Procedures for Implementation Advice for Health Technologies

February 2024

Implementation Advice for Health Technologies

1. Purpose of This Document

This document outlines the procedures for implementation advice for drugs, including related testing procedures that are used to ensure their appropriate, effective, and safe use (this may include but is not limited to companion diagnostics). Procedures for implementation advice on nondrug health technologies, such as medical devices, diagnostic tests, and surgical, medical, or dental procedures, may be addressed separately through the Health Technology Expert Review Panel. CADTH (hereinafter referred to as "the organization") may amend the *Procedures for Implementation Advice for Health Technologies* document as required.

Previously, the organization had published implementation advice procedural guidelines in relation to specific health technology products and/or circumstances (e.g., *Procedures for Review of Nationally Procured Drug Products, Procedures for Review of Therapeutic Alternatives During a Drug Supply Shortage,* the Implementation Advice for a Recommendation section of the *Procedures for Reimbursement Reviews, Procedures for Medical Imaging Implementation Advice).* This document now supersedes these early implementation advice procedures.

2. Overview of Implementation Advice

2.1. Eligibility

The organization provides implementation advice and support when requested by federal, provincial, and territorial ministries of health and pan-Canadian Health Organizations (e.g., the pan-Canadian Pharmaceutical Alliance [pCPA] and the Canadian Association of Provincial Cancer Agencies [CAPCA]). Implementation advice is intended to address relevant implementation considerations and timely policy decisions. Implementation advice is most appropriate when there are limitations or gaps with the available evidence and/or there is a need for additional consultation with subject matter experts to gather consensus regarding implementation issues.

2.1.1. Examples of Implementation Advice Application

Examples of when implementation advice is required may include, but are not limited to, the following:

- Federal, provincial, and territorial governments request advice to support implementation considerations in relation to:
    - testing procedures that are used to ensure the appropriate, effective, and safe use of drugs (this may include but is not limited to companion diagnostics), or
    - drugs that are nationally procured.
- Public drug programs communicate a need for time-limited advice regarding therapeutic alternatives when there is a potential or current shortage of 1 or more therapies that are standard of care in Canada.
- Public drug programs request implementation advice to support local policy decisions as a result of a recommendation from a reimbursement review (e.g., elaboration on the place of therapy of a drug [initiation, discontinuation, and prescribing criteria], advice on the appropriate use of a drug in the Canadian context, or considerations regarding the specific groups of patients who may particularly benefit from a drug).
    - This may involve outstanding issues that the organization's drug expert committee was unable to address due to limitations with the available evidence or the need for additional consultation with subject matter experts, such as:
        - the expert committee concluded that the comparative clinical benefit of the drug has been demonstrated, but a panel of clinical specialists could be convened to specify the conditions that are essential to ensure that the treatment is reimbursed in the most appropriate manner (e.g., by considering issues such as budget constraints).
        - the drug programs communicate that there is a need to investigate potential reimbursement conditions for patient populations that may not be addressed by the existing indications and/or recommendations (e.g., understudied populations where there may be an unmet therapeutic need).

2.2. Implementation Advice Panel Composition

The unique composition of each implementation advice panel (IAP) (i.e., number and type of experts) is determined based on the nature and complexity of the health technology being considered. This composition is established in consultation with our health system partners. The panel will consist of clinical experts with experience in the diagnosis and management of the condition for which the health technology under review is indicated. Additionally, the panel may include representation from areas that contribute valuable perspectives to discussions, such as health policy, ethics, and key stakeholder groups. Consequently, some panellists may not directly treat the indication(s) impacted by the drug or technology under review. A panel Chair will be appointed.

Potential panel experts will be identified and, whenever possible, representation from across Canada will be sought. While the area of expertise and the region in which the panel experts practise will be disclosed, the identities of the panel experts will be confidential.

The organization will apply its current conflict of interest policy and all panellists will be required to provide a completed conflict of interest declaration.

3. Targeted Time Frames and Tracking

The phases of the implementation advice process can be found in Table 1. The key milestones for stakeholders and the targeted time frames of the implementation advice process can be found in Table 2. In situations where the request for advice is urgent, timelines may be expedited (i.e., rapid IAP). Timelines may vary depending on the panellists' availability and prescheduled advisory and expert committee meetings of the organization.

Targeted time frames and the status of IAPs are posted on the organization's website. Stakeholders, including manufacturers with health technologies that are within the scope of an IAP, will be notified though the Weekly Summary email and/or directly by the organization when applicable.

Table 2 and Appendix 1 provide an overview of how the standard IAP process may be adapted in rapid IAP circumstances. In situations where publicly available

evidence is limited (e.g., before a Health Canada Notice of Compliance), an industry sponsor may be engaged. Appendix 2 outlines additional procedural requirements for when published evidence is limited and the organization engages with the manufacturer to provide the most relevant and up-to-date data and/or evidence.

Table 1: Phases of the Implementation Advice Process

Phase of process	Key tasks
—	Request received
	Lead jurisdiction identified, review team assembled, and relevant manufacturer(s) of involved technology or technologies notified when relevant
Scoping phase	Scope of implementation advice process reviewed with involved health system partners (e.g., federal, provincial, and/or territorial governments) and scoping document posted
	Stakeholder (i.e., patient, clinician, industry) input period for scoping document
Deliberation and draft advice report	Draft summary of evidence prepared, panel prepared, and meeting convened
	Draft implementation advice report prepared
Feedback phase	Stakeholder feedback period for draft implementation advice report; this may include, when relevant, panellists; representatives of federal, provincial, and territorial governments and their relevant agencies; pan-Canadian health organizations; manufacturer(s)
Final report	Stakeholder feedback reviewed and considered by the organization and panel
	Implementation advice report finalized
	Final report copy-edited and formatted for posting
	Final report posted on the organization's website

Table 2: Implementation Advice Process Key Milestones for Stakeholders

Phase of process	Key milestones for stakeholders	Standard IAP	Rapid IAP
Project initiation	Request received and review process initiated	Day 1	Day 1
	Relevant manufacturer(s) of involved technology or technologies notified when relevant[a]	Day 4	Day 4
Scoping phase	Scoping document posted and open for stakeholder (i.e., patient, clinician, industry) input	Day 10	NA[b]
	Stakeholder input period closed	Day 20	NA
Implementation advice panel	Panel meeting convened	Day 25	Day 20
Feedback phase	Draft implementation advice report open for stakeholder feedback; this may include, when relevant, panellists; representatives of federal, provincial, and territorial governments and their relevant agencies; pan-Canadian health organizations; manufacturer(s)[a,c]	Day 43	Day 26[c]
	Stakeholder feedback period closed	Day 53	Day 28
Final report	Final report posted on the organization's website	Day 75[d]	Day 50[d]

IAP = implementation advice panel; NA = not applicable.

Note: Days refer to business days.

[a] Manufacturers with health technologies that are included in the scope of the IAP may be contacted by the organization. Additional evidence to inform the IAP are not required from manufacturer(s), although additional evidence will be considered. In most cases, should manufacturers provide additional information, there will be no opportunity for redactions. In situations where publicly available evidence is not available (e.g., before receiving market authorization from Health Canada or after receiving market authorization from Health Canada [i.e., pre-Notice of Compliance and post-Notice of Compliance, respectively]), the organization will contact the manufacturer for additional information and there will be opportunity for redactions. (Refer to Appendix 1 and Appendix 2 for more information).

[b] For rapid IAPs, the organization will not issue open calls for input or feedback given the time-sensitive nature of these requests and given that advice provided may be time-limited. Stakeholder input is only sought for single technology rapid IAPs where the only data available are from the manufacturer. The manufacturer will have 5 business days to provide written input (refer to Appendix 2).

[c] This timeline is expedited with rapid IAPs. Feedback from panellists and representatives of federal, provincial, and territorial governments and relevant pan-Canadian Health Organizations will comprise the core feedback. Draft reports will only be shared with manufacturers for feedback in the case of a single health technology IAP where data are only available from the manufacturer. In these cases, the draft report will be shared and the manufacturer will have 2 business days to provide comments (refer to Appendix 2).

[d] This is the total business days from project initiation to completion. Actual timelines may depend on panel availability and may also be extended if there is a need for an additional panel meeting.

4. Stakeholder Engagement

Stakeholders will be notified though the Weekly Summary email of active IAPs. Opportunities for stakeholder input can be found on the organization's website in Open Calls for Input and Feedback.

A scoping document with the following information will be posted:

- the topic of interest for which implementation advice will be developed
- the health technologies, and the respective indication(s) if applicable, that may be impacted by the implementation advice report
- the target dates for providing input and feedback.

Upon notification that implementation advice is being developed, all stakeholders, including manufacturers with products that fall within the scope of implementation advice, will have 10 business days to provide written input regarding their perspective on the issues raised by the jurisdictions. This input must be submitted using the template provided and must not contain any confidential information (all information included in the template will be considered disclosable). No requests for extensions will be granted.

4.1. Manufacturers

All manufacturers (e.g., Drug Identification Number [DIN] holders) with health technologies that are within scope of an IAP will be permitted to provide input and feedback through the open call for stakeholder feedback process.

4.2. Patient and Clinician Group Engagement

For IAPs related to a health technology review or reimbursement review, the panellists will receive copies of any input received during the open call for stakeholder input from patient and clinician groups, as well as from laboratories and imaging centres whose resources may be affected by the health technology, when applicable. The input received will be summarized in the report. Patient and clinician groups, as well as laboratories and imaging centres whose resources may be impacted by the health technology, are encouraged to focus their input on the perspectives and issues of patients and/or their caregivers related to the condition for which the health technology and any relevant testing considerations under review

are indicated. This includes assessing the impact and unmet needs of current therapy and the treatment outcomes of greatest importance, addressing equity and accessibility issues, and specifying the expectations for the health technology under review. This information will provide important context during the panel's deliberations.

4.3. Federal, Provincial, and Territorial Governments and Drug Program Engagement

To ensure that implementation considerations are clearly addressed by the IAP and to help expedite the overall process, consultation and feedback will be sought from federal, provincial, and territorial governments, as well as relevant pan-Canadian health organizations during the review, as deemed appropriate. These stakeholders may also observe panel meetings and provide feedback on draft implementation advice reports.

5. Deliberations and Implementation Advice Report

5.1. Evidence Review

If applicable, the organization will summarize and conduct an appraisal of the evidence available to address the implementation questions. The approach and evidence sources may vary depending on the implementation issue or considerations identified by the requester. If a review is necessary, the strengths and limitations (internal and external validity) of the evidence retrieved will be documented with respect to matters such as, but not limited to, relevance, credibility, and methodology.

Evidence informing the IAP may come from publicly available sources, including reports by the organization, scientific publications, international health technology assessment organizations, product monographs, and regulatory reviews conducted by international regulatory bodies, as well as evidence provided by a manufacturer.

For any evidence provided by the manufacturer, the organization will summarize and conduct an appraisal of the evidence.

If applicable, a summary of the evidence review will be incorporated in the implementation advice report or document.

5.2. Preparing and Briefing Panel Members

Before convening the IAP, panel members will be provided with a brief for review that will typically include, but not be limited to, the following materials:

- the specific implementation and/or policy question(s) raised by the requesting health system partner and/or jurisdictions for the panel
- evidence review
- stakeholder input when applicable, such as a summary of patient input, clinician input, and input from laboratories and imaging centres whose resources may be impacted by the health technology for IAPs related to a health technology or reimbursement review
- draft or final product monograph(s) for any drug(s) under review
- key clinical studies (e.g., manuscripts and/or clinical study reports)
- any manufacturer input on the implementation issues (where applicable)
- manufacturer-provided table of studies (where applicable).

In situations where a manufacturer provides materials to the organization, the panellists will also be provided with this information.

5.3. Convening the IAP

The organization will convene the IAP. Attendance at any IAP meeting(s) will typically be limited to the panel experts and/or specialists, key agency staff (i.e., review team members), and relevant health system partner representatives (i.e., the public drug programs; federal, provincial, and territorial ministries of health; applicable pan-Canadian health organizations). Manufacturer(s) will not be able to attend the panel meetings at this time. Representatives from Institut national d'excellence en santé et services sociaux (INESSS) and/or INESSS expert committee members may also attend the IAP meetings.

5.4. Panel Deliberation Considerations

The following items may be considered by the panellists as part of the deliberations, based on availability and appropriateness:

- clinical evidence supporting the effectiveness of particular health technologies, their effectiveness with specific populations, or objective measures to determine treatment success or failure in specific populations, and so forth
- clinical experience and opinion that support the use of particular therapies or their most appropriate use or dosing regimens for specific populations, and so forth
- clinical practice guidelines
- patient, caregiver, clinician, and/or impacted laboratory and/or imaging centre perspectives related to the condition for which the drug or technology under review is indicated, such as the impact and unmet needs of current therapy, the treatment outcomes of greatest importance, and the expectations for the drug under review (as identified in the input submitted by patient groups)
- the reimbursement status of the treatment option(s) across jurisdictions
- the reimbursement status of relevant testing considerations
- implementation considerations at the jurisdictional level
- limitations of available evidence and literature.

Clinical evidence to inform the panel deliberations may be limited; therefore, expert opinion will also inform the advice offered by the panel. In more complex cases, more than 1 panel meeting may be required to support full deliberations. The rationale for the panel's advice will be provided and documented in the report.

5.5. Draft Implementation Advice Report

The organization will draft preliminary implementation advice in the form of a report that will be based on the panel's discussions and conclusions. The rationale for the panel's advice will also be documented in the draft report, along with the summary of evidence.

This initial draft report will be provided to all panel members for their review and feedback. When appropriate, feedback on the initial draft will also be obtained from applicable representatives of federal, provincial, and territorial governments and relevant pan-Canadian health organizations.

The organization will review and discuss any feedback received on the preliminary draft with the Chair of the implementation advice panel, who will determine if there is

a need to reconvene the panel to discuss feedback that may warrant revisions to the initial draft of the report.

5.5.1. Stakeholder Feedback on Draft Implementation Advice Report

Following review by the panel and by federal, provincial, and territorial ministries of health, the draft implementation advice report will be posted for stakeholder feedback. The call for feedback will be open for 10 business days. No requests for extensions will be granted. Comments must be provided using the template provided and must not contain any confidential information (all information included in the submitted template will be considered disclosable). The organization will prepare responses to any comments submitted by manufacturers, which will be provided to the manufacturer(s) at the same time as the final implementation advice report.

5.6. Final Implementation Advice Report

All feedback received through the stakeholder feedback process will be discussed with the panel Chair, who will determine if there is a need to reconvene the panel for additional meeting(s) to discuss and revise the implementation advice report.

After this process, the final report will be posted. There will be no confidential information included in the implementation advice report; as such, manufacturers and other stakeholders will not be able to request any redactions.

Revision History

Periodically, this document will be revised as part of ongoing process improvement activities and methods updates. The following version control table, as well as the version number and date on the cover page, is to be updated when any changes are made.

Table 3: Version History

Section	Version number	Date	Description of changes
All	1.0	February 2024	First version of document released[a]

[a] Previously, the organization had published implementation advice procedural guidelines or content in relation to specific health technology products and/or circumstances (e.g., *Procedures for Review of Nationally Procured Drug Products*, *Procedures for Review of Therapeutic Alternatives During a Drug Supply Shortage*, the Implementation

Advice for a Recommendation section of the *Procedures for Reimbursement Reviews*, *Procedures for Medical Imaging Implementation Advice*). This document now supersedes these early implementation advice procedures.

Appendix 1: Adaptations and Unique Procedural Requirements and/or Considerations for Rapid Versus Standard Implementation Advice Procedures

Note that this appendix has not been copy-edited.

Table 4: Differences Between Key Tasks for Rapid Versus Standard Implementation Advice Process

Standard Phases and Key Tasks of Implementation Advice Process	Phases and Key Tasks of Rapid IAPs	IAP status
Project initiation		
Request received and review process initiated	**Market Authorization Status** • Implementation advice can be initiated prior to a health technology receiving market authorization from Health Canada or after receiving market authorization from Health Canada (i.e., pre-Notice of Compliance [NOC] and post-NOC, respectively). • Reviews may include evidence for use of drug(s) that may not have a Health Canada Notice of Compliance (NOC) or Notice of Compliance with Conditions (NOC/c) for the indication being reviewed. .	Consistent with standard IAP
Relevant manufacturer(s) of involved technology/technologies notified when relevant	**Single Technology IAPs Where Data are only Available from the Manufacturer (e.g., Nationally Procured Drug Product Reviews)**: The organization notifies the manufacturer of the technology under review. • Pharmaceutical industry manufacturers are typically the Drug Identification Number (or DIN) holders for the drug being filed for review with the organization; however, it could be another manufacturer, supplier, or entity recruited by the manufacturer or the supplier. • Additional procedural requirements and considerations apply (e.g., pre-submission meetings, required manufacturer documentation, input timelines, etc.). Refer to Appendix B for details. • The organization may temporarily suspend the review in accordance with section 10 of the Procedures for Reimbursement Reviews. If the sponsor voluntarily withdraws from the process, the organization may continue with the review but will	Potential adaptations for rapid IAP

Standard Phases and Key Tasks of Implementation Advice Process	Phases and Key Tasks of Rapid IAPs	IAP status
	not use any information that has been filed by the sponsor in confidence. It may be noted on the organization's website that the manufacturer voluntarily withdrew from the process. **Therapeutic Alternatives IAPs**: As these IAPs are initiated by F/P/Ts, no documentation will be required from industry manufacturer(s), although additional information provided from them may be considered. Should manufacturers wish to provide additional information, there will be no opportunity for redactions.	
Scoping phase		
Stakeholder (patient/clinician/industry) input period for scoping document	Open calls for input are not issued given time-sensitivity of these IAPs and that advice provided may be time-limited (e.g., for the period of a supply shortage). **Single Technology IAPs Where Data are only Available from the Manufacturer**: The manufacturer will have 5 business days to provide written input. During the review phase, the organization may request from the manufacturer any additional information and clarification required to complete the review. (Refer to Appendix B for details.)	Potential adaptations for rapid IAP
Implementation advice panel		
Panel meeting convened	Consistent with Standard Implementation Advice Panel.	Consistent with standard IAP
Feedback phase		
Stakeholder feedback period for draft implementation advice report: • panelists	Consistent with Standard Implementation Advice Panel.	Consistent with standard IAP
• F/P/T representatives and relevant pCHOs	Consistent with Standard Implementation Advice Panel.	Consistent with standard IAP
• Manufacturer(s) when relevant (including redaction requests in select Rapid IAPs, only as noted)	• Therapeutic Alternatives IAPs: Draft reports will not be shared with manufacturers. • Single Technology IAPs Where Data are only Available from the Manufacturer: Draft reports will be provided to the manufacturer for review and comment. The manufacturer will have 2 business days to provide comments. Refer to Appendix B for procedural guidelines related to manufacturer input and redaction requests.	Potential adaptations for rapid IAP

Standard Phases and Key Tasks of Implementation Advice Process	Phases and Key Tasks of Rapid IAPs	IAP status
Final report		
Implementation advice report finalized	• Single Technology IAPs Where Data are only Available from the Manufacturer: Manufacturer review and validation of redactions prior to posting as per procedural guidelines in Appendix B.	Potential adaptations for rapid IAP
Final report posted on the organization's website	Consistent with Standard Implementation Advice Panel.	Consistent with standard IAP

Appendix 2: Additional Procedural Requirements for Rapid IAPs Involving Single Technology Reviews Where Data Are Only Available From the Manufacturer

Note that this appendix has not been copy-edited.

In the case of Rapid IAPs involving a single technology for which related data are only available from the manufacturer (e.g., Nationally Procured Drug Products Reviews involving a drug that has not yet received market authorization from Health Canada), some unique and **additional** procedural requirements apply as outlined here. Any manufacturers with questions about this process should contact the organization at requests@cadth.ca.

6. Eligibility

6.1. Drug Eligibility

Eligibility for these Rapid IAPs will be determined by the organization in consultation with federal, provincial, and territorial governments. Manufacturers with eligible products will be contacted.

6.2. Market Authorization Status

Reviews can be initiated prior to receiving market authorization from Health Canada or after receiving market authorization from Health Canada (i.e., prior to Notice of Compliance [NOC] and after NOC has been received, respectively).

6.3. Manufacturer Eligibility

Pharmaceutical industry manufacturers are typically the Drug Identification Number (or DIN) holders for the drug being filed for review; however, it could be another manufacturer, supplier, or entity recruited by the manufacturer or the supplier.

6.4. Declining to Participate

If a manufacturer declines to participate in the review process (e.g., failure to provide the required documentation), the organization may continue with the review based on publicly available information. The manufacturer may not have the opportunity to review and comment on the draft report prior to publication.

7. Pre-submission Meetings

Pre-submission meetings will be offered in the same manner as described in section 4.1 of the *Procedures for Reimbursement Reviews*. Given the expedited timeline for these reviews, pre-submission meetings may be permitted to be scheduled after the review has been initiated.

8. Required Documentation

Table 5: Required Documents for Review of Nationally Procured Drug Products

Section	Specific items and criteria
General information	Signed cover letter
	Draft and final product monograph
	Completed declaration letter template
Health Canada documentation	Table of Clarimails or Clarifaxes (as soon as available)
Efficacy, effectiveness, and safety information	Results for pivotal and supportive clinical studies
	Common Technical Document sections 2.5, 2.7.3, 2.7.4, and 5.2 (if applicable)
	Clinical study reports for pivotal and key studies (if applicable)
	Table of studies

8.1. General Information

8.1.1. Signed Cover Letter

A signed cover letter (an electronic signature is acceptable) from the manufacturer, providing the following information:

- a statement that the documentation is being filed for review through the *Procedures for Implementation Advice for Health Technologies*,
- the relevant indication(s) currently approved or under review by Health Canada,

- target dates for completion of the Health Canada review (if known),
- the names and contact information (email and phone number) for the primary and backup contact(s).

8.1.2. Product Monograph

Table 6 summarizes the product monograph requirements for reviews conducted on a pre-NOC or post-NOC basis. Manufacturers must immediately notify the organization, up until the time that the final implementation advice report is issued, of any changes to the Health Canada–approved product monograph for the drug under review and provide a revised copy. Following the notification of changes to the product monograph, the organization will assess the nature and extent of the changes and determine the timelines required for review and, if necessary, incorporate the changes into the review report(s). This could result in the review timelines being extended.

Table 6: Requirements for Filing Product Monograph With the Organization

NOC status	Requirements

Pre-NOC	• At the time of filing the initial documentation: a copy of the most recent draft product monograph showing the company, drug brand, and non-proprietary names that correspond to the anticipated NOC.
	• As soon as available:
	  ○ a copy of the draft product monograph initially filed with the organization showing, in tracked changes, all of the clinical and label review changes made up to the time of the product monograph being approved by Health Canada (if there are no changes to the draft product monograph initially filed with the organization other than the date on the product monograph, please include a placeholder document indicating this)
	  ○ a copy of the clean and dated product monograph approved by Health Canada.

Post-NOC	• A copy of the most current version of the Health Canada–approved product monograph

8.2. Health Canada Documentation

Table 7 summarizes the requirements for Clarimails/Clarifaxes for pre-NOC and post-NOC reviews.

Table 7: Requirements for Filing Clarimails or Clarifaxes With the Organization

NOC status	Requirements
Pre-NOC	• At time of filing initial documentation: a summary table of Clarimails/Clarifaxes relating to any clinical aspects of the Health Canada review of the drug (e.g., clinical studies or product monograph, not chemistry- and manufacturing-related topics) up to the time of filing with the organization; including the date of each Clarimail/Clarifax, the topic for clarification, a brief summary of the response, and the date of the response must be included • On an ongoing basis up to the point of the NOC or NOC/c being issued, the manufacturer must provide the organization with revised summary tables to reflect any additional Clarimails/Clarifaxes as aforementioned
Post-NOC	• A summary table of Clarimails/Clarifaxes relating to any clinical aspects of the Health Canada review of the drug (e.g., clinical studies or product monograph, *not* chemistry- and manufacturing-related topics) up to the point of the NOC or NOC/c being issued; including the date of each Clarimail/Clarifax, the topic for clarification, a brief summary of the response, and the date of the response must be included.

8.3. Efficacy, Effectiveness, and Safety Evidence

8.3.1. Results for Pivotal and Supportive Clinical Studies

Manufacturers will be required to provide documentation with the results from the pivotal and supportive clinical studies that were submitted to Health Canada. The organization's preference is for any unpublished data to be submitted in accordance with the CONSORT 2010 statement checklist, using clearly labelled sections (if available).

If the studies have been published, please provide copies of the publications, any supplemental appendices that are associated with published studies, and any errata related to any of the published studies provided (or a placeholder document with a statement confirming that there are no errata). Should an unpublished study submitted become published during the review process, the manufacturer must provide a copy of the published study. Depending on the nature of the information, the organization will determine the timelines required to review it and incorporate it into the report. The manufacturer will be apprised of any revisions to the anticipated timelines for the review.

Please include a reference list in the folder with all the published and unpublished studies (including any errata).

8.3.2. Common Technical Document (if applicable)

If available, a copy of the common technical document sections listed here are required. If any of these sections of the common technical document were not a requirement for filing the regulatory submission with Health Canada, a placeholder document with a statement confirming this is required. The sections include the following:

- 2.5 Clinical Overview
- 2.7.3 Summary of Clinical Efficacy
- 2.7.4 Summary of Clinical Safety
- 5.2 Tabular Listing of All Clinical Studies.

8.3.3. Clinical Study Reports (if applicable)

If available, clinical study reports should be provided for the pivotal trials, as well as any other studies that address key clinical issues. The clinical study reports should be provided in full and include both the complete study protocol and analysis plan. If a clinical study report is unavailable to the manufacturer, a placeholder document with a statement confirming this is required.

8.3.4. Table of Studies

A tabulated list of all published and unpublished clinical studies using the table of studies template must be provided. Any data (e.g., pre-planned analyses of primary outcome measures) for a planned or ongoing clinical study included in the "table of studies" requirement that becomes available during the review process must be provided as soon as possible. The organization will assess the information upon receiving it and determine the timelines required to review it and incorporate it into the review report(s). The manufacturer will be apprised of any revisions to the anticipated timelines for the review.

9. Stakeholder Engagement

9.1. Manufacturer Engagement

Once the request for implementation advice has been received, the manufacturer of the drug under review will be notified. The manufacturer will have 5 business days to provide written input regarding the implementation issues. As outlined in Section 4, this input must be submitted using the template provided and must not contain any

confidential information (all information included in the template will be considered disclosable).

The manufacturer will be provided with the opportunity to review and comment on the draft implementation advice report (refer to Sections B6).

During the review phase, additional information and clarification may be required from the manufacturer to complete the review. These requests will be provided in writing and the manufacturer is encouraged to respond in a timely manner to avoid potential delays in the review timeline.

9.2. Patient and Clinical Group Engagement

The organization recognizes the value of patient and clinician perspectives in reviews of medical procedures, devices, and drugs. Patients' and clinicians' perspectives contribute to the scientific and democratic legitimacy of the work. The organization strives to engage with patient and clinician groups during streamlined panel deliberations.

9.3. Health Canada Information Sharing

IAPs involving drugs that are still undergoing NOC review by Health Canada (e.g., reviews of nationally procured drug products) or involving a single technology where data is directly required from the manufacturer will be eligible for the information sharing process as described in section 4.2.3 of the *Procedures for Reimbursement Reviews*. This permits Health Canada and the organization to exchange information regarding the drug(s) under review. To help avoid delays in the review process, manufacturers are strongly encouraged to participate in this process.

9.4. Federal, Provincial, and Territorial Governments

The organization may consult and seek feedback from the federal, provincial, and territorial governments and their agencies.

10. Filing and Screening Procedure

By filing documentation with the organization and participating in the review process, the manufacturer consents to be bound by the terms and conditions specified in this document and all provisions regarding the withdrawal from the process. Consent to the terms and conditions contained herein cannot be revoked by the manufacturer at any time during or after the review processes.

10.1. Filing Documentation

Manufacturers must be registered with the Pharmaceutical Submissions SharePoint before filing the required documents. For detailed information on how to register, please consult the Pharmaceutical Submissions Sharepoint Site – Setup Guide.

10.2. Document Screening

There is no formal document screening process for nationally procured drug products drugs. Materials will be reviewed as they are received and the manufacturer may be contacted for additional material or clarification, if required.

10.3. Finalized Information for Reviews Conducted on a Pre-NOC Basis

For reviews that are initiated on a pre-NOC basis, some requirements will be outstanding or not finalized at the time that the initial documentation is filed with the organization (e.g., product monograph). The manufacturer must provide all outstanding and/or finalized requirements to the organization as soon as they are available. The organization will assess finalized information upon receiving it. Depending on the nature and extent of changes to the information compared with what was originally filed, the organization will determine the timelines required to review the information and incorporate it into the report. This could result in an extension of review timelines. The manufacturer will be apprised of any revisions to the anticipated timelines.

11. Draft Implementation Advice Report

11.1. Sponsor Comments

The draft implementation advice report is provided to the sponsor for review and comment. The sponsor will have 2 business days to provide their comments. This input must be provided using a template provided and must not contain any confidential information (all information included will be considered disclosable). The organization may also obtain feedback from representatives of federal, provincial, and territorial governments and agencies. The organization will review and discuss the feedback with the panellists and the guidance report will be revised, as required. There will be no further opportunities to formally comment on the implementation advice report prior to issuing the final report.

11.2. Redaction Requests

Before posting on the organization website, sponsors are responsible for identifying and requesting the redaction of any confidential information supplied by the sponsor that may have been included in the final implementation advice report. If the sponsor requests that confidential information be redacted from the final implementation advice report, the organization will redact the confidential information in accordance with the *Reimbursement Review Confidentiality Guidelines* described in the Procedures for Reimbursement Reviews. Pursuant to the Reimbursement Review Confidentiality Guidelines, the organization will indicate that the sponsor requested that this information be kept confidential.

Sponsors are asked to identify any confidential information using the identification of confidential information template provided. All requests for redactions must be accompanied by a clearly stated rationale. Sponsors must submit the completed form via the Pharmaceutical Submissions Sharepoint site by the pre-specified date and time (typically 4:00 p.m. Eastern Time 2 business days after the draft implementation advice report was issued to the sponsor).

12. Final Implementation Advice Report

12.1. Posting Final Implementation Advice Report

The final report from this process will be posted on the organization website. Prior to posting, the manufacturer will be requested to review and validate any redactions that were requested on the draft implementation advice report.

12.2. Validation of Redactions

The sponsor will have 1 business day to review and validate the redactions in the final implementation advice report. If the sponsor expresses disagreement regarding redactions, the organization may require additional time to resolve the disagreement in consultation with the sponsor. This additional time could delay the timeline for posting the final implementation advice report.

13. Temporary Suspension and Withdrawal

The organization may temporarily suspend the review in accordance with section 10 of the Procedures for Reimbursement Reviews. If the sponsor voluntarily withdraws from the process, the organization may continue with the review but will not use any information that has been filed by the sponsor in confidence. It may be noted on the organization website that the manufacturer voluntarily withdrew from the process.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

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Questions or requests for information about this report can be directed to **Requests@CADTH.ca**.