Compendium of Policies, Guidelines and Procedures, June 2009

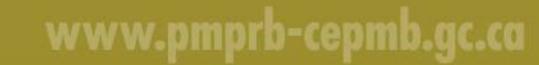
Implementation: January 1, 2010

Regulatory Affairs and Outreach Branch

Montreal, Quebec October 28, 2009 Toronto, Ontario October 29, 2009







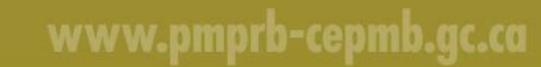
Overview

- Introduction
- Review of main issues from Guidelines and Procedures
 - Scientific review
 - Introductory Price Tests
 - HIPC test
 - Any market review
 - Offsetting excess revenues
 - DIP methodology

Scientific review

HDAP Process

- Patentee submission must be received by PMPRB 2 months prior to HDAP meeting
- HDAP meetings: Increased frequency (5 in 2011)
- HDAP members: 6 starting in February 2010
- HDAP report sent to patentee approx. 2 weeks after meeting



Scientific review

HDAP Report will provide recommendations on:

- level of therapeutic improvement
 - including explanation on application of primary and secondary factors and evidence relied upon
- drugs to be used for comparison purposes
- comparable dosage regimens



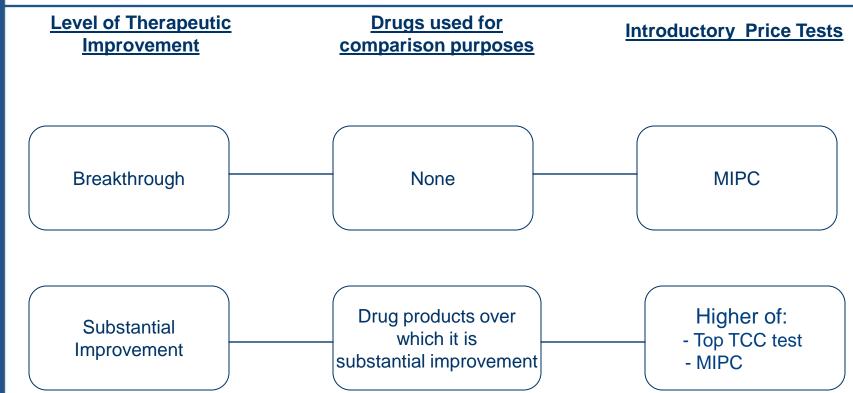
Scientific Review: Level of Therapeutic Improvement

- **Breakthrough**: A breakthrough drug product is the <u>first one to be sold</u> in Canada that <u>treats effectively</u> a particular illness or addresses effectively a particular indication.
- Substantial Improvement: A drug product offering substantial improvement is one that, relative to other drug products sold in Canada, provides substantial improvement in therapeutic effects.
- Moderate Improvement: A drug product offering moderate improvement is one that, relative to other drug products sold in Canada, provides moderate improvement in therapeutic effects.
- Slight or No Improvement: A drug product offering slight or no improvement is one that, relative to other drug products sold in Canada, provides slight or no improvement in therapeutic effects.



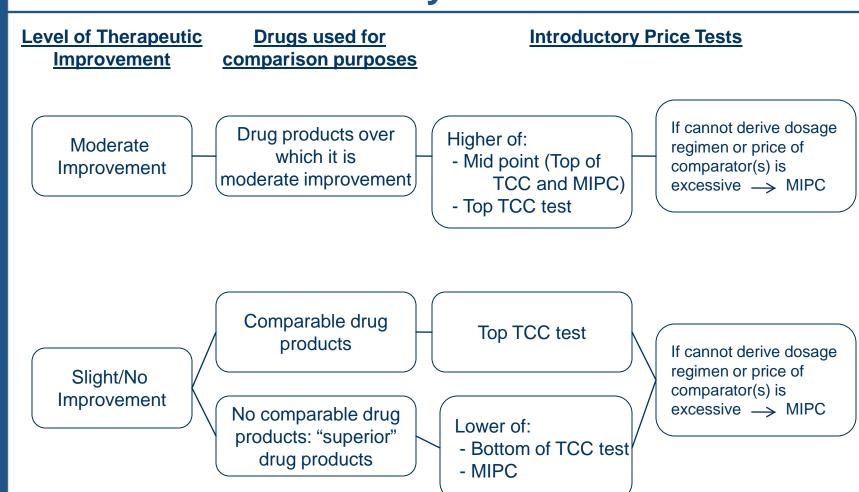
Introductory Price Tests

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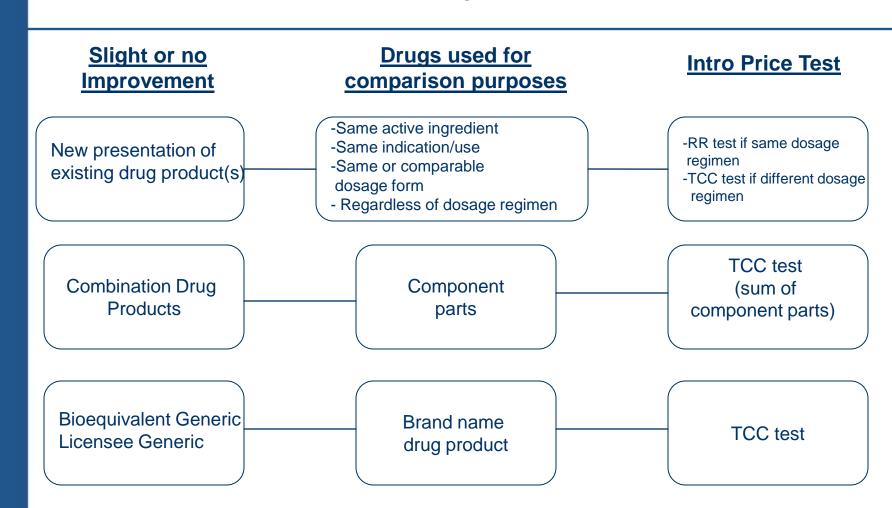


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Introductory Price Tests



Introductory Price Test



Public Price Sources

- Six price sources will be consulted:
 - Association québécoise des pharmaciens propriétaires (AQPP)
 - IMS Health: Drug Store and Hospital Purchases published in June and December every year (not the Regional Report)
 - McKesson Canada: 10 volumes (1 per province) published in January and July each year
 - Ontario Drug Benefit (ODB) Programs;
 - PPS Pharma; and,
 - Régie de l'assurance maladie du Québec (RAMQ)
- Prices taken for consideration are the ones <u>published prior to the</u> date of first sale

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BUCKLEYS COMPLETE 08/06 IIQ 325MG/5ML 150ML 08/06 IIQ 325MG/5ML 250ML 08/07 BUFFERIN 01/49 CAPLET 325MG 100 02/87	8 6	107 55 51 7 7	0.66 0.34 0.32 0.04 0.04	103.0 74.2 12.8	1,324 699 626 <u>59</u> 59	1.40 0.74 0.66 0.06 0.06		÷	0.00 0.00 0.00 0.00 0.00		=	0.00 0.00 0.00 0.00 0.00	1,324 699 626 59	1.37 0.72 0.64 0.06 0.06	82.6 -3.7 -15.2 -18.5 -23.5 -13.5 -23.5	1,366 902 125	1.24 74.2 0.74 4.9 0.49 0.06 9.0 0.06 28.9	9 -5.1 0
RIVA RIVASA 03/00 CHEM TAB 80M6 500 0RANGE 04/ FC TAB 80M6 500 07/07 FC TAB 80M6 1000 01/08 CHEM TAB 80M6 100 0RANGE 03/ FC TAB 80M6 100 07/07	1	200 187 141 19 24 3	1.24 1.16 0.87 0.12 0.14 0.01 0.00	30.6 3.9 1.5 3.0 .1	1,116 1,062 848 112 85 16	1.18 1.12 0.89 0.11 0.09 0.01 0.00		10 3 2 -	2.95 0.80 0.57 0.00 0.00 0.22 0.00	.7	58 14 11 - - 3	2.84 0.68 0.51 0.00 0.00 0.16 0.00	1,173 1,076 859 112 85 20	1.21 1.11 0.89 0.11 0.08 0.02 0.00	$ \begin{array}{cccc} $	1,966	1.17 1.07 0.93 0.07 0.04 0.02 0.00	$\frac{7}{4}$ $\frac{3.9}{-7.0}$

IMS #1273 2/84

Public price sources - IMS

- Example 1: Weighted average price of Entrophen tablets
 - IMS June 2008, p.56
 - Same DIN for Entrophen tablet enteric coated on three lines
 - Calculate total number of units (in 000's) for drugs and hospitals
 120 (51.0+ 13.0) + 180(41.7 + 3.0) + 30(22.5+2.1) = 16,464 tabs
 - Calculate total revenue (in 000's)
 \$446 + \$121 + \$472 + \$34 + \$80 + \$5 = \$1,158
 - Weighted average price: 1,158 / 16,464 = **0.0703 \$/tab**



Public price sources – IMS (cont'd)

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- Example 2: Weighted average price of Tempra drops
 - IMS June 2008, p.56
 - Same DIN for Tempra drops on four lines
 - Calculate total number of units for drugs and hospitals 24(137.9 + .3) + 24(128.7 + 2.0) + 15(25.5 + .8) + 15(.9) = 6,861.6 ML
 - Calculate total revenue

$$$763 + $2 + $706 + $11 + $89 + $3 + $3 = $1,577$$

Weighted average price: 1,577 / 6,861.6 = 0.2298 \$/ML



Calculation of Top of TCC for new patented drug product XYZ Step 1: select lowest unit price for each comparator

	AQPP	IMS	McKesson	ODB	PPS	RAMQ
Comparator A \$/tab	\$2.00	\$2.10			\$2.50	\$2.00
Comparator B \$/tab		\$3.50	\$3.20	\$3.00		
Comparator C \$/tab		\$0.80			\$1.25	

Calculation of Top of TCC test for new patented drug product XYZ Step 2: calculate price based on dosage regimen

	Public price per unit	Cost of Treatment
Drug used for comparison purposes: A (2 tabs)	\$2.00 (RAMQ or AQPP)	\$4.00
Drug used for comparison purposes: B (1 tab)	\$3.00 (ODB)	\$3.00
Drug used for comparison purposes: C (3 tabs)	\$0.80 (IMS)	\$2.40

- Assume dosage regimen of new drug product XYZ is 1 tablet
- In introductory period, national and market-specific ATPs cannot exceed MAPP.
- In this scenario, if TCC test establishes MAPP, no ATP can exceed \$4.00 (assuming HIPC is higher than \$4.00).



Publicly Available International Prices

- Patented Medicines Regulations direct patentees to provide publicly available ex-factory prices when completing Form 2, Block 5
- Commercially sensitive confidential prices are not to be reported



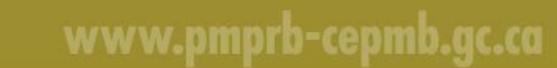
Any Market Price Review

At introduction:

- National and "market-specific" (Wholesalers, Pharmacy, Hospital, Province/Territory) ATPs cannot exceed MAPP
- If MAPP set by HIPC test, Wholesaler constrained by domestic test (RR or TCC)

• After introduction:

- Monitor National ATP
- Review specific markets only if national ATP triggers investigation criteria
- If trigger is HIPC test, Wholesaler constrained by CPI –Adjustment Methodology
- Excess revenue calculated at national level



Any Market Review (class of customer example)

Α	Assume top of TCC test is \$12.00 and HIPC test is \$15.00 every year												
	N-ATP	N-MAPP	W-ATP	W-MAPP	P-ATP	P-MAPP	H-ATP	H-MAPP					
1	\$10.50	\$12.00	\$11.00	\$12.00			\$10.00	\$12.00					
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP	H-ATP	H-NEAP					
2	\$10.70	\$10.70	\$11.20	\$11.20			\$10.20	\$10.20					
3	\$11.15	\$11.00	\$11.50	\$11.50	\$11.50	\$11.50	\$10.50	\$10.50					

Sales begin in Pharmacy in Year 3. P-NEAP established by Year 3 W-NEAP.

Α	Assume top of TCC test is \$12.00 and HIPC test is \$10.00 every year											
	N-ATP	N-MAPP	W-ATP	W-MAPP	P-ATP	P-MAPP	H-ATP	H-MAPP				
1	\$10.00	\$10.00	\$11.00	\$12.00			\$9.00	\$10.00				
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP	H-ATP	H-NEAP				
2	\$10.00	\$10.00	\$11.00	\$11.20			\$9.00	\$9.20				
3	\$9.95	\$10.00	\$11.30	\$11.30	\$9.30	\$9.30	\$9.30	\$9.30				

Sales begin in Pharmacy in Year 3. P-NEAP cannot be established by W-NEAP as it exceeds HIPC test, as a result P-NEAP established by Year 3 H-NEAP.

Α	Assume top of TCC test is \$12.00 and HIPC test is \$10.00 every year												
	N-ATP MAPP W-ATP MAPP P-ATP MAPP H-ATP MAF												
1	\$10.00	\$10.00	\$11.00	\$12.00			\$9.00	\$10.00					
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP	H-ATP	H-NEAP					
2	\$11.20	\$10.00	\$11.20	\$11.20			\$9.20	\$9.20					

N-ATP exceeds N-NEAP, patentee needs to reduce prices.

Α	Assume top of TCC test is \$12.00 and HIPC test is \$10.00 every year												
	N-ATP MAPP W-ATP MAPP P-ATP MAPP H-ATP MAF												
1	\$11.00	\$10.00	\$11.00	\$12.00									
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP	H-ATP	H-NEAP					
2	\$11.20	\$10.00	\$11.20	\$11.20									

N-ATP exceeds MAPP and N-NEAP, patentee needs to reduce Wholesaler price .



	N-ATP	MAPP	W-ATP	MAPP	P-ATP	MAPP	H-ATP	MAPP				
Year 1	\$10.00	\$10.00	\$11.00	\$12.00	\$10.00	\$10.00	\$9.00	\$10.00				
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP	H-ATP	H-NEAP				
Year 2	\$10.20	\$10.20	\$11.22	\$11.22	\$10.38	\$10.20	\$9.00	\$9.18				
	N-ATP =	N-NEAP, n	o review	at level of r	narkets							
Year 3	\$10.47	\$10.40	\$11.44	\$11.44	\$10.80	\$10.40	\$9.18	\$9.18				
	N-ATP > N-NEAP, triggers investigation criteria, review at level of markets Price in Pharmacy appears to exceed Guidelines. Price must be reduced in Pharmacy. Excess Revenues calculated based on N-ATP and N-NEAP.											

Investigation Criteria

- N-ATP or any MS-ATP of a new patented drug product exceeds
 MAPP during introductory period by more than 5%
- N-ATP of an existing patented drug product exceeds N-NEAP by more than 5%
- Excess revenues (calculated at national level) for a new or existing patented drug product are \$50,000 or more



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After January 1, 2010:

- VCU required to resolve excess revenues below investigation criteria after 3 consecutive years (six reporting periods)
 - If already have 3 consecutive years of excess revenues at the end of the July to December 2009 reporting period, patentees will have one year to offset before VCU will be required
- Actual price reduction below previous year's NEAP
- Once excess revenues offset by price reduction, ATP may return to marketspecific NEAP prior to price reduction



Example of offset below investigation criteria

Assume top of TCC test \$12.00, HIPC test \$15.00 in every year

	N-ATP	N-MAPP	H-ATP	H-MAPP	P-ATP	P-MAPP	W-ATP	W-MAPP	Excess Revenue	Cumulative excess
1	\$10.00	\$12.00	\$9.00	\$12.00	\$10.00	\$12.00	\$11.00	\$12.00		
	N-ATP	N-NEAP	H-ATP	H-NEAP	P-ATP	P-NEAP	W-ATP	W-NEAP		
2	\$10.43	\$10.20	\$9.20	\$9.20	\$11.00	\$10.20	\$11.10	\$11.20	\$6,900.00	\$6,900.00
3	\$10.17	\$10.40	\$9.40	\$9.40	\$9.90	\$10.40	\$11.20	\$11.30	(\$900.00)	\$6,000.00
4	\$10.27	\$10.37	\$9.60	\$9.60	\$9.90	\$10.10	\$11.30	\$11.40	(\$3,900.00)	\$2,100.00
5	\$10.47	\$10.47	\$9.80	\$9.80	\$10.20	\$10.20	\$11.40	\$11.50		



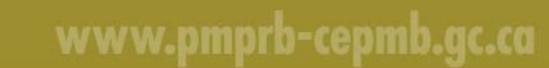
Compliance Status Reports (existing drug products)

- Will continue to include the national NEAP only
- Are available in Excel format on request
- All amendments to Form 2 information (Block 4 and 5) need to be substantiated
 - Board Staff will verify and will advise on results of review.

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"DIP Methodology"

- If price increase due solely to end or reduction of a benefit, patentee not held to allowable CPI increases
- Type of Benefit:
 - Must conform to ss. 4(4) or 4(5) of the Regulations "price reduction given as a promotion or in the form of rebates, discounts, refunds, free goods, free services, gifts or any other benefits of a like nature"



"DIP Methodology" Evidence of Benefit

- Form of evidence (e.g., agreement/contract, data requirements) not specified to allow flexibility
- However,
 - Need to demonstrate that recipient was aware that it was receiving a benefit not offered to all customers
 - Need to identify type and value of benefits and when/how it was offered
 - Provide evidence of termination/reduction of benefits
 - Need to identify whether recipient is still receiving other benefits

"DIP Methodology"

Price

- If evidence of benefit, ATP of market could increase to highest NEAP of another market
- If evidence of benefit in introductory period and there is no other market,
 ATP of market could increase to MAPP (subject to HIPC test)

Rationale

Remove disincentives to offering benefits



"DIP Methodology"

	N-ATP	MAPP	W-ATP	MAPP	P-ATP	MAPP				
Year 1	\$10.00	\$12.00	\$10.00	\$12.00	\$10.00	\$12.00				
	N-ATP	N-NEAP	W-ATP	W-NEAP	P-ATP	P-NEAP				
Year 2	\$8.10	\$10.20	\$10.20	\$10.20	\$6.00	\$10.20				
Year 3	\$8.20	\$8.35	\$10.40	\$10.45	\$6.00	\$6.25				
Year 4	\$10.60	\$8.50	\$10.60	\$10.70	\$10.60	\$6.30				
	N-ATP > N-NE	AP, triggers ir	nvestigation	criteria, revie	w at level of	markets				
	Price in Pharmacy appears to exceed Guidelines. Evidence required to invoke DIP Methodology provided. Price in Pharmacy not excessive as it is same as W-NEAP.									
Year 5		\$10.90		\$11.00		\$10.90				

Communication with Board Staff

Query to PMPRB Staff

Guidelines: Ginette Tognet

Tel: (613) 954-8297

E-mail: ginette.tognet@pmprb-cepmb.gc.ca

> Scientific and Introductory price reviews: Catherine Lombardo

Tel: (613) 952-7620

E-mail: catherine.lombardo@pmprb-cepmb.gc.ca

Filing Form 1 and 2: Beatrice Mullington

Tel: (613) 952-2924

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> Investigation: Senior Regulatory Officer assigned to it

> Form 3: Lokanadha Cheruvu

Tel: (613) 954-9812

E-mail: lokanadha.cheruvu@pmprb-cepmb.gc.ca

All other questions: 1-877-861-2350

pmprb@pmprb-cepmb.gc.ca