Canada's Drug Agency
L'Agence des médicaments du Canada

Proposed Improvements to the Drug Reimbursement Review Process

Consultation

January 6, 2025

Table of Contents

Introduction

Why Are We Undertaking Consultation on Our Reimbursement Review Process?

The measures proposed in this consultation document are important improvements to the drug Reimbursement Review process that are intended to increase transparency and efficiency, and accelerate patient access to proven new treatments.

What Revisions Are We Proposing?

Canada's Drug Agency (CDA-AMC) is inviting interested parties to provide their views and feedback on our proposed improvements and new approaches to the drug Reimbursement Review process. We are seeking feedback on 6 topics:

Proportionate Review Processes

We are expanding the scope of tailored reviews to include simple, low-risk pharmaceuticals with anticipated comparable efficacy and safety (PACES), with the goal of accelerating review timelines. We are also clarifying the eligibility criteria for complex reviews. These changes will reinforce a fit-for-purpose approach to our drug reviews, where our resources are allocated in proportion to the effort required to complete a robust assessment.

Review and Recommendation Reporting

We aim to change our report templates to reduce the length of these documents, make them easier to read and interpret, and reduce redundancy. These changes will enhance the value that our review reports (e.g., Clinical Review reports, Pharmacoeconomic Review reports) and recommendation reports bring to decision-makers.

Deliberative Process

We are improving transparency through the publication of the deliberative framework that will be used across our expert committees. We are investing in our commitment to partnership, by adding a presentation to the expert committee by a person with lived experience, beginning with our complex reviews. These changes will improve the transparency of how our expert committees reach a conclusion and will provide a new avenue for meaningful patient engagement.

Accelerated Access Pathways

We are detailing the procedures for our expanded rolling drug Reimbursement Review pilot process, as was first announced on July 25, 2024. This expansion (going beyond the initial scope of the pilot, which was limited to COVID-19 drugs) allows any drug application that is filed pre–Notice of Compliance (NOC) (before Health Canada's regulatory decision) to be eligible for a rolling review. We also plan to modestly expand the existing eligibility criteria for time-limited reimbursement recommendations to include resubmissions of drugs that were previously reviewed by CDA-AMC before the implementation of the time-limited reimbursement recommendation process.

Checkpoints With Sponsors Throughout the Drug Reimbursement Review Process

We aim to improve our engagement with drug sponsors through the end-to-end Reimbursement Review process. By standardizing our meetings, and in some cases introducing new optional checkpoint meetings, we aim to improve their usefulness and support the timely resolution of challenges that arise during reviews.

Application Requirements for Sponsor Submissions

We are presenting streamlined application requirements for certain drug products that will remove, reduce, or replace the need for administrative, clinical, and economic requirements. These changes are meant to be a first step toward increasing our alignment with other health technology assessment (HTA) agencies and increasing the uptake of the pre-NOC submission pathway.

How to Participate in the Consultation

To provide comments on the proposal, use the feedback template.

Feedback must be received by 5:00 p.m. ET on February 6, 2025. For feedback to be considered, individuals and organizations must be identified by name in the template. One response per organization will be considered. Questions about the feedback process can be sent to feedback@cda-amc.ca.

Planned Implementation Dates

We are targeting the following implementation timeline for these revisions.

- **Consultation opens:** January 6, 2025
- **Consultation closes:** February 6, 2025
- **Revised procedures posted:** February 27, 2025
- **Effective for new applications targeting the October 2025 expert committee meetings:** Oncology applications received on or after April 28, 2025, and non-oncology applications received on or after May 12, 2025

Next Steps

Following the consultation period, CDA-AMC will carefully assess all feedback before announcing the final details of the new drug Reimbursement Review process. This may involve disclosing some or all comments, materials, and summaries to our advisory bodies and the participating jurisdictions. We thank individuals and organizations in advance for their interest in our drug Reimbursement Review process.

The following 6 sections outline the proposed changes for which we are seeking consultation. The feedback collected from this process will be used in the formal updating of our procedures document on February 27, 2025.

1. Proportionate Review Processes

A proportionate approach to drug reviews is defined as matching the level of resources to the level of effort required to conduct a robust assessment. We currently have 3 levels of reviews with increasing resources assigned: tailored, standard, and complex. The following section outlines proposed revisions to these review processes that address the scope of tailored and complex reviews. Key information about the proposed revisions to the proportionate review categories are summarized in Table 1. Details about the new eligibility criteria and processes are summarized in section 1 for tailored reviews and section 1.2 for complex reviews.

What Is Changing?

- The existing tailored review pathway will be expanded from the current scope (which is currently limited to new combination products and new formulations of existing drugs) to include selected new drugs that are similar to other products previously reviewed by CDA-AMC. This new scope includes simple, low-risk PACES, with the goal of accelerating review timelines.
- The complex review process will be revised and will focus on targeted process enhancements, depending on the characteristics of the drug under review.
- Eligibility criteria for tailored and complex reviews will be updated.
- Application forms for applying for review through tailored or complex processes will be updated.
- The resubmission processes will be simplified.

What Is Staying the Same?

- The standard review procedure will remain the most common application and will apply to all applications that do not meet the criteria for review through tailored review or complex review processes.
- The performance metric of 180 calendar days from acceptance for review to issuing the draft recommendation to the sponsor and participating drug programs will not change.
- No revisions to the confidentiality guidelines are being proposed.

Table 1: Proposed Reimbursement Review Project Types

Criteria	Complex review	Standard review	PACES tailored review	Product variation tailored review
Eligibility criteria				
Key eligibility criteria for each Reimbursement Review project	Drugs with added complexity, as described in section 2.2.1	Most common application and will apply to all files that are not eligible for tailored or complex reviews	Drug with same indication as ≥ 1 other drug previously recommended for reimbursement (refer to section 2.1.1a)	New combination products and new formulations of existing drugs (refer to section 2.1.1b)
Clinical information				
Pivotal trials and RCT evidence	Required	Required	Required	Required
Indirect comparison[c]	Accepted	Accepted	Accepted[d]	Not accepted
Long-term extension data	Accepted	Accepted	Not accepted	Not accepted
Studies addressing remaining gaps in evidence[e]	Accepted	Not accepted	Not accepted	Not accepted
Economic submission information				
Economic evaluation	Cost-utility analysis or cost-minimization analysis	Cost-utility analysis or cost-minimization analysis	Cost-minimization analysis	Cost-comparison table[f]
Budget impact analysis	Required	Required	Required	Required
Recommendation				
Expert committee	CDEC or pERC	CDEC or pERC	Subcommittee	Subcommittee
Target timelines				
Timelines from acceptance to draft recommendation	≤ 180 calendar days	≤ 180 calendar days	100 to 120 calendar days	100 to 120 calendar days

CDEC = Canadian Drug Expert Committee; PACES = pharmaceuticals with anticipated comparable efficacy and safety; pERC = pan-Canadian Oncology Drug Review Expert Review Committee; RCT = randomized controlled trial; RWE = real-world evidence.

[a]Recommendations for non-oncology drugs and oncology drugs are issued by CDEC and pERC respectively (or a subcommittee of those committee members).

[b]The performance metric will remain ≤ 180 calendar days from acceptance for review to issuance of the draft recommendation.

[c]Evidence of comparative effectiveness and/or harms using methodologically appropriate indirect comparison methods.

[d]Indirect comparative evidence that is based on aggregate clinical trial data (i.e., adjusted indirect comparison [Bucher method] or a mixed treatment comparison network meta-analysis) may be permitted in a PACES tailored review application. Any other forms of indirect evidence are reviewed through the standard process.

[e]Additional evidence submitted to address gaps in the pivotal clinical trial, RCT, and direct or indirect comparative effectiveness and/or safety evidence (e.g., single-arm, open-label [interventional] trials, RWE and other observational studies, and/or long-tern extension [clinical] studies).

[f]The required cost-comparison table is embedded in the tailored review submission template for all product variation tailored review applications.

1.1 Revised Procedures for Tailored Reviews

We are proposing modifications to the tailored review procedures that will expand the scope of these reviews for simple, low-risk files and accelerate overall review timelines. The proposed revisions are intended to introduce efficiencies throughout the review process for select files and provide sponsors with recommendations in a shorter period. We are planning to trial this new approach for tailored reviews for a period of 1 to 2 years and will evaluate if the objectives of the revisions are being achieved.

What Is Changing?

- The tailored review procedures are being expanded to include drugs that have the same indication as other drugs that have previously reviewed by CDA-AMC and have been recommended for reimbursement (PACES tailored reviews). We will still accept tailored reviews for new combination products and new formulations of existing drugs (these will now be referred to as product variation tailored reviews).
- New target timelines for applications reviewed through the tailored review process (e.g., estimate 100 to 120 calendar days from acceptance for review to issuance of the draft recommendation).
- New eligibility criteria have been proposed for identifying drugs that may be submitted for review through the PACES tailored review process.
- A new tailored review submission template has been created for PACES tailored reviews.
- For all tailored reviews, CDA-AMC will include our assessment of the information and comments directly into the appropriate sections of the relevant tailored review template.
- There is a new procedure whereby a subcommittee of Canadian Drug Expert Committee (CDEC) and pan-Canadian Oncology Drug Review Expert Review Committee (pERC) members will deliberate and draft recommendations, as opposed to the full expert committees. However, the full CDEC and pERC committees will continue to vote on the recommendations prior to being issued.

What Is Staying the Same?

- The current input and feedback processes for patient and clinician groups will continue to apply to tailored reviews.
- The existing clinical and economic submission template for product variation tailored reviews are not expected to be revised.

1.1.1 New Eligibility Criteria

PACES Tailored Review Eligibility (New)

A PACES tailored review may be filed when an application meets **all** of the following criteria.

- **Sponsor's clinical claim:** The sponsor is not claiming added clinical benefit compared with appropriate comparators.
- **Indicated patient population:** The drug under review must have the same indication as at least 1 other drug previously reviewed by CDA-AMC and recommended for reimbursement.

- **Sponsor's requested reimbursement criteria:** The sponsor is requesting alignment with existing criteria that have been recommended by CDA-AMC and/or are currently used for the reimbursement of the most appropriate comparator(s).
- **Intervention:** The drug under review is within the same therapeutic class as at least 1 other drug previously reviewed by CDA-AMC and recommended for reimbursement.
- **Therapeutic regimens:** The new application and the previous application(s) for comparators must have evaluated the use of the drugs using the same regimen (e.g., as monotherapy or in combination with the same background therapies).
- **Comparators:** CDA-AMC has previously reviewed the most appropriate comparator(s) for the indication under review **and** issued recommendations in favour of reimbursement.
- **Outcomes:** The end points evaluated by the sponsor align with those previously reviewed by CDA-AMC for applications in the same therapeutic area.
- **Clinical evidence:** The sponsor has evidence that the drug under review demonstrates similar clinical effects (i.e., has at least equivalent effectiveness and/or efficacy, and is equivalently or less harmful) compared to each of the most appropriate comparator(s) in one of the following formats:
  - direct comparative evidence from a randomized controlled trial (RCT)
  - indirect comparative evidence that is based on aggregate clinical trial data (i.e., adjusted indirect comparison [Bucher method] or a mixed treatment comparison network meta-analysis). Any other forms of indirect evidence (e.g., matching-adjusted indirect comparisons) are reviewed through the standard or complex processes.

Product Variation Tailored Review Eligibility

CDA-AMC currently allows tailored review applications to be filed for selected new combination products and selected new formulations of existing drugs. These applications are now called product variation tailored reviews. Additional clarity regarding the eligibility criteria for these applications is provided in the sections that follow.

New Combination Products

A product variation tailored review may be filed when an application meets **all** of the following criteria.

- **Sponsor's clinical claim:** The sponsor is not claiming added clinical benefit compared with the most appropriate comparator(s).
- **Population:** The individual components of the drug are currently indicated for use in combination therapy with one another (i.e., the new combination product does not represent a new indication for the components).
- **Intervention:** The new combination product must not contain a new active substance. The individual components should be marketed in Canada in the same dosage strength as the new combination product.

- **Comparators:** The new combination product is intended to replace the separate use of the individual components.
- **Reimbursement status:** The individual components of the new combination product have been recommended by CDA-AMC and/or are reimbursed by the participating drug plans for use in the same combination.

New Formulation of an Existing Drug

Product variation tailored reviews may be filed when an application meets **all** of the following criteria.

- **Sponsor's clinical claim:** The sponsor is not claiming added clinical benefit compared with the most appropriate comparator(s).
- **Population:** The indication(s) under review for the new formulation must be the same as the indication(s) previously reviewed and/or currently reimbursed by the participating drug programs for the existing formulations of the drug.
- **Intervention:** The new formulation must meet the eligibility criteria outlined in the Procedures for Reimbursement Reviews (e.g., new formulations of existing drugs that have a different route of administration than formulation[s] previously reviewed through the Reimbursement Review process).
- **Comparators:** The new formulation of the drug is intended to replace an alternative formulation of the same drug (e.g., the sponsor has a new subcutaneous formulation that would replace an existing IV formulation).

1.1.2 Highlights of the New Approach to the Evaluation of Tailored Reviews

New Target Review Timelines

Both PACES and product variation tailored reviews would have a target completion timeline of 100 to 120 calendar days from acceptance for review to issuance of the draft recommendation to the sponsor and drug programs.

Tailored Review Submission Template (New Product Tailored Reviews) (New)

Sponsors will complete and submit the new Summary of Clinical Evidence and Economic Evaluation template for a PACES tailored review. The template includes 3 sections where sponsors will summarize key background information regarding the drug under review and the condition for which it is indicated, results from a systematic literature review, and results from indirect treatment comparisons. In addition, sponsors will complete an appendix summarizing key components of the economic evaluation. The pharmacoeconomic submission requirements for cost-minimization analyses per section 5.6.2 in the current Procedures for Reimbursement Reviews will continue to apply. Page limits will apply to the main sections of the sponsor's summary (15 pages for the background and clinical evidence sections).

New Procedure for Expert Review and Recommendation

CDA-AMC will convene a subcommittee of members from the relevant expert committee (i.e., CDEC for non-oncology drugs and pERC for oncology drugs) to conduct the deliberation and issue the recommendation for

tailored review applications. This subcommittee will typically be composed of the expert committee chair, assigned lead presenters, and a patient or public member, with additional support from clinical experts, as required.

The subcommittee will focus their deliberations on the following issues:

- Does the evidence support that the drug under review demonstrates a comparable clinical benefit to 1 or more appropriate comparators?
- Does the evidence support that the drug should be reimbursed in accordance with the existing reimbursement criteria for the most appropriate comparator(s)?

For all tailored review applications, the recommendation would include a single pricing condition that the total cost of the drug under review should not exceed the total cost of the appropriate comparators. Although the subcommittee will issue the recommendation, it will still require a vote from the entire respective expert committee. If the entire committee disagrees with the recommendation proposed by the subcommittee, the file under review will undergo deliberation by the entire expert committee at the next available meeting agenda.

1.2 Revised Procedures for Complex Reviews

CDA-AMC is proposing a complex review process in which process enhancements are applied in a manner that is targeted to the specific challenges posed by the drug under review for an HTA. For example, a drug that is the first product indicated in a therapeutic area could require the development of novel reimbursement conditions which would benefit from enhanced consultation with clinical specialists. Similarly, the therapeutic area could be new to our expert committee and the deliberations would benefit from direct participation by a person with lived experience. With this new approach, the complex process is modular in nature, as opposed to the single complex review process that is currently used by CDA-AMC.

What Is Changing?

- Eligibility criteria have been revised to identify products that may pose challenges for specific aspects of the Reimbursement Review process.
- Process enhancements for complex drug reviews will now be applied in a manner that is targeted to the specific challenges posed by the drug under review.
- The generation of a standalone Ethics Review report will no longer be undertaken for every complex review and will now be initiated only for selected products that may be associated with extensive ethical challenges for our expert committees and/or decision-makers. Ethical considerations will be considered with a brief assessment for every review type (tailored, standard, complex) moving forward.
- The submission of additional studies to address gaps in the combined pivotal trial, RCT, and indirect evidence will be limited to complex drug reviews (i.e., if a sponsor wants to include this information and CDA-AMC agrees that the information may address an important gap in the evidence, the application must be filed through the complex review process). The exception for this would be in the case of

resubmissions, whereby the use of additional studies would be used as the basis for the review (in place of a pivotal clinical trial).

- When submitting the pharmacoeconomic materials, a societal perspective base case, alongside the health care payer perspective base case, may only be filed for applications that meet the complex review criteria presented in scenario 1 (refer to item 1 in section 1.2.1). As the scope of complex reviews has changed, the consideration of a societal perspective in the base case of the pharmacoeconomic evaluation will no longer be applicable to all complex reviews.
- For certain complex reviews, CDA-AMC will seek to engage a person with experience with the condition under review (i.e., a patient, caregiver, or family member) to participate in the expert committee meeting by delivering a brief presentation and answering questions from the committee members.

What Is Staying the Same?

- The Reimbursement Review timelines for complex drugs will not be revised.
- Existing opportunities for patient and clinician groups to provide written input at the outset of the review and feedback on the draft recommendation will not be revised.

1.2.1 New Eligibility Criteria

Scenario 1: First Drug Approved in the Therapeutic Area

What Are the Eligibility Criteria?

The drug under review must meet **all** of the following criteria:

- The sponsor is claiming added clinical benefit compared with the most appropriate comparator(s) or best supportive care.
- It is the first drug approved by Health Canada for use in the therapeutic area.
- There are no unapproved comparator drugs with well-established reimbursement criteria in the therapeutic area.

For therapeutic areas where there may be multiple lines of therapy administered for the target patient population (e.g., lines of therapy for an oncology indication), the criterion for a complex review would be met for the first drug specifically indicated for the target type (of cancer), but not for subsequent submissions that may follow for different lines of therapy (for that cancer type). Similarly, a drug with a novel biomarker could be classified as a complex review for the first application, but subsequent applications for different cancer types would be reviewed through the standard review process.

What Are the Challenges From Our Perspective?

Novel reimbursement conditions would be required (i.e., new initiation, renewal, discontinuation, and prescribing criteria). These must be developed in consultation with multiple clinical specialists to avoid implementation challenges.

Existing therapies may be used in an off-label manner and lack robust clinical data to inform estimates of comparative effectiveness (e.g., older drugs that are used as the standard therapies for the target patient population).

Some novel drugs may pose ethical challenges for the expert committee and/or decision-makers. While many therapies and their contexts raise ethical considerations, some therapies raise specific and unique considerations and warrant a more in-depth Ethics Review.

What Process Enhancements Could Be Applied?

- More clinical experts may be consulted throughout the review.
- A person with lived experience with the condition under review may be engaged to participate in the expert committee meeting.
- A societal perspective base case, alongside the health care payer perspective base case, may be filed for the economic evaluation.
- A separate Ethics Review report may be prepared based on patient and clinician input and a dedicated search and analysis of the ethics literature relevant to the therapy under review and target population. Additional presentations from the ethicist members on the expert committees would also be warranted during the expert committee deliberations.
- Additional studies addressing important gaps in evidence may be included in the CDA-AMC reports and reflected in the expert committee's deliberations.

Scenario 2: Priority Review Drugs With the Potential to Alter Existing Treatment Paradigms

What Are the Eligibility Criteria?

The drug under review must meet **all** of the following criteria:

- The sponsor is claiming added clinical benefit compared with the most appropriate comparator(s).
- It is not the first drug approved in the therapeutic area but has the potential to alter the treatment paradigm based on superior efficacy and/or safety.
- It has been granted priority review by Health Canada (e.g., an application for a drug indicated for the treatment of a serious, life-threatening, or severely debilitating disease or condition for which there is substantial evidence of clinical effectiveness, demonstrating that the drug provides a significant increase in efficacy and/or significant decrease in risk, such that the overall risk-benefit profile is improved over existing therapies, preventives, or diagnostic agents for a disease or condition that is not adequately managed by a drug marketed in Canada).

What Are the Challenges From Our Perspective?

- Novel reimbursement conditions may be required (i.e., new initiation, renewal, discontinuation, and prescribing criteria). These must be developed in consultation with multiple clinical specialists to avoid implementation challenges.

- Claims of added clinical benefit may require additional consultation with clinical specialists to evaluate the anticipated clinical relevance in routine practice, as the incremental benefit would directly influence the economic evaluation and pricing condition(s) issued by the expert committee (e.g., price negotiation would likely involve the conclusions of the cost-effectiveness evaluation as opposed to the existing price of relevant comparator[s]).

What Process Enhancements Could Be Applied?

- More clinical experts may be consulted throughout the review.
- A person with lived experience with the condition under review may be engaged to participate in the expert committee meeting.
- Additional consultation with methodologists may be required to appraise the evidence.
- Additional studies addressing important gaps in evidence may be included in the CDA-AMC reports and reflected in the committee deliberations.

Scenario 3: Primary End Point Is a Novel Surrogate Outcome

What Are the Eligibility Criteria?

The sponsor's clinical data include the evaluation of novel surrogate end points as the primary outcome(s) of their clinical trials (e.g., end points not previously reviewed by CDA-AMC).

What Are the Challenges From Our Perspective?

Novel surrogate end points will require additional validation by CDA-AMC to ensure the interpretation and appraisal of clinical evidence is appropriate.

What Process Enhancements Could Be Applied?

- More clinical experts may be consulted throughout the review.
- Additional consultation with methodologists may be required to appraise the evidence.
- Additional studies addressing important gaps in evidence may be included in the CDA-AMC reports and reflected in the committee deliberations.

Scenario 4: Tumour-Agnostic or Histology-Independent Therapies

What Are the Eligibility Criteria?

Any application for a tumour-agnostic or histology-independent indication will be considered a complex review by CDA-AMC.

What Are the Challenges From Our Perspective?

These applications require consultation with specialists representing multiple different areas of clinical practice. In addition, sponsors will typically submit multiple indirect comparisons and economic evaluations that have increased complexity relative to what is acceptable for an application reviewed through the standard process.

What Process Enhancements Could Be Applied?

- More clinical experts may be consulted throughout the review.
- Additional consultation with methodologists may be required to appraise the evidence.
- Additional studies addressing important gaps in evidence may be included in the CDA-AMC reports and reflected in the committee deliberations.

Scenario 5: Additional Evidence for an Application That Does Not Meet Criteria in Scenarios 1 to 4

What Are the Eligibility Criteria?

The sponsor has additional evidence to address gaps in the pivotal clinical trial, RCT, and direct or indirect comparative effectiveness and/or safety evidence (e.g., real-world evidence in relevant patient populations that were not included in the clinical trials), but the application is not otherwise eligible for review through the complex process. This evidence may include:

- studies designed to demonstrate safety and effectiveness in relevant patient populations that were not included in the clinical trials
- studies designed to address outcomes that require longer-term follow-up and were not investigated in the clinical trials and/or extension studies
- studies that address uncertainty regarding the dosage of the drug under review that is used in actual clinical practice.

What Are the Challenges From Our Perspective?

Additional CDA-AMC resources are required to review the supplemental evidence included within the application.

What Process Enhancements Could Be Applied?

- Additional consultation with methodologists may be required to appraise the evidence.
- The additional studies would be included in the CDA-AMC reports and reflected in the committee deliberations.

1.2.2 Highlights of New Approach to the Evaluation of Complex Drug Reviews

Table 2 summarizes the proposed modified complex review process where process enhancements are applied in a manner that is targeted to the specific challenges posed by the drug under review. New information will continue to be accepted during the reconsideration process for complex reviews based on the considerations outlined in the current procedures.

1.2.3 Simplifying the Resubmission Processes

The following section provides an overview of the key revisions that are proposed for the resubmission procedures. In accordance with a fit-for-purpose approach, we are aiming to simplify the resubmission

process by waiving selected application requirements. We are also looking to accelerate the process when a sponsor is seeking to file resubmission for a subpopulation of patients.

Table 2: Proposed Criteria and Process Enhancements for Complex Drug Reviews

Process enhancements	Scenario 1: First drug indicated in therapeutic area	Scenario 2: Priority review drugs that are not the first approved in the therapeutic area[a]	Scenario 3: Primary end point is a novel surrogate outcome	Scenario 4: Tumour-agnostic therapies
Enhanced clinician engagement	Included	Included	Included	Included
Person with lived experience	Included	Included	Only if criteria for scenarios 1 or 2 are also met	
Separate Ethics Review report[b]	May be included	Not included		
Societal perspective	Included	Not included	Only if criteria for scenario 1 are also met	
Additional consultation with methodologists	May be included	May be included	Included	Included
Consideration of additional studies that address gaps[c,d]	May be included	May be included	May be included	May be included

[a]These are intended to include drugs with the potential to alter the treatment paradigm based on superior efficacy and/or safety. These must be accepted by Health Canada for review through their priority review pathway.

[b]Some drugs that meet the criteria for a complex review based on the patient population (as outlined previously) may pose ethical challenges for the expert committee and/or decision-makers and warrant a dedicated and more in-depth review of ethical considerations. This may include novel drugs from the following classes: cell therapies, gene therapies, radiopharmaceuticals, prenatal interventions, public health or preventive interventions, interventions limited by health system capacity, or other therapies that are ethically complex across multiple dimensions (e.g., raising notable risks of serious adverse events and uncertain benefit, therapies primarily impacting structurally marginalized populations).

[c]Any application that meets the criteria outlined in scenarios 1 to 4 may include additional studies that address important gaps in the clinical trial or comparative evidence (direct or indirect) submitted by the sponsor.

[d]Scenario 5: As noted in the consultation document, additional studies may be included in an application that does meet the criteria outlined in scenarios 1 to 4 provided the studies address important gaps in the submission. These applications will be subject to a Schedule E application fee and would not have the additional process enhancements outlined in this table, except for the review and recommendation phases including consideration of the additional evidence.

What Is Changing?

- A proportionate approach will be taken with resubmissions whereby certain application requirements may be waived if they are not deemed relevant by CDA-AMC (e.g., an economic evaluation could be waived if the new clinical evidence submitted is not expected to alter the base case of the economic evaluation that was reviewed during the initial submission).
- New evidence may not be required for a resubmission if the reimbursement request is for a subpopulation of patients from the initial submission, and all relevant evidence to support the benefit of the subpopulation was included within the broader evidence reviewed during the initial submission. This means that CDA-AMC will review previously submitted evidence in the context of a new reimbursement request, without requiring new evidence.

What Is Staying the Same?

- New evidence will still be required to address previous concerns from the expert committee if the reimbursement request is for the same population.

2. Review and Recommendation Reporting

For each drug Reimbursement Review, CDA-AMC publishes 2 reports: a reimbursement recommendation report and a combined review report. These reports follow templates to consistently and effectively present the evidence to the expert committees and to communicate the recommendations from the expert committees. Currently, the draft review reports (i.e., the Clinical and Pharmacoeconomic Review reports, as well as the Ethics Review report and testing procedure assessment when applicable) are provided in separate documents to the expert committees and sponsors. After the final recommendation is issued, the final review reports are merged and posted as the combined review report.

The proposed improvements and revisions to our templates described in this section will help us reduce the length of these reports, make them easier to read and interpret, reduce redundancy, and help us focus on the value that CDA-AMC evidence appraisals offer to decision-makers.

2.1 Review Report Templates

What Is Changing?

The following changes will apply to review reports for standard and complex reviews:

- The draft review reports will be replaced by the following 2 documents:
  - Main review report: Draft review reports will be combined into a single review report.
  - Supplementary materials: A new supplementary materials document will contain appendices with supporting information referred to in the main review report.
- Internal target page limits will be established for content in the main review report (e.g., 30 to 50 pages for the combined Clinical and Pharmacoeconomic Review report).
- Executive summaries from each review will be replaced by a unified Key Messages section in the main review report, with language that is more suitable for a wide audience.
- Content summarized from patient group and clinician group input will be combined and redistributed into sections organized by topic, with information attributed to each source.
- The reporting of study and statistical methods will be restructured, with greater emphasis on addressing and contextualizing salient methodological details in the critical appraisal.
- There will be a reduction in textual descriptions of efficacy results.

In addition to the described template changes, CDA-AMC will post the draft review report and supplementary materials on the website at the same time as the draft recommendation.

What Is Staying the Same?

- The changes to the templates do not impact the scope or methods of the CDA-AMC review.

2.1.1 Recommendation Report Template

What Is Changing?

- Repetition of content from the main review report and supplementary materials will be minimized where possible (i.e., content under the Clinical Evidence and Economic Evidence sections in the current recommendation report template).
- An internal target page limit will be established (e.g., 10 pages).
- In conjunction with the transition to the expert committees using the new deliberative framework, the recommendation report content will reference the relevant domains of value and considerations in the deliberative framework. Refer to section 4.2.2 in this document for information on the new deliberative framework.
- In conjunction with the introduction of presentations by persons with lived experience at committee meetings for complex reviews, content from these presentations will be reflected in the recommendation report. Refer to section 0 in this document for information on presentations by persons with lived experience.

What Is Staying the Same?

- The recommendation report will continue to provide the recommendation category, recommendation statement, reimbursement conditions, implementation guidance, and the committee's rationale for the recommendation and conditions.

2.2 Process for Redacting Review Reports

What Is Changing?

- To facilitate the change to posting the draft review report at the same time as the draft recommendation, an additional redaction step will be added for the draft review report. The additional step will proceed as follows after the draft review report and supplementary materials are revised following comments from the sponsor:
  - The sponsor will receive the revised report and supplementary materials 8 business days before the expert committee meeting (as per the current process) and will have 8 business days to identify confidential information.
  - CDA-AMC will have 6 days to redact confidential information.
  - The sponsor will receive the redacted review report and supplementary materials and will have 4 days to validate the redactions.
  - If revisions to redactions are needed, the sponsor will receive an updated redacted draft review report and supplementary materials at the same time as the draft recommendation.

- Note the following:
  - The allotted time for the sponsor to identify confidential information and verify redactions to the draft review reports and supplementary materials will be shorter than for the redaction process for final review reports due to the anticipated reduction in review report length and to ensure that draft review report redactions are completed and validated **before** the sponsor receives the draft recommendation.
  - If information is redacted in the draft review report and supplementary materials, it may not necessarily be redacted in the recommendation or in the final review report and supplementary materials. This is due to the potential for reduced precision in the redaction process for draft review reports, as well as the potential for changes over time in whether information is considered redactable (e.g., formerly confidential information becomes publicly available).

What Is Staying the Same?

- After the final recommendation is posted on the website, confidential information in the final review report and supplementary materials will continue to be redacted according to the process outlined in the current procedures.

3. Deliberative Process

We established the Formulary Management Expert Committee (FMEC) in 2023, and it has provided an environment for trialling new approaches to our deliberative process. This section describes the evolution of aspects of our deliberative process, including the involvement of patients and caregivers in certain complex reviews, a deliberative framework with 5 domains of value, and a new standardized flow chart to accompany the deliberative framework for Reimbursement Reviews (i.e., the recommendation pathway).

3.1 Presentation by a Person With Lived Experience

Starting with complex reviews for the first drug approved in a therapeutic area or a priority review drug with the potential to alter existing the treatment paradigm (i.e., scenarios 1 and 2 described in section 2.2.1 and Table 2), CDA-AMC will seek to engage a person with experience with the condition under review (i.e., a patient, caregiver, or family member) to participate in the expert committee meeting by delivering a brief presentation and answering questions from the committee members. The goal of including lived experience presentations at committee meetings is to supplement the written patient group input by providing an opportunity for committee members to hear firsthand about the real-world challenges, needs, and impacts of the condition under review (and its treatment) on patients and caregivers, and gain deeper insights into the social, ethical, and practical implications of treatments. The person with lived experience will only attend the portion of the meeting allotted for the presentation and questions. Presentations from individuals with lived experience have been a part of FMEC meetings since the committee was established.

Upon initiating the review (i.e., after the drug passes the screening stage), CDA-AMC will seek to engage persons with lived experience in collaboration with a patient group, clinician group, or community-based group or clinic. To help identify individuals with lived experience, CDA-AMC will reach out to collaborate with interested parties identified from 1 or more of the following sources: past input and feedback submissions for

Reimbursement Reviews in related therapeutic areas, groups with an established relationship with CDA-AMC, and groups identified through an online search. When seeking a person with lived experience to present at the expert committee meeting for a review, preference will be given to persons with experience that matches the indication under review (and ideally the drug under review). If such a person cannot be engaged, a person with experience that is closely related to the indication under review (e.g., experience with the same disease but at a different stage) may be considered. CDA-AMC will endeavour to engage a person with relevant lived experience to present for every complex review meeting the criteria for applying this process, but this may not always be possible.

CDA-AMC staff will support and guide persons with lived experience throughout the process by providing guidance leading up to the presentation and an emotional support debrief following the presentation. It is expected that a typical presentation by a person with lived experience will include a brief personal introduction, followed by a narrative of the individual's treatment journey, focusing on important treatment outcomes, challenges faced with prior treatments, and changes observed with the current therapy. It will also cover impacts on daily life, well-being, emotional and social aspects, and any encountered accessibility issues, as well as social, ethical, and financial considerations relevant to treatment access and use.

Lived experience presentations will be reflected in the recommendation report after verification by the person with lived experience. They will be offered an optional honorarium for their involvement and will have the choice to be thanked by name in the report or to remain anonymous.

3.2 Deliberative Framework

In our commitment to transparency, CDA-AMC will publish a deliberative framework that is designed for use across all CDA-AMC expert committees. The deliberative framework explicitly delineates the scope of relevant considerations already discussed by the expert committees and provides a new structure for deliberations and reporting of deliberations. It has been trialled at other CDA-AMC expert committees (including FMEC) and will be adopted by CDEC and pERC. The deliberative framework consists of 5 domains of value (Clinical Value, Unmet Clinical Need, Distinct Social and Ethical Considerations, Economic Considerations, and Impacts on Health Systems). Refer to the Deliberative Framework for Expert Committees at Canada's Drug Agency for a description of each domain of value.

3.3 Drafting Recommendations

The recommendations framework will remain unchanged. To support CDEC and pERC in translating their assessment of the domains of value in the new deliberative framework to a recommendation category and transparently communicating the rationale for recommendation, a standardized flow chart will be implemented for Reimbursement Reviews (i.e., the recommendation pathway). The use of the flow chart is not intended to change the outcome of deliberations, but rather to clearly illustrate the typical scenarios for arriving at a recommendation category under the current process. An initial version of the flow chart is currently being trialled at FMEC.

4. Accelerated Access Pathways

4.1 Rolling Submissions

In a rolling review submission, a review is initiated earlier, and evidence is submitted as it becomes available rather than waiting for all the required documentation to be assembled into a single application package. CDA-AMC announced an expanded rolling review process pilot that may include any drug application that is filed before Health Canada's regulatory decision (if the sponsor consents to information-sharing between CDA-AMC and Health Canada). This action supports our ambitious Target Zero campaign, which is an initiative that aims to achieve zero days between regulatory approval of a drug and CDA-AMC's reimbursement recommendation to participating public drug plans and cancer agencies.

The overall objective of the rolling submission pilot process is to facilitate a reimbursement recommendation earlier than would be possible if the sponsor waited until all documentation was ready to initiate the review process. To provide greater clarity and transparency for sponsors, this section provides the procedures and eligibility criteria that are currently used for the rolling submission pilot process (since the expansion in July 2024).

4.1.1 Eligibility Criteria for Rolling Submissions

The criteria described in Table 3 are used by CDA-AMC to determine eligibility for the rolling submission pilot.

Table 3: Eligibility Criteria for Rolling Submissions

Category	Criteria for acceptance	Rationale for criterion
Regulatory review considerations		
Regulatory approval status	Applications must be filed before Health Canada's regulatory decision.	The pilot is focused on encouraging uptake of the pre-NOC submission process and will not be offered for submissions filed on post-NOC submissions.
Regulatory status	The anticipated Health Canada date of decision must be known by the applicant (e.g., files undergoing consideration or reconsideration for priority review will not be approved for a rolling submission).	During this initial expansion of the rolling submission process, CDA-AMC must craft customized project schedules, and we will require a clear date for the Health Canada decision. In addition, to evaluate if the proposed rolling submission will achieve the goals of the Target Zero initiative, the regulatory decision date must be known from the outset of the project.
Regulatory review pathway	Files undergoing review through an accelerated pathway will be prioritized for the initial expansion of the rolling submission process.	Acceptance through an accelerated regulatory review pathway reflects Health Canada's perspective that the drug may offer added clinical benefit in an area where there is unmet clinical need in Canada. We have heard from industry representatives that these applications can be the most challenging to file

Category	Criteria for acceptance	Rationale for criterion
		in accordance with the timelines needed to achieve Target Zero and that rolling submissions could help facilitate the parallel regulatory and CDA-AMC review.
Consent to information-sharing	The sponsor must consent to information-sharing between Health Canada and CDA-AMC.	Consenting to information-sharing offers important efficiencies for CDA-AMC and is required to ensure that CDA-AMC can build upon the regulatory review for these applications.
Administrative considerations		
Alignment with objective of Target Zero	Based on the anticipated Health Canada date of decision, the interval between Health Canada approval and the draft CDA-AMC recommendation would be shorter under the rolling submission process than under the standard process.	The primary objective of the rolling submission process is to reduce the interval between Health Canada approval and the draft CDA-AMC recommendation.
Rationale for the delayed application filing	The sponsor must provide an acceptable rationale for why the application materials cannot be submitted in a single package and justify the length of time required to provide the information (e.g., the sponsor provides the target date that additional clinical information will be available to complete their economic application materials).	We will not accept a scenario in which a sponsor seeks additional time to complete an application or has encountered challenges with a vendor, at the expense of the time CDA-AMC would have to review the application.
Reduced timelines for sponsor review of draft reports	The sponsor must consent to a reduction in their timelines for review of the draft reports (from 7 business days to 4 business days).	To implement a rolling submission, CDA-AMC will likely have to condense review timelines for selected portions of the review.
Performance metric	The sponsor must agree to waive the 180–calendar day performance metric.	CDA-AMC will strive to deliver the draft recommendation as soon as possible, but we cannot guarantee that the performance metric can be achieved with a rolling submission. This may change in the future as we gain additional experience with these files.
Application filing		
Pharmacoeconomic model	A pharmacoeconomic decision model (electronic file) should be filed with the initial application package. In cases where model parameter estimates (e.g., relative clinical efficacy, costs, utility estimates) are not complete, these parameters can be assigned placeholder values. This model will be subject to the conditions specified in the Procedures for Reimbursement Reviews document (i.e., it must meet all screening requirements).	Filing beyond the 20–business day window could create challenges in the project schedule with respect to alignment of reviewing clinical and economic evidence and engagement with clinical specialists, and will likely have consequences for the ability of CDA-AMC to complete our review within the anticipated timeline. In general, filing application materials closer to the 20–business day window will increase the likelihood that the submission will

Category	Criteria for acceptance	Rationale for criterion
	As with standard submissions, a Pharmacoeconomic Technical Report should be filed, with placeholder values clearly identified (e.g., highlighted). An updated pharmacoeconomic model and report should be filed within approximately 20 business days after the file has been submitted to CDA-AMC. A log of changes made to the original file should also be filed. Failure to submit a completed model by the agreed-upon deadline may necessitate moving to a later expert committee meeting.	be placed on the agenda for the target expert committee meeting.
Budget impact model and reports	Sponsors will strongly be encouraged to file the budget impact model and reports as part of the initial application package. Sequential filing of this information will only be permitted if the sponsor provides clear rationale (e.g., data to inform treatment duration is pending from a clinical study).	
Clinical information	In general, all clinical and administrative requirements should be filed with the initial application package. This includes, but is not limited to: • pivotal clinical data • comparative evidence (direct or indirect comparison[s]) • studies addressing gaps in the clinical evidence.	Without the key clinical information, the CDA-AMC review cannot commence in a meaningful way (e.g., there are insufficient data to review, and engagement with clinical specialists cannot occur until this clinical information is available).

CDA-AMC = Canada's Drug Agency; NOC = Notice of Compliance.

4.1.2 Application Phase

Sponsors who are interested in participating in the rolling submission pilot must proactively notify CDA-AMC and receive confirmation of eligibility before submitting their advance notification for the pending application. Those interested in the rolling submission pilot must complete the application form and submit to CDA-AMC using the *Pharmaceutical Submissions* SharePoint site. Before issuing a decision regarding eligibility, we may require that the sponsor participate in a presubmission meeting to allow for more in-depth discussion on the application.

4.1.3 Screening Phase

CDA-AMC will examine the sponsor's application and confirm whether the drug under review meets the eligibility criteria for the rolling submission process, based on the considerations outlined in Table 3. CDA-AMC will notify sponsors within 10 business days of filing the rolling submission application form. The sponsor will be informed if additional time is required to screen the rolling submission application.

Drugs that are not eligible to be considered through the rolling submission process would be screened and accepted according to the existing Reimbursement Review procedures. Any sponsors who disagree with the eligibility decision should contact CDA-AMC (requests@cda-amc.ca) with complete details regarding why the sponsor believes the incorrect decision was made. CDA-AMC will work with these sponsors on a case-by-case basis to clarify or revise the eligible decision as required.

4.1.4 Target Time Frames

As with all Reimbursement Reviews, the key targeted time frames and the status for rolling submissions will be posted on the project webpage. The review timelines will be determined on a case-by-case basis and will depend on the complexity of the economic submission and the timeline for filing the information. Depending on the volume or complexity of the material filed by the sponsor after acceptance for review (i.e., the updated or finalized information submitted as part of the rolling submission process), an extension of the review time frame may be required. The sponsor will be notified of any extensions, as well as the reasons for the extensions. To minimize the risk of extending the review timelines, it is important that sponsor clearly communicate their plan to file additional information during the review and avoid substantial revisions to the economic model.

CDA-AMC will strive to deliver the draft recommendation in accordance with the performance metrics outlined in the *Fee Schedule for Pharmaceutical Reviews* (i.e., ≤ 180 calendar days from the date the file is accepted for review to the date the draft recommendation is issued to the sponsor and drug programs). However, as the application materials will be filed sequentially for a rolling submission, the sponsor will be required to waive the performance metric for any application filed through the rolling submission process. This is required because extensions to the review timelines may be necessary for reasons that outside the control of CDA-AMC. The existing Reimbursement Review procedures for temporary suspension and withdrawal of applications will also apply for rolling submissions.

4.1.5 Review Phase

The review of applications filed through the rolling submission process will be conducted in the same manner as other applications but using a customized project schedule to reflect the sequential filing and review of application materials. The draft review reports will not be sent to the sponsor until all outstanding application materials have been filed and reviewed by the sponsor (except for documentation that is awaiting finalization through the regulatory review process [e.g., final product monograph]).

4.1.6 Recommendation Phase

Applications that are accepted for review through the rolling submission pilot will only be placed on the agenda when the sponsor has filed all outstanding application requirements (except for documentation that is awaiting finalization through the regulatory review process). The recommendation will be issued by the existing drug expert committees (i.e., CDEC or pERC, as applicable). Draft recommendations will be posted for feedback in accordance with the existing Reimbursement Review procedures.

4.1.7 Evaluation of the Pilot

We will evaluate the rolling submission pilot after 1 to 2 years to ensure it is having the intended impact. We will continue to engage with industry members throughout the pilot to seek opportunities for greater clarity and identify additional opportunities where the process can further the objectives of the Target Zero initiative.

4.2 Proposed Minor Expansion of Time-Limited Recommendations to Resubmissions

CDA-AMC is proposing to expand the existing eligibility criteria for time-limited reimbursement recommendations to include resubmissions of drugs that were previously reviewed by CDA-AMC before the implementation of the time-limited recommendation process. The intent of this proposal is to provide fairness to files that may have otherwise met the existing criteria for time-limited recommendations but were reviewed before September 2023. To be eligible for consideration, the proposed application would be required to meet all of the current eligibility criteria described in section 2.6 of the Procedures for Reimbursement Reviews document.

5. Checkpoints With Sponsors Throughout the Drug Reimbursement Review Process

Checkpoints between a drug sponsor and CDA-AMC are fundamental to maintaining a review process that is efficient and transparent, and meets the needs of all parties. The changes we are proposing to improve our engagement with sponsors span the end-to-end Reimbursement Review process and will help clarify expectations, enhance the quality of our reviews, improve our timeliness, and increase transparency. The goals of these procedural revisions to introduce new optional industry checkpoints are as follows:

- improving the utility of presubmission meetings
- optimizing attendance for the presentation of key clinical and economic evidence
- introducing new in-review meetings that will be offered to support timely resolution of submission-related issues that arise during the review phase
- introducing new standardized postsubmission meetings for selected files.

What Is Changing?

- Procedures will contain greater clarity on the scope and suggested attendance for each checkpoint with industry.
- The current presubmission meeting format will be split into 2 separate meetings: 1 to resolve questions regarding application requirements and/or review procedures, and 1 for the sponsor to present their clinical and economic evidence to the CDA-AMC review team.
- The in-review meeting process will be formalized.
- Meetings that are held after a final *do not reimburse* recommendation has been issued, to debrief on the Reimbursement Review process and discuss opportunities for a resubmission or reassessment, will be standardized.

- There will be a new online tool to book meetings with CDA-AMC.

What Is Staying the Same?

- The format for pipeline meetings and reconsiderations remains unchanged.
- Required briefing materials and slides for presentation of the sponsor's clinical and economic evidence will be largely unchanged.
- There will still be opportunities for ad hoc meetings with the sponsor (if required).

Table 4: Proposed Checkpoints With Industry

Meeting type	Time frame	Duration	Purpose	Eligibility	Attendance
Presubmission meeting	Any time within 12 months of the target date of filing the application	30 to 45 minutes	Opportunity to address questions concerning: • procedures • application requirements • review complexity • requests for deviation • content of clinical submission template	Case-by-case allowance depending on the nature of the question (e.g., does it require dialogue or would an email or letter be sufficient)	• CDA-AMC advisors for methods, procedures, and process • Sponsor contacts and consultants (as required)
Evidence presentation	Within 5 to 20 business days after filing the application	30 to 45 minutes	Opportunity for sponsor to present key clinical and economic evidence Opportunity for sponsor to address questions concerning: • proposed place in therapy • clinical and pharmacoeconomic evidence • diagnostic and other testing requirements • implementation considerations	Offered for all standard and complex reviews Not offered for tailored reviews	• CDA-AMC review team • Public drug programs (optional) • Sponsor contacts and consultants (as required) • Sponsor-invited clinical experts
In-review meeting	Maximum of 1 meeting any time between acceptance for	30 minutes	Opportunity to resolve submission-related issues that arise during the	• Clarifications regarding procedures	• Attendees for CDA-AMC will be determined based on the

Meeting type	Time frame	Duration	Purpose	Eligibility	Attendance
	review and issuance of the draft recommendation		review in a timely manner	• Clarification of target population(s) • Impact of revised dosages • Lack of agreement regarding inclusion of other evidence • Issues that preclude a CDA-AMC base case • Suspensions • Sponsor has updated data	objective of the meeting • Sponsor contacts and consultants (as required)
Reconsideration meeting	Within 20 business days of accepting the reconsideration request	1 hour	Opportunity to elaborate on the issues that were raised in the request for reconsideration	• Requests for reconsideration from the sponsor • Not offered for jurisdictional requests for reconsideration	• CDA-AMC review managers • Sponsor contacts and consultants (as required) • Sponsor-invited clinical experts
Postsubmission meeting	Within 2 months of the final recommendation being posted on the CDA-AMC website	30 minutes	Opportunity to discuss and elaborate on the rationale and potential future avenues for resubmissions or reassessments for a *do not reimburse* recommendation or for reimbursement conditions	Case-by-case assessment depending on the complexity of the sponsor's questions	• Attendees for CDA-AMC will be determined based on the objective of the meeting. • Sponsor contacts and consultants (as required)

CDA-AMC = Canada's Drug Agency.

5.1 New Presubmission Meeting Format and Purpose

Presubmission meetings are currently offered to all sponsors with pending Reimbursement Review applications. We have evaluated the utility of these meetings and identified that the current structure has the following limitations:

- The current meetings contain a blend of questions related to procedures, processes, and application requirements, as well as an overview of the clinical and economic evidence. This dual purpose creates time pressures and scenarios where attendance is not optimal (e.g., the sponsor's invited clinical expert may be required to observe extensive discussion on process or economic requirements before the discussion on the clinical data).
- The presubmission meetings typically occur before the sponsor has provided formal advance notification; therefore, the review does not yet have a dedicated review team assigned to the file (e.g., those attending and participating in the discussion may not ultimately be involved in the project once it initiates). Recordings are available, but we believe the engagement during these meetings could be improved by ensuring sponsors discuss the evidence with the review team directly.

We are proposing that the topics currently addressed in presubmission meetings be separated to allow for more focused agendas and optimized attendance. The new presubmission meeting format would be focused on discussion and resolution of procedural questions regarding the pending application (e.g., clarification of application requirements, assignment of review complexity, acceptability of proposed deviations from the pharmacoeconomic requirements). These meetings would occur prior to the application being filed and would be arranged only when required (i.e., the sponsor is seeking guidance and we require dialogue to reach a decision on the issue).

5.2 New Evidence Presentation Meeting

We are proposing a new **evidence presentation meeting** focused on the sponsor's presentation and discussion of the clinical and economic evidence. These meetings would be held shortly after the application has been received by CDA-AMC. This approach offers several important advantages: the attendance is optimized as all participants will be directly involved in the project and the time with the invited clinical experts will be maximized to focus exclusively on the evidence and place in therapy (i.e., procedural matters will now be managed in the presubmission meeting). CDA-AMC staff may pose questions to the sponsors and invited clinical experts throughout the discussion. As the review will only be in the initiation phase, the review team will not be a position to address questions from the sponsor regarding the review.

5.3 New In-Review Meeting

In June 2023, CDA-AMC announced a series of process improvements, including investigating opportunities for meetings with sponsors during the review process. Since this announcement, CDA-AMC has been engaging in meetings with sponsors throughout the review process to learn how these meetings can be beneficial and when they represent an effective use of resources. The objective of these meetings will be to provide an opportunity for CDA-AMC and the sponsor to resolve submission-related issues that arise during the review in a timely manner. Based on initial experiences, we are proposing that in-review meetings be offered in accordance with the following scenarios:

What Is in Scope for an In-Review Meeting?

Acceptable meeting topics should focus on issues related to:

- clarifications regarding interpretation and application of CDA-AMC procedures in response to issues that arise during a review (e.g., revised regulatory timelines, sponsor has new information regarding the product)
- clarification of the patient populations identified by the approved or anticipated indication
- discussion on the impact of revisions to the approved dosage regimens (i.e., differences between the information in the draft and final product monographs)
- lack of agreement between CDA-AMC and the sponsor regarding the inclusion of other evidence in the review
- important limitations identified with the sponsor's economic evaluation (e.g., issues that may preclude the generation of a CDA-AMC base case)
- temporary suspensions due to incomplete information and/or delays with the regulatory review timeline.

What Is Out of Scope for an In-Review Meeting?

The following topics will not be discussed during in-review meetings:

- CDA-AMC interpretation of the evidence
- CDA-AMC appraisal of the evidence
- direction or speculation regarding the expert committee recommendation
- questions related to the threshold used for issuing guidance on price reduction scenarios
- questions related to parametric functions used for extrapolation
- questions related to scientific methods used to derive the CDA-AMC base case.

5.4 Reconsideration Meeting

CDA-AMC currently offers these meetings in situations where the sponsor has filed a request for reconsideration. We are not proposing any revisions to the process and procedures for these meetings.

5.5 New Postsubmission Meetings

Sponsors often request meetings with CDA-AMC to discuss the recommendation in situations where our expert committees have recommended that a drug not be reimbursed or have included reimbursement conditions that may narrow the patient population in comparison with the indication approved by Health Canada. CDA-AMC makes an effort to accommodate these meetings, but we have found that the process would be improved with a standardized approach for requesting these meetings and providing briefing materials in advance of the discussion. These meetings are intended to discuss procedural matters and are not intended to discuss the evidence submitted by the sponsor or the conclusions from the expert committee meeting. A representative from our Scientific Advice program may attend the meeting to discuss opportunities for advice on developing evidence to support a resubmission to CDA-AMC.

6. Application Requirements for Sponsor Submissions

6.1 Streamlining Application Requirements

CDA-AMC communicated in June 2023 that we were examining opportunities to streamline review requirements for certain drug products. To advance the objectives of Target Zero, we have been examining opportunities to remove, reduce, or replace the need for administrative, clinical, and economic requirements.

Table lists current application requirements that CDA-AMC proposes can be removed from the Reimbursement Review process. These documents have been identified as offering little value in the review process and their removal will reduce the administrative burden for sponsors (as well as CDA-AMC staff who are required to screen the documents for acceptability). These revisions are intended to be a first step toward streamlining our application requirements to increase alignment with other HTA agencies and help increase uptake of the pre-NOC submission pathway.

Table 5: Proposed List of Discontinued Applications Requirements

Requirement	Rationale for removing
Signed cover letter	The application overview is a more informative document, and the cover letter duplicates information that is outlined in other application documents.
Copy of NOC or NOC/c	The copy of the NOC or NOC/c issued to the sponsor by Health Canada is not used by CDA-AMC (we only require the final product monograph to complete our review process).
Common Technical Document section 2.7.1	Section 2.7.1 is not routinely used by CDA-AMC (only sections 2.5, 2.7.3, and 2.7.4 are typically required to complete our review process).
Editorial articles and reference list of editorial articles	Editorial articles are not commonly used in the CDA-AMC review process.
New data folder and reference list	This information is typically duplicative and already reported in other folders within the application.
Disease prevalence and incidence	This information is already included in the clinical submission template and within the budget impact analysis report.
Patients accessing a new drug	This information is not routinely used by CDA-AMC.

CDA-AMC = Canada's Drug Agency; NOC = Notice of Compliance; NOC/c = Notice of Compliance with Conditions.

6.2 Indirect Treatment Comparisons and Individual Patient Data–Based Comparisons

Indirect treatment comparisons (e.g., network meta-analyses, matching-adjusted indirect comparisons, and analyses using the Bucher method) and studies using individual patient data (IPD) from an external source to compare with trial data (referred to here as IPD-based comparisons) are often submitted to provide comparisons between the drug under review and relevant comparators when direct trial evidence is unavailable for standard and complex reviews. By default, CDA-AMC typically will allow sponsors to submit 1 of these comparisons for a given combination of patient population, comparator, and end point. The aim is to minimize the submission of redundant comparisons while providing sponsors flexibility to submit the analyses they consider most likely to provide valid effect estimates. Sponsors that wish to provide additional

comparisons for a given combination of patient population, comparator, and end point will need to consult with CDA-AMC during the presubmission phase.

6.3 Proposed Reimbursement Conditions

Recommendation reports for drugs with a *reimburse with conditions* recommendation include a table that specifies conditions related to the initiation of the treatment (e.g., patient characteristics), renewal and discontinuation criteria (e.g., evaluation of response), and prescribing conditions (e.g., required specialist prescribing), generally referred to as Table 1 in these reports. To provide greater clarity on the sponsor's reimbursement request, we are proposing that sponsors submit their own detailed proposals for reimbursement conditions, which can be discussed with clinical specialists during the review phase and referenced by the expert committee during their deliberations. As with the current submission process, the sponsor's requested reimbursement conditions would be considered by the expert committee, but there will be no expectations that those conditions will be adopted by the expert committee.

6.4 Clinical Expert Suggestions

All Reimbursement Review teams include at least 1 clinical specialist with expertise in the diagnosis and management of the condition for which the drug is indicated. Clinical experts are a critical part of the review team and are involved in all phases of the review process (e.g., assisting in the critical appraisal of clinical evidence, interpreting the clinical relevance of the results, and providing guidance on the potential place in therapy). In addition, the clinical experts are invited to attend expert committee meetings to address any questions raised by the committee. We often receive questions from interested parties as to the specialty and expertise of clinical experts who participate in our review process. To preserve confidentiality, we do not disclose the identity of our clinical experts to the public. However, in the spirit of partnership, we would like to work with sponsors on ensuring that we capture appropriate representation of clinical expertise across Canada. Therefore, we are proposing that, as part of a submission dossier, a sponsor will provide us with a list of suggested clinical experts (and their contact information). We will commit to trying to engage with 1 of the clinical experts provided on the list for the review (schedules and conditions [e.g., compliance with conflicts of interest guidance] permitting).

6.5 Citing Clinical Study Report Data in the Sponsor Summary of Clinical Evidence

In the current Sponsor Summary of Clinical Evidence template, data tables are to be accompanied by a footnote indicating the data source, as follows: "For all tables reporting information from included studies, indicate data source including citation. Data should reflect the results reported in the Clinical Study Report(s) whenever possible." To facilitate the review process, CDA-AMC proposes to add a requirement that when the source is a Clinical Study Report the footnote must also include the corresponding table number from the Clinical Study Report.

6.6 Declining to File a Reimbursement Review Submission

The procedures for confirming scenarios where a sponsor has declined to file a submission with CDA-AMC following a formal request on behalf of the jurisdiction requires a response within 30 business days. Since this

process was initially introduced, CDA-AMC has introduced a nonsponsored review process for selected files and there is interest in receiving more timely responses from industry to expedite the prioritization and initiation of new nonsponsored review projects. As such, CDA-AMC will be revising the deadline for industry responses from 30 business days to 15 business days.

- **Current process:** The manufacturer will have **30 business days** to respond to the letter indicating whether it is planning to file a submission for the drug, as well as its anticipated timelines if it is choosing to submit.
- **Proposed revision:** The manufacturer will have **15 business days** to respond to the letter indicating whether it is planning to file a submission for the drug, as well as its anticipated timelines if it is choosing to submit.

6.7 New Consolidated Eligibility Inquiry Form

In keeping with our efforts to simplify our application and submission processes, we are planning to consolidate the following forms into a single inquiry form:

- General eligibility inquiries (i.e., for sponsors seeking guidance on whether a product is eligible for the Reimbursement Review process)
- Eligibility for the complex review process **(new)**
- Eligibility for the tailored review process **(updated)**
- Eligibility for a time-limited reimbursement recommendation
- Eligibility for a resubmission or reassessment
- Requests for deviation from the pharmacoeconomic requirements **(updated)**
- Eligibility for the rolling submission pilot process **(new)**
- Eligibility for a testing procedure assessment **(new)**
- inquiries regarding application splitting and/or multiple application fees **(new)**

In addition to consolidating these forms, we are proposing to add additional clarity regarding requests for deviation from the pharmacoeconomic requirements, as well as collecting information about any testing procedure associated with the drug. These revisions are intended to reduce the overall administrative burden on sponsors who have inquiries in the presubmission phase. Refer to the new Consolidated Eligibility Inquiry form.