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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. | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| 1. 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.his 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. | | | | | | | | | | | | | | | | |
| Signature: | | | |  | |  | Date: | |  | |  |  | |  |  |
|  | | | |  | |  |  | | DD | |  | MM | |  | YYYY |
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