**APPENDIX A**

**MANUFACTURER SUBMISSION CHECKLIST**

**Appendix A**

**Nova Scotia Criteria for Interchangeability**

**Manufacturer Submission Check List**

**Summary of Product Information:**

|  |  |
| --- | --- |
| **Submission Received Date *(For Office Use):*** |  |

|  |  |
| --- | --- |
| **Generic Name:** |  |
| **Dosage Form:** |  |
| **Manufacturer:** |  |
| **ATC Code:** |  |
| **Submitted Product :** | **Strength(s):**  | **DIN Number(s):** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Submitted Product has a Declaration of Bioequivalence to a Canadian Innovator Reference Product:** [ ]  **Yes** [ ]  **No** |
| **Comparator Innovator Reference Product (for all submitted strengths) is in the Nova Scotia Formulary:** [ ]  **Yes** [ ]  **No** |
| **Comparator Innovator Reference Product:** | **Strength(s):**  | **DIN Number(s):** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Submitted Product is subject to a Cross-Licensing Agreement:** [ ]  **Yes** [ ]  **No** |
| **Submitted Product is an UItrageneric:** [ ]  **Yes** [ ]  **No** |
| **Cross-Licensed Comparator Product (for all submitted strengths) is in the Nova Scotia Formulary:** [ ]  **Yes** [ ]  **No** |
| **Cross-Licensed Comparator Product:** | **Strength(s):**  | **DIN Number(s):** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**All correspondence and submissions should be addressed to:**

|  |  |  |
| --- | --- | --- |
| Pharmacist ConsultantNova Scotia Pharmacare Programs P.O. Box 500Halifax, N.S. B3J 2S1**(MAIL)** | or | Pharmacist ConsultantNova Scotia Pharmacare Programs230 Brownlow AveDartmouth, N.S. B3B 0G5**(COURIER)** |

**Bioequivalence is supported by which guideline(s) (check all that apply):**

|  |
| --- |
| [ ]  [Conduct and analysis of bioavailability and bioequivalence studies Part A: Oral Dosage Formulations Used for Systemic Effects](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/bio/bio-a-eng.php)  |
| [ ]  [Conduct and Analysis of Bioavailability and Bioequivalence Studies - Part B: Oral Modified Release Formulations](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/bio/bio-b-eng.php)  |
| [ ]  Critical Dose Drugs |
| [ ]  Other (e.g. liquids, inhalers, topicals) Explain:             |
| [ ]  Exceptions (e.g. waivers to recognized study design, requirements and standards.) Explain (include copy of waiver):             |
| Other Relevant Comments:                     |

**Please complete the following regarding the submitted product monograph:**

|  |  |
| --- | --- |
| Date of Health Canada Approval for the submitted product monograph: | **Date:**  |
| Are there differences from the innovator product monograph (e.g. stability and storage, etc.)?Explain:             | [ ]  **Yes** [ ]  **No** |
| Does the product description in the monograph match the product pictures submitted?Explain:             | [ ]  **Yes** [ ]  **No** |

**Please indicate if the product(s) demonstrate any of the following characteristics.**

|  |  |
| --- | --- |
| Declared bioequivalent with a non-Canadian Reference Product. | [ ]  **Yes** [ ]  **No** |
| Declared bioequivalent with a non-innovator Canadian Reference Product. | [ ]  **Yes** [ ]  **No** |
| Is an **oral** dosage formulation for which standard bioequivalence studies (e.g., Health Canada’s Conduct and Analysis of Bioavailability and Bioequivalence Studies: Part A: Oral Dosage Formulations Used for Systemic Effects, Part B: Oral Modified Release Formulations and Bioequivalence Requirements, Critical Dose Drugs) were not the basis of the bioequivalence determination. | **[ ]  Yes [ ]  No** |
| Is a Critical Dose Drug [e.g. highly toxic drugs, drugs with a narrow therapeutic range (e.g., cyclosporine, digoxin, flecanide, lithium, phenytoin, sirolimus, tacrolimus, theophylline, warfarin), etc.]. | [ ]  **Yes** [ ]  **No** |
| Has non-linear pharmacokinetics. | [ ]  **Yes** [ ]  **No** |
| An early time of onset or rapid rate of absorption is important.  | [ ]  **Yes** [ ]  **No** |
| Is an “Old Drug” as defined by the Therapeutic Products Directorate, Health Canada. | [ ]  **Yes** [ ]  **No** |

Note: Products which demonstrate any of the above characteristics will be ineligible for expedited review (including those with a declaration of bioequivalence to a Health Canada Innovator Reference Product). Products which are cross-licensed with products already deemed interchangeable in the Nova Scotia Formulary will be eligible for expedited review.

**The following submission requirements apply to both expedited and full reviews. Please provide a single copy of the following documents for expedited submissions and three copies for full submissions.**

|  |
| --- |
| [ ]  Cover Letter (description of the submission, Table of Contents, and pagination for the complete submission) |
| [ ]  Notice of Compliance (NOC) or DIN form for Old Drugs[ ]  For an NOC with Conditions (NOC/c), please include the *Request for Letter of Undertaking* and the *Letter of Undertaking*. |
| [ ]  Health Canada approved product monograph or patient information for Old Drugs. |
| [ ]  Letter authorizing **unrestricted communication** regarding the drug product between Nova Scotia and: * Other federal, provincial and territorial (F/P/T) drug programs
* F/P/T health authorities and related facilities
* Health Canada
* Patented Medicine Prices Review Board (PMPRB)
* Canadian Agency for Drugs and Technologies in Health (CADTH)
* other provincial interchangeability committees and their administrators
 |
| [ ]  Letter indicating the product is available in sufficient quantity to meet demand and is available to all pharmacies in Nova Scotia. |
| [ ]  Pricing information |
| [ ]  Colour pictures of the oral solid dosage form (front and back view with ruler to provide a scale for size) for all strengths, clearly showing the product identification features. Hard copies must be submitted; electronic files will not be accepted. |
| [ ]  Original market-ready product labeling (inner and outer packaging) for all marketed package sizes. Submission of actual drug material is not permitted.  |
| **Additional documentation required for Cross-Referenced/Ultrageneric Submissions:**Letters from both the manufacturer of the cross-referenced product and the manufacturer of the product being reviewed:[ ]  [ ]  Authorizing **unrestricted communication** regarding the drug product (as noted above)[ ]  [ ]  Identifying the manufacturer for both the cross-referenced product and the product being reviewed [ ]  [ ]  Confirming a cross licensing agreement exists between the manufacturers[ ]  [ ]  Confirming that the product being reviewed is identical to the cross-referenced product in all aspects *including* strength and dosage form, formulation including both active and inactive ingredients and their quantities, raw materials and finished product specifications, manufacturing processes, **manufacturing site** and basic packaging (excluding embossing and labels). |

**The following are the additional submission requirements for full submissions.**

|  |
| --- |
| [ ]  Evidence of bioequivalence in the **fasting** state(Clinical Study Report Synopsis and graphs of mean plasma concentrations comparing the two products (regular and semi-log) including an estimate of the variability at each time point.)[ ]  Evidence of bioequivalence in the **fed** state (Clinical Study Report Synopsis and graphs of mean plasma concentrations comparing the two products (regular and semi-log) including an estimate of the variability at each time point.) |
| [ ]  Completed Pharmacokinetic / Statistical Worksheet (**fasting**) (see Appendix C, Nova Scotia Criteria for Interchangeability)[ ]  Completed Pharmacokinetic / Statistical Worksheet (**fed**) |
| [ ]  Comparative dissolution data with innovator product |
| [ ]  Proportionality (if applicable) |
| [ ]  Health Canada Approved Comprehensive Summary: Bioequivalence (CS-BE)  |
| [ ]  CPID – including master formula |

**For full submissions with physiochemical data used to support bioequivalence please include:**

|  |
| --- |
| [ ]  Physiochemical Comparison Table.  |
| [ ]  Waiver of bioequivalence (explanation)  |

**By signing this form, you are affirming that** the information provided is accurate **as of the date entered. Changes to the above information must be submitted in writing.**

|  |  |
| --- | --- |
| Signature:  | Date:  |
| Name / Title: |