|  |
| --- |
| Manufacturer notification of intent to negotiate a biosimilarThis 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 |
|  |  |  |  |  |  |  |  |  |
|   |  |
|  Name: |  |
|  |  |
|  Title: |  |