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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: | | | |  | | | | | | | | | | | | | | |
|  |  | | | |  | | | | |  | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | 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) | |  |  |  |  | |  |  |  |  | | | | | | | | | | | | | | | | | | | |
|  | Approved or Expected Indication(s) for the Biosimilar | | |  | | | | | | | | | | | | | |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | NOC Date/Expected Date |  |  |  |  |  | |  | DD |  | MM |  | YYYY |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Anticipated Date of Supply |  |  |  |  |  | |  | DD |  | MM |  | YYYY | | | | | | | | |
| |  |  | | --- | --- | | 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. | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | |  | |  | Date of Signature: | | | | |  |  |  | |  |  | |
|  | | | | |  | | |  |  | | | DD | | |  | MM | |  | YYYY | |
| Name: | | | |  | | | | | |
| Title: | | | |  | | | | | |