Psoriasis Canada
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Re: Feedback on Canada's Drug Agency Consultation on Improvements to the Drug Reimbursement Review Process

Thank you for the opportunity to provide input on Canada's Drug Agency's (CDA-AMC) consultation on proposed improvements to the drug reimbursement review process.

As a member of the broader patient community ecosystem, Psoriasis Canada is pleased to endorse submissions made to this consultation by Save Your Skin Foundation and the Action to Treatment and Innovation Oncology Network, on behalf of a collaboration of several patient groups, and by the Best Medicines Coalition. We also appreciate the opportunity to share key points from a psoriatic disease perspective through this submission.

Psoriasis Canada (PsoCan) is a national non-profit established in 2024, built on 26 years of combined expertise from the Canadian Psoriasis Network and the Canadian Association of Psoriasis Patients. Led by a Board of Directors composed of individuals with lived experience, and those who care for them, PsoCan is committed to improving the lives of people affected by psoriatic disease across the country. Our vision is that people affected by psoriatic disease can live fully while we strive together toward a cure. Our mission is to be Canada's trusted experts on psoriatic disease, offering community, resources, and hope for a better future for those living with psoriatic conditions and those who care for them.

1. **Recognition of efforts to improve the process and timelines for drug reimbursement review**

We appreciate efforts to improve the process, timelines, and transparency of the drug reimbursement review process and CDA-AMC's consultation with the patient community. Offering pre-consultation webinars and an accessible and clear consultation document are commendable practices.

We acknowledge that in parallel to this consultation, a new patient input submission form which is more aligned to the deliberative framework has been launched and information to support patient and clinician groups to develop submissions have been created. We further appreciate that CDA-AMC continues to expand the Formulary Management Expert Committee process and welcome opportunities that improve on engagement and integration of patient and clinician input.

Regarding specific changes proposed in this consultation, we recognize CDA-AMC's efforts to listen to feedback from the patient community to provide more time for patient organizations and clinician groups to gather and develop meaningful feedback by expanding the input submission window. By lowering the barriers to participation, CDA-AMC makes this process more accessible and potentially more equitable for smaller, less-resourced groups to participate.

We appreciate efforts to expedite timelines, including through creating an expedited resubmission pathway. We also support the posting of clearer timelines; the public posting of reconsideration review reports and sponsor rationales; and, generally, efforts to create a more formal reconsideration feedback

process, including the introduction of a 35-business-day open call during reconsideration and a consistent feedback form.

2. **Considerations regarding the removal of draft recommendations**

We acknowledge CDA-AMC's commitment to strengthening patient engagement and valuing patient experience, and we believe that maintaining draft-stage input as part of the reimbursement review process is an important indicator of this commitment and essential to achieving this shared goal.

For people living with psoriatic disease, the opportunity to comment on draft recommendations is not just a procedural step, it is a meaningful chance to ensure that the real, daily impact of their condition is understood before access decisions are finalized. Psoriatic disease affects far more than clinical or economic evidence can capture including pain and other physical distress, fatigue, stigma, mental health, intimacy, work participation, and the risk of associated conditions, including psoriatic arthritis. It is also affected by non-clinical factors such as the social determinants of health. Removing draft-stage input risks finalizing decisions that overlook these lived realities and practical considerations before meaningful correction is possible.

From our perspective, the introduction of draft-stage input was a significant step forward for patient engagement. Patient group input submissions are a meaningful and valued opportunity to provide context and expertise that clinical and economic evidence alone cannot fully capture, including lived experience, treatment practicality, and other real-world impact. The opportunity to then comment on draft recommendations is essential to see how this perspective has been accurately understood and appropriately reflected, and to identify any important patient considerations that may have been missed before decisions are finalized.

3. **Opportunities for improved integration of input**

These considerations also raise questions about how patient input is fundamentally considered, understood, and integrated into deliberations.

The consultation webpage states: "It is important to note that while we currently collect and post feedback on a draft recommendation to our website, there is no formal process to bring that feedback to our expert committee for deliberation, unless the drug sponsor formally requests reconsideration, and it is not included in our final reports." There may be a misalignment between what patient organizations understood to be a formal process to provide input on draft recommendations prior to finalization and what we now understand to be the actual process. This possible misalignment warrants reflection.

We urge CDA-AMC not to remove the opportunity for input on draft recommendations. Instead, we encourage CDA-AMC to maintain and formally strengthen draft-stage input by establishing a clear and meaningful process to integrate patient and clinician feedback at the point where these voices provide the greatest value to committee deliberations and can most effectively affect outcomes that matter to their communities before decisions are finalized.

This does not have to be at odds with the goal of improving timelines and creating efficiencies. For instance, there is an embargo period that currently excludes patients and clinicians at a point in the process where we think our input would be most appropriate and effective, before a final decision is rendered.

We recognize CDA-AMC's ongoing efforts to integrate patient experience and clinician perspectives as a core source of evidence for HTA, and we appreciate these efforts. We hope that this feedback helps to shed light on the value the community places on inclusion at pivotal points in these processes, including through meaningful input on draft recommendations.

Thank you for considering these comments. We appreciate the opportunity to contribute to this important consultation and welcome the opportunity for further discussion.

Sincerely,

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