

Template Letter of Consent

[Manufacturer's letterhead]

[Date]

Director
Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health and Long-Term Care
3rd Floor, 5700 Yonge Street
Toronto, ON M2M 4K5

Dear Director:

**RE: [Product name/generic name, strength, and dosage form (the “Product”)
manufactured by <name of manufacturer> (“the Manufacturer”)].**

Pursuant to the requirements under the *Ontario Drug Benefit Act* and *Drug Interchangeability and Dispensing Fee Act* (as applicable) but subject to the limitation concerning confidential pricing information set out below, this letter authorizes Her Majesty the Queen in right of Ontario as represented by the Executive Officer of Ontario Public Drug Programs of the Ministry of Health and Long-Term Care (the “Ministry”), both during and after the Ministry’s Product evaluation process, to:

- a. collect and use information pertaining to the Product and the Manufacturer in the possession of Health Canada, the government of any province or territory in Canada, the Patented Medicine Prices Review Board, the Canadian Agency for Drugs and Technology in Health, or Cancer Care Ontario (the “Public Organizations”); and
- b. disclose information pertaining to the Product and the Manufacturer in the possession of the Ministry to any of the Public Organizations.

Despite the foregoing, neither the Manufacturer nor the Ministry will disclose to any of the Public Organizations any confidential pricing or commercial terms in respect of the Product that are specific to Ontario Public Drug Programs unless the other party has been notified and has authorized the disclosure in writing.

[Signature]

[Name and Title of Senior Company Official]

I have the authority to bind the Manufacturer