Ontario

Ministry of Health and Long-Term Care

Ontario Public Drug Programs
5700 Yonge Street, 3rd Floor
Toronto ON M2M 4K5

Submission of Patient Evidence

Please send completed submission and/or any additional relevant information to the Ontario Public Drug Programs, Patient Evidence Submission, 5700 Yonge Street, 3rd Floor, Toronto ON M2M 4K5, fax to 416 327-8123 or email to PatientSubmission.OPDP@ontario.ca.

Section I - Author Information

Date *(yyyy/mm/dd)*	Drug and Indication		
Author		Patient Advocacy Group	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (incl. area code)	Extension	Email Address	

Section II - Conflict of Interest Declaration

The author and the patient group must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Examples of conflicts of interest include, but are not limited to, financial support from the pharmaceutical industry *(such as educational/research grants, honoraria, gifts, and salary),* as well as affiliations or personal/commercial relationships with drug manufacturers or other interest groups.

Section III - Impact of the Disease/Condition

What symptoms and problems do patients have as a result of the disease/condition? How does the condition affect day-to-day life? For example, are there activities that patients are not able to do as a result of the condition?

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Treatment outcomes that matter most to patients

What are the most important aspects of the condition that patients would like to see addressed by treatments?

In terms of treatment efficacy and side effects, what are patients getting from the existing treatments and what would patients like new treatments to do differently?

Are there other practical implications to be considered in determining the value of a treatment? For example, how do treatments impact patients' or caregivers' daily routine or lifestyle?

In addition to the drug cost, are there other financial implications to patients or caregivers *(e.g. traveling cost, time away from work, drug disposal issues, drug administration supplies)*?

Information from patients who have used this drug

For patients who have used this drug as part of a clinical trial or from a manufacturer's compassionate supply or have purchased it through other means (private insurance or paid out of pocket).

What positive and negative impacts does the drug have on the condition?

Which symptoms is the drug best or worst at treating *(advantages and disadvantages)*?

What difference does the drug make to patients' long-term health and wellbeing?

What are the side effects of the drug, which ones are patients prepared to put up with, and which ones do they find unacceptable?

How does the drug compared with other available treatments in terms of efficacy, side effects and other practical implications *(e.g. administration, time, costs)*?

Confirmation of Authorship:

☐ I declare that I am the sole author of this submission and confirm that no other parties had input into the submission.	**Signature**	Date *(yyyy/mm/dd)*