**CADTH Reimbursement Review**

**Request for Deviation from Pharmacoeconomic Requirements**

**Instructions for Sponsors:**

Sponsors seeking to provide one or more economic requirements that deviate from CADTH’s procedures must complete this form and send the completed form to [requests@cadth.ca](mailto:requests@cadth.ca) prior to filing their application.

CADTH will assess the information and determine if deviation from the requirements will be acceptable. The decision to accept a deviation from the requirements will be made by CADTH on a case-by-case basis, consulting with the participating drug programs as required.

CADTH will notify the sponsor whether their request to deviate from the requirements is acceptable.

**Before Completing the Template:**

Please review the following documents to ensure an understanding of CADTH’s procedures and submission guidelines:

* [Procedures for CADTH Reimbursement Reviews](https://cadth.ca/sites/default/files/Drug_Review_Process/CADTH_Drug_Reimbursement_Review_Procedures.pdf)
* [CADTH Pharmaceutical Review Updates](https://www.cadth.ca/node/68411?keywords=&result_type%5B%5D=report&product_type%5B%5D=107782&sort=field_date%3Avalue-desc&amount_per_page=10&page=1) for any applicable information.

**Completing the Template:**

When the template is complete, delete this cover page with the instructions (including the CADTH document header). Please feel free to add company-specific elements such as a disclaimer, header, footer, as required.

Save the completed template in PDF or Microsoft Word format

**Submitting the Template to CADTH:**

Send the completed form to [requests@cadth.ca](mailto:requests@cadth.ca) prior to filing their application.

**CADTH Reimbursement Review**

**Request for Deviation from Pharmacoeconomic Requirements**

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| **Background** | **Information** |
| **Sponsor** | Please provide the complete company name of the submission sponsor. |
| **Drug Name** | Brand name: Please state the brand name (if known)  Generic name: Please state the generic name |
| **Approved or anticipated indication to be reviewed by CADTH** | Please list the indications that are approved or undergoing review by Health Canada for the drug of interest |
| **Sponsor’s requested reimbursement criteria** | As per indication(s) to be reviewed by CADTH  Other: *please specify* |
| **Anticipated submission date** | DAY, MONTH, YEAR |
| **Contact Information** | Name:  Title:  Email:  Phone:  Mailing Address: |
| **CADTH Pharmacoeconomic Requirement(s)** | **Rationale for Request for Deviation** |
| **State the pharmacoeconomic requirement(s) where deviation is being proposed by the sponsor:** | Provide a clear rationale for requested deviation |
| **Add rows as required** |  |