

CADTH

CADTH Drug Program Updates Archive

Updates for Patient Groups
Therapeutic Review Updates
Common Drug Review Updates
Pan-Canadian Oncology Drug Review Updates
Pharmaceutical Reviews Update
Drug Program Consultations

MAY 2003 TO JULY 2020

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Patient Group Updates

Updates for Patient Groups — Issue 1 (October 1, 2014)

Technical difficulties resolved for patient input submissions

We've had a few technical problems recently with our Common Drug Review patient input online submission system. Thank you for your patience and understanding while we investigated and fixed the problem. We've added new safeguards to enable us to closer track submissions into our automated system. In addition to the online confirmation, groups will now receive an email confirmation once their input has been successfully uploaded. And submissions can now be uploaded until midnight on the date of the specified deadline, in all Canadian time zones.

Travel awards to 2015 CADTH Symposium

For the first time, we're offering funding to help patient group representatives attend the [CADTH Symposium](#) — with the 2015 event set to take place in Saskatoon. The CADTH Symposium is a three-day event of workshops, presentations, and networking to discuss health system sustainability and how to improve health outcomes. Submit an abstract for the symposium by October 31, 2014; and /or a travel award application by December 5, 2014.

Reminder: Include conflict of interest declarations in patient input submissions

Please remember to specify the sources of funding that your organization receives in your patient input submission. Please include names of all manufacturers and not just the manufacturer of the drug under review. Declaration of conflict of interest does not negate or preclude the use of patient input. See section 1.2 of the Patient Input Template for more information.

Everyone who participates in the CADTH Common Drug Review is asked to provide confliction of interest information. Recently we have needed to contact some patient groups to provide this information.

Addressing the CADTH Common Drug Review backlog

We have started to make a dent into the Common Drug Review backlog. It continues to be a high priority for CADTH. You can follow the progress of specific drugs using the [CDR drug database](#). Drugs will move from being listed as “queued” to “active” the day their review begins.

Patient Input Submission Tip

Use of one or two direct patient quotes to illustrate key points of your submission is helpful to reviewers and Canadian Drug Expert Committee members. A single strong quote is often more useful than having several similar quotes.

Updates for Patient Groups — Issue 2 (November 1, 2014)

Short Videos on Patient Input into the CADTH Common Drug Review

CADTH recently produced four short videos describing:

- why CADTH values patient input
- what elements are most useful to reviewers and expert committee members in groups' patient input submissions
- how to submit input.

Canadian Drug Expert Committee Public Member, Frank Gavin and former Public Member, Cate Dobhran provide their perspectives, as do Chander Sehgal, Director of the CADTH Common Drug Review and Optimal Use of Drugs, and Elaine MacPhail, Senior Advisor at CADTH. You can view the videos on [CADTH's YouTube channel](#). Please share them with your patient group members or other interested groups.

[Short Videos: How to Guide](#)

Farewell to Elaine MacPhail

Elaine's retirement marks the end of an era for CADTH. Beginning in 2002, she managed the interim Common Drug Review program, consulted and worked with 18 different drug plans to develop the initial procedures for the permanent CADTH Common Drug Review, and was instrumental in establishing CADTH's process for patient group input. We are indebted to her for her vision and commitment to helping make CADTH such a valuable resource to the Canadian health care system.

Looking forward, CADTH will continue to support and further enhance CADTH's patient engagement. CADTH recently welcomed Ken Bond to the position of Director of Strategic Initiatives, responsible for patient engagement at CADTH. He will be working with many others to support CADTH's patient engagement processes in the Common Drug Review, pan-Canadian Oncology Drug Review, Therapeutic Review, medical devices, and early scientific advice areas.

Patient Input Submission Tip

Be specific about the advantages and limitations of current therapies. For example, it is helpful if you can explain details like "seven of the nine survey responders said drugs X and Y failed to relieve pain, while three of the nine responders who had used drug Z reported that while it reduced their pain it also caused prolonged drowsiness that severely limited their ability to go to work or school."

Updates for Patient Groups — Issue 3 (January 1, 2015)

Pilot Extension for Individual Patient Input to CDR

We are further extending the pilot to receive patient input submissions from individual patients and caregivers for an additional six months (until August 3, 2015). CADTH will accept patient input from individual patients or caregivers when there is no patient group or related patient group representing those with a condition for which a drug under review is indicated. Please note that individual patient or caregiver input will not be accepted in cases where organized patient group(s) representing the particular condition exists.

If you are interested in providing individual input and are uncertain as to whether a group exists, please contact CADTH for confirmation. Contact us by telephone at 613-226-2553 or by email at requests@cadth.ca. In most cases, we will be able to help you identify a relevant patient group with whom you can share your experiences. If CADTH confirms that no relevant patient group exists, we will provide you with the individual patient and caregiver template. The process for providing input as an individual is essentially the same as the process for providing input as a patient group. See [Patient Input](#) for details.

Pilot Extension for Patient Input for Therapeutic Reviews

A CADTH therapeutic review is a review of the most recent evidence available in the public domain regarding a single drug, a drug class, or a drug category. CADTH has recently completed therapeutic reviews on direct-acting antivirals for chronic hepatitis C, drugs for pulmonary arterial hypertension, and the management of relapsing-remitting multiple sclerosis. All of these reviews incorporated patient input, as part of a pilot process.

CADTH is extending this pilot (until Nov 30, 2015) to give us time to learn what has worked so far and what could be done differently in the future. See [Therapeutic Update](#) for details.

Answering Multiple Calls for Patient Input

We appreciate patient groups providing input for each drug review at CADTH. We value what you tell us.

We also recognize workload pressures for your group that can arise when multiple drugs, with similar indications, arrive to the CADTH Common Drug Review in close succession. When this happens, you might want to:

- Focus your energy answering section 3 of the template on expectations for the new drug and reporting any patient experiences with the drug in review.
- Reuse the perspectives and quotes from past submissions to answer sections 1 and 2.
- Reuse quotes or comments that are still the most relevant to the patient community as new treatments become available.
- Consider a joint submission with another patient group to help share the workload.

Reminder: Stakeholder Engagement Session — February 5, 2015

CADTH is inviting stakeholders to attend an information and feedback session regarding phase II of the transition of pCODR to CADTH, including the work being carried out to better align the pCODR and CADTH Common Drug Review processes. Registration is required.

Updates for Patient Groups — Issue 4 (June 5, 2015)

Five Years of Patient Engagement

When CADTH's first Call for Patient Input was issued in May 2010, three patient groups answered: Arthritis Consumer Experts, Canadian Arthritis Patient Alliance, and The Arthritis Society. The groups provided insight and their unique perspectives into the CADTH Common Drug Review's (CDR) assessment of Actemra. Since then, we have received 297 patient input submissions to CDR, which have contributed to 142 final recommendations for the drug to be reimbursed, or not, by our publicly funded drug plans.

As well, since its inception, CADTH's pan-Canadian Oncology Drug Review (pCODR) program has incorporated patient perspectives into the review reports and committee deliberations. As of March 31, 2015, pCODR has received 75 patient input submissions, allowing 53 of the 56 completed pCODR reviews to directly incorporate patient perspectives. In addition, approximately 63% of patient groups participate in the feedback on pCODR Expert Review Committee's initial recommendations. As of March 2015, pCODR has issued 43 final recommendations.

We recognize the effort that goes into each patient input submission and thank each of the 114 unique groups for their many contributions to CDR and the 34 unique groups that have contributed to pCODR.

Over the years, we've heard from diverse groups: from tiny online forums and local community chapters to large national organizations. We've listened to groups representing patients and their families from all across the country. We've welcomed new groups, as they described what life is like with a rare disorder or have shared unique regional challenges.

During the first five years, 17 patient groups contributed five or more input submissions to CDR. These are:

- Arthritis Consumer Experts
- The Arthritis Society
- Canadian Arthritis Patient Alliance
- Canadian Council of the Blind
- Canadian Diabetes Association
- Canadian Liver Foundation
- Canadian National Institute for the Blind
- Canadian Skin Patient Alliance
- Canadian Treatment Action Council
- Consumer Advocare Network
- COPD Canada
- Gastrointestinal Society
- The Heart and Stroke Foundation
- Hepatitis C Education and Prevention Society
- Multiple Sclerosis Society of Canada
- Ontario Lung Association
- Pacific Hepatitis C Network

We would also like to acknowledge and express our thanks to patient groups within the cancer control community for their contribution to the pCODR process, and their continued support to strengthen and improve the pCODR program so that we can work together to build leadership in health technology assessment (HTA) in oncology.

Learning and Changing

Engagement is a two-way process, and CADTH is better for it. Since 2010, we've learned a great deal from patient groups and their members. We've listened to groups at various stakeholder feedback sessions, while participating in patient groups' meetings, and through our Patient Community Liaison Forum, created in 2013.

We've explained how patient input is used in a [series of short videos](#), as well as in a project tracking its use in 30 completed CDR assessments, the results of which were presented as a [webinar](#) at the 2015 CADTH Symposium. We now provide tailored letters to each group, highlighting which insights were most helpful to CADTH staff and expert committee members, after each CDR recommendation is made.

In response to patient groups' requests, we've given groups more time to prepare their submissions, accepted individual patient and caregiver input when a Canadian patient group does not exist, and invited groups to comment on Requests for Advice to the Canadian Drug Expert Committee.

Partnering with the Canadian Cancer Action Network, the pCODR team have collaborated on a number of initiatives to promote and foster patient involvement in the HTA process, including:

- Co-developing *A Guide for Patient Advocacy Groups: How to Provide Patient and Caregiver Input for a pCODR Drug Review* in 2013.

- Collaboratively developing a Patient Engagement Collaboration Project funded by the Canadian Cancer Action Network. One of the initiative's many goals was to recruit and fund a Patient HTA Navigator, Canada's first "live" resource, for a period of six months, to assist patient advocacy groups in navigating the pCODR process.
- Presenting an abstract on patient involvement in HTA processes and participating on an international panel of speakers.
- Offering two workshops on how to make patient submissions to pCODR.

For the first time, CADTH provided travel grants to help patient groups attend CADTH's annual symposium, along with other users and producers of evidence-based information on drugs and medical devices. Check out our short [highlights video](#) to see and hear what the conference was about, especially if you're considering attending in Ottawa in April 2016.

To better integrate patient perspectives into our reviews, CADTH has held training sessions with staff and our expert committees, and now has a permanent qualitative researcher on staff to provide advice and support to the review teams.

Looking Forward

CADTH's [Strategic Plan 2015-2018](#) has nine objectives, one of which is to: "Embrace evolving successes in patient engagement practices in health technology assessment." We're identifying and embarking upon activities to both deepen and expand patient involvement across CADTH. In fact, building upon the model of patient input to CDR and pCODR, 12 patient groups have been involved in four CADTH Therapeutic Reviews since 2013, contributing to research outcomes and insights, and providing specific feedback on draft reports and recommendations.

We've engaged a patient expert to assist with the delivery of CADTH's first Scientific Advice. And we will be using a range of different patient engagement mechanisms to integrate patient perspectives into our medical device and procedure work.

Finally, we're continuing to share our experiences — what has worked and what hasn't — with health research communities, in Canada and internationally.

Updates for Patient Groups — Issue 5 (December 2015)

Read Full Reports and Original Patient Input

If you're interested in seeing how other groups have completed patient input templates, or want to know what's contained in a CADTH Common Drug Review (CDR) clinical or pharmacoeconomic report, you can find that information on our website.

CADTH has published original patient input submissions (when permission has been granted) for more than 20 different drugs that have passed through CDR, with more to be shared in the near future. For example, take a look at [Harvoni](#) for chronic hepatitis C, or [subcutaneous Actemra](#) for rheumatoid arthritis, or [Kalydeco](#) for cystic fibrosis. You'll see the range of ways in which nine groups have completed the templates.

The clinical reports for all completed CADTH Therapeutic Reviews and reviews by the CADTH pan-Canadian Oncology Drug Review (pCODR) are published online. Patient input received is either posted as its own report or included in the clinical reports.

Thank-You Letters to Patient Groups

Once a review by CDR is complete, we thank the patient groups involved. Each group receives a letter highlighting specific ideas or experiences from the group's input that CADTH reviewers and expert committee members found particularly useful during that review. CADTH's patient engagement team also offers specific suggestions for groups to consider in any future submissions. We've reached out to 52 different patient groups so far, from all across Canada.

To gather the feedback included in the thank-you letters, we examine the clinical review report and listen to the expert committee discussion, and we may speak with review team members. If you or your organization has any feedback for CADTH, from your experiences of providing patient input to us, we'd be happy to learn more. We also encourage you to reach out directly to us, if you have any questions about the CDR or pCODR process. Please feel free to contact us anytime.

More Support for Groups Contributing to pCODR

If you haven't already seen these, check out the narrated slide presentations co-produced by Canadian Cancer Action Network (CCAN) and pCODR. The two videos outline pCODR's process and offer guidance on how best to collect and present patient evidence. Also see the information on the 2015 cancer drug pipeline, co-produced by CCAN and pCODR specifically for patient groups. The plain-language document identifies new cancer drugs and indications anticipated to arrive in Canada in future months.

Patient Input Submissions From Individual Patients and Caregivers

In October 2015, CADTH announced that in the limited instances where no Canadian patient group exists, individual patient and caregiver input will be accepted for CDR and pCODR programs. Typically, however, CADTH seeks input from patient groups, rather than from individuals, to encourage diversity of voices and experiences.

Individual patients and caregivers who wish to submit input for a drug review should first contact CADTH at requests@cadth.ca or info@pcodr.ca to confirm the absence of a relevant patient group. Where patient groups do exist, individual patients and caregivers are encouraged to work directly with a patient group so that their input can be included in the group's submission.

Updates for Patient Groups — Issue 6 (September 12, 2016)

Feedback on Proposed Revisions to Patient Input Template for CDR and pCODR

CADTH is inviting stakeholder comments on proposed changes to the patient input template for the CADTH Common Drug Review (CDR) and the pan-Canadian Oncology Drug Review (pCODR). Patient input is used by CADTH review teams and by the expert committees of the CDR and pCODR programs: the CADTH Canadian Drug Expert Committee (CDEC) or the pCODR Expert Review Committee (pERC).

We're aware of how much time and effort patient groups invest in collecting data and preparing patient input submissions. After looking carefully at how patient input is used by CADTH and reflecting on comments received from patient groups, CADTH staff, and committee members over time, we're proposing revisions to our patient input templates for both programs. The objective is to help improve the quality of Canadian health technology assessment drug processes.

You'll notice:

- In response to your comments, we have provided a brief explanation, for each section, on how CADTH will use your insights and experiences
- Greater focus on treatment rather than disease, which reflects the scope of our drug assessments and the mandate of the expert committees
- Caregiver views are included for each question, reflecting how patients and caregivers both share their thoughts and experiences to you.
- Updated conflict of interest declaration form, which will be identical across both processes. For both processes, dollar amounts will be redacted from the conflict of interest declaration form when the document is publicly posted on CADTH's website.

For more information about the proposed changes, please see the [CDR and pCODR Patient Input Template](#).

Why patient input is important:

Insights, perspectives, and experiences from patient group submissions are used to:

- Identify the outcomes upfront that are most important to patients when establishing the plan (protocol) for conducting the review
- Understand insights and information unavailable through other sources, such as patient-reported outcomes and quality-of-life data
- Help CADTH reviewers interpret and apply data emerging from clinical trials, including relevance in a Canadian health care setting
- Offer specific ways that current therapies may fall short, to better understand the potential value of new therapies
- Offer new and different scenarios about the drug under review

Your thoughts:

CADTH welcomes your feedback on our proposed revisions to the patient input templates. From September 12 to October 25, 2016, patient groups are invited to comment on our proposed templates. Please use the [feedback form](#) and email to feedback@cadth.ca. All feedback submitted by the deadline will be carefully considered and used to inform the final templates, targeted for use in December 2016.

Therapeutic Review Updates

Pilot Process for Receiving Patient Group Input Submissions for Therapeutic Reviews (May 20, 2013)

The Canadian Agency for Drugs and Technologies in Health (CADTH) has implemented a pilot process for receiving patient input submissions for therapeutic reviews from patient groups. Patient groups are invited to provide experiences and perspectives about living with the condition for which the drugs included in the therapeutic review are indicated and about the impact of therapy on the lives of patients with the condition. This opportunity to provide patient group input is in addition to the available opportunities for all stakeholders, including patient groups, to provide feedback during different phases of the therapeutic review in response to a request for feedback.

The pilot will continue until July 31, 2014 when it will be assessed. This pilot was initiated with receipt of patient input for the therapeutic review *Management of Relapsing-Remitting Multiple Sclerosis*. CADTH will invite patient group input by issuing an E-Alert to CADTH E-Alert subscribers for future therapeutic reviews. Therapeutic reviews are reviews of publicly available evidence about a class or group of drugs used in the treatment of a condition. More information about therapeutic reviews can be found in the [Therapeutic Review Framework](#).

Stakeholders, including patient groups, have had opportunity to provide comments on the list of studies included in the therapeutic review, draft science reports that make up the therapeutic review, and draft Canadian Drug Expert Committee (CDEC) recommendations, and beginning in the fall of 2013 they will be invited to comment on the scope of the therapeutic review project. This pilot project allows patient groups to provide patient input that will be systematically incorporated into the therapeutic review process, in a manner similar to that which is currently used for reviews of single drug submissions to the Common Drug Review at CADTH. The process for patient groups to provide input is as follows:

- The patient group will download and complete the *Template for Submitting Patient Group Input to the Therapeutic Review*.
- The identity of the author, the submitting patient group, and conflict of interest information, including whether any assistance was provided in preparing the submission, are required. Note: the name of the submitting patient group and conflict of interest information will be included in the posted original (i.e., in its entirety) patient group submission; however, the name of the author will not be posted.
- No private information that can identify patients (e.g., names and also cities and ages if their inclusion can identify patients) is to be included in the patient input submission.
- Patient groups will have 15 business days to provide input. Depending on timeframes for the therapeutic review, CADTH will endeavour to give advance notice of the therapeutic review. In order to be used in the therapeutic review, the patient group input for that therapeutic review must be submitted by the deadline date posted on the specific project page in the Therapeutic Reviews section on the CADTH website.
- Patient group input should be provided, succinctly and clearly, in English, and in a form that is ready to be posted on the CADTH website.
- Submissions should be in Microsoft Word using a minimum of an 11-point font. They should not exceed six typed pages (approximately 3,500 words). Additional or supplemental information, such as a description of a survey, may be included as an appendix; however, such additional information will not be included in the summary of all submitted patient input. The instructions and examples under each heading in the template may be deleted.
- Completed patient group submissions should be emailed to feedback@cadth.ca.
- All patient group input that is received will be collated and summarized by CADTH staff.
- All patient groups that have submitted patient input will be invited to comment on whether the summary created reflects their main issues and concerns and to ensure that all personal information that could identify any patient is removed. They will not be able to add new information to the summary. They will be invited to comment **only** on the approximately two-page summary.
- Patient groups will have up to five business days to comment on the summary.
- The summary will be incorporated into the Therapeutic Review Science Report, which will be posted on the CADTH website.
- All patient group input submissions in their entirety will be posted on the CADTH website at the same time as the related Therapeutic Review Science Reports.
- CADTH will use reasonable care to prevent the disclosure of individual's identities or private information in publicly available documents, and will format the submission for posting if necessary. CADTH will not edit or copy-edit the patient input submissions filed by patient groups, but will remove any information that can identify patients.

Therapeutic Review Update — Issue 1 (May 7, 2015)

In January 2012 CADTH outlined our process for undertaking Therapeutic Reviews in a Therapeutic Review Framework. Today we have updated this framework to clarify the timing and scope of these reviews, as well as the type of evidence that is considered. These changes are outlined in more detail below.

1. Revised Therapeutic Review Framework: Definition

CADTH has revised the definition of a Therapeutic Review to clarify the timing of Therapeutic Review projects. Within the 2012 CADTH Therapeutic Review Framework, it is stated that Therapeutic Reviews are prepared to coincide with a CADTH Common Drug Review (CDR) of a formulary submission. This has recently been revised to reflect the possibility that CADTH Therapeutic Reviews may not always coincide with a CDR submission.

To reflect this update, CADTH has revised the Therapeutic Review Framework with the following definition:

A Therapeutic Review is an evidence-based review of publicly available sources regarding a therapeutic category of drugs (e.g., antihypertensive agents) or a class of drugs (e.g., angiotensin-converting enzyme inhibitors [ACEIs]) in order to support drug listing and policy decisions and encourage the optimization of drug therapy.

The optimization of drug therapy involves ensuring that the right drugs are prescribed and used appropriately to improve or maintain optimal health. This requires balancing maximized benefits with minimized risks for people's health based upon best quality evidence, taking into account the options, costs, available resources, and societal context.

An important characteristic of a Therapeutic Review is that it may inform CADTH Common Drug Review (CDR) submission reviews and associated Canadian Drug Expert Committee (CDEC) listing recommendations, which in turn advise drug plan decisions. However, CADTH Therapeutic Reviews may not always coincide with a CDR submission.

- *Publicly funded drug plans evaluate and consider the addition of new drugs to their formularies. They do this based on favourable efficacy, safety, and cost-effectiveness analyses as reviewed by CADTH's CDR program. However, decisions are also made in the context of existing coverage policies of therapeutically related drugs; for this reason, Therapeutic Reviews may be conducted. The final output of a Therapeutic Review project includes:*
- *science report (clinical and economic review)*
- *patient input received is incorporated into the clinical review*
- *recommendation(s) or advice from CDEC (based upon evidence contained within the science report)*

Please direct any questions to requests@cadth.ca.

2. Revised Therapeutic Review Framework: Scope to Include Drugs with Evidence-Expanded Use

Effective immediately, CADTH has revised the scope of a Therapeutic Review to allow for the inclusion of drugs with evidence-based expanded use (i.e., for a clinical indication not included in an approved Health Canada product monograph), provided that sufficient clinical evidence on efficacy and safety is available.

CADTH has revised the Therapeutic Review Framework with the following statement:

Technologies typically chosen for a Therapeutic Review are related to emerging drugs, or a drug with a new indication, or Pre-Notice of Compliance that is (or is expected to be) submitted to CDR for review. In exceptional circumstances, the project scope may include drugs with evidence-based expanded use (i.e., for a clinical indication for which a pharmaceutical manufacturer has not applied to Health Canada and that is not included in an approved Health Canada product monograph), provided that sufficient clinical evidence on efficiency and safety is available.

Please direct any questions to requests@cadth.ca.

3. Clarification of Therapeutic Review Framework: Only Publicly Available Evidence Included

As outlined in the revised definition, a Therapeutic Review is an evidence-based review of publicly available sources regarding a therapeutic category of drugs (e.g., antihypertensive agents) or a class of drugs (e.g., angiotensin-converting enzyme inhibitors [ACEIs]) in order to support drug listing and policy decisions and encourage the optimization of drug therapy.

The primary evidence evaluated for possible inclusion in a Therapeutic Review is from the public domain. Sources of evidence are described as follows:

- Published literature is identified by searching major biomedical bibliographic databases using an internally peer-reviewed search strategy. Bi-weekly search updates are run for the duration of the review.

- Grey literature (literature that is not commercially published) is identified by searching relevant sections of the CADTH Grey Matters checklist (<http://www.cadth.ca/resources/grey-matters>). Internet search engines are used to identify additional web-based materials.
- A clinical expert is engaged and given the opportunity to suggest evidence to be reviewed.
- Manufacturers (industry) impacted by the review are contacted to confirm available evidence.
- Authors may hand search the references of included studies.

Note: Stakeholders are given the option of identifying and providing unpublished data for consideration in the Therapeutic Review on the condition that, if used, it will be included in publicly available reports and documents related to the Therapeutic Review.

CADTH will notify interested parties of stakeholder feedback opportunities by posting a notice to the [Calls for Feedback](#) page and issuing an email to subscribers of the [CADTH E-Alert](#) service. Instructions on providing feedback are included with every notification.

If you have any questions about the feedback process, please email requests@cadth.ca.

We are currently in the process of incorporating these revisions into the Therapeutic Review Framework document and an updated version will be posted later this spring.

Therapeutic Review Update — Issue 2 (August 26, 2016)

Stakeholder Feedback on the New Therapeutic Review Framework and Process

Background

On June 25, 2015, CADTH posted a revised Therapeutic Review Framework and Process document for stakeholder feedback. The Therapeutic Review Framework was first developed in 2012, and since this time, various changes have been made to the process.

Stakeholders were given 20 business days to provide comments on the following aspects:

- Is the information contained within the document complete?
- Are there any areas that you feel have not been addressed, or is any relevant information missing?
- Are there any inaccuracies in the document?
- Do you foresee the document being useful for your work and your organization? If so, how?

CADTH received feedback from 10 groups (representing six patient groups and four from industry).

The feedback has been grouped into the following categories (see Table 1) to reflect themes that were identified through the comments:

- Inclusion of evidence-based, expanded use of drugs into therapeutic reviews
- Increased stakeholder engagement in therapeutic review process
- Process for the identification of therapeutic review topics and the evaluation of evidence
- Timelines
- Transparency
- Components of the therapeutic review team
- Clarity of process.

CADTH Response

CADTH has made modifications to the [Therapeutic Review Framework and Process](#) in order to address concerns expressed by current stakeholder feedback. Modifications include the following:

- CADTH will typically request stakeholder feedback for therapeutic review procedural changes.
- A simplified online stakeholder feedback form has been implemented for future projects.
- CADTH has revised the formal therapeutic review patient group input process to allow for more response time for patient groups (with the exception of feedback on the project scope).

In consideration of stakeholder feedback, additional context has been added to the Therapeutic Review Framework and Process to ensure clarity with regard to the following:

- When and how CADTH will handle the inclusion of evidence-based expanded use drugs (off-label) within Therapeutic Review reports
- Incorporation of stakeholder feedback (especially patient input) into the therapeutic review process The point at which observational data are considered for review within therapeutic review projects
- A definition for “patient group” has been added to Appendix 1.

As part of CADTH's commitment to address stakeholder concerns, serious and open-minded consideration will also be given to many of the topics raised by current stakeholder feedback. CADTH will explore the following:

- Ways to build upon the existing work of other health technology assessment agencies
- Making the topic selection process for therapeutic reviews more transparent in the future
- How to better prepare all stakeholders for feedback periods
- The use of qualitative evidence as a means of integrating the patient perspective into CADTH reports
- Posting key milestone time estimates online for ongoing therapeutic review projects
- Integrating more plain language into the Therapeutic Review Framework and Process, going forward.

Summary

A detailed summary of stakeholder feedback (organized by theme) with the associated CADTH response is presented in the table below.

Stakeholder Comments (Summarized) and CADTH Responses Grouped by Theme

Source	Summary of Comments	CADTH Response and/or Action Taken
Inclusion of Evidence-Based Expanded Use of Drugs Into Therapeutic Reviews		
Industry and Patient Groups	<p>CADTH should <i>not</i> consider the inclusion of an off-label therapy in TRs when there are licensed alternatives available, due to the following concerns:</p> <ul style="list-style-type: none"> • Safety (especially if a governing Health Authority has already made reference to safety concerns regarding the usage of a particular product in a non-approved indication) • May prevent access to approved medications • May compromise the Canadian drug approval process • No international precedent (e.g., NICE). 	<p>Additional context has been added to the Therapeutic Review Framework and Process to clarify when and how CADTH will handle the inclusion of drugs with evidence-based expanded use within its reports and recommendations.</p> <p>Safety concerns: A key element of all CADTH TRs is the assessment of the evidence regarding the safety of every drug reviewed. The review of off-label drugs is considered only if safety data exist for the indication in question (preferably randomized controlled trial data, but other high-quality studies may be considered).</p> <p>Access concerns: TR recommendations do not prevent access to drugs in Canada. Their aim is to provide decision-makers with the best available evidence to make formulary listing decisions and to inform optimization of drug therapy.</p> <p>Canadian drug approval process concerns: A key consideration for including drugs with evidence-based expanded use in a CADTH TR is evidence of the drug's current use for the condition of interest in Canadian clinical practice (e.g., integration of drug in clinical practice guidelines, or consultations with clinical specialists).</p> <p>International precedent: NICE in the UK does include drugs that have not received a UK marketing authorization in its guidance reviews when there is good evidence to support this (see peripheral neuropathic pain). Where recommendations have been made by NICE for the use of drugs outside their licensed indications, these drugs are marked with a footnote in the recommendations. Regulatory agencies in France and Italy have similar processes for reimbursing expanded-use products.</p>
Industry Groups	<p>CADTH should halt all current TRs, including off-label drugs, until CADTH performs a thorough evaluation and/or assessment of the impact of reviewing off-label therapies for TRs. This includes reviewing the feedback received on the inclusion of off-label drugs within the revised TR process.</p>	<p>The inclusion of evidence-based expanded use drugs was never stated as an exclusion criterion for TR projects within the original Framework.</p> <p>In consideration of the current feedback, CADTH has modified its Therapeutic Review Framework and Process to allow for stakeholder feedback on procedural changes. CADTH will continue to consult participating drug plans for procedural changes as per current practice.</p>
Industry and Patient Groups	<p>Whenever off-label drugs are included in a TR, the rationale for inclusion must be clearly documented. In addition, the "exceptional circumstances" in which off-label medications are included should be further defined within the TR process.</p> <p>The Proposed Project Scope document for the Anti-Vascular Endothelial Growth Factor</p>	<p>Additional context has been added to the Therapeutic Review Framework and Process to clarify when and how CADTH will handle the inclusion of drugs with evidence-based expanded use within its reports and recommendations.</p>

Source	Summary of Comments	CADTH Response and/or Action Taken
	Therapeutic Review did not make it clear that Avastin is not formulated nor authorized for intravitreal use according to the Canadian product monograph and that serious warnings and precautions exist.	
Patient Group	Any <i>recommendation</i> that includes the use of off-label drugs needs an implementation program to ensure informed patient consent.	Although CADTH does not <i>implement</i> recommendations, when requested, CADTH does provide knowledge mobilization material to the public drug plans to support jurisdictional decisions based upon our TR recommendations.
Patient Groups	Any inclusion of off-label drugs must be driven by the best interests of the patient population (efficacy and safety), not necessarily cost.	<p>Although cost considerations are part of a TR report, cost is not a determining factor for including drugs with evidence-based expanded use for review. A key consideration for including drugs with expanded use is evidence of the drug's current use for the condition of interest in Canadian clinical practice (e.g., integration of drug in clinical practice guidelines, or consultations with clinical specialists).</p> <p>Other key considerations for including drugs with evidence-based expanded use within a TR are as follows:</p> <ul style="list-style-type: none"> • Data for the expanded use of a drug exist for the indication in question (preferably randomized controlled trial data, but other high-quality studies may be considered) • Evidence that other international health technology agencies or payers have made decisions and/or recommendations to fund a drug despite lack of regulatory approval.
Increased Stakeholder Engagement		
Industry and Patient Groups	<p>All stakeholders, including patients and caregivers, should be given the opportunity to provide input during the <i>initial scoping stage</i> of a TR.</p> <p>The consultation of clinicians in the scoping stages of the review should be expanded from a couple of experts to seeking broad clinician input, as per the NICE and ODPRN models. CADTH should have a process for getting adequate participation from clinician groups. This may include encouraging provinces to notify relevant clinical networks or adapting the ODPRN process.</p>	<p>CADTH has revised the sections on stakeholder feedback within the Therapeutic Review Framework and Process to clarify that stakeholder feedback is not limited to a particular group.</p> <p>Stakeholder feedback is not limited to a particular group and it occurs throughout the CADTH TR process at the following stages:</p> <ul style="list-style-type: none"> • Stakeholder feedback on Proposed Project Scope • Stakeholder feedback on Included Studies List • Stakeholder feedback on draft Therapeutic Review Science Report • Stakeholder feedback on draft CDEC Recommendations or Advice document <p>Although anyone (including patients and caregivers) is welcome to give feedback at the above stages, CADTH also seeks focused input from specific patient groups representing the indication being reviewed. This includes an introductory call and a request for specific patient group input, which is included in the draft reports and shared among the members of CDEC. Patient group input is limited to patient groups; however, individual patients, caregivers, and anyone else are welcome to comment on the scope of the review during the general calls for stakeholder feedback phases documented above.</p> <p>CADTH also seeks engagement during the TR process from the following:</p> <ul style="list-style-type: none"> • Customers (particularly during the topic selection and scoping phase)

Source	Summary of Comments	CADTH Response and/or Action Taken
		<ul style="list-style-type: none"> CADTH Liaison Officers across the country (for linkages to relevant clinical networks and clinical experts) Multiple clinical experts during the TR to ensure the project is relevant to the Canadian context.
Industry and Patient Groups	CADTH should allow for stakeholder feedback on the development of the protocol and methods for a TR.	CADTH has revised sections on stakeholder feedback within the Therapeutic Review Framework and Process to ensure clarity. CADTH solicits guidance from clinical experts and methodologists when designing the Project Protocol. CADTH also takes into consideration stakeholder feedback on the Proposed Project Scope, which includes the proposed deliverables and aspects of the project design.
Patient Group	There should be a final stakeholder review of the “social acceptability” of the recommendation before finalization.	CADTH consults with clinical experts when draft recommendations are developed for implementation barriers. Patient group input and the CDEC public member may also provide insight on implementation issues.
Patient Group	The process for patient group input is supported and appreciated; however, patient groups may require CADTH expertise or financial help in order to effectively participate in TRs.	CADTH has two Patient Engagement Officers dedicated to supporting the participation of patient groups in the development of CADTH Recommendations.
Industry	The process for notifying manufacturers should be expanded to include manufacturers with a product in late-stage development in the related therapeutic area.	CADTH sends out e-alerts when stakeholder feedback is requested. All organizations are welcome to provide feedback, in particular when the Proposed Project Scope is first posted.
Patient Group	Could CADTH develop a simplified online feedback questionnaire for future input or feedback?	CADTH has implemented a simplified online stakeholder feedback form for projects going forward.
Identification and Treatment of Evidence		
Industry and Patient Group	<p>The evidence on which all recommendations are based should be adequately defined, graded, and/or weighted, and presented in a manner that explains the rationale to all stakeholders (including how the various stakeholder contributions and types of evidence have been addressed).</p> <p>Recommendations made with limited evidence should be given with recognition of limited and/or uncertain data: in these cases, recommendations should be conditional and have a timeframe for re-assessment based upon new evidence.</p>	<p>CADTH incorporates the evidence used to guide the recommendations within the Therapeutic Review Recommendations Report. If CDEC considers the evidence to be insufficient, then a clear recommendation is not issued and CDEC typically provides comments while documenting existing research gaps. Occasionally, if a review identifies ongoing trials that have the potential to affect a recommendation, a future update is suggested.</p> <p>In all Therapeutic Review Recommendations Reports issued by CDEC, there is a section called “Limitation of the Evidence” that evaluates the evidence available. Whenever there is insufficient evidence, this is made clear and documented in the “Research Gaps” section of the Recommendations Report.</p>
Industry and Patient Groups	Real-world evidence is absent in CADTH’s TR process, compared with that of others. Patient-reported and/or relevant outcomes and real-world data should be considered as primary evidence. Request greater clarity regarding the use of patient feedback and/or perspectives as a distinct	CADTH will continue to participate in and maintain current knowledge of developments and best practices in the methods for HTA. To that end, additional context has been added to the Therapeutic Review Framework and Process to clarify when CADTH considers the inclusion of observational data within TRs. CADTH will also explore the use of qualitative evidence as

Source	Summary of Comments	CADTH Response and/or Action Taken
	form of evidence with clear guidelines as to how that information is used in the review process and in the development of recommendations and conclusions.	a means of integrating the patient perspective into CADTH reports.
Industry	Allow unpublished data (evidence) from key stakeholders to be included in the TR. Confidentiality can be handled by redaction (may be "time-limited") as per the CDR model.	Stakeholders are given the option of identifying and providing unpublished data for consideration in the TR on the condition that, if used, it will be included in publicly available reports and documents related to the TR. CADTH TRs do not allow for redactions at this time, as all information incorporated is required to be publicly available. This ensures an open and transparent review process and accountability for recommendations to patients and the public.
Patient Group	Evidence of inappropriate utilization should not necessarily result in limiting access to drugs; rather, the focus should be on education, coaching, monitoring, and support.	CADTH recommendations are non-binding and it is up to jurisdictions to implement them (or not) as they see fit. Access to drugs is also controlled by jurisdictional drug plans, not CADTH. When requested by customers, however, CADTH may develop educational tools to support the recommendations for optimal use that jurisdictions have chosen to implement.
Industry	More details on how economic evaluations are conducted is needed, including possible collaboration with manufacturers to reuse existing economic models.	CADTH is exploring ways to build upon the existing work of other HTA agencies.
Industry and Patient Groups	Cost-containment should not be the only lens through which a TR is launched or conducted (e.g., opportunity to highlight value in classes or categories not currently funded). Emphasis on the economic evidence within the TR process is not appropriate for rare diseases, and emphasis should always be on patient health and quality of life.	The ultimate goal of TR projects is to assist decision-makers in benefiting the health of Canadians through improved drug-related health outcomes and quality of life, and by maximizing value of the health care budget. Generally, a TR is undertaken to address, but is not limited to, the following: <ul style="list-style-type: none"> • Issues regarding effectiveness, either of the class as a whole or of the relative effectiveness of drugs within the class • Issues regarding safety, either of the class as a whole or of the relative safety of drugs within the class • Issues that affect resource use concerns regarding inappropriate utilization of drugs within a class. CADTH recognizes the unique challenges of reviewing drugs for rare diseases and will continue to explore ways to address these issues.
Timelines		
Industry and Patient Groups	The 10 business-day timeline given for stakeholder feedback is tight, especially for patient and clinician community participation.	CADTH has revised the process so that patient group input occurs at a later stage, allowing for more preparation time. However, feedback from patients, caregivers, patient groups, and other stakeholders, specifically on the scope of a TR, will continue to be requested earlier during the regular call for stakeholder feedback on the Project Scope. Continued consideration will be given on how to better prepare all stakeholders for feedback periods.
Industry	Recommend that the available information on timelines be enhanced in future iterations of the	CADTH will consider providing key milestone time estimates for ongoing TR projects going forward.

Source	Summary of Comments	CADTH Response and/or Action Taken
	Framework	
Industry	CADTH should make environmental scans of emerging drug technologies a priority so that TRs required for CDR reviews or pan-Canadian Pharmaceutical Alliance negotiation are identified and completed as soon as possible, to avoid reimbursement delays.	Therapeutic Reviews do not affect timelines for CDR reviews in the current Framework and Process.
Transparency		
Industry	CADTH should post the short list of potential topics online for transparency and to allow stakeholders time to prepare for feedback.	Topics on the short list are not refined nor guaranteed for review, and posting them may create false expectations. Despite this issue, CADTH will give consideration to the possibility of posting short-list topics in the future.
Industry and Patient Groups	CADTH should post complete (not summarized) responses to stakeholder feedback online (includes "Discussant Reports"). This will assure stakeholders that their input has been considered and would increase overall trust in the TR process.	Complete patient group input is currently posted and shared on the TR project website. In addition, both unedited and summarized patient group input and stakeholder feedback is provided to CDEC for review before the committee makes recommendations or advice statements. Confidentiality and disclosure issues will need to be reviewed before any decision is made on posting all stakeholder feedback online.
Industry and Patient Groups	The manner in which topics are selected could be much more transparent and predictable. Patient groups, patients, health care providers, researchers, and industry should be able to identify TR topics for consideration. The document describes a Framework whose scope references other factors such as "social, legal, ethical, and environment." As written, the policy, process, and procedures for these aspects are not described in any detail.	Topics selected are based on CADTH's customers' needs and requests. Social, legal, ethical, environmental, political, entrepreneurial, and research (innovation) issues may be factors considered in the identification of TR topics. CADTH will give serious and open-minded consideration to making the topic selection process for TR more transparent in the future.
Industry and Patient Groups	The development of knowledge mobilization tools should reflect the same rigour and consultation process as the review itself (e.g., stakeholder including patient consultation and expert committee validation).	For TRs, specialist experts and the designated advisory committee (CDEC) members for a particular topic always review any key messages, or KM tools. In order to obtain stakeholder feedback on knowledge mobilization tools, the preferred mechanism is focus group tests. This means a group representing the intended end-user (e.g., clinician, pharmacist, patient) would review the tool before it is finalized.
Changes to Review Team		
Industry and Patient Groups	A patient should be added to the review team for TRs wherever possible.	CADTH solicits patient group input for TRs and summarizes it within the review; it is used to inform the Protocol and Recommendations. As one of their roles, the public CDEC member has the responsibility of ensuring patient input is considered. CADTH has no plans to add a patient to the review team at this time.
Patient	The Jurisdictional Working Group should include	Changes to Jurisdictional Working Group membership

Source	Summary of Comments	CADTH Response and/or Action Taken
Group	patient representatives to help identify and define topics from a patient perspective.	comprise a decision for the public drug plans. At this point, the membership does not include patients, clinicians, or other stakeholders.
Patient Group	Qualitative researcher(s) should be added to the review team for TRs wherever possible.	CADTH will continue to participate in and maintain current knowledge of best practices in the methods for HTA; however, there are no plans to include qualitative researchers on TR review teams at the moment.
Clarity		
Patient Group	There is no definition of patient as customers within the TR process.	CADTH has added a definition for “patient group” to Appendix 1 of the Therapeutic Review Framework and Process. There is no attempt to define “patient” within the Framework, but CADTH encourages stakeholders, including patients, relatives, and caregivers, to provide feedback into TR projects during calls for stakeholder input (see Appendix 2 of the Framework).
Patient Group	Replace technical language in the TR process with plain-language alternatives.	CADTH will explore using plain language in the TR process going forward.
Industry	For clarity, it should be clearly articulated that CDEC receives the full version of all stakeholder responses as part of the Discussant Report.	CADTH ensures that CDEC members receive all stakeholder feedback (both complete and summarized) before they make any recommendation or advice statements. CADTH has revised sections on stakeholder feedback within the Therapeutic Review Framework and Process to ensure clarity.

CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; HTA = health technology assessment; NICE = National Institute for Health and Care Excellence; ODPRN = Ontario Drug Policy Research Network; TR = therapeutic review.

Common Drug Review Updates

CDR Update — Issue 1 (May 1, 2003)

Transition to the Permanent Common Drug Review

The Common Drug Review

The Common Drug Review (CDR) is a single process for reviewing new drugs and providing listing recommendations to participating federal, provincial and territorial (F/P/T) drug benefit plans in Canada. All jurisdictions are participating except Quebec. The CDR consists of :

- A critical appraisal of best available clinical and pharmacoeconomic evidence
- A listing recommendation made by the Canadian Expert Drug Advisory Committee (CEDAC)

The drug plans continue to make the decisions regarding the listing of drugs in their jurisdictions.

Current funding enables the CDR Directorate to conduct reviews of new chemical entities and new combination products. Submissions for products other than new chemical entities or new combination products should be made directly to individual drug plans.

The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) will deliver the CDR to participating drug plans. CCOHTA has set up a new operating unit, the CDR Directorate, to deliver the CDR.

Objectives of the Common Drug Review

The objectives of the Common Drug Review are to:

- Provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation
- Reduce the duplication of effort by the participating drug plans
- Maximize the use of resources and expertise
- Provide equal access to the same high level of evidence and expert advice by the participating drug plans

Interim Common Drug Review

Since March 2002, new chemical entities and new combination products have been reviewed through an Interim Common Drug Review process. The interim process uses a distributive model steered by the CDRC and coordinated by a secretariat housed at CCOHTA. Manufacturers make submissions directly to individual drug plans. One drug plan conducts the clinical or the pharmacoeconomic review and shares the review with all participating drug plans. The Interim CDR does not provide a common listing recommendation. Reviews for 22 drugs were completed and shared with participating plans between March 2002 and April 2003. The Interim CDR will continue until the permanent CDR is implemented.

For information about the status of a review under the Interim CDR, manufacturers should contact Elaine MacPhail, Senior Pharmacist, CDR Directorate [Phone: (613) 226-2553 ext. 230; e-mail: elainem@ccohta.ca].

Transition to the Permanent Common Drug Review

Substantial progress has been made towards the implementation of the permanent CDR. Work already completed or nearing completion includes:

- CDR Directorate staffing
- Developing processes and procedures, evaluation methods and a communication plan.

The transition to the permanent CDR will be finalized over the next 4 months. Key steps in this process include:

- Finalizing the CDR procedure documents (targeted for the end of May 2003).
- Conducting workshops with industry on making submissions to the CDR Directorate (being planned for June, 2003)
- Appointing the Canadian Expert Drug Advisory Committee (CEDAC) members (Nominations closed May 14, 2003; appointments targeted for June 2003)
- Accepting submissions from manufacturers directly to the CDR Directorate (rather than to all plans) for new chemical entities and new combination products (targeted for summer 2003)
- Holding the initial CEDAC meetings (orientation meeting targeted for summer 2003; meeting to review first submissions targeted for fall 2003)

These are target dates only and are subject to change. The CDR Directorate will provide as much notice as possible as different phases of the CDR are implemented.

Transparency and Communications

Transparency and communications are important components of the CDR program. The CDR Directorate is committed to dialogue and information sharing with industry and other stakeholders. The program's communication objectives include:

- Ensuring the CDR's role, objectives and processes are clearly understood
- Ensuring a smooth transition to the permanent CDR
- Providing updates on program and policy changes.
- The primary communications vehicles will be the CCOHTA's web site and electronic publications.

The CDR Directorate consulted with the pharmaceutical industry on January 14, 2003 and with public stakeholders on March 4, 2003. The issues and suggestions brought forward by these stakeholders were thoroughly considered in developing CDR processes and procedures.

Frequently Asked Questions

Frequently asked questions (FAQs) about the CDR will be posted on CCOHTA's web site. The FAQs will be updated on a regular basis.

Who's Who at the CDR Directorate

Director: Barb Shea, BSP

Senior Pharmacist: Elaine MacPhail, BScPharm, MHP

Pharmacist: Terri O'Grady, BScPharm, PhD

Analyst: Mike Gaucher, BSP, MBA

Scientific Advisor: Vijay Shukla, BPharm, PhD

Executive Assistant: Cheryl Fawcett

CDR Update — Issue 2 (May 29, 2003)

Workshop on Preparing Submissions for The Common Drug Review

The CDR Directorate of the Canadian Coordinating Office for Health Technology Assessment will hold a workshop for pharmaceutical manufacturers on Preparing Submissions for the Common Drug Review on Wednesday, June 25, 2003 in Ottawa.

The workshop will provide a detailed walk-through of the submission requirements for new chemical entities and new combination products, an overview of the review process and timelines, and other relevant information. There will also be opportunities for participants to ask questions of clarification.

The workshop is open to individuals who prepare submissions for new chemical entities and new combination products on behalf of pharmaceutical manufacturers.

Date

Wednesday, June 25, 2003

Time

9:00 a.m. - 12 noon

(Registration opens at 8:00 a.m. - Coffee and muffins will be available)

Location

Nepean Sportsplex, Halls A & B
1701 Woodroffe Avenue
Ottawa, ON K2G 1W2

To register

Send an email to cdr@ccohta.ca by Wednesday, June 18, 2003. **Please type 'June 25' in the subject field** and include your name, company, title and contact information in the text field.

Registration is limited to two representatives per company.

Background information

Relevant documents will be available on CCOHTA's web site (www.ccohta.ca) by mid-June.

For more information

Contact Kirk Fergusson, Director, Communications, Canadian Coordinating Office for Health Technology Assessment.
Telephone: 613-226-2553 ext. 276 Email: kirkf@ccohta.ca

CDR Update — Issue 3 (June 20, 2003)

CDR Documents Now Available

Documents describing Common Drug Review procedures and Submission Guidelines for Manufacturers have been finalized and are now available from CCOHTA's web site. The documents include:

- Procedure for Common Drug Review, which outlines the Common Drug Review process steps from submission to CEDAC final recommendation
- Submission Review Process Flowchart, which outlines the steps in graphic form
- Submission Guidelines for Manufacturers, which provide detailed guidance to manufacturers in the preparation of submissions for new chemical entities and new combination products.

The final documents have been modified from the versions circulated for comment during consultation sessions with pharmaceutical manufacturers in January 2003 and consumer advocates in March 2003. The issues and suggestions brought forward by all stakeholders were thoroughly considered as the procedures and documents were revised.

Still Time to Register for June 25 Workshop

The registration deadline for the June 25 workshop on Preparing Submission for the Common Drug Review has been extended until end of day Monday, June 23. As there are some additional spaces, companies may now send up to 4 registrants.

Date: Wednesday, June 25, 2003

Time: 9:00 a.m. - 12 noon (Registration opens at 8:00 a.m. - Coffee and muffins will be available)

Location: Nepean Sportsplex, Halls A & B 1701 Woodroffe Avenue Ottawa, ON K2G 1W2

To register, send an email to cdr@ccohta.ca by end of day Monday, June 25, 2003. Please type 'June 25' in the subject field and include your name, company, title and contact information in the text field.

Transition Update

The appointment of Canadian Expert Drug Advisory Committee (CEDAC) members is now anticipated for July 2003. The CDR Directorate anticipates accepting submissions from manufacturers for new chemical entities and new combination products on September 1, 2003.

CDR Update — Issue 4 (August 22, 2003)

June 25th CDR Directorate Workshop on "Preparing Submissions for the CDR"

The CDR Directorate held a half-day workshop on Preparing Submissions for the Common Drug Review on Wednesday, June 25, 2003 in Ottawa. Over 100 pharmaceutical industry representatives and consultants attended the session. Presentations at the session focused on the submission requirements and confidentiality guidelines, the review process and the Canadian Expert Drug Advisory Committee (CEDAC). The revisions incorporated into CDR procedures and submission requirements as a result of previous consultations with CDR stakeholders were highlighted in the presentations. The PowerPoint presentation from the workshop can be found on the CCOHTA web site [www.ccohta.ca].

Revised CDR Submission Guidelines for Manufacturers

The CDR Directorate has revised the CDR Submission Guidelines for Manufacturers in response to feedback received at the June 25th workshop. The updated version of the submission guidelines is available on the CCOHTA web site [www.ccohta.ca]. The revisions clarify submission requirements. Revisions include:

- Manufacturers are NOT required to provide the Module 5 information of the Common Technical Document (CTD). Only Section 2.5 Clinical Overview and Section 2.7 Clinical Summary found in Module 2 of the CTD are required. The appendices for these sections are not required. (See item 7 on page 8 of the CDR Submission Guidelines for Manufacturers document.)
- Drug plan submission requirements have been clarified in Appendix 1.
- Resubmissions to CDR should be made only for those products that have gone through the CDR process after September 1, 2003.

Updated CDR FAQs

The CDR Frequently Asked Questions have been updated and expanded to include responses to questions asked during the June 25th workshop. The CDR FAQs are available on the CCOHTA web site

Timeline Update

The CDR Directorate will begin accepting submissions for new drugs from manufacturers on September 1, 2003. As of this date, submissions for new chemical entities and new combination products must be delivered to the CDR Directorate by mail or courier, as outlined in the document Procedure for Common Drug Review. (This document is available from CCOHTA's web site at www.ccohta.ca) An announcement of the membership of the Canadian Expert Drug Advisory Committee (CEDAC) is anticipated in early September 2003.

Request for notification of submissions

Manufacturers who are planning to make a submission to the CDR Directorate between September 1, 2003 and December 31, 2003 are requested to advise Elaine MacPhail, Senior Pharmacist, CDR Directorate by e-mail to elainem@ccohta.ca.

New CDRC Chair

- Leanne Jardine, Acting Director of the New Brunswick Prescription Drug Program, has been selected Chair of the Common Drug Review Committee (CDRC). The previous Chair, Marnie Mitchell, recently left her position as Executive Director, BC PharmaCare, to join the British Columbia Pharmacy Association as Deputy Chief Executive Officer.
- David Bougher, Director of the Pharmaceutical Policy and Programs Branch with Alberta Health and Wellness, was selected CDRC Vice-Chair. The CDRC acts as a liaison between participating drug plans and the CDR Directorate. The CDRC comprises representatives of participating federal/provincial/territorial drug plans, the CDR Director and selected observers.

CDR Update — Issue 5 (September 5, 2003)

CEDAC Members Appointed

Eleven highly respected Canadian experts in drug therapy and drug evaluation have been appointed to the Canadian Expert Drug Advisory Committee (CEDAC) following a national nomination process.

CEDAC members are:

- Dr. Andreas Laupacis, President and Chief Executive Officer of the Institute for Clinical Evaluative Sciences in Toronto (Chair) Dr. John Conly, Head of the Department of Medicine, University of Calgary and Calgary Health Region (Vice-Chair)
- Dr. Ken Bassett, Senior Medical Consultant, University of British Columbia Centre for Health Services and Policy Research
- Dr. Margot J. Burnell, Medical Oncologist, Department of Oncology and Department of Internal Medicine, Atlantic Health Sciences Corporation
- Dr. Bruce Carleton, Associate Professor and Chair, Division of Clinical Pharmacy, Faculty of Pharmaceutical Sciences, University of British Columbia
- Dr. Michael Evans, Family Physician, Toronto Western Hospital
- Dr. Anne Holbrook, Clinical Pharmacologist and Internal Medicine Specialist, Centre for Evaluation of Medicines, St. Joseph's Hospital and Hamilton Health Sciences Corporation
- Dr. Laurie Mallory, Acting Head, Division of Geriatric Medicine, Dalhousie University and Acting Director, Centre for Health Care of the Elderly, Queen Elizabeth II Health Science Centre
- Dr. Braden Manns, Nephrologist, Faculty of Medicine, University of Calgary
- Dr. Tom Paton, Director, Department of Pharmacy, Sunnybrook & Women's College Health Sciences Centre
- Dr. Dale Quest, Associate Member, College of Medicine/Pharmacology and the College of Dentistry/Biological, Diagnostic and Surgical Sciences and Associate Professor, College of Nursing, University of Saskatchewan

CEDAC is a new independent advisory body of drug therapy and drug evaluation experts. Based on a critical appraisal of the best available clinical and pharmacoeconomic evidence, CEDAC will provide drug listing recommendations for new drugs, including conditions and/or criteria for coverage where appropriate, to participating drug plans. The drug plans will continue to make individual listing and drug benefit coverage decisions.

CEDAC will hold its inaugural meeting in October. A schedule of meetings for the next 12 months will be established at the inaugural meeting. The committee will meet a minimum of six times per year.

Profiles of CEDAC members and the CEDAC Terms of Reference are available from CCOHTA's web site at www.ccohta.ca

Request for notification of submissions

Manufacturers who are planning to make a submission to the CDR Directorate between September 1, 2003 and December 31, 2003 are requested to advise Elaine MacPhail, Senior Pharmacist, CDR Directorate by e-mail to elainem@ccohta.ca.

CDR Update — Issue 6 (September 17, 2003)

Correction to Appendix 1 of the Submission Guidelines for Manufacturers

The Yukon Territory and the Northwest Territories do not require budget impact analysis (BIA) for any drug plan to be included in the material sent to them. Pages 13 to 15 of the Submission Guidelines for Manufacturers have been amended to clarify what needs to be sent to these jurisdictions. Manufacturers should supply the data requested in the “What to Send” column in Appendix 1 of the Submission Guidelines for Manufacturers. A new version of the Guidelines dated September 2003 is available on CCOHTA's web site (www.ccohta.ca).

CDR Welcomes Advance Notification of Submissions

The CDR invites manufacturers to provide advance notification of submissions. This notification assists the CDR Directorate in planning workloads. This presubmission information will be kept in confidence within the CDR Directorate. Manufacturers who are planning to make a submission to the CDR Directorate are invited to advise Elaine MacPhail, Senior Pharmacist, CDR Directorate by e-mail to elainem@ccohta.ca on an ongoing basis.

Role of the Common Drug Review Committee

The Common Drug Review Committee (CDRC) acts as a liaison between participating federal/provincial/territorial drug plans and the CDR Directorate. It provides a forum for identifying and discussing common drug-related issues and communicating them as required to the CDR Directorate for action or information. The CDRC comprises the following:

- One voting member (a public servant) from each participating drug plan; One observer from the Patented Medicine Prices Review Board (PMPRB);
- Three observers from Health Canada –Therapeutic Products Directorate, Marketed Health Products Directorate and Health Care Policy Directorate (Quality Care, Technology and Pharmaceuticals Division); and
- The CDR Director.

Christmas and New Year's Holiday Schedule

The CDR Directorate office will be closed over the Christmas-New Year's holidays (dates to be determined). The CDR Directorate reminds manufacturers that the timeframes for the review process are based on business days. Submissions will not be processed while the office is closed. Exact dates of the holiday closure will be posted on the CCOHTA web site (www.ccohta.ca) when available.

CDR Update — Issue 7 (November 19, 2003)

Amendments to the Common Drug Review Submission Guidelines for Manufacturers

The November 12, 2003 version of the Common Drug Review Submission Guidelines for Manufacturers contains the following amendments:

- Page 4, under “Deadlines and order of submission review”—the requirements for priority review has been clarified.
- Page 7, number 3—the requirement for a copy of the executive summary has been expanded to include an electronic copy (diskette or CD) in PDF format in addition to a hard copy.
- Page 7, number 6—the requirement to provide an electronic copy of the product monograph and product profile has been revised. It now states that in addition to a hard copy, an electronic copy (diskette or CD) in PDF format is required.
- Page 8, number 7(b)—the sentence “No appendices are required.” has been deleted.
- Page 10, number 4—the requirement to provide Pharmaceutical Advertising Advisory Board (PAAB) approved promotional materials has been amended to read:
Pharmaceutical Advertising Advisory Board (PAAB) approved promotional materials —or a draft copy of material submitted to PAAB. If a manufacturer does not intend to produce and use promotional material for the product, the manufacturer may request that this requirement be waived. A letter, signed by a senior company official, stating the rationale and period of time for which no promotional material will be used, must be provided.
- Page 19—the item “Clinical Study Reports (Common Technical Document Module 5)” has been deleted from the Category 1 – Submission Requirements checklist.
- Appendix 5 (Template – Clinical Review) and Appendix 6 (Template – Pharmacoeconomic Review) has been removed. Updated versions of these templates are now available as separate documents on the CCOHTA web site under CDR Process.

Note: Most of the amendments above are clarifications or changes requested by manufacturers. These changes are effective immediately. Any questions about these changes should be directed to Elaine MacPhail by e-mail (elainem@ccohta.ca) or phone (613) 226-2553 ext. 230.

Canadian Expert Drug Advisory Committee

The Canadian Expert Drug Advisory Committee (CEDAC) held its first meeting on October 15, 2003 to discuss the role and responsibilities of members and operational issues. No new chemical entities or new combinations were available for review. CEDAC will meet on the third Wednesday of every month, alternating face-to-face meetings with teleconferences, videoconferences or web conferences, as required. The date of the next CEDAC meeting is dependent on the date of receipt of submissions and completion of reviews and will be posted on the web site when available.

Barb Shea Appointed Vice-President of CDR

Barb joined the CDR Directorate in January 2003. Barb was Director, CDR Directorate prior to being appointed Vice-President. Barb has an extensive background in the areas of pharmaceuticals management at the local, provincial and national levels. Prior to joining CCOHTA, she was the Executive Director, Drug Plan and Extended Benefits Branch of Saskatchewan Health. She was the President of the Saskatchewan Pharmaceutical Association and the President of the Canadian Pharmacists Association. Barb also has experience in community pharmacy.

Stan Bardal Joins CDR Directorate as Pharmacist

The newest member to join the CDR Directorate is Stan Bardal as Pharmacist. Stan completed a B.Sc. in Pharmacy at the University of Saskatchewan in 1996 and received a Master in Business Administration, majoring in finance and marketing from the University of Victoria in 1998 while practicing as a retail pharmacist. In 1999, he returned to the University of Saskatchewan to work on a Ph.D. in Pharmacology, specializing in the areas of hypertension and diabetes. He also continued to practice pharmacy on a part-time basis during the course of his Ph.D. program.

CDR Update — Issue 8 (December 18, 2003)

Submission Status

The CDR Directorate has received two submissions:

- Combigan® (brimonidine tartrate 0.2%/timolol 0.5% ophthalmic solution, Allergan Canada Inc)
- Reyataz™ (atazanavir, Bristol-Myers Squibb Canada)

Submission Status Reports are available on the CCOHTA web site. These will be updated weekly. A Submission Status Report tracks the progress of a submission from receipt by the CDR Directorate through to the release of the final recommendation and reasons for recommendation by the Canadian Expert Drug Advisory Committee (CEDAC).

The Submission Status Report provides manufacturers, government representatives and public stakeholders with information about the progress of drug submissions through the CDR process. Data will be used to assist in the evaluation of the CDR process after one full year of operation.

Christmas and New Year's Holiday Schedule

The CDR Directorate office is closed for the holiday season from December 25, 2003 to January 2, 2004, inclusive. The CDR Directorate reminds manufacturers that the timeframes for the review process are based on business days. Submissions will not be processed while the office is closed.

Communications Officer Leaving CDR Directorate

Stefania (Allevato) Moffatt joined the CDR Directorate in July 2003 as Communications Officer. Stefania is leaving in December. The CDR Directorate wishes Stefania all the best as she takes on new challenges in her career.

CDR Update — Issue 9 (April 23, 2004)

First CDR Reviews Completed

The first CDR drug reviews are going to the Canadian Expert Advisory Committee (CEDAC) on April 28, 2004. CEDAC will review the briefs prepared by the CDR Directorate for five drugs (Axert, Combigan, Evra, Iressa and Reyataz). The participating federal, provincial and territorial drug plans will consider the formulary listing recommendations made by CEDAC, and also the mandates, priorities and resources of their individual plans, when deciding whether to list the drugs on their formularies. The plans have provided strong support for the CDR program to date and remain committed to considering the CEDAC recommendations in a timely manner.

CDR Submission Contact Information and Submission Status Reports Revised

Appendix 1 of the Submission Guidelines for Manufacturers has been updated and posted on the CDR – Submission Guidelines section of the CCOHTA web site www.ccohta.ca. Appendix 1 contains a listing of the participating drug plans and contact information for sending submissions. The format for the Submission Status reports has been revised to identify the targeted CEDAC meeting at the start of the review process. The new form collapses some of the previous timeframes into one but will transparently provide an accurate view of a specific submission's progress through the CDR process. There have been no changes in our target timeframes. Reports for new submissions will be in the revised format.

Other Submission News

CDR has received five drug submissions in addition to the five to be reviewed at the April 28th CEDAC meeting. Three submissions received in February (Replagal, Fabrazyme and Viread) are scheduled for the June 16th CEDAC meeting, a submission made at the end of March (Neulasta) will be reviewed at the July 21st meeting, and an April submission for Adderall XR is slated for the August 18th meeting. Detailed Submission Status reports for each submission and the CEDAC meeting schedule for the remainder of 2004 are available on the CDR section of www.ccohta.ca.

CDRC Committee Information Online

Information on the Common Drug Review Committee (CDRC) is now available on the CDR - Committees section of www.ccohta.ca. Along with a brief description of the committee and the CDRC Terms of Reference, there is a list of members' names and a link to each of the participating drug plans.

April 1st CDRC Meeting

The CDRC held a productive in-person meeting at CCOHTA April 1, 2004. The objective was to give members from the participating drug plans an overview of CDR's development in the past year, as well as time to discuss challenges and opportunities for CDR at the present and in the coming year. One of the past year's challenges was the arrival of the first five CDR submissions within eight business days – requiring diligent efforts by CDR staff and reviewers to produce solid, yet timely, work. CDRC members also reviewed suggested improvements to the CDR processes and documents based on experience gained in the first set of CDR reviews. CDRC meets regularly via teleconference.

CDR Stakeholder/Outreach Activities

The CDR Directorate's activities have included ongoing liaison with stakeholders from industry and patient/consumer groups by delivering presentations, participating in meetings and responding to inquiries and concerns. So far in 2004, CDR presentations have been delivered to The Conference Board of Canada (Leaders' Roundtable on Health), the Canadian Association of Professional Regulatory Affairs, the Canadian Pharmacists Association and a Postgraduate Course in Clinical Drug Development and Regulation held at the University of Ottawa. Directorate staff have met with, or responded to inquiries from, the Best Medicines' Coalition, the Canadian Treatment Action Council and Canada's Research-Based Pharmaceutical Companies (Rx&D), among others. Transparency and communications with stakeholders continues to be a CDR priority.

Staffing Developments and Vacancies

There have been some CDR personnel adjustments to meet CCOHTA and CDR Directorate needs. With the approval of the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), Barb Shea was appointed Vice President of COMPUS and CDR. Elaine MacPhail accepted the role of Director, CDR. More clinical reviewers and other team members are required now that the permanent CDR is fully operational. See Careers on www.ccohta.ca for a list of openings. Recent staff additions include: health economist Karen Lee and communications officer Sandy Fox. Information requests can be directed to Sandy Fox at (613) 226-2553, ext. 233 or sandyf@ccohta.ca.

CDR Update — Issue 10 (May 31, 2004)

First CEDAC Recommendations Released

The first CEDAC formulary listing recommendations were released May 27, 2004 for the drugs Axert, Combigan and Reyataz. The CEDAC recommendations and reasons for recommendation are posted on the Common Drug Review – CEDAC Recommendations page of CCOHTA's web site www.ccohta.ca

The status of all other drugs in the CDR review queue may be viewed via the Submission Status forms posted on the Common Drug Review – Submission Status web page.

New Submissions

The Common Drug Review has received three drug submissions since the April 23rd CDR Update newsletter. Pegasys RBV, Remodulin and Zavesca are all scheduled for review at the CEDAC meeting September 15, 2004.

CDR Update — Issue 11 (June 16, 2004)

Release of recommendations for drugs considered at June 16, 2004 CEDAC meeting

The Canadian Expert Drug Advisory Committee (CEDAC) met on Wednesday, June 16, 2004 to discuss five drug submissions to the Common Drug Review (CDR):

- norelgestromin/ethinyl estradiol (Evra), Janssen-Ortho, a contraceptive patch (Reconsideration)
- gefitinib (Iressa), AstraZeneca, for non-small cell lung cancer (Reconsideration)
- tenofovir disoproxil fumarate (Viread),
- Gilead, for HIV infection agalsidase beta (Fabrazyme), Genzyme, for Fabry Disease
- agalsidase alfa (Replagal), Transkaryotic Therapies Inc., for Fabry Disease

The final CEDAC recommendations on reconsideration and reasons for recommendation for norelgestromin/ethinyl estradiol (Evra) and gefitinib (Iressa) have been publicly released via CCOHTA's web site (www.ccohta.ca). They can be found in the CDR section of the site on the CEDAC Recommendations page.

The manufacturer of tenofovir disoproxil fumarate (Viread) has requested reconsideration of the CEDAC recommendation. That request has been granted and the reconsideration placed on the August 18, 2004 CEDAC meeting agenda.

CEDAC deferred making recommendations for agalsidase beta (Fabrazyme) and agalsidase alfa (Replagal), requesting clarification of information by the CDR Directorate, as allowed under the CDR Procedure. Both submissions were deferred to the July 21, 2004 CEDAC meeting.

New Submissions Received

The Common Drug Review has received four drug submissions since the May 31st CDR Update newsletter. Teriparatide (rDNA origin) injection (Fortéo), ciprofloxacin hydrochloride and dexamethasone otic suspension (Ciprodex), butoconazole nitrate (Gynazole.1) and eprosartan mesylate/ hydrochlorothiazide (Teveten Plus). The status of all drugs in the CDR review queue may be viewed via the individual Submission Status forms posted on the Common Drug Review – Submission Status web page.

Additions to CDR Staff

The CDR Directorate has recently welcomed several new employees, bringing the Directorate closer to planned staffing levels – which were based on the anticipated number of drug submissions to the program. The new additions to the CDR team include: Pinggang Liu, Clinical Reviewer; Sandy Pagotto, Pharmacist; Lisa McIntyre, Coordinator CDR; Delara Karkan, Clinical Reviewer and Philip la Fleur, Clinical Reviewer (term).

Stakeholder/Outreach Activities

The CDR Directorate continues its liaison activities with stakeholders, meeting with Rx&D representatives on June 28, 2004 and other pharmaceutical manufacturers on an individual basis. The Directorate will also be delivering presentations at the Regulatory Affairs Professional Society Conference in Toronto July 26th, the IMS Health PRA Breakfast Briefings in Toronto September 23 and Montreal September 28, the National Oncology Pharmacy Symposium in Toronto October 23, and the Drug Information Association Conference in Ottawa November 9.

CDR Update — Issue 12 (August 17, 2004)

CDR Submission Guidelines for Manufacturers Updated

The Common Drug Review Submission Guidelines for Manufacturers have been updated and posted on the CDR section of CCOHTA's website www.ccohta.ca. The new version is dated July 2004. The template letters and product profile required in a manufacturer's submission have also been updated.

Changes to the Submission Guidelines are widespread, but some highlights include:

- clarification of the definition of hospital drugs (section 1.1.2)
- the number of copies to be sent to the CDR Directorate once a submission has been deemed complete has been increased to six (see section 1.1.7d)
- more guidance has been provided on the economic information required (see sections 1.2.1, 1.2.2 and 1.2.3) in the pricing information (section 1.2.1, item 9), multiple prices for the same product units are not allowed
- bibliography of studies now requires only a list of submitted published and unpublished studies (section 1.2.1, item 10)
- the letter authorizing unrestricted sharing of information must be signed by the holder of the NOC or NOC/c (section 1.2.1, item 12) an Appendix 1b has been added to the Submission Guidelines to help identify where submissions for specialty drugs for cancer and HIV/AIDS are to be sent

Manufacturers are reminded that confidential information included in the submission should be clearly identified as such.

Advance Notice of Upcoming Submissions

Manufacturers are encouraged to advise the CDR Directorate of upcoming submissions by email or phone call in order that the Directorate can plan its workload.

CDR Staffing News

The CDR Directorate is pleased to announce that Sandy Pagotto has taken on the role of Manager, CDR Drug Reviews. Since one of her key responsibilities is the coordination of submissions to CDR, Sandy becomes the industry contact regarding submissions. She can be reached at (613) 226-2553, ext. 479 or sandyp@ccohta.ca.

CDR Industry Information Session

In late fall, the CDR Directorate will be hosting an information session for industry to provide updates on the CDR program and submission process. More details will follow in a future CDR Update.

CDR Update — Issue 13 (October 18, 2004)

CDR Industry Information Session

The CDR Directorate of CCOHTA invites members of the pharmaceutical industry to attend an information session on Tuesday, November 23, 2004 in Ottawa. The session will provide updates on the Common Drug Review program and submission process. More details on the session will be posted in the near future. The session is open to pharmaceutical manufacturers and individuals who prepare submissions for new chemical entities and new combination products on their behalf.

Date: Tuesday, November 23, 2004.

Time: 9:00 a.m. - 12 noon (Registration opens at 8:00 a.m., coffee and muffins will be available.)

Location: Nepean Sportsplex, Halls A & B 1701 Woodroffe Avenue, Ottawa, ON K2G 1W2

To register

Send an email to cdr@ccohta.ca by Friday, November 12, 2004. Please type "Nov. 23" in the subject field and include your name, company, title and contact information in the text field.

Registration is limited to two representatives per company.

Background information

Relevant documents will be available on CCOHTA's web site (www.ccohta.ca) by November 16th.

For more information

Please contact Cheryl Fawcett, Executive Assistant, CDR & COMPUS, CCOHTA, by telephone: (613) 226-2553, ext. 251, or by e-mail cheryl@ccohta.ca.

How to get to the Nepean Sportsplex

The following map shows the location of the Nepean Sportsplex. Travel time from the Ottawa International Airport is approximately 20 minutes by car.

CDR Update — Issue 14 (December 2, 2004)

Changes to the CDR Submission Guidelines for Manufacturers and Canadian Expert Drug Advisory Committee Terms of Reference

Common Drug Review Submission Guidelines for Manufacturers

The Criteria for Resubmissions (Section 1.3.1) on page 16 of the Common Drug Review Submission Guidelines for Manufacturers have been revised. Please note that the second criterion for filing resubmissions now states: New Information becomes available after notice of final CEDAC recommendation not to list has been issued. The new version of the Common Drug Review Submission Guidelines for Manufacturers is dated December 1, 2004 and is posted on the CDR section of the CCOHTA website.

Canadian Expert Drug Advisory Committee (CEDAC) Terms of Reference

Section 9.5 has been amended to include the Vice President of CDR and Canadian Optimal Medication and Prescribing Utilization Service as a meeting attendee at CEDAC meetings. Section 9.8 has been amended to provide clarity that CEDAC has the authority to make a recommendation for all submissions to CDR.

The revised CEDAC Terms of Reference are dated December 1, 2004 and are posted on the CDR section of the CCOHTA website (www.ccohta.ca).

CDR Update — Issue 15 (February 1, 2005)

Merger of Two CCOHTA Committees

The Common Drug Review Committee (CDRC) and the Pharmaceutical Advisory Committee (PAC) have merged to form the Advisory Committee on Pharmaceuticals (ACP). PAC has existed for a number of years, providing advice to the Health Technology Assessment (HTA) Directorate, while the CDRC was struck more recently to focus on CDR specifically. Since the mandates of both these committees relate to pharmaceuticals, it has been agreed that they should be combined. The ACP will provide advice to the CCOHTA Board and to the CDR and HTA Directorates to enable them to meet their goals and objectives. Please see ACP Terms of Reference and ACP Membership

CDR Documents Revised to Reflect the Merged Committee

The following CDR documents have been revised, with references to the Common Drug Review Committee (CDRC) replaced by the Advisory Committee on Pharmaceuticals (ACP). Related pages on the CCOHTA website have also been updated to reflect this change. Please note that no changes have been made to the procedure or submission requirements. The revised documents become effective immediately and are posted on the CDR section of the CCOHTA website (www.ccohta.ca):

- Advisory Committee on Pharmaceuticals (ACP) Terms of Reference – Replaces both the Common Drug Review Committee (CRDC) and the Pharmaceutical Advisory Committee (PAC) Terms of Reference.
- Canadian Expert Drug Advisory Committee (CEDAC) Terms of Reference
- Procedure for Common Drug Review
- Common Drug Review Submission Guidelines

Change in Date for Submission Status Updates from Wednesdays to Fridays

Effective Friday, February 4, 2005, the CDR Drug Submission Status updates posted weekly to the CCOHTA CDR Submission Status web page will be made every Friday, changing from Wednesday. The Friday postings will reflect activity to Thursday noon of each week. Postings may be made more frequently as necessary.

CDR Update — Issue 16 (April 18, 2005)

CEDAC 2005 Meeting Schedule Has Been Revised

Meeting dates have been changed for three of the Canadian Expert Drug Advisory Committee meetings scheduled for 2005. The previously-scheduled July 20th meeting has been rescheduled to July 27th, 2005. The August 17th and December 21st, 2005 meetings have been cancelled.

All current submissions are targeted for consideration by CEDAC as scheduled, with the exception of Myfortic, which is delayed by one week (five business days) until July 27th, 2005. Submissions deemed complete from April 6th up to and including June 6th, 2005 will be targeted for the CEDAC meeting on September 21st, 2005. Submissions deemed complete from August 3rd up to and including September 27th, 2005 will be targeted for the January 18th, 2006 CEDAC meeting.

Changes to meeting dates, drug submission deadlines and timetables are reflected on the CCOHTA Web site.

CDR Update — Issue 17 (April 29, 2005)

Staff Additions and Transitions at Common Drug Review

Michael Tierney

It is a pleasure to announce the appointment of Michael Tierney as the new Director of the Common Drug Review, beginning May 30, 2005. Michael Tierney is welcomed as a respected and recognized leader in pharmacy. He brings a wealth of experience to CCOHTA, including over 22 years in hospital pharmacy management roles. During his career, Michael has been involved in the provision of drug information services, training of hospital pharmacy residents, coordinating drug use management programs, clinical research and pharmacy administration. Most recently, he has been Director of Pharmacy at The Ottawa Hospital. Throughout his career, Michael has maintained a clinical pharmacy practice in critical care and has been actively involved in the evaluation and adoption of new drugs in the hospital setting. He has authored over 30 original research publications and numerous reviews, editorials and book chapters. Michael has been actively involved in professional pharmacy and health care organizations during his career.

Michael obtained his B.Sc.Pharm. from the University of Toronto, a M.Sc. in Pharmacology from the University of Ottawa and completed a hospital pharmacy residency program at the Ottawa General Hospital. Michael will be a great addition to our team at CCOHTA.

Elaine MacPhail

Elaine MacPhail, the current CDR Director, will continue with the CDR Directorate, providing support to drug reviews and to ongoing quality improvements and modifications to CDR procedures. Elaine is warmly thanked for her tremendous contribution to CCOHTA, the CDR program and to participating jurisdictions in the development and delivery of the interim and permanent CDR programs.

Advisory Committee on Pharmaceuticals

The CCOHTA Advisory Committee on Pharmaceuticals has selected Margaret Baker, Acting Director of Pharmaceutical Services, Drug Plan & Extended Benefits Branch, Saskatchewan Health, and ACP member for Saskatchewan, as the new ACP Vice-chair. The ACP expresses its gratitude to Suzanne Solven for her energetic efforts as former ACP Vice-chair and wishes her much happiness during her maternity leave. She is replaced as ACP member for British Columbia by Darlene Arenson, Pharmaceutical Consultant, PharmaCare, BC Ministry of Health Services. Nicole Metivier has been appointed to replace Scott Doidge as the ACP member for the Health Canada Non-Insured Health Benefits Program.

Manitoba Provincial Drug Programs

Kathy McDonald, Secretary for the Manitoba Drug Standards & Therapeutics Committee, is the new submissions contact for the Manitoba Provincial Drug Programs. Former contact Gail Keeley is now the Acting Executive Director of the Provincial Drug Programs. Kathy can be reached at Carleton Street, Winnipeg, MB R3B 3M9, (204) 786-7317.

CDR Update — Issue 18 (May 24, 2005)

CDR Evaluation underway: stakeholders to be surveyed in June 2005

The evaluation of the Common Drug Review program's first year of operation is underway. EKOS Research Inc., an Ottawa-based consulting practice specializing in program evaluation and performance measurement, has been selected to conduct the evaluation. The goal of the CDR Evaluation is to assess if the CDR is meeting its stated objectives. The objectives of the CDR are to:

- Provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation; Reduce duplication of efforts by drug plans;
- Maximize the use of limited resources and expertise;
- Provide equal access to the same high level of evidence and expert advice by all participating plans.

The deadline for completion of the CDR Evaluation is mid-August 2005. This timeframe allows for input from stakeholders. All subscribers to the CDRUpdate newsletter will be informed of the survey process in June 2005. Key informant interviews will be conducted with a sample of stakeholders selected from the following:

- F/P/T participating drug plans
- CCOHTA's Advisory Committee on Pharmaceuticals (ACP) Canadian Expert Drug Advisory Committee (CEDAC)
- CDR reviewers Pharmaceutical industry Public
- Other health-related organizations

An Evaluation Advisory Committee drawn from CCOHTA, the Advisory Committee on Pharmaceuticals and the Canadian Expert Drug Advisory Committee will provide guidance and feedback on the evaluation framework, data collection tools and report.

The final report will provide detailed findings indicating whether the CDR objectives are being met and recommendations for improvements in the delivery of the CDR.

CDR Update — Issue 19 (June 8, 2005)

CDR Evaluation: Stakeholder Survey to be posted on-line June 13th – 30th

The CDR Evaluation Stakeholder Survey will be posted on a remote-access page of the EKOS Research Associates web site from June 13th until June 30th, 2005. Stakeholders may only access the survey through a link from this newsletter (below) or from the CCOHTA web site, using a personal identification number (PIN). The link, to be activated on June 13th, is: <http://www.EKOS.com/CDR.html>. It will not be possible to access the survey from the EKOS web site, or without a PIN. All CDR Update subscribers will receive PINs from EKOS to allow access to the EKOS CDR Survey web page in the next few days.

Other interested stakeholders who do not subscribe to CDR Update will be required to contact EKOS for PINs to enable them participate in the survey.

Please direct inquiries and PIN requests (for non-subscribers) to: Ms. Mira Svoboda, Senior Consultant, EKOS Research Associates Inc.; msvoboda@ekos.com; (613) 235-7215.

CDR Update — Issue 20 (July 26, 2005)

CDR Submission Guidelines for Manufacturers Updated

The Common Drug Review Submission Guidelines for Manufacturers have been updated and posted on the CDR section of CCOHTA's web site. The new version is dated July 25, 2005 and becomes effective for all submissions filed on or after August 15, 2005.

Changes to the Submission Guidelines include:

1. An additional requirement that manufacturers disclose all unpublished Phase 2, 3 and 4 studies known to the manufacturer (section 1.2.1, item 7).
 - In the review of drug submissions, the CDR Directorate and the Canadian Expert Drug Advisory Committee (CEDAC) require access to existing information, including unpublished information, about a drug's safety, efficacy and effectiveness so that the drug can be adequately compared to appropriate comparators and so that a cost-effectiveness determination can be made. While the CDR Directorate undertakes a comprehensive literature search, this identifies only published studies. The Directorate is aware that the published studies represent only a portion of all the studies conducted and lack of access to unpublished studies may not allow a comprehensive comparison with existing therapies. The effect of publication bias is well known and has been described in the medical literature. In order to have a more complete picture of the studies that have been undertaken on the drug under review, the Submission Guidelines have been revised to request a listing of all unpublished Phase 2, 3 and 4 clinical trials known to the manufacturer with a brief description of each. (Please note that manufacturers should continue to submit unpublished studies in accordance with the requirements of section 1.2.1, item 7b.)
 - A template table with headings for the required information and a template letter, confirming that all unpublished studies known to the manufacturer have been disclosed, can be found on the CCOHTA website in the CDR Submission Guidelines section.
2. Clarification of the definition of New Information and Resubmission requirements (sections 1.3.2 and 1.3.2)
 - The type of New Information and the stage of the review process when a manufacturer files a resubmission determine what the manufacturer must include when filing a resubmission. To assist in filing resubmissions, the definition of New Information and the type of information that a manufacturer must provide have been clarified.
3. Description of the process for referring to Confidential Information in the CEDAC Recommendation and Reasons for Recommendation document added to the Confidentiality Guidelines (Appendix 8, section C, item 4)
 - The CDR reviewers and CEDAC use unpublished data submitted by manufacturers in reviewing submissions and providing a listing recommendation to the participating drug plans. This unpublished data may help to clarify CEDAC Reasons for Recommendation; however, manufacturers usually consider submitted unpublished studies as confidential. The new section in the Confidentiality Guidelines describes the CDR Directorate's process for obtaining permission from the manufacturer to include unpublished data in the final Reasons for Recommendation (i.e., those released to the public) and it describes how the reference is made to the unpublished data if permission is denied.
4. Clarifications to the Submission Requirements have been made to facilitate the review process. Manufacturers/consultants filing submissions are asked to:
 - Provide an original signed covering letter (not a photocopy), confirming that all of the required information has been provided in each copy of the Submission. (See 1.2.1 Category 1 Requirements, item 1.)
 - Indicate in the covering letter whether the submission includes Category 1, Category 2 or both Category 1 and 2 requirements. (See 1.2.1 Category 1 Requirements, item 1.)
 - Provide disease prevalence information as a Category 1 requirement as well as including it in the budget impact analyses. (See Category 1 Requirements, item 8 d.) This information is used by the clinical reviewers early in the review process but the budget impact analyses are often submitted later as Category 2 requirements

Procedure for Common Drug Review Updated

The Procedure for the Common Drug Review has been updated to include the description of the process for referring to confidential information in the CEDAC Recommendation and Reasons for Recommendation. (See Appendix 2.) This is the only change to this document. The updated Procedure for the Common Drug Review, dated July 25, 2005, is posted on the CDR section of CCOHTA's web site.

CDR Update — Issue 21 (August 30, 2005)

CDR Industry Information Session

The CDR Directorate of CCOHTA invites members of the pharmaceutical industry to attend an information session on Friday October 21, 2005 in Ottawa. The session will provide updates on the Common Drug Review program and submission process, provide a report on the results of CDR Evaluation and hear a perspective from Dr. Andreas Laupacis, Chairman of CEDAC. The session is open to pharmaceutical manufacturers and individuals who prepare submissions to the Common Drug Review on their behalf.

Date: Friday October 21, 2005

Time: 8:00 – 8:40 am (Registration) 8:45 am - 12:30 pm (Presentations and Question and Answer Periods)

Location: Nepean Sportsplex, Halls A & B, 1701 Woodroffe Avenue (if traveling the 417, exit at Woodroffe South Ottawa, ON K2G 1W2)

A detailed agenda will be available closer to the meeting date.

To register

Send an email to cdr@ccohta.ca by September 28th, 2005. Please type "October 21" in the subject field and include your name, company, title and contact information in the text field.

Registration is limited to *two* representatives per company.

For more information

Please contact Cheryl Fawcett, Executive Assistant to Vice President, CDR & COMPUS, CCOHTA, by telephone: (613) 226-2553, ext. 251, or by e-mail cherylf@ccohta.ca.

CDR Update — Issue 22 (September 23, 2005)

Reminder to register for CDR Industry Information Session

The CDR Directorate of CCOHTA invites members of the pharmaceutical industry to attend an information session on Friday October 21, 2005 in Ottawa. The session will provide updates on the Common Drug Review program and submission process, provide a report on the results of CDR Evaluation and hear a perspective from Dr. Andreas Laupacis, Chairman of CEDAC. The session is open to pharmaceutical manufacturers and individuals who prepare submissions to the Common Drug Review on their behalf.

Date: Friday October 21, 2005

Time: 8:00 – 8:40 am (Registration) 8:45 am - 12:30 pm (Presentations and Question and Answer Periods)

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A detailed agenda will be available closer to the meeting date.

To register

Send an email to cdr@ccohta.ca by September 28th, 2005. Please type "October 21" in the subject field and include your name, company, title and contact information in the text field.

Registration is limited to *two* representatives per company.

For more information

Please contact Cheryl Fawcett, Executive Assistant to Vice President, CDR & COMPUS, CCOHTA, by telephone: (613) 226-2553, ext. 251, or by e-mail cherylf@ccohta.ca.

CDR Update — Issue 23 (October 14, 2005)

CDR Evaluation Released

The *Evaluation of the First Year of Operation for the Common Drug Review*, conducted by EKOS Research Associates, has been released. The full report can be found on the CCOHTA web site (CDR Evaluation) together with a document outlining CCOHTA's response to the recommendations contained in the report.

One of the requirements when the CDR was established was that the program be evaluated against its objectives following the first year of operation. This independent evaluation, which was commissioned by CCOHTA in spring of 2005, responds to this commitment.

CDR Industry Information Session Agenda Available

The agenda for the CDR Industry Information Session taking place on Friday October 21, 2005 in Ottawa is also now available on the CCOHTA web site. The session will include: updates on the Common Drug Review procedures and submission process; highlights from the CDR Evaluation; and reflections on the past year by Dr. Andreas Laupacis, Chairman of CEDAC. The session is open to pharmaceutical manufacturers and individuals who prepare submissions on behalf of manufacturers to the Common Drug Review.

Feedback Requested on Proposed CDR Changes

Revised versions of the *Procedure for Common Drug Review* and the CDR Submission Guidelines for Manufacturers are targeted for early 2006. Updated documents, titled DRAFT Procedure for Common Drug Review and DRAFT Pharmacoeconomic Submission Requirements for Common Drug Review have been posted on CCOHTA's web site. (The *Pharmacoeconomic Submission Requirements* form part of the *CDR Submission Guidelines for Manufacturers*.) CCOHTA invites feedback from interested parties. Please e-mail your comments to cdrfeedback@ccohta.ca by November 11, 2005.

Reminder to Re-subscribe

CCOHTA is revising the CDR Update subscribers list. If you wish to continue receiving CDR Update you must re-subscribe as outlined below.

Go to "My CCOHTA Subscription" on the left menu bar of the CCOHTA home page. Click on "Register" and complete the form. In doing so, you will be able to change your profile (subscribe to other CCOHTA products or unsubscribe) at any time.

CDR Update — Issue 24 (November 10, 2005)

CEDAC Appointments

The original two-year terms for five members of the Canadian Expert Drug Advisory Committee (CEDAC) have recently ended and four of the five have been re-appointed to the committee by CCOHTA's Board of Directors.

Dr. Robert Peterson has been appointed to replace Dr. Tom Paton, who has stepped down.

CEDAC is an independent, advisory body of experts in drug therapy and drug evaluation. As part of the Common Drug Review (CDR) process, the committee considers the clinical and pharmacoeconomic evidence for new drugs and provides formulary listing recommendations to the drug plans that participate in CDR.

Dr. Peterson is a paediatrician, clinical pharmacologist and medical toxicologist and is a Clinical Professor in the Department of Pediatrics, University of British Columbia. He served as Director General of the Therapeutic Products Directorate at Health Canada from 2000 to 2005 and is currently Chair of the Regulations Advisory Board of the Centre for Medicines Research, International. In this capacity, he participates in international drug development and regulation review and discussion.

More details on Dr. Peterson's background and information on the other committee members can be found on the Common Drug Review – Committees page of the CCOHTA web site. The CEDAC Terms of Reference and Meeting Schedule are also available there.

The members reappointed to an additional two year term on CEDAC include: Dr. John Conly (Vice-Chair), Dr. Bruce Carleton, Dr. Michael Evans, and Dr. Dale Quest.

The Canadian Coordinating Office for Health Technology sincerely thanks Dr. Paton for his contribution to CEDAC over the past two years.

CDR Update — Issue 25 (February 3, 2006)

Submission Guidance – Addressing Letters for Ontario

The Common Drug Review Submission Guidelines for Manufacturers consolidate all of the submission information required by the Common Drug Review (CDR) and the participating drug plans. Once a submission is deemed complete by the CDR, manufacturers are required to provide additional copies to the CDR Directorate and to the participating drug plans. In order to comply with Ontario's legislative requirements, in the submission copy that is sent to Ontario please ensure that all of the letters are addressed exactly as indicated in Common Drug Review Submission Guidelines, Appendix 1a.

Clarification Regarding CDR Pharmacoeconomic Requirements

The Draft Pharmacoeconomic Submission Requirements for Common Drug Review that were posted on the CCOHTA web site, and presented at the CDR Industry Session in October 2005 for comment, were not intended to be a stand-alone document. When these are finalized, they will be included in the CDR Submission Guidelines for Manufacturers as an Appendix. The current checklist for the Pharmacoeconomic evaluation in the CDR Submission Guidelines (Appendix 3, 8a) still applies and will remain part of the updated CDR Submission Guidelines, with applicable revisions.

CDR Update — Issue 26 (April 19, 2006)

CCOHTA is now CADTH

As of April 3, 2006, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) has a new name and a new brand to represent all of its products and services. This transformation to the Canadian Agency for Drugs and Technologies in Health (CADTH) reflects the changes that have occurred in the organization over the past number of years, including its expanded mandate.

As a CDR Update subscriber, you should have received a message on April 3rd providing more information. If you did not, please refer to the news release CCOHTA announces new corporate name.

The Common Drug Review (CDR) is a program delivered by CCOHTA, now CADTH. The role of the CDR remains the same. We will continue to work closely with our stakeholders and partners to ensure that the CDR continues to meet the needs of the participating drug plans.

The corporate website has been redesigned and we have tried to make the CDR section easier to use. We welcome any feedback you may have on the new site, as we continue to make changes and improvements. The new web site is www.cadth.ca, but users will be automatically redirected from the old URL to the new one. Similarly, existing CCOHTA e-mail addresses will automatically redirect to new CADTH e-mail addresses.

Clarification of “Current Prices” in CDR Submission Guidelines

CDR Submission Guidelines require the manufacturer to submit “Current prices as price per smallest unit to 4 decimal places and per smallest dispensable unit for all dosage forms, strengths and package sizing”.

Clarification has been requested on what is meant by “current prices”. For the purpose of a submission to CDR, current price is interpreted as the price that would be effective for all CDR participating drug plans. This could be either:

- the current marketed price in Canada, or
- the proposed price for all CDR participating drug plans following release of the final CEDAC recommendation.

In the latter scenario, at the time of submission the manufacturer must provide a signed commitment to honour this price for all CDR participating drug plans once CEDAC has published the Recommendation and Reasons for Recommendation for the drug. This condition also applies to the federal drugs plans that participate in CDR; these plans provide coverage across all provincial and territorial jurisdictions.

CDR Update — Issue 27 (May 10, 2006)

CDR Procedures and Submission Guidelines Revised - to Take Effect September 1, 2006

The Procedure for Common Drug Review and the Common Drug Review Submission Guidelines for Manufacturers have been revised and posted on the Common Drug Review section of the CADTH web site. The documents are dated May 2006. All submissions to CDR must comply with the new CDR submission guidelines as of September 1, 2006. However, manufacturers are encouraged to file submissions in accordance with the new guidelines starting immediately, if possible.

Proposed changes to the documents were presented to stakeholders, including participating drug plans, the pharmaceutical industry, CDR reviewers, the Canadian Expert Drug Advisory Committee and other interested parties in the fall. Feedback from these groups was incorporated into the final documents.

Key changes to both documents include:

- clarification of “new information” for resubmissions addition of procedures for withdrawals
- addition of procedures for resubmissions
- final versions of CDR reviews to be sent to manufacturers for information (in addition to earlier versions sent for comments) extension to embargo period for requesting reconsideration available on request.

Additional changes to the CDR submission guidelines include:

- revised guidelines for pharmacoeconomic submissions
- Letter of Undertaking required for drugs receiving a Notice of Compliance with Conditions (NOC/c) clarification of “current pricing”.

Revisions to the Procedure for Common Drug Review

Changes have been made throughout the Procedure for Common Drug Review and the formatting has been modified. The following outline lists the major revisions, in the order they appear in the document:

- clarification – CDR can undertake only one kind of review of a submission at the same time (Section 1.1)
- clarification – eligible submissions from manufacturers (definitions of new drug and new combinations revised, and clarification provided that any agent that is potentially funded by any of the participating drug plans is eligible for submission to CDR) (Section 1.1.2)
- clarification – eligible resubmissions (definition of “new information” clarified) (Section 1.1.5)
- addition – procedures for handling withdrawals (due to loss of market authorization or due to voluntary withdrawal) (Section 1.2) addition – procedure for handling temporary suspension of a review (Section 1.3)
- addition – resubmission procedures (including increased timeframe, to 10 business days, for CDR Directorate to determine if resubmission contains “new information” and is complete) (Section 3)
- change – Reviewers’ reports sent only to manufacturer for comments (no longer sent to ACP/drug plans for information during this phase of the process) (Section 5.1)
- change – increase in number of pages allowed for manufacturers’ comments on clinical and pharmacoeconomic reports (to six pages total) (Section 5.2)
- addition – final version of CDR reviewers’ reports sent to manufacturer for information (at the same time as the confidential initial CEDAC recommendation and reasons for recommendation) (Section 5.4)
- addition – description of CDR process for requesting permission to use confidential unpublished information in the CEDAC reasons for recommendation (Section 6.2.2)
- change – extension to embargo period for requesting reconsideration (20 business days may be requested in addition to the usual 10 business days, providing a total of 30 business days to submit a request for reconsideration) (Section 6.4.1).

Revisions to Common Drug Review Submission Guidelines for Manufacturers

The revisions to the Common Drug Review Submission Guidelines for Manufacturers are widespread and include the reorganization of contents. Users are therefore encouraged to review the whole document when filing a submission or resubmission.

Some highlights include:

- clarifications
- CDR can undertake only one kind of review of a submission at the same time (Section 4)
- eligible submissions from manufacturers (definitions of new drug and new combinations revised, and clarification provided that any agent that is potentially funded by any of the participating drug plans is eligible for submission to

Changes to the Category 1 requirements (Section 4.2.1)

- Cover letter: names of primary and back-up contacts that CDR can contact about the submission must be supplied; clarification of the “current price” submitted
- Notice of Compliance with Conditions (NOC/c) – Letter of Undertaking is required when a drug that has received NOC/c is submitted
- Efficacy, effectiveness and safety evidence – clarification that when submitting the Clinical Summary from the Common Technical Document, Modules 2.7.1, 2.7.3, 2.7.4 and 2.7.6 are required
- Table listing all completed and ongoing Canadian and international unpublished studies
- The “Study Title and/or Description” column, the duration of treatment is required
- A column has been added for listing abstracts and any publications related to unpublished studies (e.g., published reports on interim findings)
- Economic and epidemiologic information
- Appendix 12 has been added to provide guidance on the types of economic analyses to submit
- Clarification that budget impact analyses must be provided as a Category 1 requirement, if a request for priority review is based on cost savings
- Bibliography and search strategies – only the search strategy and not the results is required
- Template table and letters may be found in Appendices 8, 9, 10 and 11
- Letter confirming ability to supply has been modified to indicate that the manufacturer must be able to meet demand for the product at the time the submission is filed

Changes to the Category 2 requirements (Section 4.2.2)

- Requirement to provide Pharmaceutical Advertising Advisory Board approved promotional materials – if the manufacturer requests to waive this requirement, an indication of the timeframe is required (e.g. there will be no promotion of the product for one year)

Changes to the Additional Information requirements (Section 4.2.3)

- The manufacturer has the responsibility of advising the CDR Directorate of all data on harm related to the drug under review, including new data that arises during the review process.

Changes to the Resubmission requirements (Section 5.1)

- Clarification – eligible resubmissions (definition of “new information” clarified) (Section 5.1.) number of copies to supply to CDR Directorate (Section 5.1.3)
- Changes to the Resubmission Requirements (Section 5.2):
- Guidance for filing resubmissions when withdrawn market authorization is reinstated, or following voluntary withdrawal signed cover letter – names of the primary and back-up contacts who CDR can contact about the Resubmission must be supplied
- Product monograph (most recent) required
- Drug Notification Form – a completed, dated and signed copy of the most recent form is required Letter Authorizing Unrestricted Sharing of Information is required
- Appendix 1 updated – when forwarding submissions to BC, Alberta and Ontario, the need for any different requirements should be checked on their web sites
- Appendix 6 – pages in the submission should be numbered consecutively from the beginning to the end of the document, or numbered consecutively within clearly labeled sections
- Appendix 7 – expanded to include a checklist for resubmissions
- Appendix 12 – added to provide guidance on types of economic analyses to submit.

CDR Update — Issue 28 (May 12, 2006)

CADTH Announces Public Members on CEDAC

In keeping with its ongoing commitment to transparency in its work, the Canadian Agency for Drugs and Technologies in Health (CADTH) has been exploring appropriate ways to improve public involvement in its activities.

In April 2006, the CADTH Board of Directors approved a plan for 2006/07 to increase public involvement in CADTH. This plan includes: developing a policy on public involvement, exploring the expansion of outreach activities to consumer and public interest organizations, and appointing public members to CADTH's expert advisory committees, beginning with the Canadian Expert Drug Advisory Committee (CEDAC) of the Common Drug Review (CDR).

Two public members will be appointed to CEDAC. They will be full members of the Committee and will represent the broad public interest in deliberations on drugs being reviewed by the Common Drug Review. The public members will preferably have some experience or demonstrated interest in issues related to health care, either at the community, regional or national level. The public members will not represent a specific interest, group or organization.

A call for nominations of public members for CEDAC will follow in the next few weeks and it is anticipated that the members will be appointed in the fall of 2006.

As more details become available, they will be posted on the CADTH web site www.cadth.ca. Questions may be directed to: cdrinfo@cadth.ca.

CDR Update — Issue 29 (September 22, 2006)

Clarification Regarding Submissions for New Indications

The Common Drug Review (CDR) program wishes to notify stakeholders of a change to Section 4 of the *CDR Submission Guidelines for Manufacturers*. Section 4 of the current guidelines, dated May 2006, states:

“A Drug can undergo only one type of CDR Review during the same period. For example, if a Drug is at any stage of the review process as a Submission, the CDR Directorate will not review the Drug concurrently as a Resubmission.”

This particular section was written to address a resubmission based on new information (as defined in the submission guidelines), and there are additional details in the guidelines to cover that kind of situation. However, there may be grounds for an additional submission when a drug has received Health Canada approval for a new indication that differs substantially from an indication already submitted to CDR.

To accommodate such situations, Section 4 will be changed to read:

“A Drug can undergo only one type of CDR Review during a period. For example, if a Drug is at any stage of the review process as a Submission, the CDR Directorate will not review the Drug concurrently as a Resubmission. An exception to this may be made when the basis for the Re- submission is a new indication; CDR will assess this situation on a case-by-case basis considering factors such as: where in the CDR review process the previous submission is, how distinct the new indication is from the indication under review, and the resources required for the CDR to review the new indication.”

A new version of the *CDR Submission Guidelines for Manufacturers* that incorporates this change will be posted on the CADTH web site shortly.

Enhanced Web Search Tool for CDR Information

CADTH has refined its web search tool for accessing information from the CDR program and made the tool easier to find. It is now available directly from the main web menus for CDR, under the heading *Search CDR Drug Database* (<http://www.cadth.ca/index.php/en/cdr/search>).

The tool provides access to the database of formulary listing recommendations made by the Canadian Expert Drug Advisory Committee (CEDAC) to Canada’s public drug plans as part of the CDR process. Detailed reports on the status of drug submissions under review are also available in the database.

The search tool displays a summary of information for each submission to CDR, such as the drug’s *generic name*, *brand name* and *manufacturer*. It also lists what the drug is indicated for, the date the submission was received by CDR, the status of the submission (e.g. active versus completed), and the date the recommendation was issued. There are multiple options for displaying and sorting this information.

A particularly useful addition is the *recommendation* summary field which indicates, in brief, the CEDAC recommendation for each completed drug submission (e.g. “List” on public formularies versus “Do not list”). The full CEDAC recommendations, complete with reasons for the recommendations, remain available in pdf format.

Another notable addition to the search tool is a counter that displays, at a glance, the number of submissions in the queue. For example, clicking on the *active* tab shows the number of active submissions out of the total number of submissions received by CDR since the program’s inception. See the screen capture below.

The screenshot displays the CADTH website header with the logo and navigation links: Home, Contact Us, Search, Sitemap, and Français. Below the header is a horizontal menu with categories: ABOUT CADTH, KNOWLEDGE EXCHANGE, HEALTH TECHNOLOGY ASSESSMENT, COMMON DRUG REVIEW, and CANADIAN OPTIMAL MEDICATION PRESCRIBING & UTILIZATION SERVICE. A banner image shows a hand holding a pill bottle with a label that reads 'TAKE WITH FOOD OR MILK'. To the right of the banner is a yellow sidebar with links: Media Centre, Events, Careers, Subscribe, and Resources.

The main content area is titled 'Common Drug Review' and 'Search CDR Drug Database'. It features a search interface with tabs for 'Active', 'Completed', 'Withdrawn', and 'All'. Below the tabs is a search box with a dropdown menu for 'Generic name', a 'Sort' button, and a 'Search' button. The results section shows 'Results 1 - 18 of 74' and a alphabetical index from A to Z.

If you have any suggestions for further improvements to the search tool for the CDR drug database, please contact: CDRinfo@cadth.ca.

CDR Industry Session

In the past few years, the CDR program has hosted an industry session in the fall. We have decided to postpone the next session until the spring of 2007 when there will be an opportunity to present program initiatives that are underway, but which are currently at too preliminary a stage to meaningful discuss. They include the addition of public members to CEDAC, the collaborative project between CDR and Health Canada regarding initiation of reviews pre-NOC (Notice of Compliance), and the experience with the recently implemented changes to the *CDR Submission Guidelines for Manufacturers*.

CDR continues to be interested in maintaining an ongoing dialogue with pharmaceutical manufacturers and industry stakeholders. We invite suggestions for other topics for the next CDR Industry Session (e-mail suggestions to CDRinfo@cadth.ca). Information regarding the date, location and agenda of the meeting will be released in the coming months.

CDR Update — Issue 30 (October 18, 2006)

CADTH Appointments to CEDAC - New Chair and First Public Members

The Canadian Agency for Drugs and Technologies in Health (CADTH) today announced the appointment of Dr. Braden Manns as the new Chair of its Canadian Expert Drug Advisory Committee (CEDAC).

A member of the committee since its inception in 2003, Dr. Manns is a specialist in kidney diseases at the University of Calgary Medicine and Community Health Sciences departments. Respected for his broad understanding of the role of economic evaluation in pharmaceutical policy and decision making, he holds a Masters in Health Economics from York University in England, and is also a past member of the Expert Drug Evaluation and Therapeutics Committee for Alberta Health and Wellness.

“I am pleased to accept the role of CEDAC Chair,” said Dr. Manns. “I am proud of the quality of the recommendations issued by CEDAC so far and the committee’s contribution to evidence-based decision making within Canada’s public drug plans.”

Dr. Jill Sanders, President and Chief Executive Officer of CADTH, expressed thanks on behalf of CADTH’s Board of Directors to outgoing CEDAC Chair, Dr. Andreas Laupacis, for his expertise and guidance through the critical, formative stages of the Common Drug Review (CDR) and CEDAC.

“Since its inception, the Common Drug Review has successfully delivered on its original mandate of conducting objective, rigorous and timely reviews of new drugs and providing formulary listing recommendations to Canada’s public drug plans. It is in large part due to Dr. Laupacis’ involvement that CADTH’s CDR program and CEDAC are well-respected nationally and internationally today. We thank Andreas for providing us with such a solid foundation.”

In addition to the appointment of Dr. Manns, four new committee members, including two public members, were named to the 13-person committee. The selections were approved by CADTH’s Board of Directors at its meeting last week in Charlottetown, P.E.I.

One of Dr. Laupacis’ key concerns as CEDAC Chair had been the lack of public members on the committee. “I am extremely proud of the efforts of each CEDAC member and the committee’s record of recommendations to date,” said Dr. Laupacis. “But I am particularly gratified that the public will now have representation on the committee. With the high price of many new drugs, it is increasingly important that the public viewpoint is represented when CEDAC considers issues relating to equitable access to medications.”

The appointment of the public members to CEDAC is the first step in CADTH’s public involvement initiatives. These members, selected from a diverse group of applicants, are expected to represent the broader public interest, and to serve in the capacity as a member of the general public; not as a representative of any specific interest group, or organization. These members have full CEDAC membership, with similar responsibilities and expectations, and are subject to the same terms and conditions as other committee representatives.

The four new CEDAC members appointed at the CADTH Board of Directors meeting on October 12 include the following:

- **Mr. Brad Neubauer** (public member) – a rancher and businessman with a Bachelor of Arts in Political Science and Philosophy. Mr. Neubauer has been actively involved as a member of the public in health care, and has served as a member of local and provincial bioethics and research ethics committees.
- **Ms. Nancy McColl** (public member) – a teacher of Creative Arts and English with the Ottawa-Carleton District School Board. Ms. McColl has served as a member of the Health Products and Food Branch Public Advisory Committee at Health Canada and was recently invited to attend the Expert Advisory Panel on the safety and effectiveness of silicone gel-filled breast implants, and provided advice as an independent public member.
- **Dr. Malcolm Man-Son-Hing** – a geriatrician at The Ottawa Hospital, and an Associate Professor in the Faculty of Medicine at the University of Ottawa. Dr. Man-Son-Hing has appointments at the Élisabeth Bruyère Research Institute and the Ottawa Health Research Institute, and is Director of Research for the Division of Geriatric Medicine at the University of Ottawa. He holds a Master’s degree in Epidemiology and is currently a member of Ontario’s Committee to Evaluate Drugs.

- **Dr. Shailendra Verma** – an Assistant Professor in the Faculty of Medicine at the University of Ottawa, and a medical oncologist at the Ottawa Hospital Regional Cancer Centre. Dr. Verma is involved in a wide range of clinical research projects in oncology, including the evaluation of the effectiveness and cost effectiveness of drug therapy. He also actively involved in Cancer Care Ontario, as Chair or member of a number of disease site, communications, and ethics committees.

The Canadian Expert Drug Advisory Committee (CEDAC) is an independent advisory body with expertise in drug therapy and drug evaluation. The committee's approach is evidence-based and considers the clinical effects and cost effectiveness of drugs compared with other available therapies. CEDAC formulary listing recommendations are provided by CADTH to the participating federal, provincial and territorial publicly funded drug plans.

Biographies and Conflict of Interest disclosures for all CEDAC members are available on CADTH's website at <http://www.cadth.ca/index.php/en/cdr/committees/cedac>.

CDR Update — Issue 31 (October 26, 2006)

Revised Format for CEDAC Recommendations

The format of the recommendations made by the Canadian Expert Drug Advisory Committee (CEDAC) has been revised slightly to increase the clarity of the reasons for recommendation. In each CEDAC Recommendations document, the key “Reasons for the Recommendation” will be provided under one heading. A new section entitled “Summary of Committee Considerations” will be incorporated to briefly summarize other information reviewed by the committee. A “Background” section will also be added to each recommendation to briefly describe CEDAC’s role in providing listing recommendations to public drug plans.

The changes to the recommendations format will go into effect for new submissions considered by the committee at the October 18, 2006 meeting.

Updated CEDAC Terms of Reference

The Terms of Reference for CEDAC were recently amended to permit a change to a previous recommendation by the committee in response to a request for advice from the drug plans that participate in CDR. The change will enable CEDAC to review a previous recommendation based on new information that would not meet the criteria for a resubmission to CDR. For example, new information on comparator drugs could influence the place in therapy of a drug previously considered by the committee. This change in the Terms of Reference will provide a mechanism for reviewing and updating CEDAC recommendations to ensure their continued relevance.

The *Procedure for the Common Drug Review* allows the Advisory Committee on Pharmaceuticals and drug plans to submit a request for advice to CDR and CEDAC. Responses to the request for advice are developed by the CDR Directorate, and provided to CEDAC for consideration.

Guidance for Filing Submissions to CDR

Reminder regarding disease prevalence information

Manufacturers and consultants filing submissions to the Common Drug Review are reminded to provide disease prevalence and incidence information as a Category 1 requirement, as well as to include this information in the budget impact analyses. The information is used by the clinical reviewers early in the review process, but the budget impact analyses are often submitted later as Category 2 requirements.

For more details, please see the economic and epidemiologic information requirements in the *CDR Submission Guidelines for Manufacturers*, section 4.2.1 Category 1 Requirements, item f, and section 4.2.2 Category 2 Requirements, item b.

Clarification of bibliography requirements

The bibliography of submitted studies (required under the *CDR Submission Guidelines for Manufacturers*, section 4.2.1 Category 1 Requirements, item j) is to be a listing of the studies (both published and unpublished) that the manufacturer has included in the CDR submission. A second bibliography is required for articles included for other reasons such as supporting the validity of outcome measures, another systematic review, etc. Please note that the search strategy used to identify published studies is required, but the full search results are not required.

CDR Update — Issue 32 (February 8, 2007)

Queuing of Submissions to the Common Drug Review (CDR)

The CDR order of review is noted in the *Procedure for Common Drug Review* (May 2006, Section 1.1.8, http://www.cadth.ca/media/cdr/process/cdr_procedure_e_may2006.pdf) and the *Common Drug Review Submission Guidelines for Manufacturers* (September 2006, Section 4.1.5, http://www.cadth.ca/media/cdr/process/CDR%20Submission%20Guidelines%20July%202007_final.pdf).

In brief, the documents indicate that the order in which the CDR reviews submissions is:

- submissions or resubmissions that are assigned a priority review status requests for reconsideration
- manufacturers' submissions, Advisory Committee on Pharmaceuticals (ACP) or drug plan submissions for new drugs or new combinations ACP or drug plan initiated drug-related reviews
- requests for advice resubmissions

The purpose of this CDR Update is to remind manufacturers that in periods when the number of new submissions and/or resubmissions significantly exceeds the projected volumes, the CDR places the submissions in a tiered queue.

Submissions are processed in the order received (first-come, first-served basis) and in accordance with the above order of review. Typically, the CDR and CEDAC can accommodate a total of three new submissions or resubmissions per CEDAC meeting.

Even if a submission is received before the cut-off date noted on our web site with respect to a specific CEDAC meeting, in times of peak activity, the submission may be queued. Therefore, manufacturers are encouraged to file their submissions to the CDR as soon as possible rather than focusing on the cut-off dates.

The CDR removes submissions from the queue as soon as resources become available. The affected manufacturer is notified and the status on the CADTH web site is updated.

Advance Notification of Submissions; Pre-submission Meetings

To help the CDR plan for upcoming submissions, manufacturers are encouraged to notify the CDR Directorate through e-mail of pending submissions. In order to facilitate the most efficient preparation and review of submissions, when appropriate, the CDR Directorate is available for one-hour pre-submission meetings with manufacturers to discuss submission requirements and issues specific to the drug. Requests for such meetings can be forwarded to Cheryl Fawcett, Executive Assistant for the CDR Directorate. Cheryl can be reached at: cheryl@cadth.ca or (613) 226-2553, ext. 251.

Personnel News

- Barb Shea, formerly Vice-President of the CDR and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) programs, now focuses exclusively on COMPUS.
- Mike Tierney has been promoted from Senior Director to Vice-President of the CDR. He can be contacted at: miket@cadth.ca or (613) 226-2553, ext. 315.
- Karen Lee has been promoted from Health Economist to Manager of Health Economics, CDR.
- Cheryl Fawcett, who formerly supported both the CDR and COMPUS programs, is now Executive Assistant for the Vice-President, CDR.

The CDR Directorate is currently recruiting for a Clinical Reviewer. If you're interested in joining our growing team of professionals, visit career opportunities on the CADTH web site.

CDR Update — Issue 33 (February 22, 2007)

New Guidance for Oncology Submissions

In a move to build more consistent cancer care across the country, a provincial collaborative is introducing an interim national process for the review of cancer drugs on March 1, 2007. The Joint Oncology Drug Review will help ensure a more timely, effective and efficient review and evaluation of cancer drugs.

Currently, the provinces have separate processes for reviewing and recommending oncology drugs to their governments. This results in variations across jurisdictions with respect to coverage, criteria for coverage, and costs for cancer drugs.

New oral oncology agents eligible for coverage by public drug plans are currently submitted to the Common Drug Review (CDR) program at the Canadian Agency for Drugs and Technologies in Health (CADTH). Effective March 1, 2007, all submissions for oncology products (injectable and oral) will be made directly to the Ontario Committee to Evaluate Drugs/Cancer Care Ontario. (Detailed information about Ontario's submission process and requirements is available on the Ontario ministry's web site at www.health.gov.on.ca.) Through the Joint Oncology Drug Review, these submissions will be considered as a submission to all participating provinces. Final listing decisions will remain the responsibility of each jurisdiction.

The CDR has an observer seat on the Joint Oncology Drug Review Steering Committee and will be supporting the process by contributing to reviews of oncology agents at the request of the Joint Oncology Drug Review. However, CDR's expert committee (the Canadian Expert Drug Advisory Committee) will not make recommendations on oral oncology agents submitted to the interim Joint Oncology Drug Review.

The *CDR Submission Guidelines for Manufacturers* and the *Procedure for the Common Drug Review* will be updated shortly to reflect these changes.

The interim Joint Oncology Drug Review is being co-led by Manitoba and Saskatchewan and will be in place for one year. During this time, participating jurisdictions and other key stakeholders will be consulted as part of an independent evaluation of the success of this interim process.

CDR Update — Issue 34 (March 8, 2007)

Revisions to the CDR Procedures and Submission Guidelines

The *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers* have been revised and posted on the Common Drug Review (CDR) section of the CADTH web site (www.cadth.ca). The documents are dated February 2007.

The changes are effective immediately. If any of the changes impact on a submission, which you are in the process of preparing, please contact the Manager of CDR Reviews, Sandy Pagotto. She can be reached by e-mail at sandyp@cadth.ca or by phone at (613) 226-2553, ext. 479.

Revisions to the *Procedure for Common Drug Review* – Effective Immediately

Minor editorial changes have been made throughout the *Procedure for Common Drug Review*. The following outline lists significant revisions, in the order they first appear in the document:

- Change – effective March 1, 2007, and for the duration of the interim Joint Oncology Drug Review, CDR will not accept submissions for oncology drugs (Section 1.1.2).
- Clarification – the Advisory Committee on Pharmaceuticals (ACP) or drug plans can submit requests for advice regarding previous Canadian Expert Drug Advisory Committee (CEDAC) recommendations and reasons for recommendations (Section 1.1.4).
- Clarification – submissions are generally reviewed on a “first-come, first-served basis”. CDR may need to schedule the consideration of a submission or resubmission to a CEDAC meeting other than the posted targeted date (Section 1.1.8).
- Change – tracking of CDR reviewers’ review time starts when the reviewers receive the submission or resubmission binders instead of at the time that the submission or resubmission is deemed complete. The targeted review timeframe for reviewers remains unchanged at 45 business days (Section 2.1.2 and Section 3.2).
- Clarification – for a request for advice regarding a previous CEDAC recommendation or reasons for recommendation, the review steps are the same as those for submissions described in Sections 5, 6 and 7 (Section 4).
- Clarification – CDR can make reference to a confidential price in the CEDAC recommendation and reasons for recommendation with the manufacturer’s permission. If permission is declined, CDR may indicate that the manufacturer requested that the price be kept confidential, pursuant to the CDR confidentiality guidelines (Section 6.2.2 and Appendix 2, Item 4).
- Change – the time to complete administrative tasks is not included in the calculation of total review time (Section 8).
- Addition and change – a definition for “confidential price” has been added to the CDR definitions, and the definition of recommendation has been expanded (Appendix 1).
- Change – “confidential price” has been included in the definition of “confidential information” in the confidentiality guidelines (Appendix 2).

Revisions to the Common Drug Review Submission Guidelines for Manufacturers – Effective Immediately

Some minor editorial changes have been made throughout the Common Drug Review Submission Guidelines for Manufacturers. The following outline lists significant revisions, in the order they first appear in the document:

- Change – effective March 1, 2007, and for the duration of the interim Joint Oncology Drug Review, CDR will not accept submissions for oncology drugs (Section 4.1.2 and Appendix 3).
- Clarification – submissions are generally reviewed on a “first-come, first-served basis”. CDR may need to schedule the consideration of a submission or resubmission to a CEDAC meeting other than the posted targeted date (Section 4.1.5).
- Clarification – when providing the names of contacts in the covering letter, the manufacturer may designate the consultant(s) preparing the submission as contacts [Section 4.2.1 (a) and Section 5.2. (a)].
- Clarification – the term “proposed price” has been replaced with “confidential price”, which is a more accurate term [Section 4.2.1 (a) and 4.2.1(g)].
- Change and clarification – the required lists of studies have been consolidated into one table [Section 4.2.1 (e) and Appendix 8].
- Clarification – of the requirements for submissions or resubmissions regarding pricing and availability information, and also that the submitted price must be used in the pharmacoeconomic evaluation and budget impact analyses [Section 4.2.1 (g), Section 5.2 (f) and Appendix 10]. addition – applicant must indicate whether the submitted price is the current marketed price or a confidential price [Section 5.2. (a)].
- Change – contact information for Ontario and New Brunswick has been updated (Appendix 1).
- Addition and change – a definition for “confidential price” has been added to the CDR definitions, and the definition of recommendation has been expanded (Appendix 2).

- Change – “confidential price” has been included in the definition of “confidential information” in the confidentiality guidelines (Appendix 5). clarification – CDR can make reference to a confidential price in the CEDAC recommendation and reasons for recommendation with the manufacturer’s permission. If permission is declined CDR may indicate that the manufacturer requested that the confidential price information be kept confidential, pursuant to the CDR confidentiality guidelines (Appendix 5. item 4).

Employment Opportunities

The CDR Directorate is currently recruiting for the position of Clinical Reviewer. If you’re interested in joining our growing team of professionals, visit career opportunities on the CADTH web site.

CDR Update — Issue 35 (April 11, 2007)

Expansion of the Common Drug Review (CDR)

The Canadian Agency for Drugs and Technologies in Health (CADTH) is pleased to announce that it has received approval and funding to expand the CDR to include new indications for old drugs. The CDR was established in 2002 by the federal, provincial and territorial Health Ministers to review new drugs for coverage by public drug plans (except Quebec). In the June 2006 National Pharmaceuticals Strategy progress report, the Ministers noted that the benefits of a collaborative, national approach had been demonstrated by the CDR, and recommended a staged expansion of the CDR. The CDR Directorate is now working to put the necessary resources and procedures in place to support this expansion and expects to begin accepting submissions for new indications for old drugs this fall.

CDR Industry Session: June 8, 2007

CADTH invites members of the pharmaceutical industry, and those who prepare submissions to CDR on their behalf, to attend a CDR information session on Friday, June 8, 2007 in Ottawa. At this session, CADTH will deliver updates on the Common Drug Review program, including new initiatives for 2007/2008, and there will be opportunity for industry to ask questions or provide comments on the program. Representatives from our advisory committees, CEDAC and ACP, will be included in the program; a detailed agenda will follow closer to the meeting date.

CADTH looks forward to this opportunity to engage industry in dialogue. Logistic and registration information are, as follows:

Event: CDR Information Session for Industry

Date: Friday, June 8, 2007

Location: Sheraton Ottawa Hotel, 2nd floor, Rideau Room, 150 Albert Street, Ottawa

Time: 8:15 a.m. to 8:45 a.m. Registration; 9:00 a.m. to 1:30 p.m. Presentations, Question and Answer Periods

To register: Send an email to CDRinfo@cadth.ca, as follows:

- in the subject field, please type "Register for June 8 Session";
- in the text field, please include your name/title/company/phone no./e-mail/mailing address.

Registration deadline: Friday, May 4, 2007

Notes:

- Registration is limited to two representatives per company.
- If there are questions you would like CADTH to answer at the session, you may submit them with your registration.

For more information: Cheryl Fawcett, Executive Assistant to the Vice-President, CDR, CADTH Telephone: (613) 226-2553, ext. 251; E-mail: cheryl.f@cadth.ca.

Personnel News

We are pleased to announce that Sandy Pagotto has been promoted from Manager of CDR Reviews to Director of CDR. The CDR Directorate is currently recruiting for:

- Manager of Submissions
- Manager of Drug Reviews
- Health Economist
- Clinical Reviewers

If you are interested in learning more about these career opportunities, visit [Careers/Job Listings](#) on the CADTH web site.

CDR Update — Issue 36 (May 3, 2007)

Reminder to Register for CDR Industry Session

Members of the pharmaceutical industry, and those who prepare submissions to CDR on their behalf, are reminded to register if they are planning to attend the CDR information session for industry in June. The deadline for registration has been extended to Friday, May 11, 2007. The session will include updates from the Common Drug Review, and from the Chairs of the Advisory Committee on Pharmaceuticals (ACP) and the Canadian Expert Drug Advisory Committee (CEDAC). CDR expansion and other initiatives will also be discussed. Please refer to the agenda and the following information for more details.

Event: CDR Information Session for Industry

Date: Friday, June 8, 2007

Location: Sheraton Ottawa Hotel, 2nd floor, Rideau Room, 150 Albert Street, Ottawa

Time: 8:15 a.m. to 8:45 a.m. Registration; 9:00 a.m. to 1:30 p.m. Presentations, Question and Answer Periods

To register: Send an email to CDRinfo@cadth.ca, as follows:

- in the subject field, please type "Register for June 8 Session";
- in the text field, please include your name/title/company/phone no./e-mail/mailing address.

Registration deadline: Friday, May 4, 2007

Notes:

- Registration is limited to two representatives per company.
- If there are questions you would like CADTH to answer at the session, you may submit them with your registration.

For more information: Cheryl Fawcett, Executive Assistant to the Vice-President, CDR, CADTH Telephone: (613) 226-2553, ext. 251; E-mail: cheryl.f@cadth.ca.

CDR Update — Issue 37 (June 18, 2007)

Call for Nominations: CEDAC Professional Members

The Canadian Expert Drug Advisory Committee (CEDAC) Nominating Committee is now accepting nominations for prospective members to CEDAC.

CEDAC is an independent national advisory body that makes formulary listing recommendations to participating federal, provincial, and territorial drug plans as part of the Common Drug Review (CDR). CEDAC is appointed by and reports to the Canadian Agency for Drugs and Technologies in Health (CADTH) Board of Directors.

We are seeking highly qualified professionals with expertise in drug therapy and drug evaluation to serve on CEDAC for a minimum two-year term. A Nomination Package containing details on nomination requirements, the selection process, and instructions for nominating potential candidates is available on the CADTH web site.

If you know of someone who has the qualifications we seek, we invite you to submit a nomination. Nomination packages must be received by the CDR Directorate at CADTH no later than **July 20, 2007**.

If you have any questions about the nominations process, please visit CADTH's web site or contact the CDR Directorate at (613) 226-2553.

CDR Update — Issue 38 (June 29, 2007)

CDR Expansion to Drugs with New Indications

Effective October 1, 2007, the Common Drug Review (CDR) will accept submissions for drugs with new indications. Eligible drugs include those that were marketed prior to the establishment of CDR and have since received approval for a new indication, when they meet the requirements described in the *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers*.

Revisions to the CDR Procedures and Submission Guidelines

The *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers* have been revised and posted on the CDR section of the CADTH web site. The documents are dated July 2007. If any of the changes impact on a submission that you are in the process of preparing, please contact the Director, CDR, Sandy Pagotto at sandyp@cadth.ca or (613) 226-2553, ext. 479.

Revisions to the *Procedure for Common Drug Review* – Effective October 1, 2007

The major revisions include:

- Change – Drugs with New Indications have been added to the list of drugs eligible for review by CDR, as indicated below (Section 1.1.2)
 - *Drugs with New Indications are Drugs either previously reviewed by CDR or marketed prior to the establishment of CDR that have received an NOC or NOC/c for a New Indication and:*
 - *the Drug has a restricted listing in one or more Drug Plan Formularies and the Drug Plans have agreed that it should be submitted; or the Drug is not listed in any of the Drug Plan Formularies and the Drug Plans have agreed that it should be submitted; or*
 - *the Drug Plans have requested the review of the Drug with New Indications.*

Notes: Submissions for Drugs with New Indications are to contain clinical and pharmacoeconomic information relating to the New Indication only. Priority Review can be requested for Drugs with New Indications. (Section 1.1.9)

- Clarification – the definition of New Drugs has been expanded to provide clarification regarding line extensions (Section 1.1.2) change – the Order of Review has been revised as follows (Section 1.1.8):
- Submissions or Resubmissions assigned a Priority Review status Reconsiderations, Drug Plan Requests for Clarification
- Regular Submissions for New Drugs, New Combination Products containing a New Active Substance or Drugs with New Indications ACP or Drug Plan initiated reviews, ACP Requests for Advice
- New Combination Products containing existing Drugs; New “Me-too” Drugs such as those that are structurally very similar to existing drugs and that largely duplicate the action of the existing drugs
- Change – the section relating to the Review of a Resubmission based on a New Approved Indication (Section 3.3.3 in February 2007 version) has been deleted as this type of Resubmission is now considered a Submission for a Drug with a New Indication (Section 2)

Revisions to the *Common Drug Review Submission Guidelines for Manufacturers* – Effective October 1, 2007

The major revisions include:

- Change – Drugs with New Indications have been added to the list of drugs eligible for review by CDR (Section 4.1.2) clarification – the definition of New Drugs has been expanded to provide clarification regarding line extensions (Section 4.1.2) change – the Order of Review has been revised (Section 4.1.5)
- Change – the economic model has been designated a Category 1 requirement. Three copies of the model in an unlocked (or executable) format are required, as well as documentation detailing the methods used in the modeling exercise and basic user information [Section 4.2.1 (f)]
- Change - supporting references should be clearly identified in the Executive Summary when a Manufacturer has specified a restricted listing recommendation (e.g., for a specific population) [Section 4.2.1 (b)]
- NOTE: While the other changes in the CDR Procedures and Submission Guidelines take effect October 1st, CADTH requests that manufacturers start complying with this requirement effective August 1, 2007.
- Change – the specified modules of the Clinical Overview and Clinical Summary from Module 2 of the Common Technical Document OR the
- Clinical Studies section of the Comprehensive Summaries are now to be provided in hard and electronic format (in Microsoft Word on CD) [Section 4.2.1 (e)]
- Change - data generated after the trial was provided to Health Canada is to be included in the submission to CDR. Typically, the studies submitted to CDR are the same as those submitted to Health Canada and sometimes these

studies are ongoing, with data collected after submission to Health Canada. The data resulting after the study has been submitted to Health Canada is required. This data will be accepted in a variety of formats, including late draft, Clinical Study Report, synopsis, abstract, or conference proceedings [Section 4.2.1 (e)]

- Change – if no references are provided to support the validity of the outcome measures used in the submitted studies, a statement is required to confirm that a search has been undertaken but no references have been located [Section 4.2.1 (e)]
- NOTE: a bibliography of included references, supporting the validity of outcome measures, is no longer required.
- Change and clarification – the list of all published and unpublished studies included in the submission should indicate where they are located in the submission, including the section and page number [Section 4.2.1 (e) and Appendix 8]
- Change – the list of drug plan contacts and addresses for sending submission copies has been updated (Appendix 1)
- Change – the Submission and Resubmission Checklists have been revised to reflect the submission requirement changes noted in this CDR Update (Appendix 7)

CDR Consultations

We are requesting feedback from interested parties on three proposed changes to the CDR Procedures and Submission Guidelines. The topics to be addressed include:

- CDR Priority Review process
- Clinical Study Reports
- Health Canada Reviewers' Report.

Please visit CDR Consultations – July 2007 on our web site for more details. The deadline for comments is July 31, 2007.

CDR Update — Issue 39 (September 10, 2007)

Common Drug Review Expansion - Clarifications

The following information answers some common queries we have received about the Common Drug Review (CDR) expansion to reviews of drugs with *new* indications.

Who initiates CDR reviews for drugs with new indications?

As with other submissions to the CDR, they will be initiated primarily by manufacturers, while participating drug plans will also continue to have the option of initiating a submission.

How do manufacturers determine whether they submit to CDR or to individual drug plans?

The criteria describing which drugs with new indications are eligible for submission are outlined in the CDR Submission Guidelines for Manufacturers

. When there are questions about whether a particular product meets these criteria, the manufacturer is invited to contact CDR for direction at the earliest opportunity. If required, CDR will consult participating drug plans for further direction. CDR will then communicate to the manufacturer whether the submission should be made to CDR or to the individual drug plans.

What is the CDR process for drugs with new indications?

As described in the Procedure for the Common Drug Review, drugs with new indications follow the same process with the same time frames as other submissions to CDR.

When will CDR start reviewing drugs with new indications?

CDR will begin accepting submissions for drugs with new indications on October 1, 2007.

CDR Consultation Results

Three proposed changes to the Procedure for the Common Drug Review and CDR Submission Guidelines for Manufacturers were posted on the CADTH web site for consultation in July. As a result of the feedback received, minor changes will be made to these two documents and the revised versions will be posted on the web site shortly. The following summarizes the feedback received on the three consultation areas, and any resulting changes to our procedures:

CDR Priority Review Process

Most responders felt that the proposal relating to Priority Review - to decrease the time for manufacturers' comments from seven (7) to three (3) days, and to decrease page allotment for comments from six (6) to three (3) pages - would preclude manufacturers from adequately commenting on the CDR reviews, particularly if they need to communicate with global offices. Therefore, CDR will amend the Priority Review procedure to give manufacturers the option of providing comments within three (3) days, on a maximum of three (3) pages, with CDR Reviewers preparing replies within three (3) days. Shortening the timelines in this way may enable the drug to be placed on an earlier agenda of the Canadian Expert Drug Advisory Committee (CEDAC). In this case, CDR will inform manufacturers who are granted priority review when there is an opportunity to shorten the timelines and be placed on an earlier CEDAC agenda. Manufacturers will be requested to decide at the time priority review is granted whether or not they will exercise the option to reduce the timelines. This will, in turn, enable CDR to adjust the deadlines relating to the drug review.

Health Canada Reviewers' Reports

Most of the feedback indicated it was not feasible to make the Health Canada Reviewers' Report a Category 1 requirement, as it typically takes 30 days to receive the report after the manufacturer has requested it, and this may delay filing a submission to CDR. In response, CDR will not make the Health Canada Reviewers' Report a Category 1 requirement; it will, instead, remain in the "Additional Information" section of the Submission Guidelines. However, CDR will revise the Submission Guidelines to indicate that we routinely ask manufacturers to provide the Health Canada Reviewers' Report. Therefore, manufacturers are encouraged to submit a request for the report to Health Canada as soon as they are aware that a Notice of Compliance will be issued.

Clinical Study Reports

Responders expressed reluctance to include Clinical Study Reports in searchable CD-format as a Category 1 requirement, primarily given the size of documents and that they may contain preliminary information which may be potentially misleading. Thus, CDR will *not* make the Clinical Study Reports a Category 1 requirement; we will, instead, add Clinical Study Reports to the "Additional Information" section of the Submission Guidelines. As indicated in the

consultation document, CDR finds that some submissions do not contain all of the trial data or trial design information required for the review. Requesting this additional information from the manufacturer can add time and/or delays to CDR reviewers' work. Our experience is that Clinical Study Reports facilitate the retrieval of required information. Therefore, we will continue to explore ways to ensure that submissions contain all of the clinical study information that CDR Reviewers require for their work.

Transparency Initiatives

CDR is committed to increasing the transparency of our processes and the basis of our recommendations - as suggested in the CDR Evaluation and in feedback from stakeholders. We are currently developing procedures for publishing three additional documents for each drug under review:

- a plain language version of the CDR Recommendations and Reasons for Recommendation an overview of the CDR clinical and pharmacoeconomic reports
- a summary of our expert committee's discussion relating to the drug.

These initiatives will ensure that relevant information is publicly available, while respecting confidential information provided by the drug's manufacturer. Within the coming months, draft procedures for the new documents will be posted on the CADTH web site for feedback.

Personnel News

- We are pleased to announce that Tim Veregin has joined CADTH as Manager of CDR Submissions. He replaces Sandy Pagotto as the primary contact for industry regarding drug submissions to CDR. As announced in Issue 35 of the CDR Update, Sandy is now the Director of CDR. Tim can be reached at TimV@cadth.ca or (613) 226-2553, ext. 550.
- Changes to the Advisory Committee on Pharmaceuticals (ACP), effective July 1, 2007:
 - Chair: Judy McPhee, Manager, Drug Programs Department of Health - Pharmaceutical Services Province of Nova Scotia
 - Vice-Chair: Marilyn Thornton, Director, Pharmaceutical Policy and Programs Branch Population Health Division, Alberta Health and Wellness

The CDR Directorate is currently recruiting for: Manager of Drug Reviews Health Economists Clinical Reviewers

If you are interested in learning more about these career opportunities, visit [Careers/Job Listings](#) on the CADTH web site.

CDR Update — Issue 40 (October 1, 2007)

Revisions to the CDR Procedures and Submission Guidelines

The Procedure for Common Drug Review and CDR Submission Guidelines for Manufacturers documents on the Canadian Agency for Drugs and Technologies in Health (CADTH) web site have now been updated to incorporate the changes announced in CDR Update Issue 39. These changes are the result of feedback received on three items posted on the web for consultation in July (see CDR Update Issue 38 for consultation announcement). CADTH would like to thank the people who provided input as part of the consultations. Other minor editorial changes have also been made to the two CDR documents.

Change to Both Documents – New Option to Reduce Priority Review Timeline

At the time CDR notifies a manufacturer that priority review is granted, the manufacturer will also be advised if there is an opportunity to place the submission on an earlier agenda of the Canadian Expert Drug Advisory Committee (CEDAC). This option will be offered in those instances where a reduction of eight business days in the CDR process may allow the submission to be placed on an earlier CEDAC agenda. In order to accomplish this, the manufacturer must agree to provide comments on the CDR review reports within three business days on no more than three pages. The CDR Reviewers' time to respond to the comments will also be decreased to three business days. The two reduced time frames will shorten the CDR review process by eight business days. (Manufacturers will have four fewer days than usual to comment on the CDR reports, CDR reviewers will have four fewer days to respond to the comments, and the CDR timelines will be adjusted accordingly.)

When notified by CDR that a request for priority review has been granted and the option to reduce the timelines is available, manufacturers will be required to confirm in writing that they wish to exercise the option. (Note that this option applies only to submissions granted priority review status.)

Other Changes to CDR Submission Guidelines

Section 4.2.1 Category 1 Requirements

- Item a) the Cover Letter is to include the new indication when submitting a drug with a new indication.
- Item d) clarifies that the PDF copy of the product monograph should be in searchable format.
- Item e) and Appendix 8 – for published studies included in the submission, copies of related editorial articles and errata published in the same journal are required. The articles and errata should also be included in the tabulated list of published and unpublished studies. In addition, the table is corrected and clarified by inserting a missing heading.
- Item f) clarifies that only three copies (in total) of the economic model are required. These three copies should be provided at the time that the Manufacturer is initially filing a Submission. The remaining copies of the Submission provided to CDR and participating drug plans (after the Submission is deemed complete) are NOT required to contain additional copies of the economic model).

Section 4.2.3 Additional Information

- Item b) confirms that the Health Canada Reviewers' Report is not a Category 1 requirement. However, because CDR requests the Health Canada Reviewers' Report for each submission, Manufacturers are encouraged to request this report from Health Canada as soon as they are assured that their drug will receive a Notice of Compliance (NOC) or Notice of Compliance with conditions (NOC/c) and to forward the report to CDR immediately upon receipt.
- Item d) the Clinical Study Report is included as a document that CDR may request from the Manufacturer – if the information in the submission does not contain the trial data or trial design information required by CDR to complete its review.

CDR Pharmacoeconomic Review and BIAs

At the September 11, 2007 teleconference of the Advisory Committee on Pharmaceuticals (ACP), members agreed that CDR pharmacoeconomic reviewers will no longer be required to provide high level commentary on the Budget Impact Analyses (BIAs) submitted to the drug plans. This change recognizes that the drug plans must individually evaluate the impact of adding each drug to their formularies.

This process change does not eliminate the CDR submission requirements for BIAs. CDR continues to have the responsibility to review the submissions on behalf of the participating drug plans to ensure that all of the submission requirements are met.

- Manufacturers must continue to provide BIAs as a Category 1 requirement if requesting Priority Review, based on cost.

- Manufacturers must continue to provide BIAs to CDR as Category 2 requirements, if they are not provided to meet Category 1 requirements. The Category 2 requirements are described in Section 4.2.2 of the *CDR Submission Guidelines for Manufacturers*. Manufacturers will not need to include BIAs in the five copies of the Submission binders sent to CDR after the Category 2 requirements are deemed complete.

Update to Targeted CEDAC Meeting Dates

The dates on the Filing a Submission page of the CADTH web site have been updated. These dates help manufacturers identify the tentative CEDAC meeting date when a submission would be considered – based on the date the submission is received at CDR, the date it is “deemed complete” and other factors.

Recent CDR Recommendations

The following recommendations were issued through CADTH’s Common Drug Review program from July to September 30, 2007.

Drug Name (Brand Name)	Indication (Condition)	Recommendation Released	Final CEDAC Recommendation
lanreotide acetate (Somatuline Autogel)	Acromegaly	2007-07-19	List in a similar manner to other drugs in class
lumiracoxib (Prexige)	Osteoarthritis (knee)	2007-07-25	Do not list
varenicline tartrate (Champix)	Smoking cessation	2007-08-16	List with criteria/condition
delta-9-tetrahydrocannabinol / cannabidiol (Sativex)	Neuropathic pain (adjunctive) in MS	2007-09-26	Do not list
tramadol hydrochloride (Zytram XL)	Pain, moderate severity	2007-09-26	Do not list
telbivudine (Sebivo)	Hepatitis B (Chronic)	2007-09-26	Do not list

Employment Opportunities

The CDR Directorate is currently recruiting for:

- Manager of Drug Reviews
- Clinical Reviewers
- Project Manager

If you are interested in learning more about these career opportunities, visit Careers/Job Listings on the CADTH web site.

CDR Update — Issue 41 (October 4, 2007)

Consultation on New CDR Transparency Initiatives

Call for Feedback by October 19, 2007

As announced in CDR Update Issue 39 and at the Common Drug Review (CDR) Information Session for Industry in June 2007, the Canadian Agency for Drugs and Technologies in Health (CADTH) is taking steps to further increase the transparency of its CDR process and recommendations. This is in response to the CDR Evaluation and requests for more information from stakeholders, including the pharmaceutical industry and patient advocacy groups. Since the CDR's inception, CADTH and the Canadian Expert Drug Advisory Committee (CEDAC) have been supportive of increased transparency. This is evidenced by the posting of CEDAC recommendations and reasons for recommendation and the posting of the progress of submissions under review on the CADTH web site. Increasing transparency beyond these activities should provide an even greater understanding of the CEDAC recommendations and reasons for recommendation. CADTH is seeking the support and co-operation of the pharmaceutical industry with these new initiatives.

In developing the expanded transparency initiatives, CADTH has considered the input that it has received to date from its various stakeholders. This expansion means additional steps for both the CDR and industry; however, CADTH has been careful not to increase the time or processes associated with delivering CEDAC recommendations. Before implementing the transparency initiatives, CADTH wishes to solicit further input from its stakeholders on the aspects that directly affect them. The goals of the transparency initiatives are (1) to increase understanding of recommendations by releasing key information related to each recommendation and (2) to increase accessibility of recommendations to the general public by providing information in plain language.

CADTH plans to begin publishing three additional documents for each drug reviewed by the CDR, starting with the drugs considered by CEDAC at their November 2007 meeting. The new documents include:

- an overview combining the CDR clinical and pharmacoeconomic reports
- a summary of the CEDAC discussion relating to the drug
- a plain language version of the CEDAC recommendation and reasons for recommendation.

Since the new documents may contain unpublished information provided in confidence by the drug manufacturer, the manufacturer will have an opportunity to review them to identify strictly confidential material and any inaccuracies. Based on the manufacturer's feedback and prior to publishing the documents on the CADTH web site, the CDR will black out the confidential information in the overview and summary of CEDAC discussion or remove the information in the plain language recommendation and reasons for recommendation. The CDR will indicate that the information has been removed at the manufacturer's request and will make any necessary corrections.

A procedure has been developed for the new CDR documents, with steps that correspond to the existing Procedure for the Common Drug Review. This will ensure that manufacturers are able to anticipate and plan for their opportunities to review the additional documents.

CADTH invites your feedback on the following four documents:

- Common Drug Review (CDR) Transparency Procedure (a brief description)
- CEDAC Recommendation and Reasons for Recommendation (Plain Language)
- Template Overview Template
- Summary of CEDAC Discussion Template

Specifically, we would appreciate receiving comments on:

- timelines in the CDR Transparency Procedure
- general content of the templates
- format of the templates
- and any other comments you wish to provide.

Please e-mail your feedback by October 19, 2007 to cdfeedback@cadth.ca.

Your comments will be considered as CADTH finalizes the CDR transparency procedure and documents.

CDR Update — Issue 42 (October 19, 2007)

Deadline Extended for Consultation on CDR Transparency Initiatives

In response to requests from stakeholders, the deadline for consultation on the new Common Drug Review (CDR) transparency initiatives has been extended to October 31, 2007. We encourage members of the pharmaceutical industry and other interested stakeholders to provide feedback on the *CDR Transparency Procedure* and on templates for the new documents that will be created as part of the transparency initiatives. Please see the CDR transparency consultations page of the CADTH web site for the full details.

New Appointments to CEDAC

The Canadian Agency for Drugs and Technologies in Health (CADTH) is pleased to announce that two new members have been appointed to the Canadian Expert Drug Advisory Committee (CEDAC) by the CADTH Board of Directors. The two new members, appointed to fill vacancies on the Committee, are:

- Kelly Zarnke, MD, MSc, FRCPC - Dr. Zarnke, an internist and clinical pharmacologist, holds appointments as Associate Professor in the Department of Medicine at the University of Calgary and as Medical Director of Therapeutics for the Calgary Health Region.
- Lindsay Nicolle, MD, FRCPC - Dr. Nicolle is Professor of Internal Medicine and Medical Microbiology at the University of Manitoba, and Consultant in Adult Infectious Diseases at the Health Sciences Centre and Winnipeg Regional Health Authority.
- Additionally, the Board confirmed the appointment of Dr. Anne Holbrook as Vice-Chair of CEDAC.

Change in CEDAC Meeting Date

The date of the January 2008 CEDAC meeting has been changed to January 23, 2008. The CADTH web site has been updated to reflect this change.

CDR Submission Guidelines – Correction

The address for the Non-Insured Health Benefits (NIHB) plan has been corrected in Appendix 1 of the CDR Submission Guidelines for Manufacturers.

Employment Opportunities

The CDR Directorate is currently recruiting for:

- Manager of Drug Reviews
- Clinical Reviewers
- Project Manager

If you are interested in learning more about these career opportunities, visit [Careers/Job Listings](#) on the CADTH web site.

CDR Update — Issue 43 (November 26, 2007)

CDR Consultation on Expanded Transparency Initiatives

The Canadian Agency for Drugs and Technologies in Health (CADTH) thanks all stakeholders who responded to the request for input and feedback on the expanded transparency initiatives for its Common Drug Review (CDR) program. CADTH sincerely appreciates the thoughtful and extensive suggestions that were provided.

New Implementation Date for CDR Transparency Initiatives: November 29, 2007

The CDR had originally planned to implement its expanded transparency initiative with drug submissions considered at the November 21, 2007 CEDAC meeting. However, as a result of extending the transparency initiative consultations at stakeholders' request, the CDR has delayed this implementation. For drug submissions and resubmissions received November 29, 2007 onward, CADTH will be making the following additional documents publicly available after the Final CEDAC Recommendation and Reasons for Recommendation is issued:

- Overview of the CDR Clinical and Pharmacoeconomic Review Reports
- Plain Language version of the Final Recommendation and Reasons for Recommendation
- Summary of the CEDAC discussion regarding the submission or resubmission under review.

Manufacturers who currently have active submissions or resubmissions with the CDR will be provided an opportunity to have the three transparency documents related to their submissions prepared and posted on the CADTH web site.

Summary of Stakeholder Feedback and CDR Action

The CDR has considered all of the feedback and, where feasible, incorporated it into the CDR Transparency Procedure and related document templates. While the nature of the feedback regarding the consultation on the CDR transparency initiatives was varied, the common feedback themes and the CDR's approach to address them are outlined below.

Stakeholder Feedback	CDR Action
Manufacturer requests for more time to review documents and identify confidential information.	The CDR has increased the time for manufacturers to review the three new transparency documents and identify confidential information to 20 business days. (Note: When the documents are sent to the manufacturer concurrently, the total review time is 20 business days.) These time lines are included in the CDR Transparency Procedure (Appendix 1 of the <i>Procedure for the Common Drug Review</i>).
Concerns that "blacking out" confidential information suggests "hiding" information.	<ul style="list-style-type: none">• The CDR has reviewed approaches in other Canadian and international agencies and will remove confidential information by "blacking out," using redaction techniques that remove the sensitive data, not just hide it.• The CDR will include a statement indicating that confidential information has been removed at the manufacturer's request pursuant to the CDR Confidentiality Guidelines.• The Confidentiality Guidelines have been revised to address the transparency initiative.
Need to clarify that the CDR and CEDAC consider the cost-effectiveness of drugs compared with other therapies in making recommendations, and that the responsibility for determining the benefit/risk of new drugs rests with Health Canada.	The CDR is providing clarification of the role of CEDAC in the "Background" section of the technical and plain language versions of the Recommendation and Reasons for Recommendation and in other documents.
Concerns that if a manufacturer does not respond within the set time lines, the CDR will proceed with making the transparency documents publicly available.	The CDR has increased the time lines for response, and manufacturers will be advised of due dates. When manufacturers do not respond by the due date, the CDR will proceed with steps to post the version of the documents sent to the manufacturer for review.
Requests to hold CEDAC meetings in public.	The CDR has considered these requests and has decided to continue with the current practice for attendance at the CEDAC meetings – as it provides opportunity for full discussion among members, while protecting manufacturers' confidential information.
Requests to publish transcripts of CEDAC meetings.	The CDR is making the summary of relevant CEDAC discussion regarding the submission or resubmission under consideration publicly available.

Stakeholder Feedback	CDR Action
A need to evaluate the transparency initiatives.	Although the evaluation of the transparency initiatives was not mentioned in the request for consultation, evaluation of the transparency procedures and documents will be ongoing, and adjustments will be made as required.
CADTH should wait for release of the report from the House of Commons Standing Committee on Health's study of the CDR before initiating expanded transparency initiatives.	CADTH will review and respond to the recommendations of the House of Commons Standing Committee on Health when these are available. Significant changes will require CADTH Board approval.

The CDR Transparency Procedure, which incorporates the feedback above, has been added to the *Procedure for the Common Drug Review* as Appendix 1 and posted on the CADTH web site. The Transparency Procedure describes the three new document types being created by the CDR, the opportunities for manufacturers to review the documents to identify confidential information or errors, and the time frames for manufacturers' responses.

Other changes to the *Procedure for the Common Drug Review* include definitions of the new document types in the Definitions List (Appendix 2) and updates to the Confidentiality Guidelines (Appendix 3) to reflect and support the transparency initiatives.

An updated version of the CDR Submission Guidelines for Manufacturers, which reflects the revisions to the Confidentiality Guidelines, will be posted on the CADTH web site shortly. The CDR submission requirements remain unchanged with the implementation of the CDR transparency initiative.

Changes to Handling Confidential Information in CEDAC Recommendations

In keeping with the approach to "black out" confidential information in the new transparency documents, a similar approach will be implemented for the technical versions of the CEDAC Recommendation and Reasons for Recommendation. Changes have been made to section 6.2.2 of the *Procedure for the Common Drug Review* and to the Confidentiality Guidelines to reflect this. This will begin with submissions and resubmissions received November 29, 2007 onward.

Employment Opportunities

The CDR Directorate is currently recruiting for:

- Manager of Drug Reviews
- Clinical Reviewers
- Project Manager

If you are interested in learning more about these career opportunities, visit Careers/Job Listings on the CADTH web site.

CDR Update — Issue 44 (December 10, 2007)

Standing Committee on Health Report on the Common Drug Review

The Canadian Agency for Drugs and Technologies in Health (CADTH) appreciates the observations and recommendations made by the House of Commons Standing Committee on Health in its report Prescription Drugs Part I - Common Drug Review: An F/P/T Process, released yesterday.

Background

The federal Standing Committee on Health has been examining “the status of, and progress accomplished,” by the Common Drug Review (CDR) program as part of a larger study on prescription drugs. The Committee began the CDR study in spring 2007 and its report was tabled in the House of Commons December 12, 2007. The Committee received submissions and presentations from interested parties, including: the pharmaceutical industry, the drug plans that participate in CDR, Health Canada, medical professionals, disease and patient advocacy associations, independent experts, and CADTH. CADTH’s submission and presentations to the Committee, which took place in April and June 2007, are available on the CADTH web site, at <http://www.cadth.ca/index.php/en/cdr/cdr-news/2007/06/22/113>.

“The one unifying theme throughout the presentations was that the demands placed on Canada’s publicly funded health system are enormous,” said John Wright, then Co-chair of the Conference of Deputy Ministers of Health (CDM) which owns CADTH and the CDR program, in his appearance before the Committee. “Achieving the balance of optimized care, accessibility, equity, affordability and sustainability for all Canadians is every government’s goal,” continued Mr. Wright.

Standing Committee on Health Recommendations

The Committee’s study provided an excellent opportunity for CADTH and its owners to obtain feedback on CDR, respond to criticisms of the program, and receive suggestions for its improvement. Therefore, CADTH and the CDM appreciate the observations and also the recommendations contained in the Committee’s report. The five recommendations include:

Recommendation 1: The federal government work with its provincial and territorial CDR counterparts to require an independent, external performance evaluation of the CDR within a year, and at five year intervals, and to make them immediately available to the public.

Recommendation 2: The federal government work with its provincial and territorial CDR counterparts to enhance transparency by increasing the level of scientific and price information disclosure through discussions with pharmaceutical manufacturers at the time of submission.

Recommendation 3: The federal government work with its provincial and territorial CDR counterparts to increase the current level of public involvement in the CDR through public attendance at open CEDAC meetings and the creation of a public advisory body.

Recommendation 4: The federal government work with its provincial and territorial CDR counterparts to create a set of specific appeal criteria which, if met, would lead to a new and distinct appeal process for CEDAC recommendations which will; require a separate group of expert reviewers; extend requests for appeal beyond manufacturers to the public; and, establish a clear timeframe for an appeal decision

Recommendation 5: The federal government work with its provincial and territorial CDR counterparts to urge CADTH to establish a specifically designed approach for the review of drugs for rare disorders and for first-in-class drugs.

CADTH Response

While responsibility for responding to the report rests with the federal government, CADTH wishes to make the following comments on the recommendations at this time:

- CADTH welcomes the suggestions and recommendations contained within the report and looks forward to the federal government’s response.
- “Many of the report’s findings are consistent with initiatives already underway at CADTH, but there is always room for improvement,” noted Dr. Jill Sanders, CADTH’s President and Chief Executive Officer.
- “Since its inception, the CDR has successfully delivered on its original mandate of conducting objective, rigorous and timely reviews of new drugs, and providing formulary listing recommendations to Canada’s public drug plans,” said Dr. Sanders. “Throughout the short history of the CDR, we have continuously demonstrated the ability to evolve to meet new challenges on behalf of Canadians.”

- "We will review the benefits and implications of the recommendations regarding CDR in the Standing Committee's report, and bring them to the CADTH Board of Directors for consideration," said Dr. Sanders.
- CADTH will assist the government in preparing their response to the Standing Committee.

Related Recent CDR Activities

Public Representatives on CEDAC

Two public representatives with full voting rights were appointed in October 2006 to CDR's Canadian Expert Drug Advisory Committee (CEDAC). A survey of all CEDAC members in spring 2007 indicated that: the public members feel well accepted and integrated, and other committee members believe the public members are providing a definite benefit. The Committee, as a whole, agrees that there are areas for improvement, which the Committee is committed to exploring. Generally, the feedback was consistent with existing evidence about these types of committees.

CDR Expansion

In the Spring, in accordance with direction in the National Pharmaceuticals Strategy (NPS) Progress Report, CDR received approval and funding from the CDM to expand from reviews of new drugs to reviews of drugs with new indications. This demonstrates the support of the participating jurisdictions for the CDR, and that the benefits of CDR's collaborative, national approach are being realized. The CDR expansion was announced in CDR Update 35 and additional information was included in CDR Update 39.

CDR Transparency Initiatives

In response to stakeholder requests for more information, CDR will continue to increase the transparency of its reviews by publicly releasing in the future: overviews of CDR clinical and pharmacoeconomic reports, summaries of the drug discussions at CEDAC meetings, and plain language versions of CDR recommendations. CADTH announced these new transparency initiatives in CDR Update 39, and expanded upon them in CDR Updates 41 and 43.

For more information contact:

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CDR Update — Issue 45 (January 31, 2008)

Recent CDR Recommendations

The following recommendations were issued through CADTH's Common Drug Review program from October 1 to December 31, 2007.

Drug Name (Brand Name)	Indication (Condition)	Recommendation Released	Final CEDAC Recommendation
ciprofloxacin hydrochloride & dexamethasone otic suspension (Ciprodex)	Ear infections	2007-10-18	List with criteria/condition
adefovir dipivoxil (Hepsera)	Hepatitis B	2007-10-18	List with criteria/condition
entecavir (Baraclude)	Chronic Hepatitis B	2007-11-28	List with criteria/condition
adalimumab (Humira)	Crohn's disease	2007-12-19	List with criteria/condition
idursulfase (Elaprase)	Mucopolysaccharidosis II (MPS II), Hunter Syndrome	2007-12-19	Do not list

Employment Opportunities

The CDR Directorate is currently recruiting for:

- Manager of Drug Reviews

If you are interested in learning more about these career opportunities, visit [Careers/Job Listings](#) on the CADTH web site.

CDR Update — Issue 46 (March 11, 2008)

First CDR Transparency Documents Released

In 2007, the Canadian Agency for Drugs and Technologies in Health (CADTH) announced it would further expand the transparency of its Common Drug Review (CDR) program by publishing three additional documents for each drug reviewed by CDR. CADTH is pleased to announce that the first new documents developed under this transparency initiative were released Friday on its web site for the drug adalimumab (Humira) for its use in Crohn's disease. The two new documents include:

- *A Plain Language Version of the Recommendation and Reasons for Recommendation and an Overview of the CDR Clinical and Pharmacoeconomic Reports*
- *A Summary of Discussion*, which will summarize the Canadian Expert Drug Advisory Committee (CEDAC) deliberations regarding Humira for the Crohn's disease indication, is expected to be released later this month.

All three new CDR document types will be posted in the CDR Drug Database on CADTH's web site — in addition to the *Submission Status* reports and *Recommendations and Reasons for Recommendation* that CDR currently posts.

The intent of the new documents is two-fold:

- to enhance understanding of the recommendations by publishing a version that is more easily understood by the general public
- to provide key background information relating to the recommendations that will be of interest to all stakeholders, particularly health care professionals.

Some manufacturers who filed submissions prior to the November 29, 2007 launch of the CDR transparency initiative were invited and agreed to participate in a pilot project to test the *CDR Transparency Procedure* and timelines. CADTH sincerely thanks these manufacturers for their participation and their comments on the process. Transparency documents for the other drugs in the pilot will be posted as they become available. Full implementation of the new transparency initiative will begin with the drugs considered by CEDAC at its April 16, 2008 meeting. The *CDR Transparency Procedure* was developed with input from stakeholders in the fall and added to the Procedure for the Common Drug Review as Appendix 1 in November 2007. As a result of the pilot, some refinements will be made to the *CDR Transparency Procedure* and posted on CADTH's web site shortly.

As previously announced, the established targeted time frames for CDR reviews are not impacted by the transparency initiative.

Templates for CDR Review Reports Updated

The templates used by internal and external CDR reviewers (*CDR Clinical Review Report Template*; *CDR Pharmacoeconomic Review Report Template*) in writing their reports have been updated and posted on the CADTH website.

CDR Update — Issue 47 (April 8, 2008)

The Common Drug Review routinely reviews and revises its *Submission Guidelines for Manufacturers* and the *Procedure for CDR* as part of ongoing efforts to ensure that they are as current and clear as possible. Listed below are revisions to the two documents.

1. Changes to the CDR Submission Guidelines for Manufacturers

Section 4.1.2 Eligible Submissions from Manufacturers

- Clarification of the description of line extensions

Section 4.1.4 Screening of Submission for Completeness; Required Number of Copies, and 4.2.2 Category 2 Requirements

- Change: only one complete set of Category 2 Requirements is required by the CDR Directorate.
- No additional copies of the Category 2 Requirements need to be sent to the CDR after they are deemed complete.

Section 4.2.1 Category 1 Requirements

- Signed Cover Letter
 - Change: manufacturers must indicate in the cover letter if they wish to have the copies of confidential submission information returned at the end of the review (at the manufacturer's expense). Unless so advised, the CDR Directorate will destroy copies of confidential submission information by shredding and will retain one complete set of documents on file for as long as there may be a need to consult them.
- Product Monograph
 - Clarification: the maximum number of pages for the Product Profile is three. (Note: each side of a page is counted as one page.)
- Efficacy, Effectiveness and Safety Evidence
 - Change: a copy of the Clinical Overview (Module 2.5) and Clinical Summary (Modules 2.7.1; 2.7.3; 2.7.4; and 2.7.6), from Module 2 of the Common Technical Document, can now be provided in searchable PDF or Microsoft Word format on CD. (Note: A hard copy is still required.) Change: when submitted, the Clinical Studies section of the Comprehensive Summaries can now be provided in searchable PDF or Microsoft Word format on CD. (Note: A hard copy is still required.)
 - Change: the tabulated list of studies included in the submission should include all Phase 3 studies mentioned in the Common Technical Document.
 - Change: for submissions of drugs available on the Canadian or international market for 10 years or more, manufacturers should contact the CDR Directorate for guidance on which published and unpublished studies to include in the table of studies under the category "studies not included in the submission".

Section 5.2 Resubmission Requirements

- Table 2: Guidance for Filing Resubmission
 - Clarification: what the manufacturer must submit to the CDR has been clarified for: resubmissions filed after re-instatement of a previously withdrawn market authorization resubmissions filed after voluntary withdrawal.
- Signed Cover Letter
 - Change: manufacturers must indicate in the cover letter if they wish to have copies of confidential submission information returned at the end of the review (at the manufacturer's expense). Unless so advised, the CDR Directorate will destroy copies of confidential submission information by shredding and will retain one complete set of documents on file for as long as there may be a need to consult them.
- Information about a Drug with Notice of Compliance with Conditions (NOC/c)
 - Change: added requirement that manufacturers are to provide the status of confirmatory studies listed in the Letter of Undertaking and to provide the most recent interim analysis results for the confirmatory studies.

Appendix 1 Participating Federal, Provincial, and Territorial Drug Plans

- Change: updated contact information for Newfoundland and Labrador.
- Correction: mailing addresses for the Royal Canadian Mounted Police and the Correctional Service of Canada have been amended.

Appendix 5 Confidentiality Guidelines

- Change to Sections 6 and 7: description of archiving and disposal of confidential information. Unless the manufacturer indicates in the cover letter accompanying a submission or resubmission that copies of confidential documents are to be returned to the manufacturer for disposal, the CDR Directorate will destroy the copies by shredding. The CDR Directorate retains one complete set of documents on file, related to a submission or resubmission, for as long as there may be a need to consult them.

Appendix 7: Submission and Resubmission Checklists

- Change: checklists have been revised to reflect changes in submission and resubmission requirements.

Appendix 8: Table Template for Listing Canadian and International Published and Unpublished Studies

- Change: footnotes have been added to reflect changes described above for Section 4.2.1(e)

2. Changes to the Procedure for CDR

Section 1.1 General Information about the CDR Procedures

- Clarification: description of the exception for when a drug can undergo review as a submission and resubmission concurrently (i.e. when the basis for a resubmission is a new indication).

Section 1.2.1 Withdrawal of Market Authorization by Health Canada

- Clarification: a review of a submission or resubmission under this circumstance is stopped, not suspended.

Section 1.2.2 Voluntary Withdrawal of a Submission or Resubmission

- Clarification: this section has been rewritten to describe the procedure more clearly.

Section 8: Phase IV — Disposition of Submission and Resubmission Documents

- Change: this section has been added to describe the CDR procedures for disposition of documents after the completion of the CDR review of a submission or resubmission. This corresponds to the changes made in the Confidentiality Guidelines.

Appendix 3: Confidentiality Guidelines

- Change to Sections 6 and 7: a description of archiving and disposal of confidential information. Unless the manufacturer indicates in the cover letter accompanying a submission or resubmission that copies of confidential documents are to be returned to the manufacturer for disposal, the CDR Directorate will destroy the copies by shredding. The CDR Directorate retains one complete set of documents on file, related to a submission or resubmission, for as long as there may be a need to consult them.

CDR Update — Issue 48 (April 29, 2008)

Recent CDR Recommendations

The following recommendations were issued through CADTH's Common Drug Review program from January 1 to March 31, 2008.

Drug Name (Brand Name)	Indication (Condition)	Recommendation Released	Final CEDAC Recommendation
acamprosate calcium (Campral)	Alcohol abstinence	2008-03-27	<u>List with criteria/condition</u>
ranibizumab (Lucentis)	Age-related macular degeneration (AMD)	2008-03-27	<u>List with criteria/condition</u>
aprepitant (Emend)	Chemotherapy induced nausea and vomiting	2008-02-20	<u>List with criteria/condition</u>
delta-9-tetrahydrocannabinol/ cannabidiol (Sativex)	Cancer pain (adjunctive analgesia to maximum tolerated strong opioids)	2008-02-20	<u>Do not list</u>
lanthanum carbonate hydrate (Fosrenol)	Hyperphosphatemia, end-stage renal disease	2008-01-30	<u>Do not list</u>
sitaxsentan sodium (Thelin)	Pulmonary arterial hypertension (WHO class II and III)	2008-01-30	<u>Do not list</u>
posaconazole (Spriafil)	Aspergillus and Candida infections	2008-01-30	<u>Do not list</u>

Feedback

We're interested in your feedback. Tell us what you think of our CDR Update e-bulletins. Comments on the CDR section of CADTH's web site or the CDR Drug Database are also welcome.

CDR Update — Issue 49 (June 4, 2008)

Call for Public Member for the Canadian Expert Drug Advisory Committee (CEDAC)

CEDAC is an independent advisory body with expertise in drug therapy and drug evaluation. As part of the Common Drug Review, CEDAC makes recommendations to the participating federal, provincial, and territorial publicly funded drug plans regarding the inclusion of drugs on their formularies. The committee's approach is evidence-based and considers the clinical effects and cost-effectiveness of drugs compared with other available therapies.

CEDAC is appointed by, and reports to, the Board of Directors for the Canadian Agency for Drugs and Technologies in Health (CADTH). The two Public Members on the committee represent the broad public interest and have some experience or demonstrated interest in issues related to health care at the community, regional, or national level, and have some experience working with committees. They serve in the capacity as a member of the general public and not as a representative of any specific interest, group, or organization. Public Members are full members of CEDAC with the same responsibilities and expectations and subject to the same terms and conditions for all members of the committee.

Members of CEDAC must abide by CADTH's Conflict of Interest Guidelines and Code of Conduct. An honorarium is paid to members for their preparation and meeting time. Expenses and travel costs are also covered.

Applications to CEDAC will be reviewed by the CEDAC Nominating Committee. The CEDAC application process, selection criteria, applicant requirements, Terms of Reference, and Conflict of Interest Guidelines are available on the CADTH web site, or by contacting CADTH at (613) 226-2553. Please contact CADTH at cedac_publicmembers@cadth.ca for further information. Applications should be received by July 7, 2008.

Call for Nominations for Professional Members of CEDAC

The Canadian Expert Drug Advisory Committee (CEDAC) Nominating Committee is also now accepting nominations for prospective Professional Members for CEDAC.

We are seeking highly qualified professionals with expertise in drug therapy and drug evaluation to serve on CEDAC for a minimum two-year term. A Nomination Package containing details on nomination requirements, the selection process, and instructions for nominating potential candidates is available on the CADTH web site. If you know of someone who has the qualifications we seek, we invite you to submit a nomination. Nomination packages must be received by the CDR Directorate at CADTH no later than July 7, 2008.

If you have any questions about the nominations process for Professional Members, please visit CADTH's web site or contact the CDR Directorate at (613) 226-2553.

CDR Update — Issue 50 (June 19, 2008)

CADTH Summer Business Hours for July 7 to August 29, 2008

Monday to Thursday: Friday: 7:30 a.m. to 5:30 p.m. EST

7:30 a.m. to 1:00 p.m. EST

Note: During this time, all submission-related material received by the Common Drug Review (CDR) on Fridays later than 1:00 p.m. EST will be considered received on the following business day. This includes, but is not limited to, new submissions, requests for reconsideration, and additional information requested by CDR from the manufacturer during the review process.

CDR Update — Issue 51 (July 30, 2008)

Recent Recommendations

The following formulary listing recommendations were issued through the Canadian Agency for Drugs and Technologies in Health's (CADTH's) Common Drug Review (CDR) program to participating Canadian public drug plans between April 1 and June 30, 2008.

Final Canadian Expert Drug Advisory Committee (CEDAC) Recommendation

Drug Name (Brand Name)	Indication (Condition)	Released	Recommendation
Aliskiren (Rasilez)	Hypertension	2008-06-25	Do not list
Mixed amphetamine salts (Adderall XR)	Attention-deficit hyperactivity disorder	2008-06-25	Do not list
Zoledronic acid (Aclasta)	Osteoporosis (postmenopausal women)	2008-06-25	Do not list
Tramadol hydrochloride (Ralivia)	Pain	2008-06-25	Do not list
Sitagliptin phosphate (Januvia)	Diabetes mellitus (type 2)	2008-06-18	Do not list
Paliperidone (Invega)	Schizophrenia	2008-05-28	Do not list
Raltegravir (Isentress)	HIV	2008-05-14	List with criteria/condition
Tramadol hydrochloride (Tridural)	Pain	2008-04-17	Do not list
Efavirenz, emtricitabine, tenofovir disoproxil fumarate (Atripla)	HIV	2008-04-17	List with criteria/condition

Personnel News

Mike Tierney, Vice-President of CDR, will be leaving CADTH at the end of July to take a new position as Vice President – Critical Care, Emergency and Community Services at the Ottawa Hospital. Mike has contributed significantly to CADTH in the past two years, leading CDR through many successes as well as some challenging times. We sincerely appreciate Mike's efforts and warmly congratulate him on his new appointment.

We are pleased to announce that Sandy Pagotto, the current Director of CDR, has been appointed to Acting Vice-President of CDR, effective August 1, 2008. We also welcome Sylvie Robert, who joined CADTH on July 7 as the CDR Manager of Drug Reviews.

In response to the changes noted above, CADTH is currently recruiting for senior positions within the CDR and Health Technology Assessment (HTA) programs. If you are interested in learning more about these career opportunities, please visit [Careers/Job Listings](#) on the CADTH website.

CDR Update — Issue 52 (September 8, 2008)

CADTH Information Forum: October 2, 2008

The Canadian Agency for Drugs and Technologies in Health (CADTH) invites pharmaceutical companies, and those who prepare submissions to CADTH's Common Drug Review (CDR) program on their behalf, to a full-day CADTH Information Forum on Thursday, October 2, 2008, in Ottawa. This invitation is also extended to interested patient groups. The morning session of the forum is an opportunity to receive the latest information about CADTH's core programs and updates regarding submission requirements and review processes.

The afternoon session on the Common Drug Review will include perspectives from the Chairs of the Canadian Expert Drug Advisory Committee (CEDAC) and the Advisory Committee on Pharmaceuticals (ACP), as well as an update on proposed submission and procedure changes. Round table sessions will be conducted on topics related to pharmacoeconomics, clinical review methods, transparency, filing submissions, and other subjects.

Event: CADTH Information Forum

Date: Thursday, October 2, 2008

Location: Hilton Garden Inn – Ottawa Airport 2400 Alert Road, Ottawa, ON K1V 1S1

Time: 9:00 a.m. – Registration; 9:30 a.m to 3:00 p.m. – Sessions

Registration deadline: Thursday, September 25, 2008

- There is no fee for registration. However, registration is limited to **two** representatives per company or organization. As space is limited, your registration is not final until you receive an email confirmation from CADTH.
- If there are questions you would like CADTH to answer at the sessions, you are invited to submit them with your registration.
- Rooms may be booked at a rate of \$149 plus applicable taxes by contacting the Hilton directly (tel.: 613-249-9274, www.ottawairport.stayhgi.com). Please cite CADTH and confirmation #3315692947.

Employment Opportunities

CADTH is currently recruiting for senior positions within the CDR and Health Technology Assessment (HTA) programs. If you are interested in learning more about these career opportunities, please visit Careers/Job Listings on the CADTH website.

CDR Update — Issue 53 (September 18, 2008)

Reminder to Register for the CADTH Information Forum: October 2, 2008

Pharmaceutical companies, those who prepare submissions to the Common Drug Review on their behalf, and interested patient groups are reminded to register if they are planning to attend the CADTH Information Forum on October 2, 2008, in Ottawa. The deadline for registration is September 25, 2008.

The morning session will include information and updates from CADTH's core programs. The afternoon session on the Common Drug Review will include perspectives from the Chairs of the Canadian Expert Drug Advisory Committee (CEDAC) and the Advisory Committee on Pharmaceuticals (ACP), as well as an update on proposed submission and procedure changes. Round table sessions will be conducted on topics related to pharmacoeconomics, clinical review methods, transparency, and filing submissions, as well as other topics.

Event: CADTH Information Forum

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- Rooms may be booked at a rate of \$149 plus applicable taxes by contacting the Hilton directly (tel.: 613-249-9274, www.ottawairport.stayhgi.com). Please cite CADTH and confirmation #3315692947.

Update to Targeted CEDAC Meeting Dates

The dates on the Filing a Submission page of the CADTH website have been updated. These dates help manufacturers identify the tentative CEDAC meeting date for when a submission would be considered based on the date the submission is received at CDR, the date it is “deemed complete,” and other factors.

CDR Update — Issue 54 (November 18, 2008)

CEDAC Announcements

The Canadian Agency for Drugs and Technologies in Health (CADTH) is pleased to announce the appointment of a new Chair, four new members, and the reappointment of two members to the Canadian Expert Drug Advisory Committee (CEDAC). The new members fill positions that arose from resignations or the expiry of member's terms. As part of CADTH's Common Drug Review (CDR) process, CEDAC considers the clinical and cost effectiveness of drugs compared with other available treatment options, and makes formulary listing recommendations to Canada's publicly funded drug plans (except Québec).

Robert Peterson, MD, PhD, MPH (Chair)

Dr. Peterson, a pediatrician, clinical pharmacologist, and medical toxicologist, is also a Clinical Professor in the Department of Pediatrics at the University of British Columbia. He is Chair of the Regulations Advisory Board of the Centre for Medicines Research International and was Director General of the Therapeutic Products Directorate at Health Canada for five years. He has been a member of CEDAC since 2005.

G. Michael Allan, MD, CCFP

Dr. Allan is an Associate Professor and Director of Evidence-Based Medicine in the Department of Family Medicine at the University of Alberta. In August 2008, he assumed the new role of Medical Director of the Toward Optimized Practice Program.

John Deven MSc (public member)

Mr. Deven is a retired high school principal from Ontario. He holds a Master of Science degree in biochemistry and pathology. He has been chair of many community action and educational committees.

Alan Forster, MD, FRCPC, MSc

Dr. Forster is a general internist and Co-Director of the Ottawa Hospital Centre for Patient Safety. He is an Associate Professor of Medicine at the University of Ottawa and Scientist in the Clinical Epidemiology Program at the Ottawa Health Research Institute.

Yvonne Shevchuk, BSP, Pharm D

Dr. Shevchuk is a Professor in the College of Pharmacy and Nutrition at the University of Saskatchewan. Since 1991, she has served on the Saskatchewan Formulary Committee and the Drug Quality Assessment Committee, and was appointed Acting Chair of the latter committee in 2008.

Dr. Ken Bassett and Dr. Laurie Mallery were reappointed.

CADTH sincerely thanks the four departing members for their contributions to CEDAC: Dr. Braden Manns (outgoing Chair), Dr. Dale Quest, Dr. Malcolm Man-Son-Hing, and Ms. Nancy McColl (one of the first two public members).

The new members will observe the November CEDAC meeting and will become full voting members at the January meeting. The biographies and conflict of interest disclosure statements for new CEDAC members will be posted on CADTH's website in the near future.

Changes to the CEDAC Terms of Reference, carried out to better reflect the role of the public members and the fact that the summaries of CEDAC discussions are now published on the CADTH website, were approved by the CADTH Board of Directors.

Pre-submission Meeting

To facilitate the efficient preparation and filing of submissions, pharmaceutical manufacturers may request pre-submission meetings with CADTH's CDR Directorate to discuss submission requirements. Manufacturers are also invited to provide information on drugs in their pipeline so that CDR may plan for future submissions. See Pre-submission Meetings for more details.

Recent Recommendations

The following formulary listing recommendations were issued through the CDR program at CADTH to participating Canadian public drug plans between July 1 and September 30, 2008.

CEDAC Recommendations

Drug Name (Brand Name)	Indication (Condition)	Release Date	Recommendation
Buprenorphine/naloxone (Suboxone)	Opioid drug dependence (substitution treatment)	2008-09-24	List with criteria/condition
Daptomycin (Cubicin)	Skin and skin structure Infections and bacteremia	2008-09-24	Do not list
Etravirine (Intelence)	HIV	2008-08-14	List with criteria/condition
Duloxetine hydrochloride (Cymbalta)	Neuropathic pain, diabetes	2008-08-14	List with criteria/condition
Duloxetine hydrochloride (Cymbalta)	Major depressive disorder	2008-08-14	Do not list
Ziprasidone hydrochloride (Zeldox)	Schizophrenia and related psychotic disorders	2008-08-14	List with criteria/condition
Exelon Patch (rivastigmine)	Dementia (Alzheimer disease)	2008-07-23	Do not list

CDR Transparency Documents

From the time CDR was launched in 2003, CADTH has been transparent in providing information about the status of CDR reviews, formulary listing recommendations and reasons for recommendations, conflict of interest disclosures for CEDAC members, etc. In response to requests from stakeholders for even more information, CADTH launched new transparency initiatives commencing with CDR drug submissions received from November 29, 2007 onward. The intent is to increase the understanding of the recommendations and to increase the general public's access to them. Three additional documents are now being prepared for each drug reviewed by CDR:

- an overview of the CDR clinical and pharmacoeconomic reports
- a summary of CEDAC discussions relating to the drug
- a plain language version of the CEDAC recommendation and reasons for recommendation.

Details on the CDR transparency processes may be found in the Procedure for Common Drug Review under "Appendix 1: CDR Transparency Procedure". As of November 6, 2008, transparency documents had been posted in the CDR Drug Database (www.cadth.ca) for the drugs listed in the following table.

CDR Transparency Documents

Drug Name (Brand Name)	Indication (Condition)	CEDAC Final Recommendation	Transparency Documents
Acamprosate calcium (Campral)	Alcohol abstinence	List with criteria/ condition	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports
Adalimumab (Humira)	Crohn disease	List with criteria/ condition	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports
Aprepitant (Emend)	Chemotherapy induced nausea and vomiting	List with criteria/ condition	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports
Raltegravir (Isentress)	HIV	List with criteria/ condition	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports
Ranibizumab (Lucentis)	Age-related macular degeneration	List with criteria/ condition	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports
Sitagliptin phosphate (Januvia)	Diabetes mellitus (type 2)	Do not list	Plain language recommendation Summary of CEDAC discussion Overview of CDR reports

CADTH Information Forum Presentations Posted

Presentations from the CADTH Information Forum held on October 2, 2008 in Ottawa are available on the CADTH website. (See CDR Update #52 for more details on the Forum.) CDR initiatives presented at the session for stakeholder feedback included: pre-NOC submissions to CDR, resubmission of a reduced price during embargo period, and clinical review report revisions and CONSORT statements. CDR procedures and submission guidelines with revisions to incorporate these initiatives will be posted for stakeholder consultation by the end of November.

The afternoon session at the information forum also featured round table discussions with CDR staff, the Chair of the Advisory Committee on Pharmaceuticals, and the Chair of CEDAC on topics such as pharmacoeconomics, clinical review

methods, transparency, and filing submissions, as well as other subjects. Feedback received on the discussion format and the topics chosen was very positive. Feedback during the sessions will be considered by CADTH in future revisions of CDR processes.

Thank you to all attendees for contributing to a successful day of open dialogue.

Employment Opportunities

CADTH is currently seeking candidates for a variety of openings, including positions within the CDR Directorate. If you are interested in learning more about these career opportunities, please visit [Careers/Job Listings](#) on the CADTH website.

CDR Update — Issue 55 (December 10, 2008)

CDR Consultations — December 2008

CDR is inviting comments and feedback on the proposed procedures and submission requirements for Pre-NOC Submissions as well as Resubmissions Based on a Reduced List Price During the Embargo Period. These new initiatives are proposed to facilitate earlier access to drugs without compromising the high quality of CDR reviews. In addition, CDR will be requesting a completed CONSORT diagram documenting the flow of patients through trials assessing key clinical issues. Before implementing these changes, CADTH wishes to solicit further input from its stakeholders. The deadline for feedback is January 21, 2009.

Consultation Items

1. Pre-NOC Submissions

Pre-NOC Submissions will allow the manufacturer to file a drug submission with the CDR directorate prior to receiving a Health Canada Notice of Compliance (NOC), or Notice of Compliance with conditions (NOC/c), providing specific criteria are met. Currently, submissions for a drug are accepted only after an NOC or NOC/c has been issued. Based on the experience of an information-sharing pilot project with Health Canada and drug manufacturers, CDR identified that early access to certain Health Canada drug submission information enables the CDR review process to be initiated earlier.

Key elements:

- Eligible submissions (Section 1.1.2 and 1.1.7 of *Procedure for Common Drug Review*)
- New drugs anticipating an NOC or NOC/c within 60 to 90 days and meeting one of the following criteria:
 - Clinical – treatment for an immediately life-threatening disease or other serious disease for which the drug offers substantial improvements in effectiveness, safety, tolerability, or quality of life.
 - Cost savings – the drug will result in combined annual savings of \$2.5 million to drug plans based on the manufacturer list price.
- Pre-NOC Submissions are not eligible for CDR Priority Review (Section 1.1.10 of *Procedure for Common Drug Review*). In the CDR Order of Review, Pre-NOC Submissions are placed immediately following Priority Review Submissions.
- Pre-NOC Submissions are tracked on the CADTH website through Submission Status reports.
- The review procedures are similar to the regular review process, but they include input and interactions with Health Canada reviewers and access to Health Canada submission information (such as draft product monographs, confirmatory evidence supporting indications, and key Clarifaxes). The CDR targeted time frames are not changed, and no steps in the review process are eliminated (Section 3 of *Procedure for Common Drug Review*).
- The *CEDAC Final Recommendation and Reasons for Recommendation* is not released until the NOC or NOC/c is issued by Health Canada (Section 7 of *Procedure for Common Drug Review*).
- The CDR review or CEDAC recommendation may need to be updated after the Product Monograph is issued (Section 7 of *Procedure for Common Drug Review*).

Changes to the *CDR Submission Guidelines for Manufacturers*: Although the majority of requirements for Pre-NOC Submissions are included in Section 4.3 of the *CDR Submission Guidelines for Manufacturers*, changes have been made throughout the document. Changes are highlighted for easy identification.

2. Resubmission Based on a Reduced List Price During Embargo Period

A Resubmission Based on a Reduced List Price During Embargo Period will allow the manufacturer to resubmit a reduced list price during the embargo period without the resubmission being placed at the end of the review queue with other resubmissions. The reduced list price will be the only new information that will be allowed in this kind of resubmission.

Key elements:

- The initial, embargoed CEDAC Recommendation and Reasons for Recommendation is “Do not list” on public drug plan formularies, and the primary reason is that the drug is not cost-effective.
- In the “Of Note” section of the recommendation, CEDAC signals that a reduced list price would improve the drug’s cost-effectiveness and increase the likelihood of a recommendation to “List” or “List with criteria/condition.”
- The manufacturer is eligible for one opportunity to file a Resubmission Based on a Reduced List Price During Embargo Period.
- The manufacturer must advise the CDR Directorate during the 10-day embargo period that it wishes to choose this option and may request up to 20 additional business days to prepare a resubmission based on the reduced list price.

- A concurrent Request for Reconsideration is not allowed nor is a Request for Reconsideration of the recommendation based on the reduced list price.
- The only variable the manufacturer may change is the list price (a reduction) — product listing agreements, rebates, or other types of arrangements are not allowed. No new clinical information or other cost information is allowed.
- The reduced price must be guaranteed to all participating plans; if it is submitted as a confidential price, then the price must become publicly available upon listing.
- CDR's review of the new price information is scheduled as soon as possible after receipt (i.e., the resubmission does not go to the back of the queue).
- The updated CDR pharmacoeconomic report does not go back to the manufacturer for comment.

Changes to the *Procedure for Common Drug Review*: The majority of procedures related to a Resubmission Based on a Reduced List Price During Embargo Period are found in Section 7.5 of the *Procedure for Common Drug Review*; however, some changes have been made throughout the document. Changes are highlighted for easy identification. Changes to the *CDR Submission Guidelines for Manufacturers*: Although the majority of requirements for a Resubmission Based on a Reduced List Price During Embargo Period are included in Section 5.3 of *CDR Submission Guidelines for Manufacturers*, changes have been made throughout the document. Changes are highlighted for easy identification.

3. New CDR Submission Requirement: CONSORT Diagram

Diagrams following the CONSORT reporting standards that document the flow of patients in trials assessing key clinical issues are being added as a new submission requirement. [See Sections 4.2.1 (e); 4.3.1 (e); 5.2.2 (c) of the draft revised *CDR Submission Guidelines for Manufacturers*.] This requirement is being added because, during the CDR review process, the CDR Directorate is frequently requesting additional information from submitting manufacturers about patient disposition in trials.

Key elements:

- For trials assessing key clinical issues, diagrams based on the CONSORT reporting standard that document the flow of patients through the trials are required.
- An example of a CONSORT-based diagram is included as Appendix 8.
- All sections of the diagram are to be completed, including the reasons for discontinuation and loss to follow-up at each stage of the study.

Call for Input

We welcome any comments you wish to provide on the CDR process; and we specifically request feedback on the three items detailed above, which have been incorporated and highlighted in the following draft versions of the revised documents: *Procedure for Common Drug Review* (December 2008); *Common Drug Review Submission Guidelines for Manufacturers* (December 2008).

Please email your feedback by **January 21, 2009**, to cdfeedback@cadth.ca. Your comments will be considered as we finalize the revisions to the documents.

Notification

Also please note that Prince Edward Island now requires that all of the documents named in its submission requirements (see Appendix 1 of the *CDR Submission Guidelines for Manufacturers*) be provided in Adobe Acrobat PDF format.

CDR Update — Issue 56 (February 5, 2009)

Correction to the Information in the Ambrisentan (Volibris) CEDAC Final Recommendation and Reasons for Recommendation Document

A CEDAC Final Recommendation and Reasons for Recommendation for Ambrisentan (Volibris) was issued by the Canadian Agency for Drugs and Technologies in Health (CADTH) on December 17, 2008.

It was brought to the attention of the CDR Directorate that the references to the locations of the clinical studies were incorrect. A revised version of the document was issued and posted on the CADTH website (http://www.cadth.ca/index.php/en/cdr/search?status=all&order_field=drug_name&keywords=volibris) on February 5, 2009.

The references to the locations of the clinical studies were corrected in the second and third paragraphs of the document under the heading “Summary of Committee Considerations.”

Clarification of the results for the six-minute walk distance test was provided in paragraph one under the heading “Reasons for Recommendation” and in paragraph two under the heading “Summary of Committee Considerations.”

These changes to the CEDAC Final Recommendation and Reasons for Recommendation document do not alter the Recommendation, nor do they alter the Reasons for Recommendation. CEDAC members have been involved in making these revisions.

CADTH takes all reasonable steps to ensure the accuracy of all documents it issues and regrets any inconvenience to the users of this document resulting from these revisions.

CDR Update — Issue 57 (April 20, 2009)

CDR Changes and Document Revisions

The Common Drug Review (CDR) Directorate of the Canadian Agency for Drugs and Technologies in Health (CADTH) is announcing a number of changes and updates to the CDR program and its key documents. This *CDR Update* contains detailed information on these changes, as well as a summary of the feedback received for the recent CDR web consultations. The table below provides a quick reference to the changes and their effective dates.

CDR Changes and Effective Dates

Effective Immediately	Effective June 2009 CEDAC Meeting	Effective July 1, 2009
<ul style="list-style-type: none">Resubmissions based on a reduced price during the embargo periodNew pilot project: expanded criteria for resubmissions	<ul style="list-style-type: none">Expanded <i>Canadian Expert Drug Advisory Committee (CEDAC) Recommendation and Reasons for Recommendation</i> documents	<ul style="list-style-type: none">Pre-NOC priority review submissionsCDR submission requirement: CONSORT or similar diagram

The first three items, described below in detail, were posted on the CADTH website in December 2008 for consultation. The feedback CADTH received was considered and incorporated into the April 2009 versions of the *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers*.

Pre-NOC Priority Review Submissions — Effective July 1, 2009

This new type of CDR priority review submission allows the manufacturer to file a submission with the CDR Directorate before receiving a Health Canada Notice of Compliance (NOC) or Notice of Compliance with conditions (NOC/c). Based on the experience that CDR gained through a pilot project with Health Canada and drug manufacturers, and based on stakeholder feedback, CDR developed the review procedure and submission requirements for pre-NOC priority review submissions. Manufacturers may file a pre-NOC priority review submission within 60 to 90 days of the anticipated NOC or NOC/c, if the drug meets one of the following criteria:

- the new drug is effective for the treatment of an immediately life-threatening disease or other serious disease for which it offers substantial improvements in clinically important outcome measures of effectiveness, safety, tolerability, and/or quality of life compared with other available therapies in Canada, or for which no comparable drug is marketed in Canada; or
- the new drug, if listed by all CDR participating drug plans, has the potential to result in combined annual savings to the drug plans of at least \$2.5 million, based on the manufacturer's list price.

Note: A drug which qualifies for a priority review under Health Canada provisions must meet the above CDR criteria to be eligible for a CDR pre- NOC priority review.

While a pre-NOC priority review submission will undergo all of the review steps required in a regular submission as quickly as possible, the final CEDAC recommendation will not be released until the NOC or NOC/c is issued and all necessary documents have been received by CDR from the manufacturer. The review steps for pre-NOC priority review submissions will be publicly tracked by CDR on the CADTH website in the same manner as other submissions and resubmissions.

Pre-NOC Priority Review Submissions — Location of Key Elements in CDR Documents

Key Element	Procedure for CDR	CDR Submission Guidelines for Manufacturers
Definition and Criteria	Section 1.1.2	Section 4.1.2
Filing a Submission	Section 1.1.7	Section 4.1.3
Order of Review	Section 1.1.8	Section 4.1.5
Tracking	Section 1.1.9	Section 4.1.6
Process for Review	Section 3	Not applicable
CEDAC Recommendation	Section 7	Not applicable
Submission Requirements	Not applicable	Section 4.3 (Category 1 and Category 2)
Checklist for Filing	Not applicable	Appendix

Resubmissions Based on a Reduced Price During the Embargo Period — Effective Immediately

Resubmissions based on a reduced price during the embargo period allow the manufacturer to resubmit a reduced price during the 10-business- days embargo period without the resubmission being placed at the end of the CDR review queue with other resubmissions. This type of resubmission will be accepted only when the initial embargoed *CEDAC*

Recommendation and Reasons for Recommendation is a “do not list” and the primary reason for that listing is that the drug is not cost-effective. The “Of Note” section of the CEDAC recommendation will include a note that a reduced price would improve the drug’s cost-effectiveness and increase the likelihood of a recommendation to “list” or “list with criteria”; however, no specific price will be provided.

The manufacturer must advise CDR by the end of the 10-day embargo period of the intent to file a resubmission based on a reduced price. If necessary, the manufacturer may request up to 20 additional business days to file the resubmission. A concurrent request for reconsideration is not allowed. The only new information that will be accepted in this type of resubmission is a reduced price — no new clinical information or other cost information will be accepted. Product listing agreements, rebates, or other types of arrangements will not be allowed. The reduced price must be guaranteed to all participating drug plans.

In order to process this type of resubmission in a timely manner, CDR will:

- Review the new price information as soon as possible after receipt (i.e., the resubmission does not go to the end of the queue.)
- Send the updated pharmacoeconomic report directly to CEDAC to inform its recommendation. The updated pharmacoeconomic report will not be forwarded to the manufacturer for comment; however, it will be sent to the manufacturer along with the embargoed *CEDAC Recommendation and Reasons for Recommendation* document.

Resubmissions Based on a Reduced Price During the Embargo Period — Location of Key Elements in CDR Documents

Key Element	Procedure for CDR	CDR Submission Guidelines for Manufacturers
Definition and Criteria	Section 7.5.1	Section 5.1.1
Order of Review	Section 1.1.8	Section 4.1.5
Tracking	Section 1.1.9	Section 4.1.6
Process for Review	Section 7.5	Not applicable
CEDAC Recommendation	Section 7	Not applicable
Filing a Resubmission	Section 7.5.1	Section 5.1.2 and 5.3
Resubmission Requirements	Not applicable	Section 5.3

CDR Submission Requirement: CONSORT or Similar Diagram — Effective July 1, 2009

A CONSORT or similar diagram that shows the disposition of patients in a clinical trial will become a Category 1 requirement as of July 1, 2009. While the format or description of the patient disposition does not need to be presented in a CONSORT diagram, it must contain the same elements, including the reasons for discontinuation and loss to follow-up at each stage of the study.

CONSORT or Similar Diagram: Location of Key Elements in the *CDR Submission Guidelines for Manufacturers*

Key Element	Location
Description and Criteria	Section 4.2.1(e), 4.3.1 (f); 5.2.2 (c)
Template	Appendix 8

New Pilot Project: Expanded Criteria for Resubmissions — Effective Immediately

CDR is implementing a pilot project that allows resubmissions to be filed using non-randomized controlled trial (RCT) data, when the basis for the resubmission is improved efficacy or safety that address the specific issues raised in the *CEDAC Recommendation and Reasons for Recommendation* document. This pilot is being initiated in response to drug plan and industry requests for CDR to consider an expansion of the current resubmissions criteria. A working group, consisting of members of the Advisory Committee on Pharmaceuticals (ACP) and CEDAC, as well as CDR staff, explored the feasibility of using non-RCT data in resubmissions and recommended the pilot project.

Manufacturers wishing to participate in this pilot project should note the following:

- Effective date and duration: Effective immediately, the pilot project will run for six months following the receipt of the

first resubmission using non-RCT data that meets CDR criteria; it will then be assessed.

- Criteria: Prospectively collected non-RCT data (e.g., open-label extension data of previously submitted RCTs and post-marketing registry data), which address specific issues raised in the CEDAC recommendation may be acceptable for resubmissions.
- Requirements for filing a resubmission: While the description of non-RCT resubmissions is not included in the current submission guidelines, non-RCT resubmissions must meet the requirements as outlined in section 5 of the *Common Drug Review Submission Guidelines for Manufacturers*. Manufacturers are invited to contact CDR for clarification.
- Review process: The review procedure will follow the steps for resubmissions as described in the *Procedure for Common Drug Review*.

Following the six-month pilot project, CDR, along with ACP and CEDAC, will assess whether the non-RCT data included in resubmissions meets their needs and how many resubmissions using the expanded criteria may potentially be filed per year.

Expanded CEDAC Recommendations — Effective June 2009 CEDAC Meeting

The *CEDAC Recommendation and Reasons for Recommendation* document will be changed beginning with new submissions and resubmissions considered by CEDAC at its June 17, 2009 meeting. The Summary of Committee Considerations section will be expanded to provide more details about the CEDAC discussion regarding the drug under review and consequently the *Summary of CEDAC Discussion*, which is one of the three CDR transparency documents, will be discontinued. This change is consistent with requests from drug plans, manufacturers, and other stakeholders for more information at the time that the CEDAC recommendations are released.

- These changes should have little impact on manufacturers and/or other stakeholders.
- Manufacturers and drug plans will continue to receive an embargoed copy of the *CEDAC Recommendation and Reasons for Recommendation* within five, or up to seven business days after the CEDAC meeting. CDR will endeavour to release the embargoed *CEDAC Recommendation and Reasons for Recommendation* within five business days; however, for meetings where the number of drugs on the CEDAC agenda exceeds three, it is possible that up to an additional two business days will be required to prepare and finalize the larger document.
- Manufacturers will continue to have 10 business days to review the *CEDAC Recommendation and Reasons for Recommendation* and either accept the recommendation, file a request for reconsideration, or file a resubmission, including a resubmission based on a reduced price during the embargo period.
- Manufacturers will continue to have the opportunity to identify confidential information for redaction as per current procedures.
- Manufacturers will have two instead of three transparency documents to review.

Personnel News

Industry and those filing submissions can now contact either Tim Veregin or Kirsten Garces, depending on the nature of information required. Tim Veregin is now the Manager of Reviews with responsibility for inquiries regarding submissions under active review by CDR. Tim can still be contacted by email at timv@cadth.ca or by telephone at 613-226-2553, ext. 1550. CDR welcomes Kirsten Garces as the Manager of Submissions. Kirsten is the contact person for general inquiries about filing pending submissions and resubmissions. She can be contacted by email at kirsteng@cadth.ca or by telephone at 613-226-2553, ext. 1260.

Summary of Consultation Feedback on Proposed CDR Initiatives

In December 2008, CDR posted for consultation: proposed processes and requirements for pre-NOC priority review submissions, resubmissions based on a reduced price during the embargo period, as well as a proposed requirement for CONSORT diagrams for clinical trials as a Category 1 requirement. CDR thanks all stakeholders who submitted comments and suggestions. Much of the feedback followed common themes and these themes and CDR's approach to addressing the feedback are summarized in the table below.

Summary of Consultation Feedback on Proposed CDR Initiatives

Stakeholder Feedback	CDR Response
Pre-NOC Priority Review Submissions	
Manufacturer must be apprised of communications between Health Canada and CDR regarding the submission.	CDR confirms that the manufacturer will be included or apprised of communications between Health Canada and CDR regarding CDR pre-NOC priority review submissions.
The need for the presence of CDR Managers at Health Canada Product Monograph meetings was questioned.	Experience in the pilot project confirmed the value for CDR attending these meetings in identifying potential changes to the CDR review reports and CEDAC recommendations earlier. CDR managers may attend the Health Canada Product

Stakeholder Feedback	CDR Response
	Monograph meetings as observers. This does not affect the Health Canada process.
<p>Suggestions regarding priority review criteria:</p> <ul style="list-style-type: none"> • If the drug meets Health Canada criteria for priority review it should be accepted as a priority review submission by CDR. • Cost savings should be determined in the context of overall health care system. • Pre-NOC and post-NOC priority reviews should have equal status 	<ul style="list-style-type: none"> • The Health Canada and CDR priority review (pre-NOC and post-NOC) processes are independent of one another. Submissions must meet CDR priority review criteria to be eligible for priority review by CDR. • CDR's mandate is to determine cost savings in the context of publicly funded drug plans. • In response to feedback, pre-NOC submissions have been renamed "pre-NOC priority review submissions" and pre-NOC and post-NOC priority reviews have equal status in the CDR order of review. Both will proceed through all review steps as quickly as possible.
Ten business days to prepare and submit Category 2 requirements is too short of a time frame.	In response to feedback, manufacturers will be given 20 business days to submit Category 2 requirements.
Pre-NOC priority review submissions should remain confidential until NOC is received and should not be tracked publicly.	CDR tracks all submissions and resubmissions. Tracking submissions and resubmissions is part of the CDR transparency.
Concern was expressed that the pre-NOC priority review process may result in delays to Health Canada's review process.	CDR has modified wording to clarify that the Health Canada and CDR processes are conducted independently by dedicated reviewers according to their respective work plans. While communication occurs on an as needed basis amongst Health Canada, CDR, and manufacturers, this was not found to impede either Health Canada or CDR processes during the pilot project, but it did provide a much better understanding of issues as they arose and, hence, facilitated the CDR review.
Resubmissions Based on a Reduced Price during Embargo Period	
Concerns were expressed regarding the release of a confidential reduced price.	In response to feedback, CDR will follow its current process for handling confidential prices as described in its procedures and the <i>CDR Confidentiality Guidelines</i> . Manufacturers will be given the opportunity to identify confidential information about their products in documents released to the public.
It should be clear that the criteria for a resubmission based on a reduced price during the embargo period are related to cost-effectiveness only and not to clinical issues.	CDR has confirmed that the <i>Procedure for Common Drug Review</i> and the <i>Common Drug Review Submission Guidelines for Manufacturers</i> state that the only criterion for this type of resubmission is that a reduced price would likely improve the cost-effectiveness of the submitted product.
CEDAC and CDR should not be negotiating prices.	CDR confirms that CEDAC and CDR are not involved in price negotiations. CEDAC indicates that a drug is not cost-effective at the submitted price but does not suggest a price at which a drug might be cost-effective.
Manufacturers should be allowed to review and comment on the updated pharmacoeconomic report.	In order for the review of the resubmission to proceed as quickly as possible, the updated report will go directly to CEDAC; however, manufacturers will receive a copy for information along with the new recommendation.
CONSORT Diagram — A Category 1 Requirement	
It is not always feasible to provide a CONSORT diagram for a clinical trial.	In response to feedback, CDR will accept similar diagrams that show disposition of patients in clinical trials.

CDR Update — Issue 58 (June 22, 2009)

Important Clarification of CDR Submission Guidelines — Type of Economic Analysis to be Submitted

Based on assessments of the pharmacoeconomic information included in past submissions to the Common Drug Review (CDR), CDR has determined that the guidelines for providing cost tables as the only type of economic analysis requires clarification (*CDR Submission Guidelines for Manufacturers* — Appendix 15).

- Situations where cost tables may be the only economic analysis provided would be when the submitted drug belongs to an established drug class consisting of multiple agents that have a similar mechanism of action and therapeutic use, and comparative trials show no difference in safety and efficacy or only placebo-controlled trial evidence is available.
- In most other situations, the pharmacoeconomic submissions should include a cost-utility analysis or cost-effectiveness analysis. This would include, but is not limited to, submissions for drugs that are new molecules and drugs that have a new (unique) mechanism of action.

Revised *CDR Submission Guidelines for Manufacturers* are scheduled for posting in July 2009 and will include changes to Appendix 15 — Guidelines for the Type of Economic Analysis to be Submitted.

CADTH thanks industry for its ongoing compliance with the CDR Submission Guidelines for Manufacturers.

Personnel News

Kirsten Garces, Manager of CDR Submissions, will be leaving Ottawa and as a result will be leaving CADTH as of June 19, 2009. CADTH sincerely thanks Kirsten for her contributions to both its Health Technology Assessment (HTA) and CDR programs. As a result of Kirsten's departure, industry and those filing submissions should contact Tim Veregin, Manager of Reviews, for all CDR submission- related inquiries. Tim can still be contacted by email at timv@cadth.ca or by telephone at 613-226-2553, ext. 1550.

CDR Update — Issue 59 (June 30, 2009)

Subsequent Entry Biologics

This is to clarify that drugs that align with Health Canada's draft guidance for Subsequent Entry Biologics, should be filed with the Common Drug Review (CDR) for consideration by the participating plans in accordance with the *CDR Submission Guidelines for Manufacturers* for new drug submissions. See Health Canada's website for more information on the regulatory approval of subsequent entry biologics, including a Q&A document and the Draft Guidance For Sponsors: Information and Submission Requirements for Subsequent Entry Biologics (SEBs) and Related Documents.

Request for Reconsideration Teleconferences — Conflict of Interest Disclosures

As part of the CDR reconsideration process, CDR offers the manufacturer the opportunity for a teleconference after the request for reconsideration has been assessed to meet the reconsideration criteria. The purpose of the teleconference is to discuss the key issues raised in the reconsideration request with the CDR Directorate staff. A written summary of the key issues is provided to the Canadian Expert Drug Advisory Committee (CEDAC). The manufacturer may invite consultants (e.g., clinicians specializing in the area of practice) who are not employees of the company to participate in these teleconferences. It has become the usual practice for manufacturers to provide a statement of the potential conflicts of interests for these consultants. Ideally, the statement would be made available before the teleconference; however, it can be provided at the teleconference.

Update to Targeted CEDAC Meeting Dates

The dates on the Filing a Submission page of the CADTH website have been updated. These dates help manufacturers identify the tentative CEDAC meeting date when a submission would be considered based on the date the submission is received at CDR, the date it is "deemed complete," and other factors.

CEDAC Recommendations

The following formulary listing recommendations were issued through the CDR program to participating Canadian public drug plans between October 1, 2008 and June 30, 2009.

CEDAC Recommendations

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation and Reasons for Recommendation
Ustekinumab (Stelara)	Initial	Psoriasis	2009-06-17	<u>List with criteria/condition</u>
Solifenacin succinate (Vesicare)	Resubmission #1	Bladder, overactive	2009-06-17	<u>List with criteria/condition</u>
Alendronate sodium/ cholecalciferol (Fosavance 70/5600)	Initial	Osteoporosis	2009-06-17	<u>List in a similar manner to other drugs in class</u>
Olmesartan medoxomil (Olmetec)	Initial	Hypertension	2009-05-27	<u>List in a similar manner to other drugs in class</u>
Olmesartan medoxomil plus hydrochlorothiazide (Olmetec Plus)	Initial	Hypertension	2009-05-27	<u>List in a similar manner to other drugs in class</u>
Infliximab (Remicade)	Initial	Ulcerative colitis	2009-04-22	<u>Do not list</u>
Abatacept (Orencia)	New Indication	Arthritis: Juvenile Idiopathic and Juvenile Rheumatoid	2009-04-22	<u>List with criteria/condition</u>
Darifenacin hydrobromide (Enablex)	Resubmission #1	Bladder, overactive	2009-04-16	<u>List with criteria/condition</u>
Tenofovir disoproxil fumarate (Viread)	New Indication	Hepatitis B infection (Chronic)	2009-03-18	<u>List with criteria/condition</u>

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation and Reasons for Recommendation
Natalizumab (Tysabri)	Resubmission #1	Multiple sclerosis, relapsing-remitting	2009-02-25	<u>List with criteria/condition</u>
Insulin glulisine (Apidra)	Initial	Diabetes (type 1 and type 2)	2009-02-19	<u>List in a similar manner to other drugs in class</u>
Sodium oxybate (Xyrem)	Resubmission #1	Cataplexy in narcolepsy	2009-01-28	<u>Do not list</u>
Dabigatran etexilate (Pradax)	Initial	Venous thromboembolism prevention	2009-01-28	<u>Do not list</u>
Methylnaltrexone bromide (Relistor)	Initial	Constipation, Opioid- induced	2009-01-28	<u>Do not list</u>
Sitaxsentan sodium (Thelin)	Resubmission #1	Pulmonary arterial hypertension (WHO class II and III)	2009-01-28	<u>Do not list</u>
Ambrisentan (Volibris)	Initial	Pulmonary arterial hypertension (WHO class II and III)	2008-12-17	<u>List with criteria/condition</u>
Emtricitabine/tenofovir disoproxil fumarate (Truvada)	Request for Advice	HIV infection	2008-12-17	<u>List with criteria/condition</u>
Rivaroxaban (Xarelto)	Initial	Venous thromboembolism prevention	2008-12-17	<u>List with criteria/condition</u>
Maraviroc (Celsentri)	Resubmission #1	HIV infection	2008-11-12	<u>List with criteria/condition</u>
Ciclesonide nasal spray (Omnaris)	Initial	Allergic Rhinitis (seasonal and perennial)	2008-11-12	<u>Do not list</u>
Adalimumab (Humira)	New Indication	Psoriasis, chronic moderate to severe	2008-10-16	<u>List with criteria/condition</u>
Carbidopa/levodopa /entacapone (Stalevo)	Initial	Parkinson disease	2008-10-16	<u>List in a similar manner</u>

CEDAC = Canadian Expert Drug Advisory Committee; HIV = human immunodeficiency virus; WHO = World Health Organization.

Employment Opportunities

The Canadian Agency for Drugs Technologies in Health (CADTH) is currently seeking candidates for a variety of openings, including a Clinical Reviewer position within the CDR Directorate. If you are interested in learning more about these career opportunities, please visit the [Careers and Job Listings](#) section on the CADTH website.

CDR Update — Issue 60 (July 20, 2009)

Changes to Procedure for Common Drug Review

Portions of the *Procedure for Common Drug Review (CDR)* have been clarified and the CDR transparency procedures have been moved from the appendix into the body of the document. The table below outlines these revisions.

Procedure for Common Drug Review

Location	Change
Page 1	<ul style="list-style-type: none"> The Summary of CEDAC Discussion regarding the submission or resubmission under review, which was one of the three documents introduced in 2007, has been incorporated in the CEDAC Final Recommendation document, beginning in June 2009.
Page 3	<ul style="list-style-type: none"> Revisions to CDR Process Flowchart — added the web posting of the Plain Language CEDAC Final Recommendation and the Overview of CDR Clinical and Pharmacoeconomic Reports.
Section 1.1.5 and 7.6.1	<ul style="list-style-type: none"> Manufacturer's resubmission based on a reduced price during embargo period — clarification that a resubmission based on reduced price during embargo period can only be made by a manufacturer when that manufacturer has filed the resubmission or submission. In the situation where the Advisory Committee on Pharmaceuticals (ACP) or a drug plan(s) has filed the submission, resubmission, or request for advice, a manufacturer may file a resubmission with a reduced price after the Notice of Final Recommendation is issued and the resubmission will be reviewed in accordance with the described process.
Section 1.2.2	<ul style="list-style-type: none"> Addition — ACP or the drug plan(s) may voluntarily withdraw a request for advice.
Section 4.1.3	<ul style="list-style-type: none"> Clarification of the process for resubmitting a withdrawn submission or resubmission
Section 6.5	<ul style="list-style-type: none"> Relocation of information describing how the Overview of CDR Clinical and Pharmacoeconomic Reports is prepared — moved from the appendix to the body of the document.
Section 7.3.4	<ul style="list-style-type: none"> Clarification that if there is no change to a previous Canadian Expert Drug Advisory Committee (CEDAC) Recommendation resulting from an ACP or drug plan(s) request for advice, a CEDAC Record of Advice will be sent to ACP, participating drug plans, and the drug's manufacturer.
Section 8.1.3	<ul style="list-style-type: none"> Relocation of information on how the Plain Language CEDAC Final Recommendation is prepared — moved from the appendix to the body of the document.
Appendix 2 (Confidentiality Guidelines)	<ul style="list-style-type: none"> Name of <i>CEDAC Recommendation and Reasons for Recommendation</i> document shortened to <i>CEDAC Recommendation</i>. Reference to the <i>Summary of CEDAC Discussion</i> removed as it is no longer a separate document (it is incorporated into the <i>CEDAC Recommendation</i> document). Name of <i>CEDAC Recommendation and Reasons for Recommendation</i> document shortened to <i>CEDAC Recommendation</i>.

Changes to CDR Submission Guidelines for Manufacturers

The *CDR Submission Guidelines for Manufacturers* have similarly been revised to clarify certain elements. The revisions also include new submission requirements. The table below lists the changes.

CDR Submission Guidelines for Manufacturers

Location	Change
Page 1	The <i>Summary of CEDAC Discussion</i> regarding the submission or resubmission under review, which was one of the three documents introduced in 2007, has been incorporated in the <i>CEDAC Final Recommendation</i> document, beginning in June 2009.
Page 2	Revisions to CDR Process Flowchart — added the web posting of the <i>Plain Language CEDAC Final Recommendation</i> and the <i>Overview of CDR Clinical and Pharmacoeconomic Reports</i> .
Section 4.1.4	Clarification that CDR requires five additional copies of complete category 1 requirements (for a total of six complete copies). CDR may also request additional copies if required. Each copy must contain a CD with the information identified in the submission requirements.
Section 5.13	Clarification that CDR requires five additional copies of complete category 1 requirements (for a total of six complete copies) if the resubmission is based on new clinical information. CDR may also request additional copies if required. If the resubmission is based on new cost information only, then two additional copies (for a total of three copies) of the resubmission are required. Each copy must contain a CD with the information identified in the submission requirements.
Sections: 4.2.1(a) 4.3.1 (a) 4.3.2 (a) 5.2.2 (a) 5.3 (a)	A signed cover letter will be accepted in electronic format.

Location	Change
Section 4.2.1(e) 4.3.1 (f)	A statement confirming that a search has been done and no documents have been found for inclusion in the submission: <ul style="list-style-type: none"> • When no copies of editorial articles and errata relating to published studies in the submission have been found • When no new data were generated since the last date that data were reported in the submission (in the list of included studies).
Section 4.2.1(e) 4.3.1 (f)	Clarification that a list of all ongoing studies is required for all of the drug's indications.
Sections: 4.2.1(g) 4.3.1 (h) 5.2.2 (g)	Clarification that only one price can be submitted for all of a drug's indications undergoing CDR review concurrently.
Section 5.1.1	Manufacturer's resubmission based on reduced price during embargo period — clarification that a resubmission based on reduced price during embargo period can only be made by a manufacturer when that manufacturer has filed the resubmission or submission. In the situation where the ACP or a drug plan(s) has filed the submission, resubmission, or request for advice, a manufacturer may file a resubmission with a reduced price after the Notice of Final Recommendation is issued and the resubmission will be reviewed in accordance with the described process.
Section 5.2.2	Additional requirements include: <ul style="list-style-type: none"> • 5.2.2 (b) Executive Summary Under 5.2.2 (d) New Information: <ul style="list-style-type: none"> • Updated tabulated list of clinical trials not in the original submission • Search strategies for identifying studies • Signed declaration that all known studies have been disclosed. Under 5.2.2 (f) Economic and Epidemiologic Information inserted to clarify that this information is required in all resubmissions.
Appendix 1	Change in the Department of National Defence (DND) requirements.
Appendix 5 (Confidentiality Guidelines)	Name of CEDAC Recommendation and Reasons for Recommendation document shortened to <i>CEDAC Recommendation</i> . Reference to the <i>Summary of CEDAC Discussion</i> removed as it is no longer a separate document (it is incorporated into the <i>CEDAC Recommendation</i> document).
Appendix 7	Checklists updated.
Appendix 15	Modification of the flowchart to clarify the type of economic analysis that is required.

CEDAC Meeting Date for March 2010

Please note the March 24, 2010 CEDAC meeting date. Typically, CEDAC meetings occur on the third Wednesday of the month, however, this meeting will occur on the fourth Wednesday of the month.

CDR Update — Issue 61 (October 9, 2009)

CEDAC Recommendations — July 1, 2009 to September 30, 2009

The following CEDAC formulary listing recommendations were posted on the CADTH website between July 1, 2009 and September 30, 2009.

CEDAC Recommendations

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation
Pregabalin (Lyrica)	Resubmission #1	Neuropathic pain associated with diabetic peripheral neuropathy	2009-09-23	Do not list
Desvenlafaxine succinate (Pristiq)	Initial	Major depressive disorder	2009-09-23	Do not list
Insulin detemir (Levemir)	New Indication	Diabetes mellitus type 1, pediatrics	2009-08-19	Do not list
Insulin detemir (Levemir)	Resubmission #2	Diabetes mellitus, type 1 or type 2, adults	2009-08-19	Do not list
Levodopa / carbidopa (Duodopa)	Initial	Parkinson disease	2009-07-22	Do not list
Teriparatide (rDNA origin) injection (Forteo)	New Indication	Osteoporosis (glucocorticoid induced)	2009-07-22	Do not list

Personnel News

Tim Veregin will be leaving CADTH as of October 8, 2009 to pursue other opportunities. CADTH sincerely thanks Tim for his contributions to CDR in both the role of Manager of Submissions and as Manager of Reviews. Tim will be greatly missed. As a result of Tim's departure, industry and those filing submissions should contact Trinh Luong, Director, Submissions and Operations, for all CDR submission-related inquiries. Trinh can be contacted by email at trinhl@cadth.ca or by telephone at 613-226-2553, ext. 1492. Trinh joined CADTH on September 28. We are pleased to welcome her to the CDR team.

CDR Update — Issue 62 (October 23, 2009)

New Pilot Project: Subsequent Entry Biologics — Effective Immediately

CDR Update — Issue 59, released June 30, 2009, announced that submissions for drugs reviewed by Health Canada as subsequent entry biologics (SEBs) should be filed with the Common Drug Review (CDR). Based on its experience reviewing the first SEB submission, CDR has initiated a pilot project. The need for the pilot arises from the fact that SEBs are a new category of Health Canada submissions with different data requirements. The purpose of the pilot process is to determine the CDR requirements for the SEB submissions; establish the evaluative framework for conducting the CDR review; and through interactions with Health Canada, gain an increased understanding of Health Canada's approach to assessing SEBs.

The Procedure for Common Drug Review and CEDAC Terms of Reference (as amended from time to time) shall be deemed to be amended to the extent necessary to give effect to the SEB pilot project outlined in this *CDR Update* for such time as the pilot project is in effect.

Details of Subsequent Entry Biologics Pilot

A. Manufacturer's Submission Requirements for SEBs

Manufacturers should:

- Follow the current CDR Submission Guidelines for Manufacturers for submission requirements.
- In addition to the existing submission requirements, provide in table format (see examples below) a comparison of the SEB with similar products currently marketed in Canada. The tables should include, but are not limited to, details on dosage, dosage form, administration, pharmacokinetic and pharmacodynamic parameters, immunological testing results, key trial outcomes and results, costs of the drug, and any supporting costs.
- Submit rationale for the choice of the reference product if it is not marketed in Canada.
- Submit information on factors considered when initially choosing or subsequently changing to another similar biologic product — this could include sources such as clinical trials or practice guidelines for submission requirements.

B. Participating Drug Plans' Identification of Issues

- As per the current *Procedure for Common Drug Review* for regular submissions, participating drug plans should forward to CDR issues related to the SEB that they would like to have addressed during the review.

C. CDR's Review of the SEB Submission

- CDR will conduct the review of the SEB submission as outlined in the *Procedure for Common Drug Review*, including a systematic review of the clinical information and a critique of the manufacturer's economic evaluation.
- CDR will send the review reports to the manufacturer for comment in accordance with the *Procedure for Common Drug Review*.

D. CEDAC Advice — CEDAC Subsequent Entry Biologic Advice Document

- CEDAC will provide a CEDAC SEB Advice document that will include a summary of the evidence considered by CEDAC, responses to the drug plan questions, and listing guidance (which may or may not include a recommendation) where possible.
- CDR will issue the CEDAC SEB Advice document to drug plans and the manufacturer within five to seven business days following the CEDAC meeting.
- The *CEDAC SEB Advice* document will be embargoed for 10 days, during which time the manufacturer will have an opportunity to request a reconsideration of the advice — on the condition that the *CEDAC SEB Advice* is not supported by the evidence that had been submitted or identified in the *CDR Reviewers' Reports*.
- The *CEDAC SEB Advice* document will be posted on the CADTH website when final.

E. Evaluation

- The pilot project will be evaluated after three SEBs have been reviewed. The findings from the evaluation will assist in identifying the submission requirements for SEBs and will guide the development of an evaluative framework.

F. Stakeholder Feedback

- Stakeholder feedback will be sought at the end of the pilot project.

Sample Tables for Comparison of the SEB and Similar Products

Table: Description of Products

Drug	Manufacturing Process	Biological Activity	Impurities	Excipients	Indications
Drug A					
Drug B					

Table: Physical Description and Dosing of Products

Drug	Formulation	Strength	Administration	Dosage	
Drug A					
Drug B					

Table: Pharmacokinetic Profile of Products

Drug	AUC (h·µg/L)	C _{max} (µg/L)	T _{max} (h)	T _{1/2} (h)	Bioavailability (%)	Elimination (L/hrs/kg)	Metabolism
Drug A							
Drug B							

Table: Pharmacodynamic Profile of Products

Drug	AUEC (h·µg/L)	E _{max} (µg/L)	T _{max_E} (h)
Drug A			
Drug B			

CDR Update — Issue 63 (December 10, 2009)

Consultations on Patient Input — December 2009

The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting feedback and comments, until January 15, 2010, on an approach to incorporate patient input into the Common Drug Review (CDR) review process and the deliberations of the Canadian Expert Drug Advisory Committee (CEDAC). CADTH, CDR-participating drug plans, and CEDAC members agree that the patients' perspective or experience of living with an illness and the impact of drug therapy on patients' lives are important considerations for CDR reviews and CEDAC recommendations.

A working group comprising CEDAC members, drug plan representatives, and CDR staff has collaborated to propose an approach that includes:

- Input provided by organized Canadian patient groups
- A template with specific questions and length restrictions intended to facilitate patient group submissions of pertinent content and consistent structure
- A template format, designed to meet CDR and CEDAC needs as well as the needs of some CDR-participating drug plans that are bringing patient input into their decision-making processes.

The working group was guided by the following considerations in designing the approach for patient input:

- The patient input must be provided early in the CDR review process so that outcomes and issues of importance to patients are included in the review.
- The patient involvement process should complement and not duplicate the initiatives of drug plans. It should allow for a continuum of input, beginning with the review of the drug by CDR and CEDAC and concluding with a contribution to the decision-making step by the jurisdictions.

Call for Comments

We welcome your comments on the following two documents:

- Patient Input Template
- Patient Input Guidance Document.

Please email your feedback by **January 15, 2010**, to cdfeedback@cadth.ca. Your comments will be considered as we finalize the documents.

CDR Update — Issue 64 (December 18, 2009)

Fixed Dose Combinations — Consultation: Due January 27, 2010

The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting feedback on a proposed tailored approach by the Common Drug Review (CDR) program for reviews of fixed dose combination products. This approach would apply only to fixed dose combinations containing two or more drugs that are already funded by CDR-participating drug plans. These combination products may contain funded non-prescription drugs, but at least one component must be a prescription drug. All other fixed dose combination products will follow the regular review process and must meet regular CDR submission requirements.

The main characteristics of the tailored (streamlined) fixed dose combination products review process are as follows:

- The manufacturer will be required to complete a template with required information and references. The categories of information include: rationale for the combination (pharmacologic and therapeutic)
- bioequivalence evidence place in therapy
- harms information pharmacoeconomic evaluation.

CDR reviewers will validate and comment on the information provided by the manufacturer — CDR reviewers will not be conducting systematic reviews of the submitted information. The Canadian Expert Drug Advisory Committee (CEDAC) will make a listing recommendation based on the submitted information and the CDR reviewers' assessment or comments about it. The regular steps for issuing the CEDAC recommendation will be followed.

This invitation for consultation includes:

- a flowchart to assist in determining whether a fixed dose combination product is eligible for a tailored (streamlined) review
- a proposed template outlining the type of information that is required
- the changes to the manufacturers' submission requirements for this type of submission.

Please email your feedback by **January 27, 2010**, to cdmfeedback@cadth.ca. Your comments will be considered as we finalize the tailored review process for fixed dose combination products.

CDR Update — Issue 65 (December 22, 2009)

CDR Changes and Document Revisions — Effective Immediately

The following changes and clarifications become effective immediately and will be reflected in the revised Procedure for Common Drug Review and Common Drug Review Submission Guidelines for Manufacturers, which will be posted in early 2010.

Pre-NOC Priority Review Definition

The definition of Pre-NOC Priority Review is revised to include drugs with new indications as well as new drugs. It is updated as follows: “a *New Drug or a Drug with a New Indication that is effective for the treatment of an immediately life-threatening disease or other serious disease for which it offers substantial improvements in clinically important outcome measures of effectiveness, safety, tolerability, and/or quality of life compared with other available therapies in Canada; or for which no comparable Drug is marketed in Canada.*”

- Procedure for CDR – sections 1.1.2 and 3.1.2
- CDR Submission Guidelines for Manufacturers – section 4.1.2

Voluntary Withdrawals

In response to requests for increased transparency, the CDR Directorate will post the reason(s) for withdrawal in the Submission Status Report on the Canadian Agency for Drugs and Technologies in Health (CADTH) website.

- Procedure for CDR – sections 1.2.2 (b) and (c)

Pages Allotted for the Manufacturer's Comments on CDR Reviewers' Reports

The number of pages allotted for the manufacturer's comments about CDR reviewers' reports is revised to reflect the number of pages for this purpose in the clinical review reports, excluding the references:

- For clinical review reports, 50 pages or less in total – manufacturer's comments should not exceed four pages for clinical review reports, 51 to 120 pages in total – manufacturer's comments should not exceed six pages for clinical review reports, 121 pages and longer – manufacturer's comments should not exceed 10 pages.
- Procedure for CDR – section 7.4

Response to Request for Clarification

An opportunity to bring a drug plan's Request for Clarification to a Canadian Expert Drug Advisory Committee (CEDAC) meeting to obtain input from the whole committee is added. “*If, in the judgment of the CEDAC Chair and CDR Directorate, the Request for Clarification requires input and discussion by the full CEDAC, it will be placed on the agenda of a subsequent CEDAC meeting.*”

- Procedure for CDR – section 7.4.2

Days Allotted for Manufacturers' Comments on Plain Language CEDAC Recommendations

The number of days allowed for the manufacturer to review the plain language CEDAC final recommendation is reduced from twenty (20) to ten (10) business days.

- Procedure for CDR – section 8.1.3 (c)

New CADTH Pilot Project: Therapeutic Reviews

On December 7, 2009 CADTH announced a pilot project for conducting a concurrent review of a CDR submission(s) and a therapeutic review of the same drug class or category as the CDR submission. The therapeutic reviews are intended to provide reviews of the most recent evidence available in the public domain regarding a single drug, a drug class, or a drug category. The scope and depth of these reviews will be determined by the jurisdictions and CADTH. The final outputs of the CADTH therapeutic reviews will include recommendations, advice, or a report and conclusions. See the initial announcement on our website for more information. Additional details will be posted on the CADTH website in the near future.

CADTH Creates a New Award of Excellence

CADTH is pleased to announce the creation of a new Award of Excellence that will recognize individuals whose outstanding achievements have advanced the field(s) of health technology assessment, evidence-based drug reviews, or optimal technology use in Canada. The award recipient will receive complimentary travel, accommodation, and registration to attend and speak at the 2010 CADTH Symposium. Visit our website for more information about the eligibility criteria and nomination process. All nominations must be received by January 29, 2010.

CDR Update — Issue 66 (January 13, 2010)

Deadline Extended for Consultations on Patient Input — to January 27, 2010

In response to requests from stakeholders, the deadline for consultations on patient input into the Common Drug Review (CDR) process has been extended to January 27, 2010. We encourage patient groups, members of the public, and other interested stakeholders to provide feedback. Please see *CDR Update Issue 63* for more details regarding the consultations.

CDR Update — Issue 67 (January 27, 2010)

CEDAC Announcements

The Canadian Agency for Drugs and Technologies in Health (CADTH) is pleased to announce the appointment of Dr. Douglas Coyle to the Canadian Expert Drug Advisory Committee (CEDAC), effective January 2010.

- *Dr. Coyle is a Professor and the Director of Graduate Studies in the Department of Epidemiology and Community Medicine at the University of Ottawa. He is also a Senior Scientist at the Ottawa Hospital Research Institute. He has been a member of the Ontario Committee to Evaluate Drugs since 2006 and the Ontario Drugs for Rare Diseases Working Group since 2008.*
- *CADTH would also like to announce that the following members were reappointed to CEDAC: Dr. Anne Holbrook (Vice-Chair), Mr. Brad Neubauer, Dr. Bruce Carleton, Dr. Kelly Zarnke, and Dr. Lindsay Nicolle.*
- *CADTH sincerely thanks Dr. Michael Evans, who left the committee in October 2009, for his contributions to the committee.*
- *The biographies and conflict of interest disclosure statements for all CEDAC members are posted on the CEDAC page of CADTH's website.*

CEDAC Recommendations – October 1 to December 31, 2009

The following formulary listing recommendations and a subsequent entry biologic (SEB) advice document were issued through the CDR program and posted on the CADTH website between October 1, 2009 and December 31, 2009.

CEDAC Recommendations

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation or Advice — SEB
Lisdexamfetamine dimesylate (Vyvanse)	Initial	Attention deficit hyperactivity disorder	2009-12-18	<u>Do not list</u>
Clostridium botulinum neurotoxin type A, free from complexing proteins (Xeomin)	Initial	Cervical dystonia	2009-12-16	<u>List in a similar manner</u>
Clostridium botulinum neurotoxin type A, free from complexing proteins (Xeomin)	Initial	Blepharospasm	2009-12-16	<u>List in a similar manner</u>
Clostridium botulinum neurotoxin type A, free from complexing proteins (Xeomin)	Initial	Post-stroke spasticity of the upper limb	2009-12-16	<u>Do not list</u>
Eplerenone (Inspra)	Initial	Post myocardial infarction, to reduce the risk of mortality	2009-11-25	<u>Do not list</u>
Glatiramer acetate (Copaxone)	New indication	Clinically isolated syndrome (CIS), suggestive of multiple sclerosis	2009-11-25	<u>Do not list</u>
Darunavir (Prezista)	New indication	HIV — treatment-naïve	2009-10-14	<u>List with criteria/condition</u>
Pilot Project — Subsequent Entry Biologics				
Somatropin (rDNA origin) (Omnitrope)	Initial	Growth hormone deficiency in children and adults	2009-12-16	<u>Advice — SEB</u>

CEDAC = Canadian Expert Drug Advisory Committee; SEB = Subsequent Entry Biologic

CDR Update — Issue 68 (March 31, 2010)

Patient Input and Notification of Pending Submissions to CDR

The Canadian Agency for Drugs and Technologies in Health (CADTH) is requesting that manufacturers notify the Common Drug Review (CDR) Directorate at least two weeks in advance of submissions that will be filed to CDR. This request relates to the process for patient input to CDR that will be rolled out shortly.

In its consultation with stakeholders regarding the proposed patient input process, the most common feedback to CADTH was that the proposed time frame for submitting patient input (15 business days) was too short. However, the feedback also stated that the patient input process should not increase the overall CDR review time. The intent of the proposed process is to allow the CDR review team to receive the patient input in time to incorporate it into the development of the review protocol. This occurs 15 business days after a submission is received and it is a critical step in the CDR process that clearly focuses the direction of the CDR review. As such, it is essential that issues and outcomes of importance to patients be identified at this stage so that they may be meaningfully incorporated into the entire CDR review process.

As a way to increase the time patient groups have to prepare their submissions (without adding to the total CDR review time), manufacturers are asked to notify CDR of pending submissions at least two weeks before filing the submission. Pending and received submissions will be posted on a patient input section of the CADTH website. E-notification of these submissions will also be sent to people who subscribe to alerts for patient input opportunities. CDR recognizes that manufacturers cannot always predict exactly when a submission will be filed; thus, pending submission dates will be considered tentative.

We trust that this is a reasonable and acceptable approach to providing patient groups with additional time to prepare their submissions. We look forward to receiving notification from manufacturers when a submission is forthcoming. Details on the information to provide in advance of filing a CDR submission will be included in a subsequent *CDR Update* in which the implementation of the process for patient input to CDR will be announced.

Confirmation of Materials Sent to CDR

CADTH would also like to advise manufacturers that it is customary practice for CDR to acknowledge the receipt of material within 24 hours. If such an acknowledgement is not received, the manufacturer may wish to follow up to confirm that the materials reached CDR.

Employment Opportunities

CADTH is currently seeking candidates for a variety of openings, including a Health Economist position. If you are interested in learning more about these career opportunities, please visit Careers/Job Listings on the CADTH website.

CDR Update — Issue 69 (May 13, 2010)

CADTH Launches Patient Group Input to CDR

The Canadian Agency for Drugs and Technologies in Health (CADTH) is pleased to announce that, as of May 13, 2010, patient groups may formally provide input into CADTH's Common Drug Review (CDR) process. Patient groups are encouraged to provide the patient perspective regarding drugs being reviewed by CDR. The patient input or evidence will be incorporated throughout the CDR review process in a systematic way.

For example:

- Health outcomes and issues identified by patients will be used to develop the review protocol – a critical step that clearly focuses the drug review
- Patient input will be included in the CDR clinical and economic reports prepared for the Canadian Expert Drug Advisory Committee (CEDAC)
- Patient input will be incorporated into the CEDAC deliberations and the resulting formulary listing recommendations for the CDR-participating drug plans.

This approach is designed to allow for a continuum of patient input from the CDR review up to and including the decision-making step taken by the jurisdictions. It has been developed in consultation with the participating drug plans, other international drug review agencies, and stakeholders, including patients. The consultation feedback received on the patient input process is summarized in the table below. More details on the patient input process may be found on the Patient Input page of the CADTH website. This includes a Guide for Patient Group Input to the Common Drug Review and a Template for Submitting Patient Group Input to be used when providing patient input.

Notification of Calls for Patient Input

CADTH will post the names of all pending and received drug submissions to CDR and the respective deadlines for providing patient group input on the Patient Input page of its website. Patient groups and individuals are encouraged to visit this page or subscribe to "Calls for Patient Input" e-alerts using the Subscribe button on the CADTH website. The patient input deadlines will also be added to the CDR Drug Database record for each drug submission.

Reminder to Industry to Advise CDR of Pending Submissions

As outlined in *CDR Update*, Issue 68, CADTH is requesting that manufacturers notify CDR of pending submissions at least two weeks before filing the submissions. This will increase the time patient groups have to prepare their patient input submissions. The information CADTH will post for each drug submission includes: brand name, generic name, manufacturer, indication and the tentative submission date. A Template Table for Notice of Pending Submissions has been posted on the Filing a Submission web page for manufacturers to use when providing this information to CDR.

Summary of Consultation Feedback on Proposed Patient Input Approach

In December 2009, CADTH posted a proposed approach for feedback to get broad input into the development of a systematic and meaningful approach for obtaining and using patient input in CDR reviews of drugs. CADTH thanks all the stakeholders who submitted comments and suggestions. The consultation feedback was helpful in refining the patient input process and the supporting documents. Much of the feedback followed common themes. These themes and CADTH's actions or responses to the feedback are summarized in the following table.

Summary of Consultation Feedback on Proposed Patient Input Approach

Stakeholder Feedback	CADTH Action / Response
Fifteen business days (3 weeks) for submitting patient input is too short; however, overall timelines for CDR review should not be extended.	<ul style="list-style-type: none">• An explanation that patient input is required early in the review of the drug (i.e., at protocol development) so that patient-important outcomes and issues can be meaningfully used was added to patient input documents.• Manufacturers are asked to provide two-week advance notice of pending submissions. Pending submissions will be posted on the CADTH website thereby increasing the amount of time for patient input to 25 business days (5 weeks).• Patient groups anticipating new drugs for their conditions may prepare, in advance, some of the information requested in the template.
Clarification of Conflict of Interest requirement	<ul style="list-style-type: none">• Clarification in the CDR documents that declared conflicts of interest do not preclude the use of the input. The declarations are required for transparency.
Acceptance of input from others (individuals, health care providers, etc.)	<ul style="list-style-type: none">• CDR documents were revised to clarify that individual patients may contact a patient group to request that their input be included in a patient group submission.

Definition of testimonials (i.e., avoid “individual or personal testimonials”)	<ul style="list-style-type: none"> • CDR documents revised to clarify that objective information representative of the majority of patients in the patient group is the most useful. • Anecdotes about personal experiences may be provided as supporting examples.
Weighting of patient input in making recommendations	<ul style="list-style-type: none"> • Patient group input is considered another source of evidence in the review of a drug. No formal weighting to the different forms of evidence has been established. • Issues and outcomes important to patients will be considered throughout the CDR/CEDAC process.
Transparency about how patient input will be used in the review and recommendation process	<ul style="list-style-type: none"> • Descriptions of how patient input is collected and will be used has been incorporated into the CDR documents. • Patient input will be included in the CDR review reports. • Patient input will be included in the CEDAC deliberations and recommendation documents.

Evaluation of the Patient Group Input Process

CADTH intends that the patient input process be user-friendly, and will be evaluating the process on an ongoing basis to determine if changes are required. Therefore, we would be grateful for feedback on this new initiative. Feedback may be submitted to cdrfeedback@cadth.ca.

CDR Update — Issue 70 (May 14, 2010)

CDR Process Changes and Document Revisions

The Canadian Agency for Drugs and Technologies in Health (CADTH) is announcing a number of changes and updates to the Common Drug Review (CDR) program and its key documents, the *Procedure for CDR* and the *CDR Submission Guidelines for Manufacturers*.

Patient Group Input into the CDR Process

As announced on May 13, 2010 (in CDR Update, Issue 69), patients now have the opportunity to formally submit input to the CDR through patient groups. They are being asked to provide the perspectives of patients on drugs that are undergoing CDR review. This patient input or evidence will be incorporated throughout the CDR drug review process, including incorporation into the deliberations and formulary listing recommendations of the Canadian Expert Drug Advisory Committee (CEDAC). Detailed information about the patient input process may be found on the Patient Input page of the CADTH website. Changes to the CDR documents to reflect this new patient input initiative are found in the table below.

Location of Changes Related to Patient Input in CDR Documents

Change	Procedure for CDR	CDR Submission Guidelines
Patient Group Input Process	Section 2	Not applicable
Addition of patients' perspectives to CEDAC review criteria	Section 8.2.3 and Appendix 1	Appendix 2

Incorporation of Changes Announced in December 2009

The changes and clarifications announced in December 2009 (CDR Update, Issue 65), have been incorporated into the CDR documents as described in the table below.

Location of Changes Announced in December 2009, in CDR Documents

Change	Procedure for CDR	CDR Submission Guidelines
Pre-NOC and Post-NOC Priority Review Definitions – changed to include drugs with new indications, as well as new drugs. Pre-NOC and Post-NOC Priority Review definitions are the same.	Sections 1.1.2, 1.1.8, and 4.2	Sections 4.1.2 and 4.1.7
Voluntary Withdrawal of Submissions – reasons will be posted on the CADTH website	Section 1.2.2 (b) and (c)	Not applicable
Pages allotted for Manufacturer's Comments on CDR Reviewers' Reports – vary according to length of report	Section 7.2	Not applicable
Response to Request for Clarification – opportunity to bring requests to CEDAC meetings added	Section 8.4.2	Not applicable
Days Allotted for Manufacturers' Comments on Plain Language CEDAC Recommendations – changed to 10 business days	Section 9.1.3	Not applicable

Combination Products (Funded Components) — Streamlined Requirements and Review: Effective August 1, 2010

Effective August 1, 2010, the submission requirements and the review process for combination products (funded components) will be changed. Combination products (funded components) are combination products containing two or more drugs that are already funded by CDR- participating drug plans. These combination products may contain funded non-prescription drugs, but at least one component must be a prescription drug. The review of these agents will be streamlined. All other new combination products will follow the regular review process and must meet regular CDR submission requirements. The tailored approach for reviewing combination products (funded components) and modified submission requirements were posted for stakeholder feedback in December of 2009. The table below summarizes the feedback received and CADTH's action or response.

Feedback Related to Combination Products (Funded Components)

Feedback	CADTH Action/Response
Manufacturers should be given the opportunity to comment on CDR's assessment of the manufacturer's submitted information.	Manufacturers will be given three business days to provide comments. CDR reviewers will not prepare replies.
Is CDR reappraising Health Canada's assessment of bioequivalence?	CDR is not reappraising bioequivalence. CDR requires this information as confirmation that the combination is bioequivalent to the components administered individually.
Why is there a need to resubmit bioequivalence information in a different format?	The table format in the CDR template allows for the bioequivalence information for the components to be shown in one table.
Health Canada bioequivalence requirements are evolving and CDR will need to ensure that these are reflected in CDR requirements.	CDR will be following the changes and will ensure that they are reflected in the CDR requirements for combination products (funded components).

Document changes related to combination products (funded components) are described in the table below.

Location of Changes Related to Combination Products (Funded Components) in CDR Documents

Change	Procedure for CDR	CDR Submission Guidelines
Definition	Sections 1.1.2 and 3.2	Sections 4.1.2 and 4.4
Submission Requirements	Not applicable	Section 4.4
Template for Combination Products (Funded Components)	Not applicable	Appendix 16
Checklist for Submission	Not applicable	Appendix 7c
Review Process	Section 3.2	Not applicable
Manufacturer's Comments – a maximum of 3 pages and 3 business days allotted	Section 7.2	Not applicable

Other Changes – Effective Immediately

Other changes to the CDR documents are described in the table below and are effective immediately.

Location of Other Changes in CDR Documents

Change	Procedure for CDR	CDR Submission Guidelines for Manufacturers
Time Frames for CDR Procedures – moved to front of Procedure for CDR, immediately after Figure 1, a flowchart describing the CDR process	Moved to page 4	Not applicable
Product Profiles – product profiles are no longer required in any type of submission. Because product monographs are submitted as searchable PDF files on CDs, there is no longer a need for the concise product profiles.	Not applicable	Requirement deleted from document
Naming electronic files – All electronic files submitted on CDs should be labelled with a file name that contains the brand name and type of file – e.g., Brand Name xx-product monograph.pdf	Not applicable	Applies to all electronic file references that are required for a submission or resubmission
Participating drug plan information changes <ul style="list-style-type: none"> Contact information for Prince Edward Island changed Submission requirements for Department of National Defence (DND) changed 	Not applicable	Appendix 1: Participating F/P/T Drug Plans
CONSORT diagram – updated	Not applicable	Appendix 8: CONSORT Reporting Standard for Documenting Patient Flow
Table template for listing studies <ul style="list-style-type: none"> Reminder that all parts of the template must be completed as per instructions in the footnotes. When available, a PDF of an abstract or publication should be inserted in the last column of the table. 	Not applicable	Appendix 9: Table Template for Listing Canadian and International Published and Unpublished Studies

CDR Update — Issue 71 (June 18, 2010)

CDR Changes and Document Revisions — Effective Immediately

The following clarifications and changes related to extensions to the embargo period are effective immediately and will be reflected in the revised Procedure for Common Drug Review, which will be posted in the next few weeks. The clarifications and changes include:

- that requests for extensions of the embargo period are granted only for the purpose of preparing and filing a Request for Reconsideration or a Resubmission based on a Reduced Price during the Embargo Period
- that if a manufacturer does not file a Request for Reconsideration or a Resubmission based on a Reduced Price when an extension to the embargo period has been granted, CDR has the discretion to issue the notice of recommendation immediately or at any time up to the scheduled release time of the Final Recommendation as if either the Request for Reconsideration or Resubmission based on a Reduced Price had been filed
- an amendment to the definition of “Embargo Period” to capture extensions to the 10-day period.

The following sections of the Procedure for Common Drug Review are being revised to incorporate the clarifications appearing in bold font: Section 8.5.1 Manufacturer’s Request for Reconsideration [item 8.5.1 (d)]

d) The Manufacturer may request an extension of up to twenty (20) extra Business Days in addition to the ten (10) Business Days allowed in 7.5.1 (c) **solely for the purpose of preparing and filing** the Request for Reconsideration (i.e., a total of 30 Business Days for preparing **and filing** the Request for Reconsideration).

However, the request for the extension must be made in writing within ten (10) Business Days of receiving notification of the CEDAC Recommendation, the Manufacturer must provide adequate reasons for the requested extension, and the Manufacturer must indicate when the Request for Reconsideration will be submitted.

- The Manufacturer must file a Request for Reconsideration when an extension is granted.
- The length of the extension will have an impact on the date of the CEDAC meeting at which the Request for Reconsideration will be scheduled.
- If a Manufacturer fails to file a Request for Reconsideration within the specified time, after requesting and being granted an extension to the Embargo Period, the CDR Directorate may decide to either: immediately deem a Final Recommendation to have been made (as described in Section 9.1.1), or to issue a Final Recommendation (as described in Section 9.1.1) at a date no later than the end of the extended schedule for completing the review of the Request for Reconsideration provided for in Section 8.5.

Section 8.6.1 Manufacturer’s Resubmission Based on Reduced Price During Embargo Period (item 8.6.1[f])

f) The Manufacturer may request an extension of up to twenty (20) extra Business Days in addition to the ten (10) Business Days allowed in section 8.6.1 (e) **solely for the purpose of preparing and filing** the Resubmission based on a Reduced Price during Embargo Period (i.e., a total of 30 Business Days).

- However, the request for the extension must be made in writing within ten (10) Business Days of receiving notification of the CEDAC Recommendation, the Manufacturer must provide adequate reasons for the requested extension, and the Manufacturer must indicate when the Resubmission based on a Reduced Price will be submitted.
- The Manufacturer must file a Resubmission based on a Reduced Price during Embargo Period when an extension is granted.
- The length of the extension will have an impact on the date of the CEDAC meeting at which the Resubmission, which is based on a Reduced Price during Embargo Period, will be scheduled.
- If a Manufacturer fails to file a Resubmission based on a Reduced Price within the specified time, after requesting and being granted an extension to the Embargo Period, the CDR Directorate may decide to either: immediately deem a Final Recommendation to have been made (as described in Section 9.1.1) or to issue a Final Recommendation (as described in Section 9.1.1) at a date no later than the end of the extended schedule for completing the review of the Resubmission provided for in Section 8.6.

Final Recommendation

A final determination of a Submission, Resubmission, or Request for Advice (made by ACP, or one or more Drug Plans regarding a previous CEDAC Recommendation) shall be deemed to have taken place:

- when a Recommendation has been made and:
- a Manufacturer does not file, or waives the right to file, a Request for Reconsideration of the Recommendation or a Resubmission based on a Reduced Price during the Embargo Period within the specified time.
- if a Manufacturer fails to file either a Request for Reconsideration of the Recommendation or a Resubmission based on a Reduced Price after requesting and being granted an extension to the Embargo Period, the CDR

Directorate may decide to either: immediately deem a Final Recommendation to have been made (as described in this Section 9.1.1) or to issue a Final Recommendation (as described in this Section 9.1.1) at a date no later than the end of the extended schedule for completing the review of the Request for Reconsideration or a Resubmission based on Reduced Price as described in Section 8.5 and Section 8.6.

Definitions — Definition of Embargo Period

Embargo Period — refers to a period of time (ten [10] Business Days) following the issuance of the Recommendation and Reasons for Recommendation or such extended period of time as may be granted by the CDR Directorate (under Section 8.5.1 or Section 8.6.1) during which the Recommendation and Reasons for Recommendation are neither acted on by Drug Plans nor are they publicly available.

Personnel News

Several organizational changes and staff appointments have been made to reflect CADTH's "Next Chapter" initiatives. Full details are available under Executive News on the CADTH website. The following changes are pertinent to the Common Drug Review (CDR):

- Barb Shea (former Acting Senior Vice-President, Science Directorates) was appointed Vice-President, Products and Services, with oversight of CADTH's drug formulary recommendation service, the rapid review service, health technology assessment program, and the optimal use program. Reporting to Barb Shea in this new appointment are the following individuals:
- Denis Bélanger (former Acting Senior Director, Canadian Optimal Medication Prescribing and Utilization Service [COMPUS]) has assumed responsibility as Director, Formulary Recommendations (CDR) and Rapid Response Services (HTIS).
- Trinh Luong (former Director, Submissions and Operations, CDR), has assumed responsibility as Director, Health Technology Assessment and Optimal Use (HTA and COMPUS).
- Sandy Pagotto (former Acting Senior Director, CDR) has assumed responsibility as Director, Environmental Scanning and Program Development. Sandy now reports to Jane Farquharson, who has been appointed Acting Vice-President, Programs, leading the areas of environmental scanning, program development, partnerships, outreach, and impact.
- As a result of the above changes, all CDR submission-related inquiries should be directed to Elizabeth Kozyra, Submissions Officer, CDR. Elizabeth may be reached by email at elizabethk@cadth.ca or by telephone at 613-226-2553, ext. 1516.

CDR Update — Issue 72 (August 5, 2010)

Changes to Procedure for Common Drug Review

Portions of the *Procedure for Common Drug Review (CDR)* have been clarified and the changes announced in the *CDR Update — Issue 71* have been incorporated. The table below outlines these revisions.

Procedure for Common Drug Review

Change	Location
CDR Directorate requires ten (10) business days to determine if either the clinical or economic criteria are met for requests for Post-NOC Priority Reviews.	Section 1.1.8
CDR Directorate requires ten (10) business days to screen Pre-NOC Priority Review Submissions for completeness and to determine if either the clinical or economic priority review criteria are met.	Section 4.1 Section 4.2
As announced in the <i>CDR Update — Issue 71</i> , requests for extensions of the embargo period are granted only for the purposes of preparing and filing a Request for Reconsideration or filing a Resubmission based on a Reduced Price during the Embargo Period.	Section 8.5.1 Section 8.6.1
As announced in the <i>CDR Update — Issue 71</i> , if a manufacturer does not file a Request for Reconsideration or a Resubmission based on a Reduced Price when an extension to the embargo period has been granted, CDR has the discretion to issue the notice of recommendation immediately or at any time up to the scheduled release time of the Final Recommendation as if either the Request for Reconsideration or Resubmission based on a Reduced Price had been filed.	Section 9.1.1
As announced in the <i>CDR Update — Issue 71</i> , the definition of embargo period that captures extensions to the 10-day period was revised.	Appendix 1

CDR = Common Drug Review; NOC = Notice of Compliance.

Changes to CDR Submission Guidelines for Manufacturers

The table below lists the changes to the Common Drug Review Submission Guidelines for Manufacturers.

Common Drug Review Submission Guidelines for Manufacturers

Change	Location
Screening of Pre-NOC Priority Review Submissions for completeness requires ten (10) business days.	Section 4.1.4
Screening of Pre-NOC Priority Review Submissions for completeness requires ten (10) business days.	Section 4.4.1(e) Appendix 7C Appendix 16
The revised definition of embargo period that captures extensions to the 10-day period has been incorporated, as announced in the <i>CDR Update — Issue 71</i> .	Appendix 2
Clarification that the letter template for confirming the ability to supply (Appendix 11) can also be used in Pre-NOC Priority Review Submissions for confirming the ability to supply.	Appendix 11

CDR = Common Drug Review; NOC = Notice of Compliance

Reminder: Pending Submissions Posted on the Patient Input Web Page

Reminder that all pending submissions for which manufacturers provide notification to CDR, including Pre-NOC Priority Review submissions, are tracked on the Patient Input page of the Canadian Agency for Drugs and Technologies in Health (CADTH) website.

Extension of Pilot Project on Expanded Criteria for Resubmissions until December 31, 2010

CDR is extending the pilot project that allows resubmissions to be filed using non-randomized controlled trial (RCT) data until December 31, 2010, when the basis for the resubmission is improved efficacy or safety that addresses the specific issues raised in the *CEDAC Recommendation and Reasons for Recommendation* document. This pilot was first announced on April 20, 2009 in the CDR Update, Issue 57. Manufacturers wishing to participate in this pilot project should note the following:

- Criteria: Prospectively collected, non-RCT data (e.g., open-label extension data of previously submitted RCTs and post-marketing registry data), which address specific issues raised in the CEDAC recommendation, may be acceptable for resubmissions.
 - Requirements for filing a resubmission: While the description of non-RCT resubmissions is not included in the current submission guidelines, non-RCT resubmissions must meet the requirements as outlined in section 5 of the Common Drug Review Submission Guidelines for Manufacturers. Manufacturers are invited to contact CDR for clarification.
- Review process: The review procedure will follow the steps for resubmissions as described in the *Procedure for Common Drug Review*.

Following completion, the pilot project will be assessed to determine whether or not the non-RCT data included in resubmissions meets the needs of drug plans, CDR, and the Canadian Expert Drug Advisory Committee (CEDAC), and how many resubmissions using the expanded criteria may potentially be filed per year.

Formulary Listing Recommendations — January 1 to July 31, 2010

CADTH issued the following formulary listing recommendations to participating Canadian public drug plans between January 1, 2010 and July 31, 2010.

Formulary Listing Recommendations

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation
Tadalafil (Adcirca)	Initial	Pulmonary arterial hypertension	2010-07-15	List with criteria/condition
Raltegravir (Isentress)	New Indication	HIV (treatment- naive)	2010-06-23	Do not list
Sitagliptin phosphate monohydrate/ metformin hydrochloride (Janumet)	Initial	Diabetes mellitus (type 2)	2010-06-23	List with criteria/condition
Sitagliptin phosphate (Januvia)	Resubmission #1	Diabetes mellitus (type 2)	2010-06-23	List with criteria/condition
Darunavir (Prezista)	New Indication	HIV infection (pediatric)	2010-06-17	List with criteria/condition
Abatacept (Orencia)	Resubmission #1	Arthritis, rheumatoid	2010-06-17	List in a similar manner
Saxagliptin (Onglyza)	Initial	Diabetes mellitus (type 2)	2010-06-17	Do not list
Romiplostim (Nplate)	Initial	Chronic immune (idiopathic) thrombocytopenic purpura	2010-05-27	Do not list
Dronedarone hydrochloride (Multaq)	Initial	Atrial fibrillation	2010-05-27	Do not list
Certolizumab pegol (Cimzia)	Initial	Arthritis, rheumatoid	2010-05-27	Do not list
Hydromorphone hydrochloride (Jurnista)	Initial	Chronic pain (moderate to severe)	2010-05-19	Do not list (at the submitted price)
Loteprednol etabonate (Lotemax)	Initial	Post-operative inflammation following cataract surgery	2010-05-19	Do not list
Aripiprazole (Abilify)	Initial	Schizophrenia	2010-04-27	Do not list

Drug Name (Brand Name)	Submission Type	Indication (Condition)	Recommendation Release Date	CEDAC Final Recommendation
Teriparatide (rDNA origin) injection (Forteo)	ACP Submission	Severe osteoporosis in women	2010-03-17	Do not list
Golimumab (Simponi)	Initial	Arthritis, rheumatoid	2010-03-17	List in a similar manner
Golimumab (Simponi)	Initial	Ankylosing spondylitis	2010-03-17	List in a similar manner
Golimumab (Simponi)	Initial	Arthritis, psoriatic	2010-03-17	List in a similar manner
Eculizumab (Soliris)	Initial	Paroxysmal nocturnal hemoglobinuria (PNH)	2010-02-18	Do not list
Brinzolamide and timolol maleate suspension (Azarga)	Initial	Glaucoma and ocular hypertension	2010-02-18	List in a similar manner to other drugs in class

ACP = Advisory Committee for Pharmaceuticals; CEDAC = Canadian Expert Drug Advisory Committee

Drug Policy Advisory Committee — Call for Nominations

The Drug Policy Advisory Committee (DPAC) is a new committee of jurisdictional and non-jurisdictional members that is being established to provide CADTH with strategic advice on drug policy issues and drug topics. The Committee will provide guidance that considers the outputs and impact of CADTH work in meeting the needs of federal, provincial, and territorial governments and those working in the Canadian health care system.

The Nominating Committee for DPAC is seeking nominations for individuals employed in hospitals or regional health authorities (or similar bodies) across Canada to fill two DPAC vacancies. Non-jurisdictional candidates for DPAC membership may be nominated by anyone in Canada. If you know of someone who has the qualifications we seek, we invite you to submit a nomination.

For more information, please see Call for Nominations for the Drug Policy Advisory Committee. The deadline for nominations is August 11, 2010.

CDR Update — Issue 73 (December 14, 2010)

Changes to Priority Review Criteria

The cost-savings criterion of the Priority Review criteria for Pre-NOC and Post-NOC Priority Review Submissions to CADTH has been revised to clarify the amount of the cost savings and the duration of the savings. No change has been made to the clinical criterion. The revised criterion becomes effective March 1, 2011; however, we encourage all manufacturers requesting priority review status based on cost savings to file their submission in accordance with the new criterion. The criteria for Priority Review are:

- the New Drug or Drug with a New Indication is effective for the treatment of an immediately life-threatening disease or other serious disease for which it offers substantial improvements in clinically important outcome measures of effectiveness, safety, tolerability, and/or quality of life compared with other available therapies in Canada; or for which no comparable Drug is marketed in Canada; or
- a New Drug or a Drug with a New Indication that will have a significant impact in reducing the Drug expenditures of the Drug Plans. If listed, the projected total combined savings to the CDR Drug Plans must be an average of at least \$2.5 million per year for the first three years the product is marketed in Canada.

Changes in the Procedure for Common Drug Review

- Section 1.1.2
- Section 1.1.8
- Section 4.2
- Definitions p. 49

Changes in the Common Drug Review Submission Guidelines for Manufacturers

- Section 4.1.2
- Section 4.1.7
- Definitions p. 43

Queuing of Submissions — Information for Manufacturers and Patient Groups

CADTH has received a higher number of submissions than projected, and therefore, submissions received after November 5, 2010, have been queued, in accordance with the Common Drug Review Submission Guidelines for Manufacturers, section 4.1.5. Submissions are processed in the order received (first-come, first-served basis) and in accordance with the order of review noted in section 4.1.5 of the Submission Guidelines. Typically, CADTH and the Canadian Expert Drug Advisory Committee (CEDAC) can accommodate a total of three new submissions or resubmissions per CEDAC meeting.

Even if a submission is received before the cut-off date noted on our website with respect to a specific CEDAC meeting, in times of peak activity the submission may be queued. Therefore, manufacturers are encouraged to file their submissions to CADTH as soon as possible rather than focusing on the cut-off dates. CADTH removes submissions from the queue as soon as resources to undertake the review become available. The affected manufacturer is notified and the submission status on the CADTH website is updated.

Patient Input in Queued Submissions

For patient groups interested in filing patient input submissions on a drug that has been queued, the deadline for submitting patient group input may be extended, depending on the length of time the submission is queued. The patient input deadline will always be at least 15 business days from the date CADTH receives the drug manufacturer's submission. For queued submissions, the "Date submission received" will be confirmed on the Patient Input web page and in the "Calls for Patient Input" e- alerts as soon as the manufacturer's submission is received. The "Patient input deadline" will be noted as tentative while the submission is pending or queued. Once the submission is removed from the queue and work on the submission is initiated, the deadline will be confirmed on the Patient Input web page and in an e-alert.

CDR Update — Issue 74 (December 21, 2010)

Consultations on Specifications for Filing Submissions to CADTH's Common Drug Review in Electronic Format (CDs or DVDs)

Comments are due by January 26, 2011.

Background:

CADTH is inviting manufacturers and other stakeholders to comment on proposed requirements for filing submissions in electronic format for formulary review. CADTH is already receiving some information in electronic format and is expanding this requirement to include the full submission. The following should be noted:

- Jurisdictions are moving to receive submissions in electronic format (i.e., as MS Word or searchable PDF files on CDs or DVDs but not online submissions at this time); thus, there is merit in using standardized formats that meet the needs of jurisdictions and CADTH.
- A standard or consistent naming convention for the documents, folders and CDs or DVDs is required to streamline submissions, using electronic media. Each document, folder and CD/DVD must be labeled.

Proposed Specifications:

- Media device should be a CD or DVD
- Documents must be provided in MS WORD or PDF format that is unlocked, searchable and printable. Users must have the ability to extract information or combine documents.
- Documents must be easily identified, and thus, labelled as follows:
- Brand name_Indication_document type (e.g., product monograph, Module 2.5, etc).pdf or doc
- Documents should be organized in three CDs or DVDs as follows (Note: the order of the documents follows the Submission Requirements in the Common Drug Review Submission Guidelines for Manufacturers:
 - Category 1 submission requirements **excluding** economic and epidemiologic information on one CD or DVD; Category 1 economic and epidemiologic information on one CD or DVD;
 - Category 2 requirements on one CD or DVD;
 - Additional well-labeled CDs or DVDs, if required.

Proposed Format for Electronic Files for Submissions

Please send your comments to cdrfeedback@cadth.ca. They will be considered as we finalize the revised submission requirements.

CDR Update — Issue 75 (May 4, 2011)

Confidentiality of Embargoed CEDAC Recommendations

CADTH would like to remind stakeholders that, in accordance with Figure 2 in the Procedure for Common Drug Review and with the CDR Confidentiality Guidelines, the Canadian Expert Drug Advisory Committee (CEDAC) Recommendations are to be held in confidence and not acted upon until after the Common Drug Review (CDR) Directorate has issued the Notice of Final Recommendation.

It has come to the attention of CADTH and the CDR-participating drug plans that embargoed recommendations have been made more broadly available during the embargo period. The intent of the embargo period* for CEDAC recommendations is to allow time for the manufacturers and the jurisdictions to consider the recommendations before they are made public. CADTH requests that stakeholders comply with the *Procedure for Common Drug Review* and the *CDR Confidentiality Guidelines*, and that distribution of the confidential, embargoed recommendations beyond the intent of the CDR procedure be discontinued. The jurisdictions and CDR are considering options to change the confidential embargo period in light of this activity.

*** Embargo Period** — refers to a period of time (ten [10] Business Days) following the issuance of the Recommendation and Reasons for Recommendation or such extended period of time as may be granted by CADTH (under section 8.5.1 or section 8.6.1) during which the Recommendation and Reasons for Recommendation are neither acted on by Drug Plans nor are they publicly available. During this period, the Manufacturer may submit a Request for Reconsideration or a Resubmission based on a Reduced Price, or the ACP or Drug Plans may submit a Request for Clarification.

Pilot Process for Filing Pre-submission Information — Effective Immediately

To help plan and resource Common Drug Review (CDR) reviews in a timely and efficient manner, CADTH is launching a pilot process to receive selected submission material prior to receiving complete submissions from manufacturers. The requested information is material that manufacturers have available and should be able to provide at the time they notify CADTH of pending submissions for patient input purposes (i.e., 10 days before filing the complete submission).

The following information should be provided in clearly labelled files in MS Word/searchable PDF format, by email to requests@cadth.ca (note that this information must still be included in the complete submission filed):

- Cover letter indicating that the information is being submitted for the pre-submission pilot process. The letter should also list the information included, identify the contact person for the submission, and state the anticipated date on which the complete submission will be filed.
- Product Monograph.
- Common Technical Document — Clinical Overview (module 2.5); Clinical Summary (modules 2.7.1, 2.7.3, 2.7.4, 2.7.6). If these files are large, CADTH recommends zipping them.
- Copies of articles of the key clinical studies (and their clinical study reports, if available).
- Economic information — provide information using the following **table** format:

	Based on manufacturer's pre-submission economic information	Provide comments
Treatment considered	Drug name Specify, if relevant: <ul style="list-style-type: none">• dose• use (i.e., as monotherapy or in combination with other products)• other relevant information	
Comparator(s)	List all of the comparators chosen for the economic analysis: <ul style="list-style-type: none">• indicate whether they are considered in combination with other treatments	
Population modelled	Indicate the population modelled: <ul style="list-style-type: none">• indicate any subgroups considered	
Key clinical trial data sources	List all of the data sources used for clinical inputs	
Outcome measures	List all of the outcome measures considered in the economic evaluation or model: <ul style="list-style-type: none">• trial outcomes• modelled outcomes (e.g., life-years, quality-adjusted life-years)	

	Based on manufacturer's pre-submission economic information	Provide comments
Study question	Include the study question	
Type of economic evaluation	Identify the type of economic evaluation: <ul style="list-style-type: none"> • cost-effectiveness analysis or • cost-utility analysis or • cost-minimization analysis 	
Perspective(s)	List all of the perspectives considered: <ul style="list-style-type: none"> • government payer • societal • individual 	
Time horizon	Provide the time horizon	

Note: The targeted timeframes for conducting reviews, as outlined in Figure 2 in the *Procedure for Common Drug Review*, will continue to be followed in the pilot project. Placement on the CEDAC agenda will be based on the date the submission is deemed complete.

The purpose of the pilot is to determine what information and timeframe for receipt of pre-submission material would assist in optimizing the resourcing and planning for CDR reviews. The pilot will be evaluated after sufficient experience has been gained with the process to perform an evaluation.

Changes to CDR Submission Guidelines for Manufacturers

The following changes and clarifications become effective immediately and will be reflected in upcoming revised versions of the Procedure for Common Drug Review and Common Drug Review Submission Guidelines for Manufacturers.

1. Letter Confirming Ability to Supply Changed to Category 2 requirement and Deadline for Category 2 Information Extended — Effective Immediately

CADTH has received feedback from manufacturers that submissions have been delayed due to the requirement to provide the Letter Confirming Ability to Supply and Drug Notification Form at the time of filing. Therefore, effective immediately, the Letter Confirming Ability to Supply becomes a Category 2 requirement and the deadline for Category 2 requirements is extended. All Category 2 requirements must be submitted to CADTH 20 business days prior to the targeted CEDAC meeting in order to be placed on the CEDAC agenda. The sections of the *CDR Submission Guidelines for Manufacturers* affected by these changes are listed in the table below.

Document	Location in CDR Submission Guidelines
Letter Confirming Ability to Supply	Removed from Sections 4.2.1 (h) and 4.4.1 (h)
Letter Confirming Ability to Supply	Will be added to Sections 4.2.2 and 4.4.2
Deadline for Category 2 information	Sections 4.2, 4.3, and 4.4; Appendix 6 (c); Appendix 7 (a) and (b)

2. Clarification of Confidential Price

The definition of "Confidential Price" is clarified as follows:

Confidential Price — a price per unit that is submitted **in confidence** as part of the CDR Submission Requirements and to which the provisions of the CDR Confidentiality Guidelines apply. Following the release of a CEDAC recommendation to list or list with criteria, the submitted Confidential Price must be made available to all CDR participating drug plans, whether or not the CEDAC criteria is the same as the criteria requested by the manufacturer. A listed market price is not considered confidential.

In addition, the following criterion is being added to the CDR Submission Guidelines for Manufacturers: Should issues arise regarding the submitted price, the CDR participating drug plans will consider next steps, including the option of submitting a Request for Advice to CEDAC about its Final Recommendation in light of the publicly available current market price. This could potentially result in a changed Final Recommendation. Changes will be made in the following sections:

Section Heading	Location in CDR Submission Guidelines
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Pricing and Availability Information	Sections 4.2.1 (g), 4.3.1 (h), 4.4.1(g)
Pricing Information	Section 5.2.1 (g)
Requirements for Resubmission based on Reduced Price during Embargo Period	Section 5.3 (a)

3. Budget Impact Model Required for Priority Review Requests Based on Cost Savings

To expedite the assessment of whether pre-Notice of Compliance (NOC) priority review submissions based on cost savings meet CDR criteria, the following additional information is now part of the Category 1 requirements:

- Budget impact model (Excel spreadsheet), showing how the national cost savings is derived (in addition to the budget impact analyses for the participating drug plans)
- Document explaining the national budget impact analysis and the assumptions on which it is based.

Personnel News

CADTH welcomes Chander Sehgal as the new Director, Common Drug Review (CDR) and Rapid Response. Sandy Pagotto will continue as the Interim Director for CDR until further notice.

CADTH is streamlining the number of contacts for external requests and inquiries. Please note the following changes relating to the Common Drug Review:

- Manufacturer notices of pending submissions, pre-submission material, and all CDR-related inquiries should be directed to requests@cadth.ca 613-226-2553.
- Requests for pre-submission meetings should be directed to meetingrequests@cadth.ca 613-226-2553.

More information on advance notice of submissions and pre-submission meetings may be found on the Pre-submission Meetings page of the CADTH website.

CDR Update — Issue 76 (September 19, 2011)

Retirement of the Canadian Expert Drug Advisory Committee (CEDAC)

On September 20, 2011, the Canadian Expert Drug Advisory Committee (CEDAC) will hold its final meeting. It will conclude any outstanding business related to drug submission reviews on which it initiated work, including reconsiderations of CEDAC recommendations. CEDAC has operated since the fall of 2003 and has provided evidence-based formulary listing recommendations or advice for almost 200 drugs. The participating publicly funded drug plans and the Canadian Agency for Drugs and Technologies in Health (CADTH) extend their sincere gratitude to all CEDAC members, past and present, for their outstanding work, diligence, commitment, and professionalism.

The committee has made a substantial contribution to the management of pharmaceuticals within Canada's public health care system and, in the process of so doing, has garnered national and international respect.

Inauguration of Canadian Drug Expert Committee (CDEC)

On September 21, 2011, the newly formed Canadian Drug Expert Committee (CDEC) will be inaugurated, beginning its work with drugs submitted to CADTH through the Common Drug Review (CDR) process. CDEC will review and deliberate on all new drug submissions that target the meeting on September 21. In addition, CDEC will review any outstanding business arising from previous CEDAC meetings. CDEC will replace two advisory committees — CEDAC and the COMPUS Expert Review Committee (CERC) — and will provide all drug-related recommendations and advice for work conducted by CADTH, including formulary listing and optimal use recommendations and advice. Announcements regarding the membership of CDEC were previously made in the CADTH Communiqué and are also available in the News section of the CADTH website (professional members, public members). CADTH and its partners extend a warm welcome to all CDEC members.

Personnel News

Chander Sehgal joined CADTH as Director, CDR and Rapid Response, on March 31, 2011 and has now fully assumed all duties relating to this position.

A reminder of the following CADTH contact points relating to CDR submissions:

- Manufacturer notices of pending submissions, pre-submission material, and all general CDR-related inquiries should be directed to requests@cadth.ca or 613-226-2553.
- Requests for pre-submission meetings should be directed to meetingrequests@cadth.ca or 613-226-2553.

More information on advance notice of submissions and pre-submission meetings may be found on the Pre-submission Information page of the CADTH website.

CDR Update — Issue 77 (September 27, 2011)

Changes to the Procedure for Common Drug Review and the Common Drug Review Submission Guidelines for Manufacturers

Note: the most significant changes to the documents are recorded in this Common Drug Review (CDR) Update; however, changes have occurred throughout the documents. Therefore, readers should use the most recent version of the documents that are posted on the Canadian Agency for Drugs and Technologies in Health (CADTH) website.

Effective Date for Changes

Changes to both documents become effective immediately, except changes related to filing information in electronic format — those become effective January 1, 2012. Manufacturers currently preparing submissions should follow the new requirements, if possible.

Changes Common to Both Documents

- General inquiries about the CDR process should be directed to Central Intake (telephone: 613-226-2553; email: requests@cadth.ca).
- Communications about a specific drug under review should be directed to the contact provided by CADTH.

All references to the Advisory Committee on Pharmaceuticals (ACP) have been replaced with Formulary Working Group (FWG). The FWG has replaced ACP in providing operational advice to CADTH about CDR-related issues. All references to the Canadian Expert Drug Advisory Committee (CEDAC) have been replaced by Canadian Drug Expert Committee (CDEC). CDEC replaced CEDAC and the COMPUS Expert Review Committee and provides all drug-related recommendations and advice — both for formulary listing and optimal use.

CDR Confidentiality Guidelines (included in both documents):

- In the first paragraph, all stakeholders are reminded to maintain the confidentiality of all documents shared with them by CADTH and labelled “Confidential.”
- In Sections 4(a) and 4(b) (referring to manufacturer’s confidential information in the CDR publicly available documents [i.e., documents posted on the CADTH website]), CADTH will now redact information that the manufacturer identifies as confidential by removing it, instead of replacing the removed text with dummy characters and blacking it out. CADTH will indicate the nature of text removed (e.g., confidential price) and, if relevant, the quantity of information removed.

Additional Changes to the Procedure for Common Drug Review

Portions of the Procedure for Common Drug Review have been revised or clarified and the changes announced in CDR Update — Issue 75 have been incorporated. The table below outlines these revisions.

Procedure for Common Drug Review

Change	Location
When a submission or resubmission is filed with CADTH for review through the CDR process, CADTH will not meet with the manufacturer regarding the drug while it is under review.	Page 2
Clarification — if all information for a pre-NOC priority review is not finalized at the time of filing, it may be provided during the course of the review. Depending on the nature and extent of the information, CADTH may need to adjust the timelines for the review. When the manufacturer provides the final <i>Notice of Compliance</i> (NOC) or <i>Notice of Compliance with conditions</i> (NOC/c) for a submission, the manufacturer must indicate that all of the submission information is finalized.	Section 1.1.2(a) Section 4.5
Clarification — when a request for pre-NOC or post-NOC priority review is based on cost savings, the savings must be for the indication submitted for CDR review.	Section 1.1.2(a) Section 1.1.5 Section 4.2
Clarification — in the case of non-issuance or withdrawal of market authorization by Health Canada, a copy of the relevant Health Canada document indicating the reason for withdrawal is required.	Section 1.2
As announced in <i>CDR Update — Issue 75</i> , category 2 requirements must be provided as a single package twenty (20) Business Days before the scheduled CDEC meeting in order for the Submission to be placed on the CDEC meeting agenda. (Note: category 2 requirements for a pre-NOC priority review submission continue to be required within 20 business days of receiving NOC or NOC/c.)	Section 3.1.1 Section 3.2.1

Change	Location
Added — description of tasks associated with a request for advice that may result in a new recommendation.	Section 6.2
CADTH will redact confidential information in recommendation documents in accordance with the <u>CDR Confidentiality Guidelines</u> by removing it and no longer replacing it with dummy letters and blacking out the dummy letters.	Section 8.3.2
As reinforced in <i>CDR Update — Issue 75</i> , during the embargo period, stakeholders are to maintain the confidentiality of the embargoed Recommendation.	Section 8.3.3
Clarification — any record of advice that does not communicate a new recommendation is not posted on the CADTH website.	Section 8.3.4
Clarification — a resubmission based on a reduced price during the embargo period can be filed only if CDEC has signalled in the recommendation document that a reduced price may result in increased cost-effectiveness. All other resubmissions during the embargo period with a reduced price are treated as regular resubmissions and placed at the end of the queue.	Section 8.6.1
Added or revised — definitions for CDEC, confidential price (as per <i>CDR Update — Issue 75</i>), FWG, pre-NOC priority review, stopped (a review), suspended (a review).	Appendix 1 (CDR Definitions)

Additional Changes to the Common Drug Review Submission Guidelines for Manufacturers

The Common Drug Review Submission Guidelines for Manufacturers have similarly been revised or clarified. The revisions also include the changes announced in CDR Update — Issue 75. The table below lists the changes.

Table 2: CDR Submission Guidelines for Manufacturers

Change	Location
Clarification — in recognition that all information (e.g., Product Monograph) for a pre-NOC priority review may not be finalized at the time of filing, it may be provided during the course of the review.	Section 4.1.2
Submissions for oncology drugs used for the active treatment of cancer should be filed with the pan-Canadian Oncology Drug Review.	Section 4.1.2 (see Note)
When initially filing a submission or resubmission, the manufacturer should provide only one complete copy of the category 1 submission requirements to CADTH in hard copy , plus one complete copy on CD, DVD, or memory stick. Once deemed complete, additional selected sections of the submission are required in hard copy.	Section 4.1.3 Section 4.1.4
Three CDs with copies of the economic model in executable format are required with the initial submission. The economic model must be in one of the following formats: Excel, TreeAge/DATA, or Arena.	Sections 4.2.1(g), 4.3.1(h), 5.2.2(g)
No hard copies of category 2 requirements are required by CDR. They may be filed on CD, DVD, or memory stick.	Section 4.1.3
When the manufacturer submits the final NOC or NOC/c for pre-NOC priority review submission, the manufacturer must indicate that all of the submission information is finalized. (A template for a letter can be found in Appendix 13.)	Section 4.3.1 Appendix 13
Once a submission is deemed complete, CADTH requires: five (5) hard copies of section 4.2.1 (e) or 4.3.1 (e) or 4.4.1 (e) "Efficacy, Effectiveness, and Safety Evidence" and section 4.2.1 (f) or 4.3.1 (f) or 4.4.1 (f) "Economic and Epidemiologic Information," with the exception of budget impact analyses (BIAs). (Note: hard copies of the BIAs are required only if a request for a priority review based on cost savings is submitted, and only in the initial submission. Hard copies of BIAs are not required as part of the five additional copies of "Economic and Epidemiologic Information.")	Section 4.1.4
Clarification — when a request for pre-NOC or post-NOC priority review is based on cost savings, the savings must be for the indication submitted for CDR review.	Section 4.1.2 Section 4.1.7
The manufacturer is responsible for ensuring that the copyright permission for articles included in the submission or resubmission allows for sufficient copies to be shared with the review team and CDEC during the review.	Section 4.1.8
When a submission or resubmission is filed with CADTH for CDR review, CADTH will not meet with the manufacturer regarding the drug while it is under review.	Section 4.1.10

Change	Location
Clarification that a completed, dated, and signed copy of the drug notification form (or Drug Identification Number [DIN] notification form) is required for all strengths and dosage forms (a category 2 requirement).	Sections 4.2.2, 4.3.2, 4.4.2, 5.2.2
As announced in <i>CDR Update — Issue 75</i> , category 2 requirements must be provided as a single package twenty (20) business days before the scheduled CDEC meeting in order for the submission to be placed on the CDEC meeting agenda. (Note: category 2 requirements for a pre-NOC priority review submission continue to be required within 20 business days of receiving NOC or NOC/c.)	Section 4.2 Section 4.4 Appendices 6, 7a, 7c
The cover letter should indicate whether the electronic versions (CD, DVD, or memory stick) of the submission are included with the hard copy or are being sent separately.	Sections 4.2.1, 4.3.1, 4.4.1, 5.2.2
A table of contents is required for submissions and resubmissions.	Sections 4.2.1, 4.3.1, 4.4.1, 5.2.2
As announced in <i>CDR Update — Issue 75</i> , clarification of the definition and information regarding confidential pricing.	Section 4.2.1, 4.3.1, 4.4.1, 5.2.1, 5.3
As announced in <i>CDR Update — Issue 75</i> , a budget impact model is required for priority review requests based on cost savings.	Sections 4.2.1, 4.3.1, 4.4.1, 5.2.2
As announced in <i>CDR Update — Issue 75</i> , the letter confirming ability to supply is now a Category 2 requirement.	Section 4.2.2 Section 4.4.2
In addition to advising CADTH of harm and safety issues regarding the drug under review, manufacturers are required to advise CADTH of any communiqués (e.g., “Dear Doctor” letters regarding harm and safety issues).	Sections 4.2.3, 4.3.3, 4.4.3
The cover letter for resubmissions should indicate whether changes to the current Product Monograph are anticipated.	Section 5.2.2
The requirements regarding copies of submissions for the participating drug plans have been updated.	Appendix 1
Added or revised — definitions for CDEC, confidential price (as per <i>CDR Update — Issue 75</i>), FWG, pre-NOC priority review, stopped (a review), suspended (a review).	Appendix 2
The submission requirement checklists have been updated to reflect requirement changes, and specifications for submissions in electronic format have been added.	All Appendix 7 (7A to 7F)

CDR Update — Issue 78 (November 15, 2011)

Clarifications and corrections to the Procedure for Common Drug Review and the Common Drug Review Submission Guidelines for Manufacturers

Procedure for Common Drug Review

The Procedure for Common Drug Review has been updated to include the clarifications and corrections noted in the table below.

Procedure for Common Drug Review

Change	Location
Clarification of patient input submission deadline date when manufacturer provides advance notice of submission: When CADTH receives notification of a pending submission, the patient input submission deadline date is calculated by adding the number of business days of advance notice (up to ten [10] business days) plus fifteen (15) business days (the usual time allowance for submitting patient input). This means that patient groups are given up to a maximum of 25 business days for filing a patient input submission when manufacturers provide advance notification.	Section 2.1(c)
Correction/clarification of pre-NOC* priority review submissions: Both Category 1 and Category 2 requirements are to be deemed complete before a manufacturer provides drug plans with copies of the submission, as described in Appendix 1 of the <i>Common Drug Review Submission Guidelines for Manufacturers</i> . *NOC = Notice of Compliance	Section 4.1(c)

Common Drug Review Submission Guidelines for Manufacturers

The *Common Drug Review Submission Guidelines for Manufacturers* have been updated to include the correction noted in the table below.

Common Drug Review Submission Guidelines for Manufacturers

Change	Location
Section 4.1.4 is clarified and section numbers are corrected, as follows: <ul style="list-style-type: none">When the Category 1 requirements in the manufacturer's submission are deemed complete, CADTH sends an acknowledgement to the manufacturer and advises the participating drug plans. Upon receipt of the acknowledgement, the manufacturer must ensure that CADTH is provided with:<ul style="list-style-type: none">five (5) additional (for a total of six [6]) complete copies of the Category 1 submission requirements in electronic format on CD, DVD, or memory stick, as specified in Appendix 7F. (CADTH may request additional copies if required.)for a submission for new drugs or drugs with new indications:<ul style="list-style-type: none">five (5) hard copies of section 4.2.1 (f) Efficacy, Effectiveness, and Safety Evidence, and section 4.2.1 (g) Economic and Epidemiologic Information; ORfor a submission for pre-NOC priority review:<ul style="list-style-type: none">five (5) hard copies of section 4.3.1 (g) Efficacy, Effectiveness, and Safety Evidence, and section 4.3.1 (h) Economic and Epidemiologic Information; ORfor a submission for new combination products (funded components):<ul style="list-style-type: none">five (5) hard copies of section 4.4.1 (f) Efficacy, Effectiveness, and Safety Evidence, and section 4.4.1 (g) Economic and Epidemiologic Information.	Section 4.1.4

CDR Update — Issue 79 (March 6, 2012)

Changes to the Pilot Process for Filing Pre-submission Information — Effective Immediately

Effective immediately, CADTH is changing the requirements for the pilot process for filing pre-submission information to the Common Drug Review (CDR), which was announced in CDR Update Issue 75. The changes reduce the amount of information that CADTH is requesting under the pilot. Pilot participants should email the following information in MS Word/searchable PDF format to requests@cadth.ca.

- Cover letter indicating that the information is being submitted for the pre-submission pilot process. The letter should also list the information included, identify the contact person for the submission, and state the anticipated date on which the complete submission will be filed.
- Drug name and its indication
- Product Monograph
- Executive summary of the pending submission.

Manufacturers are invited to participate in the pilot to help CADTH determine the optimal timing and information requirements for resourcing and planning CDR reviews. The requested information is material that manufacturers have available and should be able to provide at the time they notify CADTH of pending submissions for patient input purposes (i.e., 10 days before filing the complete submission). The pilot will be evaluated after sufficient experience has been gained with the process to perform an evaluation.

Note: The targeted timeframes for conducting reviews, as outlined in Figure 2 in the *Procedure for Common Drug Review*, are not changed by participation in the pilot. Placement on the CDEC agenda is still based on the date the submission is deemed complete.

CDR Submission Requirements - Reminders

Manufacturers are reminded of changes to the information to be included in the five (5) additional binders required once a submission to the Common Drug Review (CDR) has been deemed complete. These changes became effective January 1, 2012. Please see CDR update, Issue 78 for more details. Manufacturers are also reminded that the following requirements listed in the *Common Drug Review Submission Guidelines for Manufacturers* must be included in CDR submissions:

- In section 4.2.1/4.3.1/4.4.1 (Efficacy, Effectiveness, and Safety Evidence), module 2.7.6 must include a tabular listing of studies as well as the individual study synopses.
 - (Although the individual study synopses are included in the Clinical Study Reports in Module 5 of the Common Technical Document, CADTH does not always receive the Clinical Study Reports. Therefore, manufacturers are asked to include them in module 2.7.6.)
- Also in section 4.2.1/4.3.1/4.4.1 (Efficacy, Effectiveness, and Safety Evidence), the tabulated list of published and unpublished studies must be provided in Microsoft Word format on CD.
 - Budget Impact Analyses (BIAs) must be provided as a Category 1 requirement if a Post-NOC Priority Review is requested or a Pre-NOC Priority Review Submission is based on cost savings. The following documentation is required:
 - all supporting information used in BIAs such as market research information or utilization reports copies of documents cited in the BIAs
 - Budget impact model (Excel spreadsheet), showing how the national cost savings is derived an explanation of the national BIA and the assumptions on which it is based.

When no Priority Review (Post-NOC or Pre-NOC) is requested, BIAs must be provided as a Category 2 requirement. The following documentation is required:

- all supporting information used in BIAs such as market research information or utilization reports copies of documents cited in the BIAs.

CDR Update — Issue 80 (May 17, 2012)

Queuing of Submissions for Review Through the Common Drug Review (CDR)

The purpose of this *CDR Update* is to remind manufacturers that in periods when the number of new submissions and/or resubmissions significantly exceeds the projected volumes, CDR may need to schedule them on a later Canadian Drug Expert Committee (CDEC) meeting agenda than the posted target CDEC meeting date (i.e., they will be queued). The affected manufacturer(s) will be notified and the Submission Status Reports on the CADTH website will be updated to reflect the new target CDEC meeting date.

Typically, CDR and CDEC can accommodate a total of three to four new submissions or resubmissions per CDEC meeting. Even if a submission is received before the cut-off date that targets a specific CDEC meeting (noted on the CADTH website), in times of peak activity the submission may be queued.

Submissions are generally processed in the order received (first-come, first-served basis) and are placed on the CDEC agenda in accordance with the order of review described in the *Procedure for Common Drug Review* (section 1.1.6) and in the *Common Drug Review Submission Guidelines for Manufacturers* (section 4.1.5). The order of review is:

- Pre-NOC Priority Review Submissions and Submissions or Resubmissions that are granted a Post-NOC Priority Review status Reconsiderations, Drug Plan Requests for Clarification, Resubmissions based on a Reduced Price during Embargo Period
- Regular Submissions for New Drugs, New Combination Products containing a New Active Substance, Drugs with New Indications
- Formulary Working Group or Drug Plan-initiated Drug-related reviews or Requests for Advice
- New Combination Products containing existing Drugs or New Drugs that are structurally very similar to existing Drugs and that largely duplicate the action of the existing Drugs, including Combination Products (Funded Components)
- Resubmissions.

CDR removes submissions from the queue as soon as possible. The affected manufacturers are notified and the status on the CADTH website is updated.

Patient Input in Queued Submissions

For patient groups interested in filing patient input submissions on a drug that has been queued, the deadline for submitting patient group input may be extended, depending on the length of time the submission is queued. The patient input deadline will always be at least 15 business days from the date CADTH receives the drug manufacturer's submission. For queued submissions, the "Date submission received" will be confirmed on the Patient Input web page and in the "Calls for Patient Input" e- alerts as soon as the manufacturer's submission is received. The "Patient input deadline" will be noted as tentative while the submission is pending or queued. Once the submission is removed from the queue and work on the submission is initiated, the deadline will be confirmed on the Patient Input web page and in an e-alert.

Advance Notification of Submissions; Pre-submission Meetings

To help CDR plan for upcoming submissions, manufacturers are encouraged to notify CADTH of pending submissions by email at requests@cadth.ca. In order to facilitate the most efficient preparation and review of submissions under the CDR process and to provide information on drugs in their pipeline, manufacturers may request pre-submission meetings by sending an email to meetingrequests@cadth.ca or by calling 613-226-2553.

CDR Update — Issue 81 (August 22, 2012)

Clarification that time frames for filing Pre-NOC Priority Review Submissions are in calendar days — effective immediately.

Effective immediately, the timeframes for filing Pre-NOC Priority Review Submissions are sixty (60) to ninety (90) calendar days before the anticipated NOC or NOC/c date. (This is a clarification to Section 4.3 of the Common Drug Review Submission Guidelines for Manufacturers, November 2011.)

This clarification will be reflected in the next versions of the *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers*.

CDR Update — Issue 82 (September 20, 2012)

CDR Consultation: Due October 15, 2012

The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting feedback on the following three CDR-related items by October 15, 2012:

- Revised Common Drug Review (CDR) Recommendation Options and Canadian Drug Expert Committee (CDEC) Deliberative Process
 - Removal of Priority Review Criteria for Pre-NOC Submissions
 - Manufacturers' Involvement in the Patient Group Input Process
-
- Please email your feedback by **October 15, 2012** to feedback@cadth.ca. All feedback will be considered in finalizing these items. How to submit your feedback:
 - You have 15 business days to review the draft documents after they are posted and to submit comments by email to feedback@cadth.ca
 - To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
 - Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
 - Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback, based on the document, is the following:

Revised Common Drug Review (CDR) Recommendation Options and Canadian Drug Expert Committee (CDEC) Deliberative Process	4 pages
Removal of Priority Review Criteria for Pre-NOC Submissions	1 page
Manufacturers' Involvement in the Patient Group Input Process	1 page

Feedback should be presented clearly and succinctly. The issue(s) should be clearly stated and specific reference should be made to the section of the document under discussion (i.e., section title, page number, and paragraph, as applicable).

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

CDR Update — Issue 83 (November 19, 2012)

Common Drug Review Recommendations Options and Deliberative Framework — effective November 21, 2012

CADTH has collaborated with participating Drug Plans and CDEC and considered stakeholder input to describe the CDEC deliberative framework and to revise and clarify CDR recommendation options. CADTH will implement the revised CDR Recommendation options at the November 21, 2012 CDEC meeting, starting with New Drug submissions (including Requests for Advice) and resubmissions. This information will be incorporated into the *Procedure for Common Drug Review* and will guide CDEC in making listing recommendations, with the recognition that CDEC will have the flexibility to adapt these guidelines on a case-by-case basis.

Removal of Priority Review criteria from Pre-NOC Priority Reviews — effective immediately

Priority Review criteria will be removed as one of the requirements for Pre-Notice of Compliance (NOC) Submissions. Pre-NOC submissions allow for New Drugs or Drugs with New Indications to be reviewed in parallel with Health Canada regulatory reviews of these drugs, and thus, the time between the Health Canada approval (issuance of NOC or NOC with criteria [NOC/c]) and posting of the Final Recommendation may be shortened. This can potentially result in shortened timelines between the issuance of the NOC or NOC/c and the final listing decisions by jurisdictions. Highlights of the Pre-NOC Submission process are:

A Pre-NOC Submission is for a New Drug or a Drug with a New Indication for which Health Canada is highly likely to issue an NOC or NOC/c within 90 calendar days. This type of submission is accepted with the understanding that some submission requirements, such as the Product Monograph, may not be finalized at the time of filing; however, they are to be provided as soon as they are finalized because changes in the information may require additional time for review and thereby impact the targeted CDEC meeting. A CDEC Recommendation will not be issued until all required information, including a copy of the NOC or NOC/c, is received. Although Health Canada cannot provide assurance that a NOC or NOC/c will be issued on a particular date, or at all, Manufacturers may consider filing a submission to CDR if no significant issues have been raised by Health Canada.

The following review processes are changed for Pre-NOC Submissions:

- Pre-NOC Submissions will be considered with regular submissions for New Drugs, New Combinations Products containing a New Active Substance, and Drugs with New Indications for assignment to the tiered queue, for review and placement on the CDEC agenda
- Budget Impact Analyses are now provided as a Category 2 requirement for all Pre-NOC Submissions
- The Manufacturer has seven business days, following receipt of the Reviewers' Reports for Pre-NOC Submissions to review such reports and submit written comments about the reports to CADTH. This will be the Manufacturer's only opportunity to provide comments
- CADTH Reviewers have seven business days to address the comments provided by the Manufacturer.
- Pre-NOC submissions for New Drugs or Drugs with New Indications should be filed within 90 calendar days of the anticipated receipt of NOC or NOC/c.
- The following review processes and submission requirements remain unchanged:
- The Pre-NOC Submission will undergo all steps in the CDR review process. Regular review timelines will be followed.
- An NOC or NOC/c and all submission requirements will need to be provided before the CDR recommendation is issued.

Longer advance notification for Patient Group Input submissions and links to Product Monographs — effective immediately

Manufacturers asked to provide 20 business days of advance notification for pending submissions

- Manufacturers are requested to provide one-month (20 business days) advance notification for pending submissions to allow patient groups additional time to prepare and file the Patient Group Input submissions. This supports the expressed need of patient groups who require more time to file their Patient Group Input to CADTH.
- The patient input deadline is typically 15 business days from the date CADTH receives the Manufacturer or Drug Plan submission. If the Manufacturer provides advance notice of the submission, the Patient Group Input deadline is extended by the number of business days of advance notice (maximum 20 days), increasing the deadline to a maximum of 35 business days.

Link to Product Monograph provided to patient groups

Patient groups sometimes have limited information about the drug for which they are preparing a Patient Group Input

submission. To facilitate preparation of the Patient Group Input submission, Manufacturers are asked to provide a link to the Health Canada-approved Product Monograph at the time they provide notification of a pending submission or at the time they are filing the submission, when available (in the case where advance notification is not given). CADTH will post the link to the Product Monograph in the table entitled Calls for Patient Input, which is posted on the CADTH website.

Clarification regarding parenteral line extensions — effective immediately

While the current *Common Drug Review Submission Guidelines for Manufacturers* (Section 4.1.2) states that Manufacturers are not required to file submissions for new dosage forms with the same route of administration and new strengths of the same dosage form, there has been some misinterpretation regarding parenteral line extensions. The Canadian Agency for Drugs and Technologies in Health (CADTH) is clarifying that new parenteral products/formulations (e.g., intravenous, intramuscular, subcutaneous, etc., dosage forms) are not considered line extensions of one another as they are administered through different routes of administration and as a result there may be potential differences in pharmacokinetics and pharmacodynamics as well as differences in cost. CADTH will consult with participating Drug Plans to determine if a submission for a new parenteral product is required. A submission may not be required for each new parenteral line extension, and thus, Manufacturers are asked to contact CADTH at requests@cadth.ca for guidance on whether a submission is required.

This clarification is effective immediately. The next versions of the *Common Drug Review Submission Guidelines for Manufacturers* (Section 4.1.2) and the *Procedure for Common Drug Review* will be updated to reflect this clarification.

Clarification regarding economic evaluations — effective February 1, 2013

Appropriate pharmacoeconomic evaluations for Common Drug Review (CDR) submissions must be undertaken for the full population that is identified in the approved Health Canada indication. If there are subgroups that may benefit from the drug or specific reimbursement criteria requested by the Manufacturer, additional analyses are to be provided. This change becomes effective February 1, 2013; however, Manufacturers currently preparing submissions are encouraged to comply with this requirement.

Posting of Record of Advice in response to Requests for Advice where there is no change to a CDEC¹ Recommendation — effective immediately

Effective immediately, CADTH will post on its website a Record of Advice in response to each Request for Advice regarding previous Canadian Expert Drug Advisory Committee (CEDAC) or CDEC Recommendations, even if there is no change to the original CEDAC or CDEC Recommendation. The Formulary Working Group (FWG), or one or more Drug Plans, may submit a Request for Advice regarding a previous CEDAC or CDEC Recommendation, which may lead to a change in the Recommendation. Currently, CADTH sends a Record of Advice to the FWG, Drug Plans, and Manufacturer when a Request for Advice does not result in a change to a CEDAC or CDEC Recommendation and only posts a new CDEC Recommendation on its website when it is changed as a result of a Request for Advice.

¹Going forward, recommendations will be described as CDR recommendations,

CDR Update — Issue 84 (December 19, 2012)

CDR Consultation: Public Posting of CDR Review Reports

The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting stakeholder comments and feedback on the Proposed Approach for Posting the Common Drug Review (CDR) Clinical and Pharmacoeconomic Review Reports on the CADTH website.

Please email your feedback by January 25 (20 business days), to feedback@cadth.ca. All feedback will be considered in finalizing the approach to posting CDR Clinical and Pharmacoeconomic Review Reports.

How to submit your feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback is three (3) pages.
- Feedback should be presented clearly and succinctly. The issue(s) should be clearly stated and specific reference should be made to the section of the document under discussion (i.e., section title, page number, and paragraph).

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Proposed Approach for Posting CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website:

CADTH stakeholders, including the participating drug plans and patient groups have requested that the CDR Clinical and Pharmacoeconomic Review Reports be publicly available. Therefore, CADTH is proposing revisions to the CDR procedure to allow for posting these reports on the CADTH website.

CDR Clinical and Pharmacoeconomic Review Reports

The CDR Clinical Review Report consists of a systematic review of relevant information provided by the Manufacturer and information identified through an independent literature search. Relevant information provided through Patient Group Input is also included in the Clinical Review Report. The CDR Pharmacoeconomic Review Report consists of a critical appraisal of the manufacturer's pharmacoeconomic submission. The Clinical Review Report, the Pharmacoeconomic Review Report, and the Summary of Patient Group Input, inform the Canadian Drug Expert Committee (CDEC) in its deliberations. Please refer to CDR Update #83 for a description of the CDEC Deliberative Framework.

Proposed Procedure Changes

As per the *Procedure for Common Drug Review* (November 2011) CADTH provides CDR Clinical and Pharmacoeconomic Review Reports only to the manufacturer of the drug under review and to CDR participating drug plans. The proposed initiative to post the CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website will allow all interested stakeholders to view the reports that were provided to CDEC to use in formulating its recommendations (*Procedure for Common Drug Review, November 2011*).

Under the proposed procedure change, manufacturers will be responsible for the identification of any confidential information in the CDR Clinical and Pharmacoeconomic Review Reports and for submitting requests for redaction (See The table below). All requests for redaction must be accompanied by a clearly stated rationale. Information that is considered to be confidential is clearly defined in the Confidentiality Guidelines, included in Appendix 2 of the *Procedure for Common Drug Review* (November 2011).

The CDR Clinical and Pharmacoeconomic Review Reports will be posted within two weeks after the final CDEC recommendation is posted on the CADTH website.

CADTH may elect to update a previous report that has been posted with redactions, subject to the availability of the redacted information in the public domain. The proposed changes to the CDR procedure regarding the disclosure of information are summarized in the table below.

Confidential Information in the Clinical and Pharmacoeconomic Review Reports Requested for Redaction Drug Name: Generic Name (Brand Name)

Submitted Price	
Confidential ^a	Not Confidential
Proposed Information to Be Redacted ^b	
Specify Which Report, the Exact Wording and the Page Number	Rationale for Redacting the Information ^c

^a If the submitted price is confidential please specify the location of the price in the Review Report.

^b Please ensure that information requested for redaction is not available in the public domain, including regulatory websites (e.g., US Food and Drug Administration, Health Canada, the European Medicines Agency). Information in the public domain is not redacted from the CDEC Recommendations. Only confidential information will be redacted.

^c Note: Confidential submitted prices will be redacted from Review Reports; however, outputs of economic models (e.g., incremental cost- effectiveness ratios) are not considered confidential.

Manufacturers will be asked to identify any confidential information in the Clinical and Pharmacoeconomic Review Reports when they provide comments on the draft report(s). CADTH staff will review the manufacturer's requests and will redact confidential information in accordance with the CDR Confidentiality Guidelines. Before CADTH publicly posts the reports, the manufacturer will have the opportunity to review them with redactions complete to ensure that all confidential information has been redacted.

Current and Proposed Disclosure of Key CDR Review Information

CDR Review Information	CDR Process for Disclosure	
	Current	Proposed
CDEC Final Recommendations	Disclosed ^a	No changes
CDR Clinical Review Report	Not disclosed	Disclosed ^a
CDR Pharmacoeconomic Report	Not disclosed	Disclosed ^a
Summary of Patient Group Input	Not disclosed	Disclosed ^b
Clinical submission information:		
• Manufacturer's Clinical Summary	Not disclosed ^c	No changes
• Common Technical Document	Not disclosed ^c	No changes
• Clinical Study Reports	Not disclosed ^c	No changes
Pharmacoeconomic submission information:		
• Non-confidential Price	Disclosed	No changes
• Confidential Price	Not disclosed	No changes
• Pharmacoeconomic model	Not disclosed	No changes
• Budget Impact Analyses	Not disclosed	No changes
Additional submission information:		
• Market research	Not disclosed	No changes
• Manufacturing process	Not disclosed	No changes
Comments on the draft reports:		
• Manufacturer's comments	Not disclosed	No changes
• CADTH's response	Not disclosed	No changes

CADTH = Canadian Agency for Drugs and Technologies in Health; CDR = Common Drug Review; CDEC = Canadian Drug Expert Committee).

^a Confidential information will be redacted as described in the CDR Confidentiality Guidelines.

^b Refers only to the Summary of Patient Group Input that is incorporated into the CDR Clinical Review Report.

^c Relevant information from the manufacturer's submission materials (e.g., Clinical Study Reports or Common Technical Documents) are often incorporated into the CDR Clinical and Pharmacoeconomic Review Reports. Manufacturers will have the option of requesting redaction of this material, as per the CDR Confidentiality Guidelines.

Confidential Information in the CDR Reviews

CADTH has developed Confidentiality Guidelines to ensure the confidential information obtained for the purpose of the CDR process is protected. The Confidentiality Guidelines are described in detail in the Procedure for Common Drug Review. The Confidentiality Guidelines will be updated to reflect the posting of CDR review reports. If the manufacturer requests that the confidential information be redacted from the CDR Clinical and Pharmacoeconomic Review Reports, CADTH will redact the confidential information and will indicate: that the manufacturer requested that the confidential information be deleted, pursuant to the CDR Confidentiality Guidelines. CADTH will describe the quantity of information that was redacted and will provide a general description of the type of information (e.g., Confidential Price, unpublished

study results, etc.) that was redacted. If the confidential information is mentioned in any public document, CADTH may make reference to the name of that document or other relevant information.

Implementation of Posting CDR Clinical and Pharmacoeconomic Review Reports

Implementation of this change is targeted for April 1, 2013. CDR Clinical and Pharmacoeconomic Review Reports will be posted for all CDR submissions (including requests for advice) and resubmissions that are submitted to CADTH on or after April 1, 2013.

CDR Update — Issue 85 (January 18, 2013)

Clarifications and changes to the Procedure for Common Drug Review and the Common Drug Review Submission Guidelines for Manufacturers

Effective Date for Changes

Changes to both documents become effective immediately. Manufacturers currently preparing submissions should follow the new requirements, if possible.

Changes to Procedure for Common Drug Review

Portions of the *Procedure for Common Drug Review (CDR)* have been clarified and the changes announced in *CDR Update — Issue 83* have been incorporated. While minor changes have been made throughout the document, the table below outlines the significant revisions.

Procedure for Common Drug Review

Change	Location
As announced in <i>CDR Update — Issue 83</i> , new parenteral products/formulations are not considered line extensions of one another as they have different routes of administration.	Section 1.1.2(a)
As announced in <i>CDR Update — Issue 83</i> , priority review criteria have been removed for Pre-Notice of Compliance (NOC) submissions. Pre-NOC submissions may be filed within 90 calendar days of anticipated NOC or NOC/c (NOC with conditions). Pre-NOC submissions are assigned to the review queue with regular submissions.	Section 1.1.2(a) Section 1.1.6 Section 4
As announced in <i>CDR Update — Issue 83</i> , manufacturers are asked to provide 20 business days of advance notification for pending submissions to allow additional time for patient group input. A copy of the product monograph is requested to facilitate patient group input.	Section 2.1
Manufacturers have shortened time frames (three business days) for providing comments on CDR review reports and are limited to three pages. CDR reviewers have three business days to reply to manufacturer comments for: <ul style="list-style-type: none">a submission or resubmission that has been granted Post-NOC priority review status and the manufacturer has been offered and chosen the shortened time frames to review and submit written comments about the reports to CADTHCombination product (funded components) submissionResubmission based on new cost informationRequest for advice.	Section 7.2 Section 7.3
The <i>CDR Overview</i> is discontinued.	Former Section 7.5
As announced in <i>CDR Update — Issue 83</i> , the Canadian Drug Expert Committee (CDEC) meeting and deliberative framework has been described in greater detail. CDEC recommendation options are described.	Section 8
The Record of Advice will be posted whether or not there is a change to a recommendation.	Section 8.4.4
CDEC may make a recommendation on reconsideration on grounds that are unrelated to the request for reconsideration (clarification).	Section 8.6.3
CADTH will dispose of all extra copies of submissions or resubmissions by confidential shredding. Extra copies will no longer be returned to the manufacturer.	Section 10.3

Changes to CDR Submission Guidelines for Manufacturers

Portions of the *CDR Submission Guidelines for Manufacturers* have been clarified and the changes announced in *CDR Update — Issue 83* have been incorporated. While minor changes have been made throughout the document, the table below outlines the significant revisions.

CDR Submission Guidelines for Manufacturers

Change	Location
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As announced in <i>CDR Update — Issue 83</i> , new parenteral products/formulations are not considered line extensions of one another as they have different routes of administration.	Section 4.1.2
As announced in <i>CDR Update — Issue 83</i> , priority review criteria have been removed for Pre-NOC submissions. Pre-NOC submissions may be filed within 90 calendar days of the anticipated NOC or NOC/c. Pre-NOC submissions are considered with regular submissions for assignment to the review queue. Budget impact analyses are a Category 2 requirement only.	Section 4.1.2 Section 4.1.5 Section 4.3
As announced in <i>CDR Update — Issue 83</i> , appropriate pharmacoeconomic evaluations must be undertaken for the full population that is identified in the approved Health Canada indication. If there are subgroups that may benefit from the drug or specific reimbursement criteria, requested by the manufacturer, additional analyses should be provided. (Effective February 1, 2013)	Section 4.2 (g) Section 4.3 (h) Section 5.2 (g)
Manufacturers should contact CADTH in advance when they are using specialized programs for economic modelling.	Section 4.2 (g) Section 4.3 (h) Section 5.2 (g)
Contact information for some participating drug plans and requirements are changed.	Appendix 1

CDR Update — Issue 86 (March 22, 2013)

Temporary Hold on Pre-Submission Meetings

Due to recent changes, the Canadian Agency for Drugs and Technologies in Health (CADTH) is placing a temporary hold on the scheduling of pre-submission meetings. Issues or questions regarding upcoming submissions or the CDR process in general can be made in writing to requests@cadth.ca. CADTH will respond to inquiries, in writing, as quickly as possible. Reinstatement of pre-submission meetings will occur in the near future and this will be communicated through a future *CDR Update*.

Queuing of Submissions for Review through CDR

CDR is currently experiencing a higher than projected volume of new Submissions. As a result, several of the new Submissions will be scheduled for a later Canadian Drug Expert Committee (CDEC) meeting agenda than the posted target CDEC meeting date (i.e., they will be queued). The affected manufacturer(s) will be notified and the Submission Status Reports on the CADTH website will be updated to reflect the new target CDEC meeting date.

Typically, CDR and CDEC can accommodate a total of three to four new Submissions or Resubmissions per CDEC meeting. Even if a Submission or Resubmission is received before the cut-off date that targets a specific CDEC meeting (posted on the CADTH website), in times of peak activity, the Submission or Resubmission may be queued.

Submissions are generally processed in the order received (first-come, first-served basis) and are placed on the CDEC agenda in accordance with the order of review described below. However, in the event that multiple regular Submissions for New Drugs, Pre-NOC Submissions, New Combination Products containing a New Active Substance, and Drugs with New Indications) are received at the same time, CADTH may consider other factors, including the volume or complexity of material to be reviewed and the availability of required resources, to determine the order of review for these Submissions. Post-NOC Priority Reviews, Reconsiderations, Drug Plan Requests for Clarification, and Resubmissions based on a Reduced Price during the Embargo Period are not generally queued. CADTH will review the Submissions in accordance with the timeframes associated with the new targeted CDEC meeting date, as posted in the Submission Status Reports on the CADTH website.

The order of placement of reviews on the CDEC agenda is as follows:

- Submissions or Resubmissions that are granted a Post-NOC Priority Review status
- Reconsiderations, Drug Plan Requests for Clarification, Resubmissions based on a Reduced Price during the Embargo Period Formulary Working Group or Drug Plan-Initiated Requests for Advice or Drug-related reviews
- Regular Submissions for New Drugs, New Combination Products containing a New Active Substance, Drugs with New Indications, Pre-NOC Submissions
- New Combination Products containing existing Drugs or New Drugs that are structurally very similar to existing Drugs and that largely duplicate the action of the existing Drugs, including Combination Products (Funded Components)
- Resubmissions.

Please note that the order of review noted above has been updated and differs from the order noted in the current version of the *Procedure for Common Drug Review*. CADTH will implement these changes effective immediately and will subsequently incorporate them into an updated version of the *Procedure for Common Drug Review*.

CDR Update — Issue 87 (March 28, 2013)

Procedure for Posting CDR Clinical and Pharmacoeconomic Reviews on the CADTH Website

Posting CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website —effective for all Submissions and Resubmissions received on or after April 1, 2013:

The Canadian Agency for Drugs and Technologies in Health (CADTH) invited stakeholder comments and feedback on the *Proposed Approach for Posting the Common Drug Review (CDR) Clinical and Pharmacoeconomic Review Reports on the CADTH website* (CDR Update 84, posted in December 2012). CADTH would like to thank all stakeholders who responded to the consultation. Feedback was received from drug manufacturers, industry advocacy groups, and patient advocacy groups. CADTH has reviewed and considered all stakeholder feedback and has finalized the procedure for posting CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website (details are provided below).

CADTH will be implementing these changes effective on April 1, 2013 and will subsequently incorporate them into the *Procedure for Common Drug Review* and *CDR Confidentiality Guidelines* documents.

Procedure Changes

CADTH will publish the CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website for all CDR Submissions (i.e., all Submissions and Resubmissions for New Drugs, Pre-NOC [notice of compliance] Submissions; New Combination Products; Drugs with New Indications; Formulary Working Group or Drug Plan-initiated Drug-related reviews; or Requests for Advice) received on or after April 1, 2013. This procedural change will allow public access to the CDR Clinical and Pharmacoeconomic Review Reports that were provided to the Canadian Drug Expert Committee (CDEC) members for their deliberations.

- Manufacturers will be responsible for the identification of any confidential information in the CDR Clinical and Pharmacoeconomic Review Reports and for submitting requests for redaction (see Table 1) before these reports are published on the CADTH website.
- All requests for redaction must be accompanied by clearly stated rationale.
- At the same time as Manufacturers are asked to provide comments on the draft CDR Clinical and Pharmacoeconomic Review Reports, they will be asked to identify any confidential information and submit a request for redaction (see Table 2 for timelines).
- Although Manufacturers must provide comments on the CDR reports within the time frames described in the *Procedure for Common Drug Review* (January 2013), (that is no change to the original comment period); they will have an additional three business days to identify the confidential information and submit a request for redaction (see Table 2).
- CADTH staff will redact confidential information from Clinical and Pharmacoeconomic Review Reports, based on the *Request for Redaction of Confidential Information from the Clinical and Pharmacoeconomic Review Reports* forms completed by the Manufacturer. A summary of information that is disclosed can be found in Table 3.
- The Manufacturers will be sent the reports with redactions at the same time as they are sent the confidential embargoed CDEC recommendation. At this point, the Manufacturer will have 10 business days to review and confirm the redactions.
- The CDR Clinical and Pharmacoeconomic Review Reports will generally be posted at the same time as the Final CDEC Recommendation is posted on the CADTH website.
- CADTH may elect to update a previously posted report should the redacted information become available in the public domain.

Note: The CDEC members will continue to receive and consider all material provided in CDR Clinical and Pharmacoeconomic Review Reports, including confidential information, for their deliberations. In the case of a disagreement expressed by the Manufacturer regarding redactions in the CDR Reports, CADTH may require additional time to resolve the disagreement in consultation with the Manufacturer. This additional time could delay publication of the CDR Clinical and Pharmacoeconomic Review Reports; however, any such delays will not affect the timelines for issuing Final CDEC Recommendations.

Table 1: Request for Redaction of Confidential Information from the CDR Clinical and Pharmacoeconomic Review Reports

Drug Under Review	
Drug Name:	Generic Name (Brand Name)
Manufacturer:	

Date:	Day/Month/Year
Submitted Price	
Confidential ^a	Not Confidential
Information to be Removed	
Please specify the report, the page number, and the exact wording	Please provide the rationale for removing information

CDR = Common Drug Review.

^a If the submitted price is confidential, please use the next section of this table to specify the location of the price in the reports. Confidential submitted prices will be redacted from CDR Clinical and Pharmacoeconomic Review Reports; however, the outputs of economic models (e.g., incremental cost-effectiveness ratios) will not be redacted as they are not considered confidential by CADTH.

^b Please ensure that information requested for redaction is not available in the public domain, including regulatory websites (e.g., United States Food and Drug Administration, Health Canada, the European Medicines Agency).

Table 2: Time Allotted for Reviewing and Redacting CDR Reports

Submission Type	Time Allotted for Manufacturers (Business Days)		
	Time for Manufacturer's Comments on CDR Reports ^a	Additional Time to Identify Confidential Material	Total Time Available for Identifying Confidential Material
Regular Submission	7	3	10
Post-NOC Priority Review ^b	3	3	6
Combination Product (Funded Components)	3	3	6
Resubmission Based on New Cost Information	3	3	6
Request for Advice	3	3	6

CDR = Common Drug Review; NOC = notice of compliance.

^a Please note that there is no change to the time allotted for Manufacturer's to submit written comments on the CDR Clinical and Pharmacoeconomic Review Reports. Comments must be submitted in accordance with the current *Procedure for Common Drug Review* (January 2013).

^b Occurs when a Manufacturer has been offered and chosen the shortened time frame of three business days instead of seven.

Table 3: Past and Current Disclosure of Key CDR Review Information

CDR Review Information	CDR Process for Disclosure	
	Past	Current
CADTH Reports		
CDEC Final Recommendations	Disclosed	No changes
CDR Clinical Review Report	Not disclosed	Disclosed
CDR Pharmacoeconomic Report	Not disclosed	Disclosed
Summary of Patient Group Input	Not disclosed	Disclosed ^b
Manufacturer's comments on draft reports and CADTH responses	Not disclosed	No changes
Clinical Submission Information		
Manufacturer's Clinical Summary	Not disclosed	No changes
Common Technical Document	Not disclosed	No changes
Clinical Study Reports	Not disclosed	No changes
Pharmacoeconomic Submission Information		
Non-confidential Price	Disclosed	No changes
Confidential Price	Not disclosed	No changes
Outputs from economic models	Disclosed	Disclosed
Pharmacoeconomic model	Not disclosed	No changes
Budget Impact Analyses	Not disclosed	No changes
Additional Submission Information:		
Market research data	Not disclosed	No changes
Manufacturing processes	Not disclosed	No changes

CADTH = Canadian Agency for Drugs and Technologies in Health; CDR = Common Drug Review; CDEC = Canadian Drug Expert Committee.

^a CADTH will be implementing these changes effective on April 1, 2013 and will subsequently incorporate them into the *Procedure for Common Drug Review* and *CDR Confidentiality Guidelines* documents.

^b Refers only to the Summary of Patient Group Input that is incorporated into the CDR Clinical Review Report.

CDR Update — Issue 88 (May 16, 2013)

Reinstatement of Pre-Submission Meetings

Effective immediately, the Canadian Agency for Drugs and Technologies in Health (CADTH) is reinstating the scheduling of pre-submission meetings. CADTH had placed a temporary hold on pre-submission meetings in March 2013 (*CDR Update 86*). All manufacturers who had a pre-submission meeting scheduled and were affected by the temporary hold will be contacted by CADTH to inquire about rescheduling.

To request a pre-submission meeting, please send an email to meetingrequests@cadth.ca or call 613-226-2553. For more information about pre-submission meetings, please consult the *Pre-submission Guidance* on the CADTH website.

Update to CDR Procedures for Category 2 Requirements

Effective immediately, incomplete Category 2 requirements will not preclude CDR reviews from being placed on the agenda for the targeted CDEC meeting; however, the *CDEC Final Recommendation* will not be issued until all Category 2 requirements are complete. For more information regarding Category 2 requirements, please see the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013).

CDR Update — Issue 89 (July 26, 2013)

Inclusion of Patient Input Summaries in Posted Common Drug Review Clinical Review Reports

Patient group input summaries will be included in posted Common Drug Review (CDR) Clinical Review Reports. As announced in *CDR Update — Issue 87*, the Canadian Agency for Drugs and Technologies in Health (CADTH) will be publishing the CDR Clinical and Pharmacoeconomic Review Reports on the CADTH website for all CDR submissions received on or after April 1, 2013. This procedural change will allow public access to the CDR Clinical and Pharmacoeconomic Review Reports, including the patient input summaries, that are used by Canadian Drug Expert Committee (CDEC) members in their deliberations that lead to formulary listing recommendations for the publicly funded drug plans.

Opportunity for Patient Groups to Provide Comments on Patient Input Summaries

Beginning with drug submissions that CADTH has received on April 1, 2013 and later, patient groups will be invited to comment on the summaries of patient group input. The patient input summaries represent all patient group input that has been received and collated by CADTH staff for the drug under review. Generally the summaries are two pages in length. Each of the patient groups that have submitted patient input will be offered the opportunity to review and comment on the summary before it is incorporated into the CDR Clinical Review Report and before it is shared with CDEC to use in its deliberations. The original patient input submissions, in their entirety, will continue to be shared with CDR reviewers, CDEC, and drug plans.

Patient groups will have five business days to comment on the summary. Patient groups will not be able to add new information to the summary and they will be invited to comment **only** on the approximately two-page summary. Patient groups will be asked:

- to comment on whether the summary reflects the main issues and outcomes of concern to their group
- to ensure that all personal information that could identify any patient is removed.

All patient groups that have provided patient input for submissions received on April 1, 2013 and later will be contacted directly to review and comment on summaries that have been prepared by CADTH staff but have not yet been shared for use by CDEC in its deliberations.

Request for Feedback on Posting Patient Input Submissions

CADTH is requesting your feedback on its proposal to post patient input submissions in their entirety on its website, **beginning with CDR drug submissions received on October 2, 2013 and later**. The proposed process for posting original patient input submissions is as follows:

- All patient input submissions that are received will be posted. This will include patient input provided for CDR drug submissions received on **October 2, 2013** and later, including patient input received from individual patients and caregivers as part of the pilot project described in Section 4 below.
- No private information that can identify patients (e.g., names and also cities and ages if their inclusion can identify patients) is to be included in the patient input submission.
- The name of the submitting patient group and all conflict of interest information will be posted as part of the original patient group submission; however, the name of the author, including the name of an individual patient or caregiver submitting patient input, will not be posted.
- The patient input must be submitted in Microsoft Word in a ready-to-publish format. The template on the CADTH website is to be used. CADTH will use reasonable care to prevent the disclosure of private information in the posted material and will format the submission for posting if necessary. CADTH will not edit or copy-edit the submitted patient input information, but will remove any information that can identify patients.
- The patient input submissions will be posted at the same time as the CDR Clinical and Pharmacoeconomic Reports are posted.

Your Comments or Feedback on Posting Patient Input Submissions (in their entirety)

Please email your feedback by **August 30, 2013** to feedback@cadth.ca. All feedback will be considered in finalizing CADTH's process for posting the original patient input.

How to submit your comments or feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.

- Feedback should be provided in a Microsoft Word document using a minimum of an 11-point font. The maximum length of feedback is two pages.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Pilot Process for Receiving Patient Input Submissions from Individual Patients and Caregivers (runs until August 1, 2014)

CADTH has implemented a pilot process for receiving patient input submissions from individual patients and caregivers. Effective immediately, CADTH will accept patient input from individual patients or caregivers when there is no patient group or related patient group representing patients with a condition for which a drug under review is indicated. Please note that individual patient or caregiver input will not be accepted in cases where organized patient group(s) representing the particular condition exist. In these cases, individual patients or caregivers who wish to provide input are encouraged to work with a patient group to have that group include the information in its submission. This pilot process will continue until August 1, 2014 when it will be assessed. Individual patients and caregivers who wish to submit patient input and require more information should contact CADTH by telephone at 613-226-2553 ext. 1230 or by email at requests@cadth.ca.

The process to submit input by individual patients and caregivers will be essentially the same as for patient groups.

- The individual patient or caregiver will download and complete a template, Template for Submitting Individual Patient or Caregiver Input to the Common Drug Review at CADTH, available on CADTH's website.
- The individual patient or caregiver will be required to identify him or herself and provide conflict of interest information, including whether any assistance was provided in preparing the submission. The name of the author will not be made publicly available.
- Individual patients and caregivers will have 15 business days to provide input. More time will be available when manufacturers give advance notification of pending submissions. In those cases, up to 35 business days may be available for patients or caregivers to offer input. The patient input for the drug must be submitted by the deadline date posted on the Patient Input page of the CADTH website.
- Patient input must be provided, succinctly and clearly, in English in a ready-to-publish format.
- Submissions must be in Microsoft Word format, using a minimum of an 11-point font. They should not exceed six typed pages (approximately 3,500 words). The instructions and examples under each heading in the template may be deleted.
- The completed template should be submitted either by: using the Submit link in the table on the Patient Input on the CADTH website for the drug of interest (the recommended method); or faxing the completed template to CADTH at 613-226-5392.
- All patient input received from individual patients and caregivers will be collated and summarized by CADTH staff.
- All individual patients and caregivers who have submitted patient input will be asked to comment on whether the summary created reflects their main issues and concerns.
- Individual patients and caregivers will have up to five business days to comment on the summary.
- The summary will be incorporated into the Common Drug Review (CDR) Clinical Review Report, which will be shared with the Canadian Drug Expert Committee (CDEC) to use in its deliberations.
- CADTH will use reasonable care to prevent the disclosure of the identity of individuals or private information in publicly available documents. CADTH will not edit or copy-edit the submitted patient input information, but will remove any information that can identify patients and caregivers.

CDR Update — Issue 90 (August 16, 2013)

Common Drug Review Subsequent Entry Biologic Pilot Project Under Review

The Common Drug Review (CDR) has been receiving enquiries regarding the subsequent entry biologic (SEB) pilot project (see CDR Update — Issue 62). In fall 2009, the need for the pilot arose from the fact that SEBs are a new category of Health Canada submission with different data requirements. To date, only one CDR review has been conducted for an SEB. Further information regarding CDR submission requirements for SEBs is anticipated this fall. In the interim, manufacturers can direct written questions to requests@cadth.ca.

Queuing Common Drug Review Submissions: Frequently Asked Questions

In response to stakeholder questions, a document to provide answers to frequently asked questions (FAQ) about the queuing of CDR submissions has been posted on the FAQ web page.

CDR Update — Issue 91

CDR Update — Issue 91 (September 4, 2013)

End of Pilot Process for Filing Pre-Submission Information

Effective immediately, the Canadian Agency for Drugs and Technologies in Health (CADTH) is ending the pilot process for filing pre-submission information. As described in *CDR Update 79* and *CDR Update 75*, this pilot process was established to investigate potential efficiencies to be gained from receiving selected Common Drug Review (CDR) submission material before receiving complete submissions from manufacturers. The experience from this pilot process has been valuable and CADTH would like to thank manufacturers who participated. Please note there is no change to the process for requesting pre-submission meetings.

Updated CDR Recommendations Options — Effective September 18, 2013

In November 2012, CADTH implemented revised CDR recommendation options (*CDR Update 83*). Based on CADTH's experience thus far, a modification has been made to the “**do not list at the submitted price**” recommendation category. Specifically, this category now includes the following:

- A drug demonstrates no added clinical benefit, and the cost/cost-effectiveness relative to one or more appropriate comparators is unacceptable.
- A drug demonstrates added clinical benefit, but the cost/incremental cost-effectiveness ratio far exceeds that of existing treatment options and precludes a recommendation to list with clinical criteria and/or conditions.

At this time, none of the other recommendation categories are being modified. Additional details about each of the CDR recommendation categories are provided in the table below. These changes will be effective at the September 18, 2013 Canadian Drug Expert Committee (CDEC) meeting and will apply to new drug submissions (including requests for advice) and resubmissions. This information will subsequently be incorporated into the *Procedure for Common Drug Review* and will guide CDEC in making listing recommendations, with the recognition that CDEC will have the flexibility to adapt these guidelines on a case-by-case basis.

Description of CDEC Recommendations

Recommendation Options	Description and Considerations
List	<ul style="list-style-type: none">• A drug^a demonstrates comparable or added clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators.^b
List with clinical criteria and/or conditions	<p>Scenarios that typically fit this listing category include:</p> <ul style="list-style-type: none">• A drug^a demonstrates comparable or added clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators in a subgroup of patients within the approved indication. In such cases, the subgroup is specified through “clinical criteria.”• A drug^a demonstrates added clinical benefit, but the cost/cost-effectiveness relative to one or more appropriate comparators^b is unacceptable. In such cases, a condition may include a reduced price.• A drug^a demonstrates comparable clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators.^b In such cases, a condition may include that the drug^a be listed in a similar manner to one or more appropriate comparators. <p>Examples of clinical criteria include, but are not limited to:</p> <ul style="list-style-type: none">• characteristics that identify a patient subgroup, for example:<ul style="list-style-type: none">▪ comorbidity status▪ inadequate response to appropriate comparator(s)▪ intolerance to appropriate comparator(s)▪ inability to use appropriate comparator(s).▪ characteristics of the care setting (e.g., prescribed by or under the care of an experienced clinical team)▪ starting and stopping rules (e.g., response to treatment). <p>Examples of conditions include, but are not limited to^c:</p> <ul style="list-style-type: none">• pricing considerations• reimbursement limits (e.g., number of doses supported by clinical and cost-effectiveness evidence)• current formulary listing status of one or more appropriate comparators (i.e., if a drug under review is similar to a listed appropriate comparator[s], the condition may be to list the drug in a similar manner to the listed comparator[s]). <p>Note:</p>

Recommendation Options	Description and Considerations
	<p>The use of “and/or” in the “List with clinical criteria and/or conditions” allows for three subcategories of this listing category:</p> <ul style="list-style-type: none"> • clinical criteria and conditions • clinical criteria only • conditions only
Do not list at the submitted price	<p>Scenarios that typically fit this listing category include:</p> <ul style="list-style-type: none"> • A drug^a demonstrates no added clinical benefit and the cost/cost-effectiveness relative to one or more appropriate comparators^b is unacceptable. • A drug^a demonstrates added clinical benefit, but the cost/incremental cost-effectiveness ratio far exceeds that of existing treatment options^d and precludes a recommendation to list with clinical criteria and/or conditions. <p>Note: The “Of Note” section in the recommendation may provide additional context around price, comparator(s), patient subgroups to whom the drug might be restricted, and other relevant considerations.</p>
Do not list	<p>A scenario that typically fits this listing category includes:</p> <ul style="list-style-type: none"> • A drug^a does not demonstrate comparable clinical benefit relative to one or more appropriate comparators.^b

^a Refers to a drug under review.

^b An appropriate comparator is typically a drug listed by one or more participating drug plans for the indication under review. However, the choice of appropriate comparator(s) in the CDR reviews is made on a case-by-case basis.

^c Although not listed as conditions, evidence gaps and the need for evidence development may be highlighted in the CDEC recommendation document as appropriate.

^d Existing treatment options may include best supportive care.

CDR Update — Issue 92 (September 16, 2013)

Common Drug Review Consultation — Subsequent Entry Biologics

The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting stakeholder comments and feedback on the establishment of a Common Drug Review (CDR) procedure and process for reviewing subsequent entry biologics (SEBs).

Please email your feedback by **October 7, 2013 (15 business days)** to feedback@cadth.ca. All feedback will be considered by CADTH. How to submit your feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback is three pages.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Background

SEBs should be submitted to CDR in accordance with the *CDR Submission Guidelines for Manufacturers* for new drug submissions. A CDR review of SEBs is required because these products are not analogous to generic drugs and according to Health Canada, “*Authorization of an SEB is not a declaration of pharmaceutical or therapeutic equivalence to the reference biologic drug.*” In addition, there is considerable uncertainty regarding the cost-effectiveness of SEBs relative to the reference products.

Since the CDR’s SEB pilot process was introduced in fall 2009 (see *CDR Update — Issue 62*), only one SEB was approved by Health Canada, and thus only one submission was received during the past four years. CADTH anticipates that a number of new SEBs will be reviewed by Health Canada and marketed in the near future. It is also anticipated that SEBs will be reviewed by Health Canada for multiple indications. In addition, CADTH has recently received a number of inquiries from stakeholders regarding possible CDR submissions for SEBs, including the following questions:

- What is the current status of the CADTH’s SEB pilot project?
- Does CADTH anticipate making changes to the CDR procedure and/or CDR submission requirements for SEBs?
- If so, when would these changes be implemented?
- For an SEB with multiple indications, are separate CDR submissions required for each indication or is one CDR submission encompassing all indications acceptable?
- How does the CDR submission process for an SEB differ from the submission process for other drugs?

In light of the queries above, CADTH recognizes the need to establish a standardized procedure and process before undertaking further reviews of SEBs. To facilitate the development of these, CADTH is consulting with CDR-participating drug plans and is also inviting feedback from other stakeholders. Stakeholders are requested to note the following considerations when providing feedback.

Issues for Consideration

1. Pros and cons of the following two alternative submission procedures to address cases where an SEB has approval for multiple indications[a]: separate CDR submission for each approved indication single CDR submission for all approved indications.
2. The use of a tailored CDR review[b] for SEBs: Regulatory approval of SEBs relies in part on comparative and historical information for a product already approved based on a complete data package (i.e., a reference product[c]). Given this aspect of the regulatory approval pathway for SEBs, CADTH will consider the relative merit of conducting a tailored CDR review versus a comprehensive review for SEBs. The decision to conduct a tailored review would be made on a case-by-case basis and would involve the following considerations:
 - The number of indications and the similarity of different indications. Indications that have been approved based on extrapolation[d] of clinical data.
 - Whether an existing CDR review of the reference product for the same indication(s) is available.

- Formulary listing status of the reference product for the indication(s) under consideration in the CDR review. The use of a reference product that is not marketed in Canada.
3. The critical elements that need to be included in a CDR submission for an SEB for each of the following:
 - pharmacokinetic and pharmacodynamic data clinical data (e.g., safety and efficacy studies) pharmacoeconomic data
 - Cost-minimization analyses would likely be sufficient in the majority of scenarios for SEBs; however, cost-utility analyses may be required in some cases (e.g., indications for which no health technology assessment has been conducted by CDR and/or CDR- participating drug plans for the reference product).
 4. CADTH considers the issue of interchangeability and substitutability of SEBs to be an implementation issue that is best addressed by the CDR- participating drugs plans.
 - a) Regardless of the number of CDR submissions received for an SEB with multiple indications, CADTH may choose to issue separate recommendations for each indication.
 - b) A tailored review for SEBs would involve the manufacturer completing a template to provide key data regarding the pharmacology, safety, efficacy, and, pharmacoeconomics for the drug under review. An example of a CDR tailored review is the one that is currently used for submissions for new combination products (funded components). Please see Appendix 16 of the *Common Drug Review Submission Guidelines for Manufacturers* for complete details of the template. A template would be developed for SEBs.
 - c) A reference product is a biologic drug that was authorized on the basis of a complete quality, non-clinical, and clinical data package, to which an SEB is compared in studies to demonstrate similarity. In appropriate circumstances, a biologic drug that is not authorized for sale in Canada may be used as a reference biologic drug. Please see Guidance for Sponsors: Information and Submission Requirements for Subsequent Entry Biologics (SEBs). Ottawa: Health Canada; 2010 Mar. 5. Available from: http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/brgtherap/applic-demanded/guides/seb-pbu/seb-pbu-2010-eng.pdf
 - d) Regulators have indicated that it may be possible to extrapolate clinical data to other indications where rationales are sufficiently persuasive.

CDR Update — Issue 93 (October 7, 2013)

Hard Copy Category 1 CDR Submission Requirements Discontinued — Effective October 9, 2013

As part of the Canadian Agency for Drugs and Technologies in Health (CADTH) initiative to establish a Common Drug Review (CDR) submission and review process that is based on electronic documents, manufacturers will no longer be required to provide hard copies of Category 1 CDR submission requirements.

Effective for all CDR submissions received by CADTH on or after October 9, 2013, manufacturers will no longer be required to submit Category 1 CDR submission requirements in hard copy. Please note that this change to hard copy requirement does *not* affect the manner in which complete submissions are to be sent to CDR-participating drug plans in accordance with Appendix 1 of the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013).

CDR Submission Requirement	Hard Copy or Electronic Format CDR Submission Requirements	
	Current	Effective October 9, 2013
Category 1 submission requirements to CADTH	Hard copy and electronic copy as indicated in <i>CDR Submission Guidelines for Manufacturers</i> (January 2013)	Electronic copy only as indicated in <i>CDR Submission Guidelines for Manufacturers</i> (January 2013)
Category 1 CDR submission requirements to CDR-participating drug plans	As indicated in Appendix 1 of <i>CDR Submission Guidelines for Manufacturers</i> (January 2013)	No change
Category 2 CDR submission requirements to CADTH	Electronic copy as specified in <i>CDR Submission Guidelines for Manufacturers</i> (January 2013)	No change
Category 2 CDR submission requirements to CDR-participating drug plans	As indicated in Appendix 1 of <i>CDR Submission Guidelines for Manufacturers</i> (January 2013)	No change

Reference to hard copy Category 1 submission requirements throughout the *Common Drug Review Submission Guidelines for Manufacturers* as well as the *Procedure for Common Drug Review* documents will be removed with the next revisions of these documents. Sections 4.1.3 and 4.1.4 of the *Common Drug Review Submission Guidelines for Manufacturers* are updated as follows, and will be incorporated into the next revision of the submission guidelines document. In the interim, any questions should be directed to requests@cadth.ca.

Filing of Submissions

- Submissions or Resubmissions — with the exception of resubmissions based on a reduced price during the embargo period, which may be submitted by email — must be delivered to CADTH by mail or courier (Appendix 4). Submissions cannot be filed electronically at this time. When initially filing a submission, the manufacturer should deliver only one complete electronic copy of the Category 1 submission requirements to CADTH on CD, DVD, or memory stick with all of the submission requirements included (see Appendix 7F detailing specifications for electronic file format). (Note: Three additional CDs containing copies of the economic model in executable format are also required as part of the initial submission.) The manufacturer should wait until the submission has been deemed complete by CADTH before submitting the required number of electronic copies to CADTH as described in section 4.1.4.
- When filing Category 2 submission requirements, the manufacturer should deliver one complete copy to CADTH in electronic format (CD, DVD, or memory stick), as specified in Appendix 7F.
- When both Category 1 and 2 Submission Requirements have been deemed complete, the manufacturer should provide copies to the participating drug plans as described in Appendix 1.

Screening of Submission for Completeness; Required Number of Copies

An initial screening of the submission is conducted by CADTH within five days of receipt to ensure that it is complete. CADTH verifies whether the submission is complete in accordance with the *Common Drug Review Submission Guidelines for Manufacturers*.

If the submission is incomplete, CADTH sends a notice to the manufacturer advising what information is needed to complete the submission. When the Category 1 requirements in the Manufacturer's Submission are deemed complete, CADTH sends an acknowledgement to the manufacturer and advises the participating drug plans. Upon receipt of the acknowledgement, the manufacturer must ensure that CADTH is provided with:

five additional (for a total of six) complete copies of the Category 1 submission requirements in electronic format on CD, DVD, or memory stick using the folder structure as specified in Appendix 7F. (CADTH may request additional copies if

required.) (Note: No further copies of the economic model in executable format that were submitted as part of the initial submission are required.)

(Note: Only one complete set of the Category 2 Submission Requirements is required by CADTH in electronic format on CD, DVD, or memory stick. No additional copies are required by CADTH after the Category 2 requirements have been deemed complete.)

When both Category 1 and Category 2 requirements have been deemed complete, CADTH sends an acknowledgement to the manufacturer and advises the participating drug plans. Upon receipt of the acknowledgement, the manufacturer must ensure that each drug plan is provided with one or more copies of the submission, or part of it, as directed by the drug plans (Appendix 1).

CDR Update — Issue 94 (October 11, 2013)

CADTH Consultation - Drugs for Rare Diseases

Purpose: To date, the Canadian Agency for Drugs and Technologies in Health (CADTH) has assessed a small number of drugs for rare diseases (DRDs) through the CADTH Common Drug Review (CDR) process. It has recently been formally given the mandate by its federal, provincial, and territorial (F/P/T) funders to review DRDs^a and provide advice and/or recommendations. CADTH is inviting stakeholder comments and feedback on the future direction of a formulary review procedure and process for DRDs.

Deadline for feedback: Please email your feedback by November 4, 2013 (15 business days) to feedback@cadth.ca. All feedback will be considered by CADTH.

How to submit your feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback is three pages per response.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Background: DRDs are small molecule drugs or biologics used to treat rare diseases. These products are referred to as “orphan drugs” by Health Canada, the European Medicines Agency (EMA), and the United States Food and Drug Administration (FDA). Health Canada defines rare diseases as “*life-threatening, seriously debilitating, or serious chronic conditions that only affects a very small number of patients (typically less than 5 in 10,000 persons)*”.^b Please refer to CADTH’s recently published environmental scan, *Drugs for Rare Diseases — Evolving Trends in Regulatory and Health Technology Assessment Perspectives*, for additional background on the topic of DRDs. The environmental scan addresses the following questions:

A – DRD Regulatory Trends for Key Regulators (US FDA, EMA, Health Canada)

- What has been the trend for orphan drug designation and approvals in the US since the institution of the 1983 US FDA Orphan Drug Act?
- What has been the trend for orphan drug designation and approvals by the EMA since the establishment of the regulation on orphan medicinal products?
- What is the status of an orphan drug regulatory framework in Canada?

B – Biopharmaceutical industry pipeline for DRD

- How is the DRD pipeline evolving?
- What is the current and predicted market volume of DRDs, and their financial impact?

C – Health technology assessment reimbursement frameworks for DRD

- How are health technology assessment (HTA) and reimbursement perspectives evolving in the DRD evaluation area? (i.e., are DRD-specific evaluation frameworks utilized, and is cost effectiveness a mandatory consideration?)
- Do any of Canada’s publicly funded drug plans use a DRD-specific evaluation framework?

Due to the rarity of the conditions for which DRDs are indicated, the clinical evidence available for these agents is relatively sparse compared with drugs used in the treatment of more common conditions. In addition, these agents are typically more expensive when compared with drugs used in the treatment of more common conditions. The combination of limited clinical data and the high cost of DRDs present challenges for health technology assessment and the decision-makers for Canadian public drug plans.

It is anticipated that the number of DRDs receiving Canadian regulatory approval will increase in the near future. The Canadian publicly funded drug plans require evidence-based advice and recommendations to determine the appropriate

listing decisions for these agents. Currently, CADTH assesses DRDs under the same procedures and processes it uses to review drugs for relatively more common diseases. CADTH recognizes the need to consider if this is appropriate and what, if any, changes it needs to make for the future. To facilitate the development of these, CADTH is consulting with drug plans and is also inviting feedback from other stakeholders, including but not limited to organized patient groups, patients, biopharmaceutical industry, clinical experts, and the public.

While CADTH encourages open feedback, stakeholders are requested to note the following considerations when providing feedback.

Considerations: Submission process

- The current definitions of a “rare disease” differ between regulatory authorities and payers.
- The important characteristics of a DRD review include the rarity and severity of the condition, the level of the available clinical evidence, and the cost/cost-effectiveness of the treatment.

Pharmacoeconomic Evidence

- CADTH considers pharmacoeconomic analyses to be a critical component of all drug reviews, including reviews of DRDs. DRDs are often considerably more expensive than drugs for more common conditions.
- The pharmacoeconomic evaluation of DRDs is often more challenging than conventional drugs due to the absence of robust clinical data and uncertainty regarding the natural history of disease.
- There are different opinions regarding the appropriate type of pharmacoeconomic analysis required for DRDs. There is considerable uncertainty regarding the estimates of the cost-effectiveness of DRDs.

Clinical Evidence and Expert Engagement

- The clinical evidence for DRDs is often limited by a lack of randomized controlled trials, small sample sizes, short duration of follow-up, use of surrogate end points, and limited understanding of the natural history of disease.
- There may be a need for enhanced clinical expert involvement in a formulary review process for DRDs. This could include an expanded role in the evidence review phase and increased interaction with the review committee.
- The recruitment of multiple clinical experts for each DRD review could be challenging due to the paucity of experts whose conflicts of interest could be managed in a reasonable manner.

Patient Engagement

Patient input and engagement is valuable for DRD reviews, and CADTH continues to explore ways to improve and enhance patient engagement.

Recommendations Framework

The current recommendation framework^c used by CDEC is flexible and can be adapted to address scenarios involving DRDs.

Next Steps: The final decision regarding a formulary review process for DRDs will be made after careful assessment of the stakeholder feedback resulting from this consultation. In addition to the considerations noted above, important factors in this decision include the following: the anticipated volume of DRD submissions in the short and long-term, the availability of CADTH resources, and budgetary considerations. CADTH may decide to further engage stakeholders before a final decision is made. A decision is anticipated by end of the current fiscal year (i.e., March 31, 2014). Until then, all DRDs will continue to be reviewed through the current CDR process.

^a Submissions for oncology drugs used for the active treatment of cancer, including those that could be considered to be DRDs, should be filed with the pan-Canadian Oncology Drug Review.

^b An orphan drug framework for Canada. Ottawa: Health Canada; 2012.

^c Please see *CDR Update — Issue 91* for details regarding the recommendation framework currently used in the Common Drug Review process.

CDR Update — Issue 95 (October 18, 2013)

Number of CDR Submissions Reviewed per CDEC Meeting Revised — Effective January 15, 2014

Due to the continuing high volume of Common Drug Review (CDR) submissions received by the Canadian Agency for Drugs and Technologies in Health (CADTH), effective with the January 15, 2014 Canadian Drug Expert Committee (CDEC) meeting, the number of submissions or resubmissions that can typically be considered at each CDEC meeting will be two to four. This figure is revised from the previously three to four submissions as indicated in CDR Update — Issue 86. CDR's annual business targets, fixed budget, and resource limitations affect the number of submissions that can be considered at each CDEC meeting. Please refer to the *Queuing Common Drug Review Submissions: Frequently Asked Questions* document for further information about the queuing of CDR submissions.

Patient Input Invitations for CDR Submissions Delayed — Effective October 18, 2013

For CDR submissions received on or after October 18, 2013, CADTH is delaying invitations for patient input. Currently, CADTH is queuing the review of drug submissions to CDR. This means that the initiation of the review for queued submissions is delayed until further notice.

As soon as CADTH anticipates being able to initiate the review of a queued submission within 35 business days, it will post the invitation for patient input on its website and send out an

E-Alert and tweet to subscribers. Patient groups will have up to 35 business days to provide input when notified of the invitation to provide patient input. The patient input summary will be forwarded to patient groups that provided input, to review and provide comments, as soon as the summary is available.

Patient input provided to CADTH before October 18, 2013 for queued CDR submissions will be summarized and forwarded to the patient groups that provided the input for the respective drug submissions as soon as the summaries are available. Patient groups will have five business days to review each summary and provide comments as per the process described in CDR Update — Issue 89.

For information about CDR submission queuing, please refer to the *Queuing Common Drug Review Submissions: Frequently Asked Questions* document.

CDR Update — Issue 96 (November 15, 2013)

CDR Post-NOC Priority Review Procedure Discontinued – Effective Immediately

In accordance with the current *Procedure for Common Drug Review* (January 2013) and the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013), manufacturers may request a post-Notice of Compliance (NOC) priority review when they file a submission or resubmission for a new drug or a drug with a new indication if they believe the product demonstrates one of the following criteria:

- “the New Drug or Drug with a New Indication is effective for the treatment of an immediately life-threatening disease or other serious disease for which it offers substantial improvements in clinically important outcome measures of effectiveness, safety, tolerability, and/or quality of life compared with other available therapies in Canada, or for which no comparable Drug is marketed in Canada; or
- the New Drug or a Drug with a New Indication will have a significant impact in reducing the Drug expenditures of the Drug Plans for that indication. If listed, the projected total combined savings to the participating Drug Plans must be an average of at least \$2.5 million per year for the first three years the product is marketed in Canada.”

The Canadian Agency for Drugs and Technologies in Health (CADTH), in consultation with the Common Drug Review (CDR)-participating drug plans, has reassessed the current procedure for the “post-NOC priority review” of CDR submissions (or resubmissions) for new drugs or drugs with new indications. With the ongoing queuing of CDR submissions due to budget and resource constraints (see the *Queuing CDR Submissions: Frequently Asked Questions* document, CDR Update — Issue 86 and CDR Update — Issue 95), CADTH has identified challenges with the current post-NOC priority review procedure.

Therefore, effective immediately, CADTH is discontinuing post-NOC priority review for manufacturer-submitted CDR submissions or resubmissions. In an environment where submissions are being queued, CADTH believes this procedural change is the only way to ensure fairness to all manufacturers.

CDR submissions or resubmissions submitted by manufacturers will continue to be reviewed in the order in which they are received (i.e., on a first- come, first-served basis). The exceptions are manufacturers’ requests for reconsideration, and resubmissions based on a reduced price during the embargo period.

Please note that CADTH attempts to schedule the following Canadian Drug Expert Committee (CDEC) recommendation-related follow-up activities for the earliest available CDEC meeting agenda:

- manufacturers’ requests for reconsideration
- CDR-participating drug plans’ requests for clarification
- manufacturers’ resubmissions based on a reduced price during the embargo period.

Note as well that requests for advice submitted by CDR-participating drug plans are not subject to queuing.

CADTH may plan to explore a new or revised priority review procedure for CDR submissions in the future, in consultation with stakeholders.

Clarification Regarding Discontinuation of Hard Copy CDR Submission Requirements

As follow-up to CADTH’s initiative to establish a CDR submission and review process that is based on electronic documents, as described in CDR Update — Issue 93, manufacturers are no longer required to provide hard copies of CDR submission requirements for any type of CDR submission, including resubmissions.

CDR Update — Issue 97 (November 28, 2013)

Clarification of Manufacturer's Resubmission Based on a Reduced Price During the Embargo Period

In accordance with the current Canadian Drug Expert Committee (CDEC) recommendation options (see CDR Update — Issue 91), the *Procedure for Common Drug Review* (January 2013) subsection 8.7.1 (b) has been revised (as shown below) to reflect the revisions to the CDEC recommendation options and to clarify accordingly the scenarios where manufacturers may submit a reduced price during the embargo period.

Subsection 8.7.1 (b):

Manufacturers are eligible to file a “resubmission based on a reduced price during the embargo period” when the CDEC recommendation is:

- “Do not list at the submitted price”; or
- “List with clinical criteria and/or conditions” where
 - there is a condition of a reduced price in comparison to the submitted price; or
 - the cost/ cost-effectiveness has been identified as a reason for the recommendation; or
 - CDEC has identified cost/cost-effectiveness as a factor in the “of note” section of the recommendation.

Note that in the case of any resubmission based on a reduced price during the embargo period, the only new information that will be accepted and reviewed is the reduced price and pharmacoeconomic analyses based on the new price — new clinical information will not be considered. Note also that CADTH will determine the date of the targeted CDEC meeting for such a resubmission based on the amount of pharmacoeconomic information related to the price reduction and the effort required for review.

Further details about this type of resubmission are found in section 8.7, subsections a) and c) to k) of the *Procedure for Common Drug Review* (January 2013) and section 5.3 of the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013). Please note that the information included in this update will be incorporated into these CDR procedure and submission guideline documents with their next revision; however, until then, manufacturers are asked to follow the information provided in this update.

Please direct any questions to requests@cadth.ca.

CDR Update — Issue 98 (December 23, 2013)

Update on Queuing and CDEC Meeting Schedule

The Canadian Agency for Drugs and Technologies in Health (CADTH) has recently initiated the review of queued Common Drug Review (CDR) submissions on a first-come, first-served basis. The submission status in the CDR Drug Database for the queued submission is changed from “queued” to “active” on the day of initiation of the review and the applicant is notified by email. Please refer to the Queuing CDR Submissions FAQ document on the CADTH website for further information.

As the earliest targeted Canadian Drug Expert Committee (CDEC) meeting date for the recently initiated reviews is May 2014, CADTH has cancelled the CDEC meeting for April 2014.

Changes to Category 2 CDR Submission Requirements — Effective February 5, 2014

Effective for all CDR submissions received on or after February 5, 2014, CADTH is revising the Category 2 submission requirements for all applicable submission types (i.e., as per section 4.2.2 for regular [post-Notice of Compliance (NOC)] submissions for new drugs, new combination products, and drugs with new indications; section 4.3.2 for pre-NOC submissions; and section 4.4.2 for new combination products [funded components], of the *CDR Submission Guidelines for Manufacturers* [January 2013]).

The revised Category 2 submission requirements will consist of the following:

- The completed and approved Certified Product Information Document (CPID) or in lieu, the Master Formula and Final Product Specifications.
- Budget impact analyses (BIAs) for each of the following jurisdictions’ participating drug plans, in accordance with their requirements: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and the Non-Insured Health Benefits Program. When data specific to Prince Edward Island are unavailable, the BIA for Prince Edward Island is to be based on Nova Scotia data. BIAs are required for all listed jurisdictions’ drug plans; no waivers will be granted.

The following supporting documentation is also required:

- all supporting information used in BIAs, such as market research information or utilization reports copies of all documents cited in the BIAs.

In addition, only for pre-NOC submissions:

- A signed cover letter (an electronic signature is acceptable) from the manufacturer including:
- A clear description of the submission being filed (i.e., Category 2 requirements for a pre-NOC submission). Confirmation that all the required Category 2 information has been provided.
- The date the NOC or NOC with conditions (NOC/c) was received.
- A description of, and supporting documents for, information in the Category 1 submission that may have changed since it was filed (e.g., any updated ongoing study information). If there are no changes, a statement confirming this should be provided.

Please see the table below for a summary of the present and revised Category 2 CDR submission requirements for the affected submission types.

Summary of Present and Revised Category 2 CDR Submission Requirements

Category 2 CDR Submission Requirement	Present			Revised (effective for submissions received on or after February 5, 2014)		
	4.2.2	4.3.2	4.4.2	4.2.2	4.3.2	4.4.2
<i>CDR Submission Guidelines for Manufacturers</i> Section Number						
Signed cover letter	x	Y	x	x	Y	x
Letter Confirming Ability to Supply	Y	Y	Y	x	x	x
Drug Notification Form	Y	Y	Y	x	x	x
CPID	Y	Y	Y	Y	Y	Y
Product patent expiration date(s)	Y	Y	Y	x	x	x
Compendium of Pharmaceuticals and Specialties listing	Y	Y	Y	x	x	x
PAAB-approved promotional materials or draft copy of material submitted to PAAB	Y	Y	Y	x	x	x
Number of patients accessing a new drug pre-NOC, and post-NOC until submission	Y	Y	Y	Category 1 only	Category 1 only	Category 1 only
Disease prevalence	Y	Y	Y	Category 1 only	Category 1 only	Category 1 only
BIAs for all of the listed jurisdictions' drug plans	Y	Y	Y	Y	Y	Y
All supporting information used in BIAs	Y	Y	Y	Y	Y	Y
Copies of documents cited in BIAs	Y	Y	Y	Y	Y	Y

x = not required; Y = required.

BIA = budget impact analysis; CDR = Common Drug Review; NOC = Notice of Compliance; CPID = Certified Product Information Document; PAAB= Pharmaceutical Advertising Advisory Board.

New Requirement for Timing of Pre-NOC Category 2 Submissions — Effective February 5, 2014

Effective for all CDR submissions received on or after February 5, 2014, CADTH is revising the target date for submitting Category 2 requirements for pre-NOC submissions from “within twenty (20) business days of the manufacturer’s receipt of the NOC or NOC/c” to “at least twenty (20) business days prior to the targeted CDEC meeting at which the submission will be considered.” As shown in the table below, this revision harmonizes the target dates for submitting Category 2 requirements for both pre-NOC submissions and post-NOC submissions.

Manufacturers should note that, as communicated in *CDR Update — Issue 88*, incomplete Category 2 requirements will not preclude CDR reviews from being placed on the agenda for the targeted CDEC meeting; however, the *CDEC Final Recommendation* will not be issued until all Category 2 requirements are complete.

For more information regarding submission of Category 2 requirements, please see the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013).

Summary of Present and Revised Dates for Category 2 CDR Submission Requirements

NOC Status	Target Date for Submitting Category 2 Requirements	
	Present	Revised (effective for submissions received on or after February 5, 2014)
Pre-NOC Submissions	Within twenty (20) business days of the manufacturer’s receipt of the NOC or NOC/c.	At least twenty (20) business days prior to the targeted CDEC meeting at which the submission will be considered.
Post-NOC Submissions	At least twenty (20) business days prior to the targeted CDEC meeting at which the submission will be considered.	No Change

CDEC = Canadian Drug Expert Committee; CDR = Common Drug Review; NOC = Notice of Compliance; NOC/c = Notice of Compliance with conditions.

Clarification Regarding the Price used in Budget Impact Analyses

In the current version of the *CDR Submission Guidelines for Manufacturers* (January 2013), the “economic and epidemiologic information” requirements for:

- regular (post-NOC) submissions for new drugs, new combination products, and drugs with new indications (as per section 4.2.2 [g])
- pre-NOC submissions (as per section 4.3.2 [h])
- new combination products (funded components) (as per section 4.4.2[g]) and

- resubmissions (excluding resubmissions based on a reduced price during the embargo period) (as per section 5.2.2 [g]) include submission of BIAs for each of the listed CDR-participating drug plans, in accordance with their requirements.

The “submitted price” provided in the Category 1 submission requirements for the above-listed CDR submission types, as well as in the single package of resubmission requirements (excluding resubmissions based on a reduced price during the embargo period) is to be used in all BIAs submitted as part of the CDR submission requirements.

Note: the *submitted price* is the price that is effective for all participating drug plans. It can be the current market price in Canada or the confidential price that may become effective for all participating drug plans following the release of the CDEC final recommendation, whether or not the CDEC-recommended criteria for coverage are the same as the criteria requested by the manufacturer.

The base unit price used in the BIAs submitted as part of the CDR submission requirements must be the same as the Category 1 submitted price, and must be clearly identified in each BIA. Jurisdiction-specific mark-ups or discounts can then be applied.

Clarification Regarding CADTH's Role in the Assessment of Category 2 Requirements

Category 2 submission requirements are not considered as part of the CDR review or recommendation process. CADTH provides secretariat support to the CDR-participating drug plans by ensuring that Category 2 submission requirements are received in the appropriate format. When a Category 2 submission is deemed complete by CADTH, it indicates that CADTH has confirmed that each of the submission requirements has been provided by the manufacturer, but it does not imply that the submitted information meets the requirements of the individual CDR-participating drug plans. If any of the CDR-participating drug plans have questions regarding the Category 2 submission requirements, they will contact manufacturers directly.

Clarification Regarding the Population to be Included in Pharmacoeconomic Analyses

In the current version of the *CDR Submission Guidelines for Manufacturers* (January 2013), the Category 1 submission requirements for:

- regular (post-NOC) submissions for new drugs, new combination products, and drugs with new indications (as per section 4.2.1[g]) pre-NOC submissions (as per section 4.3.1[h]), and resubmissions (excluding resubmissions based on a reduced price during the embargo period) (as per section 5.2.2[g]) state that “an appropriate pharmacoeconomic evaluation is required for the full population identified in the approved Health Canada indication.”

CADTH would like to clarify that this refers to the full population identified in the approved Health Canada indication *to be reviewed by CDR*. If there are subgroups that may benefit from the drug or specific reimbursement criteria requested by the manufacturer, additional analyses should be provided.

For example, if a manufacturer is requesting that CDR review of one of several Health Canada-approved indications, the base-case analysis for the pharmacoeconomic evaluation must include the full population for the indication to be reviewed. In addition, if a specific listing request is made for a subpopulation or if there are subgroups of the population that may benefit from the drug, additional analyses for each subgroup or subpopulation must also be provided in the pharmacoeconomic submission.

CDR Update — Issue 99 (January 9, 2014)

Posting Patient Input Submissions Received on or after February 1, 2014 on the CADTH Website

CADTH is posting patient input submissions, received on or after February 1, 2014, for drugs reviewed through the Common Drug Review (CDR). The Canadian Agency for Drugs and Technologies in Health (CADTH) invited stakeholder comments and feedback on *Posting Patient Input*

Submissions (CDR Update — Issue 89) posted on July 26, 2013. CADTH would like to thank all stakeholders who provided feedback. Feedback was received from patient advocacy groups, individual patients, and drug manufacturers. CADTH has reviewed and considered all stakeholder feedback and has finalized the procedure for posting patient input submissions on the CADTH website as described below.

- Submitters will be asked to provide permission for CADTH to post their entire patient input submission with all personal information removed. Space will be available on the template for the submitter to indicate whether or not permission is granted. If permission is not granted, CADTH will post on its website that a patient submission was received, but it was not posted at the request of the submitter. A summary of all patient input that was received will be included in the CDR Clinical Review Report, which will be posted.
- All patient input submissions received on or after February 1, 2014 for which permission has been given by the submitter will be posted. This will include patient input received from individual patients and caregivers as part of the pilot project.
- The name of the submitting patient group and all conflict of interest information will be included in the posted patient group submission; however, the name of the author, including the name of an individual patient or caregiver submitting patient input, will not be posted.
- Submitters should use the template on the CADTH website when providing patient input.
- Submitters are asked not to include any personal information that can identify patients in the patient input submission (e.g., names, and also ages, gender and cities, if their inclusion can identify patients). While CADTH will use reasonable care to prevent disclosure of personal information in posted material, it is the submitter's responsibility to ensure no personal information is included.
- The patient input must be submitted in Microsoft Word (not PDF) in a ready-to-publish format. CADTH will format the original submissions as needed, but it will not edit the patient input submission.
- The patient input submissions will be posted at the same time as the CDR Clinical and Pharmacoeconomic Review Reports are posted for a particular drug reviewed through CDR.

Clarification Regarding Category 2 CDR Submission Requirements and Timing

The revised Category 2 requirements for all submissions, and the revised target date for submitting pre-Notice of Compliance (NOC) Category 2 requirements as outlined in CDR Update — Issue 98 do not apply to the CDR submissions that are currently under review or queued, and those that are received by CADTH before February 5, 2014.

CDR Update — Issue 100 (March 7, 2014)

Revised Table for Targeted Time Frames in the CDR Process

CADTH has revised the text and title of the table currently included in the *Procedure for Common Drug Review* (January 2013) as “*Figure 2: Time Frames for CDR Procedures*” in order to provide more clarity around the key milestones of the Common Drug Review (CDR) process. Please note that no changes have been made to the targeted time frames. In addition, CADTH has created a new table to provide clarity regarding the process for redacting and posting the CDR Review Reports and the CDEC Final Recommendation document. Please refer to the following new tables:

- Targeted Time Frames for Key Milestones in the CDR Process
- Targeted Time Frames for Redacting and Posting Documents in the CDR Process

Clarification Regarding Manufacturers Sending CDR Complete Submissions to Drug Plans

CDR-participating drug plans have noted that many manufacturers are failing to provide them with a copy of the complete CDR submission in a timely manner. Therefore, CDR is issuing this clarification to encourage manufacturers to provide the CDR-participating drug plans with copies of the complete submission immediately after they receive notification from CADTH that the submission is complete (i.e., both category 1 and 2 requirements for submissions and the single submission requirement package for resubmissions, have been deemed complete). Manufacturers should consult Appendix 1 of the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013) for additional information on sending complete submissions to the drug plans.

Subsequent Entry Biologics Procedure and Submission Guidelines — Effective Immediately

The Canadian Agency for Drugs and Technologies in Health (CADTH) invited stakeholder comments and feedback on the establishment of a CDR procedure and process for reviewing subsequent entry biologics (SEBs) (*CDR Update — Issue 92*, posted in September 2013). CADTH would like to thank all stakeholders who responded to the consultation. Feedback was received from drug manufacturers, industry advocacy groups, patient advocacy groups, Health Care professionals, and government agencies. CADTH has reviewed and considered all stakeholder feedback and has finalized the procedure and submission criteria for the review of SEB submissions.

CADTH will be implementing these changes effective immediately and will subsequently incorporate them into the *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers* documents.

Establishing the SEB Procedure and Submission Criteria

CADTH carefully considered all stakeholder feedback received during the consultation and conferred with the CDR-participating drug plans. The key decisions are noted below:

- Manufacturer’s filing CDR submissions for SEBs will be required to complete a tailored-review template as a part of the category 1 requirements.
- A single CDR submission may be filed for an SEB with multiple indications; however, CADTH may split the submission into separate reviews upon receipt.
- CDR will accept SEB submissions filed on pre-NOC or post-NOC basis.

Procedure and Submission Guidelines for SEBs

Manufacturers should follow the *Common Drug Review Procedure and Submission Guidelines for Subsequent Entry Biologics* for submission requirements (provided below).

- Common Drug Review Procedure and Submission Guidelines for Subsequent Entry Biologics

When preparing to file a submission for an SEB, the following templates will be required:

- CDR Submission Template for SEBs
- CDR Submission Overview Template
- Template for Executive Summary
- Template for Table of Studies
- Letter Template for Confirming Disclosure of All Known Unpublished Studies
- Letter Template for Authorizing Unrestricted Sharing of Information
- Letter Template for Commitment to Honour a Confidential Price
- Letter Template for Sending NOC to CADTH (pre-NOC only)

CADTH Consultation — Forecasting CDR Submissions

Purpose: CADTH is seeking stakeholder feedback on a proposed mechanism for manufacturers to provide information to CADTH concerning drugs that have been submitted to Health Canada for regulatory review that are likely to be filed for review under the CDR process. This would facilitate the accurate forecasting of the number and timing of submissions by manufacturers to the CDR.

Deadline for feedback: Please email your feedback by **March 31, 2014 (15 business days)** to feedback@cadth.ca. All feedback will be considered by CADTH.

How to submit your feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback is three pages per response.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Background:

CADTH has limited access to information concerning the number, type, and timing of pending CDR submissions in advance of an actual submission being received by CADTH. The information that is currently available to CADTH is insufficient to accurately project budgetary and resource requirements. These limitations lead to challenges with planning the budget and resources required to complete reviews for all submissions within the regular CDR timelines (average of 5 to 6 months).

Current status:

Under the current CDR process, manufacturers may elect to voluntarily share pending submission information with CADTH through pre-submission meetings or by filing a Notice of Pending Submission. However, both of these mechanisms are limited by inconsistent usage and the timing of the advanced notice (i.e., typically 3 months for pre-submission meetings and approximately 20 business days for Notice of Pending Submission). CADTH receives a significant number of CDR submissions without any pre-notification. CADTH recognizes that there is a need to establish a better mechanism by which drug manufacturers can share information with CADTH about pending CDR submissions.

While CADTH encourages open feedback, stakeholders are requested to note the following considerations when providing feedback.

Considerations for feedback:

Key stakeholders for this initiative

Drug manufacturers are the key stakeholders for this initiative; however, CADTH encourages all interested stakeholders, including patient advocacy groups, to provide feedback on this initiative.

Source of the information

Due to confidentiality agreements with drug manufacturers, Health Canada is unable to disclose information regarding drugs undergoing regulatory review before an NOC or NOC/c is issued; therefore, CADTH will continue to rely on manufacturers to provide sufficient prior notification about drugs that will be filed for review under the CDR process. At this time, CADTH is not considering making advance notification of pending CDR submissions mandatory for manufacturers; rather, the organization is seeking cooperation of the pharmaceutical industry in working together with CADTH to establish a mechanism that is both voluntary and effective.

Information sharing and timing

If a manufacturer is planning to file a submission with CDR, CADTH would like manufacturers to share specified information about the drug product as soon as it has been accepted for review by Health Canada. This would provide drug information to CADTH approximately a year in advance of CDR submissions being filed. Provision of the following drug information is suggested by CADTH:

- company name

- non-proprietary name of drug
- CDR submission type e.g., a new drug, drug with a new indication, new combination product, etc. proposed indication(s)
- the date of acceptance for review by Health Canada the anticipated date of NOC, as soon as it is available.

Mechanism for collecting information

CADTH would create a table template for the requested information. Manufacturers could access this template from the CADTH website. Once completed, manufacturers would submit the template to CADTH by email. CADTH would collate the information provided by manufacturers and use it to forecast the number of pending CDR submissions.

Handling of collected information

Any information collected by CADTH regarding pending submissions would be used exclusively to forecast the number, type, and timing of CDR submissions expected in the future. CADTH would not willingly disclose any information provided by manufacturers under this mechanism.

Next steps:

CADTH hopes that careful assessment of all stakeholder feedback from this consultation process will help develop a mechanism to forecast, with more certainty, the number, types and timing of submissions likely to be filed with CDR within the next year. This would potentially help CADTH with better planning of budget and resources required to initiate and complete reviews within the regular timelines. The specific details will be decided in the coming months followed by a formal announcement.

Until a mechanism is established, drug manufacturers can choose to voluntarily share the above-noted information about drugs that are currently under review by Health Canada with CADTH. Manufacturers are asked to please send this information to requests@cadth.ca.

CDR Update — Issue 101 (March 20, 2014)

CADTH Consultation — Priority Review Process for CDR Submissions

Purpose: The Canadian Agency for Drugs and Technologies in Health (CADTH) is inviting stakeholder comments and feedback on the future priority review process for Common Drug Review (CDR) submissions.

Deadline for Feedback: Please email your feedback by **April 4, 2014 (10 business days)** to feedback@cadth.ca. Due to the urgent need to establish the priority review process, CADTH can only offer 10 business days for stakeholder feedback, as opposed to the typical 15 business days. Requests for extensions will not be granted. All feedback will be considered by CADTH.

How to Submit Your Feedback:

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using 11-point font. The maximum length of feedback is three pages per response.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email feedback@cadth.ca. We thank you in advance for your interest.

Background:

In November 2013, CADTH, in consultation with the CDR-participating drug plans, discontinued post-NOC priority review for manufacturer-submitted CDR submissions or resubmissions (*CDR Update — Issue 96*). As the former CDR priority review process was not designed to be operationalized in an environment where submissions are being queued, the decision was made to discontinue the process to ensure fairness to all manufacturers.

Stakeholders are asked to consult and provide feedback on the following document that provides details regarding the revised CDR priority review process:

- Revised CDR Priority Review Process for Stakeholder Feedback

Next Steps:

The final decision regarding an updated priority review process for CDR will be made after careful assessment of the stakeholder feedback from this consultation. Implementation of the new process is anticipated by the middle of April 2014.

CDR Update — Issue 102 (April 23, 2014)

Revised CDR Procedure and Submission Guidelines for Priority Review

Background:

CADTH invited stakeholder comments and feedback on a revised priority review process and updated priority review criteria (*CDR Update — Issue 101*). CADTH would like to thank all stakeholders who responded to the consultation. Feedback was received from industry association groups, pharmaceutical companies, and patient groups.

Summary of Stakeholder Feedback:

Respondents were generally supportive of priority review based on clinical criteria; however, they expressed concerns with the proposed economic criterion, particularly the proposed cost-savings threshold of \$10.0 million per year for three years. CADTH carefully considered all stakeholder feedback in consultation with the CDR-participating drug plans and has decided to use a cost-savings threshold of \$7.5 million per year for three years for priority review requests based on economic reasons. CADTH may also explore in the near future the possibility of developing mechanisms to allow patient groups and the CDR-participating drug plans to request priority review status of CDR submissions and resubmissions.

Revised CDR Priority Review Procedure:

The revised procedure will subsequently be incorporated into the *Procedure for Common Drug Review* and the *Common Drug Review Submission Guidelines for Manufacturers*. The key decisions are noted here:

- A priority review may be requested for either or both clinical and economic reasons.
- A priority review may be requested for submissions filed on a pre-NOC or post-NOC basis.
- Manufacturers requesting a priority review will be required to complete a priority review application template.

The revised priority review procedure, submission guidelines, and application template are available below:

- CDR Priority Review Procedure and Submission Guidelines
- CDR Priority Review Application Template

Implementation of the CDR Priority Review Procedure:

CADTH will be implementing the revised priority review procedure as follows:

- For all CDR submissions and resubmissions that are filed with CADTH after May 7, 2014: the revised priority review process is in effect.
- For all submissions and resubmissions that are currently queued or undergoing screening on or before May 7, 2014: CADTH will provide manufacturers with a one-time opportunity to request a priority review for their submissions or resubmissions (i.e., without losing their respective position in the queue by having to withdraw and re-file). Manufacturers who wish to participate in this one-time opportunity must file a priority review application, in accordance with the CDR Priority Review Procedure and Submission Guidelines, within the designated application window of May 8, 2014 to May 29, 2014 (15 business days). Manufacturers are not required to re-file requirements that have already been submitted to CADTH. The key dates for this optional process are provided in the table below.

Milestones and Key Dates for One-time CDR Priority Review Opportunity (For submissions or resubmissions currently queued or undergoing screening on or before May 7, 2014)

Milestone	Date
Priority review process posted	April 23, 2014
Priority review application window opens	May 8, 2014
Priority review application window closes	May 29, 2014
CADTH target for completing assessments	June 19, 2014 or earlier

CDR Update — Issue 103 (May 1, 2014)

Update on the CADTH approach to the review of drugs for rare diseases and integration of these reviews into the CADTH Common Drug Review process

Background:

CADTH invited stakeholder comments and feedback on the review of drugs for rare diseases (DRDs) (*CDR Update — Issue 94*, posted in October 2013). CADTH would like to thank all stakeholders who responded to the consultation. Responses were received from pharmaceutical manufacturers, industry association groups, and patient groups.

Establishing the CADTH Approach for Reviewing Drugs for Rare Diseases:

CADTH carefully considered all stakeholder feedback received and considered the following two options in consultation with the jurisdictions that participate in the CADTH Common Drug Review (CDR) process.

- **Option 1:** Establishment of a unique submission and review process for DRDs with a separate DRD expert committee.
- **Option 2:** Integration of DRD reviews into the CDR process, with potential adjustments to submission requirements and enhancements to the review process, particularly with regard to the engagement of clinical experts.

CADTH appreciates the request by stakeholders to create a unique process to review DRDs, similar to the *pan-Canadian Oncology Drug Review* (pCODR) process that was implemented in 2011. After careful consideration of the feedback, CADTH and the CDR-participating drug plans concluded that the review of DRDs will be integrated into an enhanced CDR process.

This decision was based on a variety of factors, including the understanding that it would not be practical for a separate DRD expert committee to provide sufficient expertise across the diverse range of therapeutic areas for which DRDs have been marketed or will be developed (e.g., metabolic or enzymatic, cardiovascular, endocrine, neurological, or gastrointestinal). CADTH and the CDR-participating drug plans elected to use an alternate approach, which will increase the use of specialists' expertise in specific phases of the CDR process, including the evidence review phase and during the Canadian Drug Expert Committee (CDEC) deliberations (described below). The potential impact on CADTH resources was an additional important factor that contributed to the decision to integrate the review of DRDs into an enhanced CDR process.

CADTH's approach for addressing each of the considerations noted in the consultation document is summarized below.

Definition of DRDs

CADTH acknowledges that there are relatively small patient populations for some diseases; however, a CADTH Environmental Scan illustrated that there is a lack of consistency in the terminology and definitions used to describe rare or orphan diseases and that these definitions are still evolving. CADTH, in consultation with the CDR-participating drug plans has decided not to include a specific definition of "rare disease" in the CDR submission and review process and has elected to take into consideration the full context of each drug review.

Engagement with Specialists

Specialists engaged by CADTH are typically clinical experts, but may also include pharmacogenomics experts, geneticists, or methodology experts. These specialists bring subject-matter expertise to complement the CDR review team as well as the collective expertise and experience of CDEC members. CADTH typically includes at least one clinical expert for each drug being reviewed through the CDR process. Going forward, CADTH will enhance engagement with outside experts for CDR reviews, ensuring that appropriate expertise is made available to the CDR review teams and CDEC. The number and type of experts engaged will vary depending on the drug and indication(s) under review and will be determined based on the expertise required to assist the CDR review teams and CDEC.

These experts could assist CDEC by contributing to a better understanding of the disease area, current clinical practice and the standard of care, the potential place in therapy of the drug under review, and the establishment of clinical criteria and conditions as a part of the recommendation process. They would also participate in the discussion at CDEC meetings by addressing specific questions from CDEC members with regard to the clinical condition and the potential place in therapy of the drug under review, but the experts would not vote on the recommendations.

Recommendations Framework

CDEC will continue to consider the following while making recommendations: input from patient groups; clinical studies demonstrating the safety, efficacy, and effectiveness of the drug compared with alternatives; therapeutic advantages and disadvantages relative to current accepted therapy; and the cost and cost-effectiveness relative to current accepted therapy.

Patient Input

CADTH has made several enhancements to the CDR patient input process during the last year. Some of the recent enhancements apply specifically to disease areas with relatively small patient populations. One such change is the pilot project currently under way to allow patient input submissions from individual patients and care givers representing relatively small patient populations where an organized patient group does not exist in Canada (see *CDR Update — Issue 89* for details regarding the pilot process). CADTH will continue to make improvements to the patient engagement process.

Clinical and Pharmacoeconomic Evidence

The CADTH CDR will continue to use the same clinical evidence submission requirements and process to review the best available clinical evidence. CADTH believes that appropriate pharmacoeconomic analyses are critical for all drugs reviewed through the CDR process and that CADTH's *Guidelines for the Economic Evaluation of Health Technologies* provide sufficient guidance for all types of drugs to be reviewed, including those for relatively small patient populations. The manufacturer will be expected to provide clear information about the natural history of the disease, and a natural history of disease model may be required in some cases to facilitate a better understanding of the economic analysis provided. If a natural history of disease model is provided as part of a submission, CDR reviewers will conduct a critical appraisal of the model.

Pre-Submission Meetings with Manufacturers

CADTH plans to offer opportunities for dialogue between CDR staff and manufacturers earlier in the pre-submission phase. The targeted timeline for this meeting would be 6 to 12 months in advance of the submission being filed with CDR. The characteristics that may identify a drug submission as being eligible for an earlier pre-submission meeting include the following:

- the drug is indicated for a relatively small patient population clinical data are limited to surrogate end points
- natural history of the disease is poorly characterized
- there is a limited number of clinical trials and they have small sample sizes treatment has a high cost relative to appropriate comparators, and
- the manufacturer has questions regarding the appropriate type of economic analysis to submit.

Manufacturers are advised to send CADTH supporting information for the points listed above and an overall rationale for requesting an earlier pre- submission meeting, as soon as possible after the drug submission has been accepted by Health Canada for review. A decision to accept a manufacturer's request for an earlier meeting will be made by CADTH on a case-by-case basis. Pre-submission meetings are intended to offer the opportunity for dialogue between CDR staff and manufacturers and are not meant to be consultative in nature, outside of clarifying submission requirements.

CDR Update — Issue 104 (May 15, 2014)

CDR Consultation — Patient Input Template for Subsequent Entry Biologics

CADTH has developed a patient input template for subsequent entry biologics for use by patient groups and is now seeking feedback on the proposed template. For each subsequent entry biologic submission filed for review to CADTH's Common Drug Review (CDR), CADTH will invite patient groups to provide input. This decision is based on CADTH's commitment to patient engagement and patient groups' interest in providing input to these reviews. The CDR review team will use the patient input in the review of the subsequent entry biologic and the Canadian Drug Expert Committee (CDEC) will use the patient input in their deliberations.

We look forward to receiving your feedback on all aspects of the template. Examples of feedback that we are interested in receiving include:

- Is the template clear?
- Is it clear what type of patient input is required?
- Are there questions that are not included in the template that should be asked? Is the glossary (attached as an appendix) helpful?

Please suggest changes or enhancements to the template. Follow this link to access the template:

- Subsequent Entry Biologic Template for Submitting Patient Group Input

Please email your feedback by **June 6, 2014 (15 business days)** to feedback@cadth.ca. Please identify yourself and your organization when providing feedback. If you have any questions, email them to feedback@cadth.ca. Thank you in advance for your interest.

Temporary Suspension of a CDR Review Due to Incomplete Information

CADTH has recently encountered a few CDR submissions where there was insufficient information, particularly non-transparent pharmacoeconomic models provided by the manufacturer, to allow the CDR review team to conduct a thorough critical appraisal of the manufacturer's submission. These situations may lead CDEC to defer the drug under review to a subsequent meeting.

Section 1.3 of the *Procedure for Common Drug Review* (January 2013) states that CADTH, in its sole discretion, may temporarily suspend the review of a submission or resubmission *"In the event that questions or issues outside of the regular review process arise (for example, but not limited to, legal issues), regarding the Submission or Resubmission under review."* CADTH is providing further clarity on the part of the procedure under which the review of a submission or resubmission may be temporarily suspended to include all situations where the CDR review team is unable to perform a thorough assessment of the submission or resubmission due to incomplete or non-transparent information.

CADTH will continue to work with manufacturers to try to avoid the need to temporarily suspend CDR reviews; however, this procedure will be invoked in all situations where incomplete information is preventing the CDR review team from completing a thorough assessment of a submission or resubmission. The revised procedure for temporary suspension of a CDR review due to incomplete information is provided below.

CADTH, in its sole discretion, may temporarily suspend a review in all situations where the CDR review team is unable to perform a thorough assessment of the submission or resubmission due to incomplete information, in the following manner:

- CADTH, in its sole discretion, may temporarily suspend a review pending receipt of all required information.
- CADTH will advise the manufacturer in writing that the review of the submission or resubmission is temporarily suspended. CADTH will indicate the information that is required by the CDR review team in order to re-initiate the review process.
- The CDR Clinical and Pharmacoeconomic Review Report(s) will not be sent to the manufacturer for comment and the submission or resubmission will not be placed on the CDEC agenda until the review team is satisfied that the manufacturer has provided all information required to conduct a thorough review of the submission or resubmission.
- Once the issue is resolved, the review will resume at the stage where it was suspended. The manufacturer will be advised, in writing, when the review process resumes along with the anticipated target dates for the remaining steps of the review process.
- The review of the submission or resubmission may be temporarily suspended during any stage of the review process before the CDR Clinical and Pharmacoeconomic Review Reports are sent to the manufacturer for comments and redaction requests. A suspended submission or resubmission is tracked in the submission status report on CADTH's

website.

CDR Procedure for Pipeline Notification and Notification of Pending Submissions

Background

CADTH invited stakeholder comments and feedback on the establishment of a revised mechanism for obtaining information regarding pending CDR submissions (see *CDR Update — Issue 100*). CADTH would like to thank all stakeholders who responded to the consultation. Feedback was received from industry associations, pharmaceutical companies, and a patient advocacy group.

Summary of Feedback

The feedback was highly consistent across all respondents and was primarily focused on the considerations noted in the consultation document.

- Respondents expressed support for this initiative and all pharmaceutical companies expressed their willingness to provide information to CADTH, provided its use is limited to forecasting and the information is not shared externally.
- Respondents suggested that the pipeline notification process should be voluntary for drug manufacturers. However, it was also suggested that CDR should adopt a two-tiered notification system, similar to the system currently used in the pan-Canadian Oncology Drug Review (pCODR) process, where manufacturers could voluntarily provide advanced notification 12 months before the anticipated date of filing with CDR, with a one-month mandatory pre-notification process.
- With regard to the pipeline notification process, respondents noted that there can be a high degree of uncertainty with the timelines for a Health Canada review, which creates challenges for anticipating the date of filing a submission with CADTH for review under the CDR process.
- Respondents expressed agreement with the proposed mechanism for providing advanced notification (i.e., a table template) and with the proposed information requested by CADTH in the consultation document [i.e., company name, drug name, CDR submission type, proposed indications, date of acceptance for review by Health Canada, date of the Notice of Compliance (NOC), and target CDR submission date].

Summary of the New CDR Procedure

Based on stakeholder feedback and discussion with the CDR-participating drug plans, CADTH is implementing the following two-step approach for forecasting pending CDR submissions:

Step 1: Voluntary Advanced Notification (12 months)

CADTH is implementing a voluntary process for advanced notification of pending CDR submissions at the time of regulatory filing (i.e., providing advanced notification of approximately 12 months). Manufacturers willing to participate in this voluntary process are asked to complete and submit the advanced notification template to requests@cadth.ca:

- CDR Advanced Notification Instructions
- CDR Voluntary Pipeline Notification Template

Step 2: Mandatory Notification of Pending Submission or Resubmission (20 business days)

CADTH is implementing a mandatory pre-submission notification period of at least 20 business days prior to filing a submission or resubmission with CDR. For all submissions and resubmissions received by CADTH on or after July 2, 2014, manufacturers must have notified CADTH at least 20 business days in advance of the date of filing (e.g., if a manufacturer is planning to file a submission or resubmission that CADTH will receive on July 2, 2014, mandatory notification of the submission must have been received by CADTH on June 3, 2014, at the latest).

The purpose of this pre-notification is to ensure patient groups have sufficient time to prepare patient group input and to allow CADTH to prepare to receive and process the submission or resubmission. All manufacturers must complete and submit the appropriate advanced notification template to requests@cadth.ca at least 20 business days before filing a submission or resubmission. Failure to provide advanced notification at least 20 business days in advance of filing may result in a delay in the initiation of a CDR review for the submission or resubmission.

- CDR Advanced Notification Instructions
- CDR Mandatory Notification Submission Template CDR Mandatory Notification Resubmission Template

Changes to Eligible Pre-NOC Submissions — Effective Immediately

Effective immediately, CADTH is revising the eligible pre-NOC submission description as currently included in section 1.1.2 (a) of the *Procedure for Common Drug Review* (January 2013) and section 4.1.2 of the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013). This submission type will be expanded to include all eligible

submissions types from manufacturers (i.e., new drugs, drugs with a new indication[s], new combination products, new combination products [funded components], and subsequent entry biologics).

The revised description is as follows:

A pre-NOC submission is for a new drug, drug with a new indication(s), new combination product, new combination product (funded components) or a subsequent entry biologic for which Health Canada is highly likely to issue an NOC or NOC/c within 90 calendar days. This type of submission is accepted with the understanding that some submission requirements (e.g., product monograph) may not be finalized at the time of filing; however, they are to be provided as soon as finalized because a CDEC recommendation will not be issued until all required information is received. Although Health Canada cannot provide assurance that an NOC or NOC/c will be issued on a particular date or at all, manufacturers may consider filing a submission with CDR up to 90 calendar days in advance of an anticipated NOC or NOC/c if no significant issues have been raised to date by Health Canada.

When filing a pre-NOC submission for a new combination product, manufacturers should refer to section 4.3 Pre-NOC Submission Requirements of the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013) and follow the Category 1 requirements as outlined in section 4.3.1 therein. Section 4.3.2 regarding Category 2 requirements for pre-NOC submissions has been revised in accordance with *CDR Update — Issue 98*; therefore, manufacturers should follow the revised Category 2 requirements as outlined therein, and as summarized in Table 1 of the update. Any questions regarding submission requirements should be directed by email to requests@cadth.ca.

Until the *Common Drug Review Submission Guidelines for Manufacturers* (January 2013) are updated, manufacturers wishing to submit a pre-NOC submission for a new combination product (funded components) are asked to contact CADTH regarding the Category 1 and Category 2 submission requirements by emailing requests@cadth.ca.

Clarification Regarding CDR Submissions for Subsequent Entry Biologics

CADTH anticipates that multiple subsequent entry biologics (SEBs) for the same reference product will be marketed or co-marketed by different suppliers in Canada for the same indication(s). To address the issue of multiple SEBs for the same reference product, the first SEB that is filed with CADTH for any given reference product will be reviewed through the CDR process. The decision to review further SEBs for the same reference product will be made on a case-by-case basis by CADTH, in consultation with the CDR-participating drug plans.

All manufacturers should contact CADTH before filing a CDR submission for an SEB (requests@cadth.ca).

Clarification Regarding the Revised CDR Priority Review Process

CADTH has received questions regarding the revised priority review procedure and is therefore issuing the following clarifications.

Any CDR submissions or resubmissions with a priority review request received by CADTH up to and including May 29, 2014, will receive decisions on their priority review requests on or before June 19, 2014. This applies to the CDR submissions and resubmissions that were in the queue at the time that *CDR Update — Issue 102* was posted on the CADTH website as well as new submissions or resubmissions received after the Update was posted, until May 29, 2014. CADTH plans to complete all priority review assessments by June 19, 2014 and will inform all manufacturers of the decisions at the same time.

CDR submissions or resubmissions received by CADTH after May 29, 2014 will follow the priority review procedure as outlined in *CDR Update — Issue 102*, with a target date of 15 business days from the date of receipt for completing the priority review assessment and communicating the decision to manufacturers.

The review of any CDR submission or resubmission for which a priority review is granted will be initiated on a first-come, first-served basis determined by the date CADTH deems the submission or resubmission complete. This also applies to the submissions and resubmissions that were queued as of the date that *CDR Update — Issue 102* was posted.

CDR Update — Issue 105 (July 7, 2014)

Reminder — Mandatory Notification of Pending CDR Submissions or Resubmissions

A reminder, as per *CDR Update — Issue 104*, CADTH has implemented a mandatory pre-submission advanced notification period of at least 20 business days prior to filing a drug submission or resubmission for review through the Common Drug Review (CDR) process, effective for all submissions or resubmissions received by CADTH on or after July 2, 2014.

The date that the advanced notification template is received by CADTH is considered day zero for purposes of counting back 20 business days in advance of the date on which CADTH will receive the submission or resubmission. For example, if a manufacturer is planning to file a CDR submission or resubmission that CADTH will receive on August 1st 2014, mandatory notification of the submission or resubmission must have been received by CADTH on July 4th 2014, at the latest.

Deadline for Patient Input Submissions is 35 Business Days, Effective July 2, 2014

Effective July 2, 2014, patient groups have 35 business days for preparing and submitting patient group input for all drug submissions and resubmissions filed for review by CADTH's CDR. The 35 business-day timeframe is possible because for all submissions or resubmissions received by CADTH on or after July 2, 2014, manufacturers must provide at least 20 business days of advanced notice that they will be filing a submission or resubmission for review by CDR.

The call for patient group input will be posted 20 business days in advance of the manufacturer's anticipated date of filing the application, as indicated in the mandatory advanced notification template, and will be posted for a total of 35 business days.

Patient Input for Currently Queued CDR Submissions

In the coming weeks, CADTH will be posting, sending E-Alerts, and tweeting calls for patient input for ALL currently queued CDR submissions. Patient groups will have 35 business days to prepare and submit patient group input for the queued submissions.

Please note that while CDR submissions and resubmissions are queued, posting of calls for patient input does not signal that the reviews have been initiated. CADTH will notify a manufacturer by email on the day that the CDR review of a particular drug is initiated. In addition, the entry for the submission or resubmission in the CDR drug database on the CADTH website is moved from being listed under the "queued" tab to the "active" tab on the day of review initiation.

CDR Update — Issue 106 (July 30, 2014)

Updated Canadian Drug Expert Committee (CDEC) Meeting Dates

CADTH has posted an updated table with the targeted CDEC meeting dates on the CADTH website. This is in response to inquiries from stakeholders regarding the targeted meeting date on which CDEC will consider a submission or resubmission to CDR.

CDEC Meeting Added in December 2014

As part of CADTH's initiative to eliminate the backlog of CDR submissions, a CDEC meeting will be held in December 2014. This is a one-time addition of a December CDEC meeting.

Extension to the Pilot Process for Receiving Patient Input Submissions from Individual Patients and Caregivers (now runs until February 2, 2015)

CADTH is extending the pilot process for receiving patient input submissions from individual patients and caregivers for an additional six months (until February 2, 2015). Under the pilot process, CADTH will accept patient input from individual patients or caregivers when there is no patient group or related patient group representing patients with a condition for which a drug under review is indicated. Please note that individual patient or caregiver input will not be accepted in cases where organized patient group(s) representing the particular condition exist. In these cases, individual patients or caregivers who wish to provide input are encouraged to work with a patient group to have that group include the information in its submission. Individual patients and caregivers who wish to submit patient input and require more information should contact CADTH by telephone at 613-226-2553 ext. 1230 or by email at requests@cadth.ca.

The process to submit input by individual patients and caregivers will be essentially the same as for patient groups.

- The individual patient or caregiver will download and complete a template, *Template for Submitting Individual Patient or Caregiver Input to the Common Drug Review at CADTH*, available on CADTH's website.
- The individual patient or caregiver will be required to identify him or herself and provide conflict of interest information, including whether any assistance was provided in preparing the submission. The name of the author will not be made publicly available.
- Individual patients and caregivers will have 35 business days to provide input. The patient input for the drug must be submitted by the deadline date posted on the Patient Input page of the CADTH website.
- Patient input must be provided, succinctly and clearly, in English in a ready-to-publish format.
- Submissions must be in Microsoft Word format, using a minimum of an 11-point font. They should not exceed six typed pages (approximately 3,500 words). The instructions and examples under each heading in the template may be deleted.
- The completed template should be submitted either by: using the Submit link in the table on the Patient Input on the CADTH website for the drug of interest (the recommended method); or faxing the completed template to CADTH at 613-226-5392.
- All patient input received from individual patients and caregivers will be collated and summarized by CADTH staff. All individual patients and caregivers who have submitted patient input will be asked to comment on whether the summary created reflects their main issues and concerns.
- Individual patients and caregivers will have up to five business days to comment on the summary.
- The summary will be incorporated into the Common Drug Review (CDR) Clinical Review Report, which will be shared with the Canadian Drug Expert Committee (CDEC) to use in its deliberations.
- CADTH will use reasonable care to prevent the disclosure of the identity of individuals or private information in publicly available documents. CADTH will not edit or copy-edit the submitted patient input information, but will remove any information that can identify patients and caregivers.

CDR Update — Issue 107 (July 31, 2014)

Call for feedback on Draft Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review

CADTH is pleased to invite all interested parties to provide feedback on the draft guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review. The deadline to submit feedback is Friday, August 15, 2014. The draft document appears below.

Information on the Call for Feedback

Call for Feedback on the Draft Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review

Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review

1. Introduction

This document provides guidelines to manufacturers on the application fee for the review of a drug submission or resubmission filed with the CADTH Common Drug Review (CDR). CADTH may amend, from time to time, the *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review* (hereafter referred to as the Guidelines on Application Fees) and all matters related to CDR. Amendments to, and clarifications of, the Guidelines on Application Fees may be effected by means of directives issued by CADTH. Any changes to the Guidelines on Application Fees will be applied prospectively.

The Guidelines on Application Fees were established to ensure that the appropriate amount of CADTH CDR application fees are being recovered from the applicants in accordance with the mandate of the Conference of Deputy Ministers of Health. These application fees are intended to offset some of the costs related to the drug review.

1.1 Scope

This document applies to all drug review applications filed by manufacturers with the CADTH CDR for drug submissions, resubmissions, requests for a resubmission based on a reduced price during the embargo period, and requests for reconsideration. The Guidelines on Application Fees must be read in conjunction with the following documents found on CADTH's website.

- *Common Drug Review Submission Guidelines for Manufacturers*
- Procedure for Common Drug Review
- Targeted Time Frames for Key Milestones in the CDR Process.

1.2 Background

Application fees are required for all drug submissions and resubmissions filed by manufacturers for review through the CADTH CDR process, which is a pan-Canadian process for conducting objective, rigorous reviews of the clinical effectiveness and cost-effectiveness, as well as reviews of patient input for drugs and providing formulary listing recommendations to Canada's publicly funded drug plans, excluding that of Quebec. These fees are meant to offset some of the costs related to the drug review. Application fees will not apply to any submission, resubmission, or request for advice filed by the CDR participating drug plans.

2. Implementation Guidelines

This section provides information on the fee amounts, the types of fees charged, and guidelines on refunds.

2.1 General Contact Information

For questions regarding invoicing and the timing of the application fees payment or questions about your account, please contact Accounts Receivable by phone at 613-226-2553 ext. 1314, by fax at 613-226-5392, or by email at accountsreceivable@cadth.ca. Please have your customer and invoice numbers readily available.

For questions regarding the type of fee charged for your application, please contact CADTH Central Intake by phone 613-226-2553, fax 613-226-5392, or email at requests@cadth.ca.

2.2 Fee Payment Procedures

All payments must be made in Canadian funds. Payments must be made payable to either “CADTH” or the “Canadian Agency for Drugs and Technologies in Health.”

2.2.1 Application Fee Schedule

Application fees will be charged based on the schedule in the table below plus applicable taxes. Applicable taxes include GST/HST, or QST.

Application Fee Schedule

Schedule	Application Type	Fee
A	Standard CDR reviews:	\$72,000
	Submission for a new drug ^a	
	Submission for a drug with a new indication ^a	
	Submission for a new combination product ^a	
B	Resubmission based on new clinical information with or without new cost information	\$36,000
	Tailored CDR reviews:	
	Submission for a new combination product (funded components or CADTH designated tailored reviews)	
	Submission for a subsequent entry biologic	
C	Resubmission based on new cost information only	\$7,000
	Optional requests during the embargo period:	
	Request for reconsideration of an embargoed CDEC recommendation	
	Request for a resubmission based on a reduced price during the embargo period	

CDR = Common Drug Review; CDEC = Canadian Drug Expert Committee.

^a The application fees pertaining to any submission for a drug with multiple indications, whether filed at the same time or sequentially, will be determined by CADTH, taking into consideration the relative effort involved in conducting such reviews. A final decision on this matter will be communicated after considering stakeholder feedback.

Fees will be charged at two CDR process milestones for Schedule A and Schedule B submissions. Schedule C fees will be charged at one milestone. The table below sets out the milestones.

Milestones for Payment of CADTH Common Drug Review Application Fees

Schedule	Milestone 1			Milestone 2			Total Fee
	Description	Per Cent Due	Amount Due	Description	Per Cent Due	Amount Due	
A	Initiation of review	70%	\$50,400	Sending reports to the	30%	\$21,600	\$72,000
B	Request	70%	\$25,200		30%	\$10,800	\$36,000
C		100%	\$7,000	NA	NA	\$0	\$7,000

CADTH = Canadian Agency for Drugs and Technologies in Health; NA = not applicable.

2.2.2 Submission of Payment

An initial invoice for the application fee owing will be sent once a submission or resubmission accepted for review by CADTH has been initiated. For a request for reconsideration or a resubmission based on a reduced price during the embargo period, an invoice for the application fee will be sent once the request has been accepted by CADTH for consideration at the next available Canadian Drug Expert Committee (CDEC) meeting.

Payments are to be sent to:

CADTH

Attn: Accounts Receivable 600 – 865 Carling Avenue Ottawa, ON

K1S 5S8

Canada

All CADTH CDR application fees are due within 30 calendar days of receipt of an invoice. If fee payment for a submission, resubmission, resubmission based on a reduced priced during the embargo period, or request for reconsideration is not received within 30 days, the following will occur:

- A reminder will be provided indicating that payment is past due. It is the sole responsibility of the applicant to pay any fees by the due date and although CADTH may at its discretion send reminders of unpaid fees, it shall not be obligated to do so.
- If payment remains outstanding after 45 calendar days, all work on the drug review will be temporarily suspended. Once a review is suspended, there is no assurance that the review will be completed in time for the originally targeted CDEC meeting. If the review of an application has been temporarily suspended due to non-payment of fees, CADTH makes no commitments or guarantees as to the date on which such work will be resumed, or the CDEC meeting at which the application will be considered.
- Once payment in full is received, CADTH will resume its work on the suspended application as soon as it can be reasonably accommodated based on available resources and application volumes.
- In the case of a request for reconsideration, the *CDEC Final Recommendation* will not be issued until full payment is received by CADTH.

Acceptable forms of payment include cheques, money orders, international bank drafts, credit cards (Visa, MasterCard), and wire transfers. Only Canadian funds are accepted.

Cheques, money orders, and international bank drafts should be made payable to “CADTH” or the “Canadian Agency for Drugs and Technologies in Health.” Cheques drawn from non-Canadian banks must be issued in coordination with a referenced Canadian bank (that is, referenced on the cheque); otherwise they will not be accepted. If insufficient fees are received, the drug submission, resubmission, or request for clarification or resubmission based on a reduced price during the embargo period will be returned to the applicant. Fees paid by a cheque that is not cleared through the CADTH bank account due to insufficient funds (NSF) will be considered outstanding. Any fees associated with the NSF cheque incurred by CADTH will be charged to the manufacturer. Any other fees associated with stop payment requests, closed account fees, or any other such charges will also be charged back to the manufacturer. Post-dated payments will not be accepted. Any overpayments will be refunded to the applicant.

Credit card payments (Visa, MasterCard) are accepted if the following information is provided:

- Cardholder's full credit card number
- Cardholder's name (as it appears on the credit card), address, and telephone number Expiry date of the credit card.

To pay by credit card, please complete the appropriate section on the invoice and return it to CADTH at the address provided above or call CADTH Accounts Receivable at 613-226-2553 ext. 1314.

Wire payments of invoiced fees will be accepted only when wired in Canadian funds to: Bank Name: TD Canada Trust
World Exchange Plaza — TD Tower 45 O'Connor Street
Ottawa, Ontario K1P 1A4

SWIFT: TDOMCATTTOR

Bank Number: 004

Transit Number: 03546

Beneficiary Name: Canadian Agency for Drugs and Technologies in Health (CADTH) Beneficiary Account Number: 7947-5208265

Please include your company name, product name, and invoice number with any wire payments.

Please ensure all service charges, including fees charged by your bank or any intermediary banks, are covered by your payment. CADTH is not responsible for any fees charged during the transfer process. Failure to pay the full amount outstanding will result in a balance owing on your account. Any payments sent in non-Canadian funds will be rejected. If problems occur with the transaction, please contact TD Canada Trust at 613-783-6619.

2.2.3 Performance Metrics for the CDR Process

Performance Metrics

Submissions	Performance Metric	Compliance Target	Refund for Non-Compliance
Screening of submission or resubmission and "Acceptance for Review"	10 business days	100%	NA
Date of "Acceptance for Review" to date of issuance of embargoed CDEC recommendation	180 calendar days	95%	10% of the application fee payable back to the manufacturer

Subject to the exceptions set forth below, if a refund is payable to an applicant based on non-compliance with the metric (i.e., not meeting the timelines for date of "Acceptance for Review" to date of issuance of embargoed CDEC recommendation), a refund as per the table above will be provided.

There may be instances in which CADTH is prevented from achieving the performance metric due to circumstances beyond the reasonable control of CADTH, including without limitation those circumstances set forth in the table below. CADTH shall not be in breach of the performance metrics and shall not incur any liability to the applicant or be responsible for any refund of application fees if and to the extent it is delayed and prevented from achieving the performance metrics due to circumstances beyond its control. During the period that such circumstances continue, the timelines shall be suspended. CADTH shall resume its work as soon as reasonably possible and the performance metric timelines shall resume from the date on which CADTH is reasonably

External Factors That May Influence CDR Timelinesable to resume its work.

Scenario
• Voluntary withdrawal by the applicant
• Temporary suspension of a review by CADTH due to factors other than incomplete information
• Time required for the applicant to provide additional information
• Temporary suspension of a review by CADTH due to incomplete information
• Substantial deviation between the proposed indication provided at the time of filing a submission on a pre-NOC basis and the final indication approved by Health Canada
• Temporary suspension of a review by CADTH due to non-payment of the application fee
• Deferral of the recommendation by CDEC pending clarification on specific issues
• Withdrawal of marketing authorization for a drug by Health Canada
• Non-issuance of marketing authorization by Health Canada
• Delay in issuing marketing authorization by Health Canada

CADTH = Canadian Agency for Drugs and Technologies in Health; CDR = Common Drug Review; CDEC = Canadian Drug Expert Committee.

Please refer to the *Procedure for Common Drug Review* and any applicable *CDR Updates* for details regarding each of the scenarios noted in the table above.

There may be other external factors not included in the preceding table that are beyond CADTH's control and may impact the timing of a review. The determination as to whether a circumstance leading to a delay is beyond the reasonable control of CADTH shall be made by CADTH, acting reasonably, and shall be final and binding on the applicant and all other parties. CADTH shall advise the applicant in writing, as soon as practicable after such circumstances arise, of the delay and the circumstances beyond the control of CADTH that have resulted in the delay.

2.2.4 Refunds of Application Fees

Except as expressly provided for in this guidance document, application fees are non-refundable regardless of the *CDEC Final Recommendation*. Manufacturers who voluntarily withdraw from the CDR process shall be entitled to receive a partial refund of the application fees in the following circumstances:

- Those who voluntarily withdraw from the CDR process after initiation of a review and before the CDR Clinical and Pharmacoeconomic Review Report(s) are sent to the manufacturer shall receive a refund of 50% of the total amount invoiced.
- Those who voluntarily withdraw after the CDR Clinical and Pharmacoeconomic Review Report(s) have been sent to the manufacturer, but before the date of the CDEC meeting at which the drug is scheduled to be reviewed, shall receive a refund of 25% of the total amount invoiced.

No refunds will be issued for voluntary withdrawal after the submission or resubmission has been reviewed by CDEC. Fees for requests for a resubmission at a reduced price during the embargo period are always non-refundable.

Details Regarding Refunds for CDR Application Fees

Refund Amount	Time of Voluntary Withdrawal From the CDR Process
50% refund	Before the CDR review reports are sent to the manufacturer
25% refund	After the manufacturer has received the CDR review reports, but before the targeted CDEC meeting
No refund	On or after the date of the targeted CDEC meeting

2.3 Deferred Fees and Fee Exemptions

Application fees for submissions, resubmissions, requests for resubmission based on a reduced price during the embargo period, and requests for reconsideration are not eligible for any application fee deferral or exemptions.

CDR Update — Issue 108 (September 2, 2014)

Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review

CADTH invited stakeholder comments and feedback on the *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review (CDR Update — Issue 107)*. CADTH would like to thank all stakeholders who responded to the consultation. Feedback was received from two industry association groups, 10 pharmaceutical companies, and one patient advocacy group.

CADTH carefully considered all stakeholder feedback. The revised *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review* are included in the August 2014 revised version of the *Procedure for the CADTH Common Drug Review*, as Appendix 1. The key changes made in response to stakeholder feedback received are as follows:

- The application fee for a resubmission based on new clinical information with or without new cost information has been reduced from \$72,000 to \$57,600 in Table 1 of the *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review*.
- The application fee for a resubmission based on new cost information only has been reduced from \$36,000 to \$7,000 in Table 1 of the *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review*.
- A discount will be provided for the review of subsequent indications. When an application is filed for the review of multiple indications at the same time and CADTH decides to conduct a standard CDR review for each indication, an application fee of \$72,000 will apply to only one of these indications and an application fee of \$57,600 (20% discount) will apply to each of the other indication(s) to be reviewed. In addition, for each subsequent indication for a drug filed sequentially at a later date, an application fee of \$57,600 will apply.
- The refund for non-compliance with the 180 calendar day performance metric in Table 3 of the *Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review* was increased from 10% to 25% of the application fee, payable to the manufacturer.

Please note, as originally announced by CADTH in May 2014, all submissions and resubmissions filed by manufacturers for drugs that receive a Health Canada Notice of Compliance (NOC) or Notice of Compliance with conditions (NOC/c) on or after September 1, 2014 are subject to an application fee.

Revised versions of the Procedure for the CADTH Common Drug Review and the Submission Guidelines for the CADTH Common Drug Review

CADTH is committed to continuous enhancements to the Common Drug Review (CDR) process and has made a number of important revisions and changes to the *Procedure for the CADTH Common Drug Review* and the *Submission Guidelines for the CADTH Common Drug Review*. Changes to both documents are effective immediately. Applicants currently preparing submissions should follow the new requirements. Please contact CADTH at requests@cadth.ca with any questions.

Note: Applicants should access all document templates referred to in the *Procedure for the CADTH Common Drug Review* (August 2014) and the *Submission Guidelines for the CADTH Common Drug Review* (August 2014) by using the hyperlinks within the documents or by accessing the templates from the CADTH website. This will ensure that the most recent versions of the various template forms are always used.

The *Submission Guidelines for the CADTH Common Drug Review* and the *Procedure for the CADTH Common Drug Review* are companion documents that must be read in conjunction with one another, as well as applicable issues of the *CDR Update*.

Changes to the Procedure for the CADTH Common Drug Review

The title of the *Procedure for Common Drug Review* has been revised to the *Procedure for the CADTH Common Drug Review*. The order of the content of the procedure document has been re-organized. Various sections of the procedure have been clarified and all applicable changes announced in *CDR Update issues 86 to 108* have been incorporated. The table below outlines key revisions.

Summary of Key CADTH Common Drug Review Procedural Changes

Procedural Revisions	Location
Discontinuation of hard copy submission requirements (CDR Update — Issue 93).	NA
CADTH has expanded the use of tailored CDR reviews for new combination products not containing funded components, on a case-by-case basis. Manufacturers are requested to complete and submit the New Combination Product Considerations Form to CADTH before filing a submission.	2.1.3
Expansion of submission types eligible to be filed on a pre-NOC basis (CDR Update — Issue 104).	2.2
Revised CADTH Common Drug Review process for requesting priority review status (CDR Update — Issue 102).	2.6
Establishment of early pre-submission meetings for select drug submissions meeting the specified characteristics (CDR Update — Issue 103).	3.1.2
Implementation of the voluntary pipeline notification procedure (CDR Update — Issue 104).	3.2.1
Implementation of the mandatory advanced notification of pending submissions and resubmissions (CDR Update — Issue 104).	3.2.2
Changes to the timing of category 2 requirements for submissions filed on a pre-NOC basis (CDR Update — Issue 98).	4.3
The terminology “deemed complete” and “deemed incomplete” will no longer be used to describe the results of category 1 requirement screening for submissions and resubmissions. These will be replaced by “accepted for review” or “not accepted for review.”	4.3 and 4.4
Incomplete category 2 requirements will not preclude placement of a review on the CDEC agenda (CDR Update — Issue 88).	4.3 and 4.4
Posting patient input submissions in their entirety (CDR Update — Issue 99).	5.5
Standardized procedure and process for the review of subsequent entry biologics through the CADTH Common Drug Review process (CDR Update — Issue 100).	6.3.3
The timelines and number of pages for manufacturers’ comments on CDR review report(s) have been harmonized for all submissions and resubmissions: seven days to provide comments and a six-page limit for comments.	6.6.1
In response to manufacturers’ requests, CADTH has increased the additional time period for manufacturers to identify redactions in the CDR Clinical and Pharmacoeconomic Review Report(s) from three to five days.	6.6.4
Incorporation of the procedure for redacting and posting the CDR Clinical and Pharmacoeconomic Review Report(s) on the CADTH website (CDR Update — Issue 87).	6.6.4
Updated CDEC recommendation options (CDR Update — Issue 91).	7.4.1
Revision of the procedure for a resubmission based on a reduced price during the embargo period to reflect revisions to the CDEC recommendation options (CDR Update — Issue 97).	8.5
Expanded criteria for temporary suspension of a CDR review due to incomplete information (CDR Update — Issue 101).	11.1
Incorporation of the new Guidelines for Manufacturers on Application Fees for the CADTH Common Drug Review (CDR Update — Issue 107).	Appendix 1

CDEC = Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; NOC = Notice of Compliance.

Changes to the Submission Guidelines for the CADTH Common Drug Review

The title of the *Common Drug Review Submission Guidelines for Manufacturers* has been revised to the *Submission Guidelines for the CADTH Common Drug Review*. The order of the content of the submission guidelines has been re-organized. Various sections of the document have been clarified and all applicable changes announced in *CDR Update issues 86 to 108* have been incorporated. The table below outlines key revisions including requirements that have been discontinued, revised, or added.

Summary of Key Submission Guideline Revisions

Requirement	Revision	Description
Category 1 Requirements		
Table of Contents	Discontinued	<ul style="list-style-type: none"> No longer required with the implementation of filing CDR applications in electronic format only.
Consecutive page numbering for category 1 requirements	Discontinued	
Hard copy submission requirements (CDR Update — Issue 93)	Discontinued	
Screening Acceptance Letter	Discontinued	<ul style="list-style-type: none"> These documents were previously required for all submissions filed on a pre-NOC basis and are no longer required.
Letter of Authorization from the Manufacturer	Discontinued	
Information to Be Sent to CADTH (table)	Discontinued	
Copies of Clarifaxes	Discontinued	<ul style="list-style-type: none"> Copies of Clarifaxes are no longer required at the time of filing a submission; however, they must be made available upon request from CADTH.
Study synopses for section 2.7.6 of the CTD	Discontinued	<ul style="list-style-type: none"> Individual study synopses are no longer required.
Signed cover letter	Revised	<ul style="list-style-type: none"> Harmonization of requirements for the signed cover letter across all submission types.
Executive Summary	Revised	<ul style="list-style-type: none"> New templates created for submissions and resubmissions.
Health Canada Reviewers' Report (PSEA or BSEAR)	Revised	<ul style="list-style-type: none"> The Health Canada PSEA or BSEAR is no longer considered "additional information" and is now a category 1 requirement.
Table of Studies	Revised	<ul style="list-style-type: none"> New template created and more detailed instructions provided. No longer restricted to Microsoft Word format and embedded PDF files are no longer required.
Tabular Listing of All Clinical Studies (from the CTD)	Revised	<ul style="list-style-type: none"> The "tabular listing of clinical studies" is now to be submitted from module 5.2 of the CTD.
Number of patients accessing a new drug pre-NOC and post-NOC	Revised	<ul style="list-style-type: none"> Clarification and new template created.
Commitment to Honour Submitted Price	Revised	<ul style="list-style-type: none"> A signed commitment to honour the submitted price for all drug plans using the Commitment to Honour Submitted Price template will be required for all submissions and resubmissions, irrespective of whether or not the submitted price is confidential.
Table of Clarifaxes	Revised	<ul style="list-style-type: none"> Required for all submissions filed on a pre-NOC or post-NOC basis. More detailed instructions have been included regarding what type of Clarifaxes and responses to include in the table, as well as up to what point in time to provide them for in the initial submission. Details about when to revise the table of Clarifaxes and submit copies of further Clarifaxes and responses after a category 1 submission has been filed on a pre-NOC basis have been included.
Critical studies, Editorials and Errata Validity of Outcomes, New Data	Revised	<ul style="list-style-type: none"> A document listing all references included for each of these requirements has been added. This reference list must be the first file in each of these folders. "Critical studies" requirement renamed "clinical studies" and to include copies of any errata for any published studies provided. Copies of editorials requirement separated from errata and to be provided for studies listed in the first section of the "table of studies" requirement.
CONSORT diagrams	Revised	<ul style="list-style-type: none"> Required for trials identified as pivotal trials in Health Canada documentation, as well as any other key trials included in the submission as per the first section of the "table of studies" requirement.
Letter for sending NOC or NOC/c to CADTH for submissions filed on a pre-NOC basis	Revised	<ul style="list-style-type: none"> Also, new template created.
Letter for confirming finalized category 1 requirements for submissions filed on a pre-NOC basis	Revised	<ul style="list-style-type: none"> Also, new template created.

Requirement	Revision	Description
Population to be included in pharmacoeconomic analyses	Revised	<ul style="list-style-type: none"> Revisions made to the population to be included in pharmacoeconomic analyses as clarified in CDR Update — Issue 98.
Price to be used in budget impact analyses	Revised	<ul style="list-style-type: none"> Revisions made to clarify that the base unit price to be used in budget impact analyses must be the same as the category 1 submitted price, as communicated in CDR Update — Issue 98.
Submission and resubmission requirement checklists	Revised	<ul style="list-style-type: none"> Checklists have been revised and new checklists added to encompass the various types of submissions and resubmissions filed on a pre-NOC or post-NOC basis.
Electronic file structure and naming format for submissions and resubmissions	Revised	<ul style="list-style-type: none"> Instructions and file structures revised and expanded.
Application overview template	New	<ul style="list-style-type: none"> New template created. A brief high-level summary of the submission.
Submission guidelines for subsequent entry biologics (SEBs)	New	<ul style="list-style-type: none"> As communicated in CDR Update — Issue 100, submission requirements specific for SEBs have been incorporated.
Expansion of tailored CDR reviews for new combination products	New	<ul style="list-style-type: none"> Manufacturers are requested to complete and submit a New Combination Product Considerations Form to CADTH before filing a CDR submission for a new combination product.
Requesting priority review status	New	<ul style="list-style-type: none"> As communicated in CDR Update — Issue 102, submission requirements for requesting priority review status have been incorporated.
Category 2 Requirements		
Letter Confirming Ability to Supply	Discontinued	<ul style="list-style-type: none"> As communicated in CDR Update — Issue 98, CADTH has discontinued a number of category 2 requirements.
Drug Notification Form	Discontinued	
Product Patent Expiration Date	Discontinued	
CPS listing	Discontinued	
PAAB-approved/draft promotional materials	Discontinued	
Number of patients accessing new drugs pre-NOC and post-NOC	Discontinued	
Disease prevalence and incidence	Discontinued	

BSEAR = Biologics Safety and Efficacy Assessment Report; CDR = CADTH Common Drug Review; CPS = Compendium of Pharmaceuticals and Specialties; CTD = Common Technical Document; NOC = Notice of Compliance; NOC/c = Notice of Compliance with conditions; PAAB = Pharmaceutical Advertising Advisory Board; PSEA = Pharmaceutical Safety and Efficacy Assessment.

CDR Update — Issue 109 (February 26, 2015)

CADTH Common Drug Review Backlog Cleared — Effective February 24, 2015

In March of 2013, the number of submissions to the CADTH Common Drug Review (CDR) started to surpass our capacity to conduct the reviews in accordance with established timelines. Over time, this led to a rather extensive backlog of submissions. CADTH is pleased to announce that the backlog of applications for submissions and resubmissions to CDR has been cleared. Going forward, CADTH has a comprehensive risk mitigation strategy in place to prevent the recurrence of a backlog in CADTH's drug review programs. We will also continue to evaluate and improve our drug review processes to ensure that Canadians benefit from timely, evidence-informed formulary listing recommendations.

CADTH Common Drug Review Priority Review Process On Hold

Because CADTH has cleared the backlog of CDR applications, there is no longer a rationale for the priority review process, as all submissions and resubmissions are being initiated within 10 business days of acceptance for review. Effective immediately, CADTH has put the CDR priority review application process on hold. In the future, CADTH will review the CDR priority review process, as required, in consultation with the jurisdictions and stakeholders.

Revisions to the Canadian Drug Expert Committee Meeting Schedule

The April 2015 Canadian Drug Expert Committee (CDEC) meeting will be held on April 8, to accommodate for the 2015 CADTH Symposium from April 12 to 14, 2015, in Saskatoon, SK. Note that the "review initiated by" date for CDR applications to be considered at the April CDEC meeting remains unchanged. An additional CDEC meeting will be held on August 19, 2015. Reviews initiated by April 17, 2015, will target the August CDEC meeting.

Please refer to the "Targeted Canadian Drug Expert Committee Meeting" subheading on the CADTH website for the revised targeted CDEC meeting schedule.

Revisions to Product Monograph Following Acceptance of Category 1 Requirements for Review

Effective immediately, all applicants with submissions or resubmissions being reviewed through the CDR process must notify CADTH, up until the time that the *CDEC Final Recommendation* is issued, of any changes to the Health Canada–approved product monograph for the drug under review. Upon Health Canada approval of the revisions, applicants are required to notify CADTH immediately by email (requests@cadth.ca) of the specific changes and provide a copy of the revised product monograph.

Following notification, CADTH will assess the nature and extent of the changes and determine the timelines required to review and, if necessary, incorporate the changes into the CDR review report(s). This could result in the review timelines being delayed, including the submission being considered at a later CDEC meeting or a delay in issuing the *CDEC Final Recommendation*. The manufacturer will be apprised of any revisions to the anticipated timeline for the review.

Failure by the applicant to inform CADTH of any changes to the product monograph could result in temporary suspension of the review, deferral by CDEC, or the subsequent recommendation not reflecting the most currently available product monograph information relating to the drug under review.

Pilot Extension for Individual Patient Input to the CADTH Common Drug Review

CADTH is further extending the pilot to receive patient input submissions from individual patients and caregivers for an additional six months (until August 3, 2015).

CADTH will accept patient input from individual patients or caregivers when there is no patient group or related patient group representing those with a condition for which a drug under review is indicated. Please note that individual patient or caregiver input will not be accepted in cases where organized patient group(s) representing the particular condition exists.

If you are interested in providing individual input and are uncertain as to whether a group exists, please contact CADTH for confirmation. Contact us by telephone at 613-226-2553 or by email at requests@cadth.ca. In most cases, we will be able to help you identify a relevant patient group with which you can share your experiences.

If CADTH confirms that no relevant patient group exists, we will provide you with the individual patient and caregiver template. The process for providing input as an individual is essentially the same as the process for providing input as a patient group. See Patient Input for details.

CDR Update — Issue 110 (March 5, 2015)

Revised Category 1 Requirements for New Combination Products that are Eligible for a Tailored CDR Review

Effective immediately, CADTH has revised the category 1 requirements of for new combination products (funded components) and new combination products designated by CADTH to undergo a tailored CDR review.

- Revised tailored CDR review template

Key revisions include additional space for capturing the results of key clinical studies and publicly available listing status for the individual components of the combination.

- Revised category 1 requirements

New requirements include copies of sections 2.5, 2.7.1, 2.7.3, and 2.7.4 of the Common Technical Document modules (as applicable) and copies of any other source documentation that are referenced in the tailored review template and are required to verify data provided in the completed tailored review template.

As noted in the *Submission Guidelines for the CADTH Common Drug Review* (August 2014) all manufacturers who are planning to file a submission for any new combination product are required to complete and submit the following template to CADTH (requests@cadth.ca) before filing the submission:

- New Combination Product Considerations Form

CADTH will review the provided information and, with input from the drug plans, determine if the new combination product should undergo either a tailored or standard CDR review.

CDR Update — Issue 111 (September 23, 2015)

1. CADTH Consultation: Revisions to the Common Drug Review Procedure

Purpose

CADTH is inviting stakeholder comments and feedback on the following proposed revisions to the *Procedure for the CADTH Common Drug Review (CDR)*:

- Revised deadline for voluntary withdrawal of CDR submissions and resubmissions
- Sharing of CADTH reviewers' responses to manufacturer comments

Deadline for Feedback

Please email your feedback by **5:00 pm Eastern Time on October 15, 2015** to feedback@cadth.ca. All feedback will be considered by CADTH.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided using 11-point font in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- The maximum length of feedback is three pages per response.
- Feedback should be presented clearly and succinctly.

2. Updated Template for Manufacturer Comments on CDR Review Report(s)

CADTH has updated the format of the template for manufacturers to provide comments on the *CDR Clinical Review Report* and *CDR Pharmacoeconomic Review Report* for a standard CDR review, as well as the combined *CDR Clinical and Pharmacoeconomic Review Report* in the case of a tailored CDR review. Although the format is different, the new 10-page limit allotted for comments (excluding references) provides the same amount of space as the previous template with a six-page limit. Please note that the formatting of the template document (e.g., page margins, table column widths) is not to be altered, as outlined in the first row of the table in the template.

CDR Update — Issue 112 (September 30, 2015)

Consultation on CADTH's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) Procedures

Call for Feedback Deadline: 5:00 pm EST on November 9, 2015 via e-mail to: feedback@cadth.ca

CADTH is inviting stakeholder comments on the proposed revisions to both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures on:

- [a mandatory advance notification period for submitters/manufacturers of 180 calendar days](#)
- [disclosure of the submitted price for drug products undergoing review by CADTH](#)

Please access the consultation details by clicking on the links above.

Background and Context

CADTH is building on past experiences, learnings, and successes of CDR and pCODR to create more transparent and predictable processes for all stakeholders. As part of the work to align pCODR and CDR, and to build on best practices of both review processes, CADTH is proposing the following changes:

1. Mandatory advance notification period of 180 calendar days

CADTH is proposing to establish a mandatory advance notification period of 180 calendar days for all pending submissions and resubmissions to CDR and pCODR. As part of this initiative, the submitter/manufacture would also be required to provide a follow-up confirmation of the anticipated filing date one month before that date, at which time there would be public notification to allow patient groups time to prepare their input in the process. The key objective of having advance notification is to help CADTH improve forecasting of the quantity and type of CDR and pCODR applications to be filed. This, in turn, will help with better resource planning, including clinical expert recruitment, and budgeting for both programs.

2. Disclosure of the submitted price

Over the years, CADTH has encountered a variety of issues concerning different interpretations by pharmaceutical manufacturers when the “submitted price” for a drug is filed as a confidential price for review through CDR or pCODR. These situations have led to confusion between individual manufacturers and CADTH jurisdictional customers. In view of this, CADTH is proposing that a submitter/manufacture be required to agree to the disclosure of the submitted price (i.e., the submitted price will no longer be considered confidential). This revision would enhance transparency for both the CDR and pCODR processes.

CDR Update — Issue 113 (October 6, 2015)

Expanding the CADTH Drug Review Process to Receive Patient Input Submissions from Individual Patients and Caregivers

Patient input is a valued aspect of CADTH drug review programs. CADTH seeks input from patient groups, rather than from individuals, to encourage diversity of voices and experiences.

Based on stakeholder feedback received in May 2015, CADTH is pleased to announce that in the limited instances where no Canadian patient group exists, individual patient and caregiver input will now be accepted for the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs on or after October 6, 2015.

In summer 2013, CADTH introduced a pilot process within CDR to receive individual patient input. Under the pilot, CDR accepts input from individual patients and caregivers when there is no patient group representing those with a condition for which a drug under review is indicated.

Now, as part of our efforts to align the CDR and pCODR programs and to build on best practices, pCODR will accept patient input from individual patients and caregivers when there is no patient advocacy group representing patients with the particular tumour for which a drug under review is used.

Please note that for both CDR and pCODR, individual patient and caregiver input will not be accepted when one or more patient groups exist that represent the particular condition or tumour for which a drug under review is used. Where patient groups do exist, individual patients and caregivers are encouraged to work directly with a patient group to have their input included in the group's submission.

Individual patients and caregivers who wish to submit input for a drug review should first contact CADTH at requests@cadth.ca or info@pcodr.ca to confirm the absence of a relevant patient group.

Upon confirmation that no relevant patient group exists, CADTH will provide interested individuals with the individual patient and caregiver template for completion. The process for providing input, and how CADTH uses that input, remains the same as that for patient groups.

To learn more about the individual patient input process for CDR, please see the [Patient Input](#) section of the CADTH website.

To learn more about the individual patient input process for pCODR, please see the updated Patient Engagement Guide. We have also included a list of frequently asked questions to guide individual patients and caregivers who are planning to submit input.

CDR Update — Issue 114 (October 9, 2015)

IMPORTANT NOTICE: Consultation on Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs

Call for Feedback Deadline: November 9, 2015 at 5:00 p.m. ET via email to feedback@cadth.ca.

CADTH is inviting stakeholder comments and feedback on the [proposed framework to align drug expert committee recommendations](#) to be used in both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs.

Background and Context

At the Stakeholder Engagement Session held on February 5, 2015, CADTH announced its intent to create a single recommendation framework that is applied by its drug expert committees (the CADTH Canadian Drug Expert Committee [CDEC] and the CADTH pCODR Expert Review Committee [pERC]).

The table below summarizes the current CDR and pCODR categories of recommendation options.

Current Recommendation Categories

CDR Recommendation Categories	pCODR Recommendation Categories
<p>There are four recommendation categories:</p> <ul style="list-style-type: none">• List• List with clinical criteria and/or conditions• Do not list at the submitted price• Do not list	<p>There are three recommendation categories:</p> <ul style="list-style-type: none">• Recommend to fund• Recommend to fund with conditions• Do not recommend funding

As part of the ongoing process to align the two programs, CADTH and the participating jurisdictions have agreed that the following three recommendation categories and terminology will be adopted for use in both CDR and pCODR:

- Reimburse
- Reimburse with clinical criteria and/or conditions
- Do not reimburse

In view of these changes, CADTH is drafting a [revised recommendation framework](#) for CDR and pCODR based on the three new categories. This proposed framework is intended to be incorporated into the existing deliberative frameworks and processes to support the CADTH drug expert committees in making recommendations to the participating jurisdictions to guide their reimbursement decisions.

We are inviting all interested parties to provide feedback on the [proposed recommendation framework](#) using [this template](#). The deadline for submitting feedback is **November 9, 2015 at 5:00 p.m. ET**.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CDR Update — Issue 115 (November 2, 2015)

1. Changes to Number of Copies of the Economic Model and Category 1 Requirements to be Filed

- a) The current version of the *Submission Guidelines for the CADTH Common Drug Review* requires manufacturers to provide three copies of the economic model supporting the pharmacoeconomic assessment on separate CDs, DVDs, or USB flash drives when filing category 1 requirements for a standard CDR review of a submission or for the review of a resubmission. Going forward, CADTH has revised the number of copies of the economic model to be provided at the time of filing category 1 requirements to one. This single copy is to be included on the single CD, DVD, or USB flash drive with all of the other category 1 requirements filed. The economic model and supporting documentation files are to be included in the “Economic information” folder, as outlined in the *Electronic File Structure and Naming Format* information included as Appendix 9 of the above-noted submission guidelines.

Copies of Economic Model Requirement — Sections of the *Submission Guidelines for the CADTH Common Drug Review* Impacted

Economic Model Requirement: Section of CDR Submission Guidelines	Present Number of Copies Required (on Separate CDs, DVDs, or USB Flash Drives)	Revised Number of Copies Required (on the Single CD, DVD, or USB Flash Drive With Other Category 1 Requirements)
Section 5.1.1(d)(ii) [page 17]	3	1
Section 7.1(c)(ii) [page 40]	3	1
Appendix 8 checklists: Table 22 [page 74], Table 23 [page 77], Table 28 [page 89]	3	1
Appendix 9 [page 94, 97, 104]	3	1

Economic model and supporting information files are to be included in the “Economic information” file folder on the single CD, DVD, or USB flash drive with all of the other category 1 requirements filed. See *Appendix 9: Electronic Files Structure and Naming Format* of the *Submission Guidelines for the CADTH Common Drug Review*.

- b) Similarly, the current version of *Submission Guidelines for the CADTH Common Drug Review* requires manufacturers to provide three or five additional copies of the category 1 requirements on separate CDs, DVDs, or USB flash drives once category 1 requirements have been accepted for review. Going forward, CADTH no longer requires these additional copies of the category 1 requirements. The following revision applies to section 4.2 on page 9 of the *Submission Guidelines for the CADTH Common Drug Review*:

4.2 Application Screening and Additional Copies

- CADTH screens applications for submissions and resubmissions in accordance with the *Procedure for the CADTH Common Drug Review* sections 4.3 and 4.4.
- When category 1 requirements for a submission or resubmission have been accepted for review, CADTH sends an acknowledgement to the manufacturer. No further copies of the category 1 requirements are required by CADTH.

Sections 4.3 and 4.4 of the *Procedure for the CADTH Common Drug Review* that make reference to CADTH requesting further copies of category 1 requirements are also no longer applicable.

2. Clarification: Health Canada Clinical Reviewer Report(s) Category 1 CDR Requirement

The description of the “Health Canada Clinical Reviewer Report(s)” category 1 requirement for submissions filed on a pre- or post-Notice of Compliance (NOC) basis is being clarified as follows:

- Copies of all Health Canada clinical reviewer reports (*Pharmaceutical Safety and Efficacy Assessments* [PSEAs] or *Biologics Safety and Efficacy Assessment Reports* [BSEARs], as applicable to the submission filed) pertaining to the evaluation of pivotal safety and efficacy clinical trials, including those associated with any previous negative decision received during any review iteration, for the indication to be reviewed through the CDR process must be provided.

This clarification applies to sections 5.1.1(b)(ii) and 5.1.3(b)(ii) of the *Submission Guidelines for the CADTH Common Drug Review*. Please be reminded that section 5.1.2 of the current *Submission Guidelines for the CADTH Common Drug Review* has been replaced by the revised Category 1 Requirements for New Combination Products with Funded Components of CADTH Designated Tailored Reviews (March 2015) included in CDR Update — Issue 110.

Note: a Health Canada clinical reviewer report for a drug reviewed through Health Canada's Therapeutic Products Directorate is called a PSEA; for a product reviewed through the Biologics and Genetic Therapies Directorate, it is called a BSEAR.

3. Clarification: Health Canada Approvals Accompanied by Change to Indicated Population Age Range

Section 2.1.1 of the *Procedure for the CADTH Common Drug Review* defines a new drug as follows:

A new drug is a new active substance that has not been previously marketed in Canada, regardless of when the NOC or NOC/c was issued. A new drug submission includes a new salt of a marketed product, but does not include the following variations of existing products being funded by drug plans (line extensions) containing the same active substance(s):

- New dosage form with the same route of administration (e.g., if a drug in tablet form becomes available in capsule form, a submission for the capsule is not required).
- New strength of the same dosage form (e.g., if a 200 mg tablet becomes available in addition to an already-marketed 100 mg tablet, a submission for the 200 mg tablet is not required).

CADTH has recently encountered several instances where manufacturers have received Health Canada regulatory approval for a new dosage form of an existing drug product that is accompanied by a change to the age range of the indicated patient population. In these specific situations, the indication for each drug was revised to specify that the product is indicated for use in younger patients. CADTH has consulted with the CDR-participating jurisdictions regarding these situations and would like to clarify that all drug product approvals that include a change to the indicated population age range are eligible and should be filed with CADTH for review through the CDR process.

Should there be any questions regarding the information provided in this *CDR Update*, please send the details by email to requests@cadth.ca

CDR Update — Issue 116 (February 25, 2016)

Update on Procedures for the CADTH Common Drug Review and pan-Canadian Oncology Drug Review: Mandatory Disclosure of a Submitted Drug Price

In late September 2015, CADTH invited stakeholder comments and feedback on proposed revisions to the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures that would require a submitter/manufacture to agree to the disclosure of a submitted price for a drug product undergoing a health technology assessment (HTA). Under these revised procedures, CADTH would no longer accept a confidential price, and a submitter/manufacture would provide a submitted drug price that could be disclosed in the recommendation and reports.

We would like to thank all stakeholders who responded to the consultation. Feedback was received from five patient advocacy groups, nine pharmaceutical companies, two industry association groups, and one private payer association. Highlights of key comments received from stakeholders include the following:

- A number of stakeholders stated their support of CADTH's commitment to enhance the transparency of both drug review programs with the proposal to have a disclosable drug price.
- Stakeholders also offered some recommendations to support the principle of transparency — for example, requiring submitters/manufacturers to conduct their economic analyses using the market list price to enable the closest “apples to apples” comparison with currently reimbursed options. Other recommendations included clarifying that a negative recommendation should not be applied to situations where the only concern is related to price, but should instead be reserved for those products lacking clinical effectiveness and/or demonstrating clinical harms.
- Some stakeholders wanted to keep prices confidential because of the competitive nature of the business; disclosure of a submitted drug price, in their opinion, could potentially lessen their ability to negotiate with payors.

CADTH and the jurisdictions that participate in the CDR and pCODR processes carefully considered the feedback from this consultation. We appreciate the thoughtful feedback received and recognize the importance of transparency within the HTA review process. Transparency helps reduce assumptions made by other stakeholders and eliminates confusion regarding the nature of the submitted price for the drug under review and its comparators. Payer negotiations function separately from CADTH's work and assumptions related to non-transparent pricing should not be linked to the HTA review processes. As supported under our recommendation framework, an unconditional negative recommendation arises in situations where there are concerns related to the clinical data.

Revised Procedures for CDR and pCODR

In view of the above, for all drug applications filed for review through either the CDR or pCODR process on or after April 1, 2016, CADTH will no longer accept confidential submitted prices. The submitted price will be disclosed in all applicable CDR and pCODR review reports, as well as CADTH Canadian Drug Expert Committee (CDEC) and CADTH pCODR Expert Review Committee (PERC) recommendation documents posted on the CADTH website.

Revised CDR Documentation (for applications filed on or after April 1, 2016):

Applicants planning to file a submission or resubmission on or after April 1, 2016, should consult the following document:

- [Summary of Revisions to the Procedure for the CADTH Common Drug Review and the Submission Guidelines for the CADTH Common Drug Review](#)

Current CDR Templates (for applications filed before April 1, 2016):

Applicants planning to file a submission or resubmission before April 1, 2016, must use the following templates:

- Application Overview Template
- Commitment to Honour Submitted Price Letter

Revised CDR Templates (for applications filed on or after April 1, 2016):

Applicants planning to file a submission or resubmission on or after April 1, 2016, must use the following templates:

- [Application Overview Template](#)
- [Commitment to Honour Submitted Price Letter](#)

Revised pCODR Documentation and Templates:

- [pCODR Procedures](#)
- [pCODR Submission Guidelines](#)
- [pCODR Disclosure of Information Guidelines](#)

2. Revised Procedure for Providing CADTH Review Team's Responses

In *CDR Update — Issue 111*, CADTH invited stakeholder comments and feedback on a proposed revision to the *Procedure for the CADTH Common Drug Review* to provide manufacturers with the CDR review team's responses to their comments. Feedback was generally supportive of CADTH's proposal to provide manufacturers with the CDR review team's responses to their comments on the draft clinical and pharmacoeconomic review reports.

Effective for all submissions and resubmissions targeting the April 2016 CDEC meeting and onward, manufacturers will be sent the CDR review team's responses to their comments eight business days prior to the CDEC meeting. CADTH will forward the CDR review team's responses to the manufacturer for information only.

Revisions to the Procedure for the CADTH Review Team's Responses

Procedure	Current Procedure	Revised Procedure
Manufacturer comments (section 6.6.2 d)	The CDR review team's responses are shared with CDEC; however, they are not distributed to the manufacturer.	CADTH forwards the CDR review team's responses to the manufacturer for information. <ul style="list-style-type: none">The responses will be provided eight business days prior to the targeted CDEC meeting.The responses will be provided for information only.

3. Revised Procedure for Voluntary Withdrawal

In *CDR Update — Issue 111*, CADTH invited stakeholder comments and feedback on a proposed revision to the *Procedure for the CADTH Common Drug Review* to implement a revised deadline for voluntary withdrawal of five business days before the CDEC meeting.

There was acknowledgement from the majority of respondents that permitting voluntary withdrawal up until the day the *CDEC Final Recommendation* is issued represents a non-transparent and inefficient use of CADTH's resources; however, there was concern regarding the proposed time frames for receiving the responses and the cut-off for voluntary withdrawal. In response to feedback from stakeholders, CADTH will revise the procedure to provide manufacturers with five business days to review the CADTH review team's responses to their comments prior to the deadline for voluntary withdrawal from the CDR process.

Effective for all submissions and resubmissions targeting the April 2016 CDEC meeting and onward, manufacturers will have until 4:00 p.m. ET three business days prior to the CDEC meeting to voluntarily withdraw from the CDR process (e.g., for a review targeting consideration at the April 20, 2016 CDEC meeting, a voluntary withdrawal would have to be received at CADTH by 4:00 p.m. EST on April 15, 2016).

Revisions to the Procedure for Voluntary Withdrawal and CADTH Review Team's Responses

Procedure	Current Procedure	Revised Procedure
Voluntary withdrawal (section 10.2)	An applicant may request that a submission or resubmission be withdrawn from the review process at any time up to the targeted date on which CADTH is scheduled to issue the notice of <i>CDEC Final Recommendation</i> .	An applicant may request voluntary withdrawal from the CDR review process at any time up until 4:00 p.m. ET three business days before the date on which CDEC is scheduled to deliberate on the submission or resubmission.

4. Revised Procedures for Category 2 Requirements

In accordance with the current *Procedure for the CADTH Common Drug Review*, CADTH will not issue the *CDEC Final Recommendation* in absence of complete category 2 requirements. Effective for all submissions and resubmissions targeting the April 2016 CDEC meeting and onward, CADTH will not issue the embargoed CDEC recommendation unless category 2 requirements have been filed. In addition, CADTH will no longer screen category 2 requirements for completeness; however, manufacturers are still required to file copies of category 2 requirements with CADTH. At the request of the CDR-participating drug plans, CADTH will support the drug plans by ensuring that they are provided with copies of category 2 requirements filed with CADTH prior to the targeted CDEC meeting (see also item 5 below).

Please consult the documents below for related revisions to the CDR procedure and submission guidelines:

- [Revised Procedure for Screening CADTH CDR Applications](#)
- [Revised Submission Guidelines for Category 2 Requirements](#)

Table 3: Summary of Revisions to the Procedure for Category 2 Requirements

Procedure	Current Procedure	Revised Procedure
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Screening of Submissions and Resubmissions (sections 4.3 c and 4.4 c)	When not provided at the same time as category 1 requirements, category 2 requirements should be submitted at least 20 business days before the targeted CDEC meeting at which the submission or resubmission will be considered. Incomplete category 2 requirements will not preclude CDR reviews from being placed on the agenda of the targeted CDEC meeting; however, the <i>CDEC Final Recommendation</i> will not be issued until all category 2 requirements are complete.	When not provided at the same time as category 1 requirements, category 2 requirements should be filed at least 20 business days before the targeted CDEC meeting at which the submission or resubmission will be considered. Delayed filing of category 2 requirements will not preclude a CDR review from being placed on the agenda of the targeted CDEC meeting; however, the <u>embargoed</u> CDEC recommendation will not be issued until category 2 requirements are received.
Releasing the Embargoed CDEC Recommendation (section 8.2)	Not applicable	The embargoed CDEC recommendation will not be issued until category 2 requirements are received.

5. CADTH to Provide Drug Plans With Copies of CDR Submission or Resubmission Materials

CADTH has begun providing authorized recipients from the CDR-participating drug plans with copies of all category 1 and category 2 requirements prior to the targeted CDEC meeting at which the submission or resubmission is scheduled to be discussed. CADTH will provide copies of the category 1 and category 2 requirements to the CDR-participating drug plans to ensure that they have this information prior to the targeted CDEC meetings.

CADTH is updating stakeholders regarding this process change for information only. Manufacturers are still required to provide copies of their CDR submission or resubmission, including all drug plan-specific requirements, to the individual drug plans (i.e., CADTH is not providing the CDR category 1 and category 2 requirements on behalf of the manufacturer).

6. Password Protection on Confidential File Transfers

CADTH has added password protection when sending confidential files to manufacturers and other authorized recipients. Recipients will now be required to enter a password prior to accessing files. The following file transfers will be affected:

- Clinical and pharmacoeconomic review reports
- Embargoed CDEC recommendations
- *CDEC Final Recommendations*.

CADTH will assign a unique password for all CDR projects for which confidential files will be distributed. This password will be required in order to download all documents related to the corresponding project. Manufacturers will be provided with the password in the letter notifying them that the category 1 requirements have been accepted for review. Passwords for CDR reviews that are currently in progress will be provided to the recipient via email prior to the first file transfer that requires use of a password.

Any questions regarding password protection for confidential file transfers should be directed to requests@cadth.ca.

7. Total Email Attachments File Size Threshold

In cases where the current *Submission Guidelines for the CADTH Common Drug Review* indicate that specific outstanding, updated, or finalized category 1 requirements can be provided to CADTH by email to requests@cadth.ca, CADTH has revised the total email attachment(s) file size threshold from 10 MB to 20 MB.

If the total attachments file size for a single email exceeds 20 MB and consists of multiple documents, the documents can be divided among multiple emails as attachments. In cases where a single attachment's file size exceeds the 20 MB threshold, the document will have to be provided to CADTH on a CD, DVD, or USB flash drive sent to the attention of CADTH's Central Intake.

Please note that any CDR requirements sent to CADTH using the requests@cadth.ca email or received through Central Intake will be acknowledged with an email listing the names of the specific files received. This is in addition to the automatically generated response sent by the requests@cadth.ca email account. In cases where you have not received specific acknowledgement by the end of the next business day for any files sent by email to requests@cadth.ca, or after the expected day of receipt of files delivered to CADTH on a CD, DVD, or USB flash drive, please send a follow-up email to requests@cadth.ca.

The information above regarding the total email attachment(s) file size threshold, as well as specific acknowledgement of attachments received, also applies to any "additional information" requested by the assigned submission coordinator for a specific drug actively under review through the CDR process. In these cases, please follow up directly with the

submission coordinator if you have not received acknowledgement of receipt within one business day of the anticipated date of receipt for the email, or CD, DVD, or USB flash drive.

8. Clarification: Requesting Health Canada Clinical Reviewer Report(s) From Health Canada

The filing of Health Canada Clinical Reviewer Report(s) is a category 1 CDR requirement (see also [CDR Update — Issue 115](#)). Should the report(s) not be available at the time of filing category 1 requirements, manufacturers are reminded that it is their responsibility to request, in writing, a copy of the report(s) from the appropriate Health Canada reviewing Bureau or Centre Director and to provide it to CADTH by email to requests@cadth.ca as soon as available (i.e., on the day of, or next business day after, receipt from Health Canada). The report(s) can be requested as soon as the Notice of Compliance or Notice of Compliance with conditions has been issued. In accordance with current guidelines, Health Canada aims to provide requested reviewer report(s) to sponsors within 30 calendar days from receipt of the request.

CDR Update — Issue 117 (February 25, 2016)

CADTH Consultation: Proposed Revision to the CADTH Common Drug Review Procedure

CADTH is inviting stakeholder comments and feedback on the following proposed revision to the *Procedure for the CADTH Common Drug Review*:

- [Extending the time frame for releasing the embargoed CADTH Canadian Drug Expert Committee \(CDEC\) recommendation, which is currently five to seven business days, to eight to 10 business days after the CDEC meeting.](#)

Please access the consultation document as hyperlinked above.

Deadline for Feedback

Please email your feedback by **5:00 p.m. EST March 24, 2016**, to feedback@cadth.ca. All feedback submitted as follows will be considered by CADTH.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided using 11-point font and saved in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.
- The maximum length of feedback is one page per response to this consultation.

Next Steps

The final decision regarding the proposed revision to the CADTH Common Drug Review (CDR) procedure will be made after careful assessment of stakeholder feedback generated from this consultation and communicated in a future *CDR Update*.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CDR Update — Issue 118 (March 24, 2016)

1. Introducing a Common CADTH Recommendation Framework and Establishing a Minimum Period of 120 Calendar Days for Advance Notification of Anticipated Submissions and Resubmissions for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs

CADTH would like to thank all stakeholders who responded to our recent consultations.

Regarding the proposed recommendation framework for the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs, CADTH received feedback from two industry association groups, nine drug manufacturers, three patient advocacy groups, a consulting firm, a health economist, committee members, and public drug plans. Feedback was also received on proposed revisions to the CADTH CDR and pCODR procedures that would establish a set minimum advanced notification period from five patient advocacy groups, eight pharmaceutical companies, two industry association groups, and one consulting firm.

A. Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs

In collaboration with the participating jurisdictions and with input from stakeholders, CADTH is pleased to announce that we have established a single recommendation framework to support our drug expert committees (the CADTH Canadian Drug Expert Committee [CDEC] and the CADTH pCODR Expert Review Committee [pERC]) in making recommendations to the participating jurisdictions to guide their reimbursement decisions. To learn more about the new recommendation framework for the CADTH Drug Review programs, please consult the following documents:

- for CDR program:
 - [Recommendations Framework](#)
 - [Summary of revisions to CDR procedure and submission guidelines](#)
- for pCODR program:
 - [Recommendations Framework](#)

B. Establishing a Minimum Period of 120 Calendar Days for Advance Notification of Anticipated Submissions and Resubmissions

CADTH will be implementing changes to the *CDR Procedures* and *pCODR Procedures* that will require all manufacturers/submitters to provide a minimum 120 calendar days advance notification for anticipated submissions and resubmissions. This requirement will apply to all *CADTH Pre-submission Information Requirements Forms* received on May 1, 2016 and onwards, and would pertain to all submissions and resubmissions filed on or after September 1, 2016. This procedural revision has been made to improve forecasting of the quantity and type of CDR and pCODR applications to be filed. This, in turn, will help with better resource planning, including clinical expert recruitment, and budgeting for both programs. In addition, this revision will ensure that CADTH has reasonable time to work with the manufacturer/submitter to prepare them for the submission process.

For more detail about this new requirement, please see our update on [Procedures for the CADTH Common Drug Review and pan-Canadian Oncology Drug Review: Establishing a Minimum Period of 120 Calendar Days for Advance Notification of Anticipated Submissions and Resubmissions](#)

Should you have any questions regarding the above information, please contact us at requests@cadth.ca.

2. New Implementation Dates for Revisions to the Procedure for Voluntary Withdrawal and Providing CDR Review Team's Responses

Due to a high workload volume and ensuring submissions are reviewed in a timely manner, CADTH is deferring the effective date of the following two CDR procedural revisions initially outlined in *CDR Update — Issue 116*:

- the timing of CDR review team's responses being provided to the manufacturer, and
- the revised CDR voluntary withdrawal procedure.

The revised date for these two procedural changes coming into effect is now for all submissions and resubmissions targeting the May 2016 CDEC meeting and onward. The procedural changes including the new effective date are restated below for clarity; CADTH apologizes for any inconvenience.

A. Revised Procedure for Providing CDR Review Team's Responses

In *CDR Update — Issue 111*, CADTH invited stakeholder comments and feedback on a proposed revision to the *Procedure for the CADTH Common Drug Review* to provide manufacturers with the CDR review team's responses to their comments. Feedback was generally supportive of CADTH's proposal to provide manufacturers with the CDR review team's responses to their comments on the draft clinical and pharmacoeconomic review reports.

Effective for all submissions and resubmissions targeting the May 2016 CDEC meeting and onward, manufacturers will be sent the CDR review team's responses to their comments eight business days prior to the CDEC meeting. CADTH will forward the CDR review team's responses to the manufacturer for information only.

Revisions to the Procedure for the CDR Review Team's Responses

Procedure	Current Procedure	Revised Procedure
Manufacturer comments (section 6.6.2 d)	The CDR review team's responses are shared with CDEC; however, they are not distributed to the manufacturer.	<p>CADTH forwards the CDR review team's responses to the manufacturer for information.</p> <ul style="list-style-type: none"> The responses will be provided eight business days prior to the targeted CDEC meeting. The responses will be provided for information only.

B. Revised Procedure for Voluntary Withdrawal

In *CDR Update — Issue 111*, CADTH invited stakeholder comments and feedback on a proposed revision to the *Procedure for the CADTH Common Drug Review* to implement a revised deadline for voluntary withdrawal of five business days before the CDEC meeting.

There was acknowledgement from the majority of respondents that permitting voluntary withdrawal up until the day the *CDEC Final Recommendation* is issued represents a non-transparent and inefficient use of CADTH's resources; however, there was concern regarding the proposed time frames for receiving the responses and the cut-off for voluntary withdrawal. In response to feedback from stakeholders, CADTH will revise the procedure to provide manufacturers with five business days to review the CADTH review team's responses to their comments prior to the deadline for voluntary withdrawal from the CDR process.

Effective for all submissions and resubmissions targeting the May 2016 CDEC meeting and onward, manufacturers will have until 4:00 p.m. ET three business days prior to the CDEC meeting to voluntarily withdraw from the CDR process (e.g., for a review targeting consideration at the May 18, 2016 CDEC meeting, a voluntary withdrawal would have to be received at CADTH by 4:00 p.m. EST on May 13, 2016).

Revisions to the Procedure for Voluntary Withdrawal

Procedure	Current Procedure	Revised Procedure
Voluntary withdrawal (section 10.2)	An applicant may request that a submission or resubmission be withdrawn from the review process at any time up to the targeted date on which CADTH is scheduled to issue the notice of <i>CDEC Final Recommendation</i> .	An applicant may request voluntary withdrawal from the CDR review process at any time up until 4:00 p.m. ET three business days before the date on which CDEC is scheduled to deliberate on the submission or resubmission.

CDR Update — Issue 119 (May 26, 2016)

1. CADTH Common Drug Review and pan-Canadian Oncology Drug Review Engagement with the pan-Canadian Pharmaceutical Alliance

CADTH would like to inform its stakeholders that we are formally engaging with the pan-Canadian Pharmaceutical Alliance (pCPA) office, and effective immediately will be including the pCPA office in the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) processes. This will provide an opportunity for the pCPA office to receive relevant information on drugs reviewed through the CDR and pCODR processes in a timely manner, as well as support business planning.

Important Note: The pCPA office will not provide any confidential negotiation information to CADTH. The planned role of the pCPA office in the CDR and pCODR review processes is summarized as follows:

CDR or pCODR Process or Meeting	Role of the pCPA Office
CDR and pCODR pre-submission meetings	<ul style="list-style-type: none">• Observer• May ask clarification questions as needed
CDR and pCODR processes	<ul style="list-style-type: none">• Authorized recipient of drug submission or resubmission information, including confidential or non-disclosable information, as well as non-redacted outputs from the CDR and pCODR processes
CDEC and pERC meetings	<ul style="list-style-type: none">• Observer
DPAC-FWG	<ul style="list-style-type: none">• Observer• May provide updates or contribute to potential drug recommendation implementation issues that fit within the scope of CDR reviews, therapeutic reviews, or optimal use reviews
PAC-PAG	<ul style="list-style-type: none">• Observer• May provide updates or contribute to potential drug recommendation implementation issues that fit within the scope of pCODR reviews

CDR = CADTH Common Drug Review; CDEC = CADTH Canadian Drug Expert Committee; DPAC-FWG = Drug Policy Advisory Committee-Formulary Working Group; PAC-PAG = pCODR Advisory Committee-Provincial Advisory Group; pCODR = CADTH pan-Canadian Oncology Drug Review; pERC = CADTH pCODR Expert Review Committee.

Please note that input regarding potential drug recommendation implementation issues that fit within the scope of CDR, provided by CDR-participating drug plan members and pCPA office representatives, will also be taken into consideration at Canadian Drug Expert Committee (CDEC) meetings. This is similar to the current process of engaging provincial advisory group members in the pCODR process.

2. Extending the Timeline for Issuing Embargoed CDEC Drug Recommendations — Effective June 2016

CADTH would like to thank all stakeholders who responded to the recent consultation on the topic of extending the timeline for issuing embargoed CDEC drug recommendations. CADTH received feedback from two industry association groups, two drug manufacturers, and one public drug plan.

Respondents had concerns regarding whether this change would impact the overall timeline for issuing a CDEC recommendation and the duration of the embargo period. Please note that this change has no impact on the duration of the current 10-business day embargo period. This change also does not affect the established CDR performance target of 180 calendar days from the date of a CDR application being accepted for review to the date of issuing the embargoed CDEC recommendation.

Effective June 2016 and going forward, the timeline for issuing the embargoed CDEC recommendation will be extended from the current 5 to 7 business days after the CDEC meeting to 8 to 10 business days after the CDEC meeting. To reflect this, section 8.2(b) of the [Procedure for the CADTH Common Drug Review](#) (August 2014) is revised as follows:

Section of CDR Procedure Document	Current Procedure (August 2014)	Revised Procedure
Section 8.2(b)	The embargoed CDEC recommendation will be sent to the manufacturer and the drug plans within 5 to 7 business days following the CDEC meeting at which the recommendation was made.	The embargoed CDEC recommendation will be sent to the manufacturer and the drug plans within 8 to 10 business days following the CDEC meeting at which the recommendation was made.

Should there be any questions regarding the information provided in this *CDR Update*, please send your detailed question(s) by email to requests@cadth.ca.

CDR Update — Issue 120 (November 18, 2016)

Consultation on CADTH's Proposed Process for the Assessment of Companion Diagnostics

Call for Feedback Deadline: January 13, 2017, at 5:00 p.m. ET via email to: feedback@cadth.ca

CADTH is inviting stakeholder comments and feedback on the following proposed process for the assessment of companion diagnostics through the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs:

[CADTH's Proposed Process for the Assessment of Companion Diagnostics](#)

Please access the consultation details by clicking on the link above.

Background and Context

Companion diagnostics identify subgroups of patients for whom select drugs are likely to be most effective and safe. Based on feedback from participating jurisdictions, and guided by consultations with representatives internationally, across Canada, and among its committees, CADTH has developed a process for the assessment of companion diagnostics that is integrated into the CDR and pCODR programs. The proposed process would encompass companion diagnostics associated with drugs that are eligible for review under the CDR and pCODR programs. The objective of the proposed process is for CADTH to evaluate a submitted drug and its associated companion diagnostic together, rather than either one in isolation.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback *must* be provided in 11-point font using this [template](#) and saved in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CDR Update — Issue 121 (April 17, 2017)

1. Expanding CADTH's Drug Review Processes to Include Radiopharmaceuticals

In collaboration with the participating jurisdictions, CADTH is pleased to announce that it will accept submissions for radiopharmaceuticals used for therapeutic purposes (i.e., not for diagnostic purposes) for review through the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR) programs effective April 1, 2017.

Applicants/Submitters planning to file a submission or resubmission for a radiopharmaceutical on or after April 1, 2017 to CDR or pCODR must comply with the same procedures, submission requirements, and timelines for a drug as set out by the CDR and pCODR programs. Consistent with the input and feedback processes for CADTH's respective drug review programs, stakeholders (e.g., patient groups) will have an opportunity to provide input and feedback on a radiopharmaceutical submission.

For more information on a planned submission to the CDR program, please see: <https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/common-drug-review-submissions>.

For more information on a planned submission to the pCODR program, please see: <https://www.cadth.ca/pcodr/submit-a-drug>.

2. Implementation of the Guidelines for the Economic Evaluation of Health Technologies: Canada — 4th Edition

CADTH has developed economic guidelines to help standardize and facilitate the economic evaluation of health technologies in Canada. The guidelines detail best practices for conducting economic evaluations, reflecting current practices, and promoting the use of high-quality economic evaluations to inform health care decision-making.

The [*Guidelines for the Economic Evaluation of Health Technologies: Canada — 4 Edition*](#) launched March 28, 2017. Manufacturers preparing submissions and / or resubmissions after March 28, 2017 to CDR and pCODR should consult the 4th Edition of the Economic Guidelines regarding recommended approaches for aspects of their economic evaluation. CADTH considers the 4th Edition of the Guidelines to reflect current best practice for economic evaluations, but the CDR and pCODR submission requirements, including those that relate to types of economic submissions, remain unchanged at this time ([*Submission Guidelines for the CADTH Common Drug Review*](#)). For more information on the updated economic guidelines, including a summary of "What's New," please see: <https://www.cadth.ca/about-cadth/how-we-do-it/methods-and-guidelines/guidelines-for-the-economic-evaluation-of-health-technologies-canada>.

CDR Update — Issue 122 (June 9, 2017)

1. Revised Advanced Notification Process for CADTH Common Drug Review

1.1 Drugs Undergoing Expedited Health Canada Review

CADTH issued a new [advanced notification process](#) for the Common Drug Review (CDR) in September 2016. Stakeholders have recently communicated that it can be challenging to provide 120 days of advanced notification in situations where a drug is being reviewed through Health Canada's expedited review pathways (i.e., priority review or Notice of Compliance with Conditions [NOC/c] at the outset) and still file a CDR submission on their targeted date (i.e., as early as possible). CADTH appreciates the challenges this poses for manufacturers and, effective immediately, is reducing the mandatory advance notification requirement for drugs that are undergoing review through Health Canada's expedited review pathways from 120 calendar days to 30 business days. The revised notification process will apply to submissions that are filed on either a pre-Notice of Compliance (NOC) or post-NOC basis. This procedural revision has been made to facilitate timely submissions for products currently undergoing an expedited review with Health Canada; therefore, in order to be eligible for this revised process the drug must have been accepted for review by Health Canada on or after June 1, 2016. For details of the revised process, please consult the following document:

- [Revised advance notification process for pending CDR submissions](#)

All manufacturers are still encouraged to provide CADTH with as much notification as possible to facilitate resource planning, including clinical expert recruitment, and budgeting for the CDR program. CADTH encourages manufacturers to consider the threshold of 30 business days as the minimum amount of advance notification that is required to avoid a delay in processing the submission and not as the target or optimal amount of notification. Stakeholders are reminded that the call for patient input is issued at the same time the pending submission is posted on the CADTH website (i.e., 20 business days before the anticipated filing date).

As a result of this revision, the advance notification forms have been updated to allow manufacturers to identify whether or not the pending submission is for a drug that has received a priority review designation from Health Canada or has been accepted for review for an NOC/c at the outset. All manufacturers are requested to use the following updated form:

- [CADTH Pre-submission Information Requirements Form for a Submission](#)

Important Note: This change is effectively immediately and is *only applicable for submissions being filed through the CDR process*. The advanced notification process for the pCODR process remains unchanged.

1.2 Revised Date for Confirmation of Anticipated Filing Date

CADTH has received a number of requests from stakeholders to clarify how CDR defines one month in the existing confirmation step in the advance notification procedure (i.e., confirm the anticipated date of filing the complete submission or resubmission one month in advance). In addition, CADTH has encountered some practical challenges within the CDR program due to the fact that the current one month threshold coincides with the timeline for posting the call for patient input (i.e., 20 business days in advance of the filing date). As a result of these challenges, the timing for the manufacturer confirmation step is being revised to 30 business days. This revision introduces the following efficiencies:

- Provides clarity regarding the required timing of confirmation by setting a clear target in business days
- Provides separation of the timing for confirming the date of filing and the timing for posting patient group input.

Previous Confirmation Procedure	Revised Confirmation Procedure
A manufacturer is required to advise CDR by email (requests@cadth.ca) of changes in the anticipated date of filing a submission or resubmission as soon as possible, and to similarly confirm the anticipated date of filing the complete submission or resubmission one month in advance.	A manufacturer is required to advise CDR by email (requests@cadth.ca) of changes in the anticipated date of filing a submission or resubmission as soon as possible, and to similarly confirm the anticipated date of filing the complete submission or resubmission 30 business days in advance.

2. Subsequent Entry Products for Non-biological Complex Drugs

In order to reflect the current environment for subsequent entry non-biological complex drugs, CADTH, in consultation with CDR-participating drug plans, has determined that these products are eligible for review through the CDR process. Submissions for subsequent entry non-biological complex drugs will undergo a tailored CDR review. CADTH currently follows a tailored review process for all CDR submissions involving new combination products (funded components) and for biosimilars. Submissions for subsequent entry non-biological complex products may be filed on a pre-NOC or post-

NOC basis using the current processes described in section 2.2 of the *Procedure for the CADTH Common Drug Review* (August 2014).

A subsequent entry non-biological complex drug is a medicinal product that demonstrates a high degree of similarity to an already authorized product (i.e., a reference product that has been approved for use in Canada). Due to the complex nature of the product, demonstrating bioequivalence may not be possible.

The template for the subsequent entry non-biological complex drugs can be found here, and the submission requirements will follow the requirements outlined for the biosimilars in section 5.1.3 of the *Submission Guidelines for the CADTH Common Drug Review* (August 2014). Subsequent entry non-biological complex drugs will follow schedule C of the application fee schedule. All manufacturers should contact CADTH before filing a CDR submission for a subsequent entry non-biological complex drug (requests@cadth.ca).

3. Revised Documentation for CDR Resubmissions

Effective immediately, the *Number of Patients Accessing New Drug* document is no longer a category 1 requirement for resubmissions. The table below summarizes the revised section the *Submission Guidelines for the CADTH Common Drug Review*. The *Number of Patients Accessing New Drug* template on the CADTH website has been updated to reflect this change. Applicants currently preparing resubmissions should follow the new requirements. Please contact CADTH at requests@cadth.ca with any questions.

Submission Guidelines	2014 Submission Guidelines	Revised Submission Guidelines
Number of Patients Accessing a New Drug (section 7.1c)	<p>The following information is required only for a new drug resubmission, or a new combination product resubmission if one of the components is a “new drug” (as defined in section 2.1.1):</p> <ul style="list-style-type: none">For the indication(s) to be reviewed through CDR, the number of patients in Canada currently accessing the new drug to within 20 business days of filing the resubmission. This information must include the number of patients accessing the drug through mechanisms such as:<ul style="list-style-type: none">compassionate useparticipation in a clinical trial.Use the <i>Number of Patients Accessing New Drug</i> template for providing this information.	The <i>Number of Patients Accessing New Drug</i> document is no longer a category 1 requirement for resubmissions.

Note: The *Submission Guidelines for the CADTH Common Drug Review* and the *Procedure for the CADTH Common Drug Review* are companion documents that must be read in conjunction with one another, as well as applicable issues of the *CDR Update*.

4. Reminder: In-Person Meetings Regarding CDR Submissions

CADTH currently offers in-person pre-submission meetings to facilitate the efficient preparation and filing of CDR submissions or resubmissions. CADTH has recently been receiving an increasing volume of requests for in-person meetings, in addition to the aforementioned pre-submission meetings that are offered, to discuss inquiries related to the CDR process. Due to the volume of requests and the need to optimally utilize limited resources, CADTH is unable to offer in-person meetings to manufacturers who have questions regarding the CDR process, and encourages manufacturers who have questions regarding the CDR process to submit a written inquiry to requests@cadth.ca and a written response will be provided in a timely manner.

5. Reminder: Confidential Prices Are Not Accepted in CADTH’s CDR and pCODR Processes

CADTH would like to remind manufacturers that confidential prices are not permitted in submissions and resubmissions filed for review through the CDR and pCODR processes. The submitted price will be disclosed in all applicable CDR and pCODR review reports, as well as CDEC and pCODR Expert Review Committee (pERC) recommendation documents posted on the CADTH website. This procedure is in accordance with [CDR Update 116](#) and came into effect on April 1, 2016.

6. Communication with Consultants

Consultants working on a CDR submission or resubmission on behalf of a manufacturer are advised to copy an official contact for the manufacturer on all email correspondence with CADTH. CADTH will not respond to any email correspondence from a consultant if an official contact for the manufacturer has not been copied.

CDR Update — Issue 123 (June 13, 2017)

Introducing New Patient Input Template and Integrating Companion Diagnostic Assessment into CADTH's Drug Review Programs

CADTH would like to thank all stakeholders who responded to the consultation on the proposed changes to:

- the patient input template for the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR)
- the proposal to integrate the assessment of companion diagnostics through the CADTH CDR and CADTH pCODR processes.

1. New Patient Input Template for CDR and pCODR Programs

In September 2016, CADTH invited stakeholder comments and feedback on proposed revisions to the patient input template for the CDR and pCODR programs. The joint template builds on CADTH's and its drug expert committee's experiences of receiving and using more than 546 patient input submissions. CADTH would like to thank all the stakeholders who commented on the proposed joint CDR and pCODR patient input template. CADTH received feedback from patient groups, pharmaceutical companies, and members of CADTH's drug expert committees — the Canadian Drug Expert Committee (CDEC) and the pCODR Expert Review Committee (pERC). Specifically, we would like to acknowledge the thoughtful feedback submitted by patient groups. We recognize that patient groups are well-placed to identify which template prompts are most relevant to their specific disease area and the drug under review; in response, we then try to frame the responses around the most relevant prompts.

The finalized joint template is now available for use. It replaces the existing patient input templates. Patient groups should be using the finalized joint template for patient input for drug reviews that are submitted to the CDR and pCODR programs on or after September 1, 2017.

The key changes made by CADTH in response to stakeholder feedback received are, as follows:

- clarity provided on what is needed to report information gathering
- re-introduced questions on disease experience
- focused questions on improved outcomes
- simplified the required conflict of interest declarations.

In addition, we have added a section for patient groups to use when the drug under review has an associated companion diagnostic test. The template also includes a separate section to complete if the drug under review is a biosimilar (also known as a subsequent entry biologic).

To support groups contributing patient input and to better understand how their input is used, CADTH has added and updated patient input supporting materials, which are available on the CADTH website.

2. Integrating Companion Diagnostics into CDR and pCODR Reviews

In November 2016, CADTH invited stakeholder comments and feedback on a proposed process for the assessment of companion diagnostics through the CDR and pCODR programs. Feedback was received from three industry associations, four drug manufacturers, 10 government agencies, three patient advocacy groups, one hospital, one health care professional, and six members from the CADTH expert drug committees.

In general, respondents acknowledged the need for a pan-Canadian process for the assessment of companion diagnostics, and were supportive of CADTH's efforts to address this gap. Some respondents sought details of relevant changes to procedures, submission guidelines, and templates. There was some uncertainty around the impact on current drug review timelines and the impact on the current CDR/pCODR recommendations framework. All respondents supported CADTH's continued engagement with patients, clinicians, and participating jurisdictions.

After careful consideration of all the feedback received, and in collaboration with the participating jurisdictions, CADTH has developed a process for the assessment of drugs with companion diagnostics that will apply to all submissions and resubmissions filed on or after October 11, 2017. Note that this will take effect for all CADTH Pre-submission Information Requirements Forms received as of June 13, 2017. For more details about the new requirements for companion diagnostics, please refer to our summary on Health Technology Assessment of Drugs with Companion Diagnostics at CADTH, as well as the respective CDR and pCODR Procedures and Submission Guidelines.

Should you have any questions regarding the aforementioned information, please contact us at requests@cadth.ca.

Health Technology Assessment of Drugs with Companion Diagnostics at CADTH

Overview

Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs.^{1,2} 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 response to optimally guide treatment adjustments. The global market for companion diagnostics is growing, and the resulting implications for the Canadian health care system are significant, as there will be an increase in the number of drugs seeking public reimbursement for which there are companion diagnostics. Hence, there is an important need for pan-Canadian leadership in this area, particularly with respect to the health technology assessment of drugs with companion diagnostics.

In November 2016, CADTH invited stakeholder comments and feedback on a proposed process for the assessment of companion diagnostics through the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR) programs. Feedback was received from three industry associations, four drug manufacturers, 10 government agencies, three patient advocacy groups, one hospital, one health care professional, and six members from the CADTH expert drug committees. In general, respondents acknowledged the need for a pan-Canadian process for the assessment of companion diagnostics, and were supportive of CADTH's efforts to address this gap. Some respondents sought details of relevant changes to procedures, submission guidelines, and templates. There was some uncertainty around the impact on current drug review timelines and the impact on the current CDR/pCODR recommendations framework. All respondents supported CADTH's continued engagement with patients, clinicians, and participating jurisdictions.

After careful consideration of all the feedback received, and in collaboration with the participating jurisdictions, CADTH has developed a process for the assessment of drugs with companion diagnostics that will apply to all submissions and resubmissions filed on or after October 11, 2017. Note that this will take effect for all CADTH Pre-submission Information Requirements Forms received as of June 13, 2017.

Of note, CADTH will not be conducting independent assessments of companion diagnostics, either as single or multiple (class) technologies; instead, CADTH's overarching objective is to explicitly and consistently investigate factors relevant to any required biomarker testing that would inform the implementation of associated drugs under review through the CADTH CDR and pCODR programs.

Pre-Submission Application Phase

As part of CADTH's advance notification procedure, manufacturers will be required to indicate whether anticipated submissions and resubmissions will include companion diagnostics. This will apply to applications of drugs that are eligible for review under the current CADTH CDR and pCODR programs, and for which biomarker testing is required, by Health Canada, to guide optimal patient selection.

The *CADTH Pre-submission Information Requirements Form — CDR and pCODR Submissions* and the *CADTH Pre-submission Information Requirements Form — CDR and pCODR Resubmissions* have been amended to reflect this additional information-gathering step. There will be no other pre-submission application phase changes.

Application Phase

Currently, CADTH requires manufacturers to file applications in accordance with the content, format, and organization stipulated in the corresponding submission guidelines for its CDR and pCODR programs. To consistently and explicitly evaluate drugs with companion diagnostics, CADTH will implement the following requirements:

- Provide a reference list and copies of articles that highlight the clinical utility of the companion diagnostics under review. In this context, clinical utility refers to evidence of improved health outcomes as a result of biomarker testing.³ If no references are provided, a statement will be required to confirm that a search has been undertaken but no references have been located.
- Explicitly incorporate relevant costs and consequences (e.g., rates of true- and false-positives, and true- and false-negatives) of any required biomarker testing into the pharmacoeconomic evaluations. The source(s) of information and any assumptions made regarding this aspect of the analysis will also be required.
- Disclose all prices for companion diagnostics included in the submissions in all applicable CDR and pCODR review reports and recommendations documents posted on the CADTH website.

- Provide budget impact analyses for drugs and companion diagnostics in combination and separately, as some jurisdictions fund the two health technologies through separate mechanisms.

Where necessary, the abovementioned changes will be reflected in the corresponding CDR and pCODR submission guidelines and procedures documents. There will be no other application or submission phase changes as a result of companion diagnostics.

Review Phase

Currently, through the CDR and pCODR programs, CADTH conducts thorough and objective evaluations of the clinical, economic, and patient evidence on drugs, and uses these evaluations to provide reimbursement recommendations and advice to its participating jurisdictions. In addition, input from front-line clinicians and implementation considerations at the jurisdictional level support CADTH Canadian Drug Expert Committee (CDEC) and the CADTH pCODR Expert Review Committee (pERC) recommendations.

To consistently and explicitly address companion diagnostics, the same factors as those that are currently considered will be investigated, albeit with the following changes:

Clinical Evidence

As part of the clinical systematic review conducted by CADTH reviewers, a subgroup of interest that will be pre-specified in the systematic review protocol will relate to the biomarker status of study participants. This will inform the clinical utility of companion diagnostics by highlighting evidence on the degree to which biomarker testing helps improve outcomes with the corresponding drug treatment.

CADTH reviewers will also review the manufacturer-provided reference list and copies of articles that highlight the clinical utility of the companion diagnostics under review, and may conduct a separate search of the clinical utility of the companion diagnostics, the results of which will be summarized in an appendix of the clinical review report.

Economic Evidence

As part of the appraisal of the manufacturer-provided pharmacoeconomic evaluation, CADTH reviewers will consider the costs and consequences of any required biomarker testing that manufacturers will incorporate into the submitted analyses.

Patient Input

Currently, through the CDR and pCODR programs, CADTH invites input from patient groups to ensure that issues important to patients are incorporated into the drug reviews in a formal and meaningful way. This is solicited using patient input templates, which are undergoing revisions based on a public consultation that was held in the fall of 2016.

To consistently and explicitly address companion diagnostics, the final templates will include a question that will ask patient groups of their expectations and/or experiences with any required biomarker testing for drugs under review. Patient groups will be asked to consider answering this question for eligible drugs that have companion diagnostics.

Clinician Input

As part of engaging expert clinicians throughout the review process, CADTH will engage additional experts in pathology and/or laboratory testing who would be able to comment on front-line clinical aspects of companion diagnostics; e.g., timing of biomarker testing in the clinical care pathway, the consistency of the testing protocol with current practice, and the availability of the testing. These experts will supplement the information provided by the usual clinician engagement processes of the CDR and pCODR programs.

Jurisdictional Input

As part of soliciting implementation considerations from its participating jurisdictions, CADTH will additionally seek insights into the enablers and barriers related to any required biomarker testing.

Where necessary, the abovementioned changes will be reflected in the corresponding CDR and pCODR submission guidelines and procedures documents. There will be no other review phase changes as a result of companion diagnostics.

Recommendations Phase

There will be no changes to the existing CDR/pCODR recommendations framework as a result of accepting submissions for drugs with companion diagnostics. The reimbursement recommendations for drugs with companion diagnostics would not refer to specific commercial laboratory tests. Instead, CDEC and pERC may decide to specify clinical criteria or conditions relevant to companion diagnostics as part of the drug recommendations. As an example, following is the pERC Final Recommendation for pembrolizumab for the treatment of patients with metastatic non-small cell lung carcinoma whose tumours express PD-L1 (as determined by a validated test) and who have disease progression on or after

cytotoxic chemotherapy:

“pERC recommends reimbursement of pembrolizumab (Keytruda) conditional on the cost-effectiveness being improved to an acceptable level. Funding should be for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 (as determined by a validated test) and who have disease progression on or after cytotoxic chemotherapy... Funding should be for patients with a Tumour Proportion Score (TPS) of PD-L1 \geq 1% and who have good performance status...”

Of note, in the abovementioned case, the pERC Final Recommendation was aligned with the funding request submitted by the manufacturer/applicant.

References

1. Draft guidance document: guidance on supporting evidence to be provided for Class III and IV in vitro diagnostic device licence applications and amendments [Internet]. Ottawa: Health Canada; 2016. [cited 2017 Jun 9]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/public-involvement-consultations/medical-devices/draft-guidance-guidance-supporting-evidence-provided-class-vitro-diagnostic-device-licence-applications-amendments-consultation.html>
2. U.S. Food and Drug Administration. Medical devices. Products and medical procedures. In vitro diagnostics. Companion diagnostics [Internet]. Silver Spring (MD): FDA; 2016. [cited 2017 Jun 9]. Available from: <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm407297.htm>
3. Evaluation frameworks for genetic tests [Internet]. Ottawa: CADTH; 2012 Jul. [cited 2017 Jun 9]. (Environmental scan; no.37). Available from: https://www.cadth.ca/media/pdf/EvalFrameworksGeneticTesting-es-37_e.pdf

CDR Update — Issue 124 (July 13, 2017)

1. CDEC Meeting Added in December 2017 and Updated CDEC Meeting Dates

CADTH will be holding a Canadian Drug Expert Committee (CDEC) meeting in December 2017 and has posted an updated table with the targeted CDEC meeting dates on the CADTH website.

2. CADTH Consultation: Proposed Revision to the Procedure for the CADTH Common Drug Review and the CADTH Therapeutic Review Framework

CADTH is inviting stakeholder comments and feedback on proposed revisions to the *Procedure for the CADTH Common Drug Review* and the *Therapeutic Review Framework and Process*. Please access the consultation details by clicking on the link below.

- [Revising Common Drug Review Recommendations in the CADTH Therapeutic Review Process](#)

Deadline for Feedback

Please email your feedback by **5:00 p.m. EDT on August 11, 2017** to feedback@cadth.ca. All feedback submitted, as follows, will be considered by CADTH.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided in 11-point font using this [template](#) and saved in one of the following formats:
 - Microsoft Word document (.doc or.docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CDR Update — Issue 125 (August 1, 2017)

1. Sharing Patient Input Submissions for the CDR Program

Since February 2014, CADTH has shared patient input submissions on our website, when permission has been given by the patient group providing the input. Sharing the groups' original submissions has allowed all to read how perspectives and experiences were expressed in the groups' own words.

Beginning September 1, 2017, CADTH will be sharing all patient input submissions on our website and no longer seeking individual permissions to share the submission. Patient groups can continue to request redaction of any personal information that may identify patients in their original patient input submissions and in the summary of patient input before they are shared on the CADTH website.

2. Consultations on CADTH's Proposed Revisions to the Biosimilar Review Process, Resubmission Criteria, and revising Common Drug Review Recommendations in the CADTH Therapeutic Review Process

CADTH is inviting stakeholder comments and feedback on the following:

- proposed revisions to the process for reviewing biosimilars submitted through CADTH's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs
- proposed revisions to the resubmission criteria for CDR and pCODR processes
- proposed revision to the therapeutic review process that would incorporate revisions to existing Canadian Drug Expert Committee (CDEC) recommendations issued through the CDR process.

2.1 Proposed Revisions to CADTH's Biosimilar Review Process

Biologic drugs come from living organisms or from their cells, and are often made using biotechnology. They are used to treat diseases and medical conditions including anemia, diabetes, inflammatory bowel disease, psoriasis, rheumatoid arthritis, hormone deficiency, and some forms of cancer. A biosimilar biologic drug, or biosimilar, is a drug demonstrated to be highly similar to a biologic drug (known as the reference biologic drug) that was already authorized for sale by regulatory bodies (i.e., Health Canada). Biosimilars are approved based on a thorough comparison to a reference drug and may enter the market after the expiry of reference biologic drug patents and data protection.

For a biosimilar review, Health Canada evaluates the information provided by the manufacturer of the biosimilar to confirm that the biosimilar and the reference biologic drug are similar and that there are no clinically meaningful differences in safety and efficacy between the biosimilar and reference drug. The regulatory approval of a biosimilar drug relies in part on prior information regarding safety, efficacy and effectiveness that is deemed relevant due to the demonstration of similarity to the reference biologic drug and which influences the amount and type of original data required.

Health Canada may authorize a biosimilar for use in more than one indication because of the rigorous demonstration of similarity between the biosimilar and the reference biologic drug. Since a biosimilar is very similar in structure and function to a reference biologic drug with well-established safety and efficacy in many cases clinical studies do not need to be repeated for each indication.

Given the type of data required to support biosimilar authorization differs from that required for a biologic drug, CADTH is proposing revisions to the submission process for biosimilars through its CDR and pCODR programs that would reduce duplication of work, optimize resources, and ensure that all participating jurisdictions benefit from a single approach to evidence review that would facilitate decision-making and keep with CADTH's value of excellence. It is proposed that CADTH would support the timely review of biosimilars by providing a centralized coordinating role, working in collaboration with Health Canada, the pan-Canadian Pharmaceutical Alliance and the participating federal, provincial and territorial public drug plans (with the exception of Quebec) and provincial cancer agencies to support improved access for patients. Please access the consultation details by clicking the links below:

- [CADTH's Proposed Revisions to the Biosimilar Review Process](#)
- [Proposed Biosimilar Summary Dossier Template](#)

2.2 Resubmission Criteria for CDR and pCODR Processes

CADTH is initiating stakeholder consultation on revisions to its CDR and pCODR resubmission eligibility criteria that would remove the requirement of a new randomized controlled trial to file a resubmission based on improved efficacy. Please access the consultation details by clicking this link: [Resubmission Criteria for CDR and pCODR Processes](#)

2.3 Extension for Consultation on a Proposed Revision to the Procedure for the CADTH Common Drug Review and the CADTH Therapeutic Review Framework

CADTH has extended the deadline for stakeholder comments and feedback on the consultation for [Revising Common Drug Review Recommendations in the CADTH Therapeutic Review Process](#) to 5:00 p.m. EDT on September 15, 2017.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current CDR and pCODR processes. Any future changes will be applied to the CDR and pCODR procedures.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first will be considered.
- Feedback must be provided in 11-point font using this feedback [template](#) and saved in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly, and submitted by September 15, 2017 at 5:00 p.m. ET.

If you have any questions about the feedback process, please email us at feedback@cadth.ca.

We thank you in advance for your interest.

References

1. Fact sheet: biosimilars [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/fact-sheet-biosimilars.html>
2. Biosimilar drugs [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_professional_en.pdf
3. Biosimilar drugs: your questions answered [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_patient_en.pdf
4. Guidance document: information and submission requirements for biosimilar biologic drugs [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/information-submission-requirements-biosimilar-biologic-drugs-1.html>

CDR Update — Issue 126 (August 14, 2017)

1. Extended Initiation Range for December 2017 CDEC Meeting

CADTH has extended the initiation range for Common Drug Review (CDR) submissions targeting the December 13, 2017 Canadian Drug Expert Committee (CDEC) meeting. Reviews initiated by August 23, 2017 will target the December 2017 CDEC meeting (revised from August 14, 2017). This revision has been made to increase the number of drugs on the agenda for the December meeting, allowing CADTH to maximize its available resources. CADTH will notify any manufacturers that are affected by this revision.

2. Posting of Key Milestones for CDR Projects

Key milestones for CDR submissions, resubmissions, and requests for advice will now be posted within the webpage of each individual drug on the CADTH website. This new status report format applies to all submissions, resubmissions, and requests for advice received after April 1, 2017.

Note: Key milestones are posted only once a submission, resubmission, or request for advice project status changes from pending to received.

Submission Status Reports will continue to be updated and posted as PDF files for active submissions and resubmissions that were received before April 1, 2017.

CDR Update — Issue 127 (September 11, 2017)

1. Extended Initiation Range for January 2018 CDEC Meeting

CADTH has extended the initiation range for its Common Drug Review (CDR) submissions targeting the January 17, 2018 Canadian Drug Expert Committee (CDEC) meeting. Reviews initiated by September 20, 2017 will target the January 2018 CDEC meeting (revised from September 11, 2017).

2. Pharmacoeconomic Models Using Java Code Will not Be Accepted by CADTH

CADTH will not accept pharmacoeconomic models that use JavaScript coding for submissions and resubmissions filed for review through the CDR process.

3. Reminder: CDR Templates

It is important that applicants pay careful attention to CDR documentation to ensure a smooth and efficient process. Do not download and archive templates as they are subject to change. Applicants should ensure templates are obtained exclusively from the CADTH website and that they only use the latest versions posted.

CDR Update — Issue 128 (September 28, 2017)

1. Revised Procedure for Advance Notification of Pending CDR Submissions and Resubmissions

In September 2016, CADTH updated the advance notification procedure for the Common Drug Review (CDR). Since implementation, CADTH has continuously evaluated the effectiveness of the 120-day advance notification procedure and has carefully considered all feedback that has been received from stakeholders participating in the CDR process. CADTH has received numerous inquiries regarding challenges interpreting and complying with the existing advance notification process. As a result of these issues, CADTH reduced the advance notification requirement in June 2017 from 120 calendar days to 30 business days for drugs undergoing Health Canada review through an expedited review pathway. Since that time, CADTH completed a more detailed review of the advance notification procedure and identified an overall lack of accuracy with the advance notification data, including frequent and substantial changes to the anticipated filing dates.

CADTH's preferred advance notification period remains 120 calendar days; however, as a result of the above noted issues, CADTH will be revising the minimum mandatory advance notification period for CDR submissions and resubmissions to 30 business days. All manufacturers are still encouraged to provide CADTH with as much notice as possible to facilitate resource planning, including clinical expert recruitment, and budgeting for the CDR program. CADTH encourages manufacturers to consider the threshold of 30 business days as the minimum amount of advance notification that is required to avoid a delay in processing the submission and not as the target or optimal amount of notification.

This revision will be effective for submissions and resubmissions filed on or after January 2, 2018. Manufacturers who are planning to file a CDR application before January 2, 2018 and who have already provided CADTH with 120 calendar days advance notification should contact CADTH at requests@cadth.ca if they are considering making a change to the anticipated filing date. Based on the availability of resources, CADTH will determine if changes can be accommodated.

Please consult the following document for complete details of the revised procedure for advance notification:

- Advance notification process for pending CDR submissions and resubmissions

Summary of Advance Notification Process for all CDR Submissions and Resubmissions

Advance Notification Process	Days Prior to Anticipated Filing Date
CADTH preferred advance notification	≥ 120 calendar days
Minimum mandatory advance notification	30 business days
Confirmation of anticipated filing date	30 business days ^a
Call for patient input issued	20 business days

^a Required only if more than 30 business days advance notice was provided.

Important note: this process change applies only to the CDR program; the pCODR advance notification process remains unchanged. Information on the pCODR process can be found [here](#).

2. CADTH to Schedule CDEC Meetings in December and August

As part of ongoing initiatives to align the best practices of the CDR and pCODR programs, CADTH will be scheduling CDEC meetings in December and August on an ongoing basis. The CDEC meeting schedule has been updated as a result of this change.

3. Mandatory Disclosure of Requested Reimbursement Criteria

As communicated in *CDR Update — Issue 118* and *CDR Update — Issue 122*, information regarding a pending CDR submission or resubmission will be posted on the CADTH website at the time the call for patient input is posted (i.e., 20 business days before the anticipated filing date, so that patient advocacy groups have as much notice as possible about a pending review). This information will include the brand name (if available and not confidential until approved) and the non-proprietary name of the drug, submission type, notice of compliance (NOC) status at the time of filing, a brief description of the therapeutic area, requested reimbursement criteria, submission target date, stakeholder input deadline, and the name of the manufacturer. Effective for all submissions and resubmissions received on or after January 2, 2017, CADTH will begin posting the requested reimbursement criteria provided by the applicant for all CDR submissions and resubmissions.

In order to ensure that stakeholders, including patient groups, have all of the information required to fully understand the scope of the CDR review, disclosure of the requested reimbursement will be mandatory. Confidentially submitted requested reimbursement criteria will not be accepted by CADTH.

The posted information will be based on the details provided in the *Pre-submission Information Requirements Form*. It is the responsibility of the applicant to ensure that CADTH is notified of any changes to the information provided in the *Pre-submission Information Requirements Form*.

4. Reminder: CADTH Drug Portfolio Information Sessions

The CADTH Drug Portfolio Information Sessions will be held on October 3, 2017. These sessions provide an opportunity to receive an update on CADTH's drug portfolio, including CDR, pCODR, and therapeutic review initiatives. Updates on other relevant CADTH initiatives will also be provided. Registration has been extended to end of day Friday September 29, 2017. If you have not already registered and plan on attending in person or via webinar, please register using one of the links below:

- Patient Groups, Policy-Makers, and Health Care Professionals
- Pharmaceutical Industry and Consultants.

CDR Update — Issue 129 (October 11, 2017)

In August 2017, CADTH invited stakeholder comments and feedback on a [proposal](#) to revise the resubmission requirements for its Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs. Based on feedback from stakeholders, CADTH will be implementing the proposed revision to the resubmission eligibility criteria and a new randomized controlled trial will no longer be required to be considered eligible to file a resubmission based on improved efficacy. CADTH is currently finalizing the revised process for screening and reviewing resubmissions. Complete details of the revised resubmission process for CDR will be announced in November 2017 and will include the following:

- revised eligibility criteria for resubmissions based on new clinical information
- a revised process for evaluating the eligibility of potential resubmissions
- updated category 1 requirements to accommodate non-randomized study designs (e.g., table of studies)

Important note: The revised process targeted to be released in November 2017 will be for the CDR program; the revisions will not be applicable to the pCODR program at this time. Updates regarding the pCODR program will be communicated via a *pCODR Update* at a later date.

CDR Update — Issue 130 (November 13, 2017)

1. Revised Procedure for the CADTH Common Drug Review Resubmissions

In August 2017, CADTH invited stakeholder comments and feedback on a proposal to revise the resubmission requirements for its Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs. Based on feedback from stakeholders, CADTH has implemented the proposed revision to the resubmission eligibility criteria for the CDR process and a new randomized controlled trial is no longer required to be considered eligible to file a resubmission based on improved efficacy. During the consultation, stakeholders expressed the need for a process in which the eligibility of a resubmission can be confirmed by CADTH before filing a complete package of category 1 requirements. In response to this feedback, CADTH has implemented a new mandatory CDR process for evaluating the eligibility of potential resubmissions.

Applicants should consult the following document for complete details regarding the revised resubmission procedure:
Resubmission Criteria for the CADTH Common Drug Review

To ensure fair access to the CDR process for new drug submissions, CADTH may limit the number of resubmissions that can be made and/or initiated within a defined period of time. This decision will be made by CADTH based on the availability of resources, and will be communicated to stakeholders via a CDR Update.

Important note: The revised process described in this update is for the CDR program; the revisions are not applicable to the pCODR program at this time.

2. Industry Fees are Now Applicable to all CDR Resubmissions

All resubmissions that are filed by manufacturers **on or after January 2, 2018** will be subject to an application fee. A schedule B fee will apply for a resubmission based on new clinical information with or without new cost information and a schedule D fee will apply for a resubmission based only on new cost information.

3. Revised Table of Studies Template

CADTH has updated the table of studies template to accommodate non-randomized study designs. Applicants are required to use this updated template for all submissions and resubmissions filed on or after January 2, 2018.

CDR Update — Issue 131 (November 27, 2017)

Collaborative Workspaces: Revised Process for Filing CDR Submissions and Resubmissions

The CADTH Common Drug Review (CDR) is aligning the process for secure file sharing with its pan-Canadian Oncology Drug Review (pCODR) by implementing Collaborative Workspaces, a secure portal to receive and exchange documents with CDR applicants. The Collaborative Workspaces portal will streamline activities by moving information to a centralized, secure location with a single log in

Collaborative Workspaces will replace CADTH's current process of receiving CDR submission requirements on CD, DVD or USB and sending information through FileCatalyst for all submissions and resubmissions filed on or after January 2, 2018. Applicants must be registered in advance of submitting materials to CADTH via Collaborate Workspaces. Note: Registration may take up to two business days; therefore, it is important to have your registration completed before the anticipated date of filing. Once registered, access is granted to a secure *submit and contribute* page, allowing for the electronic delivery of documents to CADTH.

Important note: if you are already registered for Collaborative Workspaces for pCODR submissions, you will need to request additional access to CDR. To do so, please email requests@cadth.ca, or request through the online web form. Registering a second time is not required.

Applicants should consult the following document for the revised process for filing a submission or resubmission using Collaborative Workspaces: Collaborative Workspaces for the CADTH Common Drug Review. For a list of frequently asked questions consult: Frequently Asked Questions for Manufacturers and Designated Consultants.

Important note: Information provided to CADTH as part of the CDR advance notification process, resubmission eligibility inquiries, or general inquiries about the CDR process should continue to be sent to requests@cadth.ca.

CDR Update — Issue 132 (December 12, 2017)

Update on Revised Process for Biosimilars

In August 2017, CADTH invited stakeholder comments and feedback on a proposal to revise the submission and review process for biosimilars through CADTH's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs. Based on feedback from stakeholders, CADTH will be implementing a revised process for biosimilars. CADTH is currently finalizing the details of the revised biosimilar review process with complete details to be announced in February 2018. Highlights of this revised process will include:

- a new, abbreviated, submission review template
- fewer category 1 requirements
- a shorter review period.

Clarification Regarding Eligibility Assessments for Resubmissions

All completed resubmission eligibility assessments may be shared by CADTH with the following:

- federal, provincial, territorial governments, including their agencies and departments
- pan-Canadian Pharmaceutical Alliance (pCPA) office.

CDR Update — Issue 133 (February 13, 2018)

Revisions to CADTH's Biosimilar Review Process

In August 2017, CADTH issued a consultation to seek input on how biosimilar reviews could be enhanced in Canada. CADTH would like to thank all stakeholders who responded to the consultation on the proposed changes to the biosimilars process for the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR). Based on the feedback received and given our experiences with how health technology assessment recommendations rely on the totality of comparative evidence between the biosimilar and its reference biologic product that has been rigorously reviewed by Health Canada, CADTH is making revisions to its process to reduce duplication of work, optimize resources, and facilitate decision-making for biosimilars for all participating jurisdictions. CADTH believes that a streamlined approach for biosimilar reviews will support improved access for patients.

Effective February 13, 2018, the streamlined process will apply to new biosimilar submissions filed with CADTH. We have created a list of FAQs to offer guidance to stakeholders about the revised biosimilars process.

For more detail about the requirements for making a biosimilar submission, please see the CADTH *Common Drug Review Procedure and Submission Guidelines for Biosimilars* for non-cancer indications and the CADTH *pan-Canadian Oncology Drug Review Submission Guidelines for Biosimilars* for cancer indications.

1. Application Fees now apply to all CDR Submissions and Resubmissions

Effectively immediately, all submissions and resubmissions filed by manufacturers are subject to an application fee irrespective of the date that the NOC or NOC/c was issued by Health Canada.

2. New Fee Guidance for Applications to CADTH's Pharmaceutical Review Programs

CADTH has implemented a new fee structure that applies to both the Common Drug Review and pan-Canadian Oncology Drug Review programs. The new *Guidelines on Application Fees for CADTH Pharmaceutical Reviews* replace the separate application fee guidelines which previously existed for each program. Other important highlights include:

- The new, reduced fee for the new biosimilar review process
- An annual fee adjustment based on fluctuations in the Consumer Price Index

These application fees supplement existing federal, provincial, and territorial funding and are used to help finance an increase in the number of drugs CADTH reviews annually.

3. New Patient Input Templates

CADTH has updated the instructions and templates for patient input. Patient groups contributing to a biosimilar review should use the following template: *Biosimilar Patient Input Template for CADTH CDR and pCODR Programs* which offers specific prompts to meet the information needs for a biosimilar review. The standard patient input template (*Patient Input Template for CADTH CDR and pCODR Programs*) no longer includes prompts related to biosimilars.

4. Revised Pre-submission Information Requirements Form

Effective immediately, the *CADTH Common Drug Review Advance Notification Form* replaces the *Pre-submission Information Requirements Form* for all CDR submissions and resubmissions. Based on feedback from applicants, the forms for submissions and resubmissions have been consolidated and the amount of information requested in the template has been reduced to ease the administrative burden of completing

CDR Update — Issue 134 (March 8, 2018)

CADTH Common Drug Review Submissions May Be Filed up to 180 Days before Market Authorization

As part of Health Canada's Regulatory Review of Drugs and Devices (R2D2) initiative, CADTH is committed to reducing the interval between Health Canada's approval of a drug for marketing in Canada and CADTH's issuance of reimbursement recommendations. In support of the R2D2 initiative and to promote alignment between CADTH's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) processes, CADTH will now be accepting CDR submissions up to 180 calendar days in advance of the anticipated receipt of a Notice of Compliance (NOC) or Notice of Compliance with Conditions (NOC/c) being issued by Health Canada. This represents an increase from the current pre-NOC threshold of 90 calendar days.

This process is effective for any CDR submissions filed on or after April 2, 2018. CADTH accepts pre-NOC submissions through the CDR process with the agreement that some submission requirements (e.g., product monograph) will not be finalized at the time of filing; however, they are to be provided as soon as they are finalized because the embargoed Canadian Drug Expert Committee (CDEC) recommendation will not be released until CADTH has received all required information. As the embargoed recommendation will not be issued until CADTH has received the NOC or NOC/c, there may be situations where CADTH is unable to issue the embargoed CDEC recommendation within 180 calendar days due to category 1 requirements being incomplete. In such circumstances, the manufacturer will not be entitled to a refund.

Revised Common Drug Review Procedure for pre-NOC Submissions

Former CDR Procedure	Revised CDR Procedure
When Health Canada is highly likely to issue an NOC or NOC/c within 90 calendar days for the indication(s) to be reviewed through the CDR process, a submission may be filed on a pre-NOC basis for a new drug, drug with a new indication, new combination product, new combination product (funded components or CADTH-designated tailored CDR review), or a biosimilar. Although Health Canada cannot provide assurance that an NOC or NOC/c will be issued on a particular date or at all, manufacturers may consider filing a submission with CDR up to 90 calendar days in advance of the anticipated NOC or NOC/c if no significant issues have been raised by Health Canada to date during the review process. If the 90th calendar day falls on a weekend or CADTH holiday, the next business day will be used.	Any CDR submission may be filed on a pre-NOC basis up to 180 calendar days in advance of the anticipated receipt of an NOC or NOC/c. If the 180th calendar day falls on a weekend or CADTH holiday, the next business day will be used. This type of submission is accepted with the agreement that some submission requirements (e.g., product monograph) may not be finalized at the time of filing; however, they are to be provided as soon as finalized because the embargoed CDEC recommendation will not be released until all required information, including a copy of the NOC or NOC/c, has been received by CADTH.

CDEC = Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; NOC = Notice of Compliance; NOC/c = Notice of Compliance with Conditions.

Reminder: Articles with Supplemental Data and Appendices

Applicants are reminded to please ensure that copies of any supplemental data and appendices from published studies are included in CDR submission and resubmission packages.

CDR Update — Issue 135 (March 28, 2018)

Application Fees for CADTH Pharmaceutical Reviews – Adjustment

In February 2018, CADTH announced that application fees for CADTH Pharmaceutical Review will be adjusted annually based on fluctuations in the Consumer Price Index. CADTH Common Drug Review and pan Canadian Oncology Review submission or resubmissions filed after **April 1, 2018** will be subject to the adjusted fee schedule outlined in tables below.

Application Fee Schedule

Schedule	Application Type ^a	Current Fee	Fee at April 1, 2018
A	Submission for a new drug for review of a single indication	\$72,000	\$72,480
	Submission for an existing drug for the review of a new indication		
	Submission for a new combination product for review of a single indication		
B	Each subsequent new indication ^b , including a new line of therapy, filed at the same time or sequentially for the three application types listed in schedule A	\$57,600	\$57,990
	Resubmission based on new clinical information with or without new cost information		
C	Submission for a new combination product (funded components or CADTH-designated tailored review)	\$36,000	\$36,240
D	Resubmission based on new cost information only (CDR only)	\$7,000	\$7,050
	Submission for a biosimilar		
	Request for a resubmission based on a reduced price during the embargo period (CDR only)		
	Request for reconsideration of an embargoed CDEC recommendation (CDR only)		

CDEC = Canadian Drug Expert Committee.

^a Application types under schedules A and B would typically undergo a standard Pharmaceutical review. Application types under schedule C would typically undergo a tailored Pharmaceutical review. The various application fee schedules reflect the relative difference in estimated effort for the review of the various application types. Note: A case-by-case assessment may be made to the fee schedule where there are multiple indications submitted as one submission

^b When an application is filed for the review of multiple indications at the same time and CADTH decides to conduct a standard pharmaceutical review for each indication, an application fee of \$72,500 will apply to only one of these indications and for a new type of cancer or for an existing indication but within a new line of therapy (e.g., first-line treatment, relapsed or refractory disease, adjuvant use) an application fee of \$58,000 (20% discount) will apply to each of the other indication(s) to be reviewed. In addition, for each subsequent indication for a drug filed sequentially at a later date, an application fee of \$58,000 will apply. This is irrespective of whether the additional indications are filed at the same time or sequentially or the status of the Health Canada review.

Milestones for Payment of CADTH Pharmaceutical Review Application Fees effective April 1, 2018

Schedule	Milestone 1			Milestone 2			Total Fee
	Description	Per Cent Due	Amount Due	Description	Per Cent Due	Amount Due	
A	Initiation of review (CDR)	70%	\$50,736	Sending reports to the manufacturer (CDR) Checkpoint Meeting is held (pCODR)	30%	\$21,744	\$72,480
B	Submission Deemed Complete (pCODR)	70%	\$40,593		30%	\$17,397	\$57,990
C		70%	\$25,368		30%	\$10,872	\$36,240
D	Request accepted	100%	\$7,050	NA	0%	\$0	\$7,050

CDR = Common Drug Review; pCODR = pan-Canadian Oncology Drug Review; NA = not applicable.

The *Guidelines for Manufacturers on Application Fees for CADTH Pharmaceutical Reviews* (February 2018) have been updated to reflect the adjusted fee schedule.

CDR Update — Issue 136 (May 31, 2018)

1. CDEC Meeting Schedule

CADTH has updated the format of the Canadian Drug Expert Committee (CDEC) meeting schedule to provide additional information and target dates to assist manufacturers who are planning to file a CADTH Common Drug Review (CDR) submission or resubmission. The updated schedule provides the CDEC meeting dates until December 2019.

2. Advance Notification Form

CADTH has updated the advance notification form to include a statement that information provided as part of the advance notification process may be shared with the federal, provincial, and territorial governments, including their agencies and departments, as well as the pan-Canadian Pharmaceutical Alliance (pCPA). Effective immediately, applicants providing advance notice to CADTH of a pending CDR submission or resubmission are required to use the updated form.

- CADTH Common Drug Review Advance Notification Form

3. Addition of Patient Groups who Provide Input to Key Milestone Table

Effective for CDR submissions or resubmissions received on or after July 2, 2018, CADTH will include the names of the patient groups who provided input within the key milestone table on the CADTH website. The information will be posted for the drug under review after the call for patient input is closed and in advance of when the original patient input is posted on the CADTH website.

4. Participation of Drug Plans in Pre-submission Meetings

Effectively immediately, representatives from the CDR-participating drug plans may attend pre-submission meetings.

5. Updated Submission Guidelines and Procedure for the CADTH Common Drug Review Documents

CADTH is currently finalizing updates to the *Submission Guidelines and the Procedure for the CADTH Common Drug Review* which will be posted in June 2018. Highlights of this updated document are summarized below.

Sections	Description
Category 1 requirements	The following category 1 requirements will no longer be needed for submissions and resubmissions: <ul style="list-style-type: none">• Letter for finalized category 1 requirements• Literature search strategy• CONSORT diagrams• Health Canada reviewers report (although CADTH may continue to request copies of these reports from manufacturers as additional information).
	A new consolidated letter template will be created to replace the following: <ul style="list-style-type: none">• Letter confirming disclosure of all known unpublished studies• Commitment to honour submitted price letter• Unrestricted sharing of information letter.
	Requirements for the signed cover letter will be reduced to limit duplication of information in the submission package.
Category 2 requirements	To align with CADTH's pan-Canadian Oncology Drug Review (pCODR) process, the Certified Product Information Document (CPID) will no longer be a category 2 requirement for CDR submissions and resubmissions. Manufacturers may still be required to provide the CPID to individual drug plans when seeking reimbursement and should conform with the requirements of individual jurisdictions.
	Target date for filing category 2 requirements will now be ≤ 20 business days from the date the submission or resubmission was accepted for review.
	A signed cover letter will no longer be required when filing category 2 requirements.
Embargo period	Due to limited usage and to align with CADTH's pCODR process, CDR will no longer accept resubmissions at a reduced price during the embargo period.
Reassessment	Revisions to the therapeutic review process will be implemented to incorporate the reassessment of existing CDEC recommendations that have been issued through CADTH's CDR process.

CDR Update — Issue 137 (June 22, 2018)

Health Canada, CADTH, and INESSS Collaborate to Align Drug Review Processes

A new joint process furthers efforts to reduce the time between market authorization and reimbursement recommendations for public drug plans

Health Canada, CADTH, and Quebec's Institut national d'excellence en santé et en services sociaux (INESSS) are stepping up their efforts to align drug reviews to support the affordability, accessibility, and appropriate use of prescription drugs in Canada.

As part of Health Canada's Regulatory Review of Drugs and Devices initiative, these three organizations are pleased to announce that drug manufacturers now have the option to participate in a formalized, aligned review process for all submissions that qualify, including new drugs and drugs for new indications.

Today's announcement formalizes the timelines of this new pathway and describes the process for manufacturers with qualifying drug submissions that might consider participating in an aligned review between Health Canada, CADTH (through its Common Drug Review and pan-Canadian Oncology Drug Review programs), and INESSS. It also outlines the key benefits of aligned reviews, including:

- reducing delays between Health Canada's approval of a drug and the recommendations that CADTH and INESSS issue to advise public drug plans of how drugs should be reimbursed
- improving communication between the organizations and allowing for real-time discussions that can help reduce duplication.

"While Health Canada and health technology assessment organizations like CADTH and INESSS have different responsibilities, we share a common goal of helping ensure that all Canadians have access to effective therapies that bring value to patients and our health systems," said CADTH Vice-President (acting) of Pharmaceutical Reviews, Heather Logan. "The new aligned review process is an important example of how greater collaboration can help us close gaps, reduce delays, and enhance the management of pharmaceuticals in Canada."

For further details on the new process, please consult Health Canada's [Notice to Industry](#). In the coming months, a webinar featuring Health Canada, CADTH, and INESSS will provide all interested parties with more information about the process.

The Path to an Aligned Drug Review Process

For some time key partners have recognized the need to further align the review processes within Canada's robust drug approval system. In response to this need, Health Canada launched its Regulatory Review of Drugs and Devices initiative to allow for greater collaboration among those organizations working to make the regulatory environment more responsive to the needs of Canada's health care systems.

An early outcome from this collaboration was announced in March 2018, when CADTH implemented a significant operational change that now sees the Common Drug Review program accepting drug submissions up to six months (180 days) before the anticipated receipt of Health Canada's approval (known as a Notice of Compliance). This was an important step toward potentially eliminating delays between Health Canada's regulatory approval and the reimbursement recommendations that CADTH delivers to the participating public drug plans.

In addition to the process changes described above, a 2017 pilot project between CADTH's pan-Canadian Oncology Drug Review (pCODR) program and Health Canada's Bureau of Metabolism, Oncology, and Reproductive Services (BMORS) provided an important foundation for establishing an aligned review process. During the pilot project, pCODR and BMORS explored how greater information sharing during the review process could help align drug reviews.

Related Information

- [Notice to Industry: Aligned Reviews Between Health Canada and Health Technology Assessment Organizations](#)
- [Improving the Regulatory Review of Drugs and Devices](#)
- [CADTH Common Drug Review Will Accept Submissions Up to Six Months Pre-Notice of Compliance](#) (March 2018)
- [Nouvelles informations concernant l'évaluation des médicaments aux fins d'inscription](#) (April 2018)

CDR Update — Issue 138 (June 27, 2018)

1. Procedure and Submission Guidelines for the CADTH Common Drug Review

CADTH is committed to continuously improving our drug review programs to meet the needs of stakeholders. As such, an updated *Procedure and Submission Guidelines for the CADTH Common Drug Review* has been posted. This new document consolidates the CDR procedure and submission guidelines into a single document to make it easier for stakeholders to manage the application and review processes.

- [Procedure and Submission Guidelines for the CADTH Common Drug Review](#)

The new document contains a number of procedural improvements and revisions to the submission requirements (as detailed in Table 1), and includes all previous procedural amendments announced through CDR Updates (see Table 2). CADTH acknowledges that applicants plan for submissions well in advance of the filing date; therefore, there will be a transitional period for applying the revised submission guidelines. CADTH's preference is for all new submissions to conform with the revised guidelines, but the new requirements will only be enforced for submissions and resubmissions received on or after July 27, 2018 (i.e., for all submissions and resubmissions targeting the January 2019 meeting of the CADTH Canadian Drug Expert Committee [CDEC]). Applicants who have questions about specific requirements may contact CADTH for guidance on submission preparation by emailing requests@cadth.ca.

Going forward, CADTH will ensure that the *Procedure and Submission Guidelines for the CADTH Common Drug Review* is regularly updated to reflect any newly implemented procedural changes.

Table 1: New Revisions to the Procedure and Submissions Guidelines for the CADTH Common Drug Review

Description
Category 1 Requirements
The following category 1 requirements are no longer required for submissions and resubmissions: <ul style="list-style-type: none">• Letter for Finalized Category 1 Requirements• literature search strategy• CONSORT diagrams• Health Canada reviewers (CADTH may continue to request copies of these reports from manufacturers as additional information).
A new consolidated letter template has been created to replace: <ul style="list-style-type: none">• the Letter Confirming Disclosure of All Known Unpublished Studies• the Commitment to Honour Submitted Price Letter• the Unrestricted Sharing of Information Letter.
Requirements for the signed cover letter have been reduced to limit duplication of information in the submission package.
A copy of the Health Canada reviewers' report is no longer a category 1 requirement for CDR submissions. CADTH may continue to request copies of the Health Canada reviewers' report from manufacturers.
New requirements have been added: <ul style="list-style-type: none">• Data that becomes available for relevant clinical studies that are planned or ongoing at the time a submission is accepted for review should be provided to CADTH as soon as possible.• Should an unpublished study submitted as a category 1 requirement become published during the review process of CDR, manufacturers must email a copy of the published study to CADTH.
Pharmacoeconomic Requirements
The following requirements have been added: <ul style="list-style-type: none">• The pharmacoeconomic analysis base case must be in the form of a cost-utility analysis.• All analyses must be conducted probabilistically.

Description
<ul style="list-style-type: none"> • If there specific reimbursement criteria requested, this population must be assessed in a scenario analysis (or analyses). • The perspective in the base case must be the publicly funded health payer. • The discount rate in the base case must be 1.5% for both costs and QALYs. • All relevant comparators must be included in the base case. • If multiple comparators are included, results must be reported sequentially. • Where a companion diagnostic test is required with the drug under review, the model and pharmacoeconomic evaluation must include relevant costs and the consequences of testing. • Technical reports of indirect comparison(s) and any unpublished studies or analyses used to inform parameters or assumptions must be provided.
Deviations from the requirements must be discussed with, and accepted by, CADTH in advance of the submission.
The manufacturer will be notified if the model run time is excessive, which could result in delays to the review.
Category 2 Requirements
To align with CADTH's pCODR process, the Certified Product Information Document will no longer be a category 2 requirement for CDR submissions and resubmissions. Manufacturers may still be required to provide this document to individual drug plans when seeking reimbursement and should consult the requirements for each jurisdiction.
A signed cover letter is no longer required when filing category 2 requirements.
The target date for filing category 2 requirements is now ≤ 20 business days from the date the submission or resubmission was accepted for review.
Patient Input Process
Effective immediately, CADTH will be posting consolidated patient input submissions earlier in the review process. Previously, these were posted on the CADTH website after the CDR review had been completed, but will now typically be posted within two weeks after the call for patient input has been closed.
New Procedural Revisions and Clarifications
CADTH has revised the procedure to allow a review to be temporarily suspended at any stage up until the review process has been completed. Previously, the review of the submission or resubmission could only be temporarily suspended up until the time the CDR review report(s) are sent to the manufacturer for comments and redaction requests. With the expanded pre-NOC submission process, it may be necessary to implement temporary suspensions later in the review process.
CADTH has added additional clarity to the procedure regarding new information that is submitted during the review process. If a manufacturer wants to submit new information for inclusion in an ongoing review, CADTH will, on a case-by-case basis, determine the timelines required to review the new information and incorporate it into the CDR review reports. This could result in the submission being considered at a later CDEC meeting. The manufacturer would be apprised of any revisions to the anticipated timelines for the review.
<p>The procedure has been revised to state that CADTH will determine the length of time required to conduct the review of a resubmission based primarily on the following considerations:</p> <ul style="list-style-type: none"> • Volume and complexity of the new clinical information to be reviewed • Complexity of the economic model • Extent of revisions to the economic model relative to the initial submission • Date of filing the resubmission relative to the target CDEC meeting date • The volume of CDR submissions and resubmissions being review concurrently • Whether or not the drug underwent an expedited review by Health Canada.

Description
To harmonize with the procedure for issuing embargoed CDEC recommendations, the timeline for issuing a <i>CDEC Record of Advice</i> has been increased from five to seven business days to eight to 10 business days following the applicable CDEC meeting.
The procedure and guidelines have been updated to provide guidance on the redaction and posting of <i>CDEC Record of Advice</i> documents following a request for advice.
The procedure and guidelines have been updated to provide guidance on the redaction and posting of the <i>CDEC Final Recommendation</i> .
Due to limited usage, and to align with CADTH's pCODR process, CADTH has discontinued resubmissions at a reduced price during the embargo period from the CDR process.

CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; pCODR = CADTH pan-Canadian Oncology Drug Review; QALYs = quality-adjusted life-years

Table 2: Summary of Revisions for Previously Communicated Procedural Changes

Description	Previous Communication
As described in Notice to Industry: Aligned Reviews Between Health Canada and Health Technology Assessment Organizations , manufacturers can consent to Health Canada sharing information and documents with CADTH.	CDR Update 137
Representatives from the CDR-participating drug plans may attend pre-submission meetings.	CDR Update 136
Information provided to CADTH as part of the advance notification process may be shared with the federal, provincial, and territorial governments, including their agencies and departments, as well as the pCPA office.	CDR Update 136
CADTH will include the names of the patient groups that provided input within the key milestone table on the CADTH website. The information will be posted for the drug under review after the call for patient input is closed and in advance of when the original patient input is posted on the CADTH website.	CDR Update 136
Any CDR submission may be filed on a pre-NOC basis up to 180 calendar days in advance of the anticipated receipt of an NOC or NOC/c.	CDR Update 134
Applicants must ensure that copies of any supplemental data and appendices from published studies are included in CDR submission and resubmission packages.	CDR Update 134
The document has been updated to incorporate the revised biosimilar submission and review process, as described in the <i>Common Drug Review Procedure and Submission Guidelines for Biosimilars</i> .	CDR Update 133
The document has been revised to refer to the current Guidelines for Manufacturers on Application Fees for CADTH Pharmaceutical Reviews .	CDR Update 133
The contact information for CDR-participating drug plans has been updated and will now be posted as a separate document on the CADTH website rather than being incorporated into the CDR submission guidelines (see Contact Information and CDR Requirements for CDR-Participating Drug Plans).	CDR Update 133
All submissions and resubmissions filed by manufacturers are subject to an application fee irrespective of the date that the NOC or NOC/c was issued by Health Canada.	CDR Update 133

Description	Previous Communication
All completed resubmission eligibility assessments may be shared by CADTH with the federal, provincial, and territorial governments, including their agencies and departments, and the pCPA office.	CDR Update 132
The process for filing CDR submissions and resubmissions using the Collaborative Workspaces tool has been revised.	CDR Update 131
The document has been amended to reflect the revised resubmission criteria for the CDR (i.e., a new randomized controlled trial is no longer required to be considered eligible to file a resubmission based on improved efficacy).	CDR Update 130 CDR Update 129
CADTH will be scheduling CDEC meetings in December and August on an ongoing basis.	CDR Update 128
In order to ensure that stakeholders, including patient groups, have all of the information required to fully understand the scope of the CDR review, disclosure of the requested reimbursement will be mandatory. Confidentially submitted requested reimbursement criteria will not be accepted by CADTH.	CDR Update 128
CADTH will not accept pharmacoeconomic models that use JavaScript coding for submissions and resubmissions filed for review through the CDR process.	CDR Update 127
Key milestones for CDR submissions, resubmissions, and requests for advice will now be posted within the webpage of each individual drug on the CADTH website.	CDR Update 126
CADTH will be sharing all patient input submissions on our website and no longer seeking individual permissions to share the submission.	CDR Update 125
The procedure and submission guidelines have been updated to reflect Health Technology Assessment of Drugs with Companion Diagnostics at CADTH.	CDR Update 123
Consultants working on a CDR submission or resubmission on behalf of a manufacturer are advised to copy an official contact for the manufacturer on all email correspondence with CADTH. CADTH will not respond to any email correspondence from a consultant if an official contact for the manufacturer has not been copied.	CDR Update 122
Subsequent entry non-biological complex drugs are eligible for review through the CDR process. Submissions for subsequent entry non-biological complex drugs will undergo a tailored CDR review.	CDR Update 122
The Number of Patients Accessing New Drug document is no longer a category 1 requirement for resubmissions.	CDR Update 122
Submissions for radiopharmaceuticals used for therapeutic purposes (i.e., not for diagnostic purposes) are eligible for review through the CDR process.	CDR Update 121
The embargoed CDEC recommendation will be sent to the manufacturer and the drug plans within eight to 10 business days following the CDEC meeting at which the recommendation was made.	CDR Update 119
Representatives of pCPA office may attend CDEC meetings as observers and may ask clarification questions as needed, but do not have the right to vote.	CDR Update 119
Representatives from the pCPA office may attend pre-submission meetings.	CDR Update 119
The advance notification procedure has been updated to reflect the revised procedure that was communicated in CDR Update 118.	CDR Update 118

Description	Previous Communication
The CDEC recommendation and reasons for recommendation procedure has been updated to reflect the revised recommendation framework that was communicated in CDR Update 118.	CDR Update 118
The terminology used in the procedure for submitting a resubmission based on a reduced price during the embargo period has been updated to reflect the revised recommendation framework.	CDR Update 118
The procedure and guidelines has been updated to state that CADTH forwards the review team's responses to the manufacturer's comments to the applicant for informational purposes.	CDR Update 116
The voluntary withdrawal procedure has been updated to state that an applicant may request voluntary withdrawal from the CDR review process at any time up until 4:00 p.m. Eastern time three business days before the date on which CDEC is scheduled to deliberate on the submission or resubmission.	CDR Update 116
When not provided at the same time as category 1 requirements, category 2 requirements should be filed at least 20 business days before the targeted CDEC meeting at which the submission or resubmission will be considered. A delayed filing of category 2 requirements will not preclude a CDR review from being placed on the agenda of the targeted CDEC meeting; however, the <u>embargoed</u> CDEC recommendation will not be issued until the category 2 requirements are received.	CDR Update 116
CADTH will provide copies of the category 1 and category 2 requirements to the drug plans to ensure that they have this information prior to the targeted CDEC meetings. Manufacturers are still required to provide copies of their CDR submission or resubmission, including all drug plan-specific requirements, to the individual drug plans (i.e., CADTH does not provide the CDR category 1 and category 2 requirements on behalf of the manufacturer).	CDR Update 116
CADTH no longer accepts a confidential price, and a submitter/manufacturer provides a submitted drug price that could be disclosed in the recommendation and reports.	CDR Update 116
The embargoed CDEC recommendation will not be issued until category 2 requirements are received.	CDR Update 116
The descriptions of a new drug and a drug with a new indication have been updated.	CDR Update 115
The screening procedure has been updated to reflect that no further copies of the category 1 requirements are required by CADTH after the submission or resubmission has been accepted for review.	CDR Update 115
Individual patient and caregiver input is formally incorporated into the CDR process when there is no patient group representing those with a condition for which a drug under review is indicated.	CDR Update 113
The procedure and guidelines have been updated to indicated that the manufacturer's combined comments on the draft CDR review report(s) should not exceed 10 pages in length and must be submitted using the template provided by CADTH.	CDR Update 111
Revised category 1 requirements for new combination products that are eligible for a tailored CDR review.	CDR Update 110
The procedure and guidelines have been updated to state that submissions and resubmissions are typically initiated within 10 business days of acceptance for review.	CDR Update 109
The procedure and guidelines have been updated to state that applicants must notify CADTH, up until the time that the <i>CDEC Final Recommendation</i> is issued, of any changes to the Health Canada-approved product monograph for the drug under review.	CDR Update 109

CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; NOC = Notice of Compliance; NOC/c = Notice of Compliance with conditions; pCPA = pan-Canadian Pharmaceutical Alliance

2. Therapeutic Review Updates

2.1 Revised and Updated Therapeutic Review Framework and Process

CADTH has restructured and simplified the therapeutic review framework document. The document has been updated to reflect the procedural changes that will expand the therapeutic review process to include the reassessment and potential revision of existing recommendations that were issues through the CDR process (consultations communicated in *CDR Updates 124* and *125*).

- [Therapeutic Review Framework and Process](#) (June 2018)

2.2 Reassessment of Drugs Through the CADTH Therapeutic Review Process

CADTH has the responsibility of ensuring that recommendations that have been issued through the CDR program represent the best available evidence. Therefore, CADTH invited stakeholder comments and feedback on a [proposal](#) to expand the therapeutic review process to include the reassessment and potential revision of existing CDR recommendations. This initiative has been undertaken to enhance the efficiency of CADTH's drug portfolio, to reduce the burden on manufacturers and patient groups, and to eliminate the need to initiate the request for advice process when CDEC recommendations require revision following the completion of a therapeutic review. Table 3 provides a summary of key stakeholder feedback, CADTH's response to the feedback, and any applicable revisions to the process based on stakeholder feedback.

Table 3: Summary of Revisions for Previously Communicated Procedural Changes

Summary of Key Feedback and CADTH's Response	
Request for reconsideration	Manufacturers indicated that they should have the ability to file a request for reconsideration if one or more of their drugs are the subject of a revised CDEC recommendation during the therapeutic review process. CADTH agreed with this proposed revision and has incorporated an optional step into the new process that will permit manufacturers to file a request for reconsideration if a new recommendation is issued for one or more of their products.
Confidential data	Manufacturers requested the ability to submit confidential data and have the opportunity to request redaction. CADTH would like to clarify that therapeutic reviews are based on publicly available information. Manufacturers have the opportunity to provide unpublished information, but must be willing to have the information disclosed by CADTH.
Revising recommendations based on draft therapeutic review recommendations	Manufacturers expressed reservations about CADTH's initial proposal to issue revisions to existing CDEC recommendations at the time the draft therapeutic review recommendations are produced. CADTH acknowledges this feedback and has revised the process so that any revised CDEC recommendations will be drafted after the therapeutic review recommendations have been finalized by the committee. In the interest of transparency, the revised therapeutic review process will include posting initial proposals for revised CDEC recommendations for stakeholder feedback. This approach will allow stakeholders, including patient groups, to review and provide feedback on the revisions that have been proposed by the expert review committee.
Recommendation framework	Stakeholders have requested greater clarity on the type of information that would be used to inform the revised CDEC recommendations. CADTH would like to clarify that any revisions to existing CDEC recommendations as a result of a therapeutic review would be a reflection of the updated evidence that is generated and reviewed during the therapeutic review process. The CDEC recommendation framework will continue to be applied for any revisions related to existing CDR recommendations (i.e., there are no revisions to the recommendation framework as a result of the changes to CADTH's therapeutic review framework).
Patient engagement opportunities	In addition to the six opportunities for engagement with patient groups, the revised therapeutic review process would be enhanced and would include the following: <ul style="list-style-type: none">• Patient engagement at the outset of the review will include specific questions that relate to existing CDEC recommendations.• Patient groups will have the opportunity to comment on any revisions to existing recommendations that have been proposed by the expert committee.
Disclosure of stakeholder feedback	Multiple stakeholders suggested that CADTH should post stakeholder feedback received during the therapeutic review, as well as CADTH's responses to that feedback. CADTH is committed to increased

Summary of Key Feedback and CADTH's Response	
	transparency throughout its review processes and, following completion of the therapeutic review process, will post a collated summary of stakeholder feedback and CADTH's responses to that feedback.
Check-point meetings	Stakeholders stated that CADTH should add a check-point meeting opportunity for the affected manufacturers during the review process and after an initial or draft therapeutic review recommendation is available. CADTH appreciates the suggestion, but is unable to accommodate check-point meetings during the therapeutic review process for all manufacturers. However, as part of the request for reconsideration process, CADTH will offer manufacturers the option of participating in a teleconference to ensure clarity around the key issues raised in the request for reconsideration.
Clarification regarding previous therapeutic reviews	Manufacturers asked for clarity regarding whether or not previous therapeutic reviews could not be applied retroactively to revise previous CDEC recommendations that were issued through the CDR process. CADTH can confirm that the revisions to the therapeutic review framework will not be applied retroactively to previously completed therapeutic reviews. In such situations, any revisions to existing CDR recommendations would continue to be made using the request for advice process.
Implementation of revised CDEC recommendations	Stakeholders questioned whether the revised CDEC recommendations could be implemented by the CDR-participating jurisdictions. CADTH can clarify that the participating drug programs, including pCPA, were consulted on the proposed enhancements to therapeutic review process and have indicated that they fully support the initiative.
Timing for stakeholder feedback	Stakeholders suggested that 10 business days is not sufficient to fully evaluate and provide feedback on therapeutic review materials. CADTH appreciates the comments, but is unable to increase the period for stakeholder consultations at this time.
Notification of revised CDEC recommendations	Manufacturers requested details on how and when they will be contacted during the therapeutic review process. CADTH will ask all manufacturers with existing CDEC recommendations that could be revised through the therapeutic review process to provide the name of a primary contact and of secondary contacts. CADTH will provide separate notifications to these manufacturers during the review process.

CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; pCPA = pan-Canadian Pharmaceutical Alliance

3. New CADTH Pharmaceutical Review Update

CADTH will soon consolidate the publications used to communicate updates to our drug review processes into the *CADTH Pharmaceutical Review Update*. This new update will replace the following individual communications: *CDR Update*, *pCODR Update*, *Therapeutic Review Update*, and *Updates for Patient Groups*. All subscribers to *CDR Updates* and/or *pCODR Updates* will automatically receive the *CADTH Pharmaceutical Review Update*.

4. Archiving of Previous Updates

CADTH will be removing all previous postings for *CDR Updates*, *Therapeutic Review Updates*, and *Updates for Patient Groups*. These updates will be consolidated into a single archive document that will be available on the CADTH website. As new updates are incorporated into relevant CADTH documents, CADTH will remove the web postings and notify stakeholders that the updates have been added to the archive file.

pCODR Updates

pCODR Update — Issue 1 (October 10, 2010)

Dear Sir/Madam,

As the inaugural Executive Director of the pan-Canadian Oncology Drug Review (pCODR), I am pleased to be writing to you today to provide information about this newly established evidence-based cancer drug review process.

The role of the pCODR process is to assess the clinical evidence and cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions. Under the pCODR process, detailed assessments will be conducted by a pan-Canadian expert review committee, with opportunities for input by patients, the pharmaceutical industry and clinician-based tumour groups. Through a pan-Canadian approach to these assessments, the pCODR is expected to reduce duplication of effort by each individual province and territory and to provide evidence-based recommendations in a timely manner.

As you may know, the pCODR evolved into a permanent process from the interim Joint Oncology Drug Review (JODR), which demonstrated that a pan-Canadian collaborative platform for assessing new cancer drugs provides significant value to cancer care decision making. The pCODR is a collaborative effort between provincial and territorial Ministries of Health and the provincial cancer agencies, with support from the Canadian Partnership Against Cancer and the Canadian Agency for Drugs and Technologies in Health.

The pCODR Steering Committee

The implementation of the pCODR is well underway with an anticipated rollout in early 2011. Overseeing this work and providing strategic direction is the Steering Committee, which is co-chaired by Dr. Charles Blanke, Vice-President (A), Systemic Therapy, British Columbia Cancer Agency, and Olaf Koester, Director, Drug Management Policy Unit, Manitoba Health.

Co-chair Dr. Blanke is a medical oncologist specializing in and focusing his research on gastrointestinal stromal tumours (GISTs) and colorectal cancers. He is also Head of the Division of Medical Oncology at the University of British Columbia, Chair of the U.S. National Cancer Institute-designated GIST Task Force, Chair of the Southwest Oncology Cooperative Group GI Committee and Education Chair for the American Society of Clinical Oncology (ASCO) 2011 annual meeting.

Co-chair Olaf Koester has extensive leadership experience in strategic and operations management, administrative management, public policy and program development, supply chain and drug use management and management consulting in both the public and private health care sectors. He also served as the co-chair of the interim Joint Oncology Drug Review (JODR) and has been instrumental in advancing the pCODR from a concept to a broadly supported collaboration.

One of the first actions of the Steering Committee was to recruit an Executive Director for the pCODR, and I am honoured to have been selected for this role. I look forward to applying the expertise and experience gained in my past role at the Ontario Ministry of Health and Long-Term Care, where among other responsibilities, I led the interim JODR operations, spear-headed the development of an innovative evaluation framework for Drugs for Rare Diseases and launched Ontario's patient-evidence submission process.

Moving Forward

The partners in the pCODR collaboration are currently working together to shape the submission and review process. Many of you have provided significant and thoughtful input through the interim JODR, all of which is being carefully considered as we build the pCODR. The success of the pCODR requires a cooperative pan-Canadian effort and I look forward to renewing and strengthening our collaboration to launch and implement it.

The pCODR Commitment

Our goal and commitment to Canadians is to ensure that, with the increasing introduction of new and complex cancer drugs, the pCODR will bring consistency and clarity to the cancer drug review process, leveraging best practices and expertise from across Canada to ensure provinces and territories have the best possible information on which to base their funding decisions.

Please do not hesitate to contact me if you have any questions or comments on how we can work together to achieve this goal.

Sincerely,

Mona Sabharwal
Executive Director

The pan-Canadian Oncology Drug Review
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e: mona.sabharwal@pancodr.ca
cc: pCODR Steering Committee

pCODR Update — Issue 2A (November 1, 2010)

Dear Sir/Madam,

As follow-up to my letter of October 18, 2010, I am writing to you today to provide further information about an upcoming pan-Canadian Oncology Drug Review (pCODR) information session.

A newly established evidence-based cancer drug review process, the pCODR is designed to assess the clinical evidence and cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions. The implementation of the pCODR is well underway and the anticipated rollout will begin in early 2011.

As I noted in my first correspondence, our partners in the pCODR collaboration have been working to shape the submission and review process. Many of you provided significant and thoughtful input through the interim JODR, and to further assist in the development of the pCODR and to hear about progress to date, we are inviting you to an information and input session for patient groups on November 24, 2010 at the Intercontinental Hotel, 225 Front Street West in Toronto, from 10:00 a.m. to noon in the Grenadier meeting room. For those unable to join in-person, a webinar option will be provided.

The session's objectives are to share information on the pCODR process, gather your input on the nomination and selection process for the pCODR Expert Review Committee – including the proposed criteria for the selection of patient representatives – and to discuss the ways in which the pCODR process can reflect its guiding principles which include fair and transparent governance and cross-jurisdictional collaboration. The contributions of patient advocacy groups have been invaluable in shaping the pCODR process to this point; we hope you will be able to join us, to continue this collaborative effort.

Moving Forward

The role of the pCODR Expert Review Committee (pERC) is to take the clinical and economic information relating to the cancer drug under review, and to formulate a funding recommendation for the provinces and territories. Once the nomination and selection process for that committee has been finalized, which is likely early December, we will be in touch about how and when to submit the names of candidates for the patient representative positions. At that time, we will also be asking for your suggestions on nominations for the pERC Chair.

Please confirm your attendance at the information and input session via e-mail: rsvp@pcodr.ca. Once we have your RSVP, we will send the agenda, as well as information about parking, transit information and webinar details.

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director
pan-Canadian Oncology Drug Review
1 University Avenue, suite 300
Toronto, ON M5J2P1
p: 416-619-5743
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e: mona.sabharwal@pcodr.ca

cc: pCODR Steering Committee

pCODR Update — Issue 2B (November 1, 2010)

Dear Sir/Madam,

As follow-up to my letter of October 18, 2010, I am writing to you today to provide further information about an upcoming pan-Canadian Oncology Drug Review (pCODR) information session.

A newly established evidence-based cancer drug review process, the pCODR is designed to assess the clinical evidence and cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions. The implementation of the pCODR is well underway and the anticipated rollout will begin in early 2011.

As I noted in my first correspondence, our partners in the pCODR collaboration have been working to shape the submission and review process. Many of you provided significant input through the interim JODR, and to further assist in the development of the pCODR and to hear about progress to date, we are inviting you to an information and input session for pharmaceutical industry representatives on November 25, 2010 at the Hilton Garden Inn Toronto Airport West/Mississauga, 1870 Matheson Boulevard East, Mississauga, from 9:30am to noon, in meeting room McCallion B.

We have been working constructively with the Industry *Oncology* Working Group (IOWG) to identify early operational issues. The November 25th session will provide an opportunity for the broader pharmaceutical industry to participate and provide input into a) ways in which the pCODR process can reflect its guiding principles of fair and transparent governance, and cross-jurisdictional collaboration and b) the draft pCODR process. We value the contributions of the pharmaceutical industry in supporting work to shape the pCODR process and we hope you will be able to join us for this session.

Moving Forward

The role of the pCODR Expert Review Committee (pERC) is to take the clinical and economic information relating to the cancer drug under review, and to formulate a funding recommendation for the provinces and territories. Once the nomination and selection process for that committee has been finalized, which is likely early December 2010, we will be in touch to seek your suggestions on nominations for the pERC Chair.

Please confirm your attendance at the information and input session via e-mail: rsvp@pcodr.ca Once we have your RSVP, we will send the agenda.

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director
pan-Canadian Oncology Drug Review
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e: mona.sabharwal@pcodr.ca

cc: pCODR Steering Committee

pCODR Update — Issue 3A (December 21, 2010)

Dear Sir/Madam,

I am writing, first, to thank you for your continued involvement with the pan-Canadian Oncology Drug Review (pCODR) as we work to establish this new, evidence-based cancer drug review process. The pCODR is designed to assess the clinical evidence and cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions.

Second, as I had committed to doing, I would like to provide a summary of the feedback we received as a result of the information sessions we hosted with patient groups in late November and early December.

- In terms of patient member qualifications for the pCODR Expert Review Panel (pERC), we heard that personal experience with cancer is important, and that patient members sitting on pERC should be able to take the information from those meetings (that isn't covered by a confidentiality agreement) and update the cancer community. In addition, some people expressed a desire to be able to nominate patient members for any of the panels.
 - The current patient member qualifications for the pERC have been confirmed by the Steering Committee. pCODR welcomes patients for any of the committees and panels, as long as they meet the additional qualifications of those committees and panels.

I have shared the following feedback, as well as that of other stakeholders, with the Steering Committee. They will consider all perspectives when making a determination.

- We heard that patient groups would like to provide feedback at three points during the submission review process.
- We heard that patient groups would like to see their feedback – and that of all other interested parties – posted publicly throughout the process.
- We understand that many patient groups would like to see a public report of each jurisdiction's decisions after pCODR recommendations are made.

I will be in touch with the Steering Committee's decisions, after the holiday period.

In terms of our next steps, we are moving forward with our planned February launch of pCODR. To that end, we look forward to receiving nominations by January 7th for the Clinical and Economic Guidance Panels; January 14th for pCODR Expert Review Committee Chair; and by January 21st for pCODR Expert Review Committee. You can also provide suggestions for the pERC Chair; an email with your suggestions would be appreciated by January 21st.

The nomination package is available at www.pcodr.ca and all nominations can be sent to nominations@pcodr.ca. Please note that we will email you additional information about patient member nominations by December 23rd.

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 3B (December 21, 2010)

Dear Sir/Madam,

I am writing, first, to thank you for your continued involvement with the pan-Canadian Oncology Drug Review (pCODR) as we work to establish this new, evidence-based cancer drug review process. The pCODR is designed to assess the clinical evidence and cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions.

Second, as I had committed to doing, I would like to provide a summary of the feedback we received as a result of the information session we hosted with pharmaceutical manufacturers in late November.

- We had suggested allowing pre-NOC submissions. We heard strong support for this and there were a number of thoughtful suggestions on how to establish an approach for accepting a pre-NOC submission. We are moving forward with pre-NOC submissions as part of the pCODR process; details are in development.
- We had asked how clarification of information during a review should be done. We heard that a structured and scheduled manner would be best. This is in development.

I have shared the following feedback, as well as that of other stakeholders, with the Steering Committee. They are considering all perspectives, as they make a determination on these issues.

- We heard concern about how two submission streams (i.e. one from pharmaceutical manufacturers and the other from tumour groups) will work. There is a desire to have a communications structure in place so that manufacturers know when a tumour group has submitted a drug for consideration.
- Many manufacturers would like to involve members of the clinical and economic review panels in the pre-submission planning meeting.

I will be in touch with the Steering Committee's decisions, after the holiday period.

We also heard that manufacturers would like the opportunity to comment on an initial recommendation before it is publicly posted. In keeping with the pCODR principle of transparency, all stakeholders—patient groups, pharmaceutical manufacturers—will have the opportunity to comment on initial recommendations at the same time.

In terms of our next steps, we are moving forward with our planned February launch of pCODR. To that end, we look forward to receiving nominations by January 7th for the Clinical and Economic Guidance Panels; January 14th for pCODR Expert Review Committee Chair; and by January 21st for pCODR Expert Review Committee. You can also provide suggestions for the pERC Chair; an email with your suggestions would be appreciated by January 21st.

The nomination package is available at www.pcodr.ca and all nominations can be sent to nominations@pcodr.ca

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director

pCODR Call for Patient Members (December 23, 2010)

pCODR Expert Review Committee (pERC) Requires Two Patient Members

The pCODR Expert Review Committee (pERC) is looking for two Patient Members who have either firsthand experience with the treatment and care of cancer or a family member of a cancer patient who has developed, first-hand, an understanding of the treatment and care of cancer. Composed of up to 16 members, the pERC will make recommendations and provide advice to the Ministries of Health and cancer agencies.

Background: The newly established pan-Canadian Oncology Drug Review (pCODR) will assess the clinical evidence and cost effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions.

Desired Qualifications: The successful candidates will have personal knowledge of, experience with, and understanding of issues related to cancer and its management (diagnosis, treatment, and care). They will also have a demonstrated understanding and appreciation of patient needs and priorities and an overall understanding of other patient issues and health care concerns that may impact cancer patient communities.

Successful candidates should also possess the following:

- Strong communication and interpersonal skills to be able to work constructively as a member of a team
- Ability to act with integrity and independence of specific interests and gain respect and credibility within a diverse range of stakeholders
- Open-minded and diplomatic and able to relate to and respect a diverse range of values and beliefs

Members of the pERC are expected to prepare for and attend up to 12 meetings per year; able to comply with the pCODR's Conflict of Interest and Confidentiality requirements. No person currently employed by any pharmaceutical or related company will be considered. Members of the pERC will receive a modest remuneration.

All applicants will receive confirmation of receipt of their application. While we thank all applicants for their submission, only those under further consideration will be contacted personally.

All applications must be received by January 21, 2011.

For more information and how to apply, please visit www.hrassociates.ca/pcodr

pCODR Update — Issue 4A (January 11, 2011)

Hello,

I am writing to follow-up on my communication of December 21st where I provided a summary of the feedback we received as a result of the information sessions we hosted with patient groups in late November and early December. This communication is to let you know the results of the Steering Committee's deliberations around three specific issues raised during those sessions.

- The first is that some patient groups suggested the opportunity to provide feedback at three points during the submission review process. Input from patient groups is important so that the pCODR Expert Review Committee (pERC) is aware of patient perspectives, values and desired outcomes as they relate to the drug under review. The pERC will consider that information directly, in tandem with the clinical and economic guidance panel reports, as they develop the funding recommendation. In addition, we want to send the information to the economic and clinical guidance panels, to be integrated into their work, and this will require having patient input due relatively early in the process (once a submission is accepted). (If you have the process diagram that was presented during the information session or the webinar, please refer to step 4.3. This will be moved to the left on the diagram so that it happens before the guidance panel processes.) In this way, pERC will receive patient input both directly and through the guidance panel reports since patient input will be integrated into the latter. Patient groups will also be able to provide input once an initial recommendation is posted. The review process will reflect these two opportunities.
- The second request was that patient groups would like to see their feedback—and that of all other interested parties—posted publicly throughout the process. In keeping with the pCODR principle of transparency, all stakeholders—patient groups, pharmaceutical manufacturers—will have the opportunity to comment on initial recommendations at the same time. This allows us to maintain a level playing field, so to speak. In other words, pharmaceutical manufacturers provide initial input via their submission, as patient groups provide initial input to the pERC and the guidance panels. Neither the submission nor the initial patient group input will be posted. However, once the initial pERC recommendation is posted, along with the guidance panel reports, both patient groups and pharmaceutical manufacturers will be able to comment and that input will be posted publicly. This ensures that input from all stakeholders is equally posted, not giving more or less weight to one over another.
- Many patient groups would like to see a public summary of each jurisdiction's decisions after pCODR recommendations are made. This would be helpful to all those involved in the review process and is in keeping with pCODR's transparency values. This information will be posted on the pCODR website once provincial / territorial funding decisions are made, and as quickly as pCODR staff are able.

As a reminder, we welcome your nominations for pERC Chair; these are due January 14th.

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 4B (January 11, 2011)

Hello,

I am writing to follow-up on my communication of December 21st where I provided a summary of the feedback we received as a result of the information session we hosted with pharmaceutical manufacturers in late November. This communication is to let you know the results of the Steering Committee's deliberations around two specific issues raised during those sessions.

1. The first was a concern was about how two submission streams (i.e. one from pharmaceutical manufacturers and the other from tumour groups) will work. It is important that all stakeholders—pharmaceutical manufacturers, tumour groups and patient groups—are aware of the drugs under review. As noted, two submitter types may cause confusion or duplication of effort. pCODR will coordinate this activity, with input from the Provincial Advisory Group, as required. This will involve establishing a notification process so we can alert the appropriate parties if we see any duplications.
2. The second request was about involving members of the clinical and economic guidance panels in pre-submission planning meetings. We agree that having consistent information move from the pre-submission phase to the guidance panel review phase is very important. To that end, the pCODR Manager of Reviews will ensure that issues raised during the pre-submission meetings are provided to the guidance panel members when they begin their work (which could be some time later given that pre-submission work may occur several months in advance of the submission review.)

To recap my December 21st communication, pre-NOC submissions will be permitted and we are currently working with the Industry Oncology Working Group to determine how information clarification during a review will take place. As details on these two elements are available, I will be in touch.

As a reminder, we welcome your nominations for pERC Chair; these are due January 14th.

We look forward to our continued work together,

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 5A (February 4, 2011)

Hello,

Development of the pan-Canadian Oncology Drug Review (pCODR) has progressed well over the last few months; this email provides an update on the nominations process, transition timing and pre-submission planning.

Nominations update

The nominations process for the guidance panels and the Expert Review Committee has generated a great deal of interest from across the country, resulting in many high calibre applications. Careful consideration is being given to each application to ensure that we have the right people in the right positions. We expect to announce the Chair of the pCODR Expert Review Committee in the next two weeks or so.

Transition from iJODR to pCODR

We have been working to transition from the interim Joint Oncology Drug Review (iJODR) process to pCODR and had initially targeted later this month to begin accepting new submissions to pCODR. The target timing has shifted by a few months to allow us to align with the governmental fiscal calendar of April to March, and to provide sufficient time for panel and committee members to be selected and become familiar with their important new roles. As such, we anticipate that pCODR will begin accepting new submissions in April 2011.

Since being appointed Executive Director in September 2010, I have appreciated the commitment of industry, patient groups and governments from across Canada to developing a rigorous and transparent oncology drug review process. We hope the results of that effort will be apparent when pCODR begins accepting its first submissions.

I will be back to you with a further update in the coming weeks. In the meantime should you have any questions or concerns, I welcome your feedback.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 5B (February 4, 2011)

Hello,

Development of the pan-Canadian Oncology Drug Review (pCODR) has progressed well over the last few months; this email provides an update on the nominations process, transition timing and pre-submission planning.

Nominations update

The nominations process for the guidance panels and the Expert Review Committee has generated a great deal of interest from across the country, resulting in many high calibre applications. Careful consideration is being given to each application to ensure that we have the right people in the right positions. We expect to announce the Chair of the pCODR Expert Review Committee in the next two weeks or so.

Transition from iJODR to pCODR

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Pre-submission planning

If your organization is planning to submit a drug for review in the first quarter of the 2011/2012 fiscal year (or later), we encourage you to email info@pcodr.ca so that we can begin pre-submission planning activities with you. You will be sent a pCODR pre-submission planning form to complete. pCODR will use the form to ensure that the appropriate resources are in place so that the review can proceed smoothly once your submission is made. If your organization will be submitting a drug for review before the end of the 2010/2011 fiscal year—that is, before March 31, 2011—we encourage you to contact the iJODR team directly.

Since being appointed Executive Director in September 2010, I have appreciated the commitment of industry, patient groups and governments from across Canada to developing a rigorous and transparent oncology drug review process. We hope the results of that effort will be apparent when pCODR begins accepting its first submissions.

I will be back to you with a further update in the coming weeks. In the meantime should you have any questions or concerns, I welcome your feedback.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 6 (April 12, 2011)

Hello,

As the elements come together for the transition from the interim Joint Oncology Drug Review (iJODR) to the pan-Canadian Oncology Drug Review (pCODR), this email provides an update on the pCODR structure, the portal and transition timing.

Structure

Establishing the membership of the the pCODR Expert Review Committee (PERC) and the Clinical and Economic Guidance panels is in its final stages. Dr. Anthony Fields has accepted the position of Chair, pCODR Expert Review Committee. He is currently Vice President, Alberta Health Services – Cancer Care and Professor, Department of Oncology, University of Alberta, and has served as Chair of Alberta's cancer drug expert committee, the Pharmacy & Therapeutics Committee of Alberta Health Services – Cancer Care (formerly of the Alberta Cancer Board). He was Chair of the Advisory Committee and a member of the Steering Committee of the interim Joint Oncology Drug Review (iJODR), and a member of the Steering Committee of the pan-Canadian Oncology Drug Review program. We are very pleased to have someone of Dr. Fields' calibre join the pCODR team.

Portal

The pCODR portal is now live and online at www.pcodr.ca. We encourage patient advocacy groups and pharmaceutical companies to register with pCODR through the portal, so that they can participate in the drug review process once the transition from iJODR to pCODR is complete.

Transition from iJODR to pCODR

We had initially determined that pCODR would be able to begin accepting new submissions later this month. However, ensuring that the review process reflects input from a wide range of stakeholders is a complex task. While we intend to have the process up and running as soon as possible, some additional time is required to determine the impact of stakeholder input. We are committed to transparency and will keep you informed as to our progress.

I will be back to you soon with a further update. In the meantime should you have any questions or concerns, I welcome your feedback.

Sincerely,

Mona Sabharwal
Executive Director

pERC Chair Announcement (March 14, 2011)

Dear Sir / Madam,

On behalf of the Steering Committee of the pan-Canadian Oncology Drug Review (pCODR), I am very pleased to announce the appointment of Dr. Anthony Fields MD, FRCPC, FACP to the position of Chair, pCODR Expert Review Committee. The role of the pCODR Expert Review Committee (pERC) is to assess the clinical evidence and cost effectiveness of cancer drugs, and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions.

Dr. Fields is currently Vice President, Alberta Health Services – Cancer Care and Professor, Department of Oncology, University of Alberta. He received his medical degree from the University of Alberta and then trained in internal medicine and medical oncology at Toronto's St. Michael's Hospital and the Princess Margaret Hospital respectively. In his clinical practice at the Cross Cancer Institute in Edmonton, he has specialized in the treatment of patients with gastrointestinal cancers. He has held various administrative positions in Alberta's cancer system, including Director of the Cross Cancer Institute and Vice President, Medical Affairs & Community Oncology of the Alberta Cancer Board. Within the University of Alberta, he was previously Director of the interdepartmental Division of Oncology, and at the inception of the Department of Oncology he served as its Acting Chair. Within Alberta Health Services, as Vice President, Cancer Care he is currently responsible for Alberta's tertiary and associate cancer centres, community oncology programs and cancer research programs.

Dr. Fields's experience with cancer drug appraisal processes includes service as Chair of Alberta's cancer drug expert committee, the Pharmacy & Therapeutics Committee of Alberta Health Services – Cancer Care (formerly of the Alberta Cancer Board). He was Chair of the Advisory Committee and a member of the Steering Committee of the interim Joint Oncology Drug Review (iJODR), and a member of the Steering Committee of the pan-Canadian Oncology Drug Review program.

Dr. Fields has been recognized for his work by several awards, including an honorary doctorate of Athabasca University, the Distinguished Alumni Award of the University of Alberta, and the R.M. Taylor Medal and Award of the Canadian Cancer Society and the National Cancer Institute of Canada. In Alberta's centennial year 2005 he was named one of Alberta's 100 Physicians of the Century. Most recently, he was selected by Alberta's Capital Region Medical Staff Association as their 2010 Physician of the Year.

We are very pleased to have someone of this high calibre join the pCODR team and look forward to working with Dr. Fields as the inaugural Chair, pCODR Expert Review Committee.

Regards,

Mona Sabharwal
Executive Director

Cc: Mr. Olaf Koester, Co-Chair, pCODR Steering Committee
Dr. Charles Blanke, Co-Chair, pCODR Steering Committee

pCODR Update — Issue 7A (June 6, 2011)

Hello,

I am writing to provide an update on the pan-Canadian Oncology Drug Review (pCODR) process. The pCODR secretariat has been working with government, patient advocacy groups and pharmaceutical manufacturer stakeholders to create the policies and processes necessary to begin accepting drug submissions. While we had intended for pCODR to be ready to accept submissions by now, we can advise that additional time is necessary to conclude the final phase of the administrative sign off processes in each of the participating jurisdictions. While these processes are varied and complex, they reflect the due diligence that all provinces are undertaking. We expect this will happen as quickly as possible, however the timeframe may be extended and we want you to be aware of this possibility.

Please be assured that the provinces remain committed to pCODR. Through considerable collaboration efforts, the pCODR Steering Committee has accomplished the following, with the help of all its partners:

- the pCODR Secretariat staff, including the Executive Director, have all been recruited and are in place;
- Canada's leading cancer experts have been recruited to be involved in the review process, making up the pCODR Expert Review Committee, Clinical and Economic Guidance Panels;
- the Provincial Advisory Group has been created and is functional, to help ensure pCODR recommendations meet the needs of participants;
- the pCODR website and secure web portal, which are integral to pan-Canadian collaboration, have been developed and are fully functional; and
- submission guidelines, tools and templates relating to the Review Process have been finalized after extensive stakeholder consultations and are available online.

We are committed to transparency and it is important that we keep you informed of the delay in transition of the interim Joint Oncology Drug Review (iJODR) to pCODR. To address the transition delay, and to ensure ministries of health and cancer agencies continue to receive timely advice regarding new cancer drugs, pCODR has developed a short-term transition plan that will ensure there is no disruption in the review of submissions. During the first month that pCODR begins to accept submissions, submitters (either pharmaceutical manufacturers or clinician-based tumour groups) will have the choice to submit through either the iJODR or the pCODR review processes. Once the review stream has been selected, the submitter must meet the submission requirements for the selected review process and the review will need to continue through that stream. After the first month, all new submissions will only be accepted by pCODR.

I appreciate the contributions and commitment of patient advocacy groups, pharmaceutical manufacturers and governments from across Canada. I will be back to you soon with a further update. In the meantime and as always, should you have any questions or concerns please contact me at mona.sabharwal@pcodr.ca. I welcome your feedback.

Sincerely,

Mona Sabharwal
Executive Director
cc: pCODR Steering Committee

pCODR Update — Issue 7B (June 6, 2011)

Hello,

I am writing to provide an update on the pan-Canadian Oncology Drug Review (pCODR) process. The pCODR secretariat has been working with government, patient advocacy groups and pharmaceutical manufacturer stakeholders to create the policies and processes necessary to begin accepting drug submissions. While we had intended for pCODR to be ready to accept submissions by now, we can advise that additional time is necessary to conclude the final phase of the administrative sign off processes in each of the participating jurisdictions. While these processes are varied and complex, they reflect the due diligence that all provinces are undertaking. We expect this will happen as quickly as possible, however the timeframe may be extended and we want you to be aware of this possibility.

Please be assured that the provinces remain committed to pCODR. Through considerable collaboration efforts, the pCODR Steering Committee has accomplished the following with the help of all its partners:

- the pCODR Secretariat staff, including the Executive Director, have all been recruited and are in place;
- Canada's leading cancer experts have been recruited to be involved in the review process, making up the pCODR Expert Review Committee, Clinical and Economic Guidance Panels;
- the Provincial Advisory Group has been created and is functional, to help ensure pCODR recommendations are useable;
- the pCODR website and secure web portal, which are integral to pan-Canadian collaboration, have been developed and are fully functional; and
- submission guidelines, tools and templates relating to the Review Process have been finalized after extensive stakeholder consultations and are available online.

We are committed to transparency and it is important that we keep you informed of the delay in transition of the interim Joint Oncology Drug Review (iJODR) to pCODR. To address the transition delay, and to ensure ministries of health and cancer agencies continue to receive timely advice regarding new cancer drugs, pCODR has developed a short-term transition plan that will ensure there is no disruption in the review of submissions. During the first month that pCODR begins to accept submissions, submitters (either pharmaceutical manufacturers or clinician-based tumour groups) will have the choice to submit through either the iJODR or the pCODR review processes. Once the review stream has been selected, the submitter must meet the submission requirements for the selected review process and the review will need to continue through that stream. After the first month, all new submissions will only be accepted by pCODR.

I appreciate the contributions and commitment of patient advocacy groups, pharmaceutical manufacturers and governments from across Canada. I will be back to you soon with a further update. In the meantime and as always, should you have any questions or concerns, please contact me at mona.sabharwal@pcodr.ca. I welcome your feedback.

Sincerely,

Mona Sabharwal
Executive Director
cc: pCODR Steering Committee

pCODR Update — Issue 8A (July 7, 2011)

Hello,

I am pleased to inform you that the pan-Canadian Oncology Drug Review (pCODR) will begin accepting submissions on July 13, 2011, thus completing the evolution from the interim Joint Oncology Drug Review (iJODR). The purpose of this letter is to advise you of the short-term transition plan and to provide you with information on how patient advocacy groups can contribute to the pCODR review process.

A short-term transition plan has been developed to ensure there is no disruption in the review of submissions. During the first month that pCODR begins to accept submissions, submitters will have the choice to submit through either the interim Joint Oncology Drug Review (iJODR) or the pCODR review processes. Once the review stream has been selected, the submitter must meet the submission requirements for their selected review process and the review will need to continue through that stream. The last day to submit a submission through the iJODR process will be August 12, 2011. As of August 15, 2011 all submissions that fit under pCODR's mandate must go through the pCODR process.

In order for patient advocacy groups to contribute to the pCODR drug review process they must be registered with pCODR. To register please visit the Submit and Contribute section of the pCODR web site (www.pcodr.ca). Once registered, patient advocacy groups will be notified of a pending drug submission and invited to provide relevant information. Information about providing patient input is available in the Patient Engagement Guide under Our Review Process on the pCODR website (Step 3.2).

The transition from iJODR to pCODR has required the efforts of many people. I appreciate the contributions and commitment of patient advocacy groups, pharmaceutical manufacturers and governments from across Canada. I look forward to our continued work together.

Sincerely,
Mona Sabharwal
Executive Director
cc: pCODR Steering Committee

pCODR Update — Issue 8B (July 7, 2011)

Hello,

I am pleased to inform you that the pan-Canadian Oncology Drug Review (pCODR) will begin accepting submissions on July 13, 2011, thus completing the evolution from the interim Joint Oncology Drug Review (iJODR). The purpose of this letter is to advise you of the short-term transition plan to ensure there is no disruption in the review of submissions.

During the first month that pCODR begins to accept submissions, submitters will have the choice to submit through either the iJODR or the pCODR review processes. Once the review stream has been selected, the submitter must meet the submission requirements for the selected review process and the review will need to continue through that stream. The last day to submit a submission through the iJODR process will be August 12, 2011. As of August 15, 2011 all submissions that fit under pCODR's mandate must go through the pCODR process.

If your organization is planning to submit a drug for review through the pCODR review process, we encourage you to review the Pre-submission Guidelines available on the pCODR website (www.pcodr.ca).

The transition from iJODR to pCODR has required the efforts of many people. I appreciate the contributions and commitment of patient advocacy groups, pharmaceutical manufacturers and governments from across Canada. I look forward to our continued work together.

Sincerely,

Mona Sabharwal
Executive Director
cc: pCODR Steering Committee

pCODR Update — Issue 9 (July 7, 2011)

NEW, PAN-CANADIAN CANCER DRUG REVIEW PROCESS

Cancer patients, clinicians, Canadians to benefit

TORONTO, ON (July 13, 2011)—The pan-Canadian Oncology Drug Review (pCODR) begins accepting submissions today. Created to assess the clinical evidence and cost effectiveness of cancer drugs, pCODR will use this information to make recommendations to the provinces and territories to help guide drug funding decisions. This completes the transition from an interim cancer drug review process that had been in place for the last four years.

“pCODR was created to bring greater clarity and consistency to the drug review process in Canada,” said Olaf Koester, pCODR co-chair and director, Drug Management Policy Unit, Provincial Programs and Services with Manitoba Health. “To ensure the review process of new cancer drugs is also comprehensive, the pCODR process will include input from patient groups, drug manufacturers, clinicians and government; we’ve taken a collaborative approach and are working with some of the best minds in the country.”

Submissions to pCODR can be made by any drug manufacturer or group of physicians specializing in specific cancers, known as “tumour groups”. The review process has several steps: once a submission is received, a panel of oncologists examines the drug’s clinical evidence, and a panel of health economists examines the submitted economic evidence. Understanding the patient perspective is critical; patient groups will be invited to provide a perspective on the physical, emotional, and economic impacts of cancer and its treatment on their lives, as well as the benefits and possible side effects of the drug. The panel reports and the patient perspective are then provided to a final expert review committee, which develops recommendations to guide drug funding decisions at the provincial / territorial level. Members for each of the panels and committee are recruited from across the country.

Drug manufacturers can choose to submit a drug to pCODR while Health Canada is determining whether it can be sold in Canada. The option to have a parallel process will mean that the provinces and territories will receive a pCODR recommendation more quickly than if they waited until Health Canada authorized sale of the drug; if Health Canada does not authorize the sale, pCODR will halt the review.

“The information that is considered part of the cancer drug review process in Canada is not generally well understood,” said Dr. Charles Blanke, pCODR co-chair, head of the Division of Medical Oncology at the University of British Columbia, and vice-president, Systemic Therapy at the British Columbia Cancer Agency. “To help address this, all reports considered by the expert reviewers will be posted on the pCODR website, along with both their initial and final recommendations.”

Prior to the creation of pCODR, and the interim drug review that was its precursor, each province conducted its own drug review.

“A single, centralized, distinct cancer drug review process allows for careful consideration of drugs that will be used to treat patients, and simplifies the process for all involved,” said Mona Sabharwal, pCODR executive director. “We use the word ‘cancer’ to refer to over 200 different diseases. Most are complex to treat and the drugs are increasingly expensive. Ultimately, the goal is to provide good, solid advice that will inform the funding decisions that governments need to make.”

For more information, click [here](#) to review a pCODR process chart and explanatory audio file.

The pan-Canadian Oncology Drug Review (pCODR) The pan-Canadian Oncology Drug Review (pCODR) was established by the provincial and territorial Ministries of Health to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions. Along with the provincial and territorial Ministries of Health, with the exception of Quebec, other partners in the pCODR process are provincial cancer agencies, the Canadian Partnership Against Cancer and the Canadian Agency for Drugs and Technology in Health.

pCODR Update — Issue 10 (July 13, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide evidence-based recommendations to provinces and territories to guide their drug funding decisions.

We are inviting patient advocacy groups to attend an information session on September 9, 2011 at the Cosmopolitan Hotel, 8 Colborne Street in Toronto, from 10:00 a.m. to noon in the Chi meeting room. For those unable to join in-person, a webinar option will be provided.

The objectives of the information session are to:

- provide an overview of the pCODR process
- to explain how patient advocacy groups can provide input on a drug submission to pCODR.

We will not be discussing any particular drug nor are we in a position to offer advice on drug access. Your provincial cancer care program should be able to answer questions of this nature. The contributions of patient advocacy groups have been invaluable in shaping the pCODR process.

We hope you will be able to join us at this information session. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by September 2, 2011.

pCODR Update — Issue 11 (August 9, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide evidence-based recommendations to provinces and territories to guide their drug funding decisions.

We are inviting pharmaceutical manufacturers and consultants to attend an information session on the pCODR Review Process on September 22, 2011 at the Best Western Hotel, 5825 Dixie Road in Mississauga, from 10:00 a.m. to noon in the Sunset Hall meeting room.

The objectives of the session are to:

1. provide an overview of the pCODR process
2. review manufacturer participation during the review process
3. highlight key steps in preparing a submission for pCODR review

Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by September 19, 2011. There are a limited number of spaces available for this information session; each organization will be allowed up to 3 participants to accommodate interest. Please note that if you are unable to attend, pCODR will be offering future webinars to cover the same material.

We hope you will be able to join us at this information session. The contributions of pharmaceutical manufacturers have been invaluable in shaping the pCODR process.

pCODR Update — Issue 12 (August 23, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide recommendations to provinces and territories to guide their drug funding decisions.

Last week we held an information session for patient advocacy groups in Toronto. For those who were unable to attend, we are now inviting patient advocacy groups to participate in an informational webinar on October 14, 2011 from 3:00 p.m. to 4:30 p.m. (EDT).

The objectives of the informational webinar are to:

- provide an overview of the pCODR process
- to explain how patient advocacy groups can provide input on a drug submission to pCODR

We will not be discussing any particular drug nor are we in a position to offer advice on drug access. Your provincial cancer care program should be able to answer questions of this nature.

We hope you will be able to join us at this information session. The contributions of patient advocacy groups have been invaluable in shaping the pCODR process. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by October 7, 2011.

pCODR Update — Issue 13 (September 15, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide evidence-based recommendations to provinces and territories to guide their drug funding decisions.

In September we held an information session for pharmaceutical manufacturers in Mississauga. For those who were unable to attend, we are now inviting pharmaceutical manufacturers to participate in an informational webinar on November 1, 2011 from 3:00 p.m. to 4:30 p.m. (EDT).

The objectives of the session are to:

1. provide an overview of the pCODR process
2. review manufacturer participation during the review process
3. highlight key steps in preparing a submission for pCODR review

We hope you will be able to join us at this information session. The contributions of pharmaceutical manufacturers have been invaluable in shaping the pCODR process. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by October 24, 2011.

pCODR Update — Issue 14 (October 17, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide evidence-based recommendations to provinces and territories to guide their drug funding decisions.

In September and October we held information sessions for pharmaceutical manufacturers. For those who were unable to attend, we are now inviting pharmaceutical manufacturers to participate in an informational webinar on January 17, 2012 from 3:00 p.m. to 4:30 p.m. (EST).

The objectives of the session are to:

1. provide an overview of the pCODR process
2. review manufacturer participation during the review process
3. highlight key steps in preparing a submission for pCODR review

We hope you will be able to join us at this informational webinar. The contributions of pharmaceutical manufacturers have been invaluable in shaping the pCODR process. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by January 13, 2012.

pCODR Update — Issue 15 (December 22, 2011)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is a newly established evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness and patient perspectives. The information that results from this process will be used to provide recommendations to provinces and territories to guide their drug funding decisions.

We invite patient advocacy groups to participate in an informational webinar on April 30, 2012 from 12:00 p.m. to 1:30 p.m. (EDT) to learn more about pCODR.

The specific objectives of this informational webinar are to:

- provide an overview of the pCODR process
- explain how patient advocacy groups can provide input on a drug submission to pCODR

We will not be discussing any particular drug nor are we in a position to offer advice on drug access. Your provincial cancer care program should be able to answer questions of this nature.

We hope you will be able to join us at this information session. The contributions of patient advocacy groups have been invaluable in shaping the pCODR process. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by April 25, 2012.

pCODR Update — Issue 16 (March 28, 2012)

Hello,

Patient input on drug reviews and feedback on recommendations is important to the pCODR drug review process as it ensures that patients' experiences of living with cancer and undergoing treatment are routinely considered as part of the pCODR drug review process. In particular, patient input means that those reviewing the drug can begin to appreciate the impact (both good and bad) that the drug under review may have on those taking it, as well as on those caring for patients living with cancer.

Last July pCODR began accepting submissions. We worked with a number of stakeholders, including patient advocacy groups, to help shape the pCODR review process, guidelines and templates. One of pCODR's guiding principles is ongoing evaluation. We have received positive feedback relating to the content and questions posed in the *pCODR Patient Advocacy Group Input on a Drug Review* template. We will continue to explore concrete and collaborative ways to ensure patient advocacy group input is most useful to the review process and makes the best possible representation of patient and caregiver evidence.

We also have received feedback that the page limit for input has been challenging for some patient advocacy groups. As a result, we have revised the *pCODR Patient Engagement Guide* and the *pCODR Patient Advocacy Group Input on a Drug Review* template to permit more space for input.

The revised *pCODR Patient Advocacy Group Input on a Drug Review* template allows for:

- Eight (8) typed 8 ½" by 11" pages
- The deletion of instructions, questions and examples under each heading

The revised *pCODR Patient Engagement Guide* and *pCODR Patient Advocacy Group Input on a Drug Review* template are now available on the pCODR website (under Step 3.2 of Our Review Process). The newly revised *pCODR Patient Advocacy Group Input on a Drug Review* template may be used for any submission received on or after June 4, 2012.

The contributions of patient advocacy groups have been invaluable in shaping the pCODR process. As always, the pCODR secretariat welcomes feedback from those involved in the process. If you should have any questions please contact info@pcodr.ca.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 17 (September 11, 2012)

Hello,

Patient input on drug reviews is important to the pan-Canadian Oncology Drug Review (pCODR) drug review process as it ensures patients' experiences of living with cancer and undergoing treatment are routinely considered as part of the pCODR Drug Review Process. The pCODR in collaboration with the Canadian Cancer Action Network (CCAN) is inviting proposals from individuals and/or organizations to undertake a contracted piece of work for the development of ***"A Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments"***.

pCODR seeks a consultant or an agency to do the following:

- Design, develop and prepare a user-friendly *"A Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments"* for patient advocacy groups with completion of this project to occur within four months of the start date.
- Design, develop and implement a web-based survey for patient advocacy groups to help with the determination of gaps in knowledge relating to the collection of meaningful patient input and to determine appropriate content for the *"A Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments"*.
- Interpret the results of the web-based survey and apply the knowledge gained into the creation of a highly usable *"A Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments"* for patient advocacy groups.

The deadline for proponent enquiries is September 14, 2012 by 5:00 p.m. Eastern Time. The **proposal submission deadline** is **September 28, 2012 by 5:00 p.m. Eastern Time**.

To obtain further information and to view the Request for Proposal, please visit:
<http://www.partnershipagainstcancer.ca/opportunities/procurements/open-competitive-bids/>

Proponents should forward all enquiries via e-mail only to: procurement@partnershipagainstcancer.ca

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 18 (March 4, 2013)

We are pleased to inform you that pan-Canadian Oncology Drug Review (pCODR) in collaboration with the Canadian Cancer Action Network (CCAN) is engaging the Knowledge Translation (KT) Program at the Li Ka Shing Knowledge Institute at St. Michael's Hospital to create a "*Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments*". The Li Ka Shing Knowledge Institute was selected to facilitate this work after a rigorous and transparent evaluation of requested proposals was posted last fall.

Patient input on drug reviews is important to the pCODR drug review process as it ensures patients' experiences of living with cancer and undergoing treatment are routinely considered as part of the pCODR drug review process. We feel the best way to support patient groups in providing input is to work with them directly. Later this week, patient advocacy groups who have provided input to a pCODR drug review will be invited to complete an anonymous on-line survey. Responses to the survey will provide valuable insight and will be used to help other groups in providing input into the pCODR review process by sharing guidance and tips.

We are confident in the capabilities of the team at the Li Ka Shing Knowledge Institute and look forward to having a highly usable and reader friendly "*Step-by-Step Guide on How Patients Can Provide Input on Drug Technology Assessments*" available for the Canadian patient community in the early fall.

Sincerely,

Mona Sabharwal
Executive Director, pCODR

Sincerely,

Marjorie Morrison
CEO, CCAN

pCODR Update — Issue 19 (April 2, 2013)

Hello,

The pan-Canadian Oncology Drug Review (pCODR) is an evidence-based cancer drug review process, designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, patient perspectives and cost-effectiveness. The information that results from this process is used to provide recommendations to provinces and territories to guide their drug funding decisions.

We invite patient advocacy groups to participate in an informational webinar on April 30, 2013 from 2:00 p.m. to 3:30 p.m. (EDT) to learn more about pCODR.

The specific objectives of this informational webinar are to:

- provide an overview of the pCODR process
- explain how patient advocacy groups can provide input on a drug submission to pCODR

We will not be discussing any particular drug nor are we in a position to offer advice on drug access. Your provincial cancer care program should be able to answer questions of this nature.

We hope you will be able to join us at this information session. The contributions of patient advocacy groups continue to be valuable to the pCODR process. Please confirm your attendance at the information session via e-mail: rsvp@pcodr.ca by April 26, 2013.

pCODR Update — Issue 20 (April 16, 2013)

Hello,

In July 2011, the pan-Canadian Oncology Drug Review began accepting submissions from pharmaceutical manufacturers and clinician-based tumour groups. As of March 31, 2013, pCODR completed 13 reviews and had another 13 under review. We are committed to transparency and at this time we would like to provide you with the following updates:

Public Posting of Funding Decisions

pCODR provides consistency and clarity to the cancer drug review process and ensures that all provinces and cancer agencies (excluding Quebec) benefit from a single, clear approach to new cancer drug evaluation, benefiting from the same evidence and principles to ensure provinces and territories have the best possible information to base their funding decisions. There are many factors that go into a province's (or cancer agency's) decision to fund an oncology drug. These include, but are not limited to, available budget, regional health system priorities and local program design. A pCODR recommendation is one of several factors considered prior to a funding decision. As committed by the pCODR Steering Committee, we will start publicly summarizing the funding decisions made by each province for all drugs/indications reviewed by pCODR. We will begin this exciting initiative later this spring and will provide you with more details in the coming months.

Participants on Guidance Panels

pCODR relies on the medical expertise of its Clinical Guidance Panels to ensure that the review of each cancer drug draws from the most important, relevant and current clinical information. pCODR also relies on the expertise of its Economic Guidance Panels to assess the economic evidence of all drug submissions provided to pCODR. The work of these Panel members is closely considered by the pCODR Expert Review Committee when making its recommendations. We are pleased to make available the memberships of all pCODR's expert panel during our first year of operations at: [Panels](#). This step is being undertaken to show the high calibre of expertise used during the review process. Panel lists will be updated periodically to reflect changes to the panel memberships.

Queuing of Submissions

pCODR works diligently with its operational partners to ensure the process delivers high quality, rigorous and consistent reviews. The number of active reviews at any given time depends on a number of factors, such as, the total number of submissions under consideration and the unique mix of experts and resources required by each submission. pCODR is currently in receipt of a high volume of new submissions. Consequently, several new submissions will be scheduled (queued) for a later pCODR Expert Review Committee (PERC) meeting agenda than originally targeted. The affected manufacturer(s) will be notified and the pCODR website will be updated to reflect the revised target PERC meeting dates. Further information relating to how the prioritization and order of pCODR Reviews is determined is available in [pCODR Procedures](#) (pages 12 and 13).

Recent Article on pCODR

pCODR was recently profiled in *Current Oncology*, a peer-reviewed, Canadian-based and internationally respected journal. *Current Oncology* represents a multidisciplinary medium encompassing health care workers in the field of cancer therapy in Canada to report upon and to review progress in the management of this disease. I invite you to read this article to learn more about the pCODR review process and its role in oncology drug reimbursement. The article may be accessed at: Informing Canada's cancer drug funding decisions with scientific evidence and patient perspectives: the Pan-Canadian Oncology Drug Review.

Our goal and commitment to Canadians is to ensure that, with the increasing introduction of new and complex cancer drugs, pCODR will continue to bring consistency and clarity to the cancer drug review process, leveraging best practices and expertise from across Canada to ensure provinces and territories have the best possible information on which to base their funding decisions. We are committed to transparency and keeping you informed of important pCODR announcements. I welcome your comments about these recent announcements.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 21 (May 30, 2013)

Hello,

In July 2011, the pan-Canadian Oncology Drug Review began accepting submissions from pharmaceutical manufacturers and clinician-based tumour groups. As of March 31, 2013, pCODR completed 13 reviews and had another 13 submissions under review. As part of our on-going commitment to greater transparency and clarity in the cancer review process, pCODR has started to summarize the funding decisions made by the participating provinces. These are now publicly posted on our website.

As committed by the pCODR Steering Committee and led by our provincial partners, we have summarized the funding decisions made by each province for all drugs/indications where a “Notification to Implement” a final recommendation has been issued by pCODR. The summary for each drug/indication lists each province, their funding decision, the date of their decision and the funding criteria (if applicable). Any changes to the summaries will be updated at the end of every month and publicly accessible on the pCODR’s website under the “Find a Review” tab and listed according to each drug.

pCODR provides consistency and clarity to the cancer drug review process and ensures that all provinces and cancer agencies (excluding Quebec) benefit from a single, clear approach to new cancer drug evaluation, benefiting from the same evidence and principles to ensure provinces and territories have the best possible information to base their funding decisions. There are many factors that go into a province’s (or cancer agency’s) decision to fund an oncology drug. These include, but are not limited to, available budget, regional health system priorities and local program design. A pCODR recommendation is one of several factors considered prior to a funding decision.

I welcome your comments about this recent transparency initiative or any other aspect of the review process.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 22 (September 10, 2013)

Hello,

If you are looking for an opportunity to demonstrate national leadership and are seeking ways to impact the care that is delivered to Canadians with cancer, you may be interested in participating in the pan-Canadian Oncology Drug Review (pCODR).

pCODR was established by the provincial and territorial Ministries of Health to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions.

pCODR began accepting submissions in July 2011. To date, 19 submissions have been completed. In anticipation of an increase in submissions for hematologic malignancies, pCODR is currently recruiting a **hematologist** to sit as a member of the pCODR Expert Review Committee (pERC).

In addition, pCODR continuously recruits oncologists to sit on the 11 clinical guidance panels, which are structured around specific tumour types, e.g. breast, endocrine, gastrointestinal, genitourinary, head and neck, leukemia, lymphoma and myeloma, lung, melanoma, neuro-oncology, sarcoma. We are also in need of economists, with knowledge of pharmacoeconomics, to participate on the economic guidance panels.

The nomination package provides a clear outline of the criteria and process to become a pERC member or a member of pCODR's clinical or economic guidance panels.

Nominations/submissions for the hematologist pERC member position will be accepted until **5 p.m. EDT, October 18, 2013**. All other applications for clinical or economic panels will be accepted on an on-going basis.

If you have any questions, please contact nominations@pcodr.ca.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 23 (October 09, 2013)

We are very pleased to announce that the pCODR Guide for Patient Advocacy Groups is now available for download from www.pcodr.ca and www.ccanceraction.ca.

The pCODR Guide for Patient Advocacy Groups is the first resource of its type in Canada and was created through a joint collaboration between pCODR and the Canadian Cancer Action Network (CCAN). Development of the guide was led by the Li Ka Shing Knowledge Institute at St. Michael's Hospital in Toronto, recognized experts in translating technical data into accessible information.

The collaboration with patient advocacy groups through CCAN's Drug Review Working Group is a unique aspect of the guide—it has been created with the help of patient advocacy groups, for patient advocacy groups. Groups like yours were consulted at every step in the process.

"This guide will encourage patient groups to have their voices heard by being part of the process. I'm very proud to have been part of the collaborative process that brought the guide to life."

Annette Cyr

Chair, Melanoma Network of Canada and Chair, Drug Review Working Group, Canadian Cancer Action Network

We believe that this free, comprehensive and easy-to-use guide will help your organization participate in the pCODR process, and we want to ensure that as many patient advocacy groups as possible know that it is available.

We often talk about the importance to the assessment process of understanding patients' perspectives on the experience of living with cancer and undergoing treatment for it. It is our hope that by using the guide, you will find it easier to contribute that perspective to the pCODR process.

We are also hoping you can join us on November 22nd in Toronto from 1:00 p.m. to 4:00 p.m. at the Novotel Toronto Centre, where we will be hosting a workshop for patient advocacy groups on how to use the guide. To help you with the costs to attend, pCODR is providing the first 20 participants that apply with a modest travel grant of up to \$250. You would be eligible to apply if you are a member of a patient advocacy or care group that:

- has a mandate that pre-dates the group's decision to register with pCODR;
- has a means of contacting and communicating with its membership;
- represents patients or caregivers impacted by cancer;
- receives funding by more than one funder and no single funder provides more than 50 per cent of the group's operating funds; AND
- is located at least 50 km (one way) from the workshop location at the Novotel Toronto Centre (45 The Esplanade, Toronto, ON M5E 1W2).

Please note that your group does not have to be registered with pCODR to attend the workshop or be eligible for the grant. We will award travel grants to the first 20 participants that submit a completed letter of application. Receipt of the completed letter of application will be determined based on the date and time received in pCODR's e-mail inbox at info@pcodr.ca. Would you like more detail? Please see the Appendix below for the complete information on how you can be eligible for the travel grant.

We hope you will be able to join us at this workshop session. Please confirm your attendance at the workshop session via e-mail: rsvp@pcodr.ca by November 15, 2013.

Sincerely,
Mona Sabharwal
Executive Director, pCODR

Sincerely,
Marjorie Morrison
CEO, CCAN

pCODR Update — Issue 24 (November 1, 2013)

We are very pleased to announce that the tutorial on *How cancer drug funding decisions are made* is now available for download from www.pcodr.ca and www.cancerview.ca/cancerdrugfunding

The tutorial on *How cancer drug funding decisions are made* is the result of a joint collaboration between the pan-Canadian Oncology Drug Review (“pCODR”) and the Canadian Partnership Against Cancer (“the Partnership”). The tutorial was developed with input from patient representatives, patient advocates, clinicians and decision-makers.

This tutorial explains the process that decision makers in Canada follow to decide whether to publicly fund new cancer drugs. It is intended to provide information on which groups are involved in this process, how new drugs are evaluated, how health benefits, costs and values play into the decision, and how an individual could participate in cancer drug decision-making panels. This tutorial describes drug funding decision making in Canada as it is currently best practiced. The tutorial describes decision making for Canadians as a whole and does not help individuals decide which therapies are right for them.

Cancer drug funding decisions are tougher than ever because of trends like the increasing use of cancer therapies and the rapid introduction of new high-cost cancer drugs which may have limited benefits. In this context, there needs to be processes in place to help decide which ones work well enough or better than others, are affordable and align with society’s values to justify public funding.

We believe that this tutorial will help to make cancer drug funding decisions more understandable, and will help individuals be constructive contributors in national conversations about how to best invest in new health care technologies. To that end, we ask that you share this information with your contacts by forwarding this notice. We want to ensure that as many as possible know that this tutorial is available. Your support will make a tremendous difference.

If you have any questions please contact pCODR at info@pcodr.ca or the Partnership at info@cancerview.ca

pCODR Update — Issue 25 (February 11, 2014)

CONSULTATION ON pCODR PROCEDURES AND GUIDELINES CHANGES

Call for Feedback Deadline: Friday, March 14, 2014 at 5:00pm ET

The pan-Canadian Oncology Drug Review (“pCODR”) is inviting stakeholder comments on the proposed changes to the pCODR Procedures and related guidance documents including: pCODR Procedures, pCODR Disclosure of Information Guidelines, pCODR Submission Guidelines, pCODR Pre-Submission Guidelines and pCODR Checkpoint Meeting Template (collectively referred to as “pCODR Documents”). The purpose of the proposed changes to the pCODR Documents is intended to enhance the transparency and clarity of the cancer drug review process. Enclosed is a copy of the draft pCODR Documents with the proposed changes.

1. Draft pCODR Pre-Submission Guidelines
2. Draft pCODR Submission Guidelines
3. Draft Disclosure of Information Guidelines
4. Draft pCODR Procedures

A summary list highlighting the key changes that pCODR is proposing to the pCODR Documents are provided below. Additional clarifications and minor changes to the pCODR Documents are also included in this update. In order for your feedback to be considered by pCODR, please carefully read the instructions outlined below. pCODR has also included a Stakeholder Feedback template to assist stakeholders in providing feedback.

Following the consultation period, pCODR anticipates that the proposed changes to the pCODR Documents will be posted in May 2014. Please be advised that if pCODR receives comments that would require substantial policy or process changes, then pCODR may need to discuss these potential changes with the pCODR Steering Committee and pCODR Provincial Advisory Group. Therefore, such proposed changes may not be incorporated into this update of the pCODR Documents.

Highlights of Proposed Key Changes to the pCODR Documents

Proposed Key Changes for Consultation	
#1	Reduce timelines for Pre-submission Process It is proposed that the timeframe for notifying pCODR of an anticipated submission will be reduced to 4-8 months in advance of a target submission date from 6-12 months in advance of a target submission date.
#2	Integration of Checkpoint Meeting Template Requirements into pCODR Procedures It is proposed that the procedures contained in the pCODR Checkpoint Meeting Template will be integrated into the pCODR Procedures.
#3	Changes to the Submission Requirements The following changes are proposed for the submission requirements: <u>Proposed New Requirements:</u> <ul style="list-style-type: none">• The deadline for providing Category 2 submission requirements have been changed to 5 days before the targeted pERC meeting for pre-NOC submissions.• Submitting a template letter for a signed statement indicating there is a confidential price as a Category 1 submission requirement, if applicable. Please note a submission will be deemed incomplete, if a submitter includes provisions to the template letter that would make the submitted price to pCODR contingent on the submitter's requested funding criteria (e.g., linking to a specific clinical criteria).• Submitting a table of contents outlining the files, folders and CDs included in the submission will be required. <u>Proposed Removal of Certain Requirements:</u> <ul style="list-style-type: none">• Removing the requirement to provide copies of the clarifaxes for a pre-NOC submission. Note that pCODR retains the option to request this information as additional information, if needed. Notwithstanding, a listing of relevant clarifaxes will still be required (e.g., a table listing the responses during the Health Canada review, including clarification questions, date, response and date of responses, and any other clarifaxes that may be relevant to pCODR).• Removing the following requirements for both pre-NOC and post-NOC submissions:<ul style="list-style-type: none">• Letter confirming ability to supply

	<ul style="list-style-type: none"> • Drug Notification Form • Patent expiry information
#4	Public posting of the Structured Summary of Economic Information for Disclosure It is proposed that the Structured Summary of Economic Information that is provided by submitters to pCODR for disclosure purposes will be included as an appendix in Economic Guidance Report that is posted on the pCODR website.
#5	Publishing the incremental cost-effectiveness ratios ("ICERs") in the pCODR Reports Proposed changes to clause 3.4(b) of the pCODR Disclosure of Information Guidelines to clarify that the ICERs are not considered to be confidential even if it is associated with a confidential price; and as such, this information may be published in the pCODR reports.

Instructions for Providing Feedback

In order for feedback on these changes to be considered:

- Please submit your written comments in the Stakeholder Feedback template
- Only one response per organization will be considered. If more than one response is received, only the first response that is received will be considered.
- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and/or the organization they represent will not be considered.
- Feedback should not exceed six (6) pages in length, using a minimum 11 point font on 8 ½" by 11" paper in Microsoft Word format. If comments submitted exceed six pages, only the first six pages of feedback will be considered.
- Feedback should be presented clearly and succinctly. The issue(s) should be clearly stated and specific reference should be made as appropriate to the section of the document under discussion (i.e., guideline, page number, section title, and paragraph).
- Feedback should be specific to the changes being proposed and based on direct experiences with the pCODR process since its inception. If other changes are suggested, they should be provided in the last section of the template under "Other Suggested Changes"
- Feedback must be provided in English. Stakeholders should complete those sections of the template where they have substantive comments and should not feel obligated to complete every section, if that section does not apply. Similarly, stakeholders should not feel restricted by the space allotted on the form and can expand the tables in the template as required.
- Unless requested and otherwise agreed to by pCODR, all materials or comments received from organizations in response to the notice will be considered public information and may be used and disclosed by pCODR as part of its review. pCODR may disclose materials or comments, or summaries of them, to other interested parties during and after the feedback period.
- pCODR will not disclose any personal information contained in a submission of an individual who does not specify an organizational affiliation in his or her submission without the individual's consent unless required by law. However, pCODR may use and disclose the content of the individual's submission to assist pCODR in its review.

Submit your comments to:

Please submit your written comments by e-mail to: info@pcodr.ca by March 14, 2014 at 5:00pm ET

pCODR Update — Issue 26 (April 1, 2014)

January 30, 2014

Hello,

We're writing to follow up with you about the recent announcement from the Federal/Provincial/Territorial Deputy Ministers of Health to transfer the pan-Canadian Oncology Drug Review (pCODR) to CADTH effective April 1, 2014. The key reason for the transfer is to further consolidate policy direction across different drug programs, and improve the pCODR governance structure to ensure its long-term viability and sustainability. This direction is supported by health ministries and cancer agencies across the country.

pCODR is well-respected in the cancer and drug review communities. Its people, processes, and expertise are valued by jurisdictions, health care providers, and patients for providing quality evidence to decision-makers in support of drug funding decisions. pCODR and CADTH are working closely to ensure a seamless transfer and no disruption in the pCODR review process.

The transfer of pCODR to CADTH is occurring in two phases. During the first phase, pCODR staff, processes, funding, and expertise will remain intact as a program, with a continued physical location in Toronto, Ontario, under the governance of CADTH. The second phase, to commence in April 2015, will explore better alignment of pCODR and CADTH Common Drug Review evaluation criteria, while taking advantage of the best practices of both review processes. pCODR and CADTH have been working together since the inception of pCODR in 2010. With this transfer, we look forward to an even more collaborative relationship as we share a common goal to deliver high-quality drug review processes for all Canadians.

In the spirit of how pCODR and CADTH engage its stakeholders, it is our intention to continue to engage the broader cancer community—including cancer agencies, patient groups, and industry—at various points through this transition process. Naturally, over the coming weeks, our efforts will be focused on more operational matters related to the transfer, such as human resources, finances, accommodations, and information technology, to achieve a seamless transfer.

We would like to thank you for your continued support and to assure you that there will be opportunities for engagement during the transition. We are working with pCODR and CADTH leadership to ensure that you are informed on the status of the transfer as this important work progresses.

Sincerely,

Scott Livingstone
Co-Chair,
pCODR Steering Committee

Robert Shaffer
Co-Chair,
pCODR Steering Committee

Terrence Sullivan
Chair,
CADTH Board of Directors

pCODR Update — Issue 27 (April 8, 2014)

Invitation to Free Workshop Session: Demystifying the pCODR Patient Submission Process

As a result of the unequivocal positive feedback that we received from patient advocacy groups on our initial workshop session held last Fall, we are very pleased to offer a second free workshop on how to plan and make a submission to the pan-Canadian Oncology Drug Review (“pCODR”) on May 14th in Toronto from 1:00 p.m. to 4:00 p.m. at the Holiday Inn Toronto Downtown Centre.

This is an opportunity for participants to learn about how to provide patient and caregiver input for a pCODR drug review and to obtain insight directly from pCODR’s Expert Review Committee patient members on how this information makes a difference to their recommendations.

We encourage you to review the Guide for Patient Advocacy Groups: How to provide patient and caregiver input for a pCODR drug review to gain maximum benefit from the workshop. The workshop is intended to be an interactive session that would enable participants to better understand on:

- how to plan for a submission to pCODR
- the methods to collect patient and caregiver input
- how to summarize and report responses

To help you with the costs to attend, pCODR is providing the first 20 participants that apply with a modest travel bursary of up to \$250. You would be eligible to apply if you are a member of a patient advocacy or care group that:

- has a mandate that pre-dates the group’s decision to register with pCODR;
- has a means of contacting and communicating with its membership;
- represents patients or caregivers impacted by cancer;
- receives funding by more than one funder and no single funder provides more than 50 per cent of the group’s operating funds; AND
- is located at least 50 km (one way) from the workshop location at the Holiday Inn Toronto Downtown Centre (30 Carlton St, Toronto, ON M5B 2E9).

Please note that your group does not have to be registered with pCODR to attend the workshop or be eligible for the bursary. We will award travel bursaries to the first 20 participants who submit a letter confirming that they are members of an eligible patient advocacy group and ask to be considered for the travel bursary. It is best to do this using your group’s letterhead. Receipt of the completed letter application will be determined based on the date and time received in pCODR’s e-mail inbox at info@pcodr.ca. Would you like more detail? Please see the Appendix for additional details on the travel bursary and eligibility criteria.

Please note that the pCODR Guide for Patient Advocacy Groups is available for download from www.pcodr.ca and www.ccanceraction.ca

We hope you will be able to join us at this workshop session. Please confirm your attendance at the workshop session via e-mail: rsvp@pcodr.ca by May 9, 2014.

Appendix pCODR Travel Bursary for Patient Guide Workshop

The pan-Canadian Oncology Drug Review (“pCODR”), in partnership with the Canadian Cancer Action Network (“CCAN”), have collaborated on the release of a guidance document “A Guide for Patient Advocacy Groups: How to provide input for a pCODR drug review” (the “Patient Guide”) to assist patient advocacy groups to complete a submission for the pCODR drug review.

We are pleased to hold a second workshop event on May 14, 2014 to guide participants on best practices for submitting patient input summaries to pCODR.

Purpose:

To assist participants in their travel costs to attend the Patient Guide Workshop, pCODR is providing the first 20 participants with a modest travel bursary of up to a maximum of \$250.

Applicant Eligibility:

A participant is eligible to apply for this travel bursary if the person is a member of a patient advocacy or care group that:

- has a mandate that pre-dates the group's decision to register with pCODR;
- has a means of contacting and communicating with its membership;
- represents patients or caregivers impacted by cancer;
- receives funding by more than one funder and no single funder provides more than 50 per cent of the group's operating funds; AND
- is located at least 50 km (one way) from the workshop location at the Holiday Inn Toronto Downtown Centre (30 Carlton St, Toronto, ON M5B 2E9).

Conditions:

- pCODR will award travel bursaries to the first 20 participants that submit a completed letter application to pCODR. Receipt of the completed letter application will be determined based on the date and time received in pCODR's e-mail inbox at info@pcodr.ca
- Only one (1) participant from each patient advocacy or care group will be eligible to receive the travel bursary.
- The travel bursary will be awarded to each eligible participant for up to a maximum of \$250. The travel bursary must only be used to cover travel expense claims in accordance with the organization's guidelines on travel, accommodation and meals. Any travel expenses in excess of this amount will be borne by the participant.
- Participants must provide original receipts and submit them with an approved expense form. A travel expense form will be provided to the eligible participants.

Submission Deadline:

Please submit your letter application to pCODR via e-mail to info@pcodr.ca on or before May 9, 2014 by 5:00pm standard time.

All applicants will be provided a decision in writing within a reasonable time after receipt of their submission.
Inquiries:

If you have any questions, please send an email to: info@pcodr.ca

pCODR Update — Issue 28 (April 17, 2014)

IMPORTANT NOTICE: CHANGES TO pCODR PROCEDURAL REVIEW GUIDELINES

Hello:

As a result of the transfer of the pan-Canadian Oncology Drug Review (pCODR) to the Canadian Agency for Drugs and Technologies in Health (CADTH) on April 1, 2014, we are writing to inform you of the process changes to pCODR's Procedural Review Guidelines. Please be advised that the changes to pCODR's Procedural Review Guidelines will take effect immediately as of April 17, 2014.

One of pCODR's Guiding Principles is an ethical review process. A fundamental component to having an ethical review process is a commitment to procedural fairness. Because the procedural review mechanism is an important cornerstone of the pCODR process and was included in response to stakeholder requests for a way to ensure pCODR adheres to its own processes and guidelines, it will be integrated into CADTH's governance structure.

The key change to the pCODR procedural review mechanism is in who conducts the procedural review and how a decision is made.

Previously, grounds for a procedural review were determined by the Steering Committee Co-Chairs by consensus. If grounds for a procedural review exist, a three-person panel consisting of individuals from the pCODR Steering Committee were appointed by the Steering Committee Co-Chairs. The Procedural Review Panel reviewed the submitted request for a procedural review and the supporting documentation and determined the outcome of the procedural review.

As of April 17, 2014 under CADTH's governance structure, it is the CADTH Chief Executive Officer, on the advice of the pCODR Advisory Committee (PAC) Chair and Vice-Chair, who will determine if the grounds for a procedural review exist. The grounds for review are assessed separately from the review itself.

If there are no grounds for a procedural review, this will be determined within 15 business days of the submitted date of an application for a procedural review, and it will be communicated on the pCODR website that the pERC Final Recommendation can be implemented. The party who made the request will be informed by the CADTH Chief Executive Officer in writing of the decision.

If, however, grounds for a procedural review exist, the CADTH Chief Executive Officer will appoint three (3) to five (5) members from the PAC, as needed. The PAC panelists will consider the evidence and make a recommendation to the CADTH Chief Executive Officer. The CADTH Chief Executive Officer will make the decision based on PAC's recommendation, and respond to the requester in writing.

As has always been the case, it is important to note that the outcome of the procedural review may or may not result in a change to the pERC Final Recommendation.

To learn more about the new changes to the pCODR Procedural Review Guidelines, please read [How will the procedural review mechanism work under CADTH?](#)

How will the procedural review mechanism work under CADTH?

A party (e.g., manufacturer, tumour group, patient group, or the Provincial Advisory Group) who participated in the pCODR review for a specific drug product may make a procedural review request to the CADTH Chief Executive Officer if the affected party believes that: (1) the process has not been followed as set out in the pCODR Procedures or (2) the pCODR Expert Review Committee (pERC) Deliberative Framework was not applied within 10 business days of a pERC Final Recommendation being issued. No extensions will be granted to the 10 business day period and all supporting documentation must be submitted within this period.

The requester must use the pCODR Procedural Review Request Form to initiate a procedural review request. These grounds relate only to whether or not process was followed and not to the content of the pERC Final Recommendation. Differences in the interpretation and use of data during the review do not constitute grounds for a procedural review (e.g., the selection of comparators, the use of data sets, the place in therapy). In addition, disagreement with pCODR's approach to managing non-disclosable information that was provided in the submission, including use or non-use in the review process, does not constitute grounds for a procedural review, provided processes

were followed as outlined in the pCODR Procedures and the pCODR Disclosure of Information Guidelines.

Upon receiving a request for a procedural review, the CADTH Chief Executive Officer, on the advice of the pCODR Advisory Committee (PAC) Chair and Vice-Chair, will determine if the grounds for a procedural review exist. The grounds for review are assessed separately from the review itself.

The party who made the request will be informed by the CADTH Chief Executive Officer in writing if the procedural review request has been accepted or not accepted. If there are no grounds for a procedural review, this will be determined within 15 business days of the submitted date of an application for a procedural review, and it will be communicated on the pCODR website that the pERC Final Recommendation can be implemented. If, however, grounds for a procedural review exist, the CADTH Chief Executive Officer will appoint three (3) to five (5) members from the PAC, as needed. The PAC panelists will consider the evidence and make a recommendation to the CADTH Chief Executive Officer.

The PAC panelists may recommend that:

1. No changes are required to the pERC Final Recommendation and a Notification to Implement a pERC Final Recommendation should be issued by the pCODR Secretariat.
2. Steps in the pCODR review process must be revisited and/or the submission must be re-deliberated by pERC at the next possible pERC meeting. A re-deliberation may result in the pERC Final Recommendation being maintained or being changed.

During this period, P/T Ministries of Health and Provincial Cancer Agencies would not implement the pERC Final Recommendation while a procedural review is being conducted.

The CADTH Chief Executive Officer will make the decision based on PAC's recommendation, and respond to the requester in writing. If steps in the pCODR review process must be revisited and/or the recommendation re-deliberated, the submission receives priority placement on the pERC meeting agenda at which it would be re-deliberated and work on the submission would be prioritized within the pCODR Secretariat.

- If the pERC Final Recommendation is maintained following the re-deliberation, a Notification to Implement a pERC Final Recommendation will be issued by the pCODR Secretariat.
- If the pERC Final Recommendation is changed following the re-deliberation, a new pERC Final Recommendation will be publicly posted and a Notification to Implement a pERC Final Recommendation will be issued by the pCODR Secretariat.

As has always been the case, it is important to note that the outcome of the procedural review may or may not result in a change to the pERC Final Recommendation.

How are decisions on procedural reviews communicated?

High-level details of any submitted procedural review request will be publicly posted on the pCODR website.

When a pERC Final Recommendation can be implemented, the pCODR Secretariat will issue a Notification to Implement a pERC Final Recommendation and this will be communicated on the pCODR website.

The party who made the request will be informed by the CADTH Chief Executive Officer in writing of the following key procedural review decisions:

- After a procedural review request has been submitted, if the procedural review request has been accepted or not accepted.
- Whether the Procedural Review Panel determines if the submission will be re-deliberated by pERC or if a Notification to Implement a pERC Final Recommendation will be issued without a re-deliberation of the submission.

The details and outcomes of the procedural review will be communicated in the pERC Final Recommendation.

How long does the procedural review process take?

A decision on whether or not to conduct a procedural review will take place within 15 business days of the submitted date of an application for a procedural review. The duration of the procedural review may vary, depending on the complexity and nature of the request.

pCODR Procedural Review Request Form

Date Procedural Review Request Submitted: _____

Final Recommendation for which Procedural Review is being Requested

Drug Name: _____

Indication: _____

Date pERC Final Recommendation Issued: _____
Information on Party making the Request
Organization: _____
Role in pCODR Review Process: _____
Contact Name: _____
Contact Email: _____
Contact Phone: _____

Grounds for the Procedural Review Request

Please check the following grounds that may apply:

- pCODR failed to act in accordance with its procedures in conducting the review
- pERC failed to apply its deliberative framework in formulating recommendations.

Provide a detailed description and any relevant documentation of how pCODR failed to act in accordance with its procedures or how pERC failed to apply its deliberative framework. Relevant pCODR process steps and components of the pERC deliberative framework should be clearly identified (see the pCODR Procedures Document, which is available on the CADTH website, www.cadth.ca/pcodr). This section should not exceed five pages.

Signature: _____
Date: _____

pCODR Update — Issue 29 (April 25, 2014)

Invitation to the Stakeholder Information Session on the Transfer of pCODR to CADTH

Hello:

On April 1, 2014, the pan-Canadian Oncology Drug Review (pCODR) was transferred to CADTH to further enhance and consolidate policy direction across the different drug programs, and to improve the pCODR governance structure to ensure its long-term viability and sustainability.

CADTH and pCODR have been working closely together on Phase 1 of this transition to ensure a seamless transfer of pCODR staff, processes, funding, and expertise, so the pCODR program remains intact under CADTH's governance structure.

As part of our long-standing commitment to stakeholder engagement, CADTH is inviting patient advocacy groups and oncology professionals to attend an information/Q&A session on the progress to date and next steps for the pCODR transition.

Monday, June 9, 2014
9:30 a.m. to 11:00 a.m. EDT
The Grand Hotel Toronto
225 Jarvis Street
Toronto, ON M5B 2C1

A teleconference option will be provided for patient advocacy groups and oncology professionals who are unable to join us in person.

The discussion panellists from CADTH will include:

- Dr. Brian O'Rourke, President and Chief Executive Officer, CADTH
- Dr. Anthony (Tony) Fields, Chair, pCODR Expert Review Committee
- Mr. Scott Livingstone, Chair, pCODR Advisory Committee; Chief Executive Officer, Saskatchewan Cancer Agency
- Dr. Mona Sabharwal, Executive Director, pCODR

The purpose of this information session will be:

- To provide stakeholders with a detailed update on Phase 1 of the pCODR transition work.
- To seek focused input from patient advocacy groups and oncology professionals on Phase 2 of the transition. Phase 2 is intended to explore better alignment of the pCODR and CADTH Common Drug Review processes and to build upon best practices. Our intent is to use this input to help inform and guide our next steps for this work.

To help us plan for the upcoming session, we will be conducting a short online survey to identify some of the questions and issues that patient advocacy groups and oncology professionals may have regarding the transition. An online survey will be sent the first week of May.

The contributions of patient advocacy groups and oncology professionals have been invaluable in shaping the pCODR process to this point; we hope you will be able to join us, to continue this collaborative effort.

RSVP: Please confirm your attendance at this information session using our online registration form by June 3, 2014. Once we have your RSVP, we will send an agenda and teleconference details for those unable to attend in person.

pCODR Update — Issue 30 (April 25, 2014)

Invitation to the Stakeholder Information Session on the Transfer of pCODR to CADTH

Hello:

On April 1, 2014, the pan-Canadian Oncology Drug Review (pCODR) was transferred to CADTH to further enhance and consolidate policy direction across the different drug programs, and to improve the pCODR governance structure to ensure its long-term viability and sustainability.

CADTH and pCODR have been working closely together on Phase 1 of this transition to ensure a seamless transfer of pCODR staff, processes, funding, and expertise, so that the pCODR program remains intact under CADTH's governance structure.

As part of our long-standing commitment to stakeholder engagement, CADTH is inviting representatives from pharmaceutical manufacturers, associations and consultants to attend an information/Q&A session on the progress to date and next steps for the pCODR transition.

Monday, June 9, 2014
1:00 p.m. to 2:30 p.m. EDT
The Grand Hotel Toronto
225 Jarvis Street
Toronto, ON M5B 2C1

The discussion panellists from CADTH will include:

- Dr. Brian O'Rourke, President and Chief Executive Officer, CADTH
- Dr. Anthony (Tony) Fields, Chair, pCODR Expert Review Committee
- Mr. Scott Livingstone, Chair, pCODR Advisory Committee; Chief Executive Officer, Saskatchewan Cancer Agency
- Dr. Mona Sabharwal, Executive Director, pCODR

The purpose of this information session will be:

- To provide stakeholders with a detailed update on Phase 1 of the pCODR transition work.
- To seek input from the pharmaceutical industry on Phase 2 of the transition. Phase 2 is intended to explore better alignment of the pCODR and CADTH Common Drug Review processes and to build upon best practices. Our intent is to use this input to help inform and guide our next steps for this work.

To help us plan for the upcoming session, we will be conducting a short online survey to identify some of the questions and issues that the pharmaceutical industry may have regarding the transition. An online survey will be sent the first week of May.

We value the contributions of pharmaceutical manufacturers, associations, and consultants in supporting the pCODR process, and we hope you will be able to join us for the stakeholder session.

RSVP: Please confirm your attendance at this information session using our online registration form by June 3, 2014. As space is limited, each organization will be allowed no more than 3 participants. Once we have your RSVP, we will send you the agenda.

pCODR Update — Issue 31 (May 16, 2014)

Update on pCODR Procedures and Guidelines Consultation

Hello:

On February 11, 2014, we invited stakeholder comments on our proposed changes to the pan-Canadian Oncology Drug Review (pCODR) Procedures and related guidance documents including: pCODR Procedures, pCODR Disclosure of Information Guidelines, pCODR Submission Guidelines, pCODR Pre-Submission Guidelines and pCODR Checkpoint Meeting Template (collectively referred to as “pCODR Documents”).

We would like to take this opportunity to thank all those who submitted feedback on the pCODR Documents.

Summary of Stakeholder Feedback

We received a total of 13 submissions from stakeholders, including from the pharmaceutical associations, individual pharmaceutical manufacturers and patient advocacy groups. Key comments related to:

- reducing the timelines for pre-submission process
- integrating of Checkpoint Meeting Template Requirements into pCODR Procedures
- administrative changes to the submission requirements, including:
 - setting a new deadline for providing Category 2 submission requirements for pre-NOC submissions
 - submitting a template letter with a signed statement indicating there is a confidential price as a Category 1 submission requirement, if applicable
 - submitting a table of contents
 - removing the requirement to provide copies of the clarifaxes for a pre-NOC submission; notwithstanding, a listing of relevant clarifaxes will still be required (e.g., a table listing the responses during the Health Canada review, including clarification questions, date, response and date of responses, and any other clarifaxes that may be relevant to pCODR)
 - removing certain submission requirements, including: letter confirming ability to supply, drug notification form, patent expiry information for both pre-NOC and post-NOC submissions
- public posting of the Structured Summary of Economic Information for Disclosure
- publishing the incremental cost-effectiveness ratios (“ICERs”) in the pCODR Reports
- request for additional clarification on a number of different topics, including molecular diagnostic tests, options for conducting checkpoint meetings, reporting requirements, among others

Decisions: Removing certain submission requirements effective June 1, 2014

Stakeholders who submitted comments unanimously supported the removal of the submission requirements for the letter confirming ability to supply, drug notification form and patent expiry information for both pre-NOC and post-NOC submissions. In view of this, effective June 1, 2014, pCODR will not require a letter confirming ability to supply, the drug notification form and the patent expiry information to be provided as part of the submission to pCODR. For greater clarity, this requirement will apply to all submissions that are currently or will be under review by pCODR. Please be advised that this change does not imply that the submitted information meets the requirements of the individual participating provincial drug plans. If any of the participating provincial drug plans have needs relating to these previous submission requirements, they will contact manufacturers directly.

pCODR Documents Under Review

As a result of the in-depth feedback, pCODR is giving due consideration to all comments. A number of the comments have policy and technical implications. pCODR must take a balance approach to ensure that the application of these comments would be made in the best interest of patients and the public. This work will be ongoing and is anticipated to be finalized by Summer 2014.

pCODR will issue a notice prior to the implementation of any applicable changes to the pCODR Documents, so as to reduce the impact of timing on those working on submissions to the process.

If you have any questions, please contact us at info@pcodr.ca

pCODR Update — Issue 32 (July 23, 2014)

Feedback Requested: pCODR Transition Stakeholder Consultation Report

Hello,

I am pleased to provide a first draft of the report generated from stakeholder consultations on the transfer of pCODR to CADTH.

The report summarizes the results of the survey we issued in May 2014 and the key points, questions, and comments from the Stakeholder Information Sessions held on June 9, 2014. We would appreciate knowing if you feel the report accurately reflects the key issues that have been raised to date. If you have any other suggestions or thoughts about the transfer, we would be pleased to receive these as well.

In addition to general feedback on the report, we would value your input on a few other questions:

1. Did you find the information sessions helpful in addressing your questions regarding the transfer of pCODR to CADTH?
2. Some stakeholders are familiar with the CADTH Common Drug Review (CDR). For those who are, what do you consider to be some of the best practices of pCODR and CDR that we should continue to build on? Please list and provide examples, as applicable.
3. During the information sessions, there were suggestions to increase the transparency of the review process — for example, by making pCODR Expert Review Committee (PERC) meetings public and by allowing patient groups and pharmaceutical companies to present, in person, at committee meetings. Increasing transparency could require additional resources, which could impact timelines and result in the limited use of certain confidential and proprietary information (which, in turn, could impact PERC's ability to deliberate).
 - a) Would you like to see increased transparency in the pCODR process?
 - b) If so, would you be willing to accept trade-offs? Please explain.

Please email your written feedback to info@pcodr.ca by September 16, 2014 at 5:00pm ET using our template.

I look forward to hearing from you.

Regards,
Mona Sabharwal
Executive Director, pCODR

pCODR Update — Issue 33 (September 04, 2014)

CCAN and pCODR announce the establishment of a new Patient Health Technology Assessment (HTA) Navigator in Canada

Hello:

Building on the launch of *A Guide for Patient Advocacy Groups: How to provide patient and caregiver input for a pCODR drug review* in 2013, the Canadian Cancer Action Network (CCAN) and the pan-Canadian Oncology Drug Review (pCODR) are pleased to continue our collaboration with the introduction of a new *Patient Health Technology Assessment (HTA) Navigator*, hired to provide a “live” resource to assist patient advocacy groups in navigating the pCODR process.

At this time, we wish to announce that we have engaged Suzanne Nurse, PhD, to lead our pilot project forward into 2015. This unique role represents a “Canadian first” model for HTA processes and is intended to provide patient groups with the support required to help optimize the patient submission for drugs under review by pCODR, as well as develop, identify and support opportunities for patient and carer/caregiver involvement relating to the pCODR program.

Funded by the Canadian Cancer Action Network, the role of *Patient HTA Navigator* reflects a shared CCAN/pCODR commitment to addressing the expressed needs of patient advocacy groups in Canada. We believe that patient input on drug reviews is important to the pCODR process as it ensures patients’ and caregivers’ experiences of living with cancer and undergoing treatment are routinely considered, and we remain committed to collaboratively exploring innovative ways to best support patient groups in Canada.

If you have any questions, please contact CCAN at info.on@canceraction.ca and/or pCODR at info@pcodr.ca

pCODR Update — Issue 34 (October 20, 2014)

Hello,

If you are looking for an opportunity to demonstrate national leadership and are seeking ways to impact the care that is delivered to Canadians with cancer, you may be interested in participating in the pan-Canadian Oncology Drug Review (pCODR). pCODR is currently recruiting a Health Economist to sit as a member of the pCODR Expert Review Committee (pERC).

pCODR was established by the provincial and territorial Ministries of Health to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions. In April 2014, pCODR was transferred to the Canadian Agency for Drugs and Technologies in Health (CADTH).

In addition, pCODR continuously recruits oncologists to sit on the 11 clinical guidance panels, which are structured around specific tumour types, e.g. breast, endocrine, gastrointestinal, genitourinary, head and neck, leukemia, lymphoma and myeloma, lung, melanoma, neuro-oncology, sarcoma. We are also in need of economists, with knowledge of pharmacoeconomics, to participate on the economic guidance panels.

The nomination package provides a clear outline of the criteria and process to become a pERC member or a member of pCODR's clinical or economic guidance panels.

Nominations/submissions for the Health Economist pERC member position will be accepted until 5 p.m. EDT, November 28, 2014. All other applications for clinical or economic panels will be accepted on an on-going basis.

If you have any questions, please contact nominations@pcodr.ca.

Sincerely,
Mona Sabharwal
Executive Director

pCODR Update — Issue 35 (December 22, 2014)

INVITATION: Stakeholder Engagement Session on Phase II of the Transfer of pCODR to CADTH

Hello,

On April 1, 2014, the pan-Canadian Oncology Drug Review (pCODR) was transferred to CADTH to further enhance and consolidate policy direction across drug review processes, and to improve the pCODR governance structure to ensure its long-term viability and sustainability.

During phase I of the transition, we worked to ensure the seamless transfer of pCODR staff, processes, funding, and expertise.

For phase II of the transition, the Conference of Deputy Ministers of Health asked us to explore better alignment of pCODR and the CADTH Common Drug Review evaluation criteria, and build upon the best practices of both review processes.

As part of our commitment to stakeholder engagement, we are inviting patient advocacy groups and clinicians to attend an information and feedback session on:

Thursday, February 5, 2015 9:30 a.m. to 11:30 a.m. EST
Delta Meadowvale Hotel and Conference Centre
6750 Mississauga Road
Mississauga, Ontario, L5N 2L3

A teleconference option will be provided for individuals or organizations unable to join us in person.

The purpose of this information session will be to:

- Provide an update on the work to better align the pCODR and CADTH Common Drug Review processes.
- To seek feedback on key areas of phase II of the transition.

The discussion panellists from CADTH will include:

- Dr. Brian O'Rourke, President and Chief Executive Officer, CADTH
- Mr. Scott Livingstone, Chair, pCODR Advisory Committee; and Chief Executive Officer, Saskatchewan Cancer Agency
- Ms. Judy McPhee, Chair, Drug Policy Advisory Committee; and Executive Director, Nova Scotia Department of Health and Wellness
- Dr. Chander Sehgal, Director, CADTH Common Drug Review and Optimal Use
- Dr. Mona Sabharwal, Executive Director, pCODR.

The contributions of patient advocacy groups, clinicians, and other professionals have been invaluable in shaping the CADTH Common Drug Review and pCODR processes. We hope you will be able to join us to continue this collaborative effort.

Please RSVP by January 30, 2015 using our online registration form. An agenda and teleconference details will be sent to those who cannot join us on-site.

pCODR Update — Issue 36 (December 22, 2014)

INVITATION: Stakeholder Engagement Session on Phase II of the Transfer of pCODR to CADTH

Hello,

On April 1, 2014, the pan-Canadian Oncology Drug Review (pCODR) was transferred to CADTH to further enhance and consolidate policy direction across drug review processes, and to improve the pCODR governance structure to ensure its long-term viability and sustainability.

During phase I of the transition, we worked to ensure the seamless transfer of pCODR staff, processes, funding, and expertise.

For phase II of the transition, the Conference of Deputy Ministers of Health asked us to explore better alignment of pCODR and the CADTH Common Drug Review evaluation criteria, and build upon the best practices of both review processes.

As part of our commitment to stakeholder engagement, we are inviting representatives from pharmaceutical manufacturers and associations, and consultants, to attend an information and feedback session on:

Thursday, February 5, 2015 2:00 p.m. to 4:00 p.m. EST
Delta Meadowvale Hotel and Conference Centre
6750 Mississauga Road
Mississauga, Ontario, L5N 2L3

A teleconference option will be provided for individuals or organizations unable to join us in person.

The purpose of this information session will be to:

- Provide an update on the work to better align the pCODR and CADTH Common Drug Review processes
- To seek feedback on key areas of phase II of the transition.

The discussion panellists from CADTH will include:

- Dr. Brian O'Rourke, President and Chief Executive Officer, CADTH
- Mr. Scott Livingstone, Chair, pCODR Advisory Committee; and Chief Executive Officer, Saskatchewan Cancer Agency
- Ms. Judy McPhee, Chair, Drug Policy Advisory Committee; and Executive Director, Nova Scotia Department of Health and Wellness
- Dr. Chander Sehgal, Director, CADTH Common Drug Review and Optimal Use
- Dr. Mona Sabharwal, Executive Director, pCODR

The contributions of representatives from pharmaceutical manufacturers and associations, and consultants, have been invaluable in shaping the CADTH Common Drug Review and pCODR processes. We hope you will be able to join us to continue this collaborative effort.

Please RSVP by January 30, 2015 using our online registration form. Because of the limited number of spaces available, each organization will be allowed a maximum of three (3) participants to attend in person. An agenda and teleconference details will be sent to those who cannot join us on-site.

pCODR Update — Issue 37 (March 5, 2015)

Consultation on Draft Guidelines for Manufacturers on Application Fees for pCODR

Hello,

As was announced in May 2014, CADTH will be implementing an application fee for manufacturer applications filed with the CADTH pan-Canadian Oncology Drug Review (pCODR). It is proposed that all manufacturer applications with a Health Canada Notice of Compliance (NOC) or Notice of Compliance with Conditions (NOC/c) date of April 1, 2015 or later will be subject to a fee. Similarly, the proposed application fee will apply for an application of a submission or resubmission of cancer drugs with new indications with no pending NOC (i.e., the indication is not likely to be submitted to Health Canada for review) received on or after April 1, 2015.

The fee was mandated by the Conference of Deputy Ministers of Health and will supplement existing provincial and territorial funding. The fees will be used to off-set some of the costs of a drug review and help finance an increase in the number of cancer drugs that are reviewed by CADTH on an annual basis.

We are inviting all interested parties to provide feedback on the draft Guidelines for Manufacturers on Application Fees for the pan-Canadian Oncology Drug Review. We have included a list of FAQs to provide some guidance on the proposed application fee structure for a review through the pCODR process.

Please submit your written comments by e-mail to info@pcodr.ca by Thursday, March 26, 2015. All feedback submitted by the deadline will be carefully considered and used to inform the final guidelines.

If you haven't already, please consider subscribing to our CADTH E-Alert system to ensure you receive updates on the pCODR Application Fee as well as other CADTH news.

pCODR Update — Issue 38 (March 23, 2015)

The pCODR Program is Moving to New Location in Toronto

Hello,

Effective April 1, 2015, the pCODR office will be relocated to 154 University Avenue, Suite 300 in Toronto – just a few blocks north of our current location. This move allows us to continue with our transition to CADTH, but maintains our central location in downtown Toronto.

As well, please note our new main telephone and fax numbers. Calls will be routed through the CADTH Main Office.

Toll Free# 1-866-988-1444
Reception# (613) 226-2553
Back Office# (613) 226-4969
Fax# 1-866-662-1778

You can still reach pCODR program staff directly using our current e-mail addresses.

We would like to sincerely thank the Canadian Partnership Against Cancer for providing us with office space since the pCODR program was established in 2010.

If you have any questions, please contact us at info@pcodr.ca

pCODR Update — Issue 39 (March 26, 2015)

Feedback Requested: Stakeholder Engagement Sessions Summary Report on Phase II of pCODR Transfer to CADTH

Hello,

In follow-up to our sessions on February 5, 2015, I am pleased to provide the report generated from stakeholder consultations on Phase II of the transfer of pCODR to CADTH.

In this report, we have summarized the key points, questions, and comments from the Stakeholder Engagement Sessions from those who participated at the sessions and to circulate this summary for those who were unable to attend. We would appreciate knowing if you feel the report accurately reflects the key issues that have been raised to date. If you have any other suggestions or thoughts about the transfer, we would be pleased to receive these as well.

In addition to general feedback on the report, we would value your input on few other questions:

1. Explore ways to further enhance transparency of the drug review process, such as, examining more open expert review committees meetings
 - a. What do you understand 'open meeting' to mean?
 - b. How do we do this and ensure equity? For example, it may be difficult for some groups to attend in-person.
 - c. What impact on timelines would you be prepared to tolerate?
2. Explore the inclusion of individual patient/caregiver input into the health technology assessment (HTA) process
 - a. From your perspective, what would be the optimal approach to obtain those perspectives when there is no patient group or related patient group representing patients for the particular disease/tumour for which a drug under review is indicated?
 - b. In what ways other than through template submissions (e.g., individual interviews, focus groups), might the information from these perspectives be effectively gathered?
 - c. We heard from participants that they would like to see "more voices" be represented in the HTA process. Please explain, from your perspectives, what this means to you and to outline the objectives.
3. Examining the pros and cons of mid-point review meeting (e.g., Checkpoint)
 - a. What are your company's objectives for check point meetings?
 - b. Are there other ways to achieve those objectives, in particular to consider the potential timing of such meetings and timelines impact on the overall process?
 - c. If no, why not and if yes, what might those be?
4. Examining the pros and cons of posting initial recommendation
 - a. Do you support the posting of initial recommendations?
 - b. How much time is needed to respond to an initial recommendation?
 - c. Do you accept the likely timeline impact on the review process overall?

Please email your written feedback using our template by May 27, 2015 at 5:00pm ET, to info@pcodr.ca.

If you have any questions, please contact us at info@pcodr.ca.

We look forward to hearing from you.

pCODR Update — Issue 40 (April 1, 2015)

Important Notice: Implementation of Guidelines for Manufacturers on Application Fees for pCODR

Hello,

CADTH invited stakeholder comments and feedback on the *Guidelines for Manufacturers on Application Fees for the pan-Canadian Oncology Drug Review* (pCODR) on March 5, 2015.

We would like to thank all stakeholders who responded to the consultation. Feedback was received from two industry association groups and three pharmaceutical companies. We carefully considered all stakeholder feedback. The key changes made in response to stakeholder feedback received are as follows:

- An application fee will apply to a drug manufacturer submitting an application for a submission or resubmission of cancer drugs (including a submission or resubmission of new indication that is not likely to be submitted to Health Canada for review) to the pCODR program for review received on or after April 1, 2015.
- We recognize that there is a need for some flexibility to ensure that the needs of cancer patients are met; and therefore, we will continue to make the priority review mechanism available under the pCODR program; however, a fee will not apply to a request for priority review. We'll continue to work closely with submitters to make the most of this mechanism.
- In addition, there will be no fee charged for a procedural review request.
- We also received a number of recommendations in regards to making changes to the submission processes. It is important to note that the purpose of the application fees is to off-set some of the costs of a drug review and to help finance an increase in the number of cancer drugs that are reviewed by CADTH on an annual basis. We appreciate receiving these helpful ideas and will continue to consider process changes as part of the CDR-pCODR alignment work and through existing mechanisms such as the stakeholder engagement sessions and the Industry Liaison Forum.

CADTH will re-evaluate the fee structure after 1 year of experience or earlier, as deemed appropriate by the CADTH Board.

Please review the complete *Guidelines for Manufacturers on Application Fees for the pan-Canadian Oncology Drug Review* for additional information. We have also included a list of FAQs to provide some guidance on the new application fee structure for a review through the pCODR process.

Should you have any questions, please contact us at requests@cadth.ca

pCODR Update — Issue 41 (May 28, 2015)

Hello,

If you are looking for a high profile opportunity to demonstrate national leadership and are seeking ways to impact the care that is delivered to Canadians with cancer, consider this exciting role to participate in the pan-Canadian Oncology Drug Review (pCODR) to make cancer drug funding recommendations to participating provincial/territorial Ministries of Health and provincial cancer agencies to help guide their cancer drug funding decisions.

pCODR is recruiting a Chair (Elect) for the pCODR Expert Review Committee (pERC), as part of the succession plan for our inaugural Chair's departure in 2016. We are very grateful for Dr. Anthony Fields' visionary and exceptional leadership of pERC. In the five years of the committee's function, pERC has gained the respect of both cancer control and health technology assessment communities alike.

The Chair Elect is expected to begin approximately mid-October 2015 for a six to twelve month term. The precise start date of the term is negotiable and will be guided by the successful candidate's skills and past experiences relevant to the role. The term for Chair will begin by mid-October 2016 and continue for a period of three years.

The nomination package for pERC Chair provides a clear outline of the criteria and process to become pERC Chair (Elect). Nominations/submissions for the pERC Chair (Elect) position will be accepted until 5 p.m. EDT, June 29, 2015.

Please note that other positions for pERC are also currently under active recruitment as part of the planned committee renewal process.

Also, pCODR continuously recruits oncologists to sit on the 11 clinical guidance panels, which are structured around specific tumour types, e.g. breast, endocrine, gastrointestinal, genitourinary, head and neck, leukemia, lymphoma and myeloma, lung, melanoma, neuro-oncology, sarcoma. We are also in need of economists, with knowledge of pharmacoeconomics, to participate on the economic guidance panels.

For information about the different opportunities available with pCODR, a program of CADTH, including for the pERC Chair, other positions on pERC, as well as becoming members of the Clinical and/or Economic Guidance Panels, please visit our website at <https://www.cadth.ca/pcodr/call-for-nominations>

If you have any questions, please contact us at nominations@pcodr.ca

About pCODR

The pan-Canadian Oncology Drug Review (pCODR), a CADTH program, assesses cancer drugs and makes reimbursement recommendations to the provinces and territories to guide their drug funding decisions. pCODR is designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness, and patient perspectives.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 42 (June 15, 2015)

IMPORTANT NOTICE: Recruitment of Oncologists, Health Economist, and Pharmacist for pCODR Expert Review Committee – Application Deadline extended to June 29, 2015

Hello,

In response to requests from stakeholders, the application deadline for the recruitment of Oncologists, Health Economist, and Pharmacist for the pCODR Expert Review Committee has been extended to **June 29, 2015**.

If you are looking for an opportunity to demonstrate national leadership and are seeking ways to impact the care that is delivered to Canadians with cancer, you may be interested in participating in the pan-Canadian Oncology Drug Review (pCODR). pCODR is currently recruiting for membership on the pCODR Expert Review Committee (PERC), due to some upcoming term expirations. We are seeking the following member types, with membership to begin September 2015 for a two or three year term:

- Three (3) Oncologists
- One (1) Health Economist
- One (1) Pharmacist

Also, pCODR continuously recruits oncologists to sit on the 11 clinical guidance panels, which are structured around specific tumour types, e.g. breast, endocrine, gastrointestinal, genitourinary, head and neck, leukemia, lymphoma and myeloma, lung, melanoma, neuro-oncology, sarcoma. We are also in need of economists, with knowledge of pharmacoeconomics, to participate on the economic guidance panels.

The nomination package provides a clear outline of the criteria and process to become a PERC member or a member of pCODR's clinical or economic guidance panels. Nominations/submissions for the PERC member positions will be accepted until 5:00 p.m. EDT, June 29, 2015. All other applications for clinical or economic panels will be accepted on an on-going basis.

Please note that pCODR is also recruiting a PERC Chair (Elect). The deadline to apply or be nominated for PERC Chair (Elect) is June 29, 2015.

If you have any questions, please contact nominations@pcodr.ca.

About pCODR

The pan-Canadian Oncology Drug Review (pCODR), a CADTH program, assesses cancer drugs and makes reimbursement recommendations to the provinces and territories to guide their drug funding decisions. pCODR is designed to bring consistency and clarity to the assessment of cancer drugs by looking at clinical evidence, cost-effectiveness, and patient perspectives.

Sincerely,

Mona Sabharwal
Executive Director

pCODR Update — Issue 43 (June 22, 2015)

Help the Patient Voice Be Heard pCODR Expert Review Committee Requires a Patient Member

The pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC) is looking for a Patient Member who has first-hand experience with the treatment and care of cancer or is the family member of a cancer patient and has developed a deep understanding of the treatment and care of cancer.

Background

The role of pERC is to assess the clinical evidence and cost-effectiveness of cancer drugs in order to make recommendations to the provinces and territories to help guide their drug funding decisions.

Composed of up to 16 members, pERC makes recommendations and provides advice to the Ministries of Health and cancer agencies.

Desired Qualifications

The successful candidate will have personal knowledge of, experience with, and understanding of issues related to cancer and its management (diagnosis, treatment, and care). They will also have a demonstrated understanding and appreciation of patient needs and priorities and an overall understanding of other patient issues and health care concerns that may impact cancer patient communities.

Successful candidates should also possess the following:

- Strong communication and interpersonal skills to be able to work constructively as a member of a team
- Ability to act with integrity and independence from specific interests and gain respect and credibility within a diverse range of stakeholders
- Open-minded approach and diplomacy skills, with the ability to relate to and respect a diverse range of values and beliefs

Members of pERC are expected to prepare for and attend up to 12 meetings per year in Toronto, and comply with pCODR's Conflict of Interest and Confidentiality requirements. No person currently employed by any pharmaceutical or related company will be considered. Members of pERC receive a modest remuneration.

All applicants will receive confirmation of receipt of their applications. While we thank all applicants for their submissions, only those under further consideration will be contacted personally.

All applications must be received by July 31, 2015

For more information and how to apply, please visit www.hrassociates.ca/cadth-pcodr

To request communication in an accessible format, please contact us at 416.237.1500 (1-866-598-1500) ext.231 or email at pcodr@hrassociates.ca

pCODR Update — Issue 44 (August 27, 2015)

New Resources to Help Strengthen pCODR Patient Advocacy Group Submissions

Two new narrated slide presentations will make it easier for patient advocacy groups to provide input into drug reviews undertaken by the CADTH pan-Canadian Oncology Drug Review (pCODR). The presentations were developed as part of the ongoing Patient Engagement Collaboration Project by the Canadian Cancer Action Network (CCAN) and CADTH's pCODR program, and are available now on the [CCAN](#) and [CADTH](#) websites.

The first presentation — *Strengthening Your pCODR Submission: An Overview* — is narrated by Marjorie Morrison, Chief Executive Officer, CCAN. It outlines the pCODR process and provides information on the resources available to support patient evidence submissions. The second presentation — *Strengthening Your pCODR Submission: Collecting and Presenting Information* — is narrated by Mona Sabharwal, Executive Director, pCODR, CADTH. It offers guidance on how best to collect and present patient evidence. The examples included in both presentations are based on observations and comments from the pCODR Expert Review Committee (pERC).

Input from patient advocacy groups is vital to the pCODR process as it ensures that patient and caregiver values are considered appropriately during a drug review. Our new narrated presentations, along with our previously released "[A Guide for Patient Advocacy Groups](#)", are intended to assist patient groups with their evidence submissions and make it easier for them to participate in the pCODR process.

If you have any questions, please contact CCAN at info@canceraction.ca or CADTH at requests@cadth.ca.

pCODR Update — Issue 45 (September 24, 2015)

Consultation to Increase Opportunity for Clinician Input and Feedback in CADTH pan-Canadian Oncology Drug Review Process

New Call for Feedback Deadline: November 30, 2015 at 5:00 p.m. ET via email to info@pcodr.ca

CADTH is inviting stakeholder comments on proposed changes to the pan-Canadian Oncology Drug Review (pCODR) program that would allow for broader clinician participation in the pCODR process.

CADTH continues to foster relationships with the clinician community and believes that increasing the opportunity for clinicians to provide input and feedback into the pCODR process will provide and enhance value-added information, not only for the pCODR program, but also for the broader discussion of drug funding decisions in Canada.

Background

Currently for every submission, the pCODR process involves three oncologists reviewing clinical data, providing context, and developing the main conclusions of the Clinical Guidance Report. Additional clinician input and feedback beyond that of the three Clinical Guidance Panel clinician members is not presently eligible for reconsideration by the pCODR Expert Review Committee (pERC), as there is no formal process for clinicians to comment on issues specific to the local level.

The current pCODR process involves formal steps for submitting both stakeholder input and feedback. Eligible groups presently include the submitter, the manufacturer (if different from the submitter), registered patient advocacy groups, and the Provincial Advisory Group (PAG). Eligible feedback on the Initial Recommendation is provided to pERC for re-deliberation, and if appropriate, reconsideration of the Final Recommendation.

In view of the above, CADTH is proposing to develop a pilot mechanism that would increase opportunities for clinicians to provide input and feedback and participate in the pCODR process. CADTH intends to evaluate this pilot after 25 cancer drug submissions with clinician input received by pCODR or sooner as may be appropriate, and will consult with stakeholders on any significant changes to the pCODR process.

Summary of Proposed Clinician Input and Feedback Under the pCODR Process

1. Proposed Process and Timelines

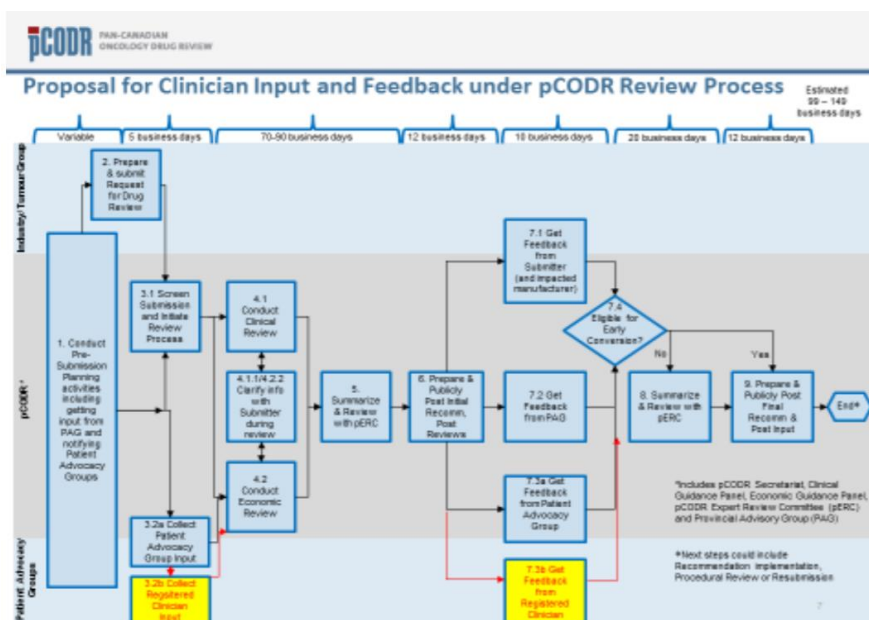
The proposed process for eligible clinicians to submit their input and feedback is similar to the requirements set for current eligible participants. It is proposed that existing mechanisms and timelines apply to eligible clinicians.

If given sufficient prior notice by the submitter, one month before the anticipated filing date, and after obtaining confirmation from the submitter to do so, CADTH will post details of the pending submission on the CADTH website and issue an email to stakeholders. This will allow eligible clinicians time to prepare their input on the submission.

Eligible clinicians must submit their input by the posted deadline date (within 10 business days of pCODR receiving the submission) in order for pCODR to make use of the information to develop the review plan (i.e., protocol) — a critical step that takes place early in the review.

Under paragraph B6.2 of the *pCODR Procedures*, the pERC Initial Recommendation will be publicly posted on the CADTH website 10 business days following the pERC meeting at which the pERC Initial Recommendation was made. Notification will be sent via email to stakeholders indicating the posting and calling for stakeholder feedback, including from eligible clinicians, on the pERC Initial Recommendation.

The proposed approach is illustrated as follows:



2. Proposed Eligibility Criteria

For a clinician to be eligible to provide input on a submission through the pCODR process, CADTH proposes that clinicians meet *all* of the following criteria:

- be registered with the pCODR program
- be a recognized expert in the specific tumour site (e.g., breast, colorectal, etc.) as evidenced by membership with a provincial cancer agency or a national cancer organization or similar body, such as the Communities Oncology Network, among others
- be an active practising clinician treating the cancer type for the drug under review
- submit a declaration of conflict of interests (COI).

3. Proposed Method of Submission and Questions

Similar to other eligible participants in the pCODR process, it is proposed that eligible clinicians be required to complete a set of questions (using a template) to:

- confirm their experience with using the treatment under review to treat the specific tumour type
- identify the current standard treatment for the defined patient population according to the funding request
- provide perspective on how the drug or indication under review is clinically superior than current treatments for the defined patient population
- provide perspective on the benefits and harms of the drug or indication under review
- identify any unmet needs that the treatment under review would fulfill
- describe how the drug or indication under review could be sequenced with current therapies, if appropriate.

CADTH strongly encourages collaboration among eligible clinicians and that feedback submitted for a specific drug or indication be made jointly.

Eligible clinicians would be required to submit their completed input and feedback templates through the CADTH Collaboration Space by the posted deadline date. Any submissions from eligible clinicians made after the posted deadline date will not be accepted.

Information received from eligible clinicians would be incorporated into the pCODR reports (i.e., similar to patient groups and PAG submissions) and posted on the CADTH website, including the COI declaration.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback from this consultation before announcing any decisions regarding changes to the current pCODR process. Any future changes will be applied to the *pCODR Submission Guidelines* and *pCODR Procedures*.

Instructions for Providing Feedback

To be eligible to provide feedback on this proposal, please note the following:

- You must identify yourself — feedback provided by individuals who do not identify themselves will not be considered.
- Only one response per submitter will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using a minimum of an 11-point font.
- The maximum length of feedback is two pages.
- Feedback should be presented clearly and succinctly. The issue(s) should be clearly stated and specific reference should be made as appropriate to the section of the document under discussion (i.e., page number, section title, and paragraph).
- Unless requested and otherwise agreed to by CADTH, all materials or comments received from submitters in response to the notice will be considered public information and may be used and disclosed by CADTH as part of its review. CADTH may disclose materials or comments, or summaries of them, to other interested parties during and after the feedback period.
- CADTH will not disclose any personal information contained in a submission of an individual who does not specify an organizational affiliation in his or her submission without the individual's consent, unless required by law. However, CADTH may use and disclose the content of an individual's submission to assist CADTH in its review.

Please submit your written comments by email to **info@pcodr.ca** by **November 30, 2015 at 5:00 p.m. ET**.

pCODR Update — Issue 46 (September 28, 2015)

New Resource: Introducing Cancer Drug Pipeline Information for Patient Advocacy Groups

Hello,

We are very pleased to provide a new centralized source of information for patient advocacy groups that details the anticipated cancer drug products or indications that could enter the Canadian market. The *Cancer Drug Pipeline Information for Patient Advocacy Groups* is a collaboration between the Canadian Cancer Action Network (CCAN) and the CADTH pan-Canadian Oncology Drug Review (pCODR) program. It aims to support patient groups by providing longer lead times to make a submission to the pCODR program.

“I’m very proud and excited to have been part of the collaborative process to create valuable resources to support patient advocacy groups. The Cancer Drug Pipeline Information for Patient Advocacy Groups will let patients have a peek into the future and learn what new cancer drugs could be coming over the next few years.”

*Dr. James (Jim) Gowing, Project Lead,
Health Technology Assessment File,
Canadian Cancer Action Network*

The *Cancer Drug Pipeline Information for Patient Advocacy Groups* is intended to identify potential new cancer drug products or indications that could be submitted to pCODR in the near future. The published information is obtained from publicly available sources, including the US Food and Drug Administration.*

We believe that the *Cancer Drug Pipeline Information for Patient Advocacy Groups* will help your organization be more prepared to participate in the review process by giving you longer lead times to prepare your submission. To ensure as many patient advocacy groups as possible know that this resource is available on the CCAN and CADTH websites, we ask that you share this information with your contacts by forwarding this notice.

If you have any questions, please contact CCAN at info@canceraction.ca or CADTH at requests@cadth.ca.

*** Please note:** CCAN and CADTH do not represent or warrant that any of the drug products listed in the *Cancer Drug Pipeline Information for Patient Advocacy Groups* will be submitted to the pCODR program. The use of this information is solely intended to assist patient advocacy groups to be more informed about the anticipated cancer drug products or indications that are listed in the pipeline.

pCODR Update — Issue 47 (September 30, 2015)

Consultation on Procedures for the CADTH Common Drug Review and pan-Canadian Oncology Drug Review

Call for Feedback Deadline: 5:00 pm EST on November 9, 2015 via e-mail to: feedback@cadth.ca

CADTH is inviting stakeholder comments on the proposed revisions to both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures on:

- a mandatory advance notification period for submitters/manufacturers of 180 calendar days
- disclosure of the submitted price for drug products undergoing review by CADTH

Please access the consultation details by clicking on the links above.

Background and Context

CADTH is building on past experiences, learnings, and successes of CDR and pCODR to create more transparent and predictable processes for all stakeholders. As part of the work to align pCODR and CDR, and to build on best practices of both review processes, CADTH is proposing the following changes:

1. Mandatory advance notification period of 180 calendar days

CADTH is proposing to establish a mandatory advance notification period of 180 calendar days for all pending submissions and resubmissions to CDR and pCODR. As part of this initiative, the submitter/manufacture would also be required to provide a follow-up confirmation of the anticipated filing date one month before that date, at which time there would be public notification to allow patient groups time to prepare their input in the process.

The key objective of having advance notification is to help CADTH improve forecasting of the quantity and type of CDR and pCODR applications to be filed. This, in turn, will help with better resource planning, including clinical expert recruitment, and budgeting for both programs.

2. Disclosure of the submitted price

Over the years, CADTH has encountered a variety of issues concerning different interpretations by pharmaceutical manufacturers when the “submitted price” for a drug is filed as a confidential price for review through CDR or pCODR. These situations have led to confusion between individual manufacturers and CADTH jurisdictional customers.

In view of this, CADTH is proposing that a submitter/manufacture be required to agree to the disclosure of the submitted price (i.e., the submitted price will no longer be considered confidential). This revision would enhance transparency for both the CDR and pCODR processes.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback *must* be provided in 11-point font using [this template](#) and saved in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

pCODR Update — Issue 48 (October 6, 2015)

Expanding the CADTH Drug Review Process to Receive Patient Input Submissions From Individual Patients and Caregivers

Patient input is a valued aspect of CADTH drug review programs. CADTH seeks input from patient groups, rather than from individuals, to encourage diversity of voices and experiences.

Based on stakeholder feedback received in May 2015, CADTH is pleased to announce that in the limited instances where no Canadian patient group exists, individual patient and caregiver input will now be accepted for the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs on or after October 6, 2015. In summer 2013, CADTH introduced a pilot process within CDR to receive individual patient input. Under the pilot, CDR accepts input from individual patients and caregivers when there is no patient group representing those with a condition for which a drug under review is indicated.

Now, as part of our efforts to align the CDR and pCODR programs and to build on best practices, pCODR will accept patient input from individual patients and caregivers when there is no patient advocacy group representing patients with the particular tumour for which a drug under review is used.

Please note that for both CDR and pCODR, individual patient and caregiver input **will not be accepted** when one or more patient groups exist that represent the particular condition or tumour for which a drug under review is used. Where patient groups do exist, individual patients and caregivers are encouraged to work directly with a patient group to have their input included in the group's submission.

Individual patients and caregivers who wish to submit input for a drug review should first contact CADTH at requests@cadth.ca or info@pcodr.ca to confirm the absence of a relevant patient group. Upon confirmation that no relevant patient group exists, CADTH will provide interested individuals with the individual patient and caregiver template for completion. The process for providing input, and how CADTH uses that input, remains the same as that for patient groups.

To learn more about the individual patient input process for CDR, please see the [Patient Input](#) section of the CADTH website. To learn more about the [individual patient input process for pCODR](#), please see the updated [Patient Engagement Guide](#).

We have also included a list of frequently asked questions to guide individual patients and caregivers who are planning to submit input.

pCODR Update — Issue 49 (October 9, 2015)

PLEASE READ: Bookmark New Permanent Homepage for CADTH's Pan-Canadian Oncology Drug Review (pCODR) Program

October 9, 2015

Hello,

CADTH's pan-Canadian Oncology Drug Review (pCODR) Program has a new web address - <https://www.cadth.ca/pcodr>. Effective October 9, 2015, any shortcuts and bookmarks previously pointing to the pCODR website will automatically be redirected to our main website www.cadth.ca.

The move reflects [pCODR's](#) status as an integral part of CADTH. You can find all the things you used to find at <https://www.cadth.ca/pcodr> - as well as a number of related CADTH services - in our new online home.

Please don't forget to bookmark our new homepage at: <https://www.cadth.ca/pcodr> as a short-cut to continue to access information about [CADTH's pCODR programs](#).

We continue to welcome your interest and participation in [pCODR](#).

If you have any questions, please contact us at info@pcodr.ca

pCODR Update — Issue 50 (October 9, 2015)

IMPORTANT NOTICE: Consultation on Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs

Call for Feedback Deadline: November 9, 2015 at 5:00 p.m. ET via email to feedback@cadth.ca.

CADTH is inviting stakeholder comments and feedback on the proposed framework to align drug expert committee recommendations to be used in both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs.

Background and Context

At the Stakeholder Engagement Session held on February 5, 2015, CADTH announced its intent to create a single recommendation framework that is applied by its drug expert committees (the CADTH Canadian Drug Expert Committee [CDEC] and the CADTH pCODR Expert Review Committee [pERC]). Table 1 summarizes the current CDR and pCODR categories of recommendation options.

Table 1: Current Recommendation Categories

CDR Recommendation Categories	pCODR Recommendation Categories
There are four recommendation categories: <ul style="list-style-type: none">• List• List with clinical criteria and/or conditions• Do not list at the submitted price• Do not list	There are three recommendation categories: <ul style="list-style-type: none">• Recommend to fund• Recommend to fund with conditions• Do not recommend funding

As part of the ongoing process to align the two programs, CADTH and the participating jurisdictions have agreed that the following three recommendation categories and terminology will be adopted for use in both CDR and pCODR :

- Reimburse
- Reimburse with clinical criteria and/or conditions
- Do not reimburse

In view of these changes, CADTH is drafting a revised recommendation framework for CDR and pCODR based on the three new categories. This proposed framework is intended to be incorporated into the existing deliberative frameworks and processes to support the CADTH drug expert committees in making recommendations to the participating jurisdictions to guide their reimbursement decisions.

We are inviting all interested parties to provide feedback on the proposed recommendation framework using this template. The deadline for submitting feedback is **November 9, 2015 at 5:00 p.m. ET**.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

pCODR Update — Issue 51 (February 1, 2016)

New Pilot Initiative: Increasing Opportunities for Clinician Input and Feedback in CADTH pan-Canadian Oncology Drug Review Process

In November 2015, CADTH received stakeholder feedback on proposed changes to the pan-Canadian Oncology Drug Review (pCODR) program that would allow for broader clinician participation in the pCODR process.

We would like to thank all stakeholders who responded to the consultation. Feedback was received from three clinicians, three patient advocacy groups, three pharmaceutical companies, and two industry association groups. Having integrated this stakeholder feedback, CADTH is pleased to now launch a pilot initiative to increase opportunities for clinicians who register with pCODR to provide input and feedback on a submission or resubmission.

The initiative will allow for expanded clinician participation in the pCODR process, providing value-added information on local issues and insight into areas of unmet need. This input will be incorporated into the pCODR process in a formal and meaningful way. This pilot initiative will be in effect for new pending pCODR submissions announced in February 2016 and onward.

We strongly encourage clinicians to register with the pCODR program well in advance to ensure eligibility to provide input and feedback on a future submission or resubmission and to receive notification of upcoming submissions. For more information about the registration process, please visit the CADTH website at <https://www.cadth.ca/pcodr/registration>.

CADTH intends to evaluate this pilot initiative after 25 cancer drug submissions with clinician input have been received, or sooner as may be appropriate, and will consult with stakeholders on any significant changes to the pCODR process.

We have created a list of FAQs to offer guidance to clinicians on the eligibility criteria and how to provide high-quality input and feedback on a submission or resubmission. To ensure procedural fairness, the requirements for eligible clinicians are set out in the *pCODR Procedures* and *pCODR Submission Guidelines*.

Should you have any questions about our new pilot initiative for clinicians, please contact us at info@pcodr.ca.

pCODR Update — Issue 52 (February 25, 2016)

Update on Procedures for the CADTH Common Drug Review and pan-Canadian Oncology Drug Review: Mandatory Disclosure of a Submitted Drug Price

In late September 2015, CADTH invited stakeholder comments and feedback on proposed revisions to the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures that would require a submitter/manufacture to agree to the disclosure of a submitted price for a drug product undergoing a health technology assessment (HTA). Under these revised procedures, CADTH would no longer accept a confidential price, and a submitter/manufacture would provide a submitted drug price that could be disclosed in the recommendation and reports.

We would like to thank all stakeholders who responded to the consultation. Feedback was received from five patient advocacy groups, nine pharmaceutical companies, two industry association groups, and one private payer association. Highlights of key comments received from stakeholders include the following:

- A number of stakeholders stated their support of CADTH's commitment to enhance the transparency of both drug review programs with the proposal to have a disclosable drug price.
- Stakeholders also offered some recommendations to support the principle of transparency — for example, requiring submitters/manufacturers to conduct their economic analyses using the market list price to enable the closest “apples to apples” comparison with currently reimbursed options. Other recommendations included clarifying that a negative recommendation should not be applied to situations where the only concern is related to price, but should instead be reserved for those products lacking clinical effectiveness and/or demonstrating clinical harms.
- Some stakeholders wanted to keep prices confidential because of the competitive nature of the business; disclosure of a submitted drug price, in their opinion, could potentially lessen their ability to negotiate with payors.

CADTH and the jurisdictions that participate in the CDR and pCODR processes carefully considered the feedback from this consultation. We appreciate the thoughtful feedback received and recognize the importance of transparency within the HTA review process. Transparency helps reduce assumptions made by other stakeholders and eliminates confusion regarding the nature of the submitted price for the drug under review and its comparators. Payer negotiations function separately from CADTH's work and assumptions related to non-transparent pricing should not be linked to the HTA review processes. As supported under our recommendation framework, an unconditional negative recommendation arises in situations where there are concerns related to the clinical data.

Revised Procedures for CDR and pCODR

In view of the above, for all drug applications filed for review through either the CDR or pCODR process on or after **April 1, 2016**, CADTH will no longer accept confidential submitted prices. The submitted price will be disclosed in all applicable CDR and pCODR review reports, as well as CADTH Canadian Drug Expert Committee (CDEC) and CADTH pCODR Expert Review Committee (pERC) recommendation documents posted on the CADTH website.

Revised CDR Documentation (for applications filed on or after April 1, 2016):

Applicants planning to file a submission or resubmission on or after April 1, 2016, should consult the following document:

- *Summary of Revisions to the Procedure for the CADTH Common Drug Review and the Submission Guidelines for the CADTH Common Drug Review*

Current CDR Templates (for applications filed before April 1, 2016):

Applicants planning to file a submission or resubmission before April 1, 2016, must use the following templates:

- Application Overview Template
- Commitment to Honour Submitted Price Letter

Revised CDR Templates (for applications filed on or after April 1, 2016):

Applicants planning to file a submission or resubmission on or after April 1, 2016, must use the following templates:

- Application Overview Template
- Commitment to Honour Submitted Price Letter

Revised pCODR Documentation and Templates:

- pCODR Procedures
- pCODR Submission Guidelines
- pCODR Disclosure of Information Guidelines

pCODR Update — Issue 53 (March 24, 2016)

CADTH would like to thank all stakeholders who responded to our recent consultations. Regarding the proposed recommendation framework for the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs, CADTH received feedback from two industry association groups, nine drug manufacturers, three patient advocacy groups, a consulting firm, a health economist, committee members, and public drug plans. Feedback was also received on proposed revisions to the CADTH CDR and pCODR procedures that would establish a set minimum advanced notification period from five patient advocacy groups, eight pharmaceutical companies, two industry association groups, and one consulting firm.

1. Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs

In collaboration with the participating jurisdictions and with input from stakeholders, CADTH is pleased to announce that we have established a single recommendation framework to support our drug expert committees (the CADTH Canadian Drug Expert Committee [CDEC] and the CADTH pCODR Expert Review Committee [pERC]) in making recommendations to the participating jurisdictions to guide their reimbursement decisions.

To learn more about the new recommendation framework for the CADTH Drug Review programs, please consult the following documents:

- for CDR program:
 - Recommendations Framework
 - Summary of revisions to CDR procedure and submission guidelines
- for pCODR program:
 - Recommendations Framework

2. Establishing a Minimum Period of 120 Calendar Days for Advance Notification of Anticipated Submissions and Resubmissions

CADTH will be implementing changes to the *CDR Procedures* and *pCODR Procedures* that will require all manufacturers/submitters to provide a minimum 120 calendar days advance notification for anticipated submissions and resubmissions. This requirement will apply to all *CADTH Pre-submission Information Requirements Form* received on May 1, 2016 and onwards, and would pertain to all submissions and resubmissions filed on or after September 1, 2016. This procedural revision has been made to improve forecasting of the quantity and type of CDR and pCODR applications to be filed. This, in turn, will help with better resource planning, including clinical expert recruitment, and budgeting for both programs. In addition, this revision will ensure that CADTH has reasonable time to work with the manufacturer/submitter to prepare them for the submission process.

For more detail about this new requirement, please see our update on *Procedures for the CADTH Common Drug Review and pan-Canadian Oncology Drug Review: Establishing a Minimum Period of 120 Calendar Days for Advance Notification of Anticipated Submissions and Resubmissions*

Should you have any questions regarding the above information, please contact us at requests@cadth.ca.

pCODR Update — Issue 54 (May 2, 2016)

pCODR Update — Issue 54 (May 2, 2016)

If you are looking for an opportunity to demonstrate national leadership and are seeking ways to impact the care that is delivered to Canadians with cancer, you may be interested in participating in the pan-Canadian Oncology Drug Review (pCODR). pCODR is currently recruiting for membership on the pCODR Expert Review Committee (pERC), due to one of its current Oncologist members becoming pERC Chair in October 2016. We are seeking the following, with membership to begin in September 2016 for a three year term. **pCODR is currently recruiting: One (1) Oncologist**

pCODR was established by the provincial and territorial Ministries of Health to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions. In April 2014, pCODR was transferred to the Canadian Agency for Drugs and Technologies in Health (CADTH).

In addition, pCODR continuously recruits oncologists to sit on the 11 clinical guidance panels, which are structured around specific tumour types, e.g. breast, endocrine, gastrointestinal, genitourinary, head and neck, leukemia, lymphoma and myeloma, lung, melanoma, neuro-oncology, sarcoma. We are also in need of health economists, with knowledge of pharmacoeconomics, to participate on the economic guidance panels.

The [nomination package](#) provides a clear outline of the criteria and process to become a pERC member or a member of pCODR's clinical or economic guidance panels.

Nominations/submissions for the pERC member positions will be accepted until **5 p.m. EDT, June 6, 2016**. All other applications for clinical or economic panels will be accepted on an on-going basis.

If you have any questions, please contact info@pcodr.ca.

pCODR Update — Issue 55 (May 11, 2016)

CCAN and CADTH/pCODR launch recruitment process for a Health Technology Assessment Patient Engagement Navigator

The Canadian Cancer Action Network (CCAN) and the pan-Canadian Oncology Drug Review (pCODR), a program of the Canadian Agency for Drugs and Technologies in Health (CADTH) are pleased to jointly launch the recruitment process for a Health Technology Assessment (HTA) Patient Engagement Navigator to assist patient groups in understanding the HTA landscape and to provide patient groups with the support required to help optimize the patient submission for cancer drugs under review by pCODR, as well as develop, identify and support opportunities for patient and caregiver involvement relating to the pCODR program.

A key member of a dedicated HTA team comprised of project advisory members, content experts, partners and key stakeholders, this dynamic role will support collaborative efforts to enhance patient engagement, transparency and collaboration in the health technology assessment of new cancer drugs in Canada.

Based in downtown Toronto, the HTA Patient Engagement Navigator is a temporary, full-time position responsible for linking the Canadian cancer patient community to the HTA drug review process prior to a manufacturer or tumour group making a submission to pCODR for review, as well as after funding recommendations are issued by pCODR's Expert Review Committee. The HTA Patient Engagement Navigator will work closely with the patient community, as well as key project stakeholders to help construct a sustainable, multi-faceted HTA Patient Engagement Model in Canada.

Funded by the Canadian Partnership Against Cancer (the Partnership), with in-kind funding provided by CADTH and CCAN, this exciting project reflects a shared commitment to addressing the expressed needs of patient groups in Canada. We believe that patient engagement and input on drug reviews is important to the HTA process as it ensures patients' and caregivers' experiences of living with the condition and undergoing treatment are routinely considered.

The deadline date for applications is May 25, 2016 with an anticipated start date of no later than June 27, 2016. To learn more about this role: please see [Health Technology Assessment Patient Engagement Navigator Job Description](#)
To view the job posting: please see [Health Technology Assessment Patient Engagement Navigator Posting](#)
To apply in confidence: jobs@canceraction.ca

Project Partners

Founded in 2001, CCAN is a national patient-centred umbrella organization working closely with patient advocacy groups and other key cancer control stakeholders across Canada. With a membership expansion rate of more than 200% in the last three years, the organization engages 114 diverse member organizations to embed an informed and coordinated patient and caregiver perspective in defined areas of priority or interest to the community.

CADTH's pan-Canadian Oncology Drug Review is an evidence-based, cancer drug review process designed to bring consistency and clarity to the assessment of cancer drugs by reviewing clinical evidence, cost-effectiveness and patient perspectives in order to provide funding recommendations to Provinces and Territories and cancer agencies.

The HTA Patient Engagement Navigator initiative is funded by the Canadian Partnership Against Cancer with in-kind funding provided by CADTH and CCAN.

pCODR Update — Issue 56 (July 26, 2016)

The Canadian Cancer Action Network (CCAN) and the CADTH pan-Canadian Oncology Drug Review (pCODR) program are pleased to continue our collaboration with the introduction of the Health Technology Assessment Patient Engagement Navigator (HTAPEN) position to assist the cancer patient community in navigating and understanding health technology assessment (HTA) in Canada.

At this time, we are pleased to announce that Adam Waiser has been hired by CCAN to lead this initiative into early 2017. In his role as HTAPEN, Adam will assist the patient community with their understanding of the pCODR process and provide the support required to optimize patient submissions for cancer drugs under review, as well as exploring, developing, and supporting opportunities for enhanced cancer patient community engagement and knowledge translation.

Funded by the Canadian Partnership Against Cancer, with in-kind funding provided by CADTH and CCAN, this exciting joint initiative reflects a shared commitment to address the expressed needs of patient groups in Canada and to continue to collaboratively explore innovative ways to best support and engage the patient community.

We believe that patient input on drug reviews is important to the pCODR process, ensuring that the values and experiences of patients living with cancer and undergoing treatment, as well as their caregivers, are substantively considered.

To learn more about the HTAPEN initiative, we would encourage you to contact Adam directly at hta@canceraction.ca.

pCODR Update — Issue 57 (September 12, 2016)

Feedback on Proposed Revisions to Patient Input Template for CDR and pCODR

CADTH is inviting stakeholder comments on proposed changes to the patient input template for the CADTH Common Drug Review (CDR) and the pan-Canadian Oncology Drug Review (pCODR). Patient input is used by CADTH review teams and by the expert committees of the CDR and pCODR programs: the CADTH Canadian Drug Expert Committee (CDEC) or the pCODR Expert Review Committee (PERC).

We're aware of how much time and effort patient groups invest in collecting data and preparing patient input submissions. After looking carefully at how patient input is used by CADTH and reflecting on comments received from patient groups, CADTH staff, and committee members over time, we're proposing revisions to our patient input templates for both programs. The objective is to help improve the quality of Canadian health technology assessment drug processes.

You'll notice:

- In response to your comments, we have provided a brief explanation, for each section, on how CADTH will use your insights and experiences
- Greater focus on treatment rather than disease, which reflects the scope of our drug assessments and the mandate of the expert committees
- Caregiver views are included for each question, reflecting how patients and caregivers both share their thoughts and experiences to you.
- Updated conflict of interest declaration form, which will be identical across both processes. For both processes, dollar amounts will be redacted from the conflict of interest declaration form when the document is publicly posted on CADTH's website.

For more information about the proposed changes, please see the [CDR and pCODR Patient Input Template](#).

Why patient input is important:

Insights, perspectives, and experiences from patient group submissions are used to:

- Identify the outcomes upfront that are most important to patients when establishing the plan (protocol) for conducting the review
- Understand insights and information unavailable through other sources, such as patient-reported outcomes and quality-of-life data
- Help CADTH reviewers interpret and apply data emerging from clinical trials, including relevance in a Canadian health care setting
- Offer specific ways that current therapies may fall short, to better understand the potential value of new therapies
- Offer new and different scenarios about the drug under review

Your thoughts:

CADTH welcomes your feedback on our proposed revisions to the patient input templates. From September 12 to October 25, 2016, patient groups are invited to comment on our proposed templates. Please use the [feedback form](#) and email to feedback@cadth.ca. All feedback submitted by the deadline will be carefully considered and used to inform the final templates, targeted for use in December 2016.

pCODR Update — Issue 58 (September 27, 2016)

Workshop for Patient Groups: Role of Health Technology Assessment in Cancer Drug Funding Decisions

Event Date: October 25, 2016 Location: Grand Hotel & Suites Toronto

225 Jarvis St Toronto, Ontario Result type: Events

The Canadian Cancer Action Network (CCAN), in collaboration with CADTH, is pleased to invite you to a free, interactive workshop on how cancer drugs are reviewed through CADTH's pan-Canadian Oncology Drug Review (pCODR) process.

October 25, 2016

1:00 p.m. to 4:00 p.m.

Grand Hotel & Suites Toronto

225 Jarvis St, Toronto, Ontario

RSVP: Please confirm your attendance at this workshop session via email at info@pcodr.ca, by October 20, 2016.

A copy of the Workshop Agenda is now available.

This is an opportunity for participants to:

- Meet with the Health Technology Assessment Patient Engagement Navigator (HTAPEN), and become familiar with the resources and tools available to support a patient submission to pCODR
- Get best practices, tips, and advice on how to plan and make a patient submission to pCODR
- Understand how cancer drugs are approved in Canada, with a focus on the pCODR process
- Learn how costs and benefits are considered in the health technology assessment (HTA) process, with a focus on cancer drugs
- Obtain insight directly from the patient members of the pCODR Expert Review Committee (pERC) on how patient evidence and information make a difference to the Committee's recommendations.

Participants will have an opportunity to take part in a case study to understand the HTA recommendation process and to gain insight on how HTA committees make a funding recommendation for a cancer drug. Participants will have the chance to follow the deliberative framework used by pERC, which examines the overall clinical benefit, alignment of patient values, cost-effectiveness, and implementation considerations.

We encourage you to review the Tutorial: How Cancer Drug Funding Decisions Are Made, to help you get the most from the workshop.

To assist you with the costs to attend, CCAN and CADTH may consider providing patient group representatives with a modest travel award of up to \$250. You are eligible to apply if you are a member of a patient group that:

- Has a means of contacting and communicating with its membership;
- Represents patients or caregivers affected by a specific condition; AND
- Is situated at least 50 km (one way) from the workshop location at the Grand Hotel Toronto (225 Jarvis St, Toronto, Ontario).
- Participants must submit a letter confirming that they are members of an eligible patient group and ask to be considered for the travel award. Submit the request on your group's letterhead by October 20, 2016, to info@pcodr.ca

We hope you will be able to join us for this workshop.

pCODR Update — Issue 59 (November 21, 2016)

Consultation on CADTH's Proposed Process for the Assessment of Companion Diagnostics

Call for Feedback Deadline: January 13, 2017, at 5:00 p.m. ET via email to: feedback@cadth.ca

CADTH is inviting stakeholder comments and feedback on the following proposed process for the assessment of companion diagnostics through the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs:

- CADTH's Proposed Process for the Assessment of Companion Diagnostics

Please access the consultation details by clicking on the link above.

Background and Context

Companion diagnostics identify subgroups of patients for whom select drugs are likely to be most effective and safe. Based on feedback from participating jurisdictions, and guided by consultations with representatives internationally, across Canada, and among its committees, CADTH has developed a process for the assessment of companion diagnostics that is integrated into the CDR and pCODR programs. The proposed process would encompass companion diagnostics associated with drugs that are eligible for review under the CDR and pCODR programs. The objective of the proposed process is for CADTH to evaluate a submitted drug and its associated companion diagnostic together, rather than either one in isolation.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided in 11-point font using this template and saved in one of the following formats:
- Microsoft Word document (.doc or .docx)
- Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

pCODR Update — Issue 60 (March 16, 2017)

Expanding CADTH's Drug Review Processes to include Radiopharmaceutical Submissions and Other Process Alignment Implementations

1. Expanding CADTH's Drug Review Processes to Include Radiopharmaceuticals

In collaboration with the participating jurisdictions, CADTH is pleased to announce that CADTH will accept submissions for radiopharmaceuticals used for therapeutic purposes (i.e., not for diagnostic purposes) for review through the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR) programs effective April 1, 2017.

Applicants/Submitters planning to file a submission or resubmission for a radiopharmaceutical on or after April 1, 2017 to CDR or pCODR must comply with the same procedures, submission requirements, and timelines for a drug as set out by the CDR and pCODR programs. Consistent with the input and feedback processes for CADTH's respective drug review programs, stakeholders (e.g., patient groups and registered clinician[s]) will have an opportunity to provide input and feedback on a radiopharmaceutical submission.

For more information on a planned submission to the CDR program, please see: <https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/common-drug-review-submissions>.

For more information on a planned submission to the pCODR program, please see: <https://www.cadth.ca/pcodr/submit-a-drug>.

2. Implementing Request for Advice and Biosimilar Review Processes for CADTH's pan-Canadian Oncology Drug Review Program

As part of the ongoing process to align and to build on best practices for CADTH's two drug programs, CDR and pCODR, to create more transparent and predictable drug review processes for all stakeholders, CADTH is implementing a process for: 1) a request for advice; and 2) biosimilar reviews submitted to the pan-Canadian Oncology Drug Review (pCODR) program.

- Implementing Request for Advice Process for pCODR
- Implementing a Biosimilar Review Process for pCODR

Please access the information by clicking on the links above.

These new requirements will be incorporated into the pCODR Procedures and pCODR Submission Guidelines, and will come into effect as of April 1, 2017.

Should you have any questions regarding the aforementioned information, please contact us at requests@cadth.ca.

pCODR Update — Issue 61 (June 13, 2017)

Introducing New Patient Input Template and Integrating Companion Diagnostic Assessment Into CADTH's Drug Review Programs

CADTH would like to thank all stakeholders who responded to the consultation on the proposed changes to:

- the patient input template for the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR)
- the proposal to integrate the assessment of companion diagnostics through the CADTH CDR and CADTH pCODR processes.

1. New Patient Input Template for CDR and pCODR Programs

In September 2016, CADTH invited stakeholder comments and feedback on proposed revisions to the patient input template for the CDR and pCODR programs. The joint template builds on CADTH's and its drug expert committee's experiences of receiving and using more than 546 patient input submissions. CADTH would like to thank all the stakeholders who commented on the proposed joint CDR and pCODR patient input template. CADTH received feedback from patient groups, pharmaceutical companies, and members of CADTH's drug expert committees — the Canadian Drug Expert Committee (CDEC) and the pCODR Expert Review Committee (pERC). Specifically, we would like to acknowledge the thoughtful feedback submitted by patient groups. We recognize that patient groups are well-placed to identify which template prompts are most relevant to their specific disease area and the drug under review; in response, we then try to frame the responses around the most relevant prompts.

The finalized joint template is now available for use. It replaces the existing patient input templates. Patient groups should be using the finalized joint template for patient input for drug reviews that are submitted to the CDR and pCODR programs on or after September 1, 2017.

The key changes made by CADTH in response to stakeholder feedback received are, as follows:

- clarity provided on what is needed to report information gathering
- re-introduced questions on disease experience
- focused questions on improved outcomes
- simplified the required conflict of interest declarations.
- In addition, we have added a section for patient groups to use when the drug under review has an associated companion diagnostic test. The template also includes a separate section to complete if the drug under review is a biosimilar (also known as a subsequent entry biologic).

To support groups contributing patient input and to better understand how their input is used, CADTH has added and updated patient input supporting materials, which are available on the CADTH website.

2. Integrating Companion Diagnostics Into CDR and pCODR Reviews

In November 2016, CADTH invited stakeholder comments and feedback on a proposed process for the assessment of companion diagnostics through the CDR and pCODR programs. Feedback was received from three industry associations, four drug manufacturers, 10 government agencies, three patient advocacy groups, one hospital, one health care professional, and six members from the CADTH expert drug committees.

In general, respondents acknowledged the need for a pan-Canadian process for the assessment of companion diagnostics, and were supportive of CADTH's efforts to address this gap. Some respondents sought details of relevant changes to procedures, submission guidelines, and templates. There was some uncertainty around the impact on current drug review timelines and the impact on the current CDR/pCODR recommendations framework. All respondents supported CADTH's continued engagement with patients, clinicians, and participating jurisdictions.

After careful consideration of all the feedback received, and in collaboration with the participating jurisdictions, CADTH has developed a process for the assessment of drugs with companion diagnostics that will apply to all submissions and resubmissions filed on or after October 11, 2017. Note that this will take effect for all CADTH Pre-submission Information Requirements Forms received as of June 13, 2017. For more details about the new requirements for companion diagnostics, please refer to our summary on Health Technology Assessment of Drugs with Companion Diagnostics at CADTH, as well as the respective CDR and pCODR Procedures and Submission Guidelines.

Should you have any questions regarding the aforementioned information, please contact us at requests@cadth.ca.

pCODR Update — Issue 62 (August 1, 2017)

Consultation on CADTH's Proposed Revisions to the Biosimilar Review Process, Resubmission Criteria, and Other Operational Considerations for CDR and pCODR

Call for Feedback Deadline: September 15, 2017, at 5:00 p.m. ET by email to: feedback@cadth.ca

CADTH is inviting stakeholder comments and feedback on the following:

- proposed revisions to the process for reviewing biosimilars submitted through CADTH's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs
- proposed revisions to the resubmission criteria for CDR and pCODR processes
- proposed changes to the checkpoint timeline for the pCODR program.

1. Proposed Revisions to CADTH's Biosimilar Review Process

Biologic drugs come from living organisms or from their cells, and are often made using biotechnology. They are used to treat diseases and medical conditions including anemia, diabetes, inflammatory bowel disease, psoriasis, rheumatoid arthritis, hormone deficiency, and some forms of cancer. A biosimilar biologic drug, or biosimilar, is a drug demonstrated to be highly similar to a biologic drug (known as the reference biologic drug) that was already authorized for sale by regulatory bodies (i.e., Health Canada). Biosimilars are approved based on a thorough comparison to a reference drug and may enter the market after the expiry of reference biologic drug patents and data protection.¹⁻³

For a biosimilar review, Health Canada evaluates the information provided by the manufacturer of the biosimilar to confirm that the biosimilar and the reference biologic drug are similar and that there are no clinically meaningful differences in safety and efficacy between the biosimilar and reference drug. The regulatory approval of a biosimilar drug relies in part on prior information regarding safety, efficacy and effectiveness that is deemed relevant due to the demonstration of similarity to the reference biologic drug and which influences the amount and type of original data required.⁴

Health Canada may authorize a biosimilar for use in more than one indication because of the rigorous demonstration of similarity between the biosimilar and the reference biologic drug. Since a biosimilar is very similar in structure and function to a reference biologic drug with well-established safety and efficacy in many cases clinical studies do not need to be repeated for each indication.⁴

Given the type of data required to support biosimilar authorization differs from that required for a biologic drug, CADTH is proposing revisions to the submission process for biosimilars through its CDR and pCODR programs that would reduce duplication of work, optimize resources, and ensure that all participating jurisdictions benefit from a single approach to evidence review that would facilitate decision-making and keep with CADTH's value of excellence. It is proposed that CADTH would support the timely review of biosimilars by providing a centralized coordinating role, working in collaboration with Health Canada, the pan-Canadian Pharmaceutical Alliance and the participating federal, provincial and territorial public drug plans (with the exception of Quebec) and provincial cancer agencies to support improved access for patients. Please access the consultation details by clicking this link: [CADTH's Proposed Revisions to the Biosimilar Review Process](#)

2. Resubmission Criteria for CDR and pCODR Processes

CADTH is initiating stakeholder consultation on revisions to its CDR and pCODR resubmission eligibility criteria that would remove the requirement of a new randomized controlled trial to file a resubmission based on improved efficacy. Please access the consultation details by clicking this link: [Resubmission Criteria for CDR and pCODR Processes](#)

3. Proposed Changes to the Checkpoint Timeline for the PCODR Program

Currently, an electronic version of the submitter responses to the clarifying questions and requests for additional information must be provided to pCODR at least one (1) business hour in advance of the scheduled Checkpoint Meeting.

To allow the pCODR Review Team sufficient time to review the responses, CADTH is proposing to make changes to the pCODR procedures that would request the submitter responses to the clarifying questions and any applicable requests for additional information be provided at least one (1) business day in advance of the scheduled Checkpoint Meeting so that these can be provided to the pCODR review team before the interactive meeting. A submitter will continue have 10 business days to prepare responses to the clarifying questions and additional information to the pCODR program.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current CDR and pCODR processes. Any future changes will be applied to the CDR and pCODR procedures.

How to Submit Your Feedback

To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.

Only one response per organization will be considered. If more than one response is received, only the first will be considered.

- Feedback must be provided in 11-point font using this feedback template and saved in one of the following formats:
- Microsoft Word document (.doc or .docx)
- Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly, and submitted by September 15, 2017 at 5:00 p.m. ET.

If you have any questions about the feedback process, please email us at feedback@cadth.ca.

We thank you in advance for your interest.

References

1. Fact sheet: biosimilars [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/fact-sheet-biosimilars.html>
2. Biosimilar drugs [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_professional_en.pdf
3. Biosimilar drugs: your questions answered [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_patient_en.pdf
4. Guidance document: information and submission requirements for biosimilar biologic drugs [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/information-submission-requirements-biosimilar-biologic-drugs-1.html>

pCODR Update — Issue 63 (February 13, 2018)

Revisions to CADTH's Biosimilar and Resubmission Processes, Other Administrative Changes and New Fee Guidance for Applications to CADTH's Pharmaceutical Review Programs

In August 2017, CADTH launched an open consultation to gather feedback on proposed changes to the following aspects of our drug review programs:

- the process for reviewing biosimilars through the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR)
- the resubmission eligibility criteria used by the CDR and pCODR programs
- the checkpoint timeline for the pCODR program.

Today we are pleased to announce the operational changes that have been made to enhance the drug review programs. These changes reflect our careful consideration of all feedback that was provided, as well as input from the participating jurisdictions. Below are key highlights, but for a complete description of the changes we encourage all stakeholders to review our updated procedural documents:

- CADTH Common Drug Review Procedure and Submission Guidelines for Biosimilars
- CADTH pan-Canadian Oncology Drug Review Submission Guidelines for Biosimilars

1. Revisions to CADTH's Biosimilar Review Process

Based on the feedback that we received and given our experience reviewing biosimilars, CADTH is revising our process to reduce duplication of work, optimize resources, and facilitate decision-making for biosimilars for all participating jurisdictions. CADTH believes that a streamlined approach for biosimilar reviews will support improved access for patients.

Key changes:

- Shorter timeline
- Fewer submission requirements
- Abbreviated biosimilar summary dossier template.
- Effective February 13, 2018, the streamlined process will apply to all new biosimilar submissions filed with CADTH. For more information, please see our "Frequently Asked Questions."

For more details about the requirements that are needed for making a biosimilar submission, please see the CADTH Common Drug Review Procedure and Submission Guidelines for Biosimilars (non-cancer indications) and the CADTH pan-Canadian Oncology Drug Review Submission Guidelines for Biosimilars (for cancer indications).

2. Revisions to Resubmission Criteria for pCODR Process

In November 2017, CADTH implemented the proposed revision to the resubmission eligibility criteria for the CDR process, whereby a new randomized controlled trial may no longer be required for a resubmission based on improved efficacy. (See CDR Updated – Issue 130) for details.)

CADTH is now expanding this application to the pCODR program, as part of our efforts to create a more transparent and predictable drug review process for all stakeholders. Similar to the CDR program, before initiating a resubmission, a submitter will be required to file a completed pCODR Resubmission Eligibility Form and provide copies of one or more new studies that would address the specific issues identified in a pERC recommendation. A resubmission will be assessed to determine if the information provided by the submitter meets the definition of new information and that the information addresses the specific issues identified in a pERC recommendation. This assessment will be conducted by a three- to five-person pERC panel who will review the type of new information being submitted and conclude if it will be eligible for a resubmission. The panel will include the pERC Chair and/or Vice- Chair.

For complete details about the revised resubmission eligibility criteria, please refer to the updated pCODR Procedures and pCODR Submission Guidelines.

3. Other Administrative Changes

To enhance the pCODR process, the following administrative changes have been applied:

- **Checkpoint response timelines:** To allow the pCODR review team sufficient time to review the responses, CADTH is requesting that a submitter provide responses to the clarifying questions and any applicable requests for additional information at least one (1) business day in advance of a scheduled checkpoint meeting. A

submitter will still have 10 business days to prepare responses to the clarifying questions and the request for additional information to the pCODR program.

- **Updated pCODR templates:** CADTH has made administrative changes to the templates identified below for the pCODR program to provide additional clarity and guidance to all stakeholders. We kindly ask that all stakeholders use these updated templates for new submissions to pCODR.
 - pCODR Pre-submission Information Form – Submission & Resubmission
 - Patient Input Template for CADTH CDR and pCODR Programs
 - Biosimilars Patient Input Template for CADTH CDR and pCODR Programs
 - pCODR Registered Clinician Input on a Drug Review
 - Biosimilars Clinician Input Template for CADTH pCODR Program
 - Biosimilars Provincial Advisory Group Input Template for CADTH pCODR Program
 - pCODR Resubmission Eligibility Form
 - Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation.

4. New Fee Guidance for Applications to CADTH's Pharmaceutical Review Programs

CADTH has implemented a new fee structure that applies to both the Common Drug Review and pan-Canadian Oncology Drug Review programs. The new CADTH Guidelines on Application Fees for Pharmaceutical Reviews replace the separate application fee guidelines which previously existed for each program.

Other important highlights include:

- The new, reduced fee for the new biosimilar review process
- An annual fee adjustment based on fluctuations in the Consumer Price Index

If you have questions about the information in this update, please contact us at requests@cadth.ca.

pCODR Update — Issue 64 (March 20, 2018)

CONSULTATION: Proposed Revisions to the pCODR Clinician Engagement Process

Deadline to Submit Feedback: April 20, 2018 at 5:00 p.m. ET by email to pcodrinfo@cadth.ca

CADTH invites stakeholder feedback on proposed revisions to the clinician engagement process for its pan-Canadian Oncology Drug Review (pCODR) program. Below is a link to the consultation document.

- [Proposed Revisions to the Clinician Engagement Process for CADTH's pan-Canadian Oncology Drug Review Program](#)

In February 2016, CADTH launched a pilot project to expand clinician participation in the pCODR process, with the goal of gaining insight into local issues and identifying areas of unmet need. As of December 31, 2017, 169 oncologists have registered to participate and 36 of 41 reviews (88%) have included clinician input. During this pilot phase, CADTH has received input from registered clinicians through a survey, the pCODR Expert Review Committee, and the Provincial Advisory Group on ways to enhance the process.

With the goal of enhancing clinician engagement opportunities, CADTH is proposing the following key changes to the current process:

A new template for clinician input, including customized questions that are more specific to the drug and indication that is under review by the pCODR program.

Expanding the eligibility criteria beyond oncologists to include oncology pharmacists and oncology nurses who are part of a multi-disciplinary team caring for cancer patients and who meet the proposed criteria.

It is important to note that the pCODR program's submission and review timelines, notification of pending drug reviews, and process requirements to provide feedback will not change.

CADTH continues to foster relationships with the clinician community and believes that increasing the opportunity for input into the pCODR process will enhance the quality of our reviews and contribute to broader discussions about drug funding decisions in Canada.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback. Any decisions about changes to the current pCODR clinician engagement process will be announced in a pCODR Update.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided in 11-point font using this feedback template and saved as a Microsoft Word document (.doc or .docx). Please submit your feedback by April 20, 2018 at 5:00 p.m. ET via email to pcodrinfo@cadth.ca
- Feedback should be presented clearly and succinctly.

If you have questions about our proposed changes, please contact us at pcodrinfo@cadth.ca.

pCODR Update — Issue 65 (March 28, 2018)

Application Fees for CADTH Pharmaceutical Reviews — Adjustment

In February 2018, CADTH announced that beginning in April 2018 application fees for CADTH Pharmaceutical Reviews will be adjusted annually based on fluctuations in the Consumer Price Index.

Today we have updated our Guidelines for Manufacturers on Application Fees for CADTH Pharmaceutical Reviews to reflect the adjusted fee schedule (Table 1: Application Fee Schedule). The new fee schedule is effective for all submissions or resubmissions received on or after April 2, 2018 and applies to CADTH's Common Drug Review and CADTH's pan-Canadian Oncology Drug Review programs.

pCODR Update — Issue 66 (April 2, 2018)

New Resource for Patient Groups Will Help Enhance Submissions to CADTH's pan-Canadian Oncology Drug Review

Patient groups that provide input into drug reviews conducted by the CADTH pan-Canadian Oncology Drug Review (pCODR) program now have a new resource available to them.

The new Patient Evidence Submission Tip Sheet for a pCODR drug review offers guidance on the type of information that should be included in a patient-group input submission and how it can best be presented. The tip sheet is based on reflections and suggestions from the pCODR Expert Review Committee.

The goal of this new resource is to help patient groups effectively describe:

- how the information in their submission was gathered
- their experiences with a specific type of cancer
- the impact of therapy on caregivers
- their expectations with both current therapy and for the new treatment.

Development of this resource was funded by the Canadian Partnership Against Cancer, and was created through an ongoing collaboration between the Canadian Cancer Action Network, the Canadian Centre for Applied Research in Cancer Control, and CADTH.

The Patient Evidence Submission Tip Sheet for a pCODR drug review, along with our previously released narrated presentations, and “A Guide for Patient Advocacy Groups: How to provide patient and caregiver input for a pCODR drug review” document are intended to help patient groups with their evidence submissions and make it easier for them to participate in the pCODR process. These resources reflect a shared commitment to collaboration and to exploring innovative ways to support and engage the patient community.

To access all of these resources and find more information on how patient groups can provide feedback and input into the pCODR process, please visit our website.

Social Sharing — Help Us Spread the Word

Please help us share this resource widely with patients and patient groups by sharing it with your networks:

- New resource for patient groups will help enhance patient input submissions to the @CADTH_ACMTS pan-Canadian Oncology Drug Review program. Learn more: <http://bit.ly/2pOMDGB>.
- Looking for guidance on your patient-group input submission to the CADTH pCODR program? New “Patient Evidence Submission Tip Sheet” can help — developed through an ongoing collaboration between @CADTH_ACMTS, @canceractionnet, and @CC_ARCC <http://bit.ly/2pOMDGB>

Questions? Please contact requests@cadth.ca. To receive future updates and announcements from CADTH, please subscribe to our E-Alerts.

pCODR Update — Issue 67 (June 22, 2018)

Health Canada, CADTH, and INESSS Collaborate to Align Drug Review Processes

A new joint process furthers efforts to reduce the time between market authorization and reimbursement recommendations for public drug plans

Health Canada, CADTH, and Quebec's Institut national d'excellence en santé et en services sociaux (INESSS) are stepping up their efforts to align drug reviews to support the affordability, accessibility, and appropriate use of prescription drugs in Canada.

As part of Health Canada's Regulatory Review of Drugs and Devices initiative, these three organizations are pleased to announce that drug manufacturers now have the option to participate in a formalized, aligned review process for all submissions that qualify, including new drugs and drugs for new indications.

Today's announcement formalizes the timelines of this new pathway and describes the process for manufacturers with qualifying drug submissions that might consider participating in an aligned review between Health Canada, CADTH (through its Common Drug Review and pan-Canadian Oncology Drug Review programs), and INESSS. It also outlines the key benefits of aligned reviews, including:

- reducing delays between Health Canada's approval of a drug and the recommendations that CADTH and INESSS issue to advise public drug plans of how drugs should be reimbursed
- improving communication between the organizations and allowing for real-time discussions that can help reduce duplication.

"While Health Canada and health technology assessment organizations like CADTH and INESSS have different responsibilities, we share a common goal of helping ensure that all Canadians have access to effective therapies that bring value to patients and our health systems," said CADTH Vice-President (acting) of Pharmaceutical Reviews, Heather Logan. "The new aligned review process is an important example of how greater collaboration can help us close gaps, reduce delays, and enhance the management of pharmaceuticals in Canada."

For further details on the new process, please consult Health Canada's Notice to Industry. In the coming months, a webinar featuring Health Canada, CADTH, and INESSS will provide all interested parties with more information about the process.

The Path to an Aligned Drug Review Process

For some time key partners have recognized the need to further align the review processes within Canada's robust drug approval system. In response to this need, Health Canada launched its Regulatory Review of Drugs and Devices initiative to allow for greater collaboration among those organizations working to make the regulatory environment more responsive to the needs of Canada's health care systems.

An early outcome from this collaboration was announced in March 2018, when CADTH implemented a significant operational change that now sees the Common Drug Review program accepting drug submissions up to six months (180 days) before the anticipated receipt of Health Canada's approval (known as a Notice of Compliance). This was an important step toward potentially eliminating delays between Health Canada's regulatory approval and the reimbursement recommendations that CADTH delivers to the participating public drug plans.

In addition to the process changes described above, a 2017 pilot project between CADTH's pan-Canadian Oncology Drug Review (pCODR) program and Health Canada's Bureau of Metabolism, Oncology, and Reproductive Services (BMORS) provided an important foundation for establishing an aligned review process. During the pilot project, pCODR and BMORS explored how greater information sharing during the review process could help align drug reviews.

Related Information

- Notice to Industry: Aligned Reviews Between Health Canada and Health Technology Assessment Organizations
- Improving the Regulatory Review of Drugs and Devices
- CADTH Common Drug Review Will Accept Submissions Up to Six Months Pre-Notice of Compliance (March 2018)
- Nouvelles informations concernant l'évaluation des médicaments aux fins d'inscription (April 2018)

CADTH Pharmaceutical Review Updates

Pharmaceutical Reviews Update — Issue 1 (August 9, 2018)

New CADTH Pharmaceutical Reviews Update

CADTH is pleased to announce the launch of the CADTH Pharmaceutical Reviews Update, a new consolidated publication that will be used to communicate updates to our drug review processes. This new update replaces the following individual communications: CDR Update, pCODR Update, Therapeutic Review Update, and Updates for Patient Groups. All subscribers to *CDR Update* and/or *pCODR Update* will automatically receive the *CADTH Pharmaceutical Review Update*.

CADTH will routinely archive postings for the new *Pharmaceutical Reviews Update* as these become outdated. The archived updates (including those from previous issues of *CDR Update*, *Therapeutic Review Update*, and *Updates for Patient Groups*) will be available in the *CADTH Drug Program Updates (Archive)*.

Updates for Patients and Communities

Over the next few months, we'll be reaching out to patient groups that are already familiar to CADTH, as well as to groups we'd like to know better, to explore potential roles and membership criteria for the new patient advisory committee that was mentioned in the CADTH 2018-2021 Strategic Plan. We'll also be seeking ideas from patient groups and interested individuals on how activities at CADTH meet, and could better meet, international best practices for patient involvement in health technology assessment.

Consultations on CADTH's Pharmaceutical Review Programs

CADTH is inviting stakeholder comments and feedback on the following proposals:

- Strengthening the process for establishing reimbursement criteria in CDR recommendations.
- Posting of CADTH responses to manufacturer feedback received for draft CDR review reports.
- Addressing non-submissions by manufacturers

1. Strengthening Process for Establishing Reimbursement Criteria in CDR Recommendations

The CADTH Canadian Drug Expert Committee (CDEC) often specifies clinical criteria as part of its reimbursement recommendations. Stakeholders have recently indicated that there is a need for CADTH to improve the CDR processes for establishing reimbursement criteria. Specifically, jurisdictions have requested greater detail and consistency in the initiation, renewal, and discontinuation criteria included in CDEC recommendations. CADTH is committed to working with all stakeholders to improve the quality of the reimbursement criteria included in CDEC recommendations; as such, CADTH has identified several opportunities to improve the CDR process to facilitate the development of initiation, renewal, and discontinuation criteria in CDEC recommendations. These will build on CADTH's commitment to enhance the CDR process — particularly for complex treatments, such as drugs for rare diseases — and will impact all phases of the CDR review process (i.e., intake, initiation, review, deliberations, and recommendation). Please access the consultation details at the following link: *Strengthening Process for Establishing Reimbursement Criteria in CDR Recommendations*

2. Posting of CADTH responses to manufacturer feedback received for draft CDR review reports

CADTH is initiating stakeholder consultation on a revision to the CDR procedure to publicly post manufacturer comments and corresponding CADTH responses. As part of this initiative, CADTH is proposing that it shift the current redaction process so it occurs after CADTH's responses to the manufacturer's comments have been finalized and are provided to the manufacturer for information. Please access the consultation details at the following link: *Posting of CADTH responses to manufacturer feedback received for draft CDR review reports*.

3. Addressing Non-Submissions by Manufacturers

CADTH has recently encountered a number of situations where manufacturers with eligible products have declined to file submissions with the CDR or pan-Canadian Oncology Drug Review (pCODR) processes. This creates challenges for participating drug plans that are receiving requests for reimbursement for products that the manufacturer has declined to participate in the CDR or pCODR process. CADTH is proposing a formalized process for publicly communicating situations where a manufacturer has declined to file a submission. Please access the consultation details at the following link: *Addressing Non-Submissions by Manufacturers*

How to Submit Your Feedback

To provide feedback on the proposals above, please use this [feedback template](#). The completed template must be saved in one of the following formats:

- Microsoft Word document (.doc or .docx)

- unlocked PDF document that permits copying and pasting of text.

Feedback should be presented clearly and succinctly, in 11-point font, and must be received by CADTH by 5:00 p.m. ET on September 10, 2018. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If more than one response is received, only the first will be considered.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CADTH Program Updates

Pan-Canadian Oncology Drug Review (pCODR)

1. Expanding Clinician Input Under the CADTH pCODR Program

In April 2018, CADTH received stakeholder feedback on proposed changes to the clinician input process for the CADTH pan-Canadian Oncology Drug Review (pCODR) program. We would like to thank all of the stakeholders who responded to the consultation. Having integrated this stakeholder feedback, CADTH is pleased to now launch a revised clinician input template for a cancer drug under review.

Effective August 9, 2018, all submissions that are posted as a pending review will have a drug- and indication-specific template for clinicians to provide their input. The new template will be located on the CADTH Web page for the corresponding drug and indication, and will include the following information in the template to provide context for clinician input:

- generic drug name and brand name
- indication and funding request
- links to the clinical trial description and the clinical trial publication being submitted for review (if available).

In addition to the standard set of questions, there may be additional questions regarding the implementation of the drug in clinical practice. A link to the clinician input template for each drug will be provided in the email notification of upcoming drug reviews. The method for submitting through the CADTH Collaborative Workspaces, and the deadline of ten (10) business days after the submission is received, remain unchanged.

CADTH is also pleased to extend the clinician registration to actively practising oncology pharmacists and oncology nurses. In addition to registering with the pCODR program and providing their declaration of conflict of interests, oncology pharmacists and oncology nurses must provide their input as a joint submission with an oncologist or a physician who treats cancer patients, or with a group of oncologists or physicians who treat cancer patients.

Stakeholders providing feedback during the consultation have identified that streamlining the registration process, email notifications, and input submission process would facilitate clinician participation. At this time, there are no changes to these processes, although CADTH is continuing to work on streamlining them.

We strongly encourage clinicians to register with the pCODR program well in advance to ensure eligibility to provide input and feedback on a future submission or resubmission and to receive notification of upcoming submissions. For more information about the registration process, please visit the CADTH website at <https://www.cadth.ca/pcodr/registration>.

We have created a list of FAQs to offer guidance to clinicians on the eligibility criteria and how to provide high-quality input and feedback on a submission or resubmission. To ensure procedural fairness, the requirements for eligible clinicians are set out in the pCODR Procedures and pan-Canadian Oncology Drug Review Submission Guidelines.

As part of this update, CADTH has also made revisions to a number of its templates for the pCODR program. Submitters should ensure that they only use the latest version of the template posted on the CADTH website and made available in the CADTH Collaborative Workspaces.

2. Putting the CADTH pCODR Priority Review Process On Hold

Effective immediately, CADTH has put the pCODR priority review application process on hold. All submissions under review that have met priority review criteria will maintain their priority status until they have received a *Notification to Implement a pERC Final Recommendation* or they have been withdrawn. In addition, pending submissions (issued one month in advance of the anticipated filing date) posted on the CADTH website on or before August 9, 2018 that have requested priority review will have their requests assessed upon submission and, if granted, maintained until they have

received a *Notification to Implement a pERC Final Recommendation* or they have been withdrawn.

In the absence of a backlog of pCODR submissions, the current priority review process does not have any material impact to the order of the review. In the future, CADTH will review the pCODR priority review process, as required, in consultation with the jurisdictions and stakeholders. This change aligns with the CADTH CDR program.

3. Revising the Submission Screening Duration for the CADTH pCODR Program

Effective immediately, the pCODR program is revising the screening period for all submissions received, including new submissions, biosimilars, and Requests for Advice, from five (5) business days to ten (10) business days of its receipt. This change aligns the screening duration for all CDR and pCODR submissions and resubmissions.

Common Drug Review (CDR)

1. Joint CADTH-INESSS Engagement of Clinical Specialists

To promote efficiency in the CADTH and Institut national d'excellence en santé et en services sociaux (INESSS) processes, the two agencies are planning a pilot process to jointly engage with clinical specialists on selected drug products. Other stages of the review processes will continue to be completed independently, including the deliberation and recommendation phases.

2. Procedure and Submission Guidelines for the CADTH Common Drug Review

CADTH has made a few minor revisions to the *Procedure and Submission Guidelines for the CADTH Common Drug Review*. These include replacing references and links to *CDR Update* with the new *CADTH Pharmaceutical Reviews Update* and some small corrections to the checklists in the appendix.

Other Announcements and Initiatives

1. Drug Reassessments

CADTH initiated stakeholder consultation on the reassessment of drugs through the therapeutic review process in July 2017 and implemented a revised process in June 2018. In addition to therapeutic reviews, CADTH is currently examining opportunities for the reassessment of drugs through other existing and novel review pathways in order to better meet the needs of its stakeholders. Further communication and stakeholder consultation on these initiatives is anticipated in fall 2018.

2. Real World Evidence

CADTH has established an internal working group to develop a strategic framework for addressing real world evidence in our drug review processes. CADTH has established partnerships with Health Canada and the Institute of Health Economics and will be co-hosting a multi-stakeholder Real World Evidence Summit on October 21, 2018 in conjunction with the Canadian Association for Population Therapeutics conference in Toronto.

Pharmaceutical Reviews Update — Issue 2 (September 13, 2018)

Updates for Patients and Communities

If you missed today's webinar "Ensuring Patient Voices Are Heard: How Patients Can Contribute to the CADTH Symposium," it will also be available in Events Archives. Thank you for the many ideas offered by members of the CADTH Patient Community Liaison Forum, patient and public members of CADTH's expert committees, and directors of CADTH programs, on our patient engagement framework and plans for a patient and community advisory group. We're now directly reaching out to a wide range of patient and community groups to listen to their ideas on these initiatives. If you're interested in being involved, please contact patientengagement@cadth.ca.

CADTH Program Updates

Pan-Canadian Oncology Drug Review (pCODR)

1. New and Outgoing pERC Members

CADTH is pleased to welcome the following new members to the pCODR Expert Review Committee (pERC):

- Dr. Christian Kollmannsberger, Oncologist
- Dr. Henry Conter, Oncologist
- Dominika Wranik, Health Economist
- Daryl Bell, Patient Member

CADTH thanks the following outgoing members of pERC for their hard work and dedication through the years:

- Carole McMahon, Patient Member
- Dr. Craig Earle, Oncologist

2. New PAC and PAG Members

CADTH is also pleased to welcome the following new members to the CADTH pCODR Advisory Committee (PAC) and the Provincial Advisory Group (PAG):

- Joanne Houlihan, Pharmacist, Systemic Therapy Program, Nova Scotia Cancer Care Program (PAC)
- Evan Ulmer, Director of Cancer Services and EMS, Saskatchewan Ministry of Health (PAC)
- Piotr Czaykowski, Chief Medical Officer, CancerCare Manitoba (PAC)
- Andrea Nagle, Pharmaceutical and Health Benefits, Alberta Health (PAG)
- Melanie Varughese, Pharmacy Manager, Cross Cancer Institute, Alberta Health Services (PAG)

Common Drug Review (CDR)

1. Joint CADTH-INESSS Engagement of Clinical Specialists

CADTH and the Institut national d'excellence en santé et en services sociaux (INESSS) are pleased to announce the details of a new pilot project to jointly engage with clinical specialists on selected drug product reviews.

- CADTH-INESSS Clinical Engagement Pilot

2. New CDEC Members Appointed

CADTH is pleased to welcome three new members to its Canadian Drug Expert Committee (CDEC): Heather Neville, Dr. Rakesh Patel, and Dr. Emily Reynen. CADTH would like to thank outgoing members Dr. Kerry Mansell and Dr. Silvia Alessi-Severini for their valuable service and many contributions.

3. Posting Requests for Clarification

Effectively immediately, CADTH will post the details of any requests for clarification that are received during the CDR review process. This will include the questions filed by the jurisdictions and CDEC's responses to the questions. Posting on the CADTH website will typically occur at the same time the *CDEC Final Recommendation* is posted. In accordance with the *CADTH Common Drug Review Confidentiality Guidelines*, manufacturers will have the opportunity to request the redaction of any confidential information prior to posting on the CADTH website.

Other Announcements and Initiatives

1. Webinar on Aligned Review Process

Health Canada, CADTH, and l'Institut national d'excellence en santé et en services sociaux (INESSS) have scheduled a webinar to describe the [aligned review process](#) in more detail, and answer questions about the initiative. The webinar is

scheduled for September 26, 2018, from 10:00 AM to 12:00 PM EDT and is open to all interested stakeholders. To participate, please send your name and email address to hc.opprs.enquiries-enquetes.bprse.sc@canada.ca. You may also send questions in advance to be answered by Health Canada, CADTH, and INESSS during the session. Participants will receive a confirmation email containing log-in information and an agenda.

Pharmaceutical Reviews Update — Issue 3 (October 11, 2018)

CADTH Program Updates

Common Drug Review (CDR)

1. New Template for Requesting Reconsideration

CADTH has created a new standardized template for reconsideration requests on the basis that the CADTH Canadian Drug Expert Committee (CDEC) recommendation is not supported by the evidence that had been submitted or the evidence identified in the CADTH Common Drug Review (CDR) report(s). This has been undertaken in an effort to bring greater consistency in the amount and type of information that is being included in these requests. This template should only be completed for reconsideration requests on the basis that the CDEC recommendation is not supported by the evidence that had been submitted or the evidence identified in the CDR report(s).

- CADTH CDR reconsideration template

CADTH is also clarifying that any requests for reconsideration on the basis that CADTH and/or CDEC failed to act fairly and in accordance with its procedures in conducting the review must be documented in a letter that has been signed by a senior company official.

2. Clarification Regarding Eligible Drugs That Have Become Genericized

As stated in the *Procedure and Submissions Guidelines for the CADTH Common Drug Review*, generic drugs are not typically reviewed through the CDR process. This is usually because the branded reference product has previously been reviewed by CADTH. However, CADTH has recently encountered a situation where a CDR submission was not filed for a branded drug before the drug became genericized. CADTH would like to take this opportunity to clarify how these scenarios will be addressed.

As these situations are uncommon, when they occur, CADTH will consult with the drug plans to determine if either or both manufacturers of the generic or branded product should file a submission with CADTH. Given that the context and product characteristics for these situations are likely to be unique, CADTH and the drug plans will provide guidance on a case-by-case basis as to whether a CDR submission is required. Based on the input from the drug plans, CADTH may advise manufacturers of branded or generic products that are eligible for review through the CDR process (e.g., a new drug, a drug with a new indication, or a new combination product) that a CDR submission is not required, and that the drug plans should be contacted.

Circumstances that would likely not require a submission to be filed with CADTH may include, but are not limited to, the following:

- One or more generic versions of the drug are approved by Health Canada.
- One or more generic versions of the drug are undergoing review by Health Canada.
- The participating drug plans have indicated they are planning to review the generic drug(s) through their standard processes for reviewing generic drugs.
- Similar products are currently listed by the participating drug plans (e.g., different salts of the active substance).

A CDR submission may be required for a generic product under the following conditions:

- Similar products are not currently listed by the participating drug plans (e.g., different salts of the active substance).
- The manufacturer of the branded product has confirmed that it does not intend to file the product with CADTH and does not intend to seek public reimbursement.
- The generic product was reviewed by Health Canada as a new drug submission or supplemental new drug submission.

Although CADTH may advise a manufacturer that a submission is not required, it does not preclude the manufacturer from electing to file a submission provided the product meets the eligibility criteria for a new drug, a drug with a new indication, or a new combination product. As always, manufacturers with questions regarding the CDR process may contact CADTH at any time (requests@cadth.ca).

3. Clinician Engagement

As previously communicated, CADTH is currently seeking to enhance clinician engagement in the CDR process. We

anticipate making further announcements in November 2018 regarding the establishment of clinical expert panels in the CDR process.

Other Announcements and Initiatives

1. CADTH Drug Portfolio Information Session

Event Date: Thursday, November 1, 2018

Time: 1:30 p.m. to 4:00 p.m. EDT

Location: Vantage Venues, Garden Hall, 16th Floor
150 King Street West, Toronto, Ontario

This annual session is an opportunity for all interested stakeholders to get the latest information about priority initiatives and process changes from CADTH's pharmaceutical reviews portfolio, including the CDR, pCODR, and CADTH Therapeutic Reviews. Updates on other relevant CADTH initiatives will also be provided. The session also includes an open forum where attendees can direct questions to CADTH President and CEO Dr. Brian O'Rourke, and other senior staff at CADTH.

The session will be presented in English and can be attended in person or by webinar. There is no charge to attend but advance registration is required. Registration closes on Thursday, October 25, 2018.

Full details and the registration link are available on the CADTH website.

Questions may be sent by email to Events@cadth.ca.

Pharmaceutical Reviews Update — Issue 4 (December 13, 2018)

CADTH Program Updates

Pan-Canadian Oncology Drug Review (pCODR)

1. Upcoming Webinar on CADTH/pCODR Clinician Input/Feedback Process

In collaboration with Innovative Medicines Canada's Joint Oncology Project Team, CADTH is pleased to offer a webinar on the pCODR Clinician Input/Feedback Process. The webinar will be held on January 22nd from 12:00-1:00 p.m. EST. The webinar is open to everyone, with a focus on those involved in pCODR Submissions and Clinician Engagement. The webinar will provide an overview of pCODR, detailed information about the clinician input process and new tools available for clinicians.

2. Proposal to harmonize, streamline, and transition of the Cancer Drug Implementation Advisory Committee to CADTH

Providing customized implementation support to decision-makers at all levels of the health system is a key objective of the 2018-2021 CADTH Strategic Plan. In support of this objective, CADTH and the Canadian Association of Provincial Cancer Agencies (CAPCA) are exploring how some of the implementation advisory functions of the Cancer Drug Implementation Advisory Committee, or CDIAAC, can be transferred to CADTH.

CDIAAC was created by CAPCA in 2016 to provide advice and recommendations to the provincial cancer agencies on how new cancer drugs could be integrated into existing treatment pathways. Given the potential to streamline and harmonize the work of CDIAAC and pCODR, and opportunity to enhance the transparency of the work, CAPCA approached CADTH about assuming some of CDIAAC's implementation advisory responsibilities. CADTH's strong relationships with Canada's cancer agencies and F/P/T drug plans, established drug review processes, and commitment to providing its customers with customized implementation support, make CDIAAC's implementation advisory functions a natural fit for the organization.

Currently, CADTH is in the early phases of exploring how some of CDIAAC's implementation advisory functions might be incorporated into its pharmaceutical review portfolio. As a first step, CADTH has convened a deliberative framework expert panel to provide advice and recommendations for a framework to guide how implementation issues could be deliberated and recommendations formulated. As well, CADTH will be consulting with cancer agencies, F/P/T drug plans, patient groups, clinicians, and industry throughout the transfer to ensure that the implementation advisory functions at CADTH are considered fair and transparent, and that they continue to meet stakeholders needs.

To date, no decisions have been made about how these new implementation advisory responsibilities could be operationalized at CADTH, however:

- It's not necessarily CADTH's intention to adopt the committee as is. CADTH will be considering a variety of possible options.
- Although initially the focus will be on cancer drugs, the new implementation advisory functions may expand over time to include non-cancer drugs.

We will be consulting with all key stakeholders in early 2019. At this time, CDIAAC will continue to operate in its current format, under CAPCA.

3. Pre-submission Information

As a reminder, submitters should complete the Pre-submission Information Requirements Form – Submissions to the greatest extent possible in anticipation of a Submission as set out in the pCODR Pre-submission Guidelines.

The Pre-submission Information Requirements Form – Submissions outlines the following: Submitter/Manufacturer information, Drug Information, Companion Diagnostic, Health Canada Review Type, Health Canada Consent Letter, Key Date Information, Pre-submission Meeting, Canadian Trials & Patient Access Programs, Clinical Overview, Economic Overview, International Comparisons

This information is used in pre-submission planning activities, this preparation includes setting up pCODR supports to assist both submitters and stakeholder groups through the review process, obtaining input from the Provincial Advisory Group (PAG), and notifying appropriate stakeholder groups (i.e., patient groups and registered clinicians) of the pending

review.

PAG will be notified by the pCODR program of an anticipated Submission when a Submitter has indicated their intent to make a Submission and has provided the pCODR program with Pre-submission Information. The pCODR program may share Pre-submission Information with the PAG as they prepare their input on the Submission. The Pre-submission Information is also used to inform the new template for clinician input, including customized questions that are more specific to the drug and indication that is under review by the pCODR program.

4. 2019 Oncology Drugs in Pipeline – Survey

pCODR is again undertaking our periodic survey to facilitate consistent and systematic data collection from participating pharmaceutical manufacturers on upcoming cancer drug submissions in Canada. The first survey in 2012 was conducted by Cancer Care Ontario. pCODR has assumed responsibility for maintaining the pipeline cancer drugs tracking on behalf of provinces. This survey is to update the information collected in 2017.

The 2019 survey continues to focus on information that should be available in the public domain but may be difficult to find in one source in a consistent manner.

The following benefits manufacturers identified from past surveys include:

- Streamlining and standardizing responses to common requests from provincial drug programs and cancer agencies,
- Reducing redundant inquiries from individual provincial drug programs and cancer agencies,
- Assisting pCODR with resource planning to better accommodate the anticipated volume of submissions.

The target for the 2019 survey to be sent to participating pharmaceutical manufacturers is February 2019.

Common Drug Review (CDR)

1. Call for Clinical Experts

CADTH will be launching a new initiative to assist us in identifying clinical experts who could participate in our review processes. Effective for all submissions and resubmissions filed on or after January 2, 2019, CADTH will be issuing a *Call for Clinical Experts* for the purposes of recruiting clinical experts who are interested in working with CADTH. This call will be issued at the same time the *Call for Patient Input* is currently posted (i.e., 20 business days prior to the anticipated date of receipt). Those interested will be asked to register by completing a web form with contact information and details about their areas of expertise and interest. CADTH will compile a database of registered clinicians and use this information to assist in the recruitment of clinical experts.

2. CDR Project Webpage Updates

CADTH will be updating the CDR project webpages to include the following additional information:

- Whether or not the submission was filed on a pre-NOC basis
- Whether or not the manufacturer elected to participate in the aligned review process with Health Canada.

Other Announcements and Initiatives

1. CADTH Drug Portfolio Information Session

The annual *CADTH Drug Portfolio Information Session* was held on November 1, 2018. The event was attended online and in person by more than 350 stakeholders and provided attendees with information about priority initiatives and process changes from CADTH's pharmaceutical reviews portfolio. If you are interested in viewing the slides, the session presentation is available [here](#).

2. Workshop on Real-World Evidence

On October 21, 2018 Health Canada, CADTH, the Institute of Health Economics (IHE), and the Canadian Association for Population Therapeutics (CAPT) held on a workshop titled *Defining Decision-Grade Real-World Evidence and its Role in the Canadian Context: A Design Sprint*. The objectives of the workshop were as follows:

- To identify the value and application of real world evidence (RWE) in supporting pharmaceutical regulatory and reimbursement decision-making.
- To identify the conditions upon which RWE will be considered of sufficient quality to inform decision-making.

The summary report from the workshop is now available on the IHE website.

Pharmaceutical Reviews Update — Issue 5 (February 20, 2019)

Updates for Patients and Communities

After spending the fall listening to patient groups and exploring how other organizations have involved patients and families in their organizational governance, we're excited to announce that CADTH is launching a new Patient and Community Advisory Committee. We invite those with extensive experience as a patient or family caregiver in Canada and an awareness of others' views and experiences to apply to join our 12-person committee.

See our Call for Nominations to the CADTH Patient and Community Advisory Committee.

CADTH Program Updates

CADTH Pan-Canadian Oncology Drug Review (pCODR)

1. Register for our webinar to learn about an upcoming consultation on a proposal to transition the functions of CAPCA's Cancer Drug Implementation Advisory Committee to CADTH.

In December 2018, CADTH and the Canadian Association of Provincial Cancer Agencies (CAPCA) announced that we would be exploring how some of the implementation functions of the Cancer Drug Implementation Advisory Committee, or CDIAAC, could be transferred to CADTH. In collaboration with CAPCA, we will be issuing a consultation document on or before March 1, 2019. The consultation will be open to all stakeholders who may be interested in providing input on the proposal.

As part of this consultation, CADTH and CAPCA will be holding a webinar on Monday, March 4, 2019 from 12:00 p.m. to 1:00 p.m. EDT. Panellists Heather Logan (Senior Advisor, CADTH), Alexandra Chambers (Director, CADTH pan-Canadian Oncology Drug Review), and Erika Brown (Interim Executive Director, CAPCA) will outline key concepts of the proposal. The webinar is open to everyone and will provide an opportunity for participants to engage in a dialogue about this proposal. Advance registration is required, and registration will close on Friday, March 1, 2019 at 5 p.m. EDT.

CADTH Common Drug Review (CDR)

1. Clinician Engagement

Strengthening engagement with the clinical community is an important objective of the new CADTH [Strategic Plan](#). With that in mind, CADTH has undertaken several initiatives to enhance clinical engagement in the CDR process.

2. Clinical Panels in the Review Phase

In August 2018, CADTH initiated a consultation on [Strengthening Process for Establishing Reimbursement Criteria in CDR Recommendations](#). A key component of this proposal was to expand engagement with clinicians during reviews of complex drugs and conditions that would likely result in challenging deliberations and reimbursement negotiations; specifically, through the formation of clinical panels composed of specialists with experience in the diagnosis and management of the condition for which the drug under review is indicated. CADTH will seek to leverage the expertise of these specialists to better characterize unmet therapeutic needs, assist in characterizing and communicating situations where there are gaps in the evidence that could be addressed through the collection of additional data, promote the early identification of potential implementation challenges, gain further insight into the clinical management of patients living with a condition, and explore the potential place in therapy of the drug.

Stakeholders indicated considerable support for this portion of the proposal and CADTH moved quickly to implement the clinical panel initiative. As noted in the consultation, to promote alignment throughout the health system and increase the efficiency of the approval and reimbursement process, CADTH is planning to establish clinical panels for drugs that are undergoing or have undergone an expedited review by Health Canada for the indication of interest (i.e., priority review or advance consideration under a Notice of Compliance with conditions). As communicated in September 2018, a subset of these panels will be conducted jointly with the Institut national d'excellence en santé et en services sociaux, or INESSS, as part of a newly established [pilot project](#).

Full details regarding CADTH's procedure for the integration of clinical panels into the review phase will be incorporated into an updated procedural document (targeted to be posted in March 2019).

3. Clinical Panels in the Implementation Phase

Providing enhanced implementation support for Canada's publicly funded drug programs is an important part of the

CADTH 2018–2021 Strategic Plan. For certain drugs that have been reviewed through the CDR process, the jurisdictions have indicated that there is a need for additional support from panels of clinical experts to assist in the further development and refinement of reimbursement criteria and conditions required to implement a CADTH recommendation. In response to this request, CADTH has established a process to convene panels of clinical experts to provide further advice to the jurisdictions regarding potential reimbursement criteria and conditions for a funding recommendation. These panels will only be established at the request of the participating drug plans. Complete details regarding the use of clinical panels in the implementation phase will be incorporated into an updated procedural document (targeted to be posted in March 2019).

Health Economics

1. Economic Models

Manufacturers must ensure that economic models submitted to CADTH are free from harmful components and, in particular, that they do not contain any harmful code, such as program routine, device, malware, or other undisclosed feature. This includes, without limitation, a time bomb, virus, software lock, drop dead device, malicious logic, worm, Trojan horse, or trap door that is designed to delete, disable, deactivate, interfere with or otherwise harm CADTH's hardware, data, or other programs, or adversely affect the functionality of CADTH systems.

Other Announcements and Initiatives

1. CADTH Symposium 2019

Registration is now open for the 2019 CADTH Symposium being held in Edmonton, Alberta, from April 14 to 16, 2019. A preliminary program detailing the planned workshops, concurrent sessions, and breakfast sessions is available [here](#).

Pharmaceutical Reviews Update — Issue 6 (March 28, 2019)

Updates for Patients and Communities

We received 85 nominations to CADTH's new Patient and Community Advisory Committee. Patients, caregivers, and community members from Prince Edward Island, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and Yukon expressed interest. All Statements of Interest were blinded, read and ranked by at least two individuals, and deliberated upon to create a shortlist for interviews. Interviews are being set-up now, and we hope to confirm the 12 members of the advisory committee by the end of April 2019.

We would like to thank all the nominees for bravely describing lived experiences with addiction, cancer, chronic illness, rare disease, and mental health issues; and how they have built on their health experiences to drive change. Nominees also shared experiences of working with, or being members of, First Nations, LGBTQ, and rural communities.

CADTH Program Updates

1. Applications Fees

CADTH has implemented new *Guidelines on Application Fees for CADTH Pharmaceutical Reviews*. The updated document includes the annual fee adjustment based on the Consumer Price Index. Application fees supplement existing federal, provincial, and territorial funding and are used to help finance an increase in the number of drugs CADTH reviews annually.

2. August 2018 Stakeholder Consultations

CADTH initiated stakeholder consultations in August 2018 on three proposed initiatives for our CDR and pCODR processes:

- Addressing non-submissions by manufacturers.
- Strengthening the process for establishing reimbursement criteria in CDR recommendations.
- Posting of CADTH responses to manufacturer feedback received for draft CDR review reports.

A summary of the stakeholder feedback and CADTH's responses has been posted. Based on feedback, CADTH has decided on the following next steps:

- CADTH is proceeding with the proposed process for addressing non-submissions by manufacturers. The details of this new process have been incorporated into updated versions of the *Procedures and Submission Guidelines for the CADTH Common Drug Review* and the *pCODR Procedures*.
- CADTH has adopted a phased implementation approach for the proposal related to strengthening the process for establishing reimbursement criteria in CDR recommendations. CADTH has begun integrating clinical expert panels into the CDR review process and is currently reviewing options regarding the other aspects of the consultation (e.g., manufacturer submitted criteria). The details of the clinical panel processes have been incorporated into the *Procedures and Submission Guidelines for the CADTH Common Drug Review*.
- CADTH believes that the proposed revision to begin posting comments and responses may be problematic to implement at this time and will engage in further discussion with stakeholders on this issue in the future.

CADTH would like to thank all stakeholders who responded to these consultations. If you have questions regarding the above noted revisions, contact CADTH at requests@cadth.ca.

Pan-Canadian Oncology Drug Review (pCODR)

1. 2019 Oncology Drugs in Pipeline — Survey

CADTH would like to thank everyone who responded to its 2019 Oncology Drugs in Pipeline survey. The survey was distributed in February 2019 to collect information from participating pharmaceutical manufacturers on upcoming cancer drug submissions in Canada. If you have not had the opportunity to respond to the survey, responses are still welcome.

Common Drug Review (CDR)

1. Updated CDR Procedure and Guidelines

The *Procedure and Submission Guidelines for the CADTH Common Drug Review* has been updated. A summary of key revisions is available [here](#). The new document contains a number of procedural improvements and revisions to the submission requirements, and includes all previous procedural amendments announced through Pharmaceutical Review Updates. Applicants who have questions about specific requirements may contact CADTH for guidance on submission preparations by emailing requests@cadth.ca.

2. Updated Canadian Drug Expert Committee (CDEC) Meeting Schedule

The CDEC Meeting Schedule has been updated. In response to requests from industry, CADTH will be updating the CDEC meeting schedule on a quarterly basis going forward.

Optimal Use of Drugs

1. New CADTH Advisory Committee

CADTH has conducted an internal review of its Optimal Use (OU) of Drugs program to identify efficiencies and opportunities to increase timeliness, relevance, and impact of OU projects. This review included an examination of the role and mandate of CADTH's advisory committees in the OU process. CADTH noted that the OU program would benefit from greater emphasis on issues related to drug policy within the jurisdictions and closer linkages with the existing DPAC Formulary Working Group. As such, CADTH has established the DPAC Formulary Working Group for Health Technology Assessments (FWG-HTA), a new advisory committee composed of jurisdictional representatives with a greater role in drug policy decision-making. The new FWG-HTA has been enacted and replaces the DPAC Optimal Use Working Group (OUWG). CADTH wishes to thank all jurisdictional representatives who served on the OUWG.

Other Announcements and Initiatives

1. Call for Nominations

CADTH is seeking nominations for its advisory and expert committees.

We are recruiting six new members with significant expertise in the Canadian health care system; a range of education, experience, and skill sets; and an interest in helping support health care decision-makers in making informed choices about health technologies. This is an exciting opportunity to help ensure that the Canadian health care system is the best it can be. We are inviting nominations for the following CADTH committees and advisory groups:

- Device Advisory Group (DAC): procurement professional and health care practitioner.
- CDEC: multiple positions.
- Health Technology Expert Review Panel (HTERP): health care practitioner.
- pCODR Expert Review Committee (pERC): hematologist-oncologist.

Full details about each role, who is eligible to submit a nomination, the nomination process, time commitments, and honorarium eligibility are available on our website at www.cadth.ca/nominations.

We are pleased to offer an online nomination process for the first time. Interested individuals are invited to submit nominations through our online form no later than 4:00 p.m. EDT, Friday, April 26, 2019.

Pharmaceutical Reviews Update — Issue 7 (April 17, 2019)

CADTH Program Updates

Common Drug Review (CDR)

1. Additional Embargo Period following Revised CDEC Recommendations

Effective immediately, CADTH has revised its procedures for the Common Drug Review (CDR) to permit an additional embargo period for Canadian Drug Expert Committee (CDEC) recommendations that have been substantially revised following a request for reconsideration by a manufacturer or a request for clarification by the participating drug plans. This process will apply in following circumstances:

- an initial embargoed CDEC recommendation stating that a drug not be reimbursed is revised to state that the drug should be reimbursed with or without conditions;
- an initial embargoed CDEC recommendation stating that a drug should be reimbursed with or without conditions is revised to state that the drug should not be reimbursed.

The options available to the manufacturer and the drug plans in this additional embargo period will be the same as those currently described in the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

CADTH has made this revision to ensure that manufacturers and drug plans have a fair opportunity to consider and comment on the revised CDEC recommendation before it is finalized and posted. CADTH's performance metrics will continue to be measured based on the issuance of the initial embargoed CDEC recommendation.

Pharmaceutical Reviews Update — Issue 8 (May 23, 2019)

Updates for Patients and Communities

Re-posting Calls for Patient Input

CADTH has received some inquiries regarding how and when patient groups are re-engaged in the CADTH Common Drug Review (CDR) process following an initial call for patient input. In the case of a pending submission or resubmission, CADTH will repost the call for patient input in the following circumstances:

- the pending submission or resubmission has been substantially delayed following the issuance of the initial call for patient input (typically a delay of six months or longer)
- the pending submission or resubmissions was withdrawn after the call for patient input was issued and is subsequently refiled by the applicant.

In most instances, patient groups may want to simply resubmit their earlier input. CADTH appreciates that this may require some additional effort for patient groups, but feels that re-posting the call for patient input in the above-noted circumstances is important for the following reasons: it ensures that the patient group input reflects the current perspective from the patient group(s) who initially responded; and it provides an opportunity for any additional groups to contribute to the CADTH review process.

In the case of a request for advice, CADTH posts a call for patient input and reaches out directly to all patient groups who provided input on the original CADTH review of the drug.

CADTH Program Updates

Biosimilars No Longer Reviewed through the CADTH CDR and pCODR Processes

When CADTH launched a new, streamlined biosimilar review process in February 2018, we committed to evaluating the impact and utility of the new process after approximately one year. CADTH recently completed this internal evaluation, which included consultation with public drug plans and the pan-Canadian Pharmaceutical Alliance (pCPA). As a result, CADTH is pleased to announce that there is no longer a need for CADTH to continue offering the streamlined biosimilar review process. There are no changes to the current pCPA negotiation process anticipated as a result of the decision by CADTH.

As of June 1, 2019, CADTH will be stopping work on any biosimilar reviews that would have been completed after June 1, 2019.

This decision was made based for several compelling reasons, including the fact that the current streamlined biosimilar review process may delay access to new biosimilar treatments. Stopping the biosimilar review process will allow CADTH to redeploy its limited resources that are being used to administer the biosimilar process to other drug reviews and program-related issues.

Effective immediately, submissions for biosimilars should be filed directly with the jurisdictions and pCPA. There may be rare circumstances where a CADTH review may be required for a biosimilar (e.g., the reference product was not reviewed by CADTH or a drug plan); CADTH and the drug plans would consider these on a case-by-case basis. Any manufacturers with questions regarding eligibility for biosimilar submissions should contact CADTH (requests@cadth.ca).

Important notes:

- Any manufacturers with ongoing biosimilar reviews that will not be completed by June 1, 2019 will receive a refund for the application fee.
- Manufacturers with pending biosimilars have been notified of these revisions to the review process and advised not to file submissions with CADTH.

Pan-Canadian Oncology Drug Review

1. Update on the Proposal to Integrate Key Functions of the Cancer Drug Implementation Advisory Committee Into the CADTH pan-Canadian Oncology Drug Review (pCODR) Process

On February 28, 2019, CADTH — in collaboration with the Canadian Association of Provincial Cancer Agencies — issued a consultation proposal to integrate key functions of the Cancer Drug Implementation Advisory Committee into the CADTH pCODR process. We would like to thank all stakeholders who responded to the consultation. CADTH continues

to assess all stakeholder feedback and is taking a balanced approach to ensure that the application of these comments would be made in the best interest of patients and the public.

We are working to target an implementation date of July 1, 2019, whereby any pre-submission information form received by the pCODR program on or after July 1, 2019 will incorporate the proposed implementation functions. CADTH will issue a notice prior to the implementation of any applicable changes to CADTH pCODR procedures and guidelines, so as to reduce the impact of timing on those working on submissions to the process. Revised processes and guideline documents should be publicly available on the CADTH website on June 12, 2019.

Common Drug Review

1. Updated Redaction Request Process

CADTH has encountered several challenges with the existing redaction request process for the clinical and pharmacoeconomic review reports, including the following:

- with manufacturers submitting additional redaction requests at the time they are sent the reports to validate the redactions that were previously requested (i.e., additional confidential information that was not initially identified when reviewing the draft reports)
- with the need for an additional review by manufacturers to identify confidential information that may have been added to the clinical and/or pharmacoeconomic report, based on manufacturer comments to CADTH
- with the need for an additional review by manufacturers to identify confidential information that may have been added based on finalized category 1 requirements (in the case of a submission filed on a pre-Notice of Compliance (NOC) basis).

As noted in the CADTH August 2018 consultation on posting manufacturer comments, the agency is interested in ensuring that the redaction process avoids the need for multiple redaction requests. As such, CADTH has revised the CDR procedure to shift the timing of the redaction request process to after the CADTH Drug Expert Committee (CDEC) Final Recommendation has been issued. This will allow manufacturers the opportunity to review and request redactions from the final CADTH review reports, eliminating the issues noted previously, and making the process more efficient for both CADTH and manufacturers. This new process is effective for all submissions, resubmissions, and requests for advice that were filed **on or after May 1, 2019**.

Details regarding the new redaction process for CDR documents have been incorporated into an updated version of the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

2. Updated Advance Notification Process

CADTH has recently encountered an increasing number of situations where applicants are not providing details of the economic evaluation when filing advance notification forms. This information is required in order for CADTH to prepare resources for the pending submission or resubmission. CADTH appreciates that this information may be incomplete when the advance notification form is initially filed; however, manufacturers are not following up with the complete details prior to filing the submission or resubmission.

Effective immediately, if the economic information is incomplete when initially submitting the advanced notification form, this information should be updated as soon as possible and submitted to CADTH no later than two weeks prior to filing the submission or resubmission.

3. Updated Clinical Review Templates

CADTH has updated the template used for the clinical reports prepared for standard reviews. Revisions include a new stakeholder input section that will summarize information from patient groups and clinicians earlier in the report, and moving evidence from non-randomized studies and indirect comparisons from the appendices into the main body of the report. Please see the link that follows for a sample of the new CADTH template:

- [*CADTH Common Drug Review Clinical Review Report Template*](#)

4. Canadian Blood Services

CADTH is pleased to announce that a representative from Canadian Blood Services (CBS) has been added as an observer to the DPAC Formulary Working Group. The addition of CBS to this working group will allow CADTH, CBS, and the public drug plans to further collaborate, sharing information on drug topics that are of interest to all parties. The DPAC Formulary Working Group list has been updated to reflect this change.

5. Updated Procedure and Submission Guidelines for the CADTH Common Drug Review

The *Procedure and Submission Guidelines for the CADTH Common Drug Review* has been updated with the following revisions:

- the removal of details of the biosimilar review process
- details regarding the additional embargo period for the CDEC recommendations that are substantially revised during a request for reconsideration and/or request for clarification (previously communicated in CADTH Pharmaceutical Reviews Update – Issue 7)
- details regarding the new process for requesting the redaction of confidential information included in CADTH reports
- additional clarification included in the confidentiality guidelines regarding the sharing of information with members of the Institut national d'excellence en santé et en services sociaux (INESSS) expert review committee, who are participating in the discussion with the joint CADTH-INESSS clinical panels
- additional details regarding how and when patient groups are re-engaged in the CDR process following an initial call for patient input
- additional details regarding the pharmacoeconomic review process used by CADTH.

Applicants who have questions about specific requirements may contact CADTH for guidance on submission preparation by emailing requests@cadth.ca.

Pharmaceutical Reviews Update — Issue 9 (July 31, 2019)

Updates for Patients and Communities

CADTH is pleased to announce the membership of its new Patient and Community Advisory Committee. Twelve individuals from across the country have been invited to join the committee as inaugural members.

Committee members are patients or family caregivers and reflect the diversity of people and communities across Canada. Members will advise CADTH on all areas of the agency's work from the perspective of individuals using the Canadian health care system. Learn more about the committee and its members [here](#).

Consultations on CADTH's Pharmaceutical Review Programs

CADTH is inviting stakeholder comments and feedback on the following proposals:

- *Proposal to Enhance the Transparency of CADTH's Review Reports and Recommendations*
- *Proposal to Revise Category 1 Requirements for CADTH Single Technology Reviews*
- *CADTH's Proposed Reassessment Framework*.

1. Proposal to Enhance the Transparency of CADTH's Review Reports and Recommendations

CADTH is committed to increasing the transparency of its health technology assessment processes. CADTH would like to invite stakeholder comments on a proposal to further strengthen transparency by requiring that clinical, economic, and other information submitted to the CADTH review processes be made disclosable at the time of publishing its reports and recommendations on its website.

CADTH has formal procedures and guidelines in place to handle information submitted to the CADTH review processes, including non-disclosable information. As a result, CADTH currently spends a substantial amount of time and effort negotiating with the submitter and redacting information deemed to be non-disclosable by the submitter. Redacting means editing a document to delete or mask information that has been deemed as non-disclosable by the submitter. Information that is deemed to be non-disclosable by a submitter is a barrier to transparency. It results in documents being published that contain sometimes significant amounts of relevant information redacted at the request of the submitter. This, in turn, could hamper understanding of the issues outlined in the reports and the rationale for the recommendation.

There are currently numerous initiatives underway by both national and international organizations to enhance transparency in the pharmaceutical, medical devices, and other technology review processes. An example is Health Canada's recent Public Release of Clinical Information initiative. This is a major initiative that will provide Canadians with access to the clinical information that was submitted and reviewed as part of the regulatory reviews conducted by Health Canada.

Building on best practices, CADTH believes that information contained in its reports and recommendations to support decision-making should be made fully disclosable to ensure that stakeholders and the public can better understand the evidence that supports the outcome of a recommendation made by CADTH's expert review committees.

For complete details, please review the following documents:

- *Proposal to Enhance Transparency of CADTH's Review Reports and Recommendations*

2. Proposal to Revise Category 1 Requirements for CADTH Single Technology Reviews

CADTH would like to invite stakeholder comments on a proposal to revise Category 1 requirements to further support single technology reviews through both the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR) programs. Proposed additions to Category 1 requirements include a systematic review, complete clinical study reports, a reimbursement status table, and a budget impact analysis.

For complete details, please review the following document:

- *Proposal to Revise Category 1 Requirements for CADTH Single Technology Reviews*

3. Proposed CADTH Reassessment Framework

There is currently no standardized pan-Canadian process for monitoring and re-evaluating drugs in Canada once they have been funded. Establishing guidelines and processes for the reassessment of drugs is a key objective of CADTH's 2018-2021 Strategic Plan.

CADTH is seeking to establish consistent processes, collectively referred to as a reassessment framework, that would enable the reassessment of drug products to optimize drug reimbursement decisions. CADTH believes that multiple approaches will be required to ensure that the reassessment of drugs is both effective and efficient. CADTH is proposing that reassessments be conducted using the existing well-established drug review pathways, as well as through the establishment of a new targeted reassessment pathway.

For complete details, please review the following documents:

- *CADTH Pharmaceutical Review Reassessment Framework*

4. How to Submit Your Feedback

To provide feedback on the proposals, please use the feedback template. The completed template must be saved in one of the following formats:

- Microsoft Word document (.doc or.docx)
- unlocked PDF document that permits copying and pasting of text.

The completed templates must be uploaded send to feedback@cadth.ca.

Feedback should be presented clearly and succinctly in 11-point font and must be received by CADTH by 5:00 p.m. EDT on Friday, September 13, 2019. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If more than one response is received, only the first will be considered.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

CADTH Program Updates

1. Temporary Suspension Following Notice of Deficiency or Notice of Non-compliance

CADTH is providing additional clarity to its drug review processes for submissions filed on a pre-notice of compliance (NOC) basis and may receive a notice of deficiency (NOD) or notice of non-compliance (NON) from Health Canada. Effective immediately, CADTH will allow the review of certain pre-NOC submissions to be temporarily suspended while resolution of the NOD/NON is discussed with Health Canada if it meets the requirements outlined below. The decision to allow for suspension rather than mandatory withdrawal will be made solely at the discretion of CADTH on a case-by-case basis based on the requirements set out in its procedures.

In order to be eligible for suspension rather than withdrawal, applicants must have consented to the information-sharing process between CADTH and Health Canada. CADTH will also consider the following factors when determining if suspension is an option, including but not limited to:

- Health Canada's rationale for the NOD/NON (e.g., clinical versus quality issues)
- the anticipated timelines for addressing the issues raised by Health Canada.

For drugs that undergo temporary suspension as a result of an NOD/NON, the following information would be required in order for CADTH to lift the suspension:

- a brief summary of the issue and how the manufacturer has or is planning to resolve the issue
- any new clinical data filed with Health Canada to address the issue
- advance notification from the applicant of a minimum of six weeks regarding when the issue is likely to be resolved and a NOC issued by Health Canada.

Depending on the availability of resources, CADTH will resume the review at the stage where it was suspended. The applicant will be advised, in writing, when the review process resumes, along with the anticipated target dates for the remaining steps of the review process.

Should you have any questions or concerns regarding this process change, please contact requests@cadth.ca with the specific details.

2. CADTH and INESSS Joint Engagement with Clinicians

In September 2018, CADTH and the Institut national d'excellence en santé et en services sociaux (INESSS) established a pilot project to jointly engage with clinical specialists on selected drug products.

CADTH and INESSS have evaluated the pilot process and found the joint engagement process to be valuable for both

organizations. As such, the pilot process is being concluded and joint CADTH-INESSS engagement with clinical specialists has been integrated into the review procedures for the respective agencies. The process will continue to be applied only for selected drugs, as described in the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

CADTH and INESSS thank all the manufacturers for their participation in the pilot process.

3. Updated Pharmacoeconomic Submission Requirements for the CADTH Common Drug Review

To improve transparency in the models submitted by manufacturers and to facilitate improved alignment with the *CADTH Guidelines for the Economic Evaluation of Health Technologies: Canada*, the economic information requirements for CDR submissions have been updated. The updates are intended to provide clarity for manufacturers regarding what they should be providing to CADTH as part of the pharmacoeconomic submission. The changes that have been made to the economic information requirements are summarized in the table that follows.

Table 1: Summary Table of Changes to Economic Information Requirements

Text in Previous CADTH Common Drug Review Guidelines	Text in Current CADTH Common Drug Review Guidelines
All analyses must be conducted probabilistically.	The base case and all scenario analyses must be conducted probabilistically.
Not applicable (new requirement)	Results of the manufacturer's base case and, if applicable, scenario analysis for the reimbursement-requested population, must be presented in a disaggregated manner before being aggregated. A breakdown by costs (e.g., drug acquisition costs, administration costs, adverse event costs, health state costs) and by quality-adjusted life-years (e.g., benefits generated in each health or event state, benefits generated during the trial period versus the extrapolation period) must be reported based on the probabilistic results.
If more than one comparator is included, results should be reported using a sequential analysis that indicates where the drug lies on the cost-effectiveness efficiency frontier.	If more than one comparator is included, the probabilistic analysis should run all comparators simultaneously or be conducted in a way that ensures that the same input parameter values are considered within each simulation. Pairwise analyses assuming different efficacy assumptions for a common comparator are not appropriate.

4. Updated Procedure and Submission Guidelines for the CADTH Common Drug Review

The *Procedure and Submission Guidelines for the CADTH Common Drug Review* has been updated with the following revisions:

- integration of the CADTH-INESSS process for joint engagement with clinical specialists
- updated pharmacoeconomic requirements.

Applicants who have questions about specific requirements may contact CADTH for guidance on submission preparation by emailing requests@cadth.ca.

Pharmaceutical Reviews Update — Issue 10 (August 22, 2019)

Consultations on CADTH's Pharmaceutical Review Programs

1. Extension of the Consultation Feedback Period

At the request of stakeholders, CADTH has extended the deadline for feedback from September 13, 2019, to September 27, 2019, for the following consultations:

- *Proposal to Enhance the Transparency of CADTH's Review Reports and Recommendations*
- *Proposal to Revise Category 1 Requirements for CADTH Single Technology Reviews*
- *CADTH's Proposed Reassessment Framework*.

CADTH Program Updates

1. Updated Procedure for Implementation Panels

CADTH has revised its procedures for implementation panels to allow representatives from l'Institut national d'excellence en santé et services sociaux (INESSS) and/or INESSS's expert review committee members to attend the implementation panel meetings.

2. CADTH and Canadian Blood Services Pilot Process

CADTH and Canadian Blood Services will be announcing a new pilot process for the review of selected plasma-related drugs in the near future. The pilot process will build upon the strengths of both agencies to provide stakeholders with an objective, transparent, evidence-informed review process for plasma-related products.

3. Updated and Aligned Terminology

CADTH has updated the language in its procedures to align key terminology in our drug review processes. The term “sponsor” will now replace “applicant” and “submitter” in the Common Drug Review and pan-Canadian Oncology Drug Review procedures, respectively.

4. Updated Procedure and Submission Guidelines for the CADTH Common Drug Review

The *Procedure and Submission Guidelines for the CADTH Common Drug Review* has been updated with the following revisions:

- revised terminology with “sponsor” replacing “applicant”
- updated procedure for implementation panels
- clarified pharmacoeconomic requirements.

Sponsors who have questions about specific requirements may contact CADTH for guidance on submission preparation by emailing requests@cadth.ca.

Pharmaceutical Reviews Update — Issue 11 (November 21, 2019)

CADTH Program Updates

1. CADTH Drug Portfolio Information Session

This annual session is an opportunity for all interested stakeholders to get the latest information about priority initiatives and process changes from CADTH's pharmaceutical reviews portfolio. Updates on other relevant CADTH initiatives will also be provided. The session also includes an open forum, where attendees can direct questions to CADTH President and CEO Dr. Brian O'Rourke, and other senior staff at CADTH.

Event Date: Monday, November 25, 2019

Time: 1:30 p.m. to 4:00 p.m. EST

Location: Vantage Venues, Garden Hall, 16th Floor, 150 King Street West, Toronto, Ontario

The session will be presented in English and can be attended in person or via live broadcast. There is no charge to attend, but advance registration is required. Registration closes on Tuesday, November 19, 2019.

Full details and the registration link are available on the CADTH website.

Questions may be sent by email to Events@cadth.ca.

2. Interim Plasma Protein Product Review Process

CADTH and Canadian Blood Services (CBS) are pleased to announce the establishment of a new interim process for the review of plasma protein products. The interim process builds upon the strengths of both agencies to provide stakeholders with an objective, transparent, evidence-informed review process for plasma protein products. The interim process will be in place while provincial and territorial governments (except Québec) complete a review of PPPs and drug formulary processes in collaboration with CBS, CADTH, as well as other key stakeholders.

The objectives of the interim process for the review of plasma protein products are as follows:

- promote efficiency within Canadian health technology assessment processes by seeking alignment of procedures, guidelines, and timelines
- facilitate greater transparency, collaboration, and information-sharing between CADTH, CBS, and stakeholders.

CADTH and CBS have prepared a process in brief document that provides an overview of the new interim process.

3. Expanding the Therapeutic Review Process to Oncology Products

The CADTH *Therapeutic Review Framework and Process* has been updated to include oncology products. A therapeutic review is an evidence-based review of publicly available sources regarding a therapeutic category of drugs or a class of drugs in order to support drug reimbursement decisions and drug policy decisions, and to encourage the optimization of drug therapy. CADTH Therapeutic Reviews may be useful in any scenario where there is uncertainty regarding the comparative clinical effectiveness and cost-effectiveness of drugs in a particular therapeutic category or drug class. These changes have been incorporated into the pan-Canadian Oncology Drug Review (pCODR) Procedures and effective immediately.

4. Expanding CADTH's Tailored Review Process

To make the application and review process more efficient in specific cases, CADTH offers opportunities for tailored reviews for selected new combination products and subsequent entry non-biologic complex drugs. Going forward, CADTH is expanding the tailored review process to include selected additional drug products, such as new formulations of existing drugs that are eligible for review by CADTH (e.g., those with a new route of administration). The decision to conduct a tailored review will be made by CADTH on a case-by-case basis after reviewing the applicable considerations form filed by the sponsors. Sponsors planning to file a submission for a new combination product or a new formulation of an existing drug are required to complete and submit a tailored review application form to CADTH (requests@cadth.ca) before filing the submission. CADTH will review the provided information and, with input from the drug plans, determine if the drug should undergo a tailored or standard review. CADTH has also updated the tailored review submission template to simplify the document and improve the instructions for sponsors.

5. Revised Processes for Checkpoint Meetings

Effective immediately, all checkpoint meetings for drugs being reviewed through the CADTH pCODR process will be held via teleconference. CADTH will no longer be offering in-person checkpoint meetings. All sponsors with scheduled checkpoint meetings will be contacted by CADTH to make alternative arrangements. These changes have been incorporated into the [pCODR Procedures](#).

6. Revised Process for Cell and Gene Therapies

CADTH has undertaken an internal review and established a novel process for the review of cell and gene therapies. This new process will offer stakeholders the benefits of firm performance targets and well-established methods for conducting reviews and issuing recommendations for drug products, with the additional ethical and implementation considerations that are an important strength of CADTH's medical devices programs. Complete details of the new process for the submission and review of cell and gene therapies will be announced in the near future.

7. Alignment of CADTH Drug Review Processes

CADTH has been undertaking work to improve and align the procedures for our single drug review processes and the announcement of a new consolidated review process is forthcoming. Highlights of this announcement will include:

- a new consolidated procedural document that will replace the multiple individual documents currently used for the single drug review and therapeutic review processes
- complete details regarding the integration of the new interim plasma protein product review process and a process for the review of cell and gene therapies
- new aligned submission requirements and review processes.

8. Consultations on CADTH's Pharmaceutical Review Programs

Stakeholder feedback on CADTH's drug program consultations closed on September 27, 2019. CADTH received a total of 28 responses from pharmaceutical companies, government agencies, industry associations and consortia, and consulting firms. CADTH is currently reviewing this feedback and will communicate a summary and next steps at a later date.

9. Archiving of Drug Program Updates

CADTH launched the *Pharmaceutical Reviews Update* in August 2018 to consolidate the communications for its drug review processes. As part of these changes, CADTH will be removing all previous postings for *CDR Updates*, *pCODR Updates*, *Therapeutic Review Updates*, *Updates for Patient Groups*, as well as older consultation documents. These documents will be consolidated into a single archive document available on the CADTH website. CADTH will continue to routinely remove outdated Web postings and notify stakeholders that the documents have been added to the archive file.

Pharmaceutical Reviews Update — Issue 12 (January 9, 2020)

CADTH Program Updates

1. New CADTH Process for Cell and Gene Therapies

CADTH has undertaken an internal review of our processes for drugs and devices, and established a revised process for the review of cell and gene therapies that leverages the strengths of both programs. This new process will offer stakeholders the benefits of firm performance targets and well-established processes for conducting reviews and issuing recommendations for drug products, with the additional ethical and implementation considerations that are an important strength of CADTH's medical devices processes. The following document provides a brief overview of the new process:

- CADTH Review Process for Cell and Gene Therapies

2. Updated Fee Guidelines

CADTH has updated the *[Fee Schedules for CADTH Pharmaceutical Reviews](#)* to accommodate the following changes:

- new interim process for plasma protein products
- new process for cell and gene therapies.

3. Pending Updates to the CADTH Category 1 Requirements

3.1 Economic requirements

CADTH will be implementing revisions to the economic category 1 requirements for all standard review submissions filed **on or after March 2, 2020**. These revisions will include the following:

- CADTH will require sponsors to submit a base-case analysis that would reflect the Health Canada– approved indication for all submissions (including those for oncology drugs). If there are relevant subgroups within the specific reimbursement criteria requested by the sponsor, these should be provided as scenario analyses
- a pan-Canadian budget impact analysis and report will be required for all submissions
- economic models must be programmed in Microsoft Excel
- the submitted economic model must have a reasonable run time. If the model run time for the base-case analysis and key scenario analyses exceeds one business day (eight hours), CADTH will consider it to be excessive and will not accept it.
- the probabilistic analysis must be stable over multiple model runs. A congruence test must be provided to identify the appropriate number of iterations required for convergence to be reached.

CADTH is providing advance notification of these pending revisions to allow time for sponsors to plan accordingly. Any sponsors with questions regarding these requirements should contact CADTH (requests@cadth.ca) with the complete details of their questions.

3.2 New Category 1 Requirements

In August 2019, CADTH consulted on a proposal to revise the category 1 requirements for our single drug review processes. Effective for all submissions filed **on or after March 2, 2020**, CADTH's single drug review processes will include the following additional category 1 requirements:

- Complete clinical study reports for all pivotal studies as well as other studies that address key clinical issues. Final or interim clinical study reports must be provided in full and include both the complete study protocol and analysis plan.
- A table summarizing the reimbursement status of all relevant comparator drugs. This information must be provided using the following [standardized template](#).
- A pan-Canadian budget impact analysis report, model, and supporting documentation.

CADTH also consulted on the inclusion of a systematic literature review as a category 1 requirement for all submissions and resubmissions that are filed for review through the standard review processes. CADTH is continuing to develop the guidance documentation for that proposed revision to the process and anticipates announcing further details in the months to follow.

4. CADTH Conflict of Interest Policies

To increase transparency and promote alignment across our drug review processes, CADTH will no longer redact any conflict of interest information from patient group input or registered clinician input submissions that are filed for drugs

being reviewed through CADTH's pan-Canadian Oncology Drug Review (pCODR) process. This change will be effective for all calls for patient input and registered clinical input issued **on or after January 2, 2020**.

5. New Pharmaceutical Advisory Committee

CADTH is pleased to announce the formation of the Pharmaceutical Advisory Committee, a new advisory body that will provide strategic advice to CADTH on drug-related issues and topics. This committee has been formed through the merger of the Drug Policy Advisory Committee and the pCODR Advisory Committee. Consolidation of these committees will offer efficiency for both CADTH and the participating jurisdictions. CADTH wishes to thank all jurisdictional representatives who served on the previous advisory committees for their contributions.

6. Reminder: CADTH Redaction Policy

CADTH has found that sponsors are routinely requesting the redaction of information that has already been disclosed in documents posted by other health technology assessment agencies and/or regulatory authorities. Specifically, CADTH has noted that sponsors are frequently overlooking the following sources of information when requesting the redaction of information from CADTH reports:

- the complete committee papers that are published by the National Institute of Health and Care Excellence (NICE) in the United Kingdom
- the disclosure of dossier modules by the Federal Joint Committee (Gemeinsamer Bundesausschuss) in Germany
- study detail results and details posted on clinicaltrials.gov.

Requesting redaction of information that has been publicly disclosed results in an inefficient use of resources for both CADTH and the sponsor.

7. Alignment of Terminology

CADTH is aligning the terminology in the single drug review processes as follows:

- submissions that are withdrawn and re-filed in the pCODR process will no longer be classified as resubmissions by CADTH and will be classified as submissions. Resubmissions will only apply in situations where CADTH has completed a review and issued a final recommendation for the drug and indication under review.
- CADTH will now use the term 'accepted for review' rather than 'deemed complete' for pCODR submissions and resubmissions. This is reflected in the *Fee Schedule for CADTH Pharmaceutical Reviews*.
- CADTH has aligned milestone 1 for its Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) processes in the *Fee Schedule for CADTH Pharmaceutical Reviews* (initiation of review is now used as milestone 1).
- submissions filed before market authorization by Health Canada will be simply referred to as pre-Notice of Compliance (NOC) submissions and those filed after market authorization will be referred to as post-NOC submission (there will no longer be a distinction between NOC or NOC/c [with conditions] in the description of submission types).

These revisions are effective immediately and will be reflected on the CADTH website and in the procedural documentation for the single drug review processes.

8. CADTH Drug Portfolio Information Session

The annual *CADTH Medical Device and Drug Portfolio Information Sessions* were held on November 25, 2019. The event provided attendees with information about priority initiatives and process changes from CADTH's medical device and drug portfolios. If you are interested in more information, the slides are available [here](#) and the presentations are available on CADTH's YouTube page.

Pharmaceutical Reviews Update — Issue 13 (February 6, 2020)

Updates for Patients and Communities

We've surprised a few patient groups recently with our belated thank you letters. Our letters highlight in detail how the group's input was used in our review protocol, clinical report, economic report, and expert committee deliberations. We identify ideas that were especially helpful and offer suggestions for future input. Thank you for your contributions. CADTH is always grateful for the patient input we receive.

If you or your organization has any feedback to CADTH, from your experiences of providing patient input to us, we'd be happy to learn more. Please email or call the Patient Engagement team (patientengagement@cadth.ca) any time.

CADTH Program Updates

1. Clarification of Economic Requirements

CADTH has updated the description of the economic and pricing requirements for drugs reviewed through the Common Drug Review (CDR), pan-Canadian Oncology Drug Review (pCODR), and Interim Plasma Protein Product Review processes. These revisions have been made to provide greater clarity on the following:

- When an economic model includes survival data, sponsors should ensure that they have presented relevant parametric distributions. This is required to allow CADTH to easily model alternative distributions and to visually inspect the model fit for survival data.
- The time horizon for the budget impact analysis includes a baseline year (one-year period prior to the proposed listing date), followed by a three-year forecast period from the proposed listing date, and that cost breakdown should also include dispensing fees and mark-ups.
- Sponsors are reminded that confidentially submitted prices are not accepted by CADTH in submissions or resubmissions through the single drug review processes. This includes prices for drug under review as well as relevant comparators and companion diagnostic tests (if applicable). Prices will be disclosed in all CADTH reports and recommendations.
- Text within the category 2 requirements for Common Drug Review submissions was also updated to clarify that the budget impact information submitted should be aligned with the budget impact information submitted as part of category 1 requirements.

2. New Consolidated Procedural Documents for CADTH's pCODR Process

CADTH has drafted a new *Procedures for the CADTH pan-Canadian Oncology Drug Review* document that consolidates the following separate documents for the Pan-Canadian Oncology Drug Review (pCODR) process:

- pCODR Procedures;
- pCODR Disclosure of Information Guidelines;
- pCODR Pre-Submission, Submission and Resubmission Guidelines;
- pCODR Procedural Review Guidelines;
- pCODR Expert Review Committee Deliberative Framework.

Highlights of the changes within the updated document include the following:

- Sections the document have been consolidated to simplify the layout and limit repetition of key information within the document (e.g., procedures and guidelines are now laid in accordance with key steps in the review process as opposed to the type of application being filed).
- Key terminology and the economic guidelines have updated as described in [*CADTH Pharmaceutical Reviews Update – 12*](#) and section 1 above.
- The description of the process for checkpoint meetings has been revised in accordance with the previous announcements (i.e., meetings will now occur via teleconference). In addition, the procedures have been updated to specify that there is no longer a limit of four sponsor attendees for these meetings.
- The document has been updated to reflect CADTH's new process for the submission and review of cell and gene therapies.
- CADTH has revised the description of the procedural review process to reflect the changes in CADTH's strategic advisory committee.
- The disclosure of information guidelines have been updated to reflect the new CADTH Economic Report template. Effectively immediately, sponsors are no longer required to provide the *Template for pCODR Structured Summary of Economic Information for Disclosure* when filing a submission or resubmission.
- The checklists for submission and resubmission requirements have been updated to provide greater detail.

- The following letters have been discontinued as standalone documents: 1) Letter Authorizing Unrestricted Sharing of Information; 2) Signed declaration that all unpublished studies have been disclosed. These have been consolidated into a single declaration letter.
- The guidelines have been revised to specify that the Letter of Authorization allowing Health Canada to Share Information with pCODR is not a requirement for a submission filed on a pre-NOC basis. This letter was discontinued and replaced with a new Health Canada consent form at the time the new aligned review process was launched with Health Canada, CADTH, and INESSS.

To simplify the application process for the sponsors, CADTH will be making the templates for pCODR category 1 requirements available on the CADTH website (many are currently accessible only through the Collaborative Spaces portal).

3. Updated Procedural Documents for CADTH's Common Drug Review and Interim Plasma Protein Product Review Processes

The *Procedures for the CADTH Common Drug Review and Interim Plasma Protein Product Review* have been updated to provide greater clarity on new economic requirements as described in section 1 above. Sponsors are reminded that there are currently no changes to the current category 2 requirements for CDR submissions as a result of the new category 1 requirement for a pan-Canadian budget impact analysis.

Pharmaceutical Reviews Update — Issue 14 (March 4, 2020)

CADTH Program Updates

1. Pending Consultation on Aligned CADTH Review Procedures

In Spring 2020, CADTH will be consulting stakeholders on its aligned procedures for its drug reimbursement reviews. The new procedures will cover the CADTH pan-Canadian Oncology Drug Review, Common Drug Review, and Interim Plasma Protein Product Review processes. The Plasma Protein Product Review is a joint initiative with Canadian Blood Services. Details about the consultation will be announced in a future issue of the *Pharmaceutical Reviews Update*.

2. Revised Procedure for the Sponsor Review of Initial CADTH pCODR Reports

Initial CADTH pCODR reports will now be issued to the sponsor four business days before the target posting date instead of three business days before the target posting date. This revised process is effective for all submissions and resubmissions discussed at or after the March 2020 pERC meeting. There are no changes to the overall timelines for the review, and sponsors will continue to have three business days to review the reports for the purposes of validating the handling of confidential information and identifying any factual errors. This revision has been implemented to provide CADTH staff with additional time to prepare and post the documents following the sponsor's review. This revision is reflected in an updated version of the *Procedures for the CADTH pan-Canadian Oncology Drug Review*.

Previous Procedure

Three business days prior to the posting of the initial recommendation and CADTH reports, the sponsor and/or the manufacturer of the drug under review (if not the sponsor) will be provided with the clinical report and the summary of the economic report to be publicly posted.

Revised Procedure

Four business days before the posting of the initial recommendation document and CADTH reports, the sponsor and/or the manufacturer of the drug under review (if not the sponsor) will be provided with the clinical report and the summary of the economic report to be publicly posted.

3. Updated Procedural Document for CADTH's Common Drug Review and Interim Plasma Protein Product Review Processes

The *Procedures for the CADTH Common Drug Review and Interim Plasma Protein Product Review* have been reformatted and updated to correct a minor typographical error in Appendix 5 and to redirect several hyperlinks to alternative locations on the CADTH website. No other changes have been made to the content of the document.

Pharmaceutical Reviews Update — Issue 15 (April 29, 2020)

CADTH Program Updates

1. COVID-19 Update

CADTH continues to support health care decision-makers throughout this challenging period. We have established a new website with information related to COVID-19 from CADTH and other respected organizations. CADTH has successfully shifted to a virtual office and have the tools in place to continue delivering our programs and services. Further, we continue to monitor our operations to identify potential disruptions to our core business activities and we will promptly notify our stakeholders if we anticipate delays. Please consult the questions and answers for more details and if you have additional questions, contact us at requests@cadth.ca.

2. Consultations on CADTH Drug Review Procedures Postponed

CADTH will be postponing the planned consultations on our aligned drug review processes due to the COVID-19 pandemic. Stakeholders will be notified once an appropriate time frame for this consultation has been identified.

3. New Expert Review Committee for Plasma Protein Products

CADTH and Canadian Blood Services announced the establishment of the Interim Plasma Protein Product review process in November 2019. CADTH issued a call for nominations to identify members for the new Canadian Plasma Protein Product Expert Committee (CPEC) in January 2020. CADTH and Canadian Blood Services are pleased to announce that the new members of this committee have been selected. Please refer to the following communication for details.

4. Revised Procedure for the Sponsor Review of CADTH pCODR Reports

The *Procedures for the CADTH pan-Canadian Oncology Drug Review* have been revised and sponsors will now be provided with a copy of the complete CADTH Pharmacoeconomic Report in addition to the executive summary that will be posted on the CADTH website. This revision has been made based on feedback from sponsors who have indicated that a copy of the complete report would assist them when validating the handling of non-disclosable information and the identification of errors before the executive summary of the report is posted.

5. Clarification of Requirements for Budget Impact Analysis

CADTH has made a minor adjustment to the description of the requirements for the pan-Canadian Budget Impact Analysis to emphasize that sponsors are required to include copies of all supporting documentation as part of category 1 requirements. The Procedures for the CADTH Common Drug Review and Interim Plasma Protein Product Review and the Procedures for the CADTH pan-Canadian Oncology Drug Review have been updated to reflect these revisions.

6. Clarification of Stakeholder Feedback on pCODR Expert Review Committee Initial Recommendations

In response to inquiries from stakeholders, CADTH has added additional text to the *Procedures for the CADTH pan-Canadian Oncology Drug Review* to clarify the stakeholder feedback process on the pERC initial recommendation.

Previous Procedure	Revised Procedure
Feedback must be provided in conformity with the templates provided on the CADTH website and should relate only to the pERC Initial Recommendation.	Feedback must be provided in conformity with the templates provided on the CADTH website and should relate only to the pERC Initial Recommendation. Any commentary on the content of the CADTH clinical and pharmacoeconomic reports must be related to the pERC Initial Recommendation.

7. Updated Fees for CADTH Pharmaceutical Reviews

CADTH has updated the *Fee Schedule for CADTH Pharmaceutical Reviews*. The updated document includes the annual fee adjustment based on the Consumer Price Index.

8. Quarterly Update to the Canadian Drug Expert Committee (CDEC) Meeting Schedule

CADTH has updated the *CDEC meeting schedule*. This schedule is updated quarterly to allow stakeholders to plan for upcoming submissions.

Pharmaceutical Reviews Update — Issue 16 (June 25, 2020)

Updates for Patients and Communities

CADTH understands that patients and patient groups may have new or heightened responsibilities (both personally and professionally) as a result of the COVID-19 pandemic. Thank you for continuing to contribute patient input to our drug reviews and to offer stakeholder feedback. Please contact us to discuss options if you're having difficulties gathering insights, preparing patient input, or offering feedback.

To support patient groups and patients contributing to the consultation on CADTH drug reimbursement review procedures, the patient engagement team will host a short webinar to highlight the aspects of the proposed procedure changes that involve patient groups. The webinar will take place on Thursday, July 9, 2020, at 11:00 a.m. EDT. Watch for an invitation to register. For those who can't join live, the webinar will be recorded and made available on CADTH's website. In addition to written submissions, comments shared by patient groups and patients during the webinar will be included as stakeholder feedback.

CADTH Program Updates

1. Consultation on CADTH's Drug Reimbursement Review Procedures

CADTH is inviting stakeholder feedback on a revised procedure for its drug reimbursement review processes (i.e., pan-Canadian Oncology Drug Review, Common Drug Review, and Interim Plasma Protein Product Review). This work has been undertaken to improve and align CADTH's procedures, submission requirements, and internal processes. The new proposed procedures have been established by adapting the best practices of each of the individual drug review processes (based on transparency, efficiency, timeliness, sustainability, and equity).

Complete details of the proposed procedures, along with a summary document, are provided in the *Summary of Proposed Procedures for CADTH Drug Reimbursement Reviews*.

To provide comments on the proposal, please use the Survey Monkey feedback template. Feedback must be received by **5:00 p.m. EDT on August 10, 2020**. If you have any questions about the feedback process, please email CADTH. We thank you in advance for your interest in CADTH's drug reimbursement review process.

2. Consultation on the Health Canada, CADTH, and INESSS Aligned Review Process

The *Aligned Reviews Between Health Canada and Health Technology Assessment Organizations* process was launched in June 2018 as part of Health Canada's Regulatory Review of Drugs and Devices (R2D2) initiative. This is a joint initiative between Health Canada, CADTH, and INESSS that established a process to facilitate information sharing between Health Canada and the health technology assessment (HTA) agencies (CADTH and INESSS). The aligned review process is currently optional for sponsors that are filing HTA submissions on a pre-Notice of Compliance (NOC) basis.

As described in the initial announcement regarding the aligned review process, Health Canada, CADTH, and INESSS committed to continuously monitoring participation rates by sponsors, and adjusting the aligned review process as required to ensure that it provides benefits to all participants. Health Canada, CADTH, and INESSS have conducted an initial evaluation of the aligned review process and are seeking feedback on two proposals to enhance the processes for all stakeholders:

- a proposal to make participation in the information-sharing process mandatory for all HTA submissions that are filed on a pre-NOC basis
- a proposal for minor revisions to the consent letter to reduce the need for Health Canada to distribute information separately to CADTH and INESSS.

Complete details regarding the proposed revisions to the aligned review process are provided in *Proposed Enhancements to the Health Canada, CADTH, and INESSS Aligned Review Processes*.

To provide comments on the proposal, please use the Survey Monkey feedback templates (English or French). Feedback must be received by **5:00 p.m. EDT on August 10, 2020**. If you have any questions about the feedback process, please email CADTH. We thank you in advance for your interest.

3. CADTH Process for Drugs With Expanded Health System Implications

As previously announced in November 2019, CADTH had undertaken an internal review of our drugs and devices processes for the purposes of optimizing how cell and gene therapies are reviewed by CADTH. This work led to the establishment of the following:

- revisions to the drug review processes (i.e., CADTH Common Drug Review, CADTH pan-Canadian Oncology Drug Review, and CADTH Interim Plasma Protein Product Review Process) that will accommodate the majority of cell and gene therapies (announced in January 2020)
- revisions to the CADTH Optimal Use process to accommodate a subset of pharmaceuticals that are perceived to pose significant implementation challenges for multiple components of the public health care system and, therefore, require an expanded review process.

CADTH will apply the expanded process to products that are not necessarily well-suited to CADTH's drug reimbursement review processes. For example, novel products that could require complex and broad changes throughout the health care system for adoption to occur in a timely manner. *CADTH Process for Drugs with Expanded Health System Implications* provides an overview of CADTH's new process for drugs with broad health system implications.

4. Changes to the Provisional Algorithm Process for Oncology Drugs

As part of the ongoing initiative to align its drug reimbursement review process, CADTH has undertaken an internal review of the provisional algorithm process that was launched in the summer of 2019. The objective of this review was to introduce efficiencies for CADTH, provide greater clarity to sponsors regarding the required documentation for the provisional algorithm process, and further enhance the transparency of the process for pharmaceutical manufacturers. The revisions to the process are summarized in Table 1 and include the following important changes:

- new proposed place in therapy template
- new timelines for establishing provisional algorithms
- new process for engaging drug manufacturers regarding provisional algorithms
- new review template for communicating provisional algorithms.

Table 1: Revisions to the Provisional Algorithm Process for Oncology Drugs

	Previous process	Revised process
Eligibility for provisional algorithm	Provisional algorithm work undertaken for all drugs filed for review through the pCODR process	Provisional algorithm work will be undertaken: <ul style="list-style-type: none"> • for oncology drugs that receive a pERC recommendation in favour of reimbursement • when CADTH receives direction from the drug programs that a provisional algorithm is required for implementation.
Required documentation	Filing a proposed algorithm is optional for the sponsor of the drug under review	A new mandatory submission template has been created for sponsors to clearly articulate their proposed place in therapy for the drug. This template has detailed instructions for sponsors and will be screened by CADTH prior to acceptance for review. This will help inform the drug programs about the need for CADTH to develop a provisional algorithm.
Timing for initiation	Provisional algorithm work is initiated in the pre-submission phase (i.e., three to four months prior to an application being received by CADTH)	Provisional algorithm work will be initiated in the implementation phase (i.e., when a final recommendation has been issued in favour of reimbursement).
Timing for completion	Provisional algorithm work is completed at the time the pERC final recommendation has been issued	Provisional algorithm work is completed one to three months after a pERC final recommendation has been issued (depending on complexity, number of industry participants, and availability of clinical specialists).
Industry participants	Industry participation is limited to the sponsor of the drug under review through the pCODR process	Industry participants will include: <ul style="list-style-type: none"> • the sponsor of the drug under review through the pCODR process • all other manufacturers whose products may be directly impacted by the algorithm established by CADTH.
Algorithm reporting	Provisional algorithms are to be reported in the pERC final recommendation documents (only if the recommendation is in favour of reimbursement)	Provisional algorithms will be reported in a distinct CADTH report that is separate from all documentation related to the oncology drug submission(s) that triggered the need for the development of the algorithm.

pCODR = CADTH pan-Canadian Drug Review; pERC = pCODR Expert Review Committee.

5. Clarification of Economic Requirements

CADTH has made a minor adjustment to the description of the requirements in the economic evaluation (specifically relating to the congruence test to inform the number of model runs required to produce stable results, and the presentation of parametric distributions when using survival data) and budget impact analysis (specifically relating to the breakdown of costs by perspective, and the flexibility of the model to apply to any CADTH-participating drug plans).

The *Procedures for the CADTH Common Drug Review and Interim Plasma Protein Product Review* and the *Procedures for the CADTH pan-Canadian Oncology Drug Review* have been updated to reflect these revisions.

6. Revised Fee Schedule for CADTH

The *Fee Schedule for CADTH Pharmaceutical Reviews* has been revised to reflect the following changes:

- CADTH has undertaken a review of drug program costs from 2018 to 2019 and 2019 to 2020. This analysis has demonstrated that the level of effort required to complete the review of projects that are assigned a schedule B application fee (i.e., submissions for drugs with new indications and resubmissions) is consistent with those that are currently assigned a schedule A application fee. As a result, CADTH is adjusting the fee schedule for pharmaceutical reviews to accurately reflect the costs of these projects. The schedule B fee will be discontinued and all submissions and resubmissions received on or after June 30, 2020, will be subject to a schedule A fee.
- As part of CADTH's cost-recovery initiatives, a schedule D fee is currently applied for reconsideration requests in the Common Drug Review and Interim Plasma Protein Product Review processes; however, this is not applied in the pan-Canadian Oncology Drug Review (pCODR) process. Effective for all pCODR submissions and resubmissions targeting the October 2020 meeting of the pCODR Expert Review Committee and thereafter, a schedule D fee will apply for requests for reconsiderations that are filed by industry sponsors.
- The *Fee Schedule for CADTH Pharmaceutical Reviews* has been updated to reflect the new schedule F fee for drugs that are reviewed through [the CADTH Process for Drugs with Expanded Health System Implications](#).

CADTH Consultations

Consultation: CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs Submitted Price (September 2015)

Purpose

CADTH is inviting stakeholder comments and feedback on a proposed revision to the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures that would require disclosure of the submitted price (i.e., the submitted price will no longer be considered confidential). This revision would enhance transparency for both the CDR and pCODR processes.

Background

CADTH's jurisdictional customers¹ have encountered a variety of issues due to different interpretations by pharmaceutical manufacturers when the "submitted price" for a drug is filed as a confidential price for review through the CDR or pCODR process. The following are examples of issues that have emerged regarding confidential submitted prices:

- There is a misconception that confidential submitted prices automatically become transparent following a positive listing decision by one or more of CADTH's jurisdictional customers.
- A number of manufacturers have asked why further price negotiation is required at the jurisdictional level despite having already filed a confidential reduced price with CADTH.
- A number of manufacturers have refused to offer the confidential submitted price to CADTH's jurisdictional customers and have indicated that a "product listing agreement" is required to obtain the confidential submitted price.
- Several manufacturers have attempted to include details of confidential product listing agreements in pharmacoeconomic evaluations submitted to CDR. The CDR and pCODR processes do not assess product listing agreements as part of the recommendation process.

These situations have led to confusion between individual manufacturers, CADTH, and CADTH's jurisdictional customers.

CADTH's Proposal for Disclosure of Submitted Price for Both the CDR and pCODR Programs

For all drug applications filed for review through either the CDR or pCODR process on or after January 1, 2016, CADTH is proposing that the submitted price be disclosed in all applicable CDR and pCODR review reports, as well as Canadian Drug Expert Committee (CDEC) and pCODR Expert Review Committee (PERC) recommendation documents posted on the CADTH website. If, however, an application is voluntarily withdrawn by the submitter/manufacturer during the review process in accordance with CDR or pCODR procedures, the submitted price will not be publicly disclosed by CADTH (unless it is already in the public domain).

Next Steps

CADTH will carefully assess all stakeholder feedback from this consultation before announcing any final decisions regarding changes to current CDR and pCODR procedures regarding submitted price. Any future changes will be applied to and implemented for both the CDR and pCODR programs simultaneously.

¹ The term "CADTH's jurisdictional customers" refers to the federal, provincial, and territorial drug plans that participate in the CDR process and the provincial and territorial Ministries of Health and provincial cancer agencies that participate in the pCODR process.

Consultation: Revised Procedure for Voluntary Withdrawal of CDR Submissions and Resubmissions (September 2015)

Background

In the current version of the *Procedure for the CADTH Common Drug Review* (section 10.2), an applicant may request that a submission or resubmission be withdrawn from the review process at any time up to the targeted date on which CADTH is scheduled to issue the notice of *CDEC Final Recommendation*. CADTH has recently seen an increase in the number of CDR submissions and resubmissions that are withdrawn by manufacturers during the embargo period. Once a submission or resubmission is withdrawn, all work on the review is stopped by CADTH, a *CDEC Final Recommendation* is not issued, and the *CDR Clinical and Pharmacoeconomic Review Report(s)* are not posted on the CADTH website.

Proposed Revision to the CDR Procedure

In order to be accountable to its customers and stakeholders, CADTH has a public responsibility to communicate the outcomes of drug reviews that were considered by the Canadian Drug Expert Committee (CDEC). In general, withdrawal of a CDR application is not efficient use of CADTH and CDEC resources. Therefore, CADTH plans to revise the *Procedure for the CADTH Common Drug Review* by adjusting the timeline for voluntary withdrawal. This change will permit applicants to request withdrawal of a submission or resubmission up until 4:00 p.m. Eastern Time five business days before the date that CDEC is scheduled to deliberate on the drug. This procedural change would be effective for all submissions and resubmissions targeting the January 2016 CDEC meeting or later. For example, a request for voluntary withdrawal would have to be received by 4:00 pm Eastern Time on January 13, 2016 for submissions targeting the January 20, 2016 CDEC meeting. After this time point, applicants will no longer be permitted to voluntarily withdraw submissions and resubmissions from the CDR process, and this will be non-negotiable.

This revision affects only the deadline permitting voluntary withdrawal; there are no changes to the procedure for notifying CADTH of a request for voluntary withdrawal or for subsequent actions by CADTH.

Summary of the Revised Procedure for Voluntary Withdrawal by the Applicant

Current Procedure	Proposed Revised Procedure
An applicant may request that a submission or resubmission be withdrawn from the review process at any time up to the targeted date on which CADTH is scheduled to issue the notice of <i>CDEC Final Recommendation</i> .	An applicant may request that a submission or resubmission be withdrawn from the review process at any time up to 4:00 p.m. Eastern Time five business days before the date on which CDEC is scheduled to deliberate on the drug.

Next Steps

The final decision regarding the proposed revision to the CDR procedure will be made after careful assessment of stakeholder feedback generated from this consultation.

Consultation: Establishing a Mandatory Advance Notification Period of 180 Calendar Days (September 2015)

Purpose

CADTH is inviting stakeholder comments and feedback on establishing a mandatory notification period of at least 180 calendar days (i.e., six months) for all submitter/manufacture submissions and resubmissions in advance of the anticipated filing date for both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs.

Background and Current Status

The key objective of having advance notification is to help CADTH improve forecasting of the quantity and type of CDR and pCODR applications to be filed. This, in turn, will help with better resource planning, including clinical expert recruitment, and budgeting for both programs.

The CDR and pCODR procedures have evolved independently over time and there are differences in the current advance/pre-submission notification procedures used by each program, as outlined below. Based on past experiences of the pCODR program, a majority of submitters (i.e., between 60%-70%) have voluntarily provided at least six months' notification and all have provided at least one month's notification before the anticipated filing date. Based on past experiences from the CDR program, since the implementation of its mandatory advance notification procedure, all manufacturers have provided at least 20 business days' advance notification of the anticipated filing date.

CADTH believes that aligning the advance notification procedure for CDR and pCODR will improve resource and budget planning for both programs.

Current pCODR Pre-submission Information and Notification Requirements

Since the inception of the pCODR program in 2011, as part of the submission process, submitters are requested to provide pre-submission information **six to 12 months** before the anticipated date of filing a complete submission or resubmission. Submitters include pharmaceutical manufacturers, provincially recognized clinician-based tumour groups, and the Provincial Advisory Group (PAG). Submitters are also required to confirm the anticipated date of filing the complete submission or resubmission one month before the targeted submission date, for public notification purposes.

It is important to note that current pCODR procedures allow for a delay in the processing and review of the submission or resubmission by pCODR if the pre-submission information is not provided in accordance with pCODR program procedures and guidelines.

Complete details regarding the pCODR pre-submission procedure for the notification of an anticipated submission/resubmission are available in the *pCODR Procedures* and the *pCODR Pre-Submission Guidelines*.

The pre-submission information provided six to 12 months before the anticipated filing date is an important component of the pCODR process because it is used to:

- manage the review process, assess current submission volumes, and plan for new submissions by identifying and securing the most appropriate resources required to conduct the review (e.g., determining appropriate membership for the Clinical Guidance Panels and Economic Guidance Panel, as well as identifying additional resources and expertise to be used in the review)
- obtain PAG member input and perspectives to ensure that the clinical and economic reviews of drugs leading to pCODR Expert Review Committee (PERC) recommendations address local needs and contextual issues, including feasibility aspects (e.g., enablers and barriers of implementing treatment), before the submission is filed
- notify patient groups of a pending drug submission and the target deadline date for their input to maximize the time patient groups have to prepare their input into the review process.

Current CDR Advance Notification Information and Notification Requirements

The CDR advance notification procedure was implemented for all applications for submissions and resubmissions received on or after July 2, 2014. CADTH uses the following two-step process to obtain information about pending CDR submissions and resubmissions, as applicable:

- **Voluntary Notification of Pending CDR Submission**

Manufacturers are encouraged to voluntarily provide advance notification of a pending CDR submission at the time of regulatory filing (i.e., providing advance notification of approximately 12 months).

- Mandatory Notification of Pending CDR Submission or Resubmission**
Manufacturers are required to provide advanced notification of a pending submission or resubmission at least 20 business days before filing with CDR. All manufacturers must complete and submit the appropriate advance notification template for a submission or resubmission to CADTH. Failure to provide notification at least 20 business days before filing may result in a delay in the processing and review of the submission or resubmission by CADTH.

Details regarding the CDR advance notification procedure are available in section 3.2 of both the *Procedure for the CADTH Common Drug Review* and the *Submission Guidelines for the CADTH Common Drug Review*.

Information provided as part of the process for mandatory notification of pending CDR applications is used to:

- provide patient groups with additional time to file patient input
- allow CADTH to prepare resources, including recruitment of appropriate clinical experts, before receiving the submission or resubmission.

CADTH’s Proposal for Establishing a Mandatory Advance Notification Period for Submitters/Manufacturers for Both the CDR and pCODR Programs

CADTH is building on past experiences, learnings, and successes of both the CDR and pCODR programs to create more transparent and predictable processes for all stakeholders. As such, CADTH is proposing to establish a mandatory advance notification period of 180 calendar days for all pending submissions and resubmissions for both the CDR and pCODR programs. As part of this initiative, the submitter/manufacturer would also be required to provide a follow-up confirmation of the anticipated filing date one month in advance of that date, at which time there would be public notification.

Based on CADTH experience to date, the following information will be requested from submitters/manufacturers before they file a submission or resubmission for both CDR and pCODR programs:

- CADTH Pre-Submission Information Requirements Form — CDR and pCODR Submissions
- CADTH Pre-Submission Information Requirements Form — CDR and pCODR Resubmissions

There may be exceptions to the proposed mandatory 180 calendar-day advance notification procedure. The following exceptions are based on current CDR and/or pCODR procedures, and require shorter mandatory notification before the anticipated filing date:

- when a submission or resubmission is re-filed within six months of a voluntarily withdrawal by the submitter/manufacturer
- when a resubmission for the same drug and indication is filed within six months of the previous CDEC Final Recommendation or pERC Final Recommendation being issued
- when a CDR submission or resubmission is filed by the CDR-participating drug plans, in accordance with CDR procedures
- when a pCODR submission or resubmission is filed by PAG, in accordance with pCODR procedures.

Stakeholders are invited to identify and to provide a rationale for other exceptions that may be considered by CADTH.

TABLE 1: SUMMARY OF CURRENT AND PROPOSED NOTIFICATION PROCEDURES FOR PENDING SUBMISSIONS OR RESUBMISSIONS

Program	Current Notification Procedure	Proposed Notification Procedure
CDR	<ul style="list-style-type: none"> Voluntary notification at the time of regulatory filing (i.e., approximately 12 months in advance) Mandatory notification of pending submission or resubmission at least 20 business days before the anticipated filing date 	<ul style="list-style-type: none"> Mandatory notification period of 180 calendar days (i.e., six months) before filing a submission or resubmission, and a follow-up confirmation one month before the anticipated filing date Exceptions, as previously outlined, will apply
pCODR	<ul style="list-style-type: none"> Voluntary notification six to 12 months before the anticipated date of filing the complete submission or resubmission, and an additional mandatory confirmation one month before the anticipated filing date 	

Consultation: Sharing of CADTH Reviewers' Responses to Manufacturer Comments on Draft CDR Review Reports (September 2015)

In accordance with the current version of the *Procedure for the CADTH Common Drug Review* (section 6.6), manufacturers are provided with copies of the draft and final *CDR Clinical and Pharmacoeconomic Review Reports* (hereafter referred to as the CDR review reports); however, they are not provided with the CADTH Common Drug Review (CDR) review team's responses to manufacturer comments on the draft CDR review report(s). To increase the transparency of the CDR review process, CADTH plans to revise the *Procedure for the CADTH Common Drug Review* and provide manufacturers with the CDR review team's responses to their comments regarding the draft CDR review report(s).

This procedural change would be effective for all submissions and resubmissions targeting the January 2016 Canadian Drug Expert Committee (CDEC) meeting or later. All manufacturers who file submissions or resubmissions will be provided with the CDR review team's responses to their comments on the draft CDR review report(s).

- The responses will be provided seven business days prior to the targeted CDEC meeting (for example, for submissions targeting the January 20, 2016 CDEC meeting, the manufacturer would be sent the responses no later than January 11, 2016).
- The responses will be provided for information only and manufacturers should not contact CADTH regarding the content of the response document. CADTH will not respond to any unsolicited feedback regarding the response document.
- CADTH will not offer meetings, teleconferences, or correspondence to discuss the responses.

This revised procedure replaces section 6.6.2(d) of the *Procedure for the CADTH Common Drug Review*.

Summary of the Revised Procedure for the CDR Review Team's Responses to Manufacturer Comments

Current Procedure	Proposed Revised Procedure
The CDR team's responses are shared with CDEC; however, they are not distributed to the manufacturer.	CADTH forwards the CDR review team's responses to manufacturer comments to the manufacturer for information. <ul style="list-style-type: none">• The responses will be provided seven business days prior to the targeted CDEC meeting.• The responses will be provided for information only and manufacturers should not contact CADTH regarding the content of the response document. CADTH will not respond to any unsolicited feedback regarding the response document.• CADTH will not offer meetings, teleconferences, or correspondence to discuss the responses with manufacturers.

Next Steps

The final decision regarding the proposed revision to the CDR procedure will be made after careful assessment of stakeholder feedback generated from this consultation.

Consultation: Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs (October 2015)

Call for Feedback Deadline: November 9, 2015 at 5:00 p.m. ET via email to feedback@cadth.ca

Purpose

CADTH is inviting stakeholder comments and feedback on the proposed framework to align drug expert committee recommendations to be used in both the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs.

Background and Current Status

At the Stakeholder Engagement Session held on February 5, 2015, CADTH announced its intent to create a single recommendation framework that is applied by its drug expert committees (the CADTH Canadian Drug Expert Committee [CDEC] and the CADTH pCODR Expert Review Committee [pERC]). Table 1 summarizes the current CDR and pCODR categories of recommendation options.

TABLE 1: CURRENT RECOMMENDATION CATEGORIES

CDR Recommendation Categories	pCODR Recommendation Categories
There are four recommendation categories: <ul style="list-style-type: none">• List• List with clinical criteria and/or conditions• Do not list at the submitted price• Do not list	There are three recommendation categories: <ul style="list-style-type: none">• Recommend to fund• Recommend to fund with conditions• Do not recommend funding

Proposed Revisions to the Recommendation Framework for the CDR and pCODR Programs

As part of the ongoing process to align the two programs, CADTH and the participating jurisdictions have agreed that the following three recommendation categories and terminology will be adopted for use in both CDR and pCODR:

- Reimburse
- Reimburse with clinical criteria and/or conditions
- Do not reimburse

In view of these changes, CADTH is drafting a revised recommendation framework for CDR and pCODR based on the three new categories. This proposed framework is intended to be incorporated into the existing deliberative frameworks and processes to support the CADTH drug expert committees in making recommendations to the participating jurisdictions to guide their reimbursement decisions.

The key elements supporting the CADTH drug expert committees' recommendations would include:

- clinical and economic evidence available at the time of the review
- patient input provided by patient advocacy groups and individual patients and caregivers
- existing treatment options
- existing programs and policies (i.e., what is/is not reimbursed and who is covered for reimbursement)
- submitted price of the drug under review and publicly available prices of the comparators
- implementation considerations at the jurisdictional level

Final reimbursement decisions remain the responsibility of each participating jurisdiction.

Table 2 describes the new proposed recommendation categories along with guidance on how it could be applied. Additional context is also provided to clarify the "Reimburse with clinical criteria and/or conditions" category.

TABLE 2: NEW RECOMMENDATION CATEGORIES

Reimburse
A drug ^a demonstrates clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators ^b to recommend reimbursement in accordance with the defined patient population under review, which is typically the patient population defined in the Health Canada–approved indication (as applicable).
Reimburse with clinical criteria and/or conditions

Scenarios that typically fit this category include:

Comparable or added clinical benefit

- A drug^a demonstrates comparable or added clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators in a subgroup of patients within the approved indication. In such cases, the subgroup is specified through “clinical criteria.”
- A drug^a demonstrates comparable clinical benefit and acceptable cost/cost-effectiveness relative to one or more appropriate comparators.^b In such cases, a condition may include that the drug^a be listed in a similar manner to one or more appropriate comparators.^b
- A drug^a demonstrates comparable or added clinical benefit, but the cost/cost-effectiveness relative to one or more appropriate comparators^b is unacceptable. In such cases, a condition may include a reduced price.

Uncertain clinical benefit, but significant unmet clinical need

A drug^a demonstrates uncertain clinical benefit, but significant unmet clinical need exists. In such cases, if cost/cost-effectiveness is unacceptable, then a condition of a reduced price will be included.

Do not reimburse

Insufficient evidence identified to recommend reimbursement. Scenarios that typically fit this recommendation category include:

- A drug^a does not demonstrate comparable clinical benefit relative to one or more appropriate comparators.^b
- A drug^a demonstrates inferior clinical outcomes or significant clinical harm relative to one or more appropriate comparators.^b

^a Refers to a drug under review.

^b An appropriate comparator is typically a drug reimbursed by one or more drug plans for the indication under review. However, the choice of appropriate comparator(s) in the review is made on a case-by-case basis, considering input from jurisdictions and clinical experts.

Note: Existing treatment options may include best supportive care and non-pharmaceutical health technologies or procedures.

Additional Context for the “Reimburse with Clinical Criteria and/or Conditions” Category

Clinical Criteria and Conditions

The CADTH drug expert committees recommend clinical criteria to provide additional characteristics to identify the patient population for whom reimbursement is being recommended. These are typically provided in addition to any clinical characteristics specified in the Health Canada–approved indication. The CADTH drug expert committees recommend conditions to provide guidance to the participating jurisdictions on implementation and operational issues related to the drug under review. Table 3 lists some of the common considerations regarding clinical criteria and conditions.

This is not intended to be an exhaustive list of all possible clinical criteria and conditions.

TABLE 3: EXAMPLES OF COMMONLY USED CLINICAL CRITERIA AND CONDITIONS

Clinical criteria	<p>Examples of clinical criteria include, but are not limited to:</p> <ul style="list-style-type: none"> • Characteristics that identify a patient subgroup, for example: <ul style="list-style-type: none"> ▪ comorbidity status ▪ inability to use, intolerance, or inadequate response to appropriate comparator(s) ▪ severity of disease or disease progression ▪ disease subtype (e.g., specific mutation) • Starting and stopping rules, for example: <ul style="list-style-type: none"> ▪ duration of treatment ▪ response to treatment ▪ patients are receiving appropriate first and/or second line therapies and have had a suboptimal response despite an adequate trial
Conditions	<p>Examples of conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Cost considerations, for example: <ul style="list-style-type: none"> ▪ not to be reimbursed at the submitted price (i.e., cost-effectiveness must be improved) ▪ cost of drug under review not to exceed cost of appropriate comparator • Reimbursement limits, for example: <ul style="list-style-type: none"> ▪ number of doses supported by clinical and cost-effectiveness evidence • Characteristics of the care setting, for example: <ul style="list-style-type: none"> ▪ prescribed by or under the care of an experienced clinical team • Reimbursement of the drug in a manner similar to comparator(s) that are reimbursed by the participating jurisdictions at the time of the review • Real-world evidence development considerations for scenarios where there is uncertain clinical benefit, but significant unmet need

Uncertain Clinical Benefit, but Significant Unmet Clinical Need

In some cases where there is uncertain clinical and pharmacoeconomic evidence, the CADTH drug expert committees may issue a recommendation to reimburse with clinical criteria and/or conditions, due to practical challenges in conducting robust clinical trials and pharmacoeconomic evaluations and in the presence of significant unmet medical need. Significant unmet clinical need is identified on a population or subpopulation basis (i.e., not on an individual basis) through the CDR and pCODR processes.

These cases typically involve a combination of two or more of the following characteristics:

- There is significant unmet clinical need, as identified by patient input, clinical expert opinion, CADTH review teams, and participating jurisdictions.
- There is a lack of availability of an effective alternative treatment option.
- The drug is indicated for a relatively small patient population.

In addition, there are some common evidence challenges in these cases, such as:

- There are a limited number of clinical trials and they have small sample sizes.
- Clinical data are either limited to surrogate end points or provide insufficient evidence on meaningful clinical end points.
- There is a lack of robust cost-effectiveness models due to limitations in clinical data.

Next Steps

CADTH will carefully assess all stakeholder feedback from this consultation before implementing the new recommendation framework. Any future changes will be applied to and implemented for both the CDR and pCODR programs simultaneously, unless there are compelling reasons to suggest otherwise.

Consultation: Extending the Time Frame for Releasing the Embargoed CDEC Recommendation (February 2016)

Purpose

CADTH is inviting stakeholder comments and feedback on the proposed extension of the time frame for releasing the embargoed CADTH Canadian Drug Expert Committee (CDEC) recommendation, which is currently five to seven business days, to eight to 10 business days after the CDEC meeting.

Background and Proposal

In accordance with section 8.2 of the current *Procedure for the CADTH Common Drug Review*, the embargoed CDEC recommendation is sent to the manufacturer and other authorized recipients (e.g., the drug plans that participate in Common Drug Review [CDR] process) five to seven business days after the CDEC meeting at which the recommendation was made. In recent years, the complexity of CDR submissions has generally increased (e.g., the addition of network meta-analyses); however, the time frame for releasing the embargoed CDEC recommendation has remained constant. This has created time constraints for CADTH staff and CDEC members to finalize the documentation in a relatively short period of time.

In order to maintain and improve the quality of CDEC recommendation documents, CADTH is proposing to increase the time frame for releasing the embargoed CDEC recommendation to eight to 10 business days after the CDEC meeting at which the recommendation was made. This will permit CADTH staff and CDEC members to have additional time to summarize the committee's interpretation of the evidence.

Table 1: Proposed Revision to the Procedure for Releasing the Embargoed CDEC Recommendation

Procedure	Current Procedure	Proposed Revised Procedure
Releasing Embargoed CDEC Recommendation (section 8.2 b)	The embargoed CDEC recommendation will be sent to the manufacturer and the drug plans within five to seven business days following the CDEC meeting at which the recommendation was made.	The embargoed CDEC recommendation will be sent to the manufacturer and the drug plans within eight to 10 business days following the CDEC meeting at which the recommendation was made.

How to Submit Your Feedback

- To provide feedback, you must identify yourself — feedback provided by individuals who do not identify themselves and the organization they represent will not be considered.
- Only one response per organization will be considered. If more than one response is received, only the first response received will be considered.
- Feedback must be provided in 11-point font and saved in one of the following formats:
 - Microsoft Word document (.doc or .docx)
 - Unlocked PDF document that permits copying and pasting of text.
- Feedback should be presented clearly and succinctly.
- The maximum length of feedback is one page per response to this consultation.

Next Steps

The final decision regarding the proposed revision to the CDR procedure will be made after careful assessment of stakeholder feedback generated from this consultation and communicated in a future *CDR Update*.

Consultation: Proposed Process for the Assessment of Companion Diagnostics (November 2016)

1. Preamble

Companion diagnostics identify subgroups of patients for whom select drugs are likely to be most effective and safe. Based on feedback from participating jurisdictions, and guided by consultations with representatives internationally, across Canada, and among its committees, CADTH has developed a process for the assessment of companion diagnostics through the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs.

2. Background

Companion diagnostics are laboratory tests that aim to measure the expression of a specific biomarker.¹ They guide optimal clinical management by identifying subpopulations of patients who are most likely to benefit from a given drug. These tests are distinct from other emerging molecular diagnostic techniques, such as whole genome sequencing, although most such technologies strive to tailor treatments to the needs of individual patients.

The global market for companion diagnostics is growing. The resulting implications for the Canadian health care system are significant, as there will be an increase in the number of drugs for which there are companion diagnostics. In 2013, the pCODR office reported that, on the horizon for cancer treatment, there were potentially 15 individual drugs and 31 drug-indication pairs linked to 12 different companion diagnostics.² Further, a 2015 survey conducted by CADTH found that 14% of new oncology submissions will have an associated companion diagnostic.³ Of note, these tests are not restricted to oncology drugs, and there are other conditions for which they have been developed, including cystic fibrosis, human immunodeficiency virus, rheumatoid arthritis, and hepatitis C.

The Canadian public reimbursement landscape for companion diagnostics is not well defined. Previous feedback from CADTH's stakeholders has included concerns regarding cross-jurisdictional inconsistency in the processes for approving, funding, and accessing these tests. Hence, there is an important need for pan-Canadian leadership in the development and implementation of a centralized process to inform public reimbursement decision-making for companion diagnostics.

3. Overview of the Proposed Process

3.1. Preparation

CADTH consulted representatives from the Pharmaceutical Benefits Advisory Committee and the Medical Services Advisory Committee in Australia, which has implemented a national health technology assessment (HTA) framework for co-dependent technologies.⁴ Further, CADTH consulted representatives across several Canadian jurisdictions to gather insights into their reimbursement decision-making needs and expectations. Last, CADTH sought feedback from its jurisdictional advisory committees and expert review committees.

3.2. Output

The objective of the proposed process is for CADTH to evaluate a submitted drug and its associated companion diagnostic together, rather than either one in isolation. At CADTH, the current HTA process for an individual drug culminates with an expert committee — the CADTH Canadian Drug Expert Committee (CDEC) for non-oncology drugs, and the pCODR Expert Review Committee (pERC) for oncology drugs — making a public reimbursement recommendation for the given drug. Under the proposed process, the same expert committee would make a public reimbursement recommendation for a drug that considers its associated companion diagnostic as well. These recommendations will be non-binding, and each participating jurisdiction would make its own funding decision based on the CADTH recommendation and other factors, including jurisdictional mandate, priorities, and resources.

3.3. Eligibility

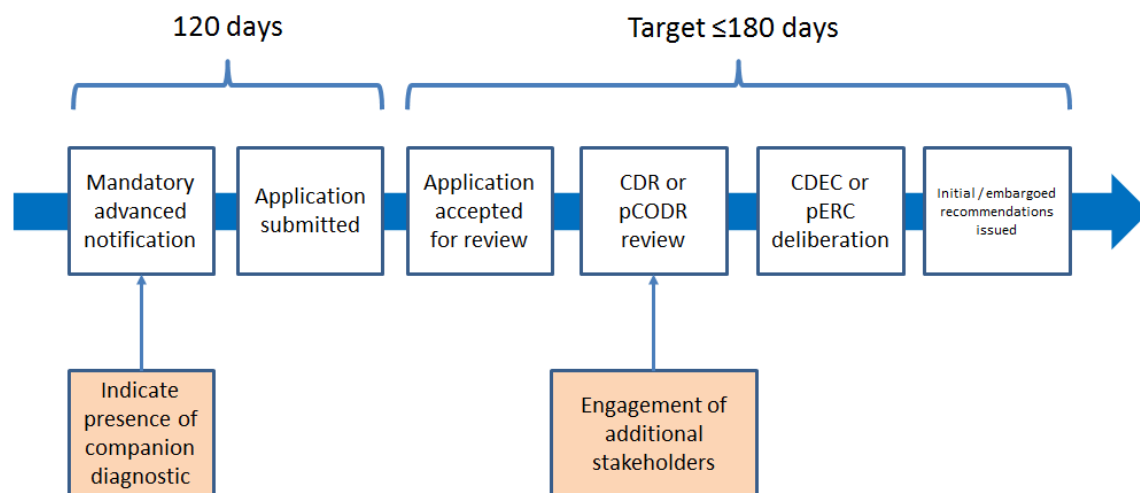
The proposed process would encompass new companion diagnostics associated with drugs that are eligible for review under the CDR and pCODR programs. Of note, a new companion diagnostic is one that is not already reimbursed by most participating jurisdictions across Canada at the time of submission to CADTH.

3.4. Procedure

The proposed process would be integrated into the CDR and pCODR processes, and would **not** increase currently established timelines for completing a review (Figure 1).

When notifying CADTH of a pending drug submission, applicants will be required to indicate the presence of an associated companion diagnostic. CADTH will also require applicants to file a single submission package that pertains to both the drug and the companion diagnostic to the appropriate drug review program. In addition to complying with the current CDR and pCODR submission requirements, applicants will be required to provide CADTH with additional information on the associated companion diagnostic. CADTH will consider producing a submission template to be used by applicants to provide this information in a consistent manner. During the review process, CADTH will engage patients, clinicians, and the participating jurisdictions to gather additional insights into the companion diagnostic (Figure 1).

Figure 1: Overview of the Proposed Process



CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review; pCODR = pan-Canadian Oncology Drug Review; pERC = pCODR Expert Review Committee.

In cases where the manufacturer of a drug is different from that of the companion diagnostic, it will be the responsibility of the drug manufacturer to provide the necessary information on the companion diagnostic. It will not be the responsibility of CADTH to manage the relationship between the manufacturers.

Under the proposed process, at this time, fees for reviewing a drug application that includes a companion diagnostic would be the same as the current fees for drug applications at CADTH.

3.5. Implementation

The implementation of the process for the assessment of companion diagnostics is anticipated on or after Monday, April 3, 2017.

4. Evidentiary Requirements

4.1. General Information

Applicants will be required to provide details on the biomarker of interest, the companion diagnostic, and laboratory services (Table 1).

Table 1: General Information Required for the Assessment of a Companion Diagnostic

Aspect	Details
Biomarker	Description of the biomarker; e.g., rationale for selecting and targeting it with the drug, comparison with other known biomarkers
Companion diagnostic	Description of the main companion diagnostic proposed for use to determine suitability to receive the submitted drug; e.g., bio-specimen requirements, testing protocol in typical clinical pathway, manufacturer Identification of other known commercial companion diagnostic tests in Canada (if available) that may be used with the drug and indication under review, and justification of the selection of the main test
Laboratory services	Description of required laboratory services; e.g., infrastructure requirements, turnaround time for results, training requirements for staff

4.2. Clinical Evidence

Applicants will be required to provide evidence on the analytical validity, clinical validity, and clinical utility of the companion diagnostic (Table 2). In parallel with conducting a standard drug review, CADTH clinical reviewers will critically appraise the submitted clinical evidence on the companion diagnostic, and concurrently produce a Rapid Response report that will summarize and critically appraise relevant information from the published literature. This report will be incorporated into the clinical review report for the drug, and will be posted as an independent document on the CADTH website.

Table 2: Clinical Evidence Required for the Assessment of a Companion Diagnostic

Aspect	Details
Analytical validity	Measures such as accuracy, precision, reliability, and analytical sensitivity and specificity of the companion diagnostic, and how these measures compare with other tests
Clinical validity	Measures such as clinical specificity and sensitivity, positive predictive value, negative predictive value, and likelihood ratios, and how they compare with other tests
Clinical utility	Benefits and risks of using the companion diagnostic, how it will add to the treatment of patients, and how it will change the patient's health outcomes

4.3. Economic Evidence

Applicants will be required to explicitly incorporate the companion diagnostic into their economic analyses of the drug and indication under review, including modelling of the upfront and downstream costs and consequences (e.g., of false-negatives and/or false-positives) associated with the test in any cost-effectiveness analyses. CADTH economic reviewers will critically appraise the submitted evidence.

If more than one commercial companion diagnostic is available in Canada for the drug and indication under review, the applicant should include the main test proposed for use with the drug in the base-case economic analysis. List prices should be provided for both the main test and any additional companion diagnostics available in Canada.

As per normal requirements for economic models submitted to CDR or pCODR, models should be unlocked. To allow for the conduct of sensitivity analyses, the user should be able to implement changes to key inputs in submitted models, including the cost of the companion diagnostic, any additional costs required to perform the test (e.g., technician time), and clinical validity parameters (e.g., sensitivity, specificity) that may affect downstream costs and consequences. Budget impact analyses (BIAs) should account for the cost of testing with the main companion diagnostic. Applicants will be required to provide BIAs for the drug and associated companion diagnostic in combination and separately, as some jurisdictions fund the two technologies through separate mechanisms.

5. Patient Input

Under the proposed process, CADTH will seek additional input from patient groups on the submitted drug and the associated companion diagnostic to ensure that issues that are important to patients are formally and meaningfully incorporated into the review process. The patient input templates that are currently used within the CDR and pCODR programs will include a dedicated section on companion diagnostics, with accompanying instructions on the type of information that may optimally support CADTH's review of the drug under review and its associated companion diagnostic.

6. Clinician Input

Under the proposed process, CADTH will engage additional experts in pathology and/or laboratory testing who would be able to comment on front-line clinical aspects of the companion diagnostic, such as the consistency of the testing protocol with Canadian guidelines.

7. Jurisdictional Input

Under the proposed process, CADTH will seek additional insights from participating jurisdictions regarding the enablers and barriers to the adoption of the drug under review and the associated companion diagnostic, with an emphasis on understanding issues related to the companion diagnostic; e.g., current availability, frequency and timing of testing, length of time for the analysis, and laboratory infrastructure requirements.

8. References

1. Byron SK, Crabb N, George E, Marlow M, Newland A. The health technology assessment of companion diagnostics: experience of NICE. *Clin Cancer Res.* 2014;20(6):1469-76.
2. Performance measures report: partial assessment of pCODR's first years [Internet]. Toronto: Pan-Canadian Oncology Drug Review (pCODR); 2014. Available from: <http://www.pcodr.ca/idc/groups/pcodr/documents/pcodrdocument/pcodr-perform-measures-apr2014.pdf>
3. Cancer drug pipeline tracking information – 2015 [Internet]. Toronto: Pan-Canadian Oncology Drug Review (pCODR); 2015. Available from: <https://www.cadth.ca/sites/default/files/pcodr/cancer-drug-pipeline-tracking-info-2015.pdf>
4. Merlin T, Farah C, Schubert C, Mitchell A, Hiller JE, Ryan P. Assessing personalized medicines in Australia: a national framework for reviewing codependent technologies. *Med Decis Making.* April 2013; 333-342.

Consultation: Revising CADTH Common Drug Review Recommendations in the Therapeutic Review Process (July 2017)

CADTH is seeking stakeholder feedback on a revised therapeutic review process that would incorporate revisions to existing Canadian Drug Expert Committee (CDEC) recommendations issued through the CADTH Common Drug Review (CDR) process.

Background

Under the current *Procedure for the CADTH Common Drug Review* (August 2014) and the *Therapeutic Review Framework and Process* (August 2016), existing recommendations that have been issued through the CDR process can only be updated following the initiation of the request for advice process. To enhance the efficiency of CADTH's drug portfolio and to reduce the burden on manufacturers and patient groups, CADTH is proposing an update to the *Procedure for the CADTH Common Drug Review* and the *Therapeutic Review Framework and Process* to permit CDEC to revise existing recommendations from the CDR process as part of the therapeutic review process. This revision will eliminate the need to initiate the request for advice process and result in a more efficient process for all stakeholders. In developing the proposed process, CADTH has consulted with the CDR-participating drug plans.

Proposed Procedure for the Revision of Existing CDEC Recommendations

1. Existing CDEC recommendations² that could be revised as a result of the therapeutic review will be identified and communicated to stakeholders during the scoping phase of the therapeutic review process.
2. As part of the deliberative process for therapeutic reviews, CDEC will consider whether or not the results of a therapeutic review suggest that any existing recommendations from the CDR process should be revised. When considering revisions to existing recommendations, CDEC will continue to use the recommendation framework described in the *Recommendation Framework for CADTH Common Drug Review and pan-Canadian Oncology Drug Review Programs: Guidance for CADTH's Drug Expert Committees*.
3. CADTH will notify affected manufacturers at the time the initial therapeutic review recommendations are posted and identify the following information:
 - the CDEC recommendation that is being revised as a result of the therapeutic review
 - the revised reimbursement criteria and/or conditions
 - the rationale for the revision.
4. There will be no embargo period for the revised CDEC recommendations.
5. Manufacturers whose products are affected would be given the opportunity to provide stakeholder feedback in accordance with the therapeutic review framework but will not be given the opportunity to file a request for reconsideration.
6. In lieu of a formal request for reconsideration, CDEC will consider the manufacturer's input regarding the revised CDEC recommendation(s) prior to finalizing the therapeutic review recommendations.
7. At the meeting held to finalize the therapeutic review recommendations, CDEC will also finalize any revisions to the existing recommendations from the CDR process.
8. Manufacturers will be notified by CADTH within ten business days that a revised recommendation will be issued for one or more of their products.
9. The revised recommendation will be an abbreviated document noting the following key information:
 - the drug and indication of interest
 - the recommendation, including any clinical criteria and conditions (if applicable)
 - a statement indicating that the revised recommendation has been issued as a result of a CADTH therapeutic review.
 - a disclaimer indicated that the revised recommendation supersedes the previous CDEC recommendation for the drug and indication of interest.

² This also includes existing recommendations from the Canadian Expert Drug Advisory Committee (CEDAC) which was replaced by CDEC in September 2011.

10. The revised *CDEC Final Recommendation* will contain no confidential information; therefore, manufacturers will not be asked to complete a redaction request form.
11. Posting of the revised *CDEC Final Recommendation* on the CADTH website will typically coincide with posting of the final therapeutic review recommendations.
12. A disclaimer will be added to the previous *CDEC Final Recommendation* stating that it has been superseded by the revised *CDEC Final Recommendation*.

Next Steps:

The final decision regarding the proposed revision to the CDR procedure and therapeutic review framework will be made after careful assessment of stakeholder feedback generated from this consultation and communicated in a future CDR Update.

Consultation: Resubmission Criteria for CDR and pCODR Processes (August 2017)

Background

In both the Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) procedures, CADTH currently requires all resubmissions based on improved efficacy to include at least one new randomized controlled trial. In recent years, non-randomized studies are playing a greater role in health technology assessment evaluation processes. As a result, CADTH is initiating stakeholder consultation on revisions to the CDR and pCODR resubmission eligibility criteria that would remove the requirement of a new randomized controlled trial to file a resubmission based on improved efficacy.

Proposed Eligibility Criteria for Resubmissions

- While CADTH maintains that new evidence from one or more randomized controlled trials is preferred for resubmissions based on new clinical information, new studies in support of improved efficacy will not be required to be randomized controlled trials.
- Any new studies included in the resubmission must address specific issues identified by the CADTH expert review committee in the recommendation document.
- Resubmissions will not be accepted for review if they do not contain at least one new study that addresses the specific issues identified by the CADTH expert review committee in the recommendation document.
- CADTH may consult with members of the expert review committee to determine if the new information filed by the applicant addresses the issues noted in the previous recommendation.
- The final decision regarding whether or not a resubmission will be accepted for review will be determined by CADTH. There is no provision for requesting reconsideration of the decision.
- In order to ensure fair access to the CDR and pCODR processes for new drug submissions, CADTH may limit the number of resubmissions that can be made within a defined period of time for a particular drug.

While CADTH encourages open feedback, stakeholders are requested to note the following considerations when providing feedback.

CADTH's Perspective on Evidence from Non-Randomized Studies

CADTH considers data from non-randomized studies to be particularly useful in the following situations:

- when the evaluation of important clinical end points and rare adverse events requires longer-term follow-up
- when there is uncertainty regarding the persistence of efficacy of the drug under review, due to short-term clinical trials
- when a randomized controlled trial is impractical due to a limited number of patients
- when it is considered unethical to conduct randomized controlled trials
- when randomized studies lack relevant comparators (e.g., an indirect comparison is conducted to evaluate the comparative efficacy and safety of the drug under review relative to appropriate comparators)
- when there is uncertainty regarding the dosage of the drug(s) under review that are used in actual clinical practice
- when the randomized controlled trials have limited external validity and additional non-randomized studies could provide meaningful insight into the effectiveness of the treatment in the target population.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current CDR and pCODR processes. Any future changes will be applied to the CDR and pCODR procedures.

Consultation: Proposed Revisions to the Clinician Engagement Process for CADTH's pan-Canadian Oncology Drug Review Program (March 2018)

1. Proposal Objectives

CADTH is inviting stakeholder comments on the proposed revisions to the clinician engagement process for the pan-Canadian Oncology Drug Review (pCODR) program. The proposal is intended to customize the questions posed to clinicians so they can provide their experience on the unique aspects of their clinical practice to better inform the pCODR Expert Review Committee (pERC) deliberations and recommendations. The revisions also seek to extend the opportunity to oncology pharmacists and oncology nurses who meet the proposed criteria to participate in the clinician input and feedback process.

Highlights of the proposed revisions are summarized in section 3 of this document.

2. Background

In February 2016, CADTH launched a pilot project on clinician engagement for the pCODR program. As of December 31, 2017, we are pleased to report that we have 169 oncologists registered and 36 of 41 reviews (88%) have included clinician input.

A key guiding principle of the pCODR process is to support continuous process improvements. Based on feedback from a survey that included registered clinicians, as well as members of the Provincial Advisory Group and pERC, we heard that information from practising clinicians on how the drug would be used or how the drug is being used in their practice is valuable to pERC's deliberation and recommendation. In particular, information from the clinicians' experience with the drug is most helpful to inform implementation issues in cases where the information may not be apparent from the clinical trial data.

Currently, there is a standard template for submitting clinician input on a drug under review. There are five key questions plus a section for additional information. The current Registered Clinician Input on a Drug Review template is applied to all drugs under review. Information about the drug under review, including the funding request, is posted on the CADTH website and provided as a courtesy in an email notification.

3. Summary of Clinician Input and Feedback for the pCODR Process

A. Proposed Changes to Input Template and Questions

The pCODR Registered Clinician Input on a Drug Review template will be available on the CADTH website on the pCODR Drug Details webpage for registered clinicians. The link to the customized template will be provided to registered clinicians in the email notifications. The customized template will contain information specific to the drug and the indication that is being requested:

- Drug name
- Submitter's funding request or reimbursement criteria (which may or may not be the same as the Health Canada-approved indication)
- Citation or reference to the pivotal trial being submitted for review, and if available:
 - URL to the ClinicalTrials.gov trial description
 - URL to the trial publication* or to the abstract
- Provincial funding status and funding algorithms of current treatments, if available

Note: a subscription or a membership to some online journals is required to access the full article.

The Registered Clinician Input on a Drug Review template was recently updated on February 13, 2018 with the following sections and questions to provide additional clarity:

1. Current Treatments

a. Please list the current standard treatment(s) in your jurisdiction for the defined patient population according to the funding request.

2. Eligible Patient Population

- a. In your opinion, will there be a high incident and/or prevalent patient population defined by the funding request?
- b. Does the patient population in the funding request meet the needs in clinical practice?

- c. Can the inclusion and exclusion criteria of the clinical trial be applied in clinical practice?
- d. What patient population would you prescribe the new treatment to and what patient population would you prescribe current treatments to? Please briefly explain your rationale.

3. Relevance to Clinical Practice

- a. In your opinion, how important would it be to have this new treatment (must have, nice to have, doesn't add anything to currently available therapy)? Is there an unmet need?
- b. How or when would you use the new treatment? Is there any population/subpopulation where you particularly want to use this drug?
- c. Have you prescribed the new treatment for the indication being reviewed (through clinical trials, manufacturer's access program, private drug insurance)?
- d. How is the new treatment for the indication being reviewed different than currently available treatments with respect to efficacy, safety, and tolerability?

4. Companion Diagnostic

- a. If companion diagnostic testing is required for the new drug, is the test available in your jurisdiction? Is it funded by your jurisdiction?
- b. What concerns, if any, do you have on the test and turn-around time for test results?
- c. Are there specific considerations to a testing algorithm that you think would be important to share with the pCODR Expert Review Committee?

The proposed template may have additional questions specific to the drug and indication for which input is being requested, in addition to the standard questions listed above. These questions may include, but are not limited to:

- Can the inclusion and exclusion criteria in the clinical trial be applied in clinical practice?
- Are there subgroups of patients not included in the clinical trial that need to be considered in the recommendation?
- Is the definition of disease progression in the clinical trial applicable in clinical practice?
- What are the contraindications to an existing chemotherapy? What groups of patients would be considered ineligible for an existing chemotherapy?
- If the new drug is to be given in combination with an existing drug, would you consider using the new drug in combination with any other drug in that therapeutic class for the requested indication?
- If the clinical trial excluded patients who were treated with X drug and progressed within Y months of last dose, in your experience, would this be a reasonable assumption in clinical practice?

B. Registration and Eligibility Criteria

For a clinician to be eligible to provide input on a submission through the pCODR process, a clinician must:

- ☐ be registered with the pCODR program
- ☐ be an actively practising physician currently treating the cancer type for the drug under review
- ☐ submit a declaration of conflict of interests (COI).

As part of the clinician input and feedback process, CADTH is also considering expanding the eligible clinicians to include oncology pharmacists and oncology nurses who are part of a multi-disciplinary team involved in the care of a cancer patient. Often, oncology pharmacists and oncology nurses are members of a provincial drug advisory or therapeutics committee. To be eligible, CADTH is proposing that oncology pharmacists and oncology nurses:

- register with the pCODR program
- be actively practising and be a current member of a provincial cancer drug advisory or cancer therapeutics committee (e.g., the Cancer Care Ontario Breast Cancer Drug Advisory Committee)
- provide their input as part of a joint submission with a registered clinician or a group of registered clinicians
- submit a declaration of COI.

C. Notification and Deadline Dates — No Change

About one month before the submitter's anticipated submission filing date, CADTH posts details of the pending submission on the CADTH website. Stakeholders, including registered clinicians, receive an email notification of the pending submission plus the deadline date for input.

Eligible clinicians must submit their input by 5:00 p.m. ET on the posted deadline date in order for the pCODR program to make use of the information to develop the review plan (i.e., protocol). Eligible clinicians who register with the pCODR program will receive an email indicating that the submitter has provided the submission and a reminder of the deadline date for input.

D. Method for Submitting Completed Templates — No Change

Completed input templates are submitted online through the CADTH Collaborative Workspace. The completed input templates are dropped into the corresponding drug space.

E. Process for Feedback on Initial Recommendation — No Change

Stakeholders have the opportunity to provide feedback on the pERC initial recommendation. Only registered clinicians or clinician groups who have provided input at the beginning of the review are eligible to provide feedback.

Registered clinicians will receive an email notification indicating the initial recommendation has been posted and opened for feedback. Feedback on the initial recommendation must be submitted using the pCODR Registered Clinician Feedback on a pERC Initial Recommendation template by 5:00 p.m. ET on the posted deadline date. Feedback is submitted online through the CADTH Collaborative Workspace, similar to the input process.

CADTH continues to foster relationships with the clinician community and believes that increasing the opportunity for input and feedback into the pCODR process will enhance the quality of our reviews and contribute to broader discussions about drug funding decisions in Canada.

Please submit your written comments on these proposed revisions by email to pcodrinfo@cadth.ca using this feedback template by **April 20, 2018** at 5:00 p.m. ET. All feedback submitted by the deadline will be carefully considered and used to inform the proposed changes to the clinician input and feedback processes. We thank you in advance for your interest.

Instructions for Providing Feedback

To be eligible to provide feedback on this proposal, please note the following:

- You must identify yourself — feedback provided by individuals who do not identify themselves will not be considered.
- Only one response per submitter will be considered. If more than one response is received, only the first response that is received will be considered.
- Feedback should be provided in a Microsoft Word document using a minimum of an 11-point font.
- The maximum length of feedback is two pages.
- Feedback should be presented clearly and succinctly. The issue(s) should be clearly stated and specific reference should be made as appropriate to the section of the document under discussion (i.e., page number, section title, and paragraph).
- Unless requested and otherwise agreed to by CADTH, all materials or comments received from submitters in response to the notice will be considered public information and may be used and disclosed by CADTH as part of its review. CADTH may disclose materials or comments, or summaries of them, to other interested parties during and after the feedback period.
- CADTH will not disclose any personal information contained in a submission of an individual who does not specify an organizational affiliation in his or her submission without the individual's consent, unless required by law. However, CADTH may use and disclose the content of an individual's submission to assist CADTH in its review.

Please submit your written comments by email to pcodrinfo@cadth.ca by **April 20, 2018 at 5:00 p.m. ET.**

Consultation: CADTH's Proposed Revisions to the Biosimilar Review Process for its Common Drug Review and pan-Canadian Oncology Drug Review Programs (August 2017)

1. Proposal Objectives

CADTH is proposing revisions to the submission process for biosimilars through its Common Drug Review (CDR) and the pan-Canadian Oncology Drug Review (pCODR) programs that would reduce duplication of work, optimize resources, and ensure that all participating jurisdictions benefit from a single approach to evidence review that would facilitate decision-making and keep with CADTH's value of excellence. The proposed process would enable CADTH to support the review of biosimilars by providing a centralized coordinating role working in collaboration with Health Canada, the pan-Canadian Pharmaceutical Alliance, and the participating federal, provincial and territorial public drug plans (with the exception of Quebec) and provincial cancer agencies to support improved access for patients for these products.

2. Background

Biologic drugs come from living organisms or from their cells, and are often made using biotechnology. They are used to treat diseases and medical conditions including anemia, diabetes, inflammatory bowel disease, psoriasis, rheumatoid arthritis, hormone deficiency, and some forms of cancer. A biosimilar biologic drug, or biosimilar, is a drug demonstrated to be highly similar to a biologic drug (known as the reference biologic drug) that was already authorized for sale by regulatory bodies (i.e., Health Canada). Biosimilars are approved based on a thorough comparison to a reference drug and may enter the market after the expiry of reference biologic drug patents and data protection.¹⁻³

The regulators in Canada and in international jurisdictions follow similar scientific principles in the authorization of biosimilars. Regulators require extensive comparative data to assess the quality of the biosimilar, including comparative structural and functional studies. The amount of residual uncertainty in the similarity of the biosimilar to the reference product determines the amount of non-clinical and clinical comparative data required.

For a biosimilar review, Health Canada evaluates the information provided by the manufacturer of the biosimilar to confirm that the biosimilar and the reference biologic drug are similar and that there are no clinically meaningful differences in safety and efficacy between the biosimilar and reference drug. The regulatory approval of a biosimilar drug relies in part on prior information regarding safety, efficacy, and effectiveness that is deemed relevant due to the demonstration of similarity to the reference biologic drug and which influences the amount and type of original data required.⁴

Health Canada may authorize a biosimilar for use in more than one indication because of the rigorous demonstration of similarity between the biosimilar and the reference biologic drug. Since a biosimilar is very similar in structure and function to a reference biologic drug with well-established safety and efficacy, in many cases clinical studies do not need to be repeated for each indication.⁴

CADTH examined the different review processes in a select number of international jurisdictions to help inform on how biosimilar reviews could be carried out in Canada. Information gathered from international jurisdictions including the UK, Scotland, and Australia reveals that the process for reviewing biosimilars through health technology assessment appears to vary among the jurisdictions; however, each of the aforementioned jurisdictions have taken a streamlined approach to biosimilar reviews.

In reflecting the international approach on the assessment of biosimilars and given that the health technology assessment recommendations rely on the totality of comparative evidence between the biosimilar and its reference biologic product that has been rigorously reviewed by Health Canada, CADTH is proposing to revise the review process for biosimilars.

3. Highlights of Proposed Changes

Overview of Proposed Revisions to the Biosimilar Review Process

In developing a more streamlined approach, it is proposed that the submitter would complete the designated sections of the proposed *Biosimilar Summary Dossier Template* outlining the details of the reimbursement request along with key clinical and economic information. CADTH review teams would provide commentaries and analyses on designated

sections of the template and work closely with Health Canada to include a summary of the market authorization of the biosimilar under review. It is proposed that the Biosimilar Summary Dossier will not be brought forward to CADTH's Canadian Drug Expert Committee (CDEC) or pCODR Expert Review Committee (PERC). However, CADTH reserves the right to request a full submission in limited cases.

To ensure timely reviews, submitters are encouraged to file to CADTH shortly after making a submission to Health Canada if submitters are looking to pursue public reimbursement of the biosimilar. A submitter making a submission for a biosimilar drug will be required to complete and file the proposed *Biosimilar Summary Dossier Template* along with their submission package, which will be reviewed by CDR and pCODR clinical and economic reviewers to become the publicly available Biosimilar Summary Dossier. The proposed *Biosimilar Summary Dossier Template* is an abbreviated version of the current biosimilar submission template, and the proposed submission requirements are fewer than the current requirements. To ensure that the CADTH drug review processes are transparent and accountable, CADTH considers it essential that any information provided in the template to support the biosimilar submission is fully disclosable.

As part of the proposed template, CADTH will coordinate with Health Canada to complete *Section 3: Health Canada's Assessment of [Biosimilar] for Market Authorization* within the *Biosimilar Summary Dossier Template*. This coordination is to reduce the duplication of work and support the timely completion of this summary. In addition to this summary, it is proposed that CADTH CDR and pCODR reviewers will provide an appraisal of the clinical evidence provided by the submitter that assesses the clinical efficacy and safety of patients transitioning to the biosimilar from the reference product or other relevant drugs, as well as an appraisal of the economic submission. It is proposed that the Biosimilar Summary Dossier will be made publicly available on the CADTH website.

Below are the key conceptual elements of the proposed revised process for biosimilars:

Submission Requirements	<p>In order to reduce duplication of efforts and resources, CADTH is proposing a modified submission package for biosimilars. It is proposed that a submitter would be required to file the following information:</p> <ul style="list-style-type: none"> Completed Biosimilar Summary Dossier Template (only certain sections would need to be completed by the submitter) Other procedural requirements that are set out in the CDR and pCODR procedures will apply to a biosimilar submission; these include: <ul style="list-style-type: none"> pre-submission notification requirements signed cover letter confirming that all the required information has been provided letter authorizing sharing of information list of published and unpublished studies, including any non-randomized observational studies to support switching copy of the Notice of Compliance (NOC) or NOC With Conditions (NOC/c), dated and signed by Health Canada product monograph drug benefit listing table.
Stakeholder Participation	<p>Insights, perspectives, and experiences from stakeholders (submitter, patient groups, registered clinicians, Formulary Working Group and Provincial Advisory Group) are integral to the process. CADTH wants to ensure that stakeholders' perspectives and experiences with biosimilars are considered as part of this revised process, and have outlined the following options for comment:</p> <ul style="list-style-type: none"> continue with the use of the current template (i.e., for patient groups and registered clinicians) for each biosimilar review respond to questions that address issues specific to the biosimilar under review provide feedback on a draft CADTH Biosimilar Summary Dossier contribute to a report on broader (or more general) expectations and concerns that could be used for biosimilar therapeutic class reviews rather than individual single biosimilar reviews.
CADTH Appraisal	<p>It is proposed that CADTH would support the timely review of biosimilars by providing a centralized coordinating role, working in collaboration with Health Canada and other partners to reduce duplication of work. CADTH CDR and pCODR reviewers will provide an appraisal of the clinical evidence provided by the submitter that assesses the clinical efficacy and safety of patients transitioning to the biosimilar from the reference product or other relevant drugs, as well as an appraisal of the economic submission.</p>
Transparency	<p>As part of CADTH's commitment to transparency, the Biosimilar Summary Dossier will be posted on the CADTH website. In working closely with Health Canada to coordinate the information, it is anticipated that the review timelines for biosimilars will be reduced, and thereby, ensuring more timely access for patients.</p>

Please submit your written comments via email at feedback@cadth.ca by using this feedback template by September 15, 2017 at 5:00 p.m. ET. All feedback submitted by the deadline will be carefully considered and used to inform the proposed changes to CADTH's CDR and pCODR processes for biosimilar reviews. We thank you in advance for your interest.

References

1. Fact sheet: biosimilars [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/fact-sheet-biosimilars.html>
2. Biosimilar drugs [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_professional_en.pdf
3. Biosimilar drugs: your questions answered [Internet]. Ottawa: CADTH; 2017 Nov. [cited 2017 Jul 28]. Available from: https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_patient_en.pdf
4. Guidance document: information and submission requirements for biosimilar biologic drugs [Internet]. Ottawa: Health Canada; 2016 Nov. [cited 2017 Jul 28]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-submissions/guidance-documents/information-submission-requirements-biosimilar-biologic-drugs-1.html>

Consultation: Proposal to Integrate Key Functions of the Cancer Drug Implementation Advisory Committee into CADTH's pan-Canadian Oncology Drug Review Process (February 2018)

Proposal Objective

CADTH would like to invite stakeholder comments on a proposal to embed the functions of the Canadian Association of Provincial Cancer Agencies' (CAPCA) Cancer Drug Implementation Advisory Committee (CDIAC) into CADTH's pan-Canadian Oncology Drug Review (pCODR) process. This proposal is to support the harmonization of cancer drug funding decisions across Canada, and is part of our commitment to introducing greater transparency and stakeholder engagement to the cancer drug review process.

Background

CADTH is committed to support continuous process improvements that enhance efficiency and timeliness, and reduce duplication of effort. In December 2018, CADTH and CAPCA announced that we would be exploring how some of the implementation functions of CDIAC could be transferred to CADTH. The primary function of CDIAC is to provide advice (generally prior to the initiation of the pan-Canadian Pharmaceutical Alliance negotiations) about how new drugs can be integrated into a therapeutic area with currently funded drugs and how this impacts existing drugs within the treatment space to achieve greater consistency in drug funding decisions across Canada. CDIAC seeks and consolidates clinical expert opinion about potential conditions and criteria for funding by engaging site-specific (e.g., breast or lung) provincial tumour leaders and individual clinical experts.

CADTH, in collaboration with CAPCA, is proposing to integrate these key functions of CDIAC, including developing a provisional algorithm (see Appendix A for an illustrative example) for each new cancer drug or indication submitted to pCODR to indicate how the new therapy could be placed and potential sequencing of other existing therapies to better support decision-making. CADTH will leverage existing pCODR advisory bodies and guidance panels, with proposed changes to the composition (i.e., Provincial Advisory Group [PAG]) and responsibilities (i.e., pCODR Expert Review Committee [pERC], PAG, and Clinical Guidance Panel [CGP]), to support this work. It is important to note that these provisional algorithms are intended to further enhance transparency and to help stakeholders to better understand the cancer drug funding landscape in Canada. Inclusion of a provisional algorithm does not presuppose the outcome of a reimbursement recommendation by pERC and does not in any way bind participating jurisdictions to fund the new therapy or follow the final draft algorithm.

The proposed outcome of this work would be to:

- enhance the transparency of the pan-Canadian cancer drug review process
- improve greater stakeholder input into the development of provisional algorithms
- streamline and reduce duplication of administrative processes.

Highlights of Proposed Changes

With a view to the proposed integration of the new functions, there will be a number of changes that CADTH is proposing to make to the existing pCODR process; these will include operational changes to:

- 1.pCODR pre-submission requirements
- 2.pCODR submission requirements
- 3.pERC initial and final recommendation
- 4.terms of reference for PAG, CGP, and pERC mandate and membership.

Below are the key conceptual elements of the proposed revisions to the pCODR process:

1. Proposed Changes to pCODR Pre-submission Requirements

Before a drug submission is made to CADTH, the pCODR program works with the manufacturer or tumour group (“the submitter”) to prepare them for the submission process. This preparation includes holding a pre-submission meeting with the submitter, setting up pCODR supports to assist both submitters and stakeholder groups through the review process, obtaining input from PAG, and notifying appropriate stakeholder groups of the pending review. It also involves determining the appropriate membership for CGP and economic guidance panel (EGP), as well as identifying additional resources and expertise that will be part of the review.

With the proposed integration of the new functions, the pCODR program will be supporting the development of a provisional algorithm applicable to a specific indication. As part of the proposal, the provisional algorithm will set out the current treatment options available for public funding across Canada, including if the new therapy is to be included as a funded treatment (if recommended) that will be submitted to the pCODR program along with other funded therapies in that therapeutic area. As part of developing the provisional algorithm, it is proposed that CADTH will seek input from different stakeholders along the continuum of the pCODR review process.

A large portion of this work will be initiated in this pre-submission period. As a first step, CADTH would propose that, as part of the advance notification, the submitter provide a completed pre-submission information form that would identify where in the current publicly funded treatment landscape the submitter would see their new therapy fit and to provide evidence (where available) that relates to how their new therapy could be sequenced in relation to other drugs based on the possible lines of therapies, if applicable. In addition, the submitter would be required to identify the relevant comparator(s) in the Canadian context. Both of these additions would be set out in the Pre-submission Information Requirements Form and a submitter would be required to complete this section at the time of providing the advance notification to the pCODR program. CADTH would also confer with PAG during this period.

Depending on the complexity of therapeutic area, it is proposed that CADTH may establish either an ad hoc clinical panel or distribute a questionnaire to clinical leads affiliated with a provincial cancer agency through an online survey for comment to support the development of a provisional algorithm based on their knowledge of the best scientific evidence in practice. It is proposed that the ad hoc panel be composed of the designated physician lead of each provincial cancer drug program or tumour group lead. Input from this panel may include advice about the appropriateness and feasibility of the provisional algorithm and sequencing of existing and new therapies that may be under review by pCODR and the appropriateness and feasibility of a choice between therapeutic options, as well as the implications of potential choices, including consideration of implementation factors and potential trade-offs that may need to be made. This information would be carried through the submission process to support the review and would be shared with CGP, PAG, and pERC.

We believe that by initiating this work early in the process, it will help to inform the preliminary discussion on potential sequencing issues and determine the appropriate comparator(s) (because the comparator in the pivotal trial is often not the most relevant comparator in the Canadian context due to the quickly evolving landscape of cancer drugs). It is proposed that this information would be discussed at the pre-submission meeting with the submitter to provide guidance about the new therapy, including the approach to the economic evaluation.

In order to support this additional work, it is critical that the pCODR program be provided with sufficient time to manage and support the aforementioned activities. Currently, submitters are requested to notify the pCODR program by providing a completed pre-submission information form at least 120 calendar days before the anticipated date of filing a complete submission or resubmission. It is crucial that this timeline be adhered to, as a cut to this preparation timeline could have significant impact on the review with this proposed additional work. As a possible option, CADTH would propose making the 120 pre-submission notification mandatory. CADTH would welcome hearing from stakeholders about the implications of this proposal or other options that could be considered to ensure the 120 day pre-submission requirement is met.

Public notification by the pCODR program of a pending submission will continue to remain at one month prior to the anticipated submission being filed with the pCODR program. As part of the notification to patient groups and registered clinicians, CADTH would propose to incorporate specific questions that would relate to the development of the provisional algorithm, where applicable, in addition to the standard set of questions. For example, this could include a question for clinicians to indicate what the desired sequence of treatment could be if the new therapy is added and the evidence to support that sequencing, if available. To support a better understanding of the patient experience and perspective, patients who have experience with the new therapy could be asked to share their journey about the treatments that they have taken prior to and after (if available) their experience with the new therapy. This information would help the

committee and participating jurisdictions be informed about the sequence of treatments that a patient is using in the real-world context that demonstrates marked improvement and effectiveness, or that is not working.

2. Proposed Changes to pCODR Submission Requirements

CADTH continues to commit to 180 calendar days from the time a submission is deemed complete to the posting of the initial pERC recommendation. Maintaining an efficient review timeline is a shared responsibility of all participants in the process. As such, the filing of a submission in a timely manner is essential, as this initiates the review steps of the pCODR process, including determining the deadline for input from patient groups and registered clinicians, scheduling of meetings (e.g., review team, checkpoint), and determining when the submission would be brought forward on a pERC meeting agenda. Not filing based on the confirmed date provided by a submitter could cause significant challenges, in particular where there may be periods of high volume within the system. We would encourage submitters to make best efforts to mitigate uncertainties with the filing date as this is within the full control of the submitter. Ensuring timely decisions requires the collaboration of all participants in the pCODR process. It would be important to hear from stakeholders on options to consider for providing more certainty with regards to the filing date.

In addition to providing timely submissions, it is also essential that submitters provide complete information, as set out in the *pCODR Submission Guidelines*. In cases where a submitter does not provide the required information, the submission will be deemed incomplete and this will cause a delay with the review. Because the relevant comparator(s) and identifying where the new therapy would fit into the current publicly funded treatment landscape is important to inform the development of the provisional algorithm and the clinical and economic review, it is proposed that this information will be included as a new requirement for a submission to be deemed complete.

As the submission goes through the steps of pCODR's review process, the provisional algorithm would continue to be developed, which would include comments from registered clinicians and patients, as well as information from the submission. This information, along with the input from the ad hoc panel or survey results (as applicable) would be provided to CGP as part of the review for its comment. Input from CGP and ad hoc clinical or online survey results regarding the provisional algorithm would be shared with PAG to support the implementation issues. This information would also be shared with the CAPCA Board of Directors, through the CAPCA representative and, for individual provincial cancer agencies, by their representative on PAG, for review and consideration.

The pERC briefing materials, including the implementation issues and the provisional algorithm, would be brought forward to pERC. There would be no changes to the deliberative framework or recommendation framework. A key change at this step of the process would be for pERC to comment on whether there are opportunities for additional data collection to inform the provisional algorithm, and, if the recommendation is a positive or conditional reimbursement recommendation, to offer an opinion on the provisional algorithm. This information would be shared with stakeholders through public posting as part of the initial recommendation.

3. Proposed Changes to pERC Initial and Final Recommendation

The pERC initial recommendation would be posted and all eligible stakeholders (e.g., submitter, patient group, registered clinician, and PAG) who participated at the outset of the review would continue to be eligible to provide feedback within a 10-business day period. Where it is a positive or conditional reimbursement recommendation, it is proposed that as part of the posting of the pERC initial recommendation, CADTH would include the provisional algorithm for stakeholders to provide comment. To ensure that we achieve greater consistency with implementation issues across Canada, CAPCA through PAG (see the following proposed composition change), will also have an opportunity to identify implementation issues, including providing comments on the provisional algorithm and to support the implementation proposal as part of the advice to the participating jurisdictions. There are many factors that go into the decision of a participating jurisdiction to fund a cancer drug. These include, but are not limited to, its specific patient population, available budget, and local health system priorities. A pERC recommendation is but one of the many factors that will be considered prior to a funding commitment.

4. Proposed Changes to Terms of Reference for PAG, pERC, and CGP

CADTH is proposing making changes to the terms of reference to PAG, pERC, and CGP. There will be no change to the composition of pERC or CGP; administrative changes could be made to provide clarity on responsibilities.

PAG currently provides advice, works with the pCODR program on operational issues, informs policy direction, and raises implementation issues through the health technology assessment process for consideration by pERC. Specifically, for PAG, it is proposed that the composition be expanded to include a CAPCA representative and clinician(s) who have responsibilities for treating patients and making system therapy funding recommendations or decisions for a provincial cancer program. This proposed membership addition would further strengthen the linkages with the provincial cancer

programs and the network to connect with provincial clinical leads and the local level. It is also proposed that PAG's mandate be extended to include the responsibility to identify and to consider implementation issues in cases where there is no evidence for pERC to consider but where best clinical advice could inform a decision that is made by the participating jurisdictions in order to publicly reimburse a drug.

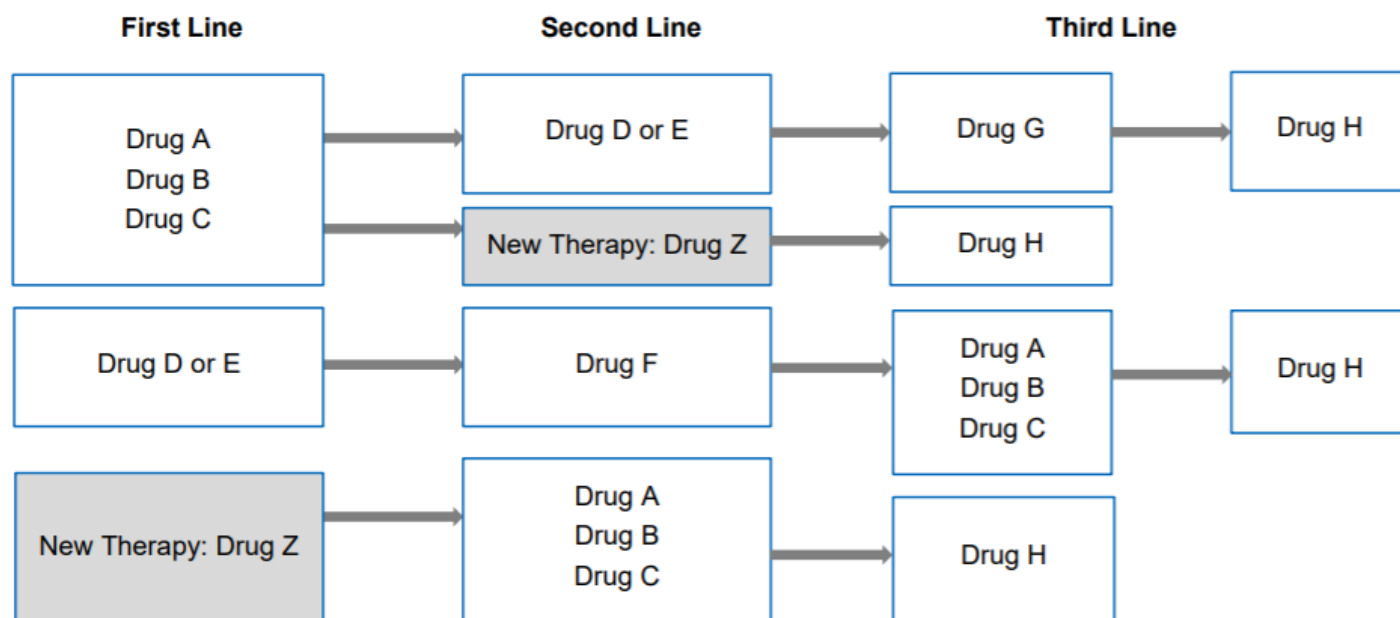
We will continue to monitor for ongoing process improvements, including considering future changes to the mandate and responsibilities of EGP.

How to Submit

Please submit your written comments using the [Survey Monkey feedback template](#) by **March 28, 2019, at 5:00 p.m. EDT**. All comments submitted by the deadline will be carefully considered and used to inform the proposed changes to CADTH's pCODR process. We thank you in advance for your interest and participation.

Appendix A: Illustrative Example of a Provisional Algorithm for a Cancer Indication

Example of a Cancer Indication With an Identified Mutation



Consultation: Addressing Non-Submissions by Manufacturers (August 2018)

Background

CADTH has recently encountered a number of situations where manufacturers with eligible products have declined to file submissions with the CADTH Common Drug Review (CDR) or pan-Canadian Oncology Drug Review (pCODR) processes. This creates challenges for participating drug plans that are receiving requests for reimbursement for products where the manufacturer has declined to participate in the CDR or pCODR process.

Proposal

The following process is proposed for use in situations where a manufacturer has not proactively filed a submission with CADTH for an eligible product.

- Jurisdictions determine that they require a recommendation from CADTH to inform their reimbursement decisions.
- The Chair of the Drug Policy Advisory Committee Formulary Working Group (FWG) or pCODR Provincial Advisory Group (PAG) will issue a letter to the manufacturer informing it that the drug is eligible for review through the CDR process and that the plans would like a submission to be filed with CADTH.
- The manufacturer will have six weeks to respond to the FWG or PAG Chair indicating whether or not it is planning to file a submission for the drug, as well as its anticipated timelines if it is choosing to submit.
- In the following scenarios a statement will be issued on the CADTH website indicating that “CADTH is unable to recommend reimbursement as a submission was not filed by the manufacturer”:
 - a manufacturer indicates that they are not planning to file a submission at this time
 - a manufacturer fails to respond to the FWG or PAG Chair within the requested six-week period
 - a manufacturer indicated that a submission would be filed, but did not provide advance notification with the anticipated filing date within 12 months of receiving the request from the FWG or PAG Chair.
- These statements will be issued on the basis that a submission was not filed by the manufacturer and will not be discussed by CADTH's expert review committees.
- The proposed changes to the procedure will only apply to submissions and not to resubmissions.
- If CADTH has issued a statement on the basis that a submission was not filed, the manufacturer may file a submission at any point in the future in accordance with CADTH's procedures. This would result in a CADTH recommendation being issued for the drug.
- The participating jurisdictions can continue to initiate drug-plan submissions provided the submission requirements can be addressed (e.g., provision of an economic model and pharmacoeconomic evaluation).

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current processes.

Consultation: Strengthening Process for Establishing Reimbursement Criteria in CDR Recommendations (August 2018)

1. Background

The CADTH Canadian Drug Expert Committee (CDEC) often specifies clinical criteria as part of its reimbursement recommendations. Stakeholders have recently indicated that there is a need for CADTH to improve the Common Drug Review (CDR) processes for establishing reimbursement criteria. Specifically, jurisdictions have requested greater detail and consistency in the initiation, renewal, and discontinuation criteria included in CDEC recommendations. CADTH is committed to working with all stakeholders to improve the quality of the reimbursement criteria included in CDEC recommendations.

2. CADTH Proposal

2.1. Overview

CADTH has identified several opportunities to improve the CDR process to facilitate the development of initiation, renewal, and discontinuation criteria in CDEC recommendations (Table 1). These will build on CADTH's commitment to enhance the CDR process — particularly for drugs for rare diseases — and will impact all phases of the CDR review process (i.e., intake, initiation, review, deliberations, recommendation, and implementation). CADTH believes that these enhancements will limit the need for jurisdictions to conduct additional consultations in order to implement CDEC recommendations; thereby, reducing the overall time for patients to achieve access to important new drugs.

Table 1: Proposed Process Improvements for Establishing Initiation and Discontinuation Criteria

Phase	Description
Intake	<ul style="list-style-type: none"> A new category 1 requirement will be introduced, which will require that the applicant propose detailed initiation, renewal, and discontinuation criteria for the drug under review. Manufacturers will be encouraged to communicate with Canadian clinician and patient groups when preparing their proposed reimbursement criteria.
Patient groups	<ul style="list-style-type: none"> Patient groups will continue to have the opportunity to consider the manufacturer's requested reimbursement criteria when providing input to CADTH.
Initiation	<ul style="list-style-type: none"> CADTH and the drug plans will seek to identify drugs where reimbursement criteria may be particularly relevant and potentially challenging to develop. This could result in the recruitment of additional clinical experts.
Review	<ul style="list-style-type: none"> CADTH will modify the clinical review template to include details of the manufacturer's proposed criteria. The CADTH review team and clinical expert(s) will comment on whether or not the manufacturer's criteria are reflective of the evidence presented in the submission. Clinical experts will comment on the criteria from the perspective of their relevance and applicability to Canadian practice and may suggest refinements to the manufacturer's criteria, and/or propose alternative criteria for CDEC's consideration. Manufacturers will continue to have the opportunity to review and comment on CADTH's reports, including any commentary regarding initiation, renewal, and discontinuation criteria. Drug plan representatives will be asked to comment on the criteria proposed by the manufacturer, as well as on any modifications suggested by the clinical expert(s) consulted by CADTH.
Deliberations	<ul style="list-style-type: none"> CADTH will seek improvements to the deliberative processes to bring greater consistency to the reimbursement criteria being recommended by CDEC.
Recommendation	<ul style="list-style-type: none"> CADTH will improve the CDEC recommendation documents to achieve greater consistency in the layout, content, and rationale for the reimbursement criteria being recommended.

CDEC = CADTH Canadian Drug Expert Committee.

2.2. Requesting Reimbursement Criteria

A key feature of the proposed revisions to the CDR process will involve the creation of a dedicated form where manufacturers can specify the details and rationale for any proposed reimbursement criteria for the drug under review.

Table 2: Example of New Category 1 Requirement for Requested Reimbursement Criteria

Reimbursement Criteria	Proposed Criteria	Rationale for Criteria
Initiation criteria	<p>Clearly identify the appropriate criteria for initiating treatment with the drug. Ensure that each of the following are addressed:</p> <ul style="list-style-type: none"> severity of the condition 	<ul style="list-style-type: none"> Clearly identify the source and rationale for all criteria. Focus on objective evaluation measures whenever possible.

	<ul style="list-style-type: none"> • any requirements based on a patient's treatment history (e.g., prior treatments for the same condition) • any age restrictions • any restrictions related to comorbidities • any particular subtypes of the condition (e.g., based on genotypic and/or phenotypic characteristics). 	<ul style="list-style-type: none"> • Provide references, if applicable.
Renewal criteria	State the minimum treatment response for continuation of therapy. Include a description of the type and timing of the clinical assessment(s) that should be used to evaluate the response to treatment.	<ul style="list-style-type: none"> • Clearly identify the source and rationale for all criteria. • Focus on objective evaluation measures whenever possible. • Provide references, if applicable.
Discontinuation criteria	State the clinical criteria that should be used to discontinue the drug in patients who are longer responding and/or benefiting from treatment. Include a description of the type of clinical assessment(s) that should be used to identify patients for which the drug should be discontinued.	<ul style="list-style-type: none"> • Clearly identify the source and rationale for all criteria. • Focus on objective evaluation measures whenever possible. • Provide references, if applicable.
Administration criteria	State the appropriate setting for treatment and indicate if the prescribing and/or administration of the drug should be limited to clinicians or health care teams with a particular area of expertise.	<ul style="list-style-type: none"> • Clearly identify the source and rationale for all criteria. • Provide references, if applicable.
Monitoring criteria	Provide a summary of the following: <ul style="list-style-type: none"> • recommended monitoring criteria to support the proposed renewal and discontinuation criteria • any additional monitoring that is recommended for patients receiving the drug (e.g., safety monitoring). 	<ul style="list-style-type: none"> • Clearly identify the source and rationale for all criteria. • Provide references, if applicable.

2.3. Enhanced Engagement with Clinical Specialists

As part of CADTH's plan for strengthening the process for establishing reimbursement criteria, it is proposing to expand engagement with clinical specialists during reviews for selected priority drugs. CADTH is proposing the establishment of clinical guidance panels comprised of clinical specialists with experience in the diagnosis and management of the condition for which the drug under review is indicated. These panels would be tasked with assisting CADTH in characterizing unmet therapeutic need, developing detailed reimbursement criteria for consideration by the expert review committee, and identifying potential implementation issues.

CADTH believes that such panels would be most beneficial for drugs that are likely to result in challenging deliberations and complex negotiations. To promote alignment throughout the health system, CADTH is proposing that these panels could be established for drugs that received an expedited review from Health Canada for the indication of interest (i.e., priority review or advance consideration under a Notice of Compliance with conditions).

3. Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current processes.

Consultation: Posting Manufacturer Comments (and Corresponding CADTH Responses) On Draft CDR Review Reports (August 2018)

Background

As described in the [Procedure and Submission Guidelines for the CADTH Common Drug Review](#) (June 2018), manufacturers are given the opportunity to review the draft CADTH Common Drug Review (CDR) review report(s) and submit written comments about the report(s). CADTH provides written responses to the manufacturer comments and updates the reports, as required. These responses are currently forwarded to the manufacturer for reference prior to the targeted CADTH Canadian Drug Expert Committee meeting. The comments and responses are then incorporated into the CADTH Canadian Drug Expert Committee brief and are shared with the CDR-participating drug plans.

Proposal

In accordance with CADTH's commitment to increasing transparency in our pharmaceutical review processes, CADTH is proposing a revision to the *Procedure and Submission Guidelines for the CADTH Common Drug Review* to publicly post manufacturer comments and CADTH responses. In accordance with the *CADTH Common Drug Review Confidentiality Guidelines*, manufacturers will have the opportunity to request the redaction of confidential information contained within the comments and responses prior to posting on the CADTH website.

In order to avoid the need for multiple redaction requests, CADTH is proposing that it shift the current redaction process so it occurs after CADTH's responses to the manufacturer's comments have been finalized and are provided to the manufacturer for information.

Manufacturers will have 10 business days following receipt of the CDR review report(s) to identify confidential information and submit a request for redaction.

Next Steps

Following the consultation period, CADTH will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current processes.

Consultation: Proposal to Revise Category 1 Requirements for CADTH Single Technology Reviews (July 2019)

1. Proposal Objectives

CADTH would like to invite stakeholder comments on a proposal to revise category 1 requirements to further support single technology reviews through both the CADTH Common Drug Review (CDR) and the CADTH pan-Canadian Oncology Drug Review (pCODR) programs. Proposed additions to category 1 requirements include:

- a systematic review of the clinical literature
- complete clinical study reports
- current reimbursement status table
- a budget impact analysis.

The requirements for submission will be dependent upon the CADTH review type, as described in Table 3.

Table 3: Proposed New Category 1 Requirements

Proposed Requirements	CADTH Review Type	
	Standard	Tailored
Systematic Review	Required	Not required
Clinical Study Reports	Required	Required
Reimbursement Status Table	Required	Required
Budget Impact Analysis	Required	Required

2. Proposed Changes to Category 1 Requirements

2.1 Systematic Review of the Literature

In the existing CDR and pCODR processes, CADTH conducts both standard and tailored reviews, depending upon the type of submission being filed.

- **Standard review:** consists of CADTH conducting a systematic review of the submitted clinical evidence in addition to clinical studies identified through its independent systematic literature search, and an appraisal of the submitted pharmacoeconomic evaluation.
- **Tailored review:** consists of CADTH conducting an appraisal of both the submitted clinical evidence and pharmacoeconomic evaluation using a CADTH-provided review template that is specific to the type of drug product to be reviewed.

Standard reviews are typically conducted for new drugs and drugs with new indications, and tailored reviews are typically conducted only for a subset of new combination products (e.g., those where the individual components are already reimbursed by the public drug plans). A key difference between the standard and tailored review processes is that the standard review process involves CADTH conducting a systematic literature review and summarizing the relevant clinical evidence (see section 7.2.1. of the [Procedure and Submission Guidelines for the CADTH Common Drug Review](#) and section B4.1 of the [pCODR Procedures](#) for additional details on the current standard review process).

CADTH is proposing that a systematic literature review be a category 1 requirement for all submissions and resubmissions being reviewed through the standard review process.

Major components of the systematic review should include:

- an explicit protocol that describes the scope of the systematic review with respect to the PICOS (patient population — including relevant subgroups, intervention, comparators, outcomes, study designs)
- a description of the search strategy, process for screening, study selection, and data extraction
- a flow chart for the selection of included studies, a list of included and excluded studies
- a description of study characteristics for each individual-included study (design, participants, interventions, outcomes, statistical analysis plan)
- a description of the individual study results in terms of baseline and demographic characteristics, patient disposition, and efficacy and safety results for the full patient population and relevant subgroups.

Submitters will be encouraged to make use of the opportunity for pre-submission meetings with CADTH to discuss the specifics of their proposed protocol.

As part of the review process, CADTH will prepare a clinical review report that includes:

- a validation and critical appraisal of the submitted systematic review

- a summary and critical appraisal of all relevant indirect treatment comparisons (either submitted and/or identified by CADTH)
- the identification, synthesis, and critical appraisal of additional relevant evidence from studies that do not meet the systematic review protocol but that address important gaps in the evidence
- an integration of stakeholder perspectives, including patient groups, clinical experts, and public drug programs
- an overall interpretation of the available clinical evidence for the drug under review relative to appropriate comparators.

CADTH's clinical report may cite for public disclosure data or other types of evidence obtained from any of the category 1 requirements (e.g., systematic review, sections of the common technical document, publications, clinical study reports, full technical reports of any indirect treatment comparisons) or pursuant to a request from CADTH to the manufacturer for additional information.

Stakeholders should also note the following: Both the submitted systematic review and CADTH's clinical report will be posted on the CADTH website without redactions following the posting of the final recommendations. This is accordance with the ongoing consultation *Proposal to Enhance Transparency of CADTH's Review Reports and Recommendations*.

2.2 Complete Clinical Study Reports

Clinical study reports are not currently a category 1 requirement. However, routine requests by CADTH to manufacturers to provide clinical study reports are almost universally complied with. Clinical study reports provide the most complete details regarding the design, conducting of, and results of clinical trials, and will be required by CADTH to validate information provided in the systematic review. To ensure fairness for all, CADTH is proposing to make complete clinical study reports a category 1 requirement. Final or interim clinical study reports should be provided in full and include both the complete study protocol and analysis plan.

2.3 Reimbursement Status for Comparators

For all CADTH reviews conducted through the CADTH CDR and pCODR processes, information regarding the reimbursement status of relevant drugs is summarized for consideration by the review teams and expert committees. The approach to obtaining this information currently differs between the standard and tailored review processes:

- Applicants are required to complete a table summarizing the reimbursement status of drugs in the tailored review process.
- CADTH summarizes the reimbursement status of relevant comparator drugs in the standard review process, with input from the drug plans.

CADTH has reviewed its processes and determined that there would be value in having the applicant provide a summary of the reimbursement status for all relevant comparator drugs at the time a submission or resubmission is filed. This would help facilitate screening of the pharmacoeconomic submission requirements and reduce the risk of potential delays during the review process. CADTH is proposing that the following standardized template be used to summarize the reimbursement status of relevant comparator drugs.

Proposed Template for Reimbursement Status for Comparators

Please provide the publicly available listing status and criteria for all relevant comparators. CADTH may update the information provided by the applicant with new information provided by the participating drug programs, as required.

Step 1: Please use a separate table for each indication being reviewed by CADTH.

Step 2: Add the non-proprietary and brand names for each relevant comparator and use a separate row for each comparator.

Step 3: Use the following abbreviations to complete the table:

Abbreviation	Description
EX	Exception item for which coverage is determined on a case-by-case basis
FB	Full benefit
NB	Not a benefit
RES	Restricted benefit with specified criteria (e.g., special authorization, exception drug status, limited use benefit)
CADTH	Under review by CADTH
pCPA	Under negotiation by the pan-Canadian Pharmaceutical Alliance
FPT	Under consideration by the federal, provincial, and territorial drug plans
–	Information not available

Table 2: Reimbursement Status for Relevant Comparators for the Treatment of (State the Indication)

Comparators	Participating Drug Plans													
	BC	AB	SK	MB	ON	NB	NS	PE	NL	YT	NT	NIHB	DND	VAC
Brand (Generic)														
Brand (Generic)														
Brand (Generic)														
Brand (Generic)														

Step 4: For all restricted benefit entries (RES), please state the criteria used by each drug plan. Use a separate table for each indication and add or delete rows, as necessary.

Table 3: Reimbursement Criteria for (Comparator) for (State the Indication)

Drug Plan	Criteria for Restricted Benefit
Add name	State the exact criteria
Add name	State the exact criteria
Add name	State the exact criteria

2.4 Budget Impact Analysis

CADTH currently conducts a review and appraisal of a pan-Canadian budget impact analysis (BIA) as part of the CADTH pCODR process for oncology drugs. For non-oncology drugs, this work is provided as implementation support for the pan-Canadian Pharmaceutical Alliance (pCPA) and the participating drug programs on a case-by-case basis. To promote alignment across CADTH's drug review processes and to provide additional support for the jurisdictions, CADTH will be including a review and appraisal of a manufacturer-submitted BIA as part of the CADTH CDR process.

Proposed Category 1 Submission Requirements for Budget Impact Analyses

The BIA information description that follows will be a category 1 requirement for all submissions and resubmissions. Any deviations from these requirements would require discussion and acceptance by CADTH prior to filing.

Aggregate pan-Canadian Budget Impact Report:

- a budget impact report that provides an overall aggregate BIA for all the participating drug plans (i.e., a pan-Canadian analysis)
- the base-unit price used in the BIA must be the same as the price submitted in the category 1 requirements and must be clearly identified in each BIA; jurisdiction-specific markups or discounts can then be applied, if applicable.

Aggregate Budget Impact Model:

- a copy of the model used to produce the aggregate pan-Canadian BIA for all of the CDR-participating drug plans
- the BIA model should be flexible enough to be applied to the context of any participating ministry of health or provincial cancer agency, which may differ with respect to the funding of comparators or the design of the program responsible for drug funding.

Supporting Documentation Used in Budget Impact Analysis:

- a reference list and copies of all supporting documentation used and/or cited in the BIA
- the manufacturer is responsible for ensuring that appropriate copyright permissions have been obtained for the electronic copies of all supporting documentation included in the submission or resubmission, to be shared among the drug plans.

Companion Diagnostic:

- if there is a companion diagnostic test associated with the drug, please provide the BIA for drugs and companion diagnostics both in combination and separately, as some jurisdictions fund the two health technologies through separate mechanisms.

Proposed Category 2 Submission Requirements for Budget Impact Analyses

- The BIA reports and models for each of the individual participating drug plans will remain as category 2 requirements for all submissions and resubmissions.
- The target date for filing these BIAs will remain 20 business days after the submission or resubmission has been accepted for review by CADTH.

Proposed Review Procedure for Budget Impact Analysis

CADTH Pharmacoeconomic Review Report:

- The CADTH review team will critically appraise the aggregate pan-Canadian BIA filed by the manufacturer and conduct a reanalysis in order to model alternative scenarios, as required.
- The summary, appraisal, and reanalysis of the aggregate BIA will be included in the *CADTH Pharmacoeconomic Review Report* and posted on the CADTH website.
- Manufacturers will have the opportunity to review and comment on CADTH's summary, appraisal, and reanalysis when they are provided with the draft review reports for comment.

CADTH Canadian Drug Expert Committee Deliberations and Recommendations:

- The CADTH Canadian Drug Expert Committee (CDEC) may include commentary in its recommendations regarding how the budget impact of a drug may affect the ability of the participating drug plans to implement a recommendation.

3. How to Submit Feedback

To provide feedback on the proposals, please use the [feedback template](#). The completed template must be saved in one of the following formats:

- Microsoft Word document (.doc or.docx)
- unlocked PDF document that permits copying and pasting of text.

The completed templates must be uploaded sent to feedback@cadth.ca.

Feedback should be presented clearly and succinctly in 11-point font and must be received by CADTH by **5:00 p.m. EDT on Friday, September 13, 2019**. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If more than one response is received, only the first will be considered.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

Appendix 1: Frequently Asked Questions

Q: What do the proposed changes mean for those making submissions to CADTH Common Drug Review and CADTH pan-Canadian Oncology Drug Review?

For submissions of new drugs or drugs with new indications that will undergo a standard review, CADTH's proposal will require the submission of a systematic review of the literature, based on a detailed protocol consistent with best practices and in accordance with CADTH requirements. For both standard and tailored reviews, clinical study reports, a reimbursement status table, and a budget impact analysis will become category 1 requirements. Select submission requirements may be waived at the discretion of CADTH if the submitter is not the manufacturer of the drug being submitted and does not have access to all the information required

Q: What do the proposed changes mean for patient groups?

CADTH's proposal is focused on the requirements for those groups submitting a request for review and does not involve any revisions to the existing patient engagement processes.

Q: What do the proposed changes mean for clinicians?

CADTH's proposal is focused on the submission requirements for those groups submitting a request for review and does not involve any revisions to the existing clinician engagement processes.

Q: Would the proposed changes result in reduced review timelines for CADTH?

CADTH is not proposing any revisions to the current review timelines for the CADTH CDR and pCODR processes (i.e., the existing performance metric will remain at 180 calendar days or less). CADTH will continue to accept submissions up to 180 calendar days prior to the anticipated date of approval by Health Canada, allowing stakeholders to benefit from the shortest possible intervals between market authorization and CADTH recommendations.

Q: Would the proposed changes result in changes to the application fee structure?

CADTH is not proposing any revisions to the current application fee structure for the pharmaceutical review processes as a result of this consultation.

Q: When could the proposed changes be implemented by CADTH?

CADTH is currently targeting to implement the revised submission and review processes for any submissions or resubmissions that are filed on or after April 1, 2020.

Consultation: Proposal to Enhance Transparency of CADTH's Review Reports and Recommendations (July 2019)

1. Proposal Objective

As one of CADTH's core values, we are committed to further enhancing the transparency of our review processes. As such, CADTH considers it essential that any information submitted to CADTH for review be fully disclosable.

CADTH would like to invite stakeholder comments on a proposal to further strengthen transparency by requiring that clinical, economic, and other information submitted to the CADTH review processes be made disclosable at the time of publishing its reports and recommendations on its website.

CADTH believes increasing the transparency of its reports and recommendations will help to:

- provide better accessibility, comprehensiveness, and usefulness of information for all stakeholders
- reduce administrative burden for CADTH and manufacturers/submitters
- promote greater confidence in CADTH's recommendation process.

2. Background

As a key contributor in the Canadian health care system, CADTH receives clinical and economic information from a submitter, as well as perspectives from patients and clinicians. This information is used to evaluate and provide drug and other product reimbursement recommendations and advice to participating federal and provincial public drug and other programs.

In recent years, both national and international organizations have developed and implemented transparency initiatives to disclose data (e.g., trial data, Clinical Study Reports, etc.) to better support decision-making. CADTH adheres to the value of transparency by publishing the process steps, including a process to engage stakeholder input and feedback, status of reviews, timelines, reports, recommendation and reasons for the recommendation.

CADTH has formal procedures and guidelines in place to handle information submitted to the CADTH review processes, including non-disclosable information. As a result, CADTH currently spends a substantial amount of time and effort negotiating with the submitter and redacting information deemed to be non-disclosable by the submitter. Redacting means editing a document to delete or mask information that has been deemed as non-disclosable by the submitter.

Information that is deemed to be non-disclosable by a submitter is a barrier to transparency. It results in documents being published that contain, at times, significant amounts of relevant information that is rendered not visible at the request of the submitter. This, in turn, could hamper understanding of the issues outlined in the reports and the rationale for the recommendation.

Therefore, CADTH proposes to amend its existing procedures and guidelines with regard to how it will handle confidential or non-disclosable information in its reports and recommendations by making the information in its reports and recommendations fully disclosable at the time of publication on its website. The proposal would be aligned with international policies and best practices,^{3,4} as well as with Health Canada's recent regulatory changes. CADTH is of the view that information to support decision-making, as contained in its reports and recommendations, should be made fully disclosable to ensure that stakeholders and the public can better understand the evidence that supports the outcome of a recommendation made by CADTH's expert review committees.

3. Highlight of Proposed Changes

To enhance transparency of its drug review and recommendation processes, it is proposed that CADTH will seek to make information that is submitted to the CADTH review processes fully disclosable at the time of publication on its website by amending its respective procedures and guidelines (e.g., *Procedure and Submission Guidelines for the CADTH Common Drug Review*, *pCODR Procedures*, *pCODR Disclosure of Information Guidelines*, etc.). For greater certainty, the proposed amendments would allow CADTH to use and disclose information provided by a submitter (i.e., both clinical and economic) or from other sources (e.g., patient and clinician input) in its reports and recommendation that would be

³ European Medicines Agency. European Medicines Agency policy on publication of clinical data for medicinal products for human use, POLICY/0070, effective date: 21 March 2019 [cited 2019 July 12]. Available from: https://www.ema.europa.eu/en/documents/other/european-medicines-agency-policy-publication-clinical-data-medicinal-products-human-use_en.pdf

⁴ Food and Drug Administration. Clinical Data Summary Pilot Program [cited 2019 July 12]. Available from: <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/ucm589210.htm>

⁵ Government of Canada. Regulations Amending the Food and Drug Regulations (Public Release of Clinical Information): Canada Gazette, Part II, Volume 153, Number 6 – March 4, 2019 [cited 2019 July 12]. Available from: <http://www.gazette.gc.ca/rp-pr/p2/2019/2019-03-20/html/sor-dors62-eng.html>

published to support decision-making. Table 1 contains a sample list of sources of information that CADTH uses to assess a drug or other product submission, and the disclosure status of these documents. Be advised this list is not exhaustive; the full documentation requirements are set out in the respective CADTH program's procedures and guidelines.

Table 1: CADTH Sample List of Sources of Information to Assess Submissions

Key Sources of Information Used by CADTH to Assess a Drug or Other Product Submission	Current Disclosure Status	Proposal
Clinical Study Report	Often non-disclosable	It is proposed that CADTH may use and disclose all relevant information provided by a submitter or from other sources at the time of publishing its reports and recommendations on its website.
Regulatory documents (e.g., Common Technical Documents, Reviewer's Report, Clarifaxes, etc.)	Often non-disclosable	
Other supporting documents (e.g., new data generated, quality of life data, resubmission eligibility form, etc.)	Often non-disclosable	
Indirect Treatment Comparison Technical Document Report	Often non-disclosable	
Patient Input	Disclosable	
Clinician Input	Disclosable	
Participating Jurisdiction Input	Disclosable	
Publication or other information in the public domain	Disclosable	
Pricing information (list price)	Disclosable	
Pharmacoeconomic Report	Partially disclosable	
Budget Impact Analysis Report	Partially disclosable (note: submitter's market share assumptions and results are currently non-disclosable)	

4. How to Submit

To provide feedback on the proposals, please use the [feedback template](#). The completed template must be saved in one of the following formats:

- Microsoft Word document (.doc or.docx)
- unlocked PDF document that permits copying and pasting of text.

The completed templates must be uploaded sent to feedback@cadth.ca.

Feedback should be presented clearly and succinctly in 11-point font and must be received by CADTH by **5:00 p.m. EDT on Friday, September 13, 2019**. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If more than one response is received, only the first will be considered.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

Consultation: CADTH's Proposed Reassessment Framework (July 2019)

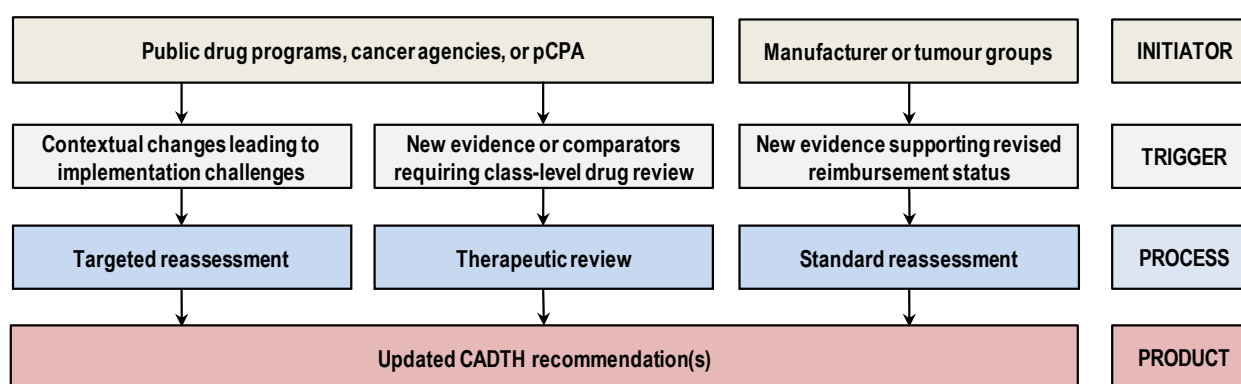
1. Proposal Objective

There is currently no standardized pan-Canadian process for monitoring and re-evaluating drugs in Canada once they have been funded. Establishing guidelines and processes for the reassessment of drugs is a key objective of CADTH's 2018-2021 [Strategic Plan](#).

CADTH is seeking to leverage its current review processes to establish a framework that will facilitate the reassessment of drug products in Canada. As shown in Figure 1, CADTH believes that multiple approaches will be required to ensure that the reassessment of drugs is both effective and efficient. The proposed reassessment processes developed by CADTH will build upon the best practices of the existing pathways currently being used in the pharmaceutical review processes.

This document summarizes CADTH's proposed reassessment framework for the purposes of stakeholder consultation.

Figure 1: CADTH's Pharmaceutical Reassessment Processes



pCPA = pan-Canadian Pharmaceutical Alliance.

2. Potential Triggers for Reassessment

Reassessments could be carried out in response to a variety of potential triggers (Table 1), including:

- actions by regulatory and reimbursement authorities
- the availability of new evidence or new comparators leading to questions about the comparative clinical/cost-effectiveness
- changes in contextual factors resulting in implementation challenges.

While not in scope for the current reassessment framework, potential triggers that could be included in future iterations of the reassessment framework could be reassessments mandated as a condition tied to an outcomes-based reimbursement agreement.

Table 1: Potential Triggers for Reassessment

Trigger	Details
Regulatory activity	<ul style="list-style-type: none"> • Patent expiration/pending approval of generic formulations • Revised indications (e.g., changes that could alter coverage but wouldn't require a full submission) • Conversion from NOC/c to NOC (if specified as a concern in the initial review)
Reimbursement activity	<ul style="list-style-type: none"> • Expiration of reimbursement agreement • Required component of funding arrangement • Utilization issues (e.g., perceived overuse) • Uncertain or potentially high budget impact • Manufacturer proposes changes to existing reimbursement criteria

Questions about clinical/cost-effectiveness	<ul style="list-style-type: none"> • Emergence of new comparators • Completion of longer-term clinical studies • Availability of new clinical data (e.g., new RCTs or RWE studies) • Uncertainty of the magnitude of benefit
Contextual changes	<ul style="list-style-type: none"> • Clinical practice considerations (new Canadian guidelines that do not align with CADTH recommendation; additional therapies entering the same space, which alters the treatment algorithm)

NOC = Notice of Compliance; NOC/c = notice of compliance with conditions; RCTs = randomized controlled trials; RWE = real-world evidence.

3. Type of Reassessments Conducted

Table 2 provides a summary of the different types of reassessments that will be conducted by CADTH. CADTH will conduct reassessments using the most efficient process that can effectively evaluate the questions raised in the request for reassessment.

- A **standard reassessment process** will be used to address questions related to comparative clinical benefit and/or cost-effectiveness of a single drug. This new reassessment process would replace the existing resubmission process for drugs that are currently reimbursed by the public drug plans.
- A **targeted reassessment process** will be used to address questions related to changes in contextual factors that may affect the ability of the participating jurisdictions to implement existing Canadian Drug Expert Committee (CDEC) or pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC) recommendations. Contextual information can include items such as regulatory actions, changes in clinical practice, or other forms of information that have introduced implementation questions or challenges for the jurisdictions. This new process would replace and build upon CADTH's existing request for advice process.
- The existing **therapeutic review process** will be used for questions regarding the comparative safety, clinical effectiveness, and cost-effectiveness of multiple drugs.

Table 2: Overview of CADTH's Reassessment Process

CADTH Process	Basis for Reassessment	CADTH Output	Eligible Requestors	Typical Timelines
Standard Reassessment	<ul style="list-style-type: none"> • Uncertainty regarding safety, clinical effectiveness, and cost-effectiveness of a single drug 	<ul style="list-style-type: none"> • Updated CDEC/pERC recommendation • Clinical and economic review reports • Patient group input 	<ul style="list-style-type: none"> • Manufacturers • Tumour groups • Participating drug plans and cancer agencies 	<ul style="list-style-type: none"> • ≤180 calendar days
Targeted Reassessment	<ul style="list-style-type: none"> • Changes in contextual information that may affect the ability to implement existing CDEC or pERC recommendations 	<ul style="list-style-type: none"> • Updated CDEC/pERC recommendation • Reassessment review report(s) • Patient group input 	<ul style="list-style-type: none"> • Participating drug plans and cancer agencies • pCPA 	<ul style="list-style-type: none"> • 90 to 150 calendar days
Therapeutic Review	<ul style="list-style-type: none"> • Uncertainty regarding the comparative safety, clinical effectiveness, and/or cost-effectiveness of multiple drugs 	<ul style="list-style-type: none"> • Therapeutic review recommendations • Updated CDEC recommendations (if required) • Patient group input • Clinical and economic review reports 	<ul style="list-style-type: none"> • Participating drug plans and cancer agencies • pCPA 	<ul style="list-style-type: none"> • 12 months

CDEC = Canadian Drug Expert Committee; pCPA = pan-Canadian Pharmaceutical Alliance; pERC = pan-Canadian Oncology Drug Review Expert Review Committee.

4. Eligibility for Reassessment

4.1 Product Eligibility

Any drug that is currently reimbursed in the Canadian public health care system could be eligible for a reassessment through one of CADTH's processes.

4.2 Eligibility for a Standard Reassessment

- The standard reassessment process is used when there is uncertainty regarding the comparative safety, clinical effectiveness, and/or cost-effectiveness of a single drug.
- The standard reassessment process requires the manufacturer or tumour groups to file new clinical and/or economic information with CADTH.
- Manufacturers can initiate the standard reassessment process in a proactive or reactive manner.
 - **Proactive reassessments** can be initiated by manufacturers that are interested in pursuing revisions to any of the conditions associated with a previous CDEC or pERC recommendation, provided they have new evidence that can support the revisions.
 - **Reactive reassessments** can be initiated by manufacturers that have received a formal request for reassessment from CADTH on behalf of the participating jurisdictions.
- Similar to CADTH's resubmission process, applicants that wish to proactively have a drug considered through the standard reassessment process will be required to submit an application form and copies of one or more new studies that support the requested revisions to the reimbursement criteria for the drug.
- CADTH will assess the information provided by the applicant using the same approach that is currently used for resubmissions and will confirm eligibility with the manufacturer.
- After receiving confirmation from CADTH that the proposed reassessment is eligible for review through the CDR or pCODR processes, applicants would be required to provide CADTH with advance notification for the pending reassessment in accordance with CDR and pCODR procedures.

4.3 Eligibility for a Targeted Reassessment

- CADTH will typically apply the targeted reassessment process when jurisdictions or the pCPA raise issues regarding changes in contextual information that affect their ability to implement existing CDEC or pERC recommendations.
- To initiate the targeted reassessment process, CADTH must receive a formal request from the participating jurisdictions or pCPA that provides a clear description of the issues that are of interest to the jurisdictions.

4.4 Eligibility for a Therapeutic Review

- The topic selection process for a therapeutic review is described in detail in the CADTH Therapeutic Review Framework and Process.

5. Pre-Submission Procedures

5.1 Pre-submission Meetings

- Standard reassessments will be eligible for a pre-submission meeting with CADTH, provided the eligibility has been assessed and confirmed by CADTH.

5.2 Advance Notification

- CADTH will apply the existing advance notification procedures that are used in the CDR and pCODR processes.

6. Stakeholder Engagement

6.1 Patient Engagement

- The call for patient input will be posted 20 business days in advance of the anticipated filing date (as provided in the advance notification form) for a standard reassessment and on the same day the request is received by CADTH for a targeted reassessment. All other aspects of the patient input processes will be conducted in accordance with existing CDR and pCODR procedures.
- Patient engagement opportunities during a therapeutic review are described in detail in the CADTH Therapeutic Review Framework and Process.

6.2 Clinician Engagement

- Clinician engagement for reassessments will occur in accordance with CADTH's existing procedures for the CDR and pCODR processes.

6.3 Drug Plan Engagement

- Drug plan engagement for reassessments will occur in accordance with CADTH's existing procedures for the CDR and pCODR processes.

7. Initiating Reassessments

- Standard and targeted reassessments will be screened and initiated in accordance with the existing procedures for resubmissions and requests for advice, respectively, as described in the *Procedure and Submission Guidelines for the CADTH Common Drug Review* and pCODR Procedures.
- Therapeutic reviews will continue to be initiated in accordance with the CADTH Therapeutic Review Framework and Process.

8. Reassessment Review Procedures

8.1 Standard Reassessment Process

- Standard reassessments will typically be conducted in accordance with CADTH's existing CDR and pCODR processes for standard reviews and resubmissions based on new clinical and economic information.
- CADTH will prepare clinical and economic review reports in accordance the current descriptions in the *Procedure and Submission Guidelines for the CADTH Common Drug Review* and pCODR Procedures. This will involve opportunities for manufacturer comment in the CDR process and a checkpoint meeting in the pCODR process.

8.2 Targeted Reassessment Process

- Targeted reassessments will typically be conducted in accordance with CADTH's existing CDR and pCODR processes for requests for advice.
- CADTH will prepare a reassessment report in accordance with the current description in the *Procedure and Submission Guidelines for the CADTH Common Drug Review* and pCODR Procedures. This will involve opportunities for manufacturer comment in the CDR process.

8.3 Therapeutic Review Process

- As stated in the CADTH Therapeutic Review Framework and Process and the Procedure and Submission Guidelines for the CADTH Common Drug Review, one of the outputs from a CADTH therapeutic review may be revised CDEC or CEDAC recommendations for drugs that have previously been reviewed through the CDR process.
- The processes used by CADTH to conduct reassessments through the therapeutic review process are detailed in the aforementioned documents.

9. Recommendation Process

- The output of CADTH's standard and targeted reassessment process would be a revised or updated recommendation from CDEC or pERC. In the case of a [CADTH therapeutic review, one of the outputs may be revised recommendations for drugs that have previously been reviewed through the CDR or pCODR processes.](#)
- When issuing reassessment recommendations, CADTH's expert review committees will apply the existing recommendation framework that is described in the [Procedure and Submission Guidelines for the CADTH Common Drug Review](#) and [pCODR Procedures](#).
- The recommendation document would include standardized disclaimers, indicating that the new recommendation supersedes the previous recommendation that was issued at the conclusion of the initial CADTH review of the drug.
- The outcome of the standard and targeted reassessment processes will be an updated CDEC or pERC recommendation document, regardless of whether or not the expert review committee concludes that the existing recommendation should be upheld or revised as a result of the reassessment.

10. Implementation of Reassessment Recommendations

- Following the issuance of an updated recommendation from CADTH, there are several potential outcomes that may arise from the reassessment process (Table 3).
- CADTH will seek to develop strategies to monitor the impact and uptake of any recommendations resulting from reassessments.

Table 3: Potential Implications of CADTH Reassessment

Category	Examples
No changes	<ul style="list-style-type: none"> • Confirmation of existing reimbursement conditions • Validation of assumptions that were used to estimate cost-effectiveness
Renegotiation	<ul style="list-style-type: none"> • Revised reimbursement conditions • Renegotiation of effective price(s)
Changing scope of use	<ul style="list-style-type: none"> • Narrowing the scope to a more restricted population • Expanding the scope to include additional subpopulations
Sequencing of drugs	<ul style="list-style-type: none"> • Establishing lines of therapy for drugs that are indicated for a particular condition • Preferential placement of certain drugs within a sequence
Disinvestment	<ul style="list-style-type: none"> • Delisting one or more products that are currently listed by the public drug programs

11. Submission Requirements for Reassessments

11.1 Standard Reassessment Process

- The proposed submission requirements for a standard reassessment are summarized in Table 4.
- Complete details regarding each of these requirements are available in the [Procedure and Submission Guidelines for the CADTH Common Drug Review](#) and [pan-Canadian Oncology Drug Review Submission Guidelines](#).

Table 4: Submission Requirements for Standard Reassessments

Section	Specific Items and Criteria
General information	• Completed application overview template
	• Signed cover letter
	• Completed executive summary template for a reassessment
	• Product monograph
	• Completed declaration letter
New efficacy and/or safety information	• Reference list and copies of new clinical studies and errata
	• Updated table of studies
	• Reference list and copies of new editorial articles
	• Reference list and copies of articles for validity of outcome measures
Economic information	• Updated pharmacoeconomic evaluation addressing the following populations: <ul style="list-style-type: none"> ▪ population(s) addressed under the current reimbursement criteria ▪ population(s) addressed under proposed reimbursement criteria (if applicable)
	• Unlocked and fully executable economic model
Epidemiologic information	• Updated disease prevalence and incidence data
Pricing and distribution	• Submitted price per smallest dispensable unit to four decimal places
	• Method of distribution
Budget impact analyses	• Updated BIA reports for all jurisdictions
	• Updated BIA models for all jurisdictions
	• Reference list of all supporting documentation used and/or cited in BIAs
	• Copies of all supporting documentation used and/or cited in BIAs

BIA = budget impact analysis.

11.2 Targeted Reassessment Process

- CADTH must receive a formal request from the participating jurisdictions or pCPA that provides a clear description of the issues that are of interest to the jurisdictions. Copies of key documents informing the request for reassessment should be included.

- Manufacturers will be asked to provide the names and contact information for two individuals who can serve as the primary and secondary contacts for communicating with CADTH during a targeted reassessment of their product.
- Manufacturers will be invited to provide information to CADTH that they feel could provide relevant information for reassessment of their product.

11.3 Therapeutic Review Process

- Manufacturers will be asked to provide the names and contact information for two individuals who can serve as the primary and secondary contacts for communicating with CADTH during a therapeutic review involving one of more their products.
- Manufacturers and other stakeholders are invited to provide feedback at key stages of the therapeutic review process.

12. How to Submit Feedback

To provide feedback on the proposals, please use the [feedback template](#). The completed template must be saved in one of the following formats:

- Microsoft Word document (.doc or.docx)
- unlocked PDF document that permits copying and pasting of text.

The completed templates must be uploaded sent to feedback@cadth.ca.

Feedback should be presented clearly and succinctly in 11-point font and must be received by CADTH by **5:00 p.m. EDT on Friday, September 13, 2019**. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If more than one response is received, only the first will be considered.

If you have any questions about the feedback process, please email us at feedback@cadth.ca. We thank you in advance for your interest.

Consultation: Proposed Enhancements to the Health Canada, CADTH, and INESSS Aligned Review Processes (June 25, 2020)

1. PURPOSE

The [Aligned Reviews Between Health Canada and Health Technology Assessment Organizations](#) process was launched in June 2018 as part of Health Canada's Regulatory Review of Drugs and Devices (R2D2) initiative. This is a joint initiative between Health Canada, CADTH, and Institut national d'excellence en santé et en services sociaux (INESSS) that established a process to facilitate information sharing between Health Canada and the health technology assessment (HTA) agencies (CADTH and INESSS), coupled with the expansion of the window for filing HTA submissions on a pre-Notice of Compliance (NOC) basis from 90 to 180 calendar days in advance of market authorization. The aligned review process is currently optional for sponsors who are filing HTA submissions on a pre-NOC basis.

As described in the initial announcement regarding the aligned review process, Health Canada, CADTH, and INESSS committed to continuously monitoring the participation rates by sponsors, and adjusting the aligned review process as required to ensure that it provides benefits to all participants. Health Canada, CADTH, and INESSS have conducted an initial evaluation of the aligned review process and are seeking feedback on two proposals to enhance the processes for all stakeholders:

- a proposal to make participation in the information-sharing process mandatory for all HTA submissions that are filed on a pre-NOC basis (Section 0)
- a proposal for minor revisions to the consent letter to reduce the need for Health Canada to distribute information separately to CADTH and INESSS (Section 0).

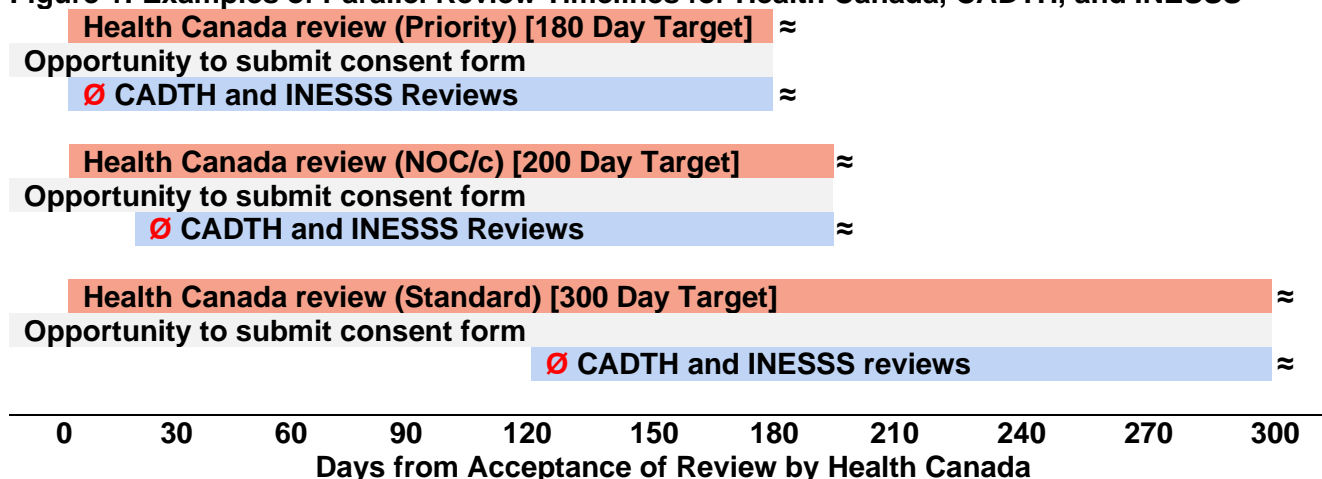
2. BACKGROUND ON ALIGNED REVIEWS

Participation in the aligned review process requires two elements: parallel review timelines between Health Canada and the HTA agencies (i.e., pre-NOC filing); and consenting to information sharing between Health Canada and the HTA agencies.

2.1 Parallel Review Timelines

As part of the aligned review process with Health Canada, CADTH and INESSS began accepting pre-NOC submissions up to 180 calendar days prior to the anticipated date of market authorization (Figure 1). This offered the potential for a substantial reduction in the interval between the issuance of a NOC and the HTA recommendations.

Figure 1: Examples of Parallel Review Timelines for Health Canada, CADTH, and INESSS



Ø = submission filing to health technology assessment agencies for optimal alignment; NOC/c = advanced consideration under the Notice of Compliance with Conditions policy; INESSS = Institut national d'excellence en santé et en services sociaux.

2.2 Consenting to Information Sharing

The information-sharing process was established to allow Health Canada to exchange information with CADTH and INESSS regarding drugs that are being reviewed on a pre-NOC basis. The information-sharing process helps ensure that the HTA agencies have advance notice of any issues that may have the potential to impact their review of the drug (e.g., changes to the indicated patient population), which would potentially avoid delays in the HTA review processes.

Participation in the information-sharing process requires the sponsor to complete Health Canada's consent form, which authorizes sharing of information with CADTH and INESSS (e.g., distribution of Clarifaxes/Clarimails and Health Canada reports that may be relevant to the HTA review).

3. PROPOSAL FOR MANDATORY INFORMATION SHARING

3.1 Proposal and Rationale

Health Canada and the HTA agencies have continuously monitored participation rates by sponsors and the operational impact of the aligned review process. Participation rates have been sufficient to determine that the information-sharing process is beneficial for the HTA review processes in Canada. Information sharing has the potential to help reduce the interval between market authorization and HTA recommendations, as well as the following additional benefits:

- Permitting the HTA agencies to receive the Health Canada reviewer reports directly from Health Canada (rather than from sponsors after market authorization) allows the CADTH review to incorporate relevant findings into the reports before the sponsor comment period. This gives the sponsor the opportunity to review and provide clarification, if required, during the comment period.
- Information sharing can help ensure that the HTA agencies are fully aware of changes to the indication(s) for the drugs under review. This can help avoid delays in the review process by allowing the HTA agencies to rapidly assess the impact of any revisions to the indication at an earlier point in the process.
- Sponsors that consent to information sharing and receive a Notice of Deficiency (NOD) or Notice of Non-Compliance (NON) may be permitted to remain in CADTH's review process (rather than mandatory withdrawal).

An important limitation of the current information-sharing process is that CADTH is currently forced to operate two parallel pre-NOC submission processes to accommodate the voluntary nature of the process (i.e., one process with information sharing and one without information sharing). This creates operational inefficiencies for CADTH and limits the ability of the agency to maximize the benefits of interacting with Health Canada and leverage opportunities to build upon the interpretations and appraisals conducted by Health Canada reviewers. As such, the agencies are seeking stakeholder feedback on an important procedural revision that would make participation in the information-sharing process mandatory for all submissions filed on a pre-NOC basis.

Key points regarding the proposed revisions to the pre-NOC submission process are as follows:

- There would be no changes to the timing for filing pre-NOC submissions (i.e., up to 180 calendar days prior to the anticipated date that market authorization will be issued).
- In order to be eligible to file a submission on a pre-NOC basis, all sponsors would be required to indicate that they have or will be providing Health Canada with the completed consent form.
- CADTH would require that the sponsor indicate that it has or will be providing Health Canada with consent in the following documents:
 - advance notification form
 - declaration form.
- INESSS would require that the sponsor indicate that it has or will be providing Health Canada with consent in the following document:
 - pre-notice documentation.
- Failure to provide the consent form or revoking authorization could result in a suspension of the HTA review or mandatory withdrawal from the pre-NOC submission process.
- In order to avoid disruption with any existing plans for filing submissions, CADTH will ensure that sponsors are provided with at least 12 weeks of notification prior to implementing any revisions to the pre-NOC filing procedures.

3.2 Key Messages Regarding Information Sharing

- Health Canada, CADTH, and INESSS make their best efforts to limit the sharing of information to that which is deemed relevant to the alignment of their reviews. For example, manufacturing process information would generally not be shared as it is typically not needed by the HTAs (as described in the existing submission requirements). Sponsors are reminded that both CADTH and INESSS have well-defined processes and procedures regarding the disclosure of information related to the drug under review. Sponsors are given the opportunity to review and request the redaction of confidential information before any reports are posted by the HTA agencies.

- The aligned review process is respectful of independent processes, timelines, and decision-making by Health Canada and the HTA agencies. Participation in an aligned review does not affect Health Canada's labelling decisions, the outcome of the market authorization decision, or the recommendations issued by the HTA agencies. However, it does provide opportunities to avoid delays in the HTA processes for sponsors and helps ensure that CADTH and INESSS are able to conduct operations in the most efficient manner.
- Health Canada and the HTAs are committed to transparency. Information about which submissions are part of the aligned review process is currently disclosed on Health Canada's [Submissions Under Review Lists](#), on INESSS website, and will be disclosed on CADTH's website.

4. PROPOSAL FOR REVISED CONSENT LETTER

4.1 Proposal and Rationale

Health Canada, CADTH, and INESSS are proposing revisions to the existing consent letter to enable the three agencies to share information more efficiently. Under the existing process, Health Canada is required to compile and distribute relevant documents to CADTH and INESSS separately. As these documents are sent via secure distribution mechanisms, the processes involved can be resource intensive for Health Canada. The proposed revision to the consent letter would allow both CADTH and INESSS to securely access relevant documents from Health Canada using CADTH's Collaborative Workspaces. This will introduce efficiencies by eliminating the need for Health Canada to complete multiple distributions of the same documents. The consent letter has also been revised to reflect the current list of authorized recipients for CADTH. The proposed changes to the consent letter are summarized in Section 0.

4.2 Proposed Revisions to Template

The proposed revisions to the consent letter are marked in red:

This letter authorizes the sharing of certain information set out below (including confidential business information as defined in section 2 of the Food and Drugs Act (R.S.C., 1985, c. F-27)) with respect to the drug submission for "[Submission type], [Brand name, common name, medicinal ingredient(s), control number [NUMBER] (if available)]/E-identifier: eXXXXXX]" (the "Product") between Health Canada (HC), and the Canadian Agency for Drugs and Technologies in Health (CADTH), and l'Institut national d'excellence en santé et en services sociaux (INESSS) (hereinafter referred to as Health Technology Assessors [HTAs]). ~~This letter does not serve to allow the sharing of this information between HTAs.~~

Specifically, [name of manufacturer] authorizes meetings of HC and HTAs, and the sharing of information and documents (final and draft versions) related to the Product, including:

- *HC and HTA Review Reports*
- *HC Reports (including, but not limited to, Manager's Memos, Executive Summaries, and Priority Review request assessments (may be under separate control number))*
- *Draft Summary Basis of Decision*
- *Meeting Minutes (may be under a separate control number)*
- *Questions and responses related to the review of the Product*
- *Product Monograph*
- *Submission Status*

[Manufacturer Name] understands and acknowledges that once HC shares information (including confidential business information) with HTAs, the following HTAs may engage in further sharing of this information solely with the entities specified below, and solely in accordance with the published policies and any applicable legislation governing the treatment of confidential information by the HTAs:

CADTH

- ~~Participating Federal drug plans, P/T Ministries of Health and Provincial Cancer Agencies~~
- *Federal, Provincial, and Territorial governments, including their agencies and departments*
- ~~P/T health authorities, including regional health authorities~~

- Pan-Canadian Pharmaceutical Alliance (pCPA) Office
- Canadian Association of Provincial Cancer Agencies
- Canadian Blood Services
- Institut national d'excellence en santé et en services sociaux (INESSS)

INESSS

- INESSS may include the above information in their evaluation of the product or in the notice and/or recommendation submitted to the Quebec Minister of Health and Social Services, being expressly understood by the Manufacturer that, according to its enabling act, INESSS shall publish the notices and recommendations it makes within 30 days after sending them to the Minister
- INESSS may share the above information with the Canadian Agency for Drugs and Technologies in Health (CADTH) and Pan-Canadian Pharmaceutical Alliance (pCPA) Office

This authorization remains valid until such time as it is revoked by the Manufacturer, in writing to HC: [Director of the Office of Submissions and Intellectual Property, Resource Management and Operations Directorate, Health Canada].

It is understood and acknowledged by the Manufacturer that this authorization for the sharing of information or any subsequent revocation of this authorization does not operate to authorize or prevent HC from sharing information (including confidential business information) that HC is otherwise legally authorized to disclose.

It is confirmed that the wording of this consent letter has not been modified in any way by the Manufacturer from the Health Canada template, other than submission identification and contact information.

Duly executed by [print name], an authorized representative of [name of Manufacturer].

I [Name and Title of Senior Official of Manufacturer of Product], represent and warrant that I have the authority to give this consent on behalf of [name of Manufacturer].

[Signature]

5. SUBMITTING FEEDBACK

To provide comments on the proposal, please use the following Survey Monkey feedback templates:

- [English](#)
- [French](#).

Feedback must be received by CADTH by 5:00 p.m. EDT on August 10, 2020. For feedback to be considered, you must identify yourself to CADTH. Only one response per organization will be considered. If you have any questions about the feedback process, please [email CADTH](#).

6. NEXT STEPS

Following the consultation period, Health Canada, CADTH, and INESSS will carefully assess all stakeholder feedback before announcing any decisions regarding changes to the current processes. We thank you in advance for your interest.

If you have any questions about the feedback process, please [email CADTH](#).

Additional Updates

Pilot Process: Joint CADTH and INESSS Engagement with Clinical Specialists (September 2018)

CADTH and the Institut national d'excellence en santé et en services sociaux (INESSS) are pleased to announce the establishment of a new pilot project to jointly engage with clinical specialists on selected drug products. CADTH and INESSS believe that all stakeholders have a mutual interest in expanding engagement with clinical specialists during pharmaceutical review processes in Canada. This newly established pilot process represents an important step toward achieving more efficient and better informed Canadian drug review processes.

The objectives of the pilot project are as follows:

- Strengthen the current pharmaceutical review processes used by CADTH and INESSS with respect to engagement with Canadian clinical specialists.
- Facilitate a broader representation of clinical specialists, with the goal of integrating pan-Canadian expertise into the review processes for drugs that are likely to be associated with complex evaluations and challenging deliberations.
- Promote efficiency within Canadian health technology assessment processes by reducing duplication of effort.

1. Scope of the Pilot Project

The pilot project will provide an opportunity for CADTH and INESSS to establish a panel of Canadian clinical specialists who will provide greater insight into a condition and therapy under review. CADTH and INESSS will seek to leverage the expertise of these specialists to better characterize unmet therapeutic needs, assist CADTH and INESSS in characterizing and communicating situations where there are gaps in the evidence that could be addressed through the collection of additional data, promote the early identification of potential implementation challenges, gain further insight into the clinical management of patients living with a condition, and explore the potential place in therapy of the drug. The output from such engagement meetings would be considered by CADTH and INESSS expert review committees, following the existing deliberative framework and recommendation processes of each committee.

CADTH and INESSS will collaborate to establish the clinical panels, interact with the clinical specialists on the panels, and summarize input and key information from the clinical panellists. CADTH and INESSS will independently complete all other phases of their respective review process, including the deliberation and recommendation phases.

The pilot project is currently limited to drugs undergoing review through CADTH's Common Drug Review (CDR) process and will not involve drugs being reviewed through CADTH's pan-Canadian Oncology Drug Review (pCODR) process.

2. Selection of Drugs for Pilot

CADTH and INESSS believe a panel of clinical specialists would be most beneficial for drug reviews that are likely to involve a complex evaluation by the review teams and challenging deliberations for the expert review committees.

Drugs eligible for this process will be selected jointly by CADTH and INESSS and will typically involve the following characteristics:

- Similar submission timelines to CADTH and INESSS
- Challenges in generating robust evidence due to the rarity of the condition
- Potential for challenging implementation issues
- Perceived ethical challenges for decision-makers
- High acquisition costs and/or substantial budget impact.

CADTH and INESSS will select drugs for the pilot process based on the above noted considerations and will notify the submitting manufacturers in writing. It is important to note the following:

- The decision to consider drugs in this pilot process will be made solely at the discretion of CADTH and INESSS.
- Manufacturers cannot request or apply to have a drug considered in the pilot.
- Participation in the pilot process will not be optional for the manufacturers of the drugs identified by CADTH and INESSS.
- Manufacturers of drugs selected to be a part of the pilot will be offered a conference call with CADTH and INESSS to further discuss process questions related to the pilot.
- Drugs selected for the pilot process will be identified in the review documentation posted on the CADTH and INESSS websites.

3. Clinical Panel Details

3.1. Composition of the clinical panels

The panels will consist of clinical specialists with experience in the diagnosis and management of the condition for which the drug under review is indicated. Whenever possible, CADTH and INESSS will seek to obtain representation from across Canada. Potential specialists will be identified by CADTH and INESSS. The number of clinical specialists included on the panels may vary based on input from the participating jurisdictions and the complexity of the review. In accordance with the current policies used by CADTH and INESSS, the identities of the clinical specialists who participate in the panels will remain confidential; however, other characteristics of the panels may be disclosed (e.g., the number of participants). CADTH and INESSS will apply their current conflict of interest policies and all panellists will be required to provide completed conflict of interest declarations. CADTH and INESSS will jointly review the conflict of interest declarations to determine the eligibility of the panellists.

3.2. Timing of engagement with the panels

The activities of the clinical panels will occur during the CADTH and INESSS review processes and conclude before deliberations and recommendations by the expert review committees. This will help ensure that the expert committee meetings are efficient and informed with the best available information. CADTH and INESSS anticipate that the clinical panels will have no impact on the overall review timelines.

3.3. Attendance at panel meetings

The attendance at clinical panel meetings will be limited to the clinical specialists, key expert review committee members (i.e., chairs and lead discussants), and key CADTH and INESSS staff (i.e., review team members). The findings of these panel meetings will be made available to stakeholders (e.g., manufacturers, patient groups, drug plans, and the pan-Canadian Pharmaceutical Alliance) in accordance with the standard transparency/disclosure policies of CADTH and INESSS.

4. Evaluation of the Pilot

CADTH and INESSS will evaluate the pilot process on an ongoing basis. Stakeholders will be informed of any procedural or process changes that will be pursued as a result of the pilot process. CADTH and INESSS thank all manufacturers for their understanding and co-operation with this initiative.

Appendix 1: Frequently Asked Questions

Q: Can a manufacturer request to be considered in the pilot process?

No, manufacturers cannot request or apply to have a drug considered in the CADTH and INESSS pilot process.

Q: How will CADTH/INESSS inform manufacturers that a drug has been selected for the pilot process?

Manufacturers will be notified in writing by CADTH and INESSS that their product has been selected for consideration under the new pilot process.

Q: Can a manufacturer decline to participate in the pilot process?

Participation in the pilot process will not be optional for the manufacturers of the drugs identified by CADTH and INESSS.

Q: Will the input from the clinical panel be published by CADTH and INESSS?

Input from the clinical panels will be disclosed in accordance with current processes used by CADTH and INESSS. CADTH will incorporate a summary of the input from the clinical panels into the CDR review reports.

Q: Who can attend the clinical panel meetings?

Attendance at clinical panel meetings will be limited to the clinical specialists, key expert review committee members (i.e., Chairs and lead discussants), and key CADTH and INESSS staff (i.e., review team members). The findings of these panel meetings will be made available to stakeholders (e.g., manufacturers, patient groups, drug plans, and the pan-Canadian Pharmaceutical Alliance) in accordance with the standard transparency/disclosure policies of CADTH and INESSS.

Q: When will the pilot project begin?

CADTH and INESSS will initiate the pilot process in September 2018.

Q: How will a panel of experts be selected?

CADTH and INESSS will engage potential clinical specialists in accordance with current processes, as well as recommendations from the Canadian public drug plans. At this time, manufacturers are not requested to recommend clinical specialists to participate in the panels.

Q: How can stakeholders find information about the drugs selected for the pilot project?

Drugs selected for the pilot process will be identified in the review documentation posted on the CADTH and INESSS websites.

Q: Will the pilot process extend or reduce the review timelines?

CADTH and INESSS anticipate that the clinical panels will have no impact on the overall review timelines.

Q: Will there be any additional fees for manufacturers with drugs selected for the pilot process?

No, there will not be any additional fees for manufacturers.

The Path Forward for Integrating Key Functions of the Cancer Drug Implementation Advisory Committee (CDIAC) Into CADTH's pan-Canadian Oncology Drug Review (pCODR) Process (June 12, 2019)

We are pleased to announce that process and operational changes have been made to transition Cancer Drug Implementation Advisory Committee (CDIAC) functions to CADTH effective July 1, 2019. These changes will further enhance the transparency of the CADTH pan-Canadian Oncology Drug Review (pCODR) review process and better support public payers with informed decision-making. The new changes will apply to all new pre-submission information forms received by the CADTH pCODR program on or after July 1, 2019.

In March 2019, CADTH solicited stakeholder feedback on integrating key functions of the CDIAC into the pCODR process. We would like to thank all stakeholders who responded to the consultation. Feedback was received from five patient groups, one individual patient, one clinician, six pharmaceutical companies, two industry association groups, and two public payors — all of whom emphasized their support for increased transparency and stakeholder engagement, while maintaining the current review timeline.

The objectives of transitioning the functions of CDIAC to pCODR are to:

- enhance the transparency of the pan-Canadian cancer drug review process
- allow for greater stakeholder input into the development of a provisional algorithm for each new cancer drug or indication to indicate how the new therapy could be used compared to existing funded treatments; and to indicate the impact on the sequence of use for other existing funded therapies to better support jurisdictional decision-making for drug reimbursement
- streamline and reduce the duplication of administrative processes.

Highlights of changes include:

- the expansion of Provincial Advisory Group membership and responsibilities
- confirmation that submitters must provide the pre-submission information using the online form at least 120 calendar days before the anticipated date of filing the complete pCODR submission or resubmission
- for each submission or resubmission, a pre-submission meeting will be scheduled by teleconference, pending the completion of the online *Pre-submission Information Requirements Form*; submitters may request an in-person pre-submission meeting with the pCODR program, but this will be limited to one meeting in a six-month period in order to ensure fair access to CADTH staff and relevant experts involved in the pCODR review process

requirements for relevant comparators in the Canadian context will include those that, at a minimum, received an initial or final pCODR Expert Review Committee (PERC) recommendation

an ad hoc clinical panel may be established and/or an online survey may be distributed to the clinical leads affiliated with provincial cancer agencies with experience in the diagnosis and management of the condition for which the drug under review is indicated to support the development of a provisional algorithm; some key factors for establishing an ad hoc clinical panel may relate to implementation issues or delivery of care considerations

for greater clarity, inclusion of a provisional algorithm is intended to support jurisdictional decision-making and does not presuppose the outcome of a reimbursement recommendation by PERC and does not in any way bind participating jurisdictions to fund the new therapy or follow the provisional algorithm

administrative changes to the pCODR program templates to provide additional clarity and guidance to all stakeholders; the updated templates for new submissions to the pCODR program follow:

- *Online pCODR Pre-submission Information Form – Submission and Resubmission (must be registered with pCODR to view form)*
- *Template for Summary Table Listing Submitted Non-Disclosable Information*
- *Template for pCODR Structured Summary of Economic Information for Disclosure*
- *Patient Input Template for CADTH CDR and pCODR Programs*
- *Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation.*

For a complete description of the changes, we encourage all stakeholders to review our updated:

- *pCODR Procedures*
- *pCODR Pre-Submission, Submission, and Resubmission Guidelines*

- *pan-Canadian Oncology Drug Review Disclosure of Information Guidelines.*

Please also take a moment to review the FAQs on the new process requirements relating to filing a pre-submission and submission to the CADTH pCODR program. CADTH will review this new process in one year from the implementation date and will consult with stakeholders as part of the evaluation.

Frequently Asked Questions

A. Process-Related Questions

1. Will the new requirements, including the development of a provisional algorithm, affect ongoing cancer drug products under review by the CADTH pan-Canadian Oncology Drug Review (pCODR) process?

No. The new requirements only apply to new pre-submission information forms received under the pCODR process on or after July 1, 2019. The Cancer Drug Implementation Advisory Committee under the Canadian Association of Provincial Cancer Agencies will continue to function for a period of time to support reviews of any submissions or resubmissions received prior to July 1, 2019.

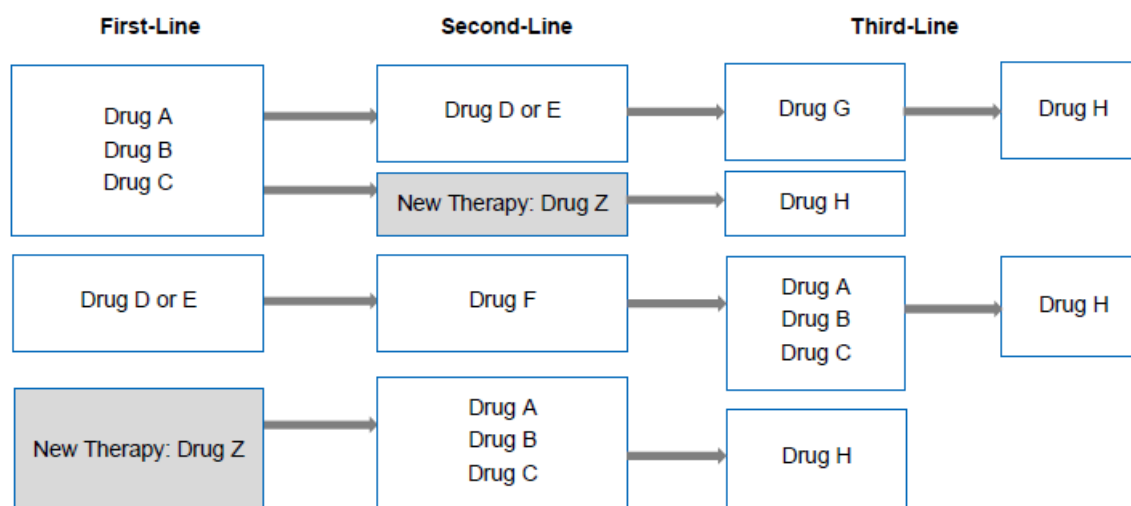
2. Will drugs reviewed through the CADTH Common Drug Review (CDR) process used in the symptomatic management of cancer be affected by this process?

No. The new requirements only apply to drugs used for active treatment of cancer that are reviewed under the pCODR process.

3. What is meant by a provisional algorithm?

A provisional algorithm will be developed for each new cancer drug or indication to indicate how the new therapy could be used compared to existing funded treatments, and the impact on the sequence of use for other existing funded therapies to better support jurisdictional decision-making for drug reimbursement. The provisional algorithm is current only at the time of publication and will not capture new drugs that may come to market in the future. It is not a comprehensive list of all available funded treatments, nor is it intended to be used as a treatment algorithm and should not be used as a substitute for the application of clinical judgment in the care of a particular patient or as a substitute for professional medical advice.

Illustrative Example of a Provisional Algorithm for a Cancer Indication With an Identified Mutation



4. Is the provisional algorithm binding?

For greater clarity, the inclusion of a provisional algorithm does not presuppose the outcome of a reimbursement recommendation by the pCODR Expert Review Committee (pERC) and does not in any way bind participating jurisdictions to fund the new therapy or follow the provisional algorithm. As such, a provisional algorithm will only be included as part of the implementation considerations in the recommendation if pERC recommends reimbursement, or reimbursement with clinical criteria and/or conditions, to support jurisdictional decision-making and negotiations by the pan-Canadian Pharmaceutical Alliance. A provisional algorithm will not be published if pERC issues a “do not reimburse” recommendation.

5. Will clinical experts be involved in the development of the provisional algorithm?

Yes, an ad hoc clinical panel may be established and/or an online survey may be distributed to the clinical leads affiliated with provincial cancer agencies with experience in the diagnosis and management of the condition for which the drug under review is indicated. This will support the development of a provisional algorithm. Some key factors for establishing an ad hoc clinical panel may include the potential for challenging implementation issues or the delivery of care considerations. In addition, the provisional algorithm will include information from registered clinicians, patients, and the submitter as part of the continuum of the process.

6. Can the same physician be on an ad hoc clinical panel and also complete the clinician input?

Yes, the same physician may participate on an ad hoc clinical panel and also complete the clinician input. However, if a physician participates on an ad hoc clinical panel or has provided clinician input, that clinician will not be able to participate on the CADTH pCODR Clinical Guidance Panel for that specific drug and indication. A pERC member cannot participate on ad hoc clinical panel or a Clinical Guidance Panel or provide clinician input.

7. Will ad hoc clinical panel members be required to complete a conflict of interest declaration?

The principles of transparency and disclosure are essential to ensuring the highest ethical standards and to maintaining the integrity of the CADTH pCODR process. By disclosing to CADTH any and all relevant personal, occupational, and financial connections or interests, participants in the pCODR process will ensure that conflicts of interest are identified and resolved, thereby preserving the objectivity and credibility of the pCODR process. Similar to all participants in the process, an ad hoc clinical panel member will be required to complete a conflict of interest declaration. This information will be posted on the CADTH website; however, similar to members of the review team, the name of members of the ad hoc clinical panel, or clinical leads, will not be attributed to a specific submission or resubmission.

8. Who can provide feedback?

As part of the pCODR process, any patient group(s), registered clinician(s) who provided input at the beginning of the review, the submitter, and the Provincial Advisory Group can provide feedback on an initial recommendation, including the provisional algorithm. Feedback on the provisional algorithm will only relate to the new drug under review and its place in therapy. Additional comments about other therapies will be considered out of the scope.

9. Will there be changes made to the advisory committees for the pCODR program?

Yes, the Provincial Advisory Group membership has been expanded to include the Canadian Association of Provincial Cancer Agencies and two clinician members. This information is reflected in the terms of reference. There are no changes to the composition of pERC.

B. Submission-Related Questions

10. How will the 120-day pre-submission advance notification period be applied?

A submitter must provide the pre-submission information using the online form at least 120 calendar days before the anticipated date of filing the complete pCODR submission or resubmission. If the anticipated submission-received date falls on a weekend or statutory holiday, the following business day will be applied. If a submitter fails to meet the 120 calendar days advance notification requirement, a submitter will be required to revise and refile the pre-submission information with the corrected information and the time will be reset back to day zero for the submitter until the requirement is fulfilled (i.e., the new starting date will be from the time of receipt of the refiled date of the *CADTH Pre-Submission Requirements Information Form*). The reset of the time will not apply to the updated information in the *CADTH Pre-Submission Requirements Information Form* filed at the time of the submission or resubmission. Pre-submission information should be provided to the pCODR program using the online form that follows. In order to ensure that the information remains secured, a submitter must be registered with the pCODR program in order to access the form through the secure Collaborative Workspaces site.

- pCODR Pre-submission Information Requirements Form — Submissions
- pCODR Pre-submission Information Requirements Form — Resubmissions

11. How frequently will submitters be granted a pre-submission meeting?

Submitters will be required to provide a completed *CADTH Pre-submission Information Requirements Form* in order to receive a pre-submission meeting date. A pre-submission meeting will be scheduled by teleconference for each submission and resubmission, pending the completion of the *CADTH Pre-submission Information Requirements Form*. Submitters may request an in-person pre-submission meeting with the pCODR program, but this will be limited to one meeting in a six-month period in order to ensure fair access to CADTH staff and relevant experts (if appropriate) involved in the pCODR review process. All pre-submission meetings will be scheduled for a maximum of up to one hour.

12. What are the considerations when including comparators?

At the time of filing the pre-submission information form, a submitter will be required to include relevant comparators that, at a minimum, received an initial or final pERC recommendation, are undergoing negotiations through the pan-Canadian Pharmaceutical Alliance, or is publicly funded, including case-by-case funding. If this information is not included, a submission or resubmission will be deemed incomplete.

13. What are the requirements for a submission to be deemed complete and to be initiated into the review process?

At the time of filing the submission or resubmission, all relevant documents must be included. A submitter is encouraged to review the pCODR pre-submission, submission, and resubmission guidelines for the complete requirements. The timeline for the review will not be initiated until the submission or resubmission is deemed complete and the submission or resubmission will not enter in the review queue until the requirements are satisfied.

C. General Questions

14. Where can I find a complete description of the changes?

We encourage all stakeholders to review our updated procedure documents for a complete description of the changes:

- *pCODR Procedures*
- *pCODR Pre-Submission, Submission and Resubmission Guidelines*
- *pan-Canadian Oncology Drug Review Disclosure of Information Guidelines*.

We have also made administrative changes to the templates subsequently identified for the pCODR program to provide additional clarity and guidance to all stakeholders. We kindly ask that all stakeholders use these updated templates for new submissions to pCODR:

- Online pCODR Pre-submission Information Form – Submission and Resubmission
- Template for Summary Table Listing Submitted Non-Disclosable Information
- Template for pCODR Structured Summary of Economic Information for Disclosure
- Patient Input Template for CADTH CDR and pCODR Programs
- Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation.

15. How will CADTH evaluate this new process addition?

CADTH intends to review this new process addition in one year from the implementation date and will consult with stakeholders as part of the evaluation.

16. Who should I contact if I have additional questions?

Please contact us at requests@cadth.ca for additional questions about the new requirements or about the CADTH pCODR process.

CADTH and Canadian Blood Services Interim Plasma Protein Product Review Process (November 2019)

1. Background on Interim Process

CADTH and Canadian Blood Services (CBS) are pleased to announce the establishment of a new interim process for the review of plasma protein products (PPPs). The interim process builds upon the strengths of both agencies to provide stakeholders with an objective, transparent, evidence-informed review process for PPPs. The interim process will be in place while provincial and territorial governments (except Quebec) complete a review of PPPs and drug formulary processes in collaboration with CBS, CADTH, as well as other key stakeholders.

The objectives of the interim process for the review of PPPs are, as follows:

- promote efficiency within Canadian health technology assessment processes by seeking alignment of procedures, guidelines, and timelines
- facilitate greater transparency, collaboration, and information-sharing between CADTH, CBS, and stakeholders.

This document provides a brief overview of the new interim process.

2. Eligibility Under the Interim Process

Submission from manufacturers, also known as “sponsors,” for new categories to the CBS formulary will be assessed by CBS and CADTH using the current CBS Plasma Protein Product Selection eligibility criteria, subject to approval by the provincial and territorial governments (excluding Quebec) for a new category on the CBS formulary. The current eligibility criteria are that the product:

- is a biological drug manufactured from human plasma or a biological drug whose active ingredient(s) are functional equivalents of the foregoing, used in the practice of Transfusion Medicine, *and*
- is not carried in the health system already.

CBS and CADTH will initiate a review after confirmation by the Provincial and Territorial Blood Liaison Committee (PTBLC) on whether:

- the product meets the eligibility requirements for consideration as a new category on the CBS formulary, *or*
- whether the product would be reviewed by CBS as a new brand within an already approved category on the CBS formulary.

Manufacturers making product submissions with questions regarding whether or not a product is eligible for review through the interim process are asked to complete an eligibility request form and submit it to requests@cadth.ca. CADTH will forward the information to CBS for discussion with the PTBLC. Eligibility should be determined prior to requesting a pre-submission meeting or providing advance notification. If it has been determined that the product does not meet the eligibility criteria, the manufacturer can consider filing a submission through the CADTH Common Drug Review (CDR) process.

3. Interim Pre-submission Procedure

Pre-submission activities for the interim PPP process will be similar to the processes that are used in the CADTH CDR process. This includes the opportunity for a pre-submission meeting with CADTH and CBS anytime within 12 months of the anticipated date of filing the submission. To request a pre-submission meeting, sponsors are required to complete a pre-submission meeting request form and submit it to CADTH at meetingrequests@cadth.ca.

In accordance with CADTH's advance notification processes, sponsors for plasma-related drugs are required to provide CADTH with a minimum of 30 business days of advance notice for anticipated submissions. To fulfill the advance notification requirement, manufacturers must complete the advance notification template in its entirety and submit it to CADTH (requests@cadth.ca). CADTH will subsequently inform CBS and provide it with the completed advance notification template.

4. Stakeholder Engagement

In accordance with CADTH's existing pharmaceutical review processes, the interim PPP process will include engagement with patient groups, clinical specialists, CBS, and public payers. These processes will occur in a similar manner to CADTH's existing CDR process; however, CADTH and CBS will continue to discuss the specific requirements related to the review of PPPs, and work together to jointly identify input needs from relevant patient groups and specialists with expertise in the diagnosis and management of the condition for which the PPP is indicated. In addition, the stakeholder

input from the public payers will be provided through the PTBLC, together with relevant information from CBS as the formulary manager.

5. Interim Submission Requirements

The clinical, economic, and administrative submission requirements for the interim PPP process are similar to those used in the CADTH CDR process, with the exception of the following additional requirements:

- a budget impact report that provides an overall aggregate budget impact analysis (BIA) for the plasma product under review (i.e., a pan-Canadian analysis)
- a copy of the model used to produce the aggregate pan-Canadian BIA
- a reference list and copies of all supporting documentation used and/or cited in the BIA.

6. Interim Application and Screening Procedure

The application filing and screening procedures for plasma protein drugs will be identical to those currently used in the CDR the process. Sponsors must be registered (CADTH Collaborative Workspaces Registration) before filing a submission or resubmission. CADTH will provide a copy of the submission requirements to CBS to ensure that it has this information prior to the expert committee meeting.

All submissions filed by manufacturers for PPPs are subject to an application fee according to the fee schedule applied for the CDR process (for details, please consult fee schedule for CADTH reviews).

In accordance with CADTH's processes, the status and key dates for the review of PPPs will be posted on the CADTH website.

7. Interim Review Procedure

Table 1 indicates the targeted time frames for key tasks within the interim PPP process. The clinical and economic review processes will be completed in accordance with CADTH's standard review procedure (see the *Procedure and Submission Guidelines for the CADTH Common Drug Review*). As with CADTH's existing process, the sponsor will have the opportunity to review and comment on the draft reports prior to the expert review committee meeting.

CADTH will post the clinical and economic report(s) for all submissions reviewed through the process. The sponsor will be responsible for identifying any confidential information included in the reports.

Table 1: Targeted Timelines for the Interim Plasma Protein Product Review Process

Phase of Review	Key Milestone	Business Days
Screening and administration	Submission requirements received by CADTH	0
	Submission requirements screened for acceptance	10
	Review initiated	1 to 10
Review of submission or resubmission	Draft review report(s) prepared and sent to sponsor for comments	45
	Sponsor receives draft review report(s) and provides comments	7
	CADTH responds to comments ^a and final review report(s) prepared	7
Deliberation and recommendation	Expert committee brief completed and distributed	5
	Review of meeting materials and preparation of discussant reports	10
	Expert committee meeting	1
	Embargoed recommendation sent to the sponsor, CBS, PTBLC, and the drug plans	8 to 10
Embargo period and options	Embargo period	10 to 30 ^b
	Request for clarification or request for reconsideration	Variable ^c
Finalizing and posting	Final recommendation issued to the sponsor, CBS, PTBLC, and the drug plans	5
	Final recommendation and review report(s) posted	2

CBS = Canadian Blood Services; PTBLC = Provincial and Territorial Blood Liaison Committee.

^a Sponsors will be sent CADTH's responses eight (8) business days prior to the expert committee meeting.

^b An extension of up to 20 business days may be requested to prepare a request for reconsideration (i.e., a total of 30 business days).

^c The time frame required to address a request for clarification, or request for reconsideration, depends on the amount of work needed to address the request, as well as the available dates for expert committee meetings.

8. Interim Recommendation Procedure

The output from the process will be a recommendation from a subcommittee of the CADTH Canadian Drug Expert Committee (CDEC), which will be enhanced with two additional members with expertise in PPPs. This subcommittee will serve as an advisory body to CADTH that will issue recommendations and advice to inform reimbursement decisions for PPPs that are reviewed through the interim PPP process. The CDEC subcommittee, with two additional members with expertise in PPPs, will be referred to during this interim basis as the Canadian Plasma Protein Product Expert Committee, or CPEC.

The recommendation options available in the interim process for the review of PPPs will be the same as those currently used in CADTH's pharmaceutical review processes: that a drug be reimbursed; that a drug be reimbursed with conditions; or that a drug not be reimbursed. A confidential embargoed recommendation will be sent to the sponsor, CBS, and the PTBLC, and to the public drug plans, for information. The procedures for the embargo period and options for filing a request for reconsideration and/or clarification will be identical to those currently used in the CADTH CDR process.

9. Interim Implementation of Recommendations

Recommendations for products that would require a new category to the CBS formulary would be submitted to CBS and shared with PTBLC. As formulary manager, CBS will supplement recommendations with additional information and submit those to the PTBLC for review and decision by the Conference of Deputy Ministers. After the final recommendation has been issued, CADTH may provide implementation support for the PTBLC and CBS, as required. This support is distinct from the interim PPP process and is offered for the purposes of assisting CBS and PTBLC in operationalizing recommendations from CADTH and/or making reimbursement policy decisions. Examples of implementation support activities are described in section 14 of the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

10. Other Administrative Items

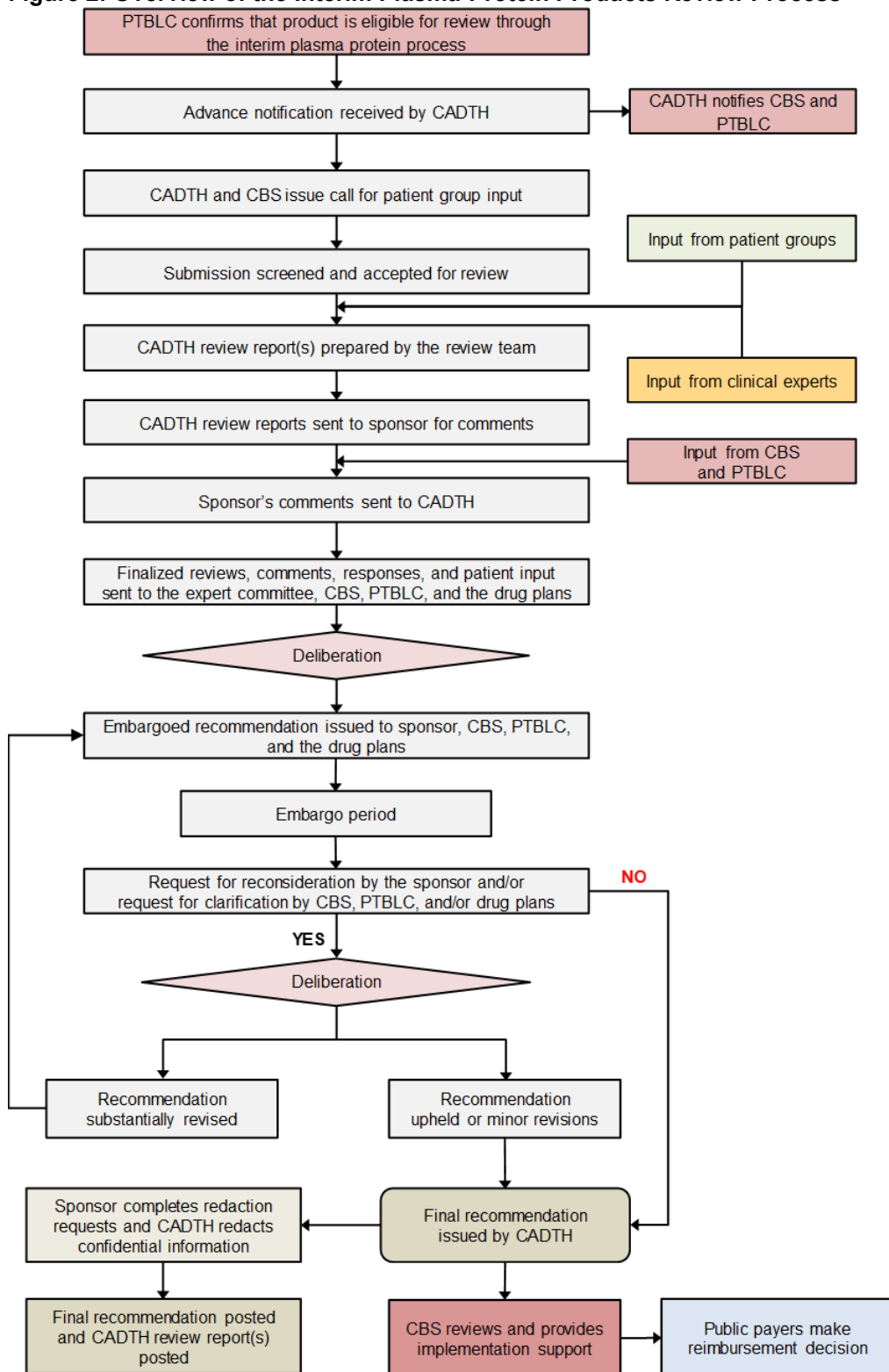
10.1 Temporary Suspension and Withdrawal

Procedures for temporary suspension and withdrawal from the interim PPP process are similar to those used in CADTH's existing CDR process and are described in the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

10.2 Confidentiality and Document Management

Confidential information obtained by CADTH for the purposes of the interim PPP process will be protected and handled in accordance with CADTH's confidentiality guidelines for the CADTH CDR. These guidelines are available in the *Procedure and Submission Guidelines for the CADTH Common Drug Review*.

Figure 2: Overview of the Interim Plasma-Protein Products Review Process



CBS = Canadian Blood Services; PTBLC = Provincial/Territorial Blood Liaison Committee

CADTH and Canadian Blood Services Interim Plasma Protein Product Review Process (January 2020)

1. Canadian Plasma Protein Product Expert Committee

CADTH and Canadian Blood Services announced the establishment of the Interim Plasma Protein Product (PPP) review process in November 2019. As part of the interim process, CADTH and Canadian Blood Services have established the Canadian Plasma Protein Product Expert Committee (CPEC) to provide reimbursement recommendations for eligible products (i.e., those representing new categories to the Canadian Blood Services formulary).

The CPEC has been formed as a subcommittee of the Canadian Drug Expert Committee (CDEC), with the following additional members who have expertise in the diagnosis and management of blood disorders and the use of plasma protein products and related alternatives.

Dr. Irene Sadek MBBCh, MSc, FRCPC

Dr. Sadek is the Department Head of Pathology at Dalhousie University and Nova Scotia Health Authority (NSHA) (Central Zone). She has been working as a hematopathologist at the Queen Elizabeth II Health Sciences Centre Health Sciences Centre since 1998 and became Head of the Division of Hematopathology in 2003. She was also the Director of the Blood Transfusion Service at Capital District Health Authority and NSHA (Central Zone) and Chair of the Advisory Committee for the Nova Scotia Blood Coordinating Program. Dr. Sadek was the Program Director for Hematological Pathology Residency Training and started a Transfusion Medicine Fellowship Training Program at Dalhousie University in 2004 that she chaired for 10 years. She is currently the chair of the Royal College Specialty Training Committee in Hematological Pathology. Until recently, she was a member of the Canadian National Advisory Committee on Blood and Blood Products. She has a great interest in appropriate utilization and was the Canadian Society of Transfusion Medicine lead for the Choosing Wisely Canada initiative. Dr. Sadek continues to serve on many provincial and national committees and has been involved with the new initiative of Choosing Wisely Nova Scotia.

Dr. Andrew Shih MD, MSc

Dr. Shih works as the Transfusion Medicine Regional Medical Leader at Vancouver Coastal Health Authority, a University of British Columbia Clinical Assistant Professor in the Department of Pathology and Laboratory Medicine, and a primary investigator at the University of British Columbia Centre for Blood Research. He trained as a clinical hematologist/transfusion medicine physician and completed a thesis-based masters in the Health Research Methodology program through the Ministry of Health Clinical Investigator Program at McMaster University. His research interests include promotion and education regarding the safety and appropriate utilization of blood products and cell therapeutics; as well as advancing blood transfusion as a personalized medical therapeutic intervention.

2. Next Steps for the Interim PPP Process

CADTH and Canadian Blood Services look forward to working with CPEC and all stakeholders to ensure that plasma protein products are reviewed in a timely, inclusive, and evidence-based manner.

As previously communicated, the interim PPP process will be in place while provincial and territorial governments (with the exception of Quebec) complete a review of PPPs and drug formulary processes in collaboration with Canadian Blood Services, CADTH, as well as other key stakeholders.

CADTH Review Process for Cell and Gene Therapies (January 2020)

1. Background

CADTH has undertaken an internal review of our processes for drugs and devices, and established a revised process for the review of cell and gene therapies that leverages the strengths of both programs. This new process will offer stakeholders the benefits of firm performance targets and well-established processes for conducting reviews and issuing recommendations for drug products, with the additional ethical and implementation considerations that are an important strength of CADTH's medical devices processes. This document provides a brief overview of the new process.

2. Eligibility for the Process

Drugs eligible for this process will include cell and gene therapies. Eligibility must be confirmed by CADTH before filing the submission by sending a completed eligibility request form to requests@cadth.ca. CADTH will review the form and provide confirmation for the sponsor, typically within 10 business days of receiving the form.

3. Pre-Submission Procedure

Pre-submission activities for the cell and gene therapy review process will be similar to those currently used in CADTH's single drug review processes. This includes the opportunity for a pre-submission meeting with CADTH and the participating drug programs anytime within 12 months of the anticipated submission filing date. In accordance with CADTH's advance notification processes, sponsors of cell and gene therapies are required to provide CADTH with a minimum of 30 business days or 120 calendar days advance notice for anticipated submissions for non-oncology and oncology products, respectively.

4. Stakeholder Engagement

4.1. Patient Engagement

Patient input provides patients' experiences and perspectives of living with a medical condition for which a drug under review is indicated, their experiences with currently available treatments, and their expectations for the drug under review. The call for patient input regarding a submission for a cell or gene therapy will be posted 20 business days in advance of the anticipated filing date (as provided in the advance notification form).

As with CADTH's existing single drug review processes, CADTH will accept patient input from individual patients and caregivers only when there is no patient advocacy group representing patients with a condition for which a drug under review is indicated.

For complete details regarding the processes for patient engagement, please consult the CADTH's procedures for non-oncology and oncology products.

4.2. Clinician Engagement

Multiple clinical experts will be incorporated into the review team and a supplemental clinical panel may be convened during the review to inform the expert committee's recommendation and/or after the review to provide implementation support to the participating drug programs. As with CADTH's current single drug review processes, CADTH and INESSS may jointly engage with clinical experts for the review of cell and gene therapies.

For complete details regarding the processes for clinician engagement, please consult CADTH's procedures for non-oncology and oncology products.

4.3. Drug Plan Engagement

The participating drug programs provide input on each cell and gene therapy being reviewed through CADTH's single drug review processes by identifying issues that may impact their ability to implement a recommendation. This input increases the relevance of the recommendations and can potentially avoid the need for a request for clarification or a request for advice later in the process by ensuring that potential implementation issues are considered during the review.

As part of the review of a cell or gene therapy, the drug plans will be asked to review and comment on the completed implementation plan template filed by the sponsor. Their feedback on the implementation plan could help provide early identification of potential access issues within the different jurisdictions, potential issues with administration or distribution mechanisms (e.g., need for specialty clinics), and/or challenges with diagnostic testing requirements.

For complete details regarding the processes for drug program engagement, consult CADTH's procedures for non-oncology and oncology products.

4.4. Industry Engagement

The sponsors will be engaged in the same manner as in CADTH's current drug review processes. This includes the following opportunities:

- a pre-submission meeting with CADTH and the participating drug programs anytime within 12 months of the anticipated submission filing date
- an opportunity to review and provide commentary on the draft review reports before the expert review committee meeting
- an optional reconsideration teleconference with CADTH staff.

5. Submission Requirements

The clinical, economic, and administrative submission requirements for the cell and gene therapy process will be the same as those currently used in CADTH's single drug review processes, with the exception of the following additional requirements:

5.1. Budget Impact Analysis

Sponsors will be required to provide the following:

- a budget impact report that provides an overall aggregate budget impact analysis (BIA) for the cell or gene therapy under review (i.e., a pan-Canadian analysis)
- a copy of the model used to produce the aggregate pan-Canadian BIA
- a reference list and copies of all supporting documentation used and/or cited in the BIA.

5.2. Implementation Plan

As these products can be associated with implementation challenges for the public health system, sponsors will be required to complete a template that describes key aspects of their plans for implementing the product in Canada. This document will be summarized, appraised, and discussed by CADTH, the public drug plans, and the pan-Canadian Pharmaceutical Alliance (pCPA) to help ensure that the expert committee's recommendations can be readily implemented. This new addition to the submission requirements and review process could help facilitate faster access for patients following the completion of CADTH's review.

6. Application and Screening Procedure

6.1. Application

Sponsors must have completed the CADTH Collaborative Workspaces Registration before filing a submission or resubmission for a cell or gene therapy. The application filing and screening procedures for cell and gene therapies will be identical to those currently used in the CADTH's single drug review processes.

6.2. Application Fees

All submissions filed by manufacturers for cell and gene therapies will be subject to an application fee according to the fee schedule that is applied to CADTH's single drug review processes. A schedule E fee will be applied to submissions for cell and gene therapies (for complete details please consult *Fee Schedule for CADTH Pharmaceutical Reviews*).

7. Review Procedure

7.1. Clinical Review

The clinical review processes will be completed in accordance with CADTH's standard review procedures for the single drug review processes.

7.2. Economic Review

The economic review process will be completed in accordance with CADTH's standard review procedures for the single drug review processes; however, there will be additional consideration given to a pan-Canadian BIA.

7.3. Implementation Plan Review

Sponsors will be required to complete a template with key details about their plans to implement the drug in the Canadian system. This approach will allow CADTH and participating jurisdictions to reflect on potential implementation issues and corresponding mitigation strategies in an efficient manner.

7.4. Ethics Review

CADTH will identify and describe relevant ethical issues based on published and grey literature. The summary of ethical issues will be incorporated into the draft review reports and the sponsor will have an opportunity to review and provide relevant commentary. The ethics review will provide the expert review committee with an overview of ethical considerations to inform their deliberations.

8. Recommendation Procedure

The output from the process will be a recommendation from one of CADTH's drug expert review committees, in accordance with the deliberative process and recommendation framework used for the single drug review processes.

9. Transparency

In accordance with CADTH's processes, the status and key dates for the review of cell and gene therapies will be posted on the CADTH website. CADTH will post the clinical and economic report(s) for all cell and gene therapies reviewed through the new process. The sponsor will be responsible for identifying any confidential information included in the reports

CADTH Process for Drugs with Expanded Health System Implications (June 2020)

1. Background

As previously announced in November 2019, CADTH had undertaken an internal review of our drugs and devices processes for the purposes of optimizing how cell and gene therapies are reviewed by CADTH. This work led to the establishment of the following:

- revisions to the drug reimbursement review processes (i.e., CADTH Common Drug Review, CADTH pan-Canadian Oncology Drug Review, and CADTH Interim Plasma Protein Product Review Process) that will accommodate the majority of cell and gene therapies (announced in January 2020)
- revisions to the CADTH Optimal Use process to accommodate a subset of pharmaceuticals that are perceived to pose significant implementation challenges for multiple components of the public health care system and, therefore, require an expanded review process.

CADTH will apply the expanded process to products that are not necessarily well-suited to CADTH's drug reimbursement review processes. For example, novel products that could require complex and broad changes throughout the health care system for adoption to occur in a timely manner. This document provides an overview of CADTH's new process for drugs with broad health system implications.

2. Eligibility for the Process

Interventions eligible for consideration under this new process will include novel products that are likely to pose substantial system-wide implementation challenges (e.g., complex administration process, significant pre- and post-treatment requirements, and the need for coordination across the broader health care system). Eligibility will be determined by CADTH based on the information in the standardized eligibility request form, which must be completed and sent to CADTH (requests@cadth.ca). CADTH will review the form and provide confirmation to the sponsor, typically within 10 business days of receiving the form.

Interventions will be selected for evaluation through the expanded drug review process on a case-by-case basis in consultation with CADTH's advisory committees.

3. Pre-submission Procedure

Pre-submission activities for the expanded review process will be aligned with those currently used in CADTH's drug review processes. This includes the opportunity for a pre-submission meeting with CADTH and the participating drug programs anytime within 12 months of the anticipated submission filing date. In accordance with CADTH's advance notification processes, sponsors of these interventions are required to provide CADTH with a minimum of 30 business days or 120 calendar days advance notice for anticipated submissions for non-oncology and oncology products, respectively.

4. External Engagement

4.1. Patient Engagement

Patient input includes patients' experiences and perspectives of living with a medical condition for which an intervention under review is indicated, their experiences with currently available treatments, and their expectations for the intervention under review. The call for patient input regarding a submission for a technology will be posted 20 business days in advance of the anticipated filing date (as provided in the advance notification form).

As with CADTH's existing drug reimbursement review processes, CADTH will accept patient input from individual patients and caregivers only when there is no patient advocacy group representing patients with a condition for which the technology under review is indicated.

For complete details regarding the processes for patient engagement, please consult CADTH's procedures for non-oncology and oncology products.

4.2. Clinician Engagement

To best support recommendation development, clinical experts will be incorporated into the review team and expert committee for an intervention under review.

4.3. Stakeholder Engagement

Participating drug programs and other stakeholders in the health system will provide input on each intervention being reviewed through the expanded process by identifying issues that may impact CADTH's ability to implement a

recommendation.

As part of the review for these interventions, the drug plans or other health system stakeholders will be asked to review and comment on a completed implementation plan template filed by the sponsor. Their feedback on the implementation plan could help provide early identification of potential access issues within the different jurisdictions, potential issues with administration or distribution mechanisms (e.g., need for specialty clinics), and/or challenges with diagnostic testing requirements.

For complete details regarding the processes for drug program engagement, consult CADTH's procedures for non-oncology and oncology products.

4.4. Industry Engagement

Sponsors will continue to be engaged in the same manner as in CADTH's current drug review processes. This includes the following opportunities:

- a pre-submission meeting with CADTH and the participating drug programs anytime within 12 months of the anticipated submission filing date
- an opportunity to review and provide commentary on the draft review reports before the expert review committee meeting
- an optional reconsideration teleconference with CADTH staff.

5. Submission Requirements

The clinical, economic, and administrative submission requirements for the expanded process will be the same as those currently used in CADTH's drug reimbursement review process for cell and gene therapies.

6. Application and Screening Procedure

6.1. Application

Sponsors must have completed the CADTH Collaborative Workspaces Registration before filing a submission or resubmission for the expanded process. The application filing and screening procedures for the expanded process will be identical to those currently used in the CADTH's drug reimbursement review processes.

6.2. Application Fees

All submissions filed by manufacturers for drugs reviewed through the expanded process will be subject to a schedule F application fee (see the *Fee Schedule for CADTH Pharmaceutical Reviews* for complete details).

7. Review Procedure

The expanded review process is closely aligned with CADTH's existing drug reimbursement review processes. CADTH will conduct the clinical and economic portions of the review in accordance with the standard review procedures applied in the drug reimbursement review processes. The review of ethical aspects may include an analysis. Additional components of the expanded review process will include organizational aspects and a review of patients' and caregivers' perspectives and experiences. The targeted timelines for drugs reviewed through the expanded process are provided in Table 1.

7.1. Organizational Aspects

Sponsors will be required to complete a template with key details about their plans for implementing the intervention in the Canadian system. This approach will allow CADTH and the participating jurisdictions to reflect on potential organizational aspects and corresponding mitigation strategies in an efficient manner. In addition, an analysis will be conducted to identify other relevant health system considerations, including health care resources, infrastructure, and capacity that may be required to optimize use of the intervention. The review of organizational aspects takes into consideration the conclusions of CADTH's review of the economic evidence, ethical aspects, and patients' perspectives.

7.2. Patient, Caregiver, and Clinician Perspectives and Experiences

CADTH will provide an analysis of published qualitative literature with the goal to describe and interpret perspectives on, experiences with, and expectations related to the use of the clinical intervention. Input gathered through the patient engagement process (as described in Section 4.1) will be also incorporated.

8. Recommendation Procedure

The output from the process will be a recommendation from the CADTH Health Technology Expert Review Panel (HTERP), in accordance with the deliberative framework used for the medical devices and clinical interventions process. HTERP is the most appropriate committee for these products as there may be aspects of the recommendation that

extend beyond the mandate and framework of the expert review committees used in the drug reimbursement review processes.

9. Transparency

In accordance with CADTH's processes, the status and key dates for the expanded review will be posted on the CADTH website. CADTH will post the review report(s) for all interventions reviewed through the expanded process. The sponsor will be responsible for identifying any confidential information included in the reports.

Table 1: Targeted Timelines for the Expanded Process

Phase	Milestones	Business days
Screening phase	<ul style="list-style-type: none"> • Receipt, screening, and acceptance for review 	10
Review phase	<ul style="list-style-type: none"> • Reviews initiated • Review protocols drafted 	24 to 38
	<ul style="list-style-type: none"> • First draft of CADTH reports: <ul style="list-style-type: none"> ▪ clinical report ▪ economic report ▪ organizational aspects report ▪ ethics report ▪ patient perspectives and experiences report 	50 to 85
	<ul style="list-style-type: none"> • Formatting and preparation for distribution • Distribution to sponsor and targeted stakeholders 	5 to 10
	<ul style="list-style-type: none"> • Sponsor and targeted stakeholder comment period 	15 to 20
Recommendation phase	<ul style="list-style-type: none"> • Committee preparation • Committee meeting 	18
	<ul style="list-style-type: none"> • Committee meeting to recommendation 	10
	<ul style="list-style-type: none"> • Finalize recommendation 	5
	<ul style="list-style-type: none"> • Redactions • Posting recommendation 	2
Totals	From receipt to posting recommendation document	164 to 228
	From initiation to posting recommendation document	154 to 218