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| Manufacturer Notification of Intent to Negotiate a Biosimilar  |  |

This form is to be completed for all biosimilars that have a Health Canada Notice of Compliance (NOC) or are expected to have a Health Canada NOC within the next 6 months and for which the manufacturer is prepared to enter into negotiations with the pan-Canadian Pharmaceutical Alliance.

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|  | 1. Manufacturer:
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|  |  |  |  |
| --- | --- | --- | --- |
| 1. Contact Name:
 |  |  |  |
|  | First Name  |  | Last Name |

1. Contact Information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
|  Phone # |  |

 |  |  Email  |  |

1. Product Details:

|  |  |
| --- | --- |
|  Biosimilar  Name  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DIN | Strength | Dosage Form | List Price Per Unit of Biosimilar (e.g. per mL, per syringe) |
|  |  |  |  |
|  |  |  |  |

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|  | Approved or Expected Indication(s) for the Biosimilar  |   |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NOC Date/Expected Date  |  |  |  |  |  |
|  | DD |  | MM |  | YYYY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Anticipated Date of Supply  |  |  |  |  |  |
|  | DD |  | MM |  | YYYY |

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| 5. | By signing this form, I acknowledge that:* A negotiation for the biosimilar outlined herein will begin upon the pCPA Office issuing an Engagement Letter;
* Inclusion in jurisdictional Product Listing Agreements is dependent on successful completion of all mandatory review processes and listing requirements, including jurisdictional submission requirements;
* The information provided above is accurate;
* I am confirming readiness to begin negotiations for the biosimilar outlined herein.
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|  Signature: |   |  |  Date of Signature: |  |  |  |  |  |
|  |  |  |  | DD |  | MM |  | YYYY |
|  Name: |  |
|  Title: |  |