CADTH Reimbursement Review
Patient Input Template

Instructions

1. Review CADTH's Patient Input and Feedback instructions webpage.
2. Delete first page of this template and all red font instructions once document is complete.
3. Save the completed template as a Word document.
4. When completing the template ensure text is compliant with below accessibility legislation:
   - The Accessibility for Ontarians with Disabilities Act (AODA), states all public documents must now be compliant with Ontario's accessibility guidelines to ensure that screen readers and people with reading disabilities can access and read documents. Microsoft Word provides an Accessibility Checker for identifying and repairing accessibility issues, which is located under the **Review** tab and **Check Accessibility** sub-tab.
   - Tips to ensure accessibility when completing your submission include the following:
     - **For tables**: add a table title, designate row and/or column headers, do not add tables within other tables, and cells should not be blank. See below pre-formatted AODA-compliant table as an example.

Table #: Table Title Example

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abb = abbreviation

     - **For figures, graphs, or images:** include 1 to 2 lines of alternative text (**Alt text**: *short description of image*) to describe the contents of the figure/image for screen reader function.
     - **For links:** use descriptive hyperlinks (ex., Canadian Agency for Drugs and Technologies in Health (CADTH) Website)
     - **Colour** should not be used as the sole method for conveying content or distinguishing visual elements.

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: Zoryve (roflumilast)
Indication: For topical treatment of plaque psoriasis of the scalp and body in patients 12 years of age and older.
Name of Patient Group: Canadian Skin Patient Alliance (CSPA), Psoriasis Canada (PsoCan)
Author of Submission: Dana Gies (CSPA), Antonella Scali, Helen Crawford (PsoCan)

1. About Your Patient Group

Describe the purpose of your organization. Include a link to your website.

Psoraisis Canada: We are Canada’s trusted experts on psoriatic disease, offering community, resources, and hope for a better future for those affected and those who care for them. Our vision is that people affected by psoriatic disease in Canada live fully while we strive together towards a cure. www.psoriasiscanada.ca

CSPA: The Canadian Skin Patient Alliance (CSPA) is a national non-profit organization with a mission to improve the health and wellbeing of people across Canada affected by skin, hair, and nail conditions, through collaboration, advocacy, and education. For more information, please visit www.canadianskin.ca.

2. Information Gathering

CADTH is interested in hearing from a wide range of patients and caregivers in this patient input submission. Describe how you gathered the perspectives: for example, by interviews, focus groups, or survey; personal experience; or a combination of these. Where possible, include **when** the data were gathered; if data were gathered **in Canada** or elsewhere; demographics of the respondents; and **how many** patients, caregivers, and individuals with experience with the drug in review contributed insights. We will use this background to better understand the context of the perspectives shared.

2.1 Data gathering

Information for this submission was obtained from a patient survey developed by CSPA, the Canadian Psoriasis Network (CPN), and the Canadian Association of Psoriasis Patients (CAPP) – CPN and CAPP have since joined to form Psoriasis Canada – which was in field fromo January 24 to February 12, 2023. The results of this survey were used to inform a submission to Canada’s Drug Agency (previously CADTH) for roflumilast for plaque psoriasis, including treatment of psoriasis in the intertriginous areas, in patients 12 years of age and older. A total of eighty-six (n=86) survey responses were received, 81 in English and 5 in French.

In addition, CSPA and PsoCan developed a new survey in November 2025 (in field November 10-24, 2025) to encourage Canadian clinical trial sites to reach people with psoriasis, particularly those with moderate to severe scalp psoriasis who have used the foam format of the treatment through a clinical trial. This survey was shared with Canadian clinical trial site principal investigators to invite them to share a link to the survey with their clinical trial participants and/or to invite these participants to have a brief phone interview with CSPA or PsoCan. The survey was also promoted through CSPA and PsoCan's social media channels to reach people with psoriasis who have used roflumilast and their informal caregivers more broadly.

We received a total of 30 responses to the November 2025 survey, including from 16 individuals who experience scalp psoriasis, and eight individuals who have used roflumilast in foam formulation.

2.2 Regional data

The majority of the 2023 survey respondents were from Ontario (33%, n=28), British Columbia (22%, n=19), and Québec (15%, n=13). A smaller proportion of respondents also came from Nova Scotia (9%, n=8), Alberta (5%, n=4), Manitoba (4%, n=3), New Brunswick (4%, n=3), The Northwest Territories (4%, n=3), Saskatchewan (2%, n=2), Newfoundland and Labrador (2%, n=2), and Prince Edward Island (1%, n=1). There were no survey respondents from The Yukon or Nunavut territories.

The November 2025 survey included responses from Alberta, British Columbia, Saskatchewan, Ontario, Quebec, New Brunswick, and Newfoundland and Labrador, with the most responses from Ontario (n=8) and Saskatchewan (n=3).

2.3 Survey Demographics

Eighty-one of the 2023 survey participants (94%, n=81) identified as living with psoriasis, while five participants (6%, n=5) identified as being a caregiver or family member of a person with psoriasis.

Patients were well-distributed across most adult age categories, including >65 years old (26%, n=15), 55-64 years old (21%, n=12), 25-34 years old (19%, n=11), 35-44 years old (16%, n=9), and 45-54 years old (16%, n=9). A smaller proportion of respondents were under 18 (3%, n=2). There were no individuals in the 18-24 age group. Of those who shared their gender (n=57), 79.1% were female (n=45).

The most common comorbidities were psoriatic arthritis (22%, n=10) and mental health conditions (20%, n=9) such as depression or anxiety. Of all respondents, 37% (n=23) had a private drug plan, 32% (n=20) used a government drug plan, and 27% (n=17) paid out of pocket; 3% (n=2) were unsure.

All November 2025 survey participants identified as living with psoriasis (none as caregivers). Of those who answered this question, twelve (n=12) participants indicated that they live with psoriasis and psoriatic arthritis, five (n=5) with cardiovascular disease, three (n=3) with anxiety, two (n=2) with depression, and two (n=2) with colitis. Of those who answered, one person (n=1) was between 35-44, one person (n=1) was between 45-54, four (n=4) were between 55-64, and 11 were 65+. Thirteen (n=13) participants identified as female and five (n=5) as male. Six (n=6) people rated the severity of their disease as mild, nine (n=9) as moderate, and two (n=2) as severe.

Participant responses varied in terms of household income: 0-$29,900 (n=2), $30,000-49,999 (n=2), $50,000-69,999 (n=2), $70,000-99,999 (n=1), $100,000-149,000 (n=2), $150,000+ (n=2), prefer not to answer (n=6). Eight people (n=8) said they are covered through a public drug plan, seven (n=7) reported having private insurance for their drug coverage, seven (n=7) said they are covered by a spouse's private insurance plan, three (n=3) reported paying out of pocket for drug costs, and one (n=1) said they receive financial support through a manufacturer's patient support program or compassionate access.

The sections on disease experience and experiences with existing treatment include perspectives from both the 2023 survey and from the November 2025 survey. The section that describes experiences with the drug under review includes perspectives from the November 2025 survey.

All of the sections also include overall perspectives from our work with the patient community.

3. Disease Experience

CADTH involves clinical experts in every review to explain disease progression and treatment goals. Here we are interested in understanding the illness from a patient's perspective. Describe how the disease impacts patients' and caregivers' day-to-day life and quality of life. Are there any aspects of the illness that are more important to control than others?

Plaque psoriasis can profoundly disrupt patients' lives. For some, the burden of living with psoriasis that is not well managed can be devastating, affecting physical, mental, and social health, and impacting one's ability to engage in personal, social, and work life and participating in everyday activities. The disease can be unpredictable. Flares can occur even after a period of effective treatment, creating ongoing uncertainty, distress, and disruption to everyday life.

Plaque psoriasis on high-impact sites like nails, palms and soles, face, genitals, and scalp can be particularly burdensome, with potentially increased stigma, social isolation, and difficulties with daily activities. Scalp psoriasis can affect any area of the scalp and can include the forehead, neck, and ears. It can significantly impact a person's life due to intense itching, flaking, and bleeding, and many people express feelings of embarrassment. It is estimated to effect 45-56% of people with psoriasis and can be associated with come with particular treatment burdens, such as phototherapy not being able to penetrate through hair to the scalp as effectively as other body parts (reference: 2021 PsoCan (previously CPN) webinar on difficult to treat areas https://www.youtube.com/watch?v=4fodI4d12mM&t=1652s). For many, this chronic burden underscores the need for treatment options that are both effective and manageable in daily life.

The 2023 survey provides insights into people's experiences.

The majority of the 2023 survey respondents reported a diagnosis of psoriasis for more than 20 years (44%, n=27) or 15-20 years (18%, n=11), with 52% (n=30) reporting moderate disease, 26% (n=15) reporting mild, and 22% (n=13) reporting severe psoriasis. The most impacted body areas were the scalp (68%, n=39), legs

(65%, n=37), arms (60%, n=34), genitals (40%, n=23), hands (35%, n=20), torso (30%, n=17), skin folds (26%, n=15), and palms (25%, n=14).

Symptoms of itching/burning were reported in 22% (n=13), flaking in 17% (n=10), flares in 15% (n=9), and skin pigmentation changes (8.6%, n=6) of participants. The severity of psoriasis symptoms had significant impacts on several aspects of patients' lives, including mental health (24%, n=14), daily activities (17%, n=10), intimate relationships (13%, n=8), and social lives (12%, n=7).

When asked to provide any additional information about the challenges of living with psoriasis, participants shared that their disease is "expensive and stressful," and that it "takes a toll on mental capacity to deal with the physical pain and skin rashes [that] others do not understand." Participants report that "at my worst, I am unable to work, walk, care for myself," and "when my fingers flare up, I cannot manage personal hygiene." Among survey respondents, 31% (n=18) reported impacts on their caregiver or family members.

There is significant impact on relationships reported as well: "[my] spouse is constantly vacuuming and is becoming more frustrated over the years," which may be the result of their skin shedding in flakes, and "I'm always in pain, grumpy, my husband can't be intimate with me."

A mother of a teenager with psoriasis notes, "in my daughter's case her psoriasis was mainly on her face. This was especially difficult for her because it's an area that cannot be covered up. As a young teen, this was extremely hard on her self-confidence." In particular, caregivers noted that they had difficulty encouraging the patient to use their treatments for their psoriasis.

The November 2025 survey responses included similar perspectives on the burden of disease. In order of prominence, of the 18 responses to this question, the following symptoms were described: itching (89%, n=16), flaking (78%, n=14), dryness (67%, n=12), pain (44%, n=8), burning (28%, n=5), and skin pigmentation changes (22%, n=4). The majority of the 18 respondents to this question experienced psoriasis on their scalp (78%, n=14), legs (50%, n=9), and arms (44%, n=8) in addition to torso, skin folds, face, hands, and feet.

When asked to describe their experience with psoriasis, November 2025 survey respondents said:

- They [areas of skin] are constantly flaking and itchy. They are also very visibly red and inflamed. They get on my clothes, all over my floor, bed and couch.
- I have psoriasis in some sensitive areas of my body. These areas crack and sometimes bleed. They can be very sore when uncontrolled and certain clothing can be aggravating. It's also embarrassing.
- Discomfort and itching which disrupts sleep, social stigma when plaques are visible to others.
- [Psoriasis affects] my eye brows, eyelids and behind my ears. Dryness and itchy.
- Being judged.

- Never seems to clear up.

Participants identified challenges specifically with scalp psoriasis: itchy (n=13), painful/sensitive (n-6), visible flaking (n=12), difficulty applying treatment (n=6), avoiding hair salons/barbers (n=3), and sleep disruption (n=1).

4. Experiences With Currently Available Treatments

CADTH examines the clinical benefit and cost-effectiveness of new drugs compared with currently available treatments. We can use this information to evaluate how well the drug under review might address gaps if current therapies fall short for patients and caregivers.

Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. Also consider any difficulties accessing treatment (cost, travel to clinic, time off work) and receiving treatment (swallowing pills, infusion lines).

Table 1 details the experiences of participants of the 2023 English survey with psoriasis treatments they have tried.

Table 1: 2023 English Survey Patient Experience with Past Treatments for Psoriasis

Past Treatment	Did not work at all	Did not work well	No change	Worked well	Worked very well
Topical corticosteroids (eg. betamethasone, mometasone) n (%)	7/50 (14.0%)	24/50 (48.0%)	3/50 (6.0%)	15/50 (30.0%)	1/50 (2.0%)
Topical Vitamin D Derivatives (eg. Dovonex, Silkis) n (%)	7/33 (21.2%)	14/33 (42.4%)	8/33 (24.2%)	3/33 (9.1%)	1/33 (3.0%)
Topical Combination Treatment (eg. Dovobet, Enstilar) n (%)	4/39 (10.3%)	14/39 (35.9%)	6/39 (15.4%)	11/39 (28.2%)	4/39 (10.3%)
Topical Retinoids (eg. Tazorac) n (%)	3/15 (20.0%)	6/15 (40.0%)	4/15 (26.7%)	0/15 (0.0%)	2/15 (13.3%)
Apremilast n (%)	1/10 (10.0%)	4/10 (40.0%)	3/10 (30.0%)	0/10 (0.0%)	2/10 (20.0%)
Cyclosporine n (%)	2/9 (22.2%)	1/9 (11.1%)	5/9 (55.6%)	0/9 (0.0%)	1/9 (11.1%)
Methotrexate n (%)	4/24 (16.7%)	7/24 (29.2%)	4/24 (16.7%)	7/24 (29.2%)	2/24 (8.3%)
Oral Retinoids n (%)	1/10 (10.0%)	2/10 (20.0%)	5/10 (50.0%)	1/10 (10.0%)	1/10 (10.0%)
Oral Steroids n (%)	1/13 (7.7%)	3/13 (23.1%)	5/13 (38.5%)	3/13 (23.1%)	1/13 (7.7%)
Biologics (eg. adalimumab, certolizumab pegol, infliximab) n (%)	0/23 (0.0%)	4/23 (17.4%)	3/23 (13.0%)	9/23 (39.1%)	7/23 (30.4%)
Phototherapy n (%)	2/23 (8.7%)	5/23 (21.7%)	5/23 (21.7%)	6/23 (26.1%)	5/23 (21.7%)

Medical Cannabis n (%)	3/13 (23.1%)	1/13 (7.7%)	4/13 (30.8%)	3/13 (23.1%)	2/13 (15.4%)

Moreover, fifty-three percent (n=33) of respondents report experiencing side effects with currently available treatments for psoriasis. For instance, one participant shared, “Methotrexate was awful, significant hair loss, upset stomach but not expensive. Can’t believe it is still being used.” An overwhelming proportion of patients have stopped a treatment for psoriasis at some point during their disease (76%, n=47), with most common reasons being that it stopped being effective for their psoriasis (61%, n=37), side effects (47%, n=28), financial challenges (22%, n=13), and ineffectiveness (14%, n=7).

Affordability of medications for psoriasis has been a long-standing challenge: “As a newcomer it is challenging to access biomedicals due to the high prices of the shots.” Given such challenges with currently available treatments for psoriasis, only 35% of the 2023 (English) survey respondents reported being satisfied with their current treatment and 69% would be interested in new treatments for psoriasis. A significant barrier to accessing treatments for psoriasis is related to financial challenges (26%, n=16).

The November 2025 survey participants report having used an array of treatments to manage their psoriasis as well. They were asked to rate their effectiveness as captured in Table 2.

Table 2: 2025 English Survey Patient Experience with Past Treatments for Psoriasis

	VERY EFFECTIVE	EFFECTIVE	INEFFECTIVE	UNSURE
Topical corticosteroid (e.g., betamethasone, mometasone, etc.)	7.14% 1	21.43% 3	57.14% 8	14.29% 2
Topical vitamin D derivatives (e.g., Dovonex, Silkis, etc.)	12.50% 1	0.00% 0	37.50% 3	50.00% 4
Topical combination treatment (e.g., Dovobet, Enstilar, etc.)	11.11% 1	33.33% 3	44.44% 4	11.11% 1
Topical retinoids (e.g., Tazorac)	0.00% 0	0.00% 0	33.33% 2	66.67% 4
Apremilast	16.67% 1	0.00% 0	0.00% 0	83.33% 5
Cyclosporine	0.00% 0	0.00% 0	16.67% 1	83.33% 5

Methotrexate	0.00% 0	16.67% 1	33.33% 2	50.00% 3
Deucravacitinib	0.00% 0	0.00% 0	0.00% 0	100.00% 6
Oral steroids	0.00% 0	16.67% 1	0.00% 0	83.33% 5
Biologics (e.g., adalimumab, certolizumab pegol, infliximab, etc.)	33.33% 3	11.11% 1	0.00% 0	55.56% 5
Phototherapy	14.29% 1	28.57% 2	14.29% 1	42.86% 3
Medical cannabis	28.57% 2	0.00% 0	14.29% 1	57.14% 4

Most November 2025 survey respondents have used topical treatments, particularly topical corticosteroids and combination vitamin D/corticosteroid treatments. These were the most familiar therapies, with participants reporting mixed levels of benefit: some found them helpful, but many felt they were only mildly effective or not effective at all.

Fewer participants had experience with systemic treatments such as apremilast, methotrexate, cyclosporine, deucravacitinib, or oral steroids. Among those who had tried these options, the majority selected “unsure” when asked about effectiveness. This potentially reflects either short or interrupted treatment courses that were not long enough for people to assess effectiveness, unclear benefit, or difficulty distinguishing whether improvements were due to the medication.

Participants who had used biologics reported more positive experiences compared with other treatments. Biologics had the highest proportion of “very effective” ratings, although many respondents had limited experience with them, possibly due to eligibility restrictions, or other access barriers like costs or the need for specialist prescribing.

Phototherapy was used by a moderate number of participants and was generally experienced as somewhat effective, however we know that benefits are often limited by accessibility, time burden, or difficulty maintaining treatment schedules. For instance, one person in the November 2025 survey described having to go to the hospital for phototherapy treatment three times a week for months at a time.

Overall, the results across both surveys suggest that a large proportion of participants have experienced inadequate relief from traditional topical and systemic therapies, leading to trial-and-error treatment patterns and ongoing burden.

When asked about their experience with treatment modalities, participants report mixed experiences with topical treatment modalities, with ointments, shampoos, and lotions offering only modest and inconsistent relief. For example, ointments and shampoos were rated largely “effective” by some users but also “ineffective” by others, reflecting variability in symptom severity, application difficulty, and treatment fit with individual needs. Foam formulations and phototherapy also performed moderately well, with some participants rating them “very effective”.

Modalities associated with biologic therapies, particularly auto-injector pens, received some of the strongest effectiveness ratings. Auto-injector pens had the highest proportion of “very effective” responses (30%) and the lowest proportion of “ineffective” ratings (0%).

Overall, effectiveness varies by modality, and people may struggle to find formats that are both practical and reliably effective.

When asked about experiences with various treatment modalities, we heard:

- While some products were effective, gels and ointments were too greasy and bothersome for the scalp
- The U V lights have worked to make the rashes disappear temporarily for 5 months which is a relief and the only shampoo I use is the coal tar brown shampoo
- Nothing is working for me
- Foam and cream which are not greasy are my preference
- Dermatologist has only prescribed cream

5. Improved Outcomes

CADTH is interested in patients’ views on what outcomes we should consider when evaluating new therapies. What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?

Effectiveness (90%, n=56), lack of side effects (66%, n=41), affordability (60%, n=37), ease of application (53%, n=33) and medications that were conducive to their schedule (23%, n=14) were the key aspects of new treatment for psoriasis identified by 2023 survey respondents. Some patients reported that they would not be willing to tolerate headaches, burning sensations in the skin, mental disturbances, or fatigue as side effects of medications for psoriasis.

Mental health, ability to conduct daily activities, and improved intimacy with loved ones are substantial factors that could be improved with new treatments. Targeting publicly visible body areas and persistently hard to treat areas could play a significant role in mental health. Improving symptoms, such as itching and burning, would be a major factor that could help psoriasis patients resume their normal daily activities.

In the November 2025 survey, when asked about what matters most in a topical psoriasis treatment beyond effectiveness and safety, participants highlighted several practical and quality-of-life attributes. Of the 18 responses to this question, most respondents emphasized the importance of treatments being odorless (72%, n=13) and non-greasy (72%, n=13), reflecting the daily burden and stigma associated with visible or unpleasant topical products. Half of participants also identified the need for treatments that are absorbent (50%, n=9) and safe for use on sensitive areas such as the face, genitals, and skin folds (50%, n=9). A smaller proportion noted the value of a smooth texture (39%, n=7).

Together, these findings show that for many people, existing psoriasis treatments may interfere with daily life because they are messy, greasy, slow to absorb, or unsuitable for sensitive skin. Moreover, the interest in topical treatments that are safe for use on sensitive areas such as the face, genitals, and skin folds highlights the value of topical treatments that are versatile and indicated for various parts of the body and the treatment under review would pose a preferable treatment modality for many.

Even when treatments are clinically effective, poor usability can lead to frustration, reduced capacity for adherence, and diminished quality of life. This underscores an unmet need for treatments that are not only effective and safe, but also practical, discreet, easy to apply, and compatible with everyday routines.

For people who rely on topical treatments every day, and who may need to for the rest of their lives, the way a product feels, smells, and fits into daily routines can matter as much as its clinical effect. For instance, certain formulations may be more appropriate for specific body areas (e.g., skin folds, face, scalp), skin types (e.g., skin with or without hair), or life circumstances (e.g., physical work versus desk work). A person’s needs, life circumstances, job, and other social factors may change over time, and having options that work best for an individual’s circumstances, including options that require fewer daily applications, enables people to manage their condition without constantly negotiating inconvenience, discomfort, or embarrassment.

6. Experience With Drug Under Review

CADTH will carefully review the relevant scientific literature and clinical studies. We would like to hear from patients about their individual experiences with the new drug. This can help reviewers better understand how the drug under review meets the needs and preferences of patients, caregivers, and families.

How did patients have access to the drug under review (for example, clinical trials, private insurance)? Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Consider side effects and if they were tolerated or how they were managed. Was the drug easier to use than previous therapies? If so, how? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways? If applicable, please provide the sequencing of therapies that patients would have used prior to and after in relation to the new drug under review. Please also include a summary statement of the key values that are important to patients and caregivers with respect to the drug under review.

Overall, eight November 2025 survey participants have used roflumilast foam, with four reporting psoriasis on the scalp.

These participants highlighted the ease of use and convenience of once-daily foam application that can be used on scalp and other body parts compared with creams or gels, noting that it spreads easily, dries quickly, and is non-greasy.

One respondent explained: “The once daily application is convenient and fits into my routine to ensure compliance compared to twice daily creams which I am less compliant with.” The majority reported that the foam worked effectively to clear psoriasis on the scalp and other areas:

- The product worked very well for me. It cleared my scalp and other areas of my body. I was then able to use the product periodically to manage my condition.
- Works great Easy Works fast
- It was easy to use and it seemed to have worked for the short period of time I tried it. I now use the cream version that got approved by FDA last year or so Zoryeve (sic), but it doesn’t seem to work as well as the foam that I used in the trial.
- The application of roflumilast foam is much easier than previous creams I have used as it spreads easily and does not require a lot of rubbing in to be absorbed.

Though the majority of respondents found the foam easy to apply compared to previous treatments, two participants noted challenges, particularly with longer or thicker hair, describing the foam as sticky, difficult to spread, or moderately difficult to wash out.

These varied experiences highlight the heterogeneity of patient needs, as well as the inherent challenges of hard-to-treat body parts. Overall, the input reinforces the importance of having multiple treatment options for managing this chronic, disruptive, and difficult to treat disease, in particular for high-impact areas like scalp psoriasis, and the value of non-steroidal options that can be used across body parts.

Moreover, among these participants, most had tried multiple topical and systemic therapies, but many found them ineffective or were unsure of their benefit further reinforcing the need for effective, convenient, and well-tolerated options for scalp psoriasis that can also be used on all other body parts.

7. Companion Diagnostic Test

If the drug in review has a companion diagnostic, please comment. Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs. They work by detecting specific biomarkers that predict more favourable responses to certain drugs. In practice, companion diagnostics can identify patients who are likely to benefit or experience harms from particular therapies, or monitor clinical responses to optimally guide treatment adjustments.

What are patient and caregiver experiences with the biomarker testing (companion diagnostic) associated with regarding the drug under review?

Consider:

- Access to testing: for example, proximity to testing facility, availability of appointment.

- Testing: for example, how was the test done? Did testing delay the treatment from beginning? Were there any adverse effects associated with testing?
- Cost of testing: Who paid for testing? If the cost was out of pocket, what was the impact of having to pay? Were there travel costs involved?
- How patients and caregivers feel about testing: for example, understanding why the test happened, coping with anxiety while waiting for the test result, uncertainty about making a decision given the test result.

Not Applicable.

8. Anything Else?

Is there anything else specifically related to this drug review that CADTH reviewers or the expert committee should know?

Psoriasis is a chronic and potentially debilitating disease that poses many challenges, including high prevalence, chronicity, disfiguration, disability, and associated comorbidities. Psoriasis is linked to anxiety, depression, and social isolation, and can interfere with relationships, productivity, family life, and work life. The physical, psychological, social, and economic impact of psoriasis can significantly burden patients and their families.

Plaque psoriasis on “special sites” like nails, palms and soles, face, genitals, and scalp can be particularly burdensome, with potentially increased stigma, social isolation, and difficulties with daily activities. Scalp psoriasis is estimated to effect 45-56% of people with psoriasis and can come with particular treatment burdens, such as phototherapy not being able to penetrate through hair to the scalp as effectively as other body parts (reference: 2021 PsoCan (previously CPN) webinar on difficult to treat areas https://www.youtube.com/watch?v=4fodI4d12mM&t=1652s).

Psoriasis is more than skin deep. Psoriatic disease is a chronic inflammatory condition that affects the skin and joints and may involve other organ systems. It is estimated that 30 percent of people with psoriasis develop psoriatic arthritis. People with psoriasis also are at increased risk of developing conditions such as cardiovascular disease, depression and anxiety, and diabetes.

There is currently no cure for psoriasis. The condition’s chronicity and variability mean that no single treatment works for all patients, and that treatment needs often evolve over time. This variability may result from individual differences in response to therapies as well as the natural course of the disease. Access to effective care and appropriate treatment is critical. Unfortunately, management of psoriasis can be complex with varied patient response to treatments, differences in social determinants of health, lifestyle considerations, and other factors that affect one’s condition. Moreover, due to the chronicity of this disease, patients are concerned about recurrence and resistance to earlier therapies.

Treatments for plaque psoriasis include topical therapies, systemic oral and injectable medications, and phototherapy. Topical treatments are used as standalone treatment or in combination with other therapies, depending on the individual’s disease severity and treatment needs.

Topical treatments come in many formulations such as creams, ointments, foams, gels, lotions, and sprays. Depending on the person's needs, the formulation can significantly influence both the effectiveness of the treatment and the ability to adhere to it. For instance, certain formulations may be more appropriate for specific body areas (e.g., skin folds, face, scalp), skin types (e.g., skin with or without hair), or life circumstances (e.g., physical work versus desk work).

Moreover options that require fewer applications, are safe and versatile for various body parts, and that meet other benefits like being non-greasy, absorbent, and odorless bring value to people who may be struggling with their current topical treatment regimen and/or who have not found satisfactory results from previous topical treatments that they have tried.

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, 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.

   <Enter Response Here>

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.

   <Enter Response Here>

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Psoriasis Canada

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AbbVie Canada				X
Amgen Canada			X	
Arcutis			X	
Bausch Health			X	
Boehringer Ingelheim			X	
J&J				X
Sun Pharma			X	
UCB Canada			X	

Name: Antonella Scali
Position: CEO
Patient Group: Psoriasis Canada
Date: November 24, 2025

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.

Canadian Skin Patient Alliance, CSPA

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AbbVie Canada				X
Arcutis			X	
Bausch Health			X	
Boehringer Ingelheim		X		
J&J			X	
Sun Pharma		X		
UCB Canada			X	

Name: Dana Gies
Position: Executive Director
Patient Group: Canadian Skin Patient Alliance, CSPA
Date: November 24, 2025

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.