SUBMISSIONS FOR DRUG REVIEWS

Only submissions satisfying all of the submission requirements of the applicable category of Drug Product that are deemed complete by the applicable submission deadline date will be put forward for review.

1) In addition to the submission requirements, the Expert Committee and/or Alberta Health, at their sole discretion, reserve the right to request the Drug Product file from Health Canada’s Therapeutic Products Directorate (TPD), or any additional information from the Manufacturer, CDEC, or any other entity that the Expert Committee and/or Alberta Health considers necessary, which may result in a delay in the listing recommendation for the Drug Product.

2) There is no obligation or guarantee that every completed submission will be reviewed, and/or a recommendation made, by a specific date or at the next scheduled meeting of the Expert Committee.

3) Pre-NOC submissions may be made; however, the submission will only be reviewed once it is complete.

4) Any request by a Manufacturer to hold a submission will result in a submission being deemed incomplete as of the date of the request. A submission on hold will only be considered complete once correspondence is received from a Manufacturer to proceed with the submission.

5) Only one (1) copy of a submission for a Drug Product is required. A determination by Alberta Blue Cross that a submission is complete is preliminary and made only for the purposes of forwarding the submission for review.

6) Manufacturers are permitted to provide other information they feel may be important to the review of a submission (e.g., selected references or additional studies completed after a Drug Product had been submitted to the TPD, Health Canada). Comparative studies with other listed Drug Products are most relevant.

7) Drug Products that have been previously listed on the List and have had a lapse in coverage for two (2) years or more will require a new submission under the appropriate submission category.

8) Drug Products that have been previously listed on the List and have had a price policy submission denied over a period of two (2) years or more will require a new submission under the appropriate submission category.

9) Drug Product submissions that remain incomplete or that have an incomplete price policy submission for twelve (12) months from the date of the original submission will be returned to the Manufacturer.

10) Information on submission deadlines are posted on the ADBL website which can be accessed at https://www.ab.bluecross.ca/dbl/manufacturers.html.

Notice of Significant Changes - By making a submission (i.e., if a Drug Product is either under review or listed on the List), Manufacturers acknowledge and agree that they are required to notify the Manager, Scientific and Research Services of any significant change to the Drug Product. Significant changes are considered to be changes in NOC, DIN, Drug Product name, Manufacturer or distributor, indication, product monograph, packaging, formulation, manufacturing specifications, issuance of safety advisories or warnings, business/marketing or cross-licensing agreements and any change that could potentially affect the bioavailability or bioequivalence of a Drug Product. Please note: Changes to product monographs must be itemized in covering or separate correspondence with the Date of Revision of the product monograph clearly stated.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
Correspondence and Receipt of Submissions
Manufacturers may provide submissions for consideration for potential addition to the ADBL via email to the following address: submissions@ab.bluecross.ca

Submissions sent to other email addresses will not be considered for potential addition to the ADBL. It is recommended that manufacturers place the drug name(s) and strength(s) of the submitted product(s) in the subject header in order to ensure that multiple emails can be easily associated with one another.

Manufacturers are reminded that hard copies of submissions must follow by mail and should be sent to the attention of:

Manager
Scientific and Research Services
Alberta Blue Cross
10009 108 Street NW
Edmonton, Alberta T5J 3C5

A copy of covering correspondence and summary documents only should be forwarded to:

Executive Director
Pharmaceuticals & Supplementary Health Benefits
Alberta Health
11th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Questions or comments regarding submissions can be addressed to:

Coordinator
Scientific and Research Services
Alberta Blue Cross
10009 108 Street NW
Edmonton, Alberta T5J 3C5
Phone: (780) 498-8098
Fax: (780) 498-3534
Email: submissions@ab.bluecross.ca

Manufacturers should note that only complete submissions, satisfying all the submission requirements of the applicable category of Drug Product received by 4:30 p.m. Mountain Standard / Daylight Savings Time (as applicable) on the deadline, will be put forward for consideration by the Expert Committee on Drug Evaluation and Therapeutics or Expedited Review, as applicable. There is no guarantee that every completed submission will be reviewed and/or a recommendation made at the next scheduled meeting of the Expert Committee.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
Criteria for Listing Drug Products

- The Criteria for Listing Drug Products, as adjudicated by the Expert Committee on Drug Evaluation and Therapeutics (Expert Committee), apply to all Drug Product submissions.

- If more than one criterion apply, at the sole discretion of the Expert Committee, Alberta Health or the Minister, the most stringent and/or appropriate combination of criteria will apply.

- For Multisource Drug Products seeking a designation of interchangeability, the Drug Product must also meet the additional criteria outlined under “Interchangeable Drug Products - Additional Criteria”.

1. Clinical studies must have demonstrated the safety and efficacy of the product in appropriate populations.

2. The product must:
   a. possess therapeutic advantage (as defined in No. 3) for the disease entity for which the product is indicated, or
   b. be more cost-effective than presently accepted therapy.

3. Assessment of therapeutic advantage may include consideration of:
   i. clinical efficacy;
   ii. risk/benefit ratio;
   iii. toxicity;
   iv. compliance;
   v. clinical outcomes;
   vi. Health Canada or any other International Regulatory Agency issued warnings and advisories;
   vii. population health issues; or
   viii. any other factor which affects the therapeutic value of the product.

4. The Expert Committee, Alberta Health and/or the Minister may, in addition to all of the factors listed above, also consider any factors that they consider appropriate, including but not limited to any or all of the following:
   i. the recommendations from the CDR review,
   ii. failure by a manufacturer to supply a sufficient quantity of Drug Product to meet the demand in Alberta (as determined by Alberta Health at its sole discretion, and based on any information it deems appropriate),
   iii. failure by a manufacturer to provide
      (A) a Price Confirmation, or
      (B) a Price Confirmation or Confirmed Price in accordance with the Price Policy and/or the Alberta Price Confirmation (APC) Terms and Conditions;
   iv. failure by a manufacturer to comply with any APC Terms and Conditions;

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
ALBERTA DRUG BENEFIT LIST

v. type of drug, Drug Product, class or category and indications for use,
vi. other available alternative products, treatments or therapies,
vii. whether the product is interchangeable,
viii. cost of the product and/or potential cost savings or impact on drug expenditures under the List,
ix. volume of use and amounts paid out for similar products, classes or categories,
x. utilization patterns
xi. expenditure management and resources,
xii. patent issues,
xiii. coverage provided by other programs,
xiv. for interchangeable products, concerns that are related to or affect the interchangeability of the Drug Product,
xv. issues, concerns, objectives, goals and/or mandates related to any government policies, plans or programs, and
xvi. patient care concerns related to factors external to the Drug Product.

5. Products not eligible for review under the CDR Procedure may, at the sole discretion of Alberta Health and/or the Minister, be considered for priority review and possible addition to the List if the product submission is otherwise complete, and the product has been granted “Priority Review” status by the TPD, Health Canada. A copy of documentation from the TPD granting ‘Priority Review’ status is required.

6. The onus is on the Manufacturer to formally request, in writing, consideration on a priority review basis if, in the opinion of the manufacturer, the product meets any of the above priority review criteria. Request for priority review does not automatically mean that the submission will be considered on that basis. The decision whether to conduct a priority review will be made by Alberta Health and/or the Minister at their sole option and discretion.
Interchangeable Drug Products - Additional Criteria

Principle:
Decisions respecting interchangeability and drug lists remain in the domain of the institution responsible for the costs of the product which includes hospitals, provincial governments and other third party payers (6/9/95 Canada Gazette Part II, Vol. 129, No. 18)

Preface:
The Alberta Drug Benefit List (ADBL) contains designations of interchangeability for approved Multisource Drug Products. The Expert Committee on Drug Evaluation and Therapeutics makes recommendations on interchangeability to Alberta Health through the Executive Director, Pharmaceuticals & Supplementary Health Benefits. The Minister of Health makes the final decisions on interchangeability after reviewing the recommendations of the Expert Committee and/or Alberta Health.

Definitions:
(Note: additional definitions in the applicable Appendices may apply)

Canadian Innovator Reference Product (CIRP): A CIRP is a Drug Product that is marketed in Canada by the innovator manufacturer of the Drug Product and for which safety and efficacy have been demonstrated clinically.

Canadian Non-Innovator Reference Product (CNIRP): A CNIRP is a subsequent-entry generic Drug Product that is used as a Reference Product in a comparative study (e.g., bioequivalence, pharmacodynamic, therapeutic equivalence, or physical-chemical comparison) when the CIRP or a suitable Non-Canadian Innovator Reference Product (NCIRP) is no longer available on the market. See also 4 d) of the Additional Criteria.

Cross Licensed Product: A cross licensed or pseudo-generic Drug Product is a Drug Product that is manufactured according to the identical master formula and manufacturing and quality control specifications as a) the innovator brand of the drug; or b) any Drug Product that is currently listed on the ADBL within the submission product’s interchangeable grouping.

Interchangeable Drug Product: An Interchangeable Drug Product is a Drug Product that has been designated as interchangeable by the Minister of Health after reviewing the recommendations of the Expert Committee or Alberta Health. Recommendations regarding interchangeability are made taking into consideration the scientific, therapeutic, clinical and socio-economic merits of Drug Products in accordance with the published criteria. Drug Products designated as interchangeable are expected to be safe when interchanged with other Drug Products in the interchangeable grouping, and to have the same therapeutic effectiveness when administered to patients under the conditions specified in the labeling. The designation of interchangeability is made only for the purpose of funding of drug benefits covered under the Alberta government-sponsored drug benefit programs and is not to be used as a scientific reference or prescribing guide.

Multisource Drug Product: Drug Products are considered to be Multisource Drug Products when they are manufactured and/or distributed by more than one manufacturer.
Non-Canadian Innovator Reference Product (NCIRP): A NCIRP is a Drug Product that is marketed elsewhere in the world by the same innovator, corporate entity, or through a licensing arrangement with the innovator or corporate entity, that currently markets or historically marketed, the same drug in the same dosage form in Canada. See also 4 c) of the Additional Criteria.

Pharmaceutical Alternative: Drug Products may be considered to be pharmaceutical alternatives if they use the same route of administration and contain the same active therapeutic ingredient(s) but are different salts, esters or complexes of that moiety, or are different dosage forms or strengths.

Pharmaceutical Equivalent: Drug Products are considered to be pharmaceutical equivalents if they contain the same active therapeutic ingredient(s), are of comparable dosage form(s), route of administration, and are identical in strength or concentration.

TPD Reports - refers collectively to the following TPD, Health Canada guidance publications as of April 1, 2015:

- Guidance Document: Conduct and Analysis of Comparative Bioavailability Studies (2012); (which may be referred to in the List as “TPD Report No.1”); and
- Guidance Document: Comparative Bioavailability Standards: Formulations Used for Systemic Effects (2012); (which may be referred to in the List as “TPD Report No.2”)

Review of Interchangeable Drug Product Submissions:

A. The Expert Committee and/or Alberta Health and/or the Minister may, in addition to considering the Interchangeable Drug Products - Additional Criteria, also consider any other criteria in the ADBL, including but not limited to the Criteria for Listing Drug Products.

B. Recommendations regarding interchangeability are made taking into consideration the scientific, therapeutic, clinical and socio-economic merits of Drug Products in accordance with the published criteria. Drug Products designated as interchangeable are expected to be safe when interchanged with other Drug Products in the interchangeable grouping, and to have the same therapeutic effect when administered to patients under the conditions specified in the labeling.

C. Issuance of a Notice of Compliance by the TPD which includes a Declaration of Equivalence does not mean the Drug Product will automatically be designated as interchangeable.

Expedited Reviews

Alberta Health and/or the Minister reserves the right to refer any Drug Product Submission that would otherwise meet the Expedited Review requirements for Full Review by the Expert Committee.

1. Multisource Drug Products seeking a listing designation as interchangeable may be eligible for an Expedited Review if:
a. The Drug Product submission complies with the submission requirements.

b. The Drug Product does NOT fall into any of the categories of Drug Products that require a Full Review (below).

c. The Drug Product is a cross licensed Drug Product with the innovator brand of the drug or any Drug Product that is currently listed on the ADBL within the submission product’s interchangeable grouping.

d. The Drug Product is NOT a subsequent entry biologic (subsequent entry biologics are not eligible for review as interchangeable products).

e. The Drug Product has been granted a Notice of Compliance (NOC) by Health Canada that includes a declaration of equivalence with a CIRP that is listed (or at the sole discretion of Alberta Health and/or the Minister, has been previously listed) on the Alberta Drug Benefit List.

f. The Drug Product must be a pharmaceutical equivalent to the CIRP.

g. The proposed price in Alberta provided in the manufacturer’s submission complies with the Price Policy.

h. Even if the drug submission review is expedited, the Minister may decide not to list a Drug Product, or the listing of the Drug Product may be delayed, if the manufacturer has failed
(A) to provide a Price Confirmation,
(B) to provide a Price Confirmation or Confirmed Price in accordance with the Price Policy and/or the applicable APC Terms and Conditions; or
(C) to comply with the terms and conditions of an applicable APC.

Full Reviews

Multisource Drug Products seeking a listing designation as interchangeable that fall within the categories listed below are required to undergo a Full Review by the Expert Committee. The following additional interchangeability criteria will apply to Full Reviews:

1. The Drug Product must be a
   a. pharmaceutical equivalent; or
   b. pharmaceutical alternative,
   as determined at the sole discretion of the Expert Committee.

2. The Drug Product is not a subsequent entry biologic (subsequent entry biologics are not eligible for review as interchangeable products).

3. The proposed price in Alberta contained in the manufacturer’s submission complies with the Price Policy.

4. The Drug Product has been demonstrated to be bioequivalent, or has provided evidence of comparative therapeutic efficacy, with the reference Drug Product as outlined below:

   a. For Drug Products in the following categories, for which comparative bioequivalence studies CAN be conducted:

   The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
i. For Critical Dose Drug Products, the Drug Product must meet the criteria in the Critical Dose Drug Product Appendix.

ii. For Non-Linear Drug Products, the Drug Product must meet the criteria in the Non-Linear Drug Product Appendix.

iii. For Rapid Onset Drug Products, the Drug Product must meet the criteria in the Rapid Onset Drug Product Appendix.

iv. For Drug Products for which Bioequivalence is Supported by Metabolite Data, the Drug Product must meet the criteria in the Drug Products with Metabolite Data Appendix.

v. For Drug Products for which Bioequivalence is Supported by Measurement of the Drug in a Matrix other than Plasma or Serum (e.g., whole blood, urine, tissue), the Drug Product must meet the criteria in the Drug Product with Alternate Matrix Measurement Appendix.

vi. For Old Drug Products, the product must meet the criteria in the Old Drug Product Appendix.

vii. For Drug Products which possess complex delivery systems, the product must meet the criteria in the Complex Delivery System Drug Product Appendix.

b. For Drug Products in the above categories for which comparative bioequivalence studies CANNOT be conducted:

   i) Evidence of comparative therapeutic efficacy of the submitted product with the reference product via:
      (A) a therapeutic equivalence study; or
      (B) Studies that meet the requirements and standards for pharmacodynamic studies outlined in TPD Report No.2; or
      (C) surrogate comparisons using in vivo or in vitro test methods; and

   ii) Sufficient rationale for why a comparative bioequivalence study cannot be conducted and an explanation of why the method submitted is a valid surrogate for bioequivalence assessment.

c. For Drug Product submissions using a Non-Canadian Innovator Reference Product (NCIRP):

   i) A NCIRP may only be used when it meets the Criteria for a Drug Product Purchased in Another Country as set out in Health Canada’s Drugs Directorate Policy: Canadian Reference Product (1995) under the provisions of Section C.08.002.1(c) of the Food and Drug Regulations (the “NCIRP Criteria”).

   ii) If the NCIRP Criteria are met, the Drug Product must demonstrate bioequivalence to the NCIRP through studies that meet the requirements and standards of the applicable TPD Reports.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
d. For Drug Product submissions using a Canadian Non-Innovator Reference Product (CNIRP) the following criteria apply:

i) The CIRP or a suitable NCIRP for the active therapeutic ingredient(s) contained in a CNIRP is no longer available on the market.

ii) The CNIRP must be currently listed on the ADBL at the time the Drug Product submission is under review.

iii) There must be evidence from historical product reviews for the ADBL that the CNIRP was directly compared with the CIRP in a suitable study/studies and shown to be bioequivalent.

iv) If a subsequent-entry generic drug product was approved on the basis of a comparison with a NCIRP, then the Drug Product is not eligible for consideration as a CNIRP.

v) Once a CNIRP for an interchangeable grouping has been established for the ADBL, the specific CNIRP must be used consistently thereafter in comparative studies for submitted drug products to be considered for a potential interchangeability designation. This is true as long as the established CNIRP is listed on the ADBL.

In situations where a manufacturer wishes to use a CNIRP in a comparative study to support an interchangeability designation on the ADBL, the manufacturer is advised to contact the Scientific and Research Services Department of Alberta Blue Cross to confirm the identity of the CNIRP for the interchangeable grouping in the ADBL, if one has been established.

5. The Drug Product must meet all other criteria outlined in the applicable Appendix.

6. In addition, the Expert Committee may also consider any other factor that may affect the interchangeability of a Drug Product, including but not limited to:

- characteristics of the Drug Product (e.g. shape, scoring, configuration, packaging, labelling);
- excipients and non-medicinal ingredient(s) (e.g. sugar, sodium);
- expiration times;
- storage conditions.
Interchangeable Drug Products - Additional Criteria
APPENDICES

Critical Dose Drug Product Appendix

**Critical Dose Drug:** Is a drug where comparatively small differences in dose or concentration lead to dose- and concentration-dependent, serious therapeutic failures and/or serious adverse drug reactions which may be persistent, irreversible, slowly reversible or life threatening, which could result in inpatient hospitalization or prolongation of existing hospitalization, persistent disability or incapacity, or death.

Critical dose drugs include:

a) Any drug listed in TPD Report No. 2; and

b) Any other drug that the Expert Committee determines meets the above definition, which determination may include consideration of any other matter that may affect the interchangeability of a product containing a critical dose drug.

**Criteria:** Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports, with the exception that the following standards will be used:

1. The 90% confidence interval of the relative mean AUC of the test to reference formulation should be within 90.0 to 112.0% inclusive; the relevant AUC or AUCs as described in TPD Report No. 2 are to be determined.
2. The 90% confidence interval of the relative mean Cmax of the test to reference formulation should be between 80.0 and 125.0%.
3. These requirements are to be met in both the fasted and fed states.
4. These standards should be met on log transformed parameters calculated from the measured data.
5. If a steady-state study is required, the 90% confidence interval of the relative mean measured Cmin of the test to reference formulation should also be between 80.0 and 125.0%.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
Non-Linear Drug: A drug is considered to be a Non-Linear Drug if the Health Canada approved product monograph for the Canadian Innovator Drug Product states that the drug exhibits non-linear pharmacokinetics.

Criteria:

1. Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports, and these requirements and standards should be met in single dose studies in the fasted state, with the following exception:

   For drugs with non-linear pharmacokinetics in the single unit dose range of approved strengths due to limited solubility of the medicinal ingredient and resulting in less than proportional increases in AUC with increasing dose, the comparative bioequivalence studies should be conducted on at least the lowest strength (single dose unit) in the fasted state and the highest strength in both the fasted and fed states.

2. At the sole discretion of the Expert Committee, it may be acceptable to conduct comparative bioequivalence studies at either the highest or lowest strength of a range of proportionally formulated strengths as outlined below:
   a) For drugs with non-linear pharmacokinetics in the single unit dose range of approved strengths resulting in greater than proportional increases in AUC with increasing dose, the comparative bioequivalence studies should be conducted on at least the highest strength.
   b) For drugs with non-linear pharmacokinetics in the single unit dose range of approved strengths due to saturable absorption and resulting in less than proportional increases in AUC with increasing dose, the comparative bioequivalence study should be conducted on at least the lowest strength (single dose unit).
Rapid Onset Drug Product Appendix

**Rapid Onset Drugs**: For drugs for which an early time of onset or rapid rate of absorption is important for therapeutic effects, for example, an analgesic for rapid relief of pain.

**Criteria**: Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports, except that the relative mean area under the curve to the time of the maximum concentration of the reference product (AUC_{Reftmax}) of the test to reference formulation should be within 80.0% to 125.0% inclusive, where AUC_{Reftmax} for a test product is defined as the area under the curve to the time of the maximum concentration of the reference product, calculated for each study subject.

The AUC_{Reftmax} ratio for each subject should be calculated using values for test and reference products obtained with that subject, and not using a central value (mean or meridian) for the reference product.

This applies to comparative bioequivalence studies only. Submissions that make a claim of a more rapid onset of effect, compared to that of the reference product, may require additional pharmacokinetic, pharmacodynamics or clinical data.
Drug Product with Metabolite Data Appendix

For Drug Product submissions for which evidence of bioequivalence is supported by metabolite, rather than the parent drug, data:

Criteria:

1. Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports.

2. If the parent drug is not detectable due to rapid biotransformation or limitations in available assay methodology, the use of metabolite data may be acceptable.

3. The measured metabolite must be a primary (first step) measureable by a validated assay, and there must be sufficient scientific justification for a waiver of the measurement of the parent drug and the use of metabolite data.

4. The choice of using the metabolite instead of the parent drug is to be clearly stated, a priori, in the objective of the study in the study protocol.

5. The use of metabolite concentrations in urine is not acceptable.
For Drug Product submissions for which bioequivalence data is supported by measurement of the drug in a matrix other than plasma or serum (e.g., whole blood, urine, extravascular tissue).

**Criteria:**

1. Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports.
2. The assay used for measurement of the drug must be validated for the alternate matrix of measurement.
3. The use of metabolite concentrations in an alternate matrix is not acceptable.
4. Sufficient rationale for why the use of an alternate matrix measurement study is appropriate.
Old Drugs: Are Drug Products where the active moiety or moieties is/are designated as an “old drug” by Health Canada and the Drug Product is approved on the basis of a DIN application (i.e. an NOC is not issued by Health Canada).

Criteria:
1. Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports.
2. For old Drug Products for which comparative bioequivalence studies CANNOT be conducted, the submission must include:
   i) Evidence of comparative therapeutic efficacy of the submitted product with the reference product via:
      a) a therapeutic equivalence study; or
      b) studies that meet the requirements and standards for pharmacodynamic studies outlined in TPD Report No. 2; or
      c) surrogate comparisons using in vivo or in vitro test methods.

   and

   ii) Sufficient rationale for why a comparative bioequivalence study cannot be conducted.
Complex Delivery System Drugs: Are Drug Products that possess complex drug release characteristics in the pharmaceutical dosage form that are intended to:
1. deliver the drug at a rate that is independent of time and the concentration of the drug (i.e. zero order process), or
2. deliver the drug to a specific physiological site (i.e. site-specific release).

Criteria:

1. Comparative bioequivalence studies must meet the requirements and standards in the TPD Reports.
2. A detailed description of the pharmaceutical dosage forms and specific drug release characteristics of the submitted Drug Product and reference Drug Product must be provided to permit evaluation of the similarity of drug release of the respective formulations.
The Expert Committee and/or Alberta Health may at any time review the benefit status of a Drug Product, a group of Drug Products, a class or classes of Drug Products, or a category or categories of Drug Products listed or being considered for listing on the ADBL (collectively “Products”). The Expert Committee and/or Alberta Health may, at their sole option and discretion, recommend altering or discontinuing the benefit status for Products if one or more of the following criteria are met. These are general criteria only, which are intended to be applied flexibly, having regard to each individual case. The criteria may be modified or adapted as the situation may require, and not all criteria will apply to each case:

1. There has been a significant change to the Product(s). Significant changes may include changes in NOC, DIN, product name, manufacturer or distributor, indication, product monograph, packaging, formulation, or any change that could potentially affect the bioavailability or bioequivalence of a product.

2. The Product(s), no longer possesses demonstrated therapeutic advantage compared to other presently accepted therapies or treatments of the disease entity for which the Product(s) is/are indicated. Assessment of therapeutic advantage may include consideration of clinical efficacy, risk/benefit ratio, toxicity, compliance, clinical outcomes, Health Canada advisories, population health issues, and any factor which affects the therapeutic value of the product, class or category.

3. The Product(s) is/are no longer cost-effective compared to other presently accepted therapies or treatments of the disease entity for which the Product(s) is/are indicated.

4. To enable broader coverage of higher priority Product(s).

5. When a product has been discontinued by the manufacturer.

6. When Product(s) is/are changed from prescription to non-prescription status, the Expert Committee may recommend continuing, altering or discontinuing benefit status of the Product(s) based upon scientific, therapeutic, clinical and socio-economic merits of the Product(s).

7. For all ROBS reviews, the Expert Committee, Alberta Health and/or the Minister may, in addition to all of the factors listed above, also consider any factors that they consider appropriate, including but not limited to any of the criteria for listing Drug Products and Interchangeable Drug Products.

Unsolicited information from manufacturers relating to ROBS Reviews will not be put before the Expert Committee. However, if the Expert Committee determines that a change in benefit status may be warranted, manufacturers of the affected Product(s) will be notified and provided with an opportunity to make submissions to the Expert Committee prior to the final recommendation being made. Notification will include advice regarding the form of submission that will be accepted, the deadline for filing the submission and any other relevant advice. Any submissions that do not comply with the notification advice will not be put before the Expert Committee.
The following Submission Requirements pertain to submissions for Drug Products not eligible for review under the CDR Procedure.

A) New Chemical Entities/Single Source Drug Products

The following submission requirements pertain to New Chemical Entities or New Combination Products where one or more of the active moieties have never been listed on the List, and other single source Drug Products that have never been listed on the List, and are not eligible for review under the CDR Procedure.

1. Consent Letter
   - an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory.

2. Letter Confirming Ability to Supply
   - a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.

3. A hard copy and electronic (CD) copy only of the following from the Common Technical Document:
   - Clinical Overview (Module 2.5), and
   - Clinical Summary (modules 2.7.1, 2.7.3, 2.7.4 and 2.7.6).
   Note: If a Common Technical Document was not prepared for Health Canada, a Comprehensive Summary may be acceptable in lieu.

4. Copy of completed Drug Identification Number (DIN) notification form

5. Copy of Notice of Compliance (NOC)

   - a signed statement from the Manufacturer stating that the submitted Drug Product does not infringe any patents
   - expiry date(s) of all Canadian patent(s)

7. Price Information
   - The proposed price for Alberta (which must be in compliance with the Price Policy)

8. TPD-approved Product Monograph
   - A hard copy, and
   - an electronic (CD) copy compatible with Microsoft Word
9. Economic Information
   - A comprehensive pharmacoeconomic analysis in accordance with: the "Guidelines for the economic evaluation of health technologies: Canada [3rd Edition]". Ottawa: Canadian Agency for Drugs and Technologies in Health; 2006.; cost-effectiveness and cost-utility data and the impact on "direct" healthcare costs are most useful, and
   - A completed Budget Impact Assessment for the Alberta Drug Benefit List form. The form can be obtained at https://www.ab.bluecross.ca/dbl/manufacturers.html or by contacting the Coordinator, Scientific and Research Services, Alberta Blue Cross by phone at (780) 498-8098, by fax at (780) 498-3534, or by email at submissions@ab.bluecross.ca.

10. If requested, the Manufacturer must provide written confirmation from the CDR that the Drug Product is not eligible for review under the CDR Procedure.
B) Changes to Special Authorization or Restricted Benefit Status of Listed Single Source Drug Products Due to a New Indication

The following submission requirements pertain to single source Drug Products currently listed via special authorization or as restricted benefits on the List that have received a new indication from Health Canada, where the Manufacturer wishes to request expansion of the coverage criteria or change in benefit status due to the new indication and where the Drug Products are not eligible for review under the CDR Procedure.

1. Consent Letter
   - an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory

2. Letter Confirming Ability to Supply
   - a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.

3. Justification for the Expanded Coverage Criteria or Change in Benefit Status
   - a separate document indicating the reason for and evidence to justify the need for the expanded coverage criteria or change in benefit status due to the new indication

4. A hard copy and electronic (CD) copy only of the following from the Common Technical Document:
   - Clinical Overview (Module 2.5), and
   - Clinical Summary (modules 2.7.1, 2.7.3, 2.7.4 and 2.7.6)
   Note: If a Common Technical Document was not prepared for Health Canada, a Comprehensive Summary may be acceptable in lieu.

5. Copy of Notice of Compliance (NOC) for the new indication.

   - a signed statement from the Manufacturer stating that the submitted Drug Product does not infringe any patents
   - expiry date(s) of all Canadian patent(s)

7. Price Information
   - The proposed price for Alberta (which must be in compliance with the Price Policy)

8. TPD-approved Product Monograph (revised to include the new indication)
   - A hard copy, and
   - an electronic (CD) copy compatible with Microsoft Word

9. Economic Information
   - a comprehensive pharmacoeconomic analysis prepared with respect to the new indication only in accordance with: the “Guidelines for the economic evaluation of health technologies: Canada [3rd Edition]”. Ottawa: Canadian Agency for Drugs and Technologies in Health; 2006.; cost-effectiveness and cost-utility data and the impact on “direct” healthcare costs are most useful

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
10. If requested, the Manufacturer must provide written confirmation from the CDR that the Drug Product is not eligible for review under the CDR Procedure.
C) Line Extension Drug Products

The following submission requirements pertain to new strengths and formulations or reformulations of Drug Products that are currently listed or are under consideration for listing on the List and where Drug Products are not eligible for review under the CDR Procedure.

1. Consent Letter
   - an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory.

2. Letter Confirming Ability to Supply
   - a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.

3. Justification for the Line Extension
   - a separate document indicating the reason for and evidence to justify the need for the new strength, formulation or reformulation of the Drug Product.

4. A hard copy and electronic (CD) copy only of the following from the Common Technical Document:
   - Clinical Overview (Module 2.5), and
   - Clinical Summary (modules 2.7.1, 2.7.3, 2.7.4 and 2.7.6).
   Note: If a Common Technical Document was not prepared for Health Canada, a Comprehensive Summary may be acceptable in lieu. In the event a Comprehensive Summary was not prepared for Health Canada (i.e. clinical studies have not been conducted on the new strength, formulation or reformulation) then the Manufacturer must provide evidence establishing a clear linkage between the submitted Drug Product(s) and a currently listed Drug Product(s). This can be in the form of:
     i. bioequivalence data; or
     ii. evidence of formulation proportionality (i.e. a comparison of master formulae for all submitted strengths) and evidence of a similar dissolution profile.

5. Copy of completed Drug Identification Number (DIN) notification form

6. Copy of Notice of Compliance (NOC)

   - a signed statement from the Manufacturer stating that the submitted Drug Product does not infringe any patents
   - expiry date(s) of all Canadian patent(s)
8. Copy of completed and approved Certified Product Information Document (CPID)
   • in lieu of the CPID, a Master Formula and Final Product Specifications must be
     provided
9. Price Information
   • The proposed price for Alberta (which must be in compliance with the Price Policy)
10. TPD-approved Product Monograph (revised to include the line extension)
    • A hard copy, and
    • an electronic (CD) copy compatible with Microsoft Word
11. Economic Information
    • a completed Budget Impact Assessment for the Alberta Drug Benefit List form. The
      form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by
      contacting the Coordinator, Scientific and Research Services, Alberta Blue Cross by
      phone at (780) 498-8098, by fax at (780) 498-3534, or by email at
      submissions@ab.bluecross.ca.
12. If requested, the Manufacturer must provide written confirmation from the CDR that the
    Drug Product is not eligible for review under the CDR Procedure.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
D) Interchangeable Drug Products

The following submission requirements pertain to Multisource Drug Products submitted for listing in an interchangeable grouping in the List.

For Expedited and Full Reviews:

1. Consent Letter
   - an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory

2. Letter Confirming Ability to Supply
   - a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.

3. Copy of completed Drug Identification Number (DIN) notification form

4. Copy of Notice of Compliance (NOC)
   - Note: For Old Drug Products (a Drug Product where the active ingredient is designated as an “old drug” by Health Canada and the Drug Product was approved on the basis of a DIN application), a Notice of Compliance is not required.

   - a signed statement from the Manufacturer stating that the submitted Drug Product does not infringe any patents

6. For Cross Licensed Drug Products: Letters from both the Manufacturer of the submission Drug Product and the Manufacturer of the innovator brand or a currently listed Drug Product within the submission Drug Product’s interchangeable grouping, stating that the submission Drug Product is manufactured under the identical master formula and manufacturing and quality control specifications, as the innovator brand or the currently listed Drug Product.

7. Price Information
   - The proposed pricing in Alberta must be in compliance with the Price Policy. Exceptions to the Fixed Pricing Rules may be considered at the sole discretion of the Minister. Accordingly, a request for an exception (as per the Price Policy) must accompany a submission that does not meet the Price Policy in order for it to be deemed complete.

8. Copy of completed and approved Certified Product Information Document (CPID)
   - Note: In lieu of the CPID, a Master Formula and Final Product Specifications must be provided

9. TPD-approved Product Monograph
   - A hard copy, and
   - an electronic (CD) copy compatible with Microsoft Word

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
ALBERTA DRUG BENEFIT LIST

Note: For Old Drug Products, the Prescribing Information may be provided in lieu of the Product Monograph.

For FULL REVIEWS ONLY, the following ADDITIONAL information must be provided:

10. Evidence that the listing criteria for Interchangeable Drug Products have been met. See Criteria for Listing Drug Products and Interchangeable Drug Products sections for specific applicable criteria.

11. If a submitted drug product has been compared with a Non-Canadian Innovator Reference Product (NCIRP) or a Canadian Non-Innovator Reference Product (CNIRP) (as defined in Interchangeable Drug Products - Additional Criteria) in a comparative bioavailability study, the full TPD review of the submitted drug product must be provided. The Comprehensive Summary - Bioequivalence (CS-BE) that is prepared by the manufacturer prior to filing an Abbreviated New Drug Submission (ANDS) is not sufficient.
E) Natural Health Products

Natural Health Product: A Natural Health Product is a Drug Product where the active moiety or moieties are defined as a “natural health product” by Health Canada under the Natural Health Products Regulations.

The following submission requirements pertain to Natural Health Products submitted for listing on the Alberta Drug Benefit List.

1. Consent Letter
   • an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Natural Health Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Natural Health Product submission and resubmission information and information about the Natural Health Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory.

2. Letter Confirming Ability to Supply
   • a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Natural Health Product in a quantity consistent with applicable APC or Interim APC requirements.

3. Copy of Market Authorization for Sale (current Product License that is not suspended or cancelled at the time the submission is made)

   • a signed statement from the Manufacturer stating that the submitted Drug Product does not infringe any patents

5. Price Information
   • The proposed price for Alberta (which must be in compliance with the ADBL Price Policy)

6. Copy of completed and approved Certified Product Information Document (CPID)
   Note: In lieu of the CPID, a Master Formula, Final Product Specifications and Certificate of Analysis must be provided

7. Single Ingredient Monographs or Product Monographs
   • The Prescribing Information may be provided in lieu of Single Ingredient Monographs or Product Monographs.

8. The submission must include:
   I. Evidence that the active moiety or moieties or Natural Health Product was previously or is currently listed in the same formulation on the ADBL and;

   II. Evidence from the Manufacturer to demonstrate that there is an unmet need for the submitted Natural Health Product(s) (e.g. therapeutic need, therapeutic dose, stability of supply, formulation).

Note: Submissions for combination products where one or more of the active moieties was previously listed as a single entity will not be accepted. Similarly, submissions for single entity natural health products that are components of combination products will not be accepted.

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products where one or more of the active moieties was previously listed in a combination product will not be accepted.

9. Interchangeability may be evaluated based upon evidence submitted by the Manufacturer. The Expert Committee on Drug Evaluation and Therapeutics will provide recommendations on interchangeability to the Minister for a final decision. Acceptable evidence to support interchangeability includes:
   1. Bioequivalence studies which meet the requirements and standards in the TPD Reports.
   2. For Natural Health Products for which bioequivalence studies CANNOT be conducted, the submission must include:
      i) Evidence of comparative therapeutic efficacy of the submitted product with the reference product via:
         (A) a therapeutic equivalence study; or
         (B) studies that meet the requirements and standards for pharmacodynamic studies outlined in TPD Report No. 2 (as defined in Interchangeable Drug Products - Additional Criteria); or
         (C) surrogate comparisons using in vivo or in vitro test methods; and
      ii) Sufficient rationale for why a bioequivalence study cannot be conducted.

10. Economic Information
    - A completed Budget Impact Assessment for the Alberta Drug Benefit List form. The form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by phone at (780) 498-8098, by fax at (780) 498-3534, or by email at submissions@ab.bluecross.ca
F) Non-Interchangeable Old Drug Products

Non-Interchangeable Old Drug Products: Are Drug Products where the active moiety or moieties are designated as an “Old Drug” by Health Canada and evidence to support interchangeability CANNOT be provided. The Drug Product is approved on the basis of a DIN application (i.e. a NOC is not issued by Health Canada).

Previously Listed means the Drug Product was previously listed in the same formulation on the ADBL at anytime in the past.

Not Previously Listed means the Drug Product was NOT previously listed in the same formulation on the ADBL at anytime in the past.

The following submission requirements pertain to both Previously Listed and Not Previously Listed Non-Interchangeable Old Drug Products that are submitted for listing, but not as interchangeable, with another Drug Product that is currently listed in the ADBL.

1. Consent Letter
   • an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory.

2. Letter Confirming Ability to Supply
   • a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.

3. Copy of completed Drug Identification Number (DIN) notification form

   • a signed statement from the Manufacturer stating that the submitted product does not infringe any patents

5. Price Information
   • The proposed price for Alberta (which must be in compliance with the ADBL Price Policy)

6. Copy of completed and approved Certified Product Information Document (CPID)
   Note: In lieu of the CPID, a Master Formula, Final Product Specifications and Certificate of Analysis must be provided

7. Product Monograph
   • The Prescribing Information may be provided in lieu of the Product Monograph.

8. Evidence from the Manufacturer to demonstrate that there is an unmet need for the submitted Drug Products (e.g., therapeutic need, therapeutic dose, stability of supply, formulation)

9. Economic Information
   • A completed Budget Impact Assessment for the Alberta Drug Benefit List form. The form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by phone at

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For Non-Interchangeable Old Drug Products that were Previously Listed ONLY, the following ADDITIONAL information must be provided:

10. Evidence that the Drug Product was previously listed on the ADBL for the same indication and use in the past; and
   • Assurance that the formulation of the Drug Product has remained unchanged since the time of listing, or
   • If any Notifiable Changes have occurred since the time of listing, summary documentation describing the changes that have occurred since the time of listing must be provided.

For Non-Interchangeable Old Drug Products that were NOT Previously Listed ONLY, the following ADDITIONAL information must be provided:

11  Clinical evidence for the efficacy and safety of the active therapeutic ingredient(s) for the submitted indication that may be in the form of (in order of preference):
   • An electronic (CD) copy only of the following from the Common Technical Document:
     • Clinical Overview (Module 2.5), and
     • Clinical Summary (Modules 2.7.1, 2.7.3, 2.7.4 and 2.7.6).
   • If a Common Technical Document was not prepared for Health Canada, a Comprehensive Summary may be acceptable in lieu.
   • If a Comprehensive Summary was not prepared for Health Canada, a concise summary of the efficacy and safety evidence based on an up-to-date literature review of the current medical literature may be acceptable in lieu.
G) Resubmissions

Resubmission Requests – General

1. A resubmission request may be made for a Drug Product that is not currently listed on the ADBL in a case where the Drug Product:
   a. was previously listed on the ADBL;
   b. was the subject of a previous submission for listing on the ADBL; or
   c. is listed on the ADBL but is subject to restrictions.

2. A resubmission request:
   a. must comply with the requirements set out below; and
   b. may be made by a Manufacturer for a Drug Product only once in a 12 month period, running from April 1st through to March 31st, unless the Minister of Health (Minister), in the Minister’s sole discretion, invites a Manufacturer to make a resubmission request.

3. The Minister, the Expert Committee on Drug Evaluation and Therapeutics (Expert Committee), and Alberta Health:
   a. may request information in addition to the requirements set out below; and
   b. may from time to time set deadlines by which a resubmission request may be made, or a request for additional information must be provided.

4. In the case where:
   a. additional information has been requested by the Minister, the Expert Committee or Alberta Health, the resubmission request is not considered to be complete unless and until the requested additional information is provided to the Minister, the Expert Committee or Alberta Health; and
   b. a deadline has been set as referred to above, failure to provide a complete resubmission request within such deadline means that a resubmission request will not be reviewed by the Expert Committee or Alberta Health or considered by the Minister.

5. The Minister may, in the Minister’s sole discretion, refer a Drug Product, that was the subject of a resubmission request which meets the requirements set out in this policy, to an Alberta Price Confirmation (APC) or Interim APC process.

6. In the event that a Drug Product is referred to an APC or Interim APC process, the Manufacturer must comply with the Price Policy and the Terms and Conditions of the APC or Interim APC. A referral to an APC or Interim APC or the submission of a Price Confirmation or Confirmed Price for the Drug Product by the Manufacturer does not obligate the Minister to list a Drug Product on the ADBL.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
7. In the event that the Minister, in the Minister’s sole discretion, requires additional advice or input on a resubmission request, the Minister may refer the resubmission request to the CDR Procedure, the Expert Committee or any other entity for further advice or a full review.

8. For additional clarity, the provisions outlined under the “Submissions for Drug Reviews” are also deemed to apply to resubmission requests except as specifically modified by the provisions in this subsection “G) Resubmissions”, in which case this subsection applies.

Resubmission Requests Requiring Expert Committee Review

9. In addition to the requirements in “Resubmission Requests – General” above, this section applies to a resubmission request for a Drug Product that was reviewed by the Expert Committee and a decision was made by the Minister to:

   a. not add the Drug Product to the ADBL for reasons other than those specified in section 12 below;
   b. add the Drug Product to the ADBL with restrictions; or
   c. maintain current listing status of the Drug Product on the ADBL despite the Manufacturer’s request for change.

10. A general resubmission request may be made for a previously submitted Drug Product on the Resubmission for the Alberta Drug Benefit List form. The form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by contacting the Coordinator, Scientific and Research Services, Alberta Blue Cross by phone at (780) 498-8098, by fax at (780) 498-3534, or by email at submissions@ab.bluecross.ca.

11. A resubmission request must be complete and must include:

   a. a completed Resubmission for the Alberta Drug Benefit List form. A resubmission request requires review by the Expert Committee and a recommendation made by the Expert Committee for the Minister’s consideration for listing or not listing the Drug Product on the ADBL. The form must contain new information not previously submitted for a review of the Drug Product by the Expert Committee, unless otherwise indicated;
   b. an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory;
   c. a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the

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subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements; and
d. a revised Budget Impact Assessment (BIA) form in the case where new economic information about the Drug Product is available, that has not been previously submitted, to support the resubmission request. The form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by contacting the Coordinator, Scientific and Research Services, Alberta Blue Cross by phone at (780) 498-8098, by fax at (780) 498-3534, or by email at submissions@ab.bluecross.ca.

Resubmission Requests based on the ADBL Price Policy

12. In addition to the requirements in “Resubmission Requests – General” above, this section applies to resubmission requests for a Drug Product that:

a. has not been listed on the ADBL, or that has been removed from the ADBL, by the Minister where the requirements of an Alberta Price Confirmation (APC), Interim APC or the Price Policy were not satisfied; or
b. has been removed from the ADBL at the request of the Manufacturer.

13. A price policy resubmission request may be made on the Alberta Price Policy Resubmission Form for the Alberta Drug Benefit List. The form can be obtained at www.ab.bluecross.ca/dbl/manufacturers.html or by contacting the Coordinator, Scientific and Research Services, Alberta Blue Cross by phone at (780) 498-8098, by fax at (780) 498-3534, or by email at submissions@ab.bluecross.ca.

14. A resubmission request must be complete and must include:

a. a completed Alberta Price Policy Resubmission Form for the Alberta Drug Benefit List;

b. an unconditional consent letter authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory; and

c. a confirmation letter signed by a senior official of the Manufacturer stating that the Manufacturer is able and willing to supply the Alberta market with the subject Drug Product in a quantity consistent with applicable APC or Interim APC requirements.
Non-Innovator Policy

1. The Minister may request submissions or direct Alberta Health and/or the Expert Committee to request submissions for products from time to time. Specifically, the Minister may request submissions for Multisource Drug Products seeking a listing designation as interchangeable with a CIRP that is not currently listed on the Alberta Drug Benefit List (ADBL) when that CIRP has been identified by the Minister.

2. The Minister may identify a CIRP which has been considered but never listed on the ADBL and where the availability of a Multisource Drug Product(s) may now alter the cost effectiveness of the molecule:
   a. During the Minister’s evaluation of a CIRP to be identified under this Policy, the Minister will provide written notice of the evaluation to the CIRP manufacturer who may, at their discretion, provide materials to the Minister to be considered as part of the evaluation.

3. If such a CIRP is identified by the Minister, it will be included in the list included in this Non-Innovator Policy and any manufacturers with a valid NOC may make a submission (including the CIRP manufacturer).

4. Submissions must fulfill the applicable submission guidelines outlined below:
   a. For Interchangeable products, the applicable Expedited or Full Submission Guidelines outlined in the ADBL as if the CIRP was currently listed on the ADBL including compliance with the prevailing Price Policy.
   b. CIRP manufacturers must fulfill the following Submission Requirements outlined in Section A) New Chemical Entities/Single Source Drug Products in the ADBL (Section 1.25 – 1.26): Consent Letter, Letter Confirming Ability to Supply, Hard Copy and CD copy of the following Common Technical Document sections (Module 2.5 and 2.7.1, 2.7.3, 2.7.4 and 2.7.6), Copy DIN Notification Form, Copy of NOC, Current Patent Status, Price Information, TPD- approved Product Monograph:
      1. Only pricing information submitted according to the prevailing Price Policy will be evaluated for CIRPs under this Non-Innovator Policy. The Product Listing Agreement Policy will not be considered.

5. For clarity, Special Authorization requests for coverage of a specific brand under the Special Authorization Guidelines outlined in the ADBL will not be considered unless the specific brand requested is a benefit on the ADBL.

6. Where the Minister has requested submissions for a specific Drug Product through this Requested Submissions Policy by including it in Section 7 below, but no submissions are received and the drug product continues to be funded through an Alberta Government Sponsored program (for example, Health Benefits Exception Committee), Alberta Health may publish the price established for the molecule through that pan-Canadian Generic Initiative (please refer to the Price Policy for further details) and will pay no more than that price for beneficiaries under any Government of Alberta Sponsored Drug program.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.
ALBERTA DRUG BENEFIT LIST

7. Submissions are currently being accepted for Multisource Drug Products for the following non-listed CIRPs. For clarity, the CIRP itself continues to be eligible to submit for listing on the ADBL.

- [Brand Name (generic name)]
Supply Shortages

Where a Manufacturer has not supplied, or is not supplying, a sufficient quantity of Drug Product to meet the demand in Alberta (as determined by Alberta Health at its sole option and discretion, and based on any information it deems appropriate):

1. If the unavailable Drug Product is a Single Source Drug Product on the List, Drug Products not otherwise allowed as benefits may be added temporarily or temporarily reimbursed for the Alberta government-sponsored drug programs.

2. Drug Products added or reimbursed under this policy may remain as temporary benefits until the supply shortage is rectified.

3. In order to remain as benefits after the shortage is rectified, Manufacturers of these products must follow the usual submission and review process for listing.

4. Alberta Health may recover any cost difference from the manufacturer unable to supply a Drug Product.

5. Alberta Health may at its sole discretion, take any other steps or require any information from a manufacturer or other person that is reasonably required to manage a supply shortage.

6. Alberta Health may:
   - refuse to list any product of the manufacturer,
   - refuse to consider any product submission of the manufacturer for expedited or priority review; or
   - cancel or modify the listing of the product that is not meeting the supply demand.
### Units of Issue for Pricing

These units of issue are used for presenting prices in the List.

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<th>Dosage Form</th>
<th>Unit of Issue Priced in ADBL</th>
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<td>Ampoules</td>
<td>Millilitre</td>
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<tr>
<td>Bladder Irrigation Solutions</td>
<td>Millilitre</td>
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<td>Dental Pastes</td>
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<td>Devices</td>
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<td>Inhalation Capsules</td>
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<td>Cartridge, Dose</td>
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<td>Inhalation Disks</td>
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<td>Inhalation Solutions or Suspensions</td>
<td>Millilitre – all preparations including nebules</td>
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<td>Injections</td>
<td>Vial – where reconstitution is required (or Millilitre or Unit where indicated)</td>
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<td>Injections – Syringes</td>
<td>Syringe (or Millilitre where indicated)</td>
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<tr>
<td>Individual Packet</td>
<td>Packet</td>
</tr>
</tbody>
</table>

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### Units of Issue for Pricing, continued

<table>
<thead>
<tr>
<th>Dosage Form</th>
<th>Unit of Issue Priced in ADBL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Liquids – all formulations</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Oral Powders</td>
<td>Gram (or Dose where indicated)</td>
</tr>
<tr>
<td>Oral Powder Packets</td>
<td>Individual Packet</td>
</tr>
<tr>
<td>Oral Rinses</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Oral Tablets – all formulations</td>
<td>Tablet</td>
</tr>
<tr>
<td>Oral Tablets – oral contraceptives</td>
<td>Tablet</td>
</tr>
<tr>
<td>Oral Tablet/Capsule</td>
<td>Kit</td>
</tr>
<tr>
<td>Oral Wafer</td>
<td>Wafer</td>
</tr>
<tr>
<td>Otic Ointments or Gels</td>
<td>Gram</td>
</tr>
<tr>
<td>Otic Solutions or Suspensions or Drops</td>
<td>Millilitre (or Vial where indicated)</td>
</tr>
<tr>
<td>Rectal Enemas</td>
<td>Enema</td>
</tr>
<tr>
<td>Rectal Foams</td>
<td>Gram</td>
</tr>
<tr>
<td>Rectal Ointments</td>
<td>Gram</td>
</tr>
<tr>
<td>Rectal Retention Enemas</td>
<td>Enema</td>
</tr>
<tr>
<td>Rectal Suppositories - all formulations</td>
<td>Suppository</td>
</tr>
<tr>
<td>Scalp Lotions</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Scalp Solutions</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Sublingual Metered Dose Spray</td>
<td>Dose</td>
</tr>
<tr>
<td>Sublingual Tablet</td>
<td>Tablet</td>
</tr>
<tr>
<td>Topical Bars</td>
<td>Gram</td>
</tr>
<tr>
<td>Topical Cleansers</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Topical Creams/Ointments - all formulations</td>
<td>Gram</td>
</tr>
<tr>
<td>Topical Gauzes</td>
<td>Dressing</td>
</tr>
<tr>
<td>Topical Gels - all formulations</td>
<td>Gram</td>
</tr>
<tr>
<td>Topical Jellies</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Topical Lotions</td>
<td>Millilitre or Gram</td>
</tr>
<tr>
<td>Topical Powders</td>
<td>Gram</td>
</tr>
<tr>
<td>Topical Solutions</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Topical Washes</td>
<td>Millilitre or Gram</td>
</tr>
<tr>
<td>Transdermal Gel</td>
<td>Gram</td>
</tr>
<tr>
<td>Transdermal Patches</td>
<td>Patch</td>
</tr>
<tr>
<td>Vaginal Capsules or Ovules or Tablets</td>
<td>Capsule or Ovule or Tablet</td>
</tr>
<tr>
<td>Vaginal Creams or Ointments or Gels</td>
<td>Gram</td>
</tr>
<tr>
<td>Vaginal Douches</td>
<td>Millilitre</td>
</tr>
<tr>
<td>Vaginal Ovule/Topical Cream</td>
<td>Kit</td>
</tr>
<tr>
<td>Vaginal Slow Release Rings</td>
<td>Ring</td>
</tr>
<tr>
<td>Vaginal Suppositories</td>
<td>Suppository</td>
</tr>
</tbody>
</table>

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From time-to-time, the Expert Committee on Drug Evaluation and Therapeutics receives unsolicited information ("Challenge Information") from a Manufacturer (the "Challenger") suggesting that additional information should be taken into account when a submission for interchangeability for a Multisource product is being considered by the Expert Committee. Alberta Health is not prepared to have any Challenge Information considered by the Expert Committee unless the Manufacturer whose Drug Product is being challenged (the "Applicant") is provided with a full copy of the Challenge Information and is given an opportunity to respond to it.

As a result, Alberta Health has developed and approved the following process for the handling of Challenge Information.

1. Challenge Information must comply with the following conditions.
2. Challenge Information must be received by Alberta Blue Cross:
   - For first-entry interchangeable product submissions – Within 15 days of the date of issuance of the NOC for the Applicant’s product.
   - For all other submissions, by the submission deadline date.
3. All Challenge Information must include an unconditional Written Consent, signed by the Challenger, authorizing Alberta Health and its employees, contractors, consultants and agents to collect and use information respecting a Drug Product and to disclose the subject information to Alberta Health, its employees, contractors, consultants and agents, Health Canada, the Canadian Agency for Drugs and Technologies in Health (CADTH), all persons, parties or entities involved in the CDR Procedure, the Patented Medicine Price Review Board (PMPRB), Alberta Health Services (AHS) and the government of a province or territory in Canada. Information that may be collected, used and disclosed includes, but is not limited to, all Drug Product submission and resubmission information and information about the Drug Product in the possession of Health Canada, CADTH, all persons, parties or entities involved in the CDR Procedure, PMPRB, AHS, Alberta Health, the Expert Committee, and the government of a province or territory.
4. If the above unconditional Written Consent is not submitted as required, the Challenge Information will not be considered by the Expert Committee.
5. If Written Consent is submitted as required, the Challenge Information will be duplicated in its entirety and forwarded by Alberta Blue Cross to the Applicant, inviting a response ("Applicant Response"). The Applicant Response must be received by Alberta Blue Cross no later than 15 days after the date of the letter from Alberta Blue Cross.
6. If an Applicant Response is not received by Alberta Blue Cross within the time provided, only the Challenge Information will be provided to the Expert Committee for consideration. If an Applicant Response is received within the time provided, both the Applicant Response and the Challenge Information will be provided to the Expert Committee for consideration.
7. No further information may be submitted to the Expert Committee for consideration.
8. The Applicant Response should only address information contained in the Challenge Information. Anything in the Applicant Response that does not relate to information
ALBERTA DRUG BENEFIT LIST

contained in the Challenge Information may, at the sole discretion of the Expert Committee, be disregarded.

9. It is a condition of each and every Submission and Challenge that the terms, conditions, criteria and time limitations contained in this policy will apply and that:
   a) Applicants, by filing a Submission and Applicant Response; and,
   b) Challengers, by submitting Challenge Information agree to and are bound by this policy.

10. In the event the anticipated Applicant submission is not received, Challenge Information will be destroyed 6 months after receipt.

Inquiries may be made to:

   Manager
   Scientific and Research Services
   Alberta Blue Cross
   10009 - 108 Street NW
   Edmonton AB  T5J 3C5
   Phone: (780) 498-8098
   Fax: (780) 498-3534
Your Comments are Important to Us

To improve the high standards established for this publication, the Alberta Health Expert Committee on Drug Evaluation and Therapeutics would like to offer you an opportunity for input. Should you have any concerns and/or suggestions concerning product listings or criteria for coverage of products available via special authorization, etc. please let us know. If you are writing in support of a product listing change or a revision to the special authorization criteria for coverage, you must provide evidence in support of your comments from the peer-reviewed scientific literature. In order to meet the expectations of stakeholders relative to objectivity and transparency, all individuals providing comments are required to advise the Expert Committee of any potential conflicts of interest below (please check appropriate box):

Please note: this is not a mechanism for an appeal for a specific patient.

Conflict of Interest: □ Yes □ No

If Yes, please indicate the nature of the potential conflict of interest below:

____________________________________________________________________________________
____________________________________________________________________________________

Please provide your comments in the space provided below:

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

Contact Information:
Name and Address:______________________________________________________________
Phone/Fax:______________________________________________________________

Please print form and mail/fax to:
Alberta Health Expert Committee on Drug Evaluation and Therapeutics
    c/o Manager
    Scientific and Research Services
    Alberta Blue Cross
    10009 108 Street NW
    Edmonton, Alberta T5J 3C5
    FAX to: (780) 498-3534

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