Last Updated:
February 2020

Drug Product Request Form for Biosimilars to the British Columbia Ministry of Health

Request for **Biosimilars** to be added to the PharmaCare formulary as a benefit:

- Drug submission sponsors are required to complete a drug product request form to have a drug product reviewed to be added to the PharmaCare formulary as a benefit
- This form applies only to biosimilar submissions made to the British Columbia Ministry of Health (the Ministry).

Background Information

Biosimilar Product Information

Date of submission to the Ministry	
Biosimilar name	
Originator name	
Originator name trademark	
Requested indication(s)	
Therapeutic class	
BC Schedule/prescription regulations	See: http://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5014-Prescription_Regulation_Table.pdf

Reference Product Information

Biosimilar name	
Originator (Brand name)	
Manufacturer	
Strength(s) / Dosage form(s) / Route of Administration(s)	
Health Canada-Approved Indication(s)	

Manufacturer's Reimbursement Request

Manufacturer's Reimbursement Request and Rationale	

Drug Manufacturer Contact Information

Contact information for Drug Manufacturer		
Drug manufacturer name:	Address:	
	City:	
	Country:	
	Postal Code:	
Primary contact person name:	Title:	
	Telephone #:	

Backup/Alternate contact person name:	Email:	
	Title:	
	Telephone #:	
	Email:	

Drug Submission Sponsor Contact Information

- The drug submission sponsor may be the drug manufacturer, or may be an associate company or consultant working on behalf of a manufacturer.
- Complete the table below if the drug manufacturer is not the drug submission sponsor.

Contact information for submission drug sponsor		
Drug submission sponsor name:	Address:	
	City:	
	Country:	
	Postal Code:	
Primary contact person name:	Title:	
	Telephone #:	
	Email:	
Backup/Alternate contact person name:	Title:	
	Telephone #:	
	Email:	

Submission Rationale/Executive Summary and Place in Therapy

- In the table below, provide drug product submission rationale for adding the drug to the formulary that includes the following elements: its indication, the targeted population, clinical evidence, cost-effectiveness, the clinical need, and the drug's place in therapy. In addition, include a list of references at the end.

Drug Identification Number and Pricing Information

- Drug sponsors must complete the table below. If the drug is a pre-NOC or pre-NOC/c, leave the DIN field blank. The submitted price is the current anticipated marketed price for each Drug Identification Number (DIN).

DIN	Strength	Dosage form	Route of administration	Package format + units per package	Package format price $ (to 4 decimal places)	Smallest unit price $ (to 4 decimal places)	Daily drug cost per patient $ (to 4 decimal places)
		0-Unassigr	0-Unassigned				
		0-Unassigr	0-Unassigned				
		0-Unassigr	0-Unassigned				
		0-Unassigr	0-Unassigned				
		0-Unassigr	0-Unassigned				
		0-Unassigr	0-Unassigned				