NDS/SNDS Screening Report
(Including response to NON/NOD/SDN)

Brand/Proprietary Name of Drug Product		
Proper, Common or Non-proprietary Name of Drug Substance (supplied as)		
Manufacturer / Sponsor		
Therapeutic Classification		
Dosage Form(s) and Strength(s)		
Route(s) of Administration		
Submission Type/Control Number		
Dossier ID/dB Sequence Number(s)		
Proposed and/or Currently Approved Indications		
Reason for Supplement		
Foreign Regulatory Status		
Relevant submissions currently in review		

Submission Issues to Flag	
Regulatory	
Quality	
Non-Clinical	
Clinical	
DBE	
Labelling	
Brand Name Assessment	
MHPD	

Regulatory Information
Sponsor Contact Info: **Name and Title:** **Phone:** **Fax:** **E-mail:**
Project Team Members: **Team Leader/Quality Manager:** **Clinical Manager:** **DBE Manager:** **Regulatory Project Manager:**

Assignment of Review Streams:
☐ **Clinical**
☐ **Quality (NDQD) /** ☐ **1 MF /** ☐ **> 1 MF**
☐ **Labelling /** ☐ **Brand Name Assessment**
☐ **DBE 1/2**

Submission Status:
☐ Review 1
- ☐ Original submission
- ☐ Response to SDN
- ☐ Response to NOD

☐ Review 2
- ☐ Response to NON

Submission Format:
☐ eCTD
☐ Non-eCTD electronic

Cost Recovery:
Total Fee Submitted: $

Submission & Fee Class:
☐ New Active Substance
☐ Clinical + C&M
- ☐ SRTD (published literature + C&M)

☐ Clinical Only
☐ Comparative studies (+ C&M)
☐ Published Data Only
☐ Other:

☐ Note added in docuBridge to verify fee form

If changes to fees in DSTS are required, see Screening Guide.

Drug Status Assessment:
☐ Drug substance appears on *New Drug List* as (specify):
☐ Drug substance does not appear on *New Drug List*, but is still considered a new drug, specify reasons:
- ☐ New Active Substance
- ☐ Innovator New Chemical Entity (NCE) approved after last update of list,
- ☐ Drug substance reclassified as new drug,
- ☐ New combination or proportion of two or more old drug substances,
- ☐ New indication, route of administration, or conditions of use for old drug substance

☐ Drug substance does not appear on New Drug List and is not considered a New Drug

Background: Information cross-referenced to previously approved submissions? ➢ If yes, specify (Product Name, Control Number, approval status, information cross-referenced):	☐ Yes ☐ No
Regulatory Considerations: ➢ Has a prescription vs. OTC assessment been completed? ➢ Are revisions to the Prescription Drug List (new drug) or Schedule G/J (controlled/ restricted) required? ➢ Is a Summary Basis of Decision required? ➢ Does submission include pediatric studies? (flag for review and ensure DSTS updated) ➢ Has the DSTS been properly populated per the internal DPD? (including correct expression of all strengths, submission type, sub-class, as well as screening start and completion dates) ➢ For Supplements, is the parent submission Inactive or in Review? ➢ If yes, see Screening Guide for further information. ➢ For Supplements, are Level III C&M changes included? ➢ If yes, see Appendix 3 of the Screening Guide for wording to be added to the screening report.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

For non-prescription products: *Mock-Up Labels and Packages Certification* form, PM, PI and labels in the 2nd language are not required until June 13, 2017.

MODULE 1 – ADMINISTRATIVE INFORMATION AND PRESCRIBING INFORMATION

Module	Administrative Information	
1.0.5	**Summary of Sponsor Meetings:** ➢ Was a pre-submission (NDS/SNDS) meeting held with the sponsor? ➢ If yes, control #:	☐ Yes ☐ No

Module	Administrative Information	
	➢ Has all information requested at a meeting been included or addressed?	☐ Yes ☐ No
1.0.4	**Response Q&A Document:** ➢ If Response to SDN, NOD or NON, has the Q&A document been provided?	☐ Yes ☐ No
1.0.7	**Summary of Post-Notice of Compliance Quality Changes:** ➢ Has the Summary of Post-Notice of Compliance Quality Changes table been provided? ➢ Have the proposed changes been verified against the Post-NOC Changes: Quality Document (effective date 2016/10/14)? ➢ Has the applicable information from this table been included into the Screening Report? ➢ Comments:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Application Forms	
1.2.1	➢ Drug Submission Application Form (HC/SC 3011)	☐ Yes ☐ No
1.2.1	➢ Third Party Authorizations provided	☐ Yes ☐ No
1.2.2	➢ Drug Submission Fee Application Form	☐ Yes ☐ No
1.2.3	➢ Submission Certification Form	☐ Yes ☐ No
1.2.3	➢ Mock-Up Labels and Packages Certification form	☐ Yes ☐ No
1.2.7	**Foreign Regulatory Information:** Which foreign review has been provided? ☐ FDA ☐ EMA ☐ None ☐ Other : _____ Has the Foreign Review Attestation been provided?	 ☐ Yes ☐ No
1.3.1	**Product Monograph:** Proposed PM provided: In English: ☐ Clean ☐ Annotated In French: ☐ Clean ☐ Annotated ☐ Sponsor has committed to provide the 2nd language version(s) within 15 days after the submission has been accepted into review ➢ Proposed PM is in new format? ➢ 1st migration to new format? ➢ Format/Content of PM is acceptable and all sections are completed? *NDS-NAS (additional requirements):* ➢ Has the 2014 Patient Medication Information (Plain Language) format been used for Part III of the PM? *SNDS (additional requirements):* ➢ Proposed PM is based on the most recently approved PM? ➢ Document compare performed? (if in same format) ➢ Has document compare shown changes **not** highlighted by the sponsor? ➢ If yes, please list the changes: ➢ Have new references been added to the PM? ➢ If yes, have the references have been included in the submission? **Package Insert:** Is a Package Insert required for this submission, according to the *Mock-Up Labels and Packages Certification* form? ➢ If yes, has a mock-up been provided: In English: ☐ Clean ☐ Annotated In French: ☐ Clean ☐ Annotated ☐ Sponsor has committed to provide the 2nd language version(s) within 15 days after the submission has been accepted into review	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
1.3.2	**Inner and Outer Labels:** Are labels required for this submission, according to the *Mock-Up Labels and Packages Certification* form (actual size for all strengths, dosage forms & proposed packaging formats)?	☐ Yes ☐ No

Module	Administrative Information	
	➢ If yes, have mock-ups been provided: In English: ☐ Clean ☐ Annotated In French: ☐ Clean ☐ Annotated (Note: Only a clean copy is required for 2nd language) *(Note: The sponsor only needs to provide the smallest size if there are no differences other than pill count or volume on the labels/packages, and all the other labels/packages will have identical text, format, size, layout, color.)*	
1.3.3	**Non-Canadian Labelling:** ➢ Copies of Non-Canadian labelling provided? ➢ If yes, country/region of origin:	☐ Yes ☐ No
1.3.6	**Certified Product Information Document (CPID-CE)** ➢ Has a Non-Annotated version been provided? ➢ If yes, ☐ PDF ☐ Microsoft Word ☐ other (specify): (Note: a PDF-only version of the CPID is not acceptable) ➢ If SNDS, has an annotated version also been provided? ➢ Has the CPID been saved to Y:\HC\HPFB\TPD\TPD\X_REFERENCE\OPPRS\RPMD\CPIDs?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Other Requirements:	
1.3.7	➢ Is a Brand Name Assessment Package (LASA) required?	☐ Yes ☐ No
	➢ If yes, has it been provided?	☐ Yes ☐ No
1.3.8	➢ Risk Management Plan (RMP) submitted?	☐ Yes ☐ No
	➢ If provided, has MHPD been informed? (email Lynda Laforest, cc PMC)	☐ Yes ☐ No
1.3.8.3	➢ If Risk Communications (i.e. risk communications done in other jurisdictions or proposed for Canada) are included in the submission, has MHPD been informed? *(screener to email Lynda Laforest (manager) & cc Post-Market Co-ordinator)*	☐ Yes ☐ No
1.3.8.4/	➢ If DSURs are included in the submission:	
5.3.6	➢ Has the Development Safety Update Report document been added in DSTS?	☐ Yes ☐ No
5.3.6	➢ If PSURs/PBRERs are identified in the submission:	
	➢ Has the Periodic Safety Update Report document been included in DSTS?	☐ Yes ☐ No
	➢ Has MHPD been informed? *(email Lynda Laforest, cc PMC)*	☐ Yes ☐ No

MODULE 2 – CTD SUMMARIES

Module	Information	
2.3	Quality Overall Summary (QOS) provided? ➢ Version of QOS provided? ☐ Health Canada's QOS-CE ☐ ICH's QOS ➢ Electronic format of QOS: ☐ PDF ☐ Microsoft Word (Note: a PDF-only version of the QOS is not acceptable)	☐ Yes ☐ No
2.4	Non-Clinical Overview	☐ Yes ☐ No
2.5	Clinical Overview	☐ Yes ☐ No
2.6	Non-Clinical Written and Tabulated Summaries	☐ Yes ☐ No
2.7	Clinical Summary	☐ Yes ☐ No

MODULE 3 – QUALITY

Module	Information
Is the medicinal ingredient in the proposed product labelling consistent with the QOS and CPID?	☐ Yes ☐ No
MF	

S.2.1
P.3.1

List Master File (MF) number(s) referenced in the submission (Type I-IV) *(Repeat if necessary)*:

Screener completes the grey section only:

MF #	
Supplier (MF Holder)	
Access provided to (Sponsor)	
MF Name	
Date of LOA	
LOA Received	Yes/No
LOA fees paid	Yes/No
CEP received the MF (For Type I only) If yes, have the required attestations been included? CEP version number in MF:	Yes/No/ n/a Yes/No/ n/a Rx-CEP yyyy-xxx-Rev x
Has this MF been previously assessed	Yes/No
Previous Reviews with date of last review as recorded in the database (For Type I and IV only)	CTL # (Date) / n/a
Is the MF in electronic format? If no, SDN should be sent by RPM MF Unit to send email to MF holder to convert. Date of Last Update (Update + fees)	Yes/No DATE :
Update received after last review of MF as per the information recorded in the database	Yes/No / n/a
MF holder email address:	

Comments:

GMP

S.2.1
P.3.1

Has the Sponsor included the DEL 'Acknowledgement of Application Acceptance' letter? ☐ Yes ☐ No

- If yes, has the Sponsor waited 90 days before filing the (S)NDS? ☐ Yes ☐ No

If the DEL 'Acknowledgement of Application Acceptance' letter is not provided, evidence of GMP Compliance has been provided for the following activities and sites *(Repeat if necessary)*:

Activity:	e.g. DS Release Testing e.g. DP Manufacturing, Packaging, Labelling, Testing
Site:	
Address:	
Status:	GMP compliant - new evidence required by [DATE] Confirmed in ☐ eCES ☐ IRS

Comments:

- Are any proposed sites listed in the *Sites with Inspectorate Concern* document (Y:\HC\HPFB\TPD\TPD\X_REFERENCE\OPPRS\RPMD\SPECIAL PROJECTS\GMP\Sites with Inspectorate concern.docx)? ☐ Yes ☐ No

	Comments:	
S.2.1	➢ Is the API manufactured as sterile? If yes, then: ➢ Has a GMP compliant rating of C been issued by the HPFBI for the facilities responsible for the sterilization and lyophilisation of the sterile drug substance? (Flag if NR or conditional compliance rating) ➢ Has a process validation report been provided?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Drug Substance	
S.4.4	**Batch Analyses:** ➢ Certificates of analyses provided for at least two batches from each proposed commercial manufacturing site? ➢ Certificates of analyses or a tabulated summary for batches used in pivotal studies and/or comparative bioequivalence studies with clear and specific reference to study numbers? ➢ If a significant number of batches were used in the pivotal and/or bioequivalence studies, have representative CoA's been provided along with a tabulated summary of the results of the all batches used in these studies?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
S.7	**Stability:** ➢ Minimum required stability data provided (under ICH conditions)? <u>NDS</u> ➢ 12 months long term (NAS) / 6 months accelerated? ➢ 6 months long term (Not NAS) / 6 months accelerated? ➢ 3 batches? ➢ If no, justification provided? <u>SNDS</u> ➢ 6 months long term / 6 months accelerated ➢ 2 batches ➢ If no, justification provided?	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Drug Product	
P.2	**Pharmaceutical Development:** ➢ Is the proposed commercial formulation the same as the pivotal study formulation? ➢ If formulations differ, has a bridging bioequivalence study been provided or a rationale for not conducting a bioequivalence study? ➢ For Literature-based submissions (SRTD), has the sponsor provided the available information such as source, formulation and, where details are provided in the literature, method of preparation, about the drug product administered in studies identified as pivotal in the systematic review? ➢ Has a *quality by design* model been proposed? ➢ Is there a preservative in the formulation? ➢ If yes, has a Preservative Effectiveness Study been provided?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
P.3.3	**Description of Manufacturing Process and Process Controls:** ➢Detailed information on the manufacturing process provided in either: ☐ Submission ☐ DMF	☐ Yes ☐ No
P.3.5	***Documentation required for sterile products only:*** ➢ Has terminal sterilization been used? ➢ If no, has a justification been provided? ➢ If drug substance or drug product specifications contain a bacterial endotoxin test, has the validation report for the method been provided? ➢ If diluents are used, have compatibility studies been provided for all proposed diluents? ➢ If sterile filters used, which of the following minimum filter tests were conducted? ☐ Extractables ☐ Membrane Compatibility ☐ Filter Integrity ➢ Has validation of sterilization process been provided? ➢ Has validation of sterilization of packaging materials been provided? ➢ Has testing on integrity of Container Closure System been provided?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

P.4	**Control of Excipients:** ➢ Any excipients of human or animal origin? ➢ If yes, BSE/TSE (or EDQM Certificate of Suitability) provided in A.3?	☐ Yes ☐ No ☐ Yes ☐ No
P.5.4	**Batch Analyses:** ➢ Certificates of analyses or a tabulated summary of results provided for a minimum of one batch per strength at each proposed manufacturing site, at a minimum of pilot scale? ➢ Certificates of analyses provided for all batches used in pivotal in-vitro (e.g., comparative dissolution) and clinical studies, with clear and specific reference to study numbers?	☐ Yes ☐ No ☐ Yes ☐ No
P.2/ P.5.5/ P.5.6	**Elemental Impurities** *NDS (additional requirements):* Has a Risk Assessment Summary for Elemental Impurities been included (to be in line with ICH Q3D)?	☐ Yes ☐ No
P.5.6	**Justification of Specifications:** ➢ Has this section been included and addressed? ➢ If applicable, have the Dissolution method parameters been provided? (note: parameters may be located in P.2)	☐ Yes ☐ No ☐ Yes ☐ No
P.7	**Container Closure System:** Have DMF and/or description of Container Closure System been provided?	☐ Yes ☐ No
P.8.1	**Stability Summary and Conclusions:** ➢ Minimum required stability data provided (under ICH conditions)? <u>NDS</u> ➢ 3 batches per strength? ➢ 12 months long term / 6 months accelerated? ➢ If no, justification provided (i.e. bracketing and matrixing)? ➢ Stability data provided in all container closure systems? <u>SNDS</u> ➢ 2 batches per strength? ➢ 12 months long term / 6 months accelerated? ➢ If no, justification provided (i.e. bracketing and matrixing)? ➢ Stability data provided in all container closure systems?	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Appendices		
A.2	**Adventitious Agents Safety Evaluation:** ➢ Information provided?	☐ Yes ☐ No
Regional Information		
R.1.1	**Executed Production Documents:** ➢ Copies of the executed production documents provided (in English or French) for the batches used in the pivotal clinical and/or comparative bioavailability studies? ➢ Note batch number for batches used in pivotal studies: Note: this is not required for Submissions based on Third Party Data (SRTD) (see Screening Guide)	☐ Yes ☐ No
R.1.2	**Master Production Documents:** ➢ Copies of master production documents (in English or French) provided for each proposed strength, commercial batch size, and manufacturing site? (note – batch records should include formulation, manufacturing and packaging as per the comments in Section R.1.1)	☐ Yes ☐ No

<u>MODULE 4</u> – NON-CLINICAL

Summary of Non-Clinical Studies
Select the studies that have been included ☐ Pharmacology ☐ Drug Interactions ☐ Pharmacokinetics

☐ Toxicology
- ☐ Genotoxicity
- ☐ Carcinogenicity
- ☐ Reproductive Toxicity

If no studies, has a rationale been provided? ☐ Yes ☐ No
- ➢ If yes, location:

MODULE 5 – CLINICAL (Clinical Trial Data)

1) Pivotal Clinical Study: *(repeat if necessary)*	
Study Number and Name:	
Study Phase and Title:	
# of patients:	
Dates of study:	
Test product used (and batch #'s):	
If applicable, indicate the comparator product used:	
Data is: ☐ final ☐ interim	
Pivotal studies conducted in correct patient population and with correct dosage form? *(relative to proposed PM)*	☐ Yes ☐ No
Dosage regimen acceptable? *(compared against proposed PM)*	☐ Yes ☐ No

2) Non-Pivotal Clinical Study: *(repeat if necessary)*	
Study Number and Name:	
Study Title and Phase:	
# of patients:	
Dates of study:	

3) QT Prolongation Studies:	
Study Number and Name:	
Study Title:	
# of patients:	
Dates of study:	
➢ If no study, has a rationale been provided? ➢ If yes, provide location:	☐ Yes ☐ No

4) CRFs (As of May 19 2015, CRFs are no longer required at screening but can be requested during review.)	
Have any CRFs been provided?	☐ Yes ☐ No

MODULE 5 – BIOPHARMACEUTICS (Bioequivalence or Bioavailability Data)

1) Pivotal Comparative Bioavailability Studies: *(delete if not required)*	
Study Number:	
Title of Pivotal Study:	
Test Product (including strength and	

batches/lots used):	
Reference Product (including strength and batches/lots used):	
Study Type:	☐ Single Dose ☐ Steady State ☐ Fed ☐ Fasted ➢ As fasted, single-dose is the preferred applied study, has a justification/rationale been provided, if not conducted: ☐ Yes ☐ No
Analyte measured:	☐ Parent ☐ Metabolite
CS:BE is completed:	☐ Yes ☐ No
PK data files provided in:	☐.inf ☐ .dat ☐ ASCII
Have any study waivers been requested:	☐ Yes ☐ No ➢ If yes, describe:
Has sponsor confirmed that they complied with the Notice: Clarification of bioanalytical method validation procedures (October 8, 2015)?: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/announce-annonce/notice_avis_mthd_validation-eng.php	☐ Yes ☐ No
DBE Review required?	☐ Yes ☐ No

2) Supportive Comparative Studies (i.e.. food effect, dose proportionality): *(delete if not required)*	
Study Number:	
Title of Study:	
DBE Review required? ☐ Yes ☐ No *(Verify against Dosage and Administration section in the PM, i.e. to be taken with/without food)*	

MODULE 5 : CLINICAL (Published Literature)

1) Summary of Literature Provided

2) Published Literature as per Guidance Document: Drug Submissions Relying on Third-Party Data (Literature and Market Experience)

In addition to meeting the C&M and labelling requirements, the following clinical requirements should be met in the submission:

Prior to completing this information, verify docuBridge for HC approved meeting minutes on any pre-filing agreements on the SRTD submission and include additional information below, as necessary:

1. Has a rationale supporting SRTD filing to explain why a conventional drug submission was not assembled provided in the submission? ☐ Yes ☐ No

➢ **Provide a brief summary of the rationale:**

2. Has evidence, based on comparative pharmaceutical and/or comparative bioavailability data, to establish that the product used in studies reported in the literature (i.e. reference product) is representative of the proposed commercial product, been provided? ☐ Yes ☐ No

➢ If yes, indicate the product reported in the literature:

Note: Clinical studies reported in the literature and included in the submission will not be considered sufficient to establish the clinical safety and efficacy required by the Regulations unless it is demonstrated that the proposed commercial product will have the same in vivo performance as the reference product used in the studies reported in the

literature.

3.	Are the proposed indications, route of administration, patient population, and strength on the proposed PM the same as those for the Reference Product in the literature?	☐ Yes ☐ No
4.	Has evidence of extensive current foreign market experience with the same medicinal ingredient (for a minimum of 10 years under the same conditions of use), or evidence that the same medicinal ingredient is currently or has previously been marketed in Canada (under the same conditions of use) been provided in the submission?	☐ Yes ☐ No
5.	Has a systematic review using the methodology outlined in the Cochrane Handbook for Systematic Reviews of Interventions and presented in the form as outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement been provided in the submission? (Refer to the *Guidance Document: Drug Submissions Relying on Third-Party Data (Literature and Market Experience*) for additional information on systematic reviews.	☐ Yes ☐ No
6.	Have additional supporting information been provided (e.g., foreign reviews)? ➢ If yes, list them here:	☐ Yes ☐ No

SCREENING 1 - SUMMARY

Screening resulted in: ☐ **Accept** ☐ **SDN** ☐ **Reject**

The following comments should be forwarded to the sponsor: *(delete if not required)*

<if applicable, enter SDN comments here>
<if applicable, enter Clarifax comments here>

This Regulatory Report has been signed electronically using the Health Canada docuBridge system.

.....
<Name>
Regulatory Project Manager
<Bureau>, TPD

.....
date

SCREENING 1 (response to SDN) - SUMMARY *(delete if not required)*

SDN response resulted in: ☐ **Accept** ☐ **Reject**

<Identify SDN issues, if they were addressed and where in the submissions>

This Regulatory Report has been signed electronically using the Health Canada docuBridge system.

.....
<Name>
Regulatory Project Manager
<Bureau>, TPD

.....
date

SCREENING 1 (response to NOD) - SUMMARY *(delete if not required)*

NOD response resulted in: ☐ **Accept** ☐ **Reject**

<Identify NOD issues, if they were addressed and where in the submissions>

******This report may contain 3rd party information******

This Regulatory Report has been signed electronically using the Health Canada docuBridge system.

....
<Name> date
Regulatory Project Manager
<Bureau>, TPD

SCREENING 2 (response to NON) - SUMMARY *(delete if not required)*

NON response resulted in: ☐ **Accept** ☐ **Reject**

<Identify NON issues, if they were addressed and where in the submissions>

This Regulatory Report has been signed electronically using the Health Canada docuBridge system.

....
<Name> date
Regulatory Project Manager
<Bureau>, TPD

----------END OF SCREENING REPORT----------