. My biggest problem is how my Rheumatologist handles her appointments and scheduling them. Doesn't seem to realize the condition needs attention.”*

*“I live 2.5 hours away from the Toronto Western Hospital Psoriatic Arthritis clinic. I also go to Mount Sinai in Toronto to see my specialist. I live in [name of small town], Ontario Canada, and I have No Family Doctor! I rely on my specialist for any care I get. Right now I'm waiting for an appointment to see a Neurosurgeon, who's office has been so slow as to not answer the referrals they have been sent about me, I have Complex Health issues and not much care... I haven't been able to come in to Toronto to see my Specialists. Telephone appointments stink, and I don't like appointments on my tablet either!”*

*“I am on the NB Drug Plan. It doesn't cover cannabis. I don't have employment. I am 43 and I live with my mother who is 78. She drives me to appointments. I can't afford my own transportation. My GP knows my financial status and we try to work around it. I have an education but life decided to throw a curve ball and I honestly don't know what people in my situation are supposed to do.”*

*“I would love to be on something like Enbrel but it is unattainable for a middleclass person. I make too much to get it for free and I don't make enough to pay for it outright. So unfair.”*

*“Cost of medication is significantly high [even] with insurance coverage. [Without] private insurance it [would be] impossible to afford Biologic medication....”*

## 5. Improved Outcomes

PsA patients have identified several outcomes that are important to them and that should be considered when evaluating new therapies, including:

- route of drug administration (pills vs infusion vs self-injections)
- a reduction in pain and fatigue
- effective for psoriasis symptoms as well as psoriatic arthritis symptoms.
- increased mobility
- ability to work and be productive at work
- ability to carry out activities of daily living
- ability to effectively carry out parenting tasks and other important social roles
- reduced infection rates
- affordability of the medication
- increased quality of life.

Current medications for the treatment of PsA also have a number of negative side effects, such as fatigue which often persists beyond 24 hours (Methotrexate), nausea (Methotrexate, Arava, Immuran), increased infection risk (most DMARDs), liver toxicity and weight gain (Prednisone).

People living with PsA shared the following experiences:

*"I would hope [a new treatment] would not have side effects and I wish it would work on my psoriasis as well as my arthritis. I would hope to gain more confidence in my appearance (psoriasis plaques lessened) so that I would desire to be more social. Being more social would get me out of the house and more active which would help with the everyday aches and pains of arthritis. It's all linked....you cannot separate the arthritis and the psoriasis. They work together against the body and mind unfortunately."*

*"I would like to have reduced joint stiffness, reduced flares and improved joint pain and fatigue."*

*"I would hope for having more good days, being able to go back to working full time and being a productive member of my work team, being able to use an oral drug, not having nausea, being able to be a bit more physically active than I am now. I suppose it would depend what those side effects can be as all the medications available for PsA have their side effects. Overall I tend to prefer having a better quality of life than quantity of life."*

*"I would like for faster symptom relief, instead of 3 months. I don't want serious side effects, I'm not willing to risk my life for a medication. I would rather be disabled from PsA than be in hospital fighting for my life. Medication is to help not cause more harm. If it's causing more harm than the disease then that's just money making for a drug company than actually trying to help patients. And so far my experience is these medications scare me because of their side effects as I was already in hospital from one. Improvement would be less flares to no flares, no stiffness, or less time spent being stiff, less pain, less swelling, less tendon problems, less tight muscles, and more quality to life."*

*"I would like a treatment to [address] the symptoms without creating greater side-effects."*

## 6. Experience With Drug Under Review

From those surveyed, 6 people identified having experience with taking upadacitinib. The respondents shared positive and negative effects of taking upadacitinib:

*"[The] only negative [side effect] as mention[ed] before is a feeling of being cold all the time. I have had 80-90% relief of pain."*

*"It has helped a lot with my pain and joint swelling, I really haven't noticed any side effects. It's definitely better than the injections I take, I hope that taking this now will prevent worsening problems on my joints as I age. It makes day to day easier and less painful"*

*"all positive no negative 100% better than any other meds so far...I think not having as much pain is great for long term and quality of life"*

*"...It allowed me to have a better quality of life. My psoriasis has stopped completely and I have beautiful nails. The pain is really minimal and my arthritis is under control. The side effects are very low."*

*"The drug upadacitinib is really effective because I no longer have psoriasis on hands and pain due to arthritis has diminished dramatically."*

*“Shortness of breath since taking methotrexate and upadacitinib”*

*“I take Rinvoq and am satisfied with the product. I don't think I would take drugs with serious side effects. I wasted several years of my life suffer[ing] and not be[ing] treated because I wanted children.”*

Patients also shared how PsA symptoms were managed while taking upadacitinib:

*“The pain has subsided at least 80-90%. Less time off work has occurred. When taking Methotrexate, I became violently ill.”*

*“Getting up every morning with pain is a challenge! In contrast, with upadacitinib, pain lasts less when you wake up. The look of others, when I had psoriasis on hands was a challenge, now I have beautiful nails and beautiful hands. Maintain[ing] clean[lines] is much easier. Besides, shortness of breath is the only side effect I have observed.”*

*“Joint pain and swelling significantly reduced. Psoriasis is also reduced in most areas”*

*“no side effect and disappearance of skin pain and lesions”*

There were also direct impacts on the lives of patients and their families and respondents shared the following experiences:

*“I am able to move more freely and exercise more often.”*

*“I don't need assistance with these things”*

*“Greater self-esteem and easier to get around”*

*“I have more energy to do activities with my partner. I had support from my partner, he does the shopping. The support of the research center team was very important to me, [to address] my anxieties and my fears about the disease.”*

*“My arthritis was not very active except for skin lesions on the feet but after 10 days of taking Rinvoq everything has disappeared and no limitations to lead an active life”*

## **6. Companion Diagnostic Test**

Not applicable

## **7. Anything Else?**

We felt it was important to share the hope expressed by a patient living with PsA to demonstrate what new treatment options mean to the community:

*“I just hope it helps people and works well, with little side effects!!”*

## Appendix: Patient Group Conflict of Interest Declaration

### Declaration from CAPA

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.

An AbbVie contact provided us with names and email contact information of the rheumatologists in Canada who had patients enrolled in the upadacitinib clinical trial. We contacted these rheumatologists and asked them to pass along an outreach letter to patients involved with the clinical trial, inviting them to participate in our survey. This letter described CADTH, explained the Common Drug Review process, and communicated why their input would be of value. The letter also provided a link to the survey as well as contact information for each participating organization, in case they had questions or wanted to get in touch via email or phone.

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.

We collaborated with three additional organizations to conduct outreach to patient groups in generating survey responses. We collaborated with the Canadian Spondylitis Association, Canadian Association of Psoriasis Patients, and the Canadian Psoriasis Network.

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.

#### Canadian Arthritis Patient Alliance

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Abbvie Corporation			X	
UCB Canada		X		
Johnson & Johnson	X			
CADTH	X			
SmithSolve LLC	X			
The University of British Columbia	X			
Alcimed	X			
Arthritis Society	X			

University of Alberta	X			
Children's Hospital of Eastern Ontario	X			
Hospital for Sick Kids	X			
Dalhousie University	X			

4. 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: Laurie Proulx  
Position: 2<sup>nd</sup> Vice-President  
Patient Group: Canadian Arthritis Patient Alliance  
Date: January 20, 2021

### Declaration from the Arthritis Society

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.

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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
Abbvie				X
Alcon			X	
Amgen				X

Boehringer Ingelheim			X	
BMS			X	
Celgene			X	
Eli Lilly				X
Eupraxia Pharmaceuticals	X			
Gilead			X	
Innovative Medicines Canada			X	
J+J Shared Services				X
Janssen				X
Merck				X
Novartis				X
Pfizer				X
Sanofi		X		
UCB				X

5. 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: Helen Anderson  
Position: Director, Information and Support  
Patient Group: The Arthritis Society  
Date: January 20, 2021