

**Generic Pricing Confirmation Form - Tiered Pricing Framework**

Manufacturer Name:	
Contact Name:	
Telephone:	
Email:	
Date Submitted:	

<b>For jurisdictions that <u>reference Ontario Brand Prices:</u></b>	BC	AB	SK	MB	ON	NB <sup>1</sup>	NS	PE	NL
	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sections to be completed by the product manufacturer					Sections to be completed by pCPA				
Product Name	Type	Strength	DIN	Submitted Unit Price	Brand Unit Price	Number of Competitors*	Tier **	% of Brand	Calculated Unit Price***
				\$					\$ -
				\$					\$ -
				\$					\$ -
				\$					\$ -

<b>For jurisdictions that <u>do NOT reference Ontario Brand Prices:</u></b>	BC	AB	SK	MB	ON	NB	NS	PE	NL
	Yes	No	No	No	No	No	No	No	No

Sections to be completed by the product manufacturer					Sections to be completed by pCPA				
Product Name	Type	Strength	DIN	Submitted Unit Price	Brand Unit Price	Number of Competitors*	Tier **	% of Brand	Calculated Unit Price***
				\$					\$ -
				\$					\$ -
				\$					\$ -
				\$					\$ -

\* "Competitor" is defined as a product that is being marketed in any jurisdiction in Canada.

\*\*Pricing Tiers

Tier 1 (Single Source/One generic @ 85% of brand reference price) - PT will confirm if a Brand PLA exists; then Tier 1 drops to 75%

Tier 2 (Dual Source/Two generics @ 50% of brand reference price)

Tier 3 (Multi Source/Three or more generics @ 25% of brand reference price) - oral solids or modified release drugs

Tier 3 (Multi Source/Three or more generics @ 35% of brand reference price) - non-oral solids

\*\*\*The Calculated Unit Price reflects the price as calculated based on the applicable Pricing Tier.

<sup>1</sup>New Brunswick cannot accept a submitted unit price that is higher than the listed unit price in any other jurisdiction in Canada.

**Tiered Pricing Framework Principles and Expectations**

Manufacturers and Provinces and Territories (PTs) are expected to utilize the Generic Pricing Confirmation Form following the principles of the Tiered Pricing Framework. Pricing confirmations exceeding the pricing set out in the applicable Pricing Tier may not be assessed under this Price Confirmation Process.

**Price Confirmation Terms and Conditions:**

- 1 The manufacturer confirms that it is currently able to supply at least one participating PT the above mentioned product in a quantity sufficient to meet the anticipated demand for this product. PTs may undertake to confirm supply. The manufacturer will advise jurisdictions within 5 business days should it anticipate a supply disruption for this product. Failure to do so will invalidate this submission form and may result in the delisting of the product.
- 2 PTs may have additional submission requirements (e.g. other forms) that are required to be completed and submitted as part of a complete submissions package. Manufacturers will be required to conform to such requirements.
- 3 In the event that the manufacturer's Submitted Unit Price exceeds the pCPA's Calculated Unit Price in either table above, the manufacturer will have the opportunity to review and accept the pCPA's Calculated Unit Price. The reduced Unit Price will be equal to and no greater than the pCPA's Calculated Unit Price for the applicable Pricing Tier.
- 4 In the event that the number of competitors increases resulting in a change in the applicable Pricing Tier the manufacturer will have the opportunity to review and accept the pCPA's Calculated Unit Price at the new Pricing Tier.
- 5 The manufacturer expressly acknowledges and agrees that the PTs will have the sole discretion of determining the appropriate Calculated Unit Price and the Pricing Tier based on the agreed definition of "competitor". The manufacturer will have the opportunity to review and accept the pCPA's Calculated Unit Price.
- 6 By signing this form, the manufacturer acknowledges and agrees that the PTs have sole discretion over the final coverage decision of the product(s) listed within this form and does not guarantee Formulary Listing. Furthermore, the manufacturer agrees and acknowledges that the Tiered Pricing Framework will not supersede existing PT legislation and/or policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE pCPA**

Date Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

Submission Form Complete

Pricing is determined to be compliant with the Framework

Forwarded to Participating PTs