

CADTH Reimbursement Review Patient Input Template

Name of the Drug and Indication	semaglutide (Rybelsus) diabetes mellitus, type 2
Name of the Patient Group	Diabetes Canada
Author of the Submission	Ann Besner
Name of the Primary Contact for This Submission	Ann Besner
Email	ann.besner@diabetes.ca
Telephone Number	613-688-5933

1. About Your Patient Group

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

Diabetes Canada is a national health charity representing over 11 million Canadians living with diabetes or prediabetes. The priorities of our mission are diabetes prevention, care and cure. Our focus on research and policy initiatives helps us to deliver impact at a population level, and our partnerships broaden our reach in communities across the country. We drive excellence in disease management by putting practical, evidence-based tools into the hands of health-care providers. We advocate for environments that make the healthy choice the easy choice. We continue our search for a cure, as well as for better prevention and treatment strategies, by funding the work of innovative scientists. In 1921, Canada changed diabetes for the world with the discovery of insulin. In 2021, we will change the world for those affected by diabetes through healthier communities, exceptional care, and high-impact research. For more information, please visit: www.diabetes.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.

This submission contains patient input from online surveys conducted in July/August 2020 and November/December 2020. The July/August survey was jointly created by Diabetes Canada, [JDRF](#) and [Type 1 Together](#). It was open for two and a half weeks (July 31-August 19) to people across Canada with type 1 and type 2 diabetes and their caregivers. It consisted of a self-administered questionnaire of closed- and open-ended questions about respondents' lived experience with diabetes and types of glucose monitoring. It was advertised through Diabetes Canada's, JDRF's and Type 1 Together's social

media channels (Facebook, Twitter, Instagram and LinkedIn) and by e-mail to Diabetes Canada volunteer advocates.

The November/December survey was open for two weeks (November 19-December 3) to people across Canada with type 2 diabetes and their caregivers. It consisted of a self-administered questionnaire of closed- and open-ended questions about respondents' lived experience with diabetes and diabetes medications (with specific questions about the drug under review, semaglutide [Rybelsus]), and expectations for new drug therapies in this country. It was advertised through Diabetes Canada's social media channels (Facebook, Twitter, Instagram and LinkedIn) and by e-mail to members of the Diabetes Canada Professional Section.

A total of 873 people participated in the July/August survey – 36 identified as living with type 2 diabetes while 4 said they were caregivers to somebody with type 2 diabetes. Respondents resided in Quebec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, with the most representation in Ontario (n=15) and British Columbia (n=15). The majority of respondents were 35 years or older, with the biggest concentration of people in the 65+ age category (38%, n=15). About 53% (n=21) reported living with diabetes for at least 11 years; most were in the 11-20 year range (n=16).

Fewer people participated in the November/December survey (n=15) – 13 people said they live with type 2 diabetes and 2 are caregivers to somebody with type 2 diabetes. Respondents resided in Newfoundland and Labrador, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia; the highest number of people were from Ontario (33%, n=5). All respondents were 35 years or older, with most in the 55-64 year age category (53%, n=8), and everybody reported having diabetes for 20 years or less. The greatest number of people have been living with the disease for 3-5 years (40%, n=6).

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?

Diabetes is a chronic, progressive disease of different types, but none with any known cure. Type 2 diabetes (for which the drug under review is indicated) occurs when the pancreas does not produce enough insulin or the body does not effectively use the insulin that is produced. Common symptoms of diabetes include extreme fatigue, unusual thirst, frequent urination and weight change (gain or loss).

Diabetes requires considerable self-management, including eating well, engaging in regular physical activity, maintaining a healthy body weight, taking medications (oral and/or injectable) as prescribed, monitoring blood glucose and managing stress. Poor glucose control can be quite serious and problematic. Low blood glucose can precipitate an acute crisis, such as confusion, coma, and/or seizure that, in addition to being dangerous, may also contribute to a motor vehicle, workplace or other type of accident causing harm. High blood glucose over time can irreversibly damage blood vessels and nerves, resulting in blindness, heart disease, kidney problems and lower limb amputations, among other issues. The goal of diabetes management is to keep glucose levels within a target range to minimize symptoms and prevent or delay complications.

From both surveys, some respondents were very positive about their life with diabetes. One person said "having diabetes caused me to examine my diet and make changes for better health". Another person commented "[I am] healthier now than before I was diagnosed. It was the trigger I needed to make necessary changes." However, the overwhelming majority of respondents spoke negatively of their experience being chronically ill. Many people shared that it is frustrating, difficult and tiring to manage

their diabetes. They said it “decreases quality of life”, is “time consuming” and requires “more care for the body”. One respondent said “diabetes affects my life every day, all day”; several others made similar statements, illustrating an all-consuming nature to the disease.

Many respondents talked about how burdensome and preoccupying the condition is. People frequently mentioned that they are constantly thinking about and dealing with their disease. They expressed that it is always top-of-mind when making decisions, that the condition requires a great deal of planning to accommodate and that it is exhausting to manage. One person said “you never get a day to just relax”. Respondents expressed that diabetes is even more of a challenge to live with when dealing with comorbidities or a disability, or when performing caregiver duties (for children, aging parents) on top of the daily self-care measures required for good health.

Respondents said that the nutritional aspect of diabetes management is challenging. Many mentioned not knowing what to eat and when, constantly wondering about the impact of intake on blood sugar and worrying about making the “right decisions” regarding food. They talked about being restricted in their choices and unsure about what options are appropriate when eating out. They alluded to the hassle of checking labels, counting carbs and trialing various diets. They mentioned challenges with exercise – making it part of a routine and managing resulting blood sugar variations. They also talked about dealing with weight gain or having to monitor weight as yet another consideration in managing their health. When it comes to monitoring blood sugar levels, many said that it is ongoing and burdensome; in some cases, monitoring was referred to as painful, unreliable and stressful. All of these aspects of diabetes management – healthy eating, regular physical activity, blood sugar monitoring – were described by many respondents as costly undertakings. People talked about the expense of engaging in these activities and the barrier that a high price and/or lack of public coverage or supports presents.

Respondents commented on the stigma they experience as a person living with diabetes and the difficulties they face within the health-care system. One person shared his story, saying “having too many doctors and health practitioners treat us as lying, lazy, gluttonous trash is demeaning and insulting. It's depressing and makes us avoid health care [sic] options for even non-dietary issues”. Another person mentioned “feeling I am not totally listened to”. They also spoke of the shame and guilt they experience as people living diabetes, especially when they feel they are implicating or burdening others in their own management.

Respondents said it is challenging to remember to take medication and that dosing and injecting insulin can be hard. Many people mentioned dealing with, and being apprehensive about, disease symptoms, medication side effects and diabetes complications. Respondents described generally being in pain, feeling unwell and experiencing fatigue. People talked about the challenges of regulating blood sugar and dealing with the effects of fluctuations (highs and lows).

When asked more specific questions about comorbidities, respondents to the July/August survey reported experiencing the following symptoms and conditions:

- hyperglycemia
- hypoglycemia
- high blood pressure
- high cholesterol
- eye problems
- foot problems
- kidney issues or disease
- digestive and sleep issues
- damage to blood vessels or brain

Other problems cited include skin infections, gastrointestinal disturbances (nausea, diarrhea), metabolic changes, arthritis, lymphedema and other autoimmune disorders.

The impact of diabetes on mental health was something that respondents to the July/August survey also shared information about. They reported experiencing the following:

- depression
- a general sense of worry/anxiety
- diabetes distress (feelings of stress, guilt or denial in living with diabetes and the burden of self-management)
- diabetes defiance (e.g., eating a chocolate bar to express anger about diabetes)
- diabetes indifference/burnout
- post-traumatic stress disorder
- fear of hypoglycemia
- worry about not being able to afford diabetes medicines and supplies
- forgetting to check glucose levels or take medications
- emotional exhaustion
- negative social interactions due to diabetes (e.g., hurtful remarks, averting eyes during glucose test, teasing)

Respondents to the November/December survey reported comorbidity incidence, as follows (n=14):

- high blood pressure: 64%
- abnormal cholesterol levels: 29%
- mental health concerns: 43%
- eye problems: 29%
- weight management issues: 79%

Other problems cited include fibromyalgia, chronic fatigue, epilepsy, and celiac disease.

Below are some quotes from the two surveys that further illustrate the degree and extent to which diabetes affects daily living and quality of life of those with the disease:

“I have built routines around my monitoring, exercise, medications, and eating so it doesn't intrude too much. I have continued to travel and do everything I always did.”

“Always worrying about what I eat and when I eat. I always have to have my glucose kit and glucose meds with me in case of lows. I have to impose on friends and family when invited for dinner or get together because of a special diet. I have to read every label on everything to check in [sic] sugar and carb content. It's a daily burden that affects my quality of life and my mental health.”

“Decreases quality of life, making it hard to stay positive, difficult to find excellent information re: [type 2 and] proper eating, testing, etc. Government [sic] seem to not care if the items they approve...are the best for the patients.”

“Diabetes affects my overall quality of life, my family's budget, how I plan meals and activities, and my level of concern about the pandemic.”

“Diabetes influences every aspect of life, every day. It is a companion that no one wants. I am always wondering what is happening to my blood sugars. It is stressful to try to balance lifestyle with medicines and testing.”

“It is an ongoing job, constantly testing, watching what you eat, making sure you get some exercise. It is a never-ending chore that you need to do to stay alive.”

“I do not have symptoms when I experience a low. They happen mostly at night, while I'm asleep. Going to sleep was terrifying before I started using a...[continuous glucose monitor], because, even if I woke up several times each night to take a finger-poke blood glucose test, my lows were sudden and unpredictable. I was exhausted, irritable and stressed out. This anxiety didn't help my glucose levels. My husband always wondered if this night, or that night, would be our last together. I had spent the years before acquiring a [continuous glucose monitor] allowing diabetes to control my every waking minute. A literal slave to this relentless disease.”

“It has changed everything. I now think about every morsel of food that I put in my mouth. I plan my meals and watch every calorie. I feel like every workout I skip for any reason is harming me. When I get stressed at work, I'm enormously aware of the effects on my body. I have no bodily processes that happen without me having to monitor them. It consumes me.”

“It is a burden that shapes all my daily decisions.”

“It's all consuming all the time. Can I eat? Should I eat? What's [sic] my sugars? I hate it.”

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).

There were 13 respondents who reported experience with antihyperglycemic agents in the November/December survey. The oral and injectable medications being taken at the time of survey completion included metformin (91%), SGLT2 inhibitors (44%), GLP-1 receptor agonists (38%), sulfonylureas (29%), combination of DPP-4 inhibitors and metformin (22%), and DPP-4 inhibitors (17%). Many people also reported taking insulin as follows: insulin glargine or insulin glargine biosimilar (50%), rapid-acting insulin (38%), intermediate-acting insulin (13%) and insulin glargine U300/other long-acting insulin (11%). Several respondents indicated that they had experience with certain medications in the past that they were no longer taking. These included sulfonylureas (43%), GLP-1 receptor agonists (25%), meglitinides (17%), SGLT2 inhibitors (13%), short-acting insulin (13%), premixed insulin (13%), U300/other long-acting insulin (11%) and metformin (9%).

Of the 13 respondents taking medication, 54% reported being “very satisfied” or “somewhat satisfied” with their current treatments. About 31% of respondents said they were “somewhat dissatisfied” or “very dissatisfied” with their current treatments. When asked what they like about their medications, one respondent said it helps with weight management. Another commented that it “isn't insulin injections”. In terms of what they dislike, respondents shared the following feedback: medications cause gastrointestinal upset, are difficult for someone with a disability to adjust independently, are expensive and not covered by the provincial drug plan, and aren't effective at regulating post-prandial blood sugar levels. One person said that he/she “want[s] to get off all of them”. When asked about side effects experienced, the following were reported: gastrointestinal issues (stomach pain, indigestion, nausea, vomiting, diarrhea, painful gas, flatulence), polyuria, weight gain, hypoglycemia, genital infections, mood swings, muscle aches and fatigue.

When asked to compare their current medication regimen to previous courses of treatment, 55% of respondents said they are “much better” or “better” able now to meet their target fasting blood sugars. About 46% said that on current medications, they are “much better” or “better” able to meet their target blood sugar levels upon waking and 40% are “much better” or “better” able to meet their post-prandial blood sugar target. About 59% of respondents said they are now “much better” or “better” able to meet their target hemoglobin A1c levels and 46% are “much better” or “better” able to avoid hypoglycemia than before. While 36% said they are “much better” or “better” able to maintain or lose weight on their current medication regimen, the same number said gastrointestinal side effects were “much worse” or “worse”. When it comes to incidence and severity of yeast infections and urinary tract infections, although 27% and 18% respectively said they were “much worse” or “worse” on current medications, the majority of respondents in both of these cases said their situation with respect to these side effects is “neither better nor worse” on their current regimen. People also reported that their current medications have made weight loss challenging, caused them in some cases to lose their appetite and in others to be hungry all the time, and contributed to emotional lability.

The majority of respondents (75%) stated that they don’t have trouble accessing their medications, though one expressed concern about benefits running out and being worried about the affordability of his/her treatments. Another said he/she fears his/her spouse will lose his job and subsequently not being able to pay for medications.

Respondents who answered this question (n=12) reported the following considerations as “very important” or “important” when choosing pharmacotherapy for diabetes management:

- keeping blood glucose at satisfactory level during the day or after meals: 100%
- keeping blood glucose at satisfactory level upon waking or after fasting: 83%
- avoiding low blood sugar during the day: 83%
- avoiding low blood sugar overnight: 83%
- avoiding weight gain/reducing weight: 92%
- reducing high blood pressure: 73%
- reducing risk of heart problems: 83%
- avoiding gastrointestinal side effects (nausea, vomiting, diarrhea, abdominal pain): 92%
- avoiding urinary tract and/or yeast infections: 75%
- avoiding fluid retention: 75%

Below are some direct quotes from respondents that describe the things that are important to them when choosing a diabetes medication:

“It would be nice not to have to remember to take a pill [two times a] day.”

“Maintain good A1c.”

“It has to fit with my day. I take medication three times a day now.”

“Effectiveness.”

“Is this helping with help with weight lost? If this gonna [sic] protect my kidneys and my heart? Is it save [sic] to use if I have retinopathy?”

“Staying healthy.”

“That it works, and is covered.”

“To help keep blood glucose levels in control.”

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?

When asked about their expectations for new diabetes therapies, respondents to the November/December survey expressed a strong desire to reduce their pill burden or to be off medication entirely. They'd like new therapies to allow them to resume 'normal living' to the greatest extent possible (e.g., to be able to eat without restrictions). They want treatments with fewer unpleasant side effects that are less physically invasive (i.e., don't require an injection). They also wish for ways to self-monitor blood sugar that eliminate the need for finger pricks. Several respondents said that they would like to see more investments into non-pharmacologic treatments for diabetes, like affordable exercise programs and nutrition education. One respondent talked about the need for greater access to allied health professionals and the benefit to management of multidisciplinary diabetes care. Several respondents hope future treatments will cure diabetes and are calling for more investment in diabetes research.

Below, respondents provided input on what they desire in new treatments and the improvements they'd like to see to therapies:

"It would be nice not to have to remember to take a pill [two time a] day."

"I would take fewer pills, less often. I would enjoy eating again. The new treatment would not irritate my stomach."

"I'd like to see funding for [research]."

"No more pokes, sharps, lancets."

"New treatment must be [sic] supervised exercise program!...Could we meet our diabetes team (dietitian, nurse, [doctor]) in a gym while having free supervised exercise program by a kinesiologist anywhere in Canada[?]....Elementary school students need education with a dietitian in early age combined with their gym classes."

"Be able to afford a gym pass and a trainer to help [sic] exercise and get healthy."

"We need a team of professionals working with us. Dieticians [sic], nurses, psychologists and coaches."

"A cure."

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.

Out of all survey respondents who answered this question, 23% (n=3) are currently taking semaglutide (Rybelsus). Each person reported having the medication covered fully or in-part by private insurance. Respondents reported the following about how effective semaglutide (Rybelsus) is at the following when compared to other medications they've taken:

- Meeting target fasting blood sugar levels: “much better” or “better” – 67%; “about the same” – 33%
- Meeting target blood sugar levels upon waking: “much better” or “better” – 33%; “about the same” – 67%
- Meeting target blood sugar levels after meals: “much better” or “better” – 33%; “about the same” – 67%
- Avoiding hypoglycemia (low blood sugar): “much better” or “better” – 33%; “about the same” – 67%
- Meeting target hemoglobin A1c levels: “much better” or “better” – 33%; “about the same” – 67%
- Maintaining or losing weight: “much better” or “better” – 67%; “about the same” – 33%
- Gastrointestinal side effects (diarrhea, nausea, vomiting, abdominal pain): “about the same” – 33%; “worse or much worse” – 67%
- Incidence of extreme thirst and/or dehydration: “about the same” – 67%; “worse or much worse” – 33%
- Incidence/severity of yeast infections: “about the same” – 100%
- Incidence/severity of urinary tract infections: “about the same” – 100%

The respondents currently on semaglutide (Rybelsus) said they like that the medication is helping them lose weight (or that it has the potential to help them lose weight) and that it is an oral agent rather than an injectable. One person stated a preference for oral medications over injectables, because they're “easier to take”, while another said “injections don't bother me”. A respondent commented that he/she dislikes the loss of appetite and fear of eating brought on by semaglutide (Rybelsus). He/she said “if I had known the pill was going to make me this sick (vomiting and diarrhea for two months) I never would have started it...I don't leave the house. I don't eat. I don't enjoy food anymore. I am angry and irritable. My [spouse] is worried and tired...I have four other disabilities besides diabetes. Diabetes has now taken over my life and made me unable to leave the house, thanks to Rybelsus”. Another said he/she has just started the medication and is trying to get used to it while dealing with some gastrointestinal side effects.

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.

Semaglutide (Rybelsus) does not have a companion diagnostic.

8. Anything Else?

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

Diabetes is a disease that requires intensive self-management. Diabetes Canada’s 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada highlight the importance of personalized care when it comes to the pharmacologic management of the condition. Specifically, after initiating healthy behaviour measures, the guidelines recommend selecting diabetes treatments based on a patient’s degree of glycemic control and various other considerations. To achieve optimal blood glucose levels, individualization of therapy is essential. This includes careful consideration of medication selection, route of administration (oral, injection, infusion), frequency with which someone monitors blood glucose and adjusts dosage, benefits and risks that the patient experiences and/or tolerates, and lifestyle changes the patient is willing or able to make. Our survey responses reinforce the message that different people with diabetes require different medications/treatment modalities to help effectively manage their disease. Their unique clinical profile, preferences and tolerance of therapy should direct prescribers to the most appropriate choice and combination of treatments for disease management. Health-care providers must be supported in prescribing evidence-based therapies and, through public and private drug plans, patients should have access to a range of treatments that will allow them to optimize their health outcomes. For those paying out-of-pocket, costs should not be so high as to prohibit medication procurement.

While current therapies have generally led to improvement for many people with diabetes in blood glucose and hemoglobin A1c control, respondents hope for additional affordable agents that they can access equitably, in a timely manner, and with good result to help them lead a normal life. Semaglutide (Rybelsus) may help people to achieve better glycemic control, which could potentially improve lives and save millions in direct health-care costs. For this reason, semaglutide (Rybelsus) should be an option for people living with diabetes.

Respondents shared the following final thoughts regarding their experience living with diabetes:

“I am getting so tired of all the meds they give me and the bad side effects I get.”

“Most important [treatment] is supervised exercise [sic] program and to have access to your diabetes team at the gym...Not at the hospital and not [sic] [doctor’s] office.”

“Once I leave my employment what will my costs be?”

“I’m about done with having [t]ype 2. When there is a potential cure on the table, with the only thing stopping clinical trials is funding, I have to wonder why that’s even an issue. I’d like to be cured from diabetes, and I’m sure everyone cursed with this disease feels the same.”

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.

Diabetes Canada had no outside assistance to complete this submission.

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.

Some of the data contained in this submission derive from a survey conducted in July/August 2020 that was jointly created by Diabetes Canada, JDRF and Type 1 Together. JDRF and Type 1 Together helped to advertise the survey through their organization's social media sites.

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

Diabetes Canada receives unrestricted educational grants from, among others, manufacturers/vendors of medications, supplies, and devices for diabetes and its complications. These funds help the organization support community programs and services for people living with diabetes and contribute to research and advocacy efforts across Canada. No sponsor was involved in soliciting input for or developing the content of this submission.

Please see the attached list of Diabetes Canada's financial contributors.

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: Ann Besner, MScA
 Position: Manager, Research and Public Policy
 Patient Group: Diabetes Canada
 Date: December 17, 2020

Diabetes Canada Financial Contributors

\$400,000+

Eli Lilly Canada, LifeScan Canada, Merck Canada, Novo Nordisk Canada

\$150,000-\$399,999

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