Patented Medicine Prices Review Board

PMPRB NEWSletter

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July 2003

Inside...

Board Members

The Patented Medicine Prices Review Board is a quasi-judicial tribunal with the mandate to ensure that manufacturers' prices of patented medicines sold in Canada are not excessive.

Since our last issue...

Here are some of the key events which occurred since April 2003.

May 15:	Dr. Elgie and Wayne Critchley met with The Commonwealth Fund's 2002-2003 Harkness Fellows in Health Care Policy and the Canadian Harkness Associates to discuss challenges and opportunities that the Canadian health care system is currently facing. More information on The Commonwealth Fund and the Harkness Fellows is available at http://www.cmwf.org.
June 10 & 19:	Board Staff met with the Coordinator, Economic Evaluation of Patented Drugs, Office for Economic Regulation and Market Monitoring, Brazilian Health Agency.
June 16:	Release of the 2002 Annual Report.
June 18:	Release of *A Study of the Prices of the Top Selling Multiple Source Medicines in Canada*, prepared by the PMPRB for the Federal/Provincial/ Territorial Working Group on Drug Prices.
June 19:	Wayne Critchley and Sylvie Dupont met with the Counsellor for Health and Welfare, Royal Netherlands Embassy (Washington, D.C.)

Human Drug Advisory Panel: Goodbye and Welcome!

Earlier this year, the PMPRB bid farewell to Dr. Neil Shear as a member of the Human Drug Advisory Panel HADP). We want to take this opportunity to thank Dr. Shear for his expert advice and invaluable contribution to the scientific review of new patented drugs over the years. Our very best wishes of success accompany him in his future endeavours.

The mandate of the Human Drug Advisory Panel is to provide credible, independent and expert scientific advice to the PMPRB respecting the development and application of the PMPRB Guidelines related to the scientific evaluation of patented medicines.

We are pleased to welcome Dr. Mitchell Levine as member of the HDAP. Dr. Levine is a Professor in the Department of Clinical Epidemiology and Biostatistics, with a cross appointment in the Department of Medicine with the Faculty of Health Sciences at McMaster University. He is also Director of the Centre for Evaluation of Medicines at the Father Sean O'Sullivan Research Centre at the St.Joseph's Healthcare in Hamilton. Dr. Levine brings extensive experience in drug evaluation and therapeutic assessment to the HDAP. We look forward to his input in the scientific review of new patented medicines. ■

Congratulations!

The PMPRB is pleased to announce that ***Martine Richard*** has been appointed as Senior Counsel. Ms. Richard has been with the PMPRB since August 2001 on an Interchange Canada assignment. She was previously a partner with the law firm Borden, Ladner, Gervais in Ottawa. Ms. Richard is a graduate of the Université de Moncton (LL.B., 1987) and Université Laval (B.A., M.A.) and a member of the Law Society of Upper Canada.

Lovdy Ann Desjardins, Records Manager & Library Services for the PMPRB, has been awarded the "ARMA Chapter Member of the Year Award." This award, sponsored by ARMA International (Association of Records Managers and Administrators, Inc), was established to specifically recognize the most outstanding member in each Chapter of the year for their participation in and contribution to the Chapter's activities. ■

Robert G. Elgie, Chairperson

Message from the Chair

Our Annual Report for 2002, released in mid-June, shows that patented drugs accounted for 67.4% of total sales of medicines, up from 45.0% in 1996. Sales by manufacturers of pharmaceuticals in Canada increased by 13.9% to $13.1 billion, while sales of patented drugs increased by 17.3% to $8.8 billion.

In 2002, the prices of existing patented drugs, subject to the PMPRB's Guidelines, fell by 1.2% from 2001. However, Canadian prices were 1% higher than the median of foreign prices in 2002. This represents a change from 1995 to 2001 when Canadian prices, on average, were 5% to 12% below median foreign prices. There are several factors that could explain the change in relationship of Canadian to foreign prices for patented drugs, such as the impact of changes in the exchange rate, the differences in price trends in domestic currencies from one country to another, and whether changes have occurred in the relationship of the prices of the new drugs at the time of introduction over the past few years. We will investigate these factors over the coming months.

A total of 94 new patented drug products for human use were reported to the PMPRB in 2002, including 24 New Active Substances (NASs). As of March 31, 2003, the prices of 46 products had been found to be within the Guidelines while 12 were under investigation at the end of the year. Pursuant to our transparency initiative, we publish summary reports on the review of NASs by Board Staff for purposes of applying the Guidelines in our quarterly NEWSletter and on our website. You can read the report on Pariet in this current issue.

Among the enforcement activities we reported was the Voluntary Compliance Undertaking by Schering Canada Inc. to lower the price of Remicade by approximately 20% effective April 1, 2003, and to offset $7.8 million in excess revenues.

Patentees reported total R&D expenditures of $1.18 billion in 2002, an increase of 11.6% over 2001. The overall R&D-to-sales ratio for all patentees remained at 9.9%, unchanged from 2001. The R&D-to-sales ratio for members of Canada's Research Based Pharmaceutical Companies, Rx&D, declined from 10.6% in 2001 to 10.0% in 2002.

We will continue our work on the National Prescription Drug Utilization Information System (NPDUIS) and on price review timelines with the objective of better coordinating the timing of our price review process with other pharmaceutical management programs such as the Common Drug Review (CDR). As well, we are pursuing the other activities on our Research Agenda, with continued emphasis on consultation.

We invite you to read our Annual Report and consult our website for more information on our activities and we look forward to receiving your comments. ■

Robert G. Elgie,
Chairperson

Senior Staff

Executive Director:
Wayne Critchley

Secretary of the Board:
Sylvie Dupont

Director of Policy and Economic Analysis:
Ronald Corvari

Director of Compliance and Enforcement:
Ginette Tognet

Director of Corporate Services:
Robert Sauvé

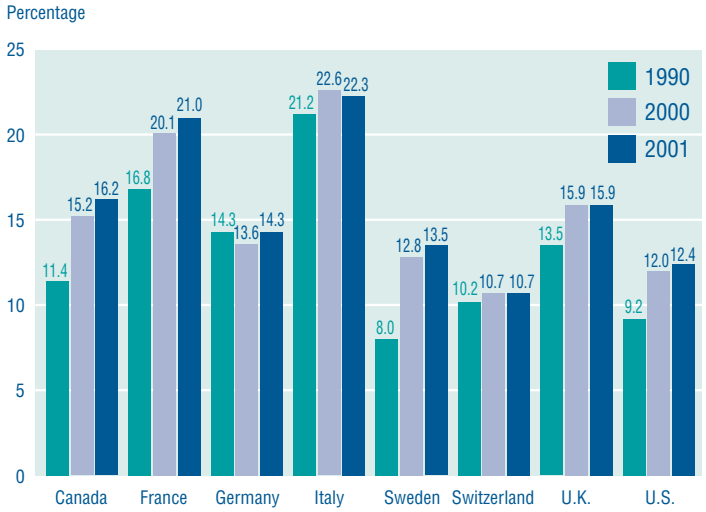
Senior Counsel:
Martine Richard

OECD Report on Pharmaceutical Expenditure

In June 2003, the Organization for Economic Co-Operation and Development (OECD) released its annual update of health system statistics for developed countries, for the year 2001. In our July 2002 NEWSletter, we reported the key trends in pharmaceutical expenditure for the years 1990 and 2000. The figures below also show pharmaceutical expenditure for 2001 as reported in the 2003 version of the OECD's healthcare database. (This summary is limited to data for Canada and the seven countries used by the PMPRB in international price comparisons.)

The complete database can be ordered from OECD at www.oecd.org. Several tables from the database, including all of the information reported in this NEWSletter, can be accessed without charge at the same address.

Figure 1 — Pharmaceutical Expenditure as a Share of Total Healthcare Expenditure



The OECD defines "pharmaceutical expenditure" as "total expenditure on pharmaceutical and other medical non-durables." This comprises "medical preparations, branded and generic medicines, drugs, patent medicines, serums, and vaccines, vitamins and minerals and oral contraceptives." It also includes non-pharmaceutical items such as toothpaste and condoms. The statistics reported encompass expenditure by both private and public sectors. Pharmaceutical expenditure may or may not include the value of drugs dispensed in hospitals, depending on the country.

In reporting results for Canada, the OECD uses estimates of the Canadian Institute for Health Information (CIHI) for both pharmaceutical expenditure and total healthcare expenditure. CIHI's estimates of pharmaceutical expenditure represent retail expenditure on prescribed and non-prescribed drugs and personal health supplies. They do not include the value of drugs dispensed by hospitals.

Figure 1 shows pharmaceutical expenditure as a share of total health expenditure for the years 1990, 2000 and 2001.

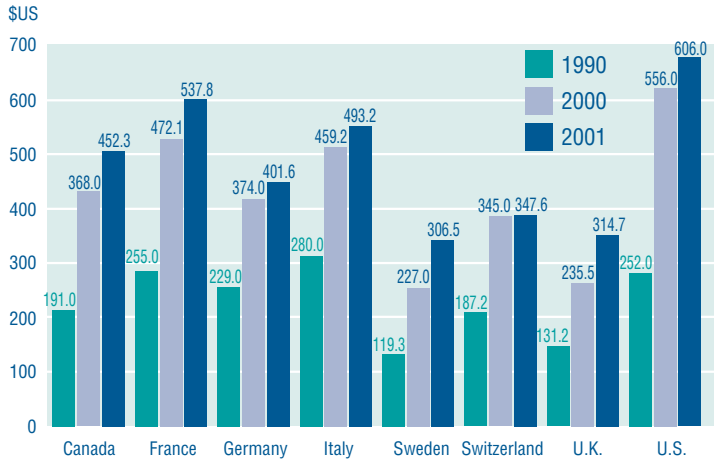
Pharmaceutical expenditure accounted for 16.2% of total healthcare expenditure in Canada in 2001, up from 15.2% in 2000 and 11.4 % in 1990. Similar increases have occurred in France, Sweden and the U.S. In contrast, the share of pharmaceuticals has varied little in Germany, Italy and Switzerland. Shares range widely among the countries represented in Figure 1, from 10.7% in Switzerland to 22.3% in Italy. Canada's share puts it near the middle of this range.

Figure 2 gives pharmaceutical expenditure as a percentage of the Gross Domestic Product (GDP). All countries spent substantially more of their national income on drugs in 2001 than they had in 1990, and all have seen increases relative to 2000. Canada's ratio, at 1.6%, remains well within the range of values reported for the other countries. At the upper end, Italy and France reported ratios of 1.9% and 2.0%, respectively, even though these countries enjoy relatively low prices for patented drugs (PMPRB, Annual Report, 2002, p.23.) Canadians allocate only slightly less of their national income to purchasing drugs than residents of the U.S.

Figure 2 — Pharmaceutical Expenditure as a Share of GDP

Figure 3 shows pharmaceutical expenditure per capita. (Note that all values in this Figure are given in US dollars, converted at OECD's Purchasing Power Parity exchange rates.) Canadian per capita pharmaceutical spending more than doubled between 1990 and 2001 and rose by about 17% between 2000 and 2001. Most other countries saw similar increases. As a result, per capita spending in Canada continued to be the mid-range of all countries in 2001. ■

Figure 3 — Pharmaceutical Expenditure Per Capita



PMPRB Study for the Federal/Provincial/ Territorial Working Group on Drug Prices

PMPRB

Since 1998, the PMPRB has conducted a series of studies on behalf of the Federal/Provincial/ Territorial Working Group on Drug Prices, under a Memorandum of Understanding with the Minister of Health. The study on the prices of top selling multiple source medicines in Canada is the last of the series and was approved for release in June by the F/P/T Deputy Ministers of Health.

This study is available on our website under Other Publications; Study Series; F/P/T Reports.

Top Selling Multiple Source Medicines in Canada, 1996-2001

Multiple source medicines are those produced and sold by more than one manufacturer. These medicines are bioequivalent and have the same active chemical ingredient, dosage form, strength and route of administration. Ordinarily, the suppliers of a multiple source medicine include the originator brand name manufacturer and one or more generic manufacturers.

The Multiple Source study determined that on average, prices of the top selling generic drugs in Canada were 35.5% lower than the prices of the chemically equivalent brand name drugs in 2000. The spread between generic and equivalent brand name drug prices varied depending on the number of generic versions of the drug available, rising from about 25% when there were one to three generic versions on the market to 45% when there were four or five generic sources. Study results confirmed that reimbursed prices for multiple source drugs tend to be similar across Canada.

The study also compared prices of multiple source drugs in Canada to prices in nine other industrialized countries, including the seven countries used by the PMPRB for purposes of reviewing the prices of patented medicines – France, Germany, Italy, Sweden, Switzerland, the U.K. and the U.S. – plus Australia and New Zealand. The study determined that on average Canadian prices, both brand name and generic, exceeded prices in most of the other countries. Canadian prices for generic drugs exceeded the median price among the nine other countries by 21% to 51%, the results depending on the source of U.S. price information. When the U.S. was excluded altogether, this difference was 49%. Prices of brand name multiple source drugs were higher in Canada than in most other countries. On average, Canadian prices for the top selling brand name multiple source drugs were 39% to 42% higher than the median of prices among the comparator countries, this difference rising to 54% with the exclusion of U.S. prices. Limiting the analysis to countries considered by the PMPRB in price review produced similar results: prices of brand name multiple source drugs in Canada exceeded the median of foreign prices by 28% to 33%. By comparison, prices for patented drugs in Canada were on average 8% below median prices in 2000 and 5% below in 2001.

Bilateral comparisons told a similar story. German prices of multiple source products were on average 24% less than corresponding Canadian prices, U.K. prices 26% less, Australian prices 32% less and New Zealand prices 68% less. Among the countries examined, only prices in Switzerland seemed somewhat higher than their Canadian counterparts, by 10%. ■

Rationale for New Drug Products Identified as Breakthrough or Substantial Improvement

The 2002 Annual Report included update information on the categorization of a number of drug products introduced prior to 2002. Some of these were category 2 medicines.

The PMPRB categorizes new patented drug products for price review purposes. An independent panel of experts, the Human Drug Advisory Panel (HDAP), reviews submissions by patentees and the available scientific evidence in order to make recommendations as to whether a drug product meets the criteria to be classified as breakthrough or substantial improvement (category 2 new medicine). The categorization of a drug does not represent an endorsement by the PMPRB.

Starting in 2002, a summary report of the results of the price review is being prepared for all new active substances including category 2 drug products. Prior to 2002, the PMPRB provided information on the rationale for new drug products identified as breakthrough or substantial improvements.

The introductory prices of these drugs were reviewed and found to be within the Guidelines. The prices of patented drugs are reviewed annually to ensure they remain within the Guidelines.

Remicade (infliximab, Schering Canada Inc.)

Date of first sale:	June 2001
DIN	02244016
ATC	L04AA12

Remicade is indicated for use in the treatment of severe, active Crohn's disease, in the treatment of fistulizing Crohn's disease, and in the treatment of signs and symptoms of moderately to severely active rheumatoid arthritis.

The HDAP recommended a category 2 for Remicade as there are no alternative therapies available that address Crohn's disease in the same manner and show the same efficacy as Remicade. It represents the first product to be sold in Canada that addresses effectively the treatment of Crohn's disease.

As a result of proceedings commenced in 2002, the PMPRB approved a Voluntary Compliance Undertaking (VCU) by Schering Canada Inc. to lower the price of Remicade April 1, 2003.

The Remicade VCU is available on our website under Other Publications; VCU, ... ; Hearings; Remicade.

Thyrogen (thyrotropin alfa, Genzyme Canada Inc.)

Date of first sale:	February 2000
DIN	02246016
ATC	V04CJ01

Thyrogen is indicated for use as a diagnostic tool for serum thyroglobulin testing in the follow-up of patients with thyroid cancer.

The HDAP recommended a category 2 for Thyrogen because it is the first product to be sold in Canada that treats effectively a particular illness or addresses effectively a particular indication. Thyrogen offers an alternative which does not require relying on thyroid hormone withdrawal to create the necessary thyroid stimulating hormone (TSH) elevations required for the monitoring tests. Patients are maintained on thyroid hormone replacement and the TSH elevations are achieved by administering Thyrogen. Thyrogen represents a meaningful advance in the management of the patient with well-differentiated thyroid carcinoma. The administration of Thyrogen will prevent adverse and often debilitating effects associated with thyroid hormone withdrawal.

Botox (botulinum toxin type A, Allergan Inc.)

Date of first sale: 1990

In most cases, patents are issued before the drugs come to market. In this case, the first patent pertaining to Botox was issued after it was first sold. Botox came under the PMPRB's jurisdiction in 2000.

DIN	01981501
ATC	M03AX01

Botox has a number of indications. It is used in the treatment of spasmodic torticollis in adults, blepharospasm associated with dystonia, strabismus, equinus foot deformity, hyperhidrosis of the axilla, and in the management of focal spasticity.

The HDAP recommended that Botox be classified a category 2 new medicine because, at the time of introduction in 1990, it represented the first and only effective medicine for the treatment of strabismus. Today, Botox remains the only option for strabismus, and it is also the only effective drug product in the treatment of equinus foot deformity.

Octreoscan (indium In 111 penetetreotide, Brystol-Myers Squibb Pharmaceutical Group)

Date of first sale: 1996

In most cases, patents are issued before the drugs come to market. In this case, the first patent pertaining to Octreoscan was issued on February 22, 2000 and it came under the PMPRB's jurisdiction at that time.

DIN	N/A
ATC	V09IB01

Octreoscan is used as an adjunct agent in the detection of tumours.

The HDAP recommended that Octreoscan be classified a category 2 new medicine as it is the first radiopharmaceutical which showed substantial improvement in the detection and scintigraphic localization of some tumours, most notably small cell lung carcinoma. Octreoscan also appears to be superior in detecting pancreatic and hepatic tumours.

Rituxan (rituximab, Hoffman-LaRoche Canada Ltd.)

Date of first sale:	November 1998
DIN	02241927
ATC	L01XC02

Rituxan is indicated for use in the treatment of non-Hodgkin's lymphoma.

The HDAP recommended that Rituxan be classified as a category 2 new medicine because it is the first monoclonal antibody developed for non-Hodgkin's lymphoma. Preliminary evidence shows that Rituxan has efficacy comparable to single-agent therapy in the setting of relapsed lymphoma and that toxicities are notably mild with respect to myelosuppressive toxicities (that are typical of standard chemotherapy or radioimmunotherapy). The combination therapy of CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) with Rituxan appears to provide a significant benefit over CHOP alone and benefits have been demonstrated for a median of 2 years. ■

PMPRB'S Research Agenda 2003 – 2006

As part of our annual planning process, we develop a Research Agenda. It outlines current or upcoming projects which we are working on or will be undertaken in the near future. Initiatives that are currently, or may become, subject to public consultations are also indicated in the Research Agenda.

Our 2003 – 2006 Research Agenda is available on our website under Other Publications; Research Agenda. As the Research Agenda is updated, it will be published in the NEWSletter and posted on our website. ■

Report on New Patented Drugs – Pariet

Brand Name:	Pariet
Generic Name:	rabeprazole sodium
DIN:	02243796 10 mg/tablet 02243797 20 mg/tablet
Patentee:	Janssen-Ortho Inc.
Indications (as per product monograph):	For the treatment of conditions where a reduction of gastric secretion is required, such as: 1. Symptomatic relief and healing of erosive or ulcerative gastroesophageal reflux disease (GERD) 2. Long-term maintenance of healing of erosive or ulcerative gastroesophageal reflux disease (GERD) 3. Symptomatic relief and healing of duodenal ulcers 4. Symptomatic relief and healing of gastric ulcers 5. Long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome.
Notice of Compliance:	May 7, 2001
Date of First Sale:	July 3, 2002
ATC Class:	A02BC04 *Drugs for Peptic Ulcer and Gastroesophageal Reflux Disease (GERD), Proton Pump Inhibitors*

Under our transparency initiative, we publish the results of the reviews of new patented drugs by Board Staff, for purposes of applying the PMPRB's Price Guidelines, for all new active substances (NASs) introduced after January 1, 2002. The Reports are posted on our website as they become available. You can access the Reports on NASs under Patented Medicines; Reports on New Patented Drugs for Human Use. Reports on patented drugs for veterinary use are also accessible under Reports on New Patented Drugs for Veterinary Use.

Application of the Guidelines

Summary:

The introductory prices of Pariet were found to be within the Guidelines because the cost of therapy did not exceed the cost of therapy of existing drugs in the therapeutic class comparison and the prices did not exceed the range of prices in other comparator countries where Pariet was sold.

Scientific Review:

Pariet is a new active substance and the PMPRB's Human Drug Advisory Panel (HDAP) reviewed it as a category 3 new medicine (provides moderate, little or no therapeutic advantage over comparable medicines).

The Therapeutic Class Comparison (TCC) test of the Guidelines provides that the price of a category 3 new drug product cannot exceed the prices of other drugs that treat the same disease or condition. Comparators are generally selected from among existing drug products in the same 4th level of the Anatomical, Therapeutic, Chemical (ATC) System that are clinically equivalent in addressing the approved indication.

Pariet is the fifth entry in the 4th level ATC. Members of the 4th level ATC comparators include Losec (omeprazole), Pantoloc (pantoprazole), Prevacid (lansoprazole) and Nexium (esomeprazole). All of these agents share similar indications and clinical use. The HDAP recommended that they all be included in the TCC for Pariet.

The PMPRB's Guidelines provide that the dosage recommended for comparison purposes will normally not be higher than the maximum of the usual recommended dosage. The recommended comparable dosage regimens for Pariet and the comparators are based on their respective product monographs and supported by clinical literature. See the table on page 8.

Price Review:

Under the Guidelines, the introductory price of a new category 3 drug product will be presumed to be excessive if it exceeds the price of all of the comparable drug products in the TCC test, or if it exceeds the prices of the same medicine in the seven countries listed in the *Patented Medicines Regulations*.

As shown in the following table, the prices of Pariet were within the Guidelines relative to the TCC test, as they did not exceed the prices of the other drugs in the therapeutic class.

Name	Strength	Dosage Regimen/day	Unit Price	Cost Per Day
Pariet	10 mg/tab	2 tablets	$0.65/tab[1]	$1.30
Pantoloc	20 mg/tab	1 tablet	$1.79/tab[2]	$1.79
Losec	20 mg/tab	1 tablet	$2.20/tab[3]	$2.20
Prevacid	15 mg/cap	1 capsule	$2.00/cap[3]	$2.00
Nexium	20 mg/tab	1 tablet	$2.10/tab[1]	$2.10
Pariet	20 mg/tab	1 tablet	$1.89/tab[4]	$1.89
Pantoloc	20 mg/tab	1 tablet	$1.79/tab[2]	$1.79
Losec	20 mg/tab	1 tablet	$2.20/tab[3]	$2.20
Prevacid	15 mg/cap	1 capsule	$2.00/cap[3]	$2.00
Nexium	20 mg/tab	1 tablet	$2.10/tab[1]	$2.10

1 Liste de médicaments du Québec, June 2003
2 Medis, 2002
3 Ontario Drug Benefit Formulary, 2002
4 Price filed by Janssen-Ortho Inc.

In 2002, Pariet 10 mg/tablet was also being sold in France, Germany, Italy, Sweden, and the United Kingdom, and Pariet 20 mg/tablet was being sold in France, Germany, Italy, Sweden, the United Kingdom and the United States. In compliance with the Guidelines, the price in Canada did not exceed the range of prices in those countries. The price in Canada for Pariet 10 mg/tablet was the lowest, and the price in Canada for Pariet 20mg/tablet was third highest, above the median international price.

Evidence/ References:

The references are available on the PMPRB website, under Publications, Patented Medicines; Reports on New Patented Drugs for Human Use; Pariet.

Where comparators and dosage regimens are referred to in the Summary Reports, they have been selected by the PMPRB Staff and the HDAP for the purpose of carrying out the PMPRB's regulatory mandate, which is to review the prices of patented medicines sold in Canada to ensure that such prices are not excessive. The publication of these reports is also part of the PMPRB's commitment to make its price review process more transparent.

The information contained in the PMPRB's Summary Reports should not be relied upon for any purpose other than its stated purpose and is not to be interpreted as an endorsement, recommendation or approval of any drug nor is it intended to be relied upon as a substitute for seeking appropriate advice from a qualified health care practitioner. ■

Patented Medicine Prices Review Board – May 22, 2003 Meeting

At its meeting, the Board:

- Approved:
  - 2002 Annual Report
  - 2002 Annual Report Communications Plan.
- Received Staff briefings on:
  - Health Canada Therapeutic Access Strategy;
  - Internet Pharmacies;
  - ongoing initiatives under the National Prescription Drug Utilization Information System (NPDUIS). ■

The next Board meeting is scheduled for September 18-19, 2003.

For any additional information, please contact the Secretary of the Board at

1 877 861-2350, or
(613) 954-8299, or
sdupont@pmprb-cepmb.gc.ca.

NPDUIS Update

Following the establishment of the National Prescription Drug Utilization Information System (NPDUIS), a Steering Committee of F/P/T drug plan managers was created in 2002 to provide advice to the Canadian Institute for Health Information (CIHI) and the PMPRB on the development, analytical direction and priorities, and strategic direction of the NPDUIS. The Steering Committee held its latest meeting in Ottawa on June 19-20. A series of projects had been previously approved for 2003-2004 and are listed on the PMPRB's Research Agenda as follows:

- Non-Insured Health Benefits Cost Driver study
- Budget Impact Analysis Methodology
- Program Expenditure Forecasting Methodology
- Therapeutic Cost Index Methodology.

For more information on the NPDUIS, please visit our website. ■

New Patented Medicines Reported to the PMPRB

The list of New Patented Medicines Reported to the PMPRB for 2003 is posted on our website. To date, there are 26 new DINs for human use, representing 18 medicines. Nine of these new medicines are new active substances, representing 13 DINs.

Here are the nine new active substances:

Brand Name	Generic Name	Company
Crestor (10mg/tab; 20mg/tab; 40 mg/tab)	rosuvastatin calcium	AstraZeneca Canada Inc.
Dukoral	Cholera vaccine	Aventis Pasteur Limited
Alertec (100mg/tab)	Modafinil	Draxis Health Inc.
Hectorol (2.5 mcg/cap)	doxercalciferol	Draxis Health Inc.
Xigris (5 mg/vial)	drotecogin alfa	Eli Lilly Canada Inc.
Solagé (20.1 mg/mL)	mequinol/tretinoin	Galderma Canada Inc.
Agenerase (50 mg/cap; 150 mg/cap; 15 mg/mL)	amprenavir	GlaxoSmithKline
Evra 150/20	norelgestromin/ ethinyl estradiol	Janssen-Ortho Inc.
Elidel (10 mg/gm)	pimecrolimus	Novartis Pharmaceuticals Canada Inc.

The list of New Patented Medicines Reported to the PMPRB is updated regularly and posted on our website under Other Publications; Patented Medicines; 2003.

Questions and Comments

Contact Us!

You can reach us on-line through our electronic feedback form at www.pmprb-cepmb.gc.ca, under Contact.

The feedback form is another way that you can communicate with us. If you have any questions, comments or ideas we would love to hear from you. Your feedback is important to us and there are a variety of ways you can reach us: e-mail, telephone, fax or mail and through our on-line feedback.

We look forward to hearing from you! ■

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Upcoming Events

September
18-19
Board Meeting, Ottawa

November
12-13
Insight Conference:
Canadian Pharma Summit,
Toronto

September
23
Insight Conference:
Drug and Biotech Patents,
Vancouver

November
17-18
HDAP, Ottawa

November
27
Group Insurance and
Pharmaceutical Committee
(GPIC)

December
8-9
Board Meeting, Ottawa

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Comments

We want to hear from you. If you have any comments, ideas or suggestions on topics you wish to see covered in the NEWSletter, please let us know.

Mailing List

To ensure that our mailing list is up to date and that we better serve our readers, please take a few moments to complete this form or fax us your business card.

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Please return the completed form to the PMPRB, at:

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