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Guidance on the Food and Drug Regulations for public health emergency drugs



1 Foreword

2 Guidance documents provide assistance to industry and health care professionals on how to comply with
3 governing statutes and regulations. They also provide guidance to Health Canada staff on how mandates and
4 objectives should be met fairly, consistently and effectively.

5 Guidance documents are administrative, not legal, instruments. This means that flexibility can be applied by
6 industry. However, to be acceptable, alternate approaches to the principles and practices described in this
7 document must be supported by adequate justification. They should be discussed in advance with the
8 relevant program area to avoid the possible finding that applicable statutory or regulatory requirements have
9 not been met.

10 As always, Health Canada reserves the right to request information or material, or define conditions not
11 specifically described in this document, to help us adequately assess the safety, efficacy or quality of a
12 therapeutic product. We must make sure that such requests are justifiable and that decisions are clearly
13 documented.

14 This document should be read in conjunction with the accompanying notice and the relevant sections of
15 other applicable guidance documents.

16

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83 Overview

84 Background

85 The COVID-19 pandemic posed an immediate and significant risk to the health and safety of people in
86 Canada. As the pandemic represented a public health emergency, Health Canada introduced interim
87 measures. These included the *Interim order respecting the importation, sale and advertising of drugs for use*
88 *in relation to COVID-19* (ISAD IO) and the [COVID-19 drugs transition to the Food and Drug](#)
89 [Regulations](#) (regulations).

90 Health Canada is now expanding the provisions in Part C, Divisions 1A and 8 of the *Regulations* for activities
91 related to COVID-19 and the authorization of COVID-19 drugs. The expanded provisions will also apply to a
92 public health emergency drug, which is a drug that relates to COVID-19 or a condition referred to on the
93 incorporated by reference (IbR) List of Conditions that Threaten Public Health in Canada (List).

94 This new authority for **public health emergency drugs** is introduced to:

- 95 • enable regulations that are agile in a public health emergency and
- 96 • apply modified requirements to address a public health emergency

97 This guidance document explains the modified requirements prescribed in these amendments to
98 the *regulations*.

99 For more information on these measures, refer to the following items:

- 100 • Regulatory impact analysis statement: Regulations amending certain regulations made under the
101 Food and Drugs Act (agile licensing)
- 102 • [Canada Gazette, Part I Regulations](#)

103 For more information about documents incorporated by reference, refer to [Health Canada Incorporation by](#)
104 [Reference Policy](#).

105 Scope and application

106 This guidance document applies to:

- 107 • sponsors planning to file a submission for a notice of compliance (NOC) for a **public health**
108 **emergency drug** as defined in C.08.001.1 of the regulations, whether or not they are taking
109 advantage of modified requirements
- 110 • public health emergency drugs filed and/or authorized under the *Food and Drug Regulations* for
111 COVID-19 or for a condition that is described in the *List of Conditions that Threaten Public Health in*
112 *Canada (List)*
- 113 • establishments seeking a drug establishment licence (DEL) related to public health emergency drugs
- 114 • pre-positioning of public health emergency drugs (C.08.009.03)

115 For guidance on obtaining product authorization for disinfectants, hand sanitizers and veterinary health
116 products, sponsors should refer to the following guidance documents:

- 117 • [Management of drug submissions and applications](#)
- 118 • [Management of disinfectant drug applications](#)
- 119 • [Human-use antiseptic drugs](#)
- 120 • [Antiseptic skin cleansers \(personal domestic use\)](#)
- 121 • [Veterinary health products: About the VHP notification program](#)

122 The amendments introduced in Part C, Divisions 1, 1A, 2 and 8 of the *regulations* are described in this
123 guidance document.

124 The amendments expand the application of measures introduced with regard to requirements for drug
125 product authorizations, terms and conditions, DEL applications and pre-positioning of products prior to
126 authorization for COVID-19 to other conditions that threaten public health. The aim is to give people in
127 Canada continued and timely access to safe and effective public health emergency drugs.

128 Policy objectives

129 The objective of the amendments to the *regulations* is to allow for a mechanism for continued and timely
130 access to safe and effective public health emergency drugs.

131 The amendments to the *regulations* offer the following tools to enable:

- 132 • access to safe, effective and high-quality public health emergency drugs
- 133 • modified requirements (for example, rolling review, labelling and sufficient safety, quality and
134 efficacy evidence) and terms and conditions
- 135 • the early importation and placement in Canadian facilities (pre-positioning) of a promising public
136 health emergency drug for which a federal government contract for its procurement is in place,
137 before that drug receives market authorization in Canada
- 138 • an agile approach for DELs that authorizes regulated activities for public health emergency drugs
- 139 • post-market regulatory obligations placed on authorization holders, manufacturers and importers

140 Under the amended *regulations*:

- 141 • Health Canada only grants an NOC for a public health emergency drug if it's determined that the
142 benefits and risks of the product are supported by evidence of the drug's safety, efficacy and
143 consistent quality.
- 144 • When making its decision, Health Canada considers the public health need as well as the
145 uncertainties related to the benefits and risks of the product. Terms and conditions will be used to
146 help manage any uncertainties or risks related to the drug in the context of COVID-19 or the
147 condition on the List.
- 148 • As with all drugs, Health Canada assesses and monitors the safety and effectiveness of all public
149 health emergency drugs for which an NOC was issued.
 - 150 ○ If required, Health Canada takes immediate action, including compliance and enforcement
151 measures and the suspension of an NOC or the cancellation of a DIN, to protect the health
152 and safety of people in Canada.

153 Policy statements

154 Manufacturers of public health emergency drugs may be able to obtain an NOC under the *regulations* by
155 leveraging certain options and modified requirements.

156 These amendments to the *regulations* allow for a submission for public health emergency drugs to treat or
157 prevent COVID-19 or a condition on the List to be filed earlier through a "rolling review" process.

158 Manufacturers are responsible for completing the required documentation and providing the necessary
159 evidence to Health Canada. Public health emergency drug submissions will be prioritized based on public
160 health needs.

161 Licensing decisions are based on the materials submitted in the application. Health Canada will consider the
162 use of the drug in addressing a condition that threatens public health.

163 Public health emergency drugs are reviewed on an expedited timeline above the usual performance
164 standards. As such, the Priority Review Policy does not apply.

165 Manufacturers with a proposed public health emergency drug for which the purpose and conditions of use
166 recommended by the manufacturer relate to COVID-19 or a condition on the List can file a new drug
167 submission (NDS) or a supplement to a new drug submission (SNDS) leveraging the modified requirements
168 for public health emergency drugs in the regulations.

169 Removal of a condition from the List

170 A drug remains a public health emergency drug for the purposes of Division 8 until the Minister makes a final
171 decision on the submission under C.08.004, if:

- 172 • a condition is removed from the List after a sponsor files a new drug submission for a public health
173 emergency drug in accordance with subsections C.08.002(2) to (2.5) and section C.08.005.1 but
- 174 • before the Minister makes a final decision on the submission under section C.08.004 (C.08.001.3)
- 175 • a record of each version of the List is maintained

176 Refer to [Health Canada Incorporation by Reference Policy](#) for more information.

177 Explanation of key terms

178 **List of Conditions that Threaten Public Health:** The *List of Conditions that Threaten Public Health in Canada* is
179 an IbR List published on the Government of Canada's website and amended from time to time.

180 The Minister may add a condition to the List if the Minister has reasonable grounds to believe that:

- 181 a. the condition presents, or is the result of, a significant risk to public health in Canada and
- 182 b. immediate action is required to deal with the risk (C.08.001.2)

183 **Public health emergency drug:** As defined in C.08.001.1, this is a "new drug" under C.08.001 for which the
184 purpose and conditions of use recommended by the manufacturer relate to COVID-19 or a condition that is
185 described in the List.

186 A public health emergency drug is subject to the requirements in Part C, Division 8 of the *Food and Drug*
187 *Regulations*.

188 Preparing a submission

189 Submission process

190 The amendments to the regulations provide a mechanism for public health emergency drugs (PHED) to be
191 authorized through a notice of compliance (NOC) based on modified requirements.

192 Table 1 gives an overview of the modified requirements for public health emergency drugs in the regulations.

193 To make use of any of the alternative requirements, the manufacturer must make the following statements
194 in their NDS:

- 195 • that the NDS is for a public health emergency drug (C.08.002(2.4)(a)) and
- 196 • that the purpose and conditions of use specified in the NDS relate only to COVID-19 or a condition
197 described in the List (C.08.002(2.4)(b))

198 To meet the requirements in subsection C.08.002(2.1), the manufacturer must also make the statement
199 required by paragraph C.08.002(2.1)(a) and meet the requirement in C.08.002(2.1)(b). Manufacturers should
200 ensure that all statements required are made in module 1.2.3, "Certification and Attestation Forms."

201 Table 1: Overview of modified requirements for public health emergency drug submissions

Scenario	Submission code	Available modified requirements	Terms and conditions
New public health emergency drug	NDS	C.08.002(2.1): supportive evidence C.08.002(2.2): draft label C.08.002(2.3): rolling review	Yes
Marketed drug adding additional indication for COVID-19 or a condition described in the List	SNDS	Modified requirements (as above)	Yes
Supplemental new drug submissions (SNDS) following authorization of the NDS for a PHED	SNDS	Modified requirements (as above)	Yes

202
203 Manufacturers who intend to file a submission seeking an NOC for a public health emergency drug on the
204 basis of a comparison with another public health emergency drug are encouraged to contact us for a pre-
205 submission meeting. Please refer to the [Pre-submission meetings subsection](#).

206 Modified requirements

207 Manufacturers of public health emergency drugs will have the option to follow requirements as set out in
208 subsections C.08.002(2.1) to (2.3). To make use of these alternate requirements, manufacturers must include

209 a statement identifying that the purpose and conditions of use specified in the NDS address only the public
210 health need related to COVID-19 or the applicable condition described in the List.

211 Manufacturers should ensure that all statements required are made in the cover letter and "Certification and
212 Attestation Forms."

213 Modified requirements include:

- 214 • ability to provide missing information or material during a rolling review (C.08.002(2.3))
- 215 • exemption from submitting detailed reports of tests made to establish the safety and clinical
216 effectiveness of the new drug under paragraphs C.08.002(2)(g) and (h)
 - 217 ○ however, the manufacturer must provide sufficient evidence that the benefits of the drug
218 outweigh the risks, taking into account uncertainties as well as the public health need
219 related to COVID-19 or to the condition on the List (C.08.002(2.1)(b))
- 220 • exemption from being required under C.08.002(2)(j.1) to provide final mock-up if the manufacturer
221 provides a draft of the label
 - 222 ○ submission must also include any package insert and document provided upon request that
223 sets out supplementary information on use of the drug (C.08.002(2.2))
- 224 • exemption from being required under C.08.002(2)(o) to conduct an assessment as to whether there
225 is a likelihood the new drug will be mistaken for another drug due to a resemblance between the
226 brand names
 - 227 ○ commonly referred to as a brand name assessment

228 The options available in subsections C.08.002(2.1), C.08.002(2.2) and C.08.002(2.3) only apply if the
229 manufacturer has met the requirements outlined in subsection C.08.002(2.4).

230 Health Canada intends to assess whether the submission qualifies under subsections C.08.002(2.1),
231 C.08.002(2.2), C.08.002(2.3) and C.08.002(2.4) in screening.

232 In accordance with subsection C.08.002(2.5), the amended regulations do not apply if the manufacturer is
233 seeking an NOC for a public health emergency drug on the basis of a direct or indirect comparison between
234 the public health emergency drug and another public health emergency drug (for example, a generic or
235 biosimilar submission).

236 *Safety and efficacy: C.08.002(2.1) as an alternative to C.08.002(2)(g) and C.08.002(2)(h)*

237 The *regulations* were amended to allow manufacturers who seek approval for a public health emergency
238 drug to file a submission with an alternative data package for a COVID-19 drug or a condition that is on the
239 List.

240 As more products emerge to address COVID-19 or a condition on the List, manufacturers should discuss data
241 requirements with Health Canada before filing. A data package based on C.08.002(2.1) may only be
242 appropriate in some circumstances.

243 Following discussion with Health Canada, a manufacturer may file an NDS for a public health emergency drug
244 without complying with the requirements set out in paragraphs C.08.002(2)(g) and C.08.002(2)(h). To do so:

- 245 • the manufacturer must state that the NDS is for a public health emergency drug (C.08.002(2)(2.1)(a))
- 246 • the NDS must contain sufficient safety, efficacy and quality evidence such that the benefits of the
247 new drug outweigh the risks (C.08.002(2)(2.1)(b))
- 248 • Health Canada also considers in addition to the evidence:
 - 249 ○ the uncertainties relating to the benefits and risks
 - 250 ○ the public health need relating to COVID-19 or the condition on the List

251 Manufacturers should make the required statement in module 1.2.3, "Certification and Attestation Forms."
252 Manufacturers are encouraged to specify in a cover letter that the NDS relies on subsection C.08.002(2.1) of
253 the *regulations* to facilitate processing.

254 A manufacturer who relies on C.08.002(2.1) to provide evidence of safety and efficacy will be subject to any
255 terms and conditions that might be imposed on a DIN issued for the public health emergency drug. Refer to
256 section C.01.014.21(1.1). In the context of the public health need related to COVID-19 or a condition on the
257 List, the manufacturer is required to include in the NDS sufficient safety, efficacy and quality evidence
258 showing that the drug's benefits outweigh the risks. Terms and conditions on the DIN may be imposed as
259 needed, including to require the manufacturer to address and/or manage risks and uncertainties after
260 authorization.

261 A manufacturer that has a substantive data package to support the NDS may choose not to rely on subsection
262 C.08.002(2.1).

263 For more information, consult the following guidance documents:

- 264 • [Evidence requirements for COVID-19 vaccines](#)
- 265 • [Evidence requirements for COVID-19 drugs](#)

266 Product labels

267 Subsection C.08.002(2.2) provides for exemption from the requirement in paragraph C.08.002(2)(j.1) to
268 provide a mock-up of labels of the public health emergency drug.

269 However, the submission must contain a draft of every label to be used with the new drug. This includes any
270 package insert and any document that sets out supplementary information on the use of the new drug.

271 Health Canada will accept text-only labels and/or mock-up labels (if available). Sponsors should refer to
272 sections 3, 9 and 10 of the *Food and Drugs Act* as well as related provisions of the *regulations* to ensure they
273 are complying with the labelling requirements. You may also refer to the following guidance documents for
274 more information:

- 275 • [Guidance document: Labelling of pharmaceutical drugs for human use](#)
- 276 • [Guidance on veterinary drug labelling](#)
- 277 • [Guidance for market authorization requirements for COVID-19 vaccines: Labelling and post-market](#)
278 [requirements](#)

279 Sponsors are also encouraged to contact us in advance to discuss their labelling proposals. If utilizing the
280 exemption in C.08.002(2.2), sponsors should include a rationale and 'note to reviewer' in the submission
281 outlining the labelling approach.

282 To facilitate processing, manufacturers are encouraged to specify in a cover letter that the NDS relies on
283 subsection C.08.002(2.2) of the *regulations*.

284 Rolling review

285 Health Canada recognizes that the submission may not contain all of the information otherwise required by
286 section C.08.002 at the time it is filed. Health Canada will begin our review using the information submitted
287 by the manufacturer and accept new evidence as it becomes available. When providing the balance of the
288 remaining missing information, the sponsor should confirm that it considers all missing information to have
289 been provided.

290

291 A manufacturer may file an NDS for a new public health emergency drug without including some of the data
292 otherwise required under:

- 293 • paragraphs C.08.002(2)(e) to C.08.002(2)(k), C.08.002(2)(m), and C.08.002(2)(n)
- 294 • paragraph C.08.002(2)(p) (coming into force on one-year anniversary of the date on which the
295 regulations are registered in Canada Gazette, Part II)
- 296 • paragraph C.08.002(2.1)(b)
- 297 • subsection C.08.002(2.2) or
- 298 • section C.08.005.1

299 Similarly, a sponsor may file an SNDS without some of the information that is required to be included in a
300 supplement under subsection C.08.003(3) and, if applicable, corresponding information that is required to be
301 included in the supplement under section C.08.005.1.

302 To file an NDS for rolling review, the manufacturer must include all applicable forms and other administrative
303 components. The NDS must also include a plan identifying the missing parts of the submission. This plan must
304 specify how and when the missing information or material will be provided to the Minister during the review
305 period. Refer to C.08.002(2.3).

306 The plan should be up-to-date and complete. The manufacturer should discuss and agree upon the plan in
307 advance of the submission to Health Canada. Some elements of the plan may be more appropriate to file as
308 an SNDS following approval of the NDS, rather than as part of a rolling review. Health Canada recommends a
309 pre-submission meeting to discuss efficient filing strategies for changes, such as chemistry, manufacturing
310 and control changes. Health Canada expects the missing information to be provided in a small number of
311 regulatory transactions.

312 Manufacturers are encouraged to specify in a cover letter that the NDS relies on subsection C.08.002(2.3) of
313 the *regulations* to facilitate processing.

314 As with other NDSs under Division 8, the filing date refers to the date that:

- 315 • the NDS is deemed administratively complete by Health Canada
- 316 • all the elements and forms required for processing are completed and submitted to Health Canada

317 This is typically the same day the regulatory activity is received by Health Canada.

318 The filing date may differ from the date of original receipt if the submission is considered to be
319 administratively incomplete at that time. Any missing data or information that is subsequently provided
320 during a rolling review will be considered solicited information under the NDS and will not change the filing
321 date of the submission.

322 The process for establishing a filing date has not changed from the standard process outlined in the following
323 guidance documents:

- 324 • [Guidance document: The management of drug submissions and applications](#)
- 325 • [Veterinary drugs - Management of regulatory submissions guidance](#)

326 Sufficient information must be submitted within a reasonable timeframe. The Minister reviews the NDS
327 based on the requirements and makes a decision, as per section C.08.004 of the *regulations*.

328 The plan should contain:

- 329 • a list of the non-clinical, clinical and quality data to be provided (planned and in progress)
- 330 • a timeframe for when this clinical and quality data will be available
- 331 • a timeframe for when this clinical and quality data will be filed for review

332 If the missing information outlined in the plan will be submitted through multiple regulatory transactions, the
333 plan must clearly specify what information will be contained in each regulatory transaction. For example:

- 334 • regulatory transaction A will be submitted on DD/MM/YYYY and contains results from studies XX, YY
335 and ZZ
- 336 • regulatory transaction B will be submitted on DD/MM/YYYY and contains results from studies MM,
337 NN and OO

338 Pre-submission meetings provide an opportunity to discuss the PHED application plan in detail. These
339 meetings should be used to:

- 340 • establish submission content and timelines
- 341 • determine the data that will be submitted when the submission is filed
- 342 • determine the data that will be provided at a later date

343 The cover letter should refer to the plan. If changes are required to labelling to reflect the new information,
344 annotated and clean copies of the drug labels should be included.

345 Health Canada will:

- 346 • review the submission to ensure it includes the detailed plan
- 347 • assess the information submitted by the manufacturer
- 348 • accept new evidence as it becomes available until the review has been completed

349 Any subsequent data or information sent after the submission has been filed is considered solicited
350 information under the NDS if the data or information is provided according to the plan or in response to
351 Health Canada's request. Information or data provided otherwise may be considered unsolicited information.
352 Refer to [section 14](#) of the *Management of Drug Submissions and Applications Guidance Document*. There
353 may be situations where an update to the plan is appropriate. We will assess these on a case-by-case basis.
354 However, changes in the timing or content should be avoided if possible as they will impact the review
355 timeline and efficiency.

356 Health Canada will not issue an NOC unless the Minister is satisfied that the NDS complies with the
357 requirements of section C.08.002.

358 [Regulatory activity and transaction details for public health emergency drugs](#)

359 As noted, modified requirements introduced through amendments to the *regulations* are available for NDS
360 and SNDs. The "NDS CV" submission code is the code used for current submissions for NDSs that use any of
361 the provisions in subsections C.08.002(2.1), C.08.002(2.2) or C.08.002(2.3) of the regulations. The
362 manufacturer must select the "NDS CV" submission code in the appropriate Regulatory Enrolment Process
363 (REP) regulatory transaction template when submitting their NDS. "NDS CV" submission code is described as
364 "Drug submission with modified requirements for public health emergency drugs."

365 To file an NDS that does not benefit from any of the modified requirements mentioned in the previous 3
366 subsections (on safety and efficacy, rolling review, product labels), a manufacturer must select the regular
367 NDS submission code when submitting their NDS.

368 [Pre-submission meetings](#)

369 Manufacturers are encouraged to communicate regularly with Health Canada. Early and ongoing
370 consultation(s) with us help ensure that regulatory requirements are met.

371 Before filing an NDS, manufacturers are encouraged to request a pre-submission meeting to discuss all
372 aspects of their submission. At this meeting, we will expect you to describe your submission plan and indicate
373 how and when you will provide the Minister with the missing information or material, if applicable
374 (subsection C.08.002(2.3)).

375 To request a pre-submission meeting with the appropriate directorate, consult the guidance documents on
376 the:

- 377 • [Management of drug submissions and applications](#)
- 378 • [Management of regulatory submissions for veterinary drugs](#)

379 For relevant contact information, please refer to key contacts.

380 Format and structure for filing

381 For general procedures on how to file applications, please also refer to the guidance documents on the:

- 382 • [Management of drug submissions and applications](#) or
- 383 • [Management of regulatory submissions for veterinary drugs](#)

384 Submissions for human drugs should be formatted, structured and filed as outlined in the:

- 385 • [Guidance document on the preparation of regulatory activities in the eCTD format](#)
- 386 • [Organization and document placement for Canadian module 1](#)
- 387 • [Guidance document on the regulatory enrolment process \(REP\)](#)

388 Manufacturers who cannot comply with the formatting requirements may contact the Office of Submissions
389 and Intellectual Property for further options and guidance. Please send an email to ereview@hc-sc.gc.ca.

390 Submissions for veterinary drugs should be formatted, structured and filed as outlined in the following
391 guidance documents on the:

- 392 • [Preparation of regulatory activities in the non-eCTD format](#)
- 393 • [Regulatory enrolment process \(REP\)](#)

394 Manufacturers who cannot comply with the formatting requirements may contact the Veterinary Drugs
395 Directorate by email at vdd.skmd.so-dgps.dmv.cp@hc-sc.gc.ca.

396 Content and requirements for filing

397 The sponsor must include all the data they rely on to support their submission in the NDS. The sponsor
398 should consult with Health Canada at a pre-submission meeting before filing.

399 For both the non-clinical and clinical information package, you may not need to include as much information
400 at the time of filing as you do for a data package in a typical drug submission. This is balanced by additional
401 information, which is to be provided as part of the rolling review.

402 Non-clinical information and requirements

403 Key non-clinical information may be required to:

- 404 • demonstrate the potential for clinical effectiveness under the proposed conditions of use
- 405 • support the safety of the public health emergency drug

406 All key studies should be conducted in accordance with good laboratory practices.

407 For more information, consult the following guidance document for human drugs:

- 408 • [Non-clinical laboratory study data supporting drug product applications and submissions: Adherence
409 to good laboratory practice](#)

410 Clinical information and requirements

411 A manufacturer may submit an NDS relying on the modified requirements in subsections C.08.002(2.1) to
412 (2.3). Sufficient evidence should be provided to support the safety and efficacy of the public health
413 emergency drug. This includes all available clinical trial data and the safety and efficacy summary documents.

414 For more information on COVID-19 products, refer to the following guidance documents:

- 415 • [Evidence requirements for COVID-19 vaccines](#)
- 416 • [Evidence requirements for COVID-19 drugs](#)

417 Quality (chemistry and manufacturing) information and requirements

418 For further guidance on meeting submission and information requirements, consult the [list of guidance](#)
419 [documents](#).

420 Under subsection C.08.002(2.3) in the *regulations*, the manufacturer may provide the information and
421 material normally required under paragraphs (2)(e), (f) and (m) on a rolling basis. The manufacturer must
422 specify in their plan how and when they will provide the missing information to Health Canada.

423 Manufacturers should make sure that their plan is detailed and accurate, and discuss the plan with us before
424 submitting it.

425 We will review the timing proposed in the plan as well as the chemistry and manufacturing information.

426 For more information on COVID-19 products, refer to the following guidance documents:

- 427 • [Evidence requirements for COVID-19 vaccines](#)
- 428 • [Evidence requirements for COVID-19 drugs](#)

429 Comparative submissions for subsequent entry drugs

430 The *regulations* do not allow comparative submissions to be filed while benefitting from any of the modified
431 requirements, even where consent from the reference product manufacturer is provided.

432 *Subsection* C.08.002(2.5) excludes the application of subsections C.08.002(2.1), (2.2) and (2.3). Where
433 subsection C.08.002(2.5) applies, the submission will be assessed against regular criteria in screening.

434 Information and requirements for veterinary drugs

435 A new drug submission for a public health emergency drug for veterinary use should include evidence of its
436 efficacy in the target species, animal safety, human safety and quality.

437 For drugs used in a food-producing animal, information should be provided on the safety of drug residues in
438 meat and other food products from the treated animal intended for human consumption.

439 Risk management plan

440 Until such time that the requirement to provide a risk management plan (RMP) for an NDS comes into force
441 (for example, C.08.002(2)(p)), RMPs for public health emergency drugs for human use will be required
442 through the use of terms and conditions. In the case of a rolling review, the sponsor may provide the RMP to
443 Health Canada after the submission has been filed.

444 The RMP should focus on the product's updated safety risks and uncertainties in the context of public health
445 emergency use to ensure that:

- 446 • the benefit-risk profile of the product is managed optimally during its life cycle
- 447 • knowledge gaps at the time of authorization are described and risks are further quantified and
448 characterized over time

449

450 It should:

- 451 • outline the product's safety risks and uncertainties related to the purpose and conditions of use
- 452 related to COVID-19 or a condition on the List
- 453 • outline the pharmacovigilance activities and risk minimization activities used to identify,
- 454 characterize, prevent or minimize risks
- 455 • contain an evaluation of the effectiveness of such risk minimization measures

456 To ensure the safe and effective use of a product, additional post-market requirements may be imposed as a
457 term or condition on the DIN. For example, elements of an RMP such as additional measures to minimize risk
458 or uncertainty might become terms and conditions if they meet the criteria.

459 For information on the scope and application of RMPs, please refer to the following guidance document:

- 460 • [Submission of risk management plans and follow-up commitments](#)

461 For public health emergency drugs submitted for authorization, the RMP should include the following:

- 462 • safety specification section with a detailed description of the risks associated with the drug and the
463 uncertainties relating to those risks (for example on the identified risks, potential risks and missing
464 information for the product) such as, special populations where there is limited information or who
465 were excluded from clinical trials
- 466 • pharmacovigilance plan with a detailed description of the measures that the manufacturer intends to
467 take to address and monitor the uncertainties, such as the specific activities to be taken to identify
468 and report safety issues, including expedited adverse reaction reporting, periodic reporting and
469 ongoing/planned studies to quantify and characterize those risks (for example, registries, prospective
470 cohort studies)
- 471 • risk minimization plan with a detailed description of the measures that the manufacturer intends to
472 take to prevent or reduce the risks, including routine risk minimization measures (for example,
473 labelling) and additional measures beyond those considered routine (such as educational materials
474 for health care professionals or patients, or a restricted access or distribution program), if needed
- 475 • a detailed description of how the manufacturer intends to evaluate the effectiveness of the
476 measures that they intend to take to prevent or reduce the risks
- 477 • a summary of the plan's contents, in English and in French

478 An RMP that has been reviewed and accepted as part of the submission for a public health emergency drug is
479 expected to be implemented. If the manufacturer filed under the requirement in subsection C.08.002(2.1),
480 any elements of an RMP that are essential for the safe and effective use of the product could be identified as
481 terms and conditions and must be implemented.

482 When section C.08.002(2)(p) of the regulations is in force, sponsors or Market Authorization Holders must
483 submit an RMP summary as part of their submission or RMP updates. The format of the RMP summary will
484 be specified in the [Submitting risk management plans guidance document](#) that will support section
485 C.08.002(2)(p).

486 A Canadian addendum that demonstrates that the RMP meets Canadian regulatory requirements must
487 accompany the core RMP. Information on these requirements is provided in the following guidance
488 documents and recent notice:

- 489 • [Evidence requirements for COVID-19 vaccines](#)
- 490 • [Evidence requirements for COVID-19 drugs](#)
- 491 • [Notice of clarification to drug manufacturers and sponsors on Canadian-specific considerations in risk](#)
- 492 [management plans](#)

493 If you have a question about the type of quality, safety and effectiveness information required, please
494 contact the appropriate directorate within Health Canada. Please refer to the [key contacts](#) for relevant
495 contact information.

496 Labelling

497 Manufacturers of a public health emergency drug must comply with all applicable labelling requirements in
498 the *Food and Drugs Act* and parts A and C of the regulations.

499 Existing regulatory provisions on the labelling of veterinary drugs also apply.

500 Manufacturers who file an NDS for a public health emergency drug using the modified requirements may be
501 asked to include a warning statement on the inner and outer labels. This statement may be displayed on any
502 panel. The data submitted to support the NDS and any associated terms and conditions that the Minister
503 places on the DIN will dictate this.

504 Drug products that are packaged in special containers or ones that are too small to accommodate the inner
505 label requirements outlined in the *regulations* may contain abbreviated labelling (subsection C.04.009(6)).
506 But there must be an outer label that meets all regulatory requirements. Sponsors are encouraged to contact
507 Health Canada to discuss their labelling proposals. If using the exemption in C.08.002(2.2), sponsors should
508 include a rationale and 'note to reviewer' in the submission.

509 The plain language labelling requirements for mock-up labels and a brand name assessment package do not
510 apply (paragraphs C.08.002(2)(j.1) and C.08.002(2)(o)).

511 While exempt from these requirements, manufacturers are strongly encouraged to complete and submit a
512 brand name assessment package and to provide mock-up labels:

- 513 • at the time of NDS filing (if available) or
- 514 • at the earliest time after the NDS is filed

515 Manufacturers may also file these materials after the NOC is granted.

516 Health Canada may apply labelling terms and conditions as necessary. We will request that the sponsor
517 submit a brand name assessment and final mock-up package labels at an agreed-upon time if the sponsor
518 chooses to use the exemption in C.08.002(2.2).

519 Manufacturers who are unable to provide a complete brand name assessment package at the time of filing or
520 at the earliest time after the NDS is filed may provide a package where simulation exercises are omitted.

521 The update to Canadian specific labels (including when final mock-ups are to be provided) will continue to be
522 assessed based on the global supply and public health emergency situation. Health Canada will work with
523 manufacturers to develop an appropriate timeline to:

- 524 • submit the labelling materials to support their market authorization
- 525 • transition to the Canadian labelling at a point when the global supply and public health situation will
526 make this possible

527 Plain language labelling and Look-alike Sound-alike components are not needed for the labelling of veterinary
528 drugs.

529 Consult the [list of guidance documents](#) for further guidance on labelling.

530 Filing a supplement to an NDS for a public health emergency drug

531 A manufacturer of a public health emergency drug may file an NDS under section C.08.002 of the *regulations*.
532 Once the manufacturer receives an NOC for the public health emergency drug, they may file a supplement to
533 that new drug submission (SNDS) for any changes post-NOC.

534 Filing a supplement to an NDS for a public health emergency drug depends on the situation. The SNDS relies
535 on the original modified requirements on the NOC. Discuss with Health Canada before filing.

536 Consult the following guidance documents on post-notice of compliance (NOC) changes:

- 537 • [Framework document for pharmaceutical, biologic and radiopharmaceutical drugs for human use](#)
538 [only](#)
- 539 • [Safety and efficacy document for pharmaceutical, biologic and radiopharmaceutical drugs for human](#)
540 [use only](#)
- 541 • [Quality document](#)

542 Notice of compliance for a public health emergency drug

543 For Health Canada to issue a notice of compliance (NOC) (C.08.004) for the sale of a public health emergency
544 drug, the NDS must meet the requirements of section C.08.002.

545 For drugs relying on the modified requirements in subsection C.08.002(2.1), the NDS must contain sufficient
546 evidence to support the conclusion that the drug's benefits outweigh the risks when used as indicated. The
547 evidence takes into consideration the uncertainties around the drug in the context of the public health need
548 related to COVID-19 or the condition on the List.

549 Drug identification number

550 Once an NOC is issued for a public health emergency drug, Health Canada assigns a drug identification
551 number (DIN).

552 For more information on DINs, refer to the:

- 553 • [Guidance document on the regulatory requirements for drug identification numbers \(DINs\)](#)

554 Terms and conditions on a DIN pertaining to a public health emergency drug

555 A term and condition is an obligation that the Minister may impose on the DIN of a drug for an authorized
556 indication, at anytime, in which the holder of a drug authorization is obligated to conduct an activity with
557 respect to that drug. The main purpose of a T&C is to optimize the benefits and manage risks and
558 uncertainties associated with the safety, efficacy and/or quality of a drug. Examples of potential terms and
559 conditions can include:

- 560 • specific pharmacovigilance and risk mitigation and management measures
- 561 • additional quality information
- 562 • confirmation of effectiveness

563 The Minister may at any time impose or amend terms and conditions on a DIN (C.01.014.21(1.1)) assigned for
564 a public health emergency drug if an NOC was issued under section C.08.004 in respect of:

- 565 • a new drug submission that contains the statement referred to in paragraph C.08.002(2.1)(a), or a
566 supplement to such a submission
- 567 • an NDS, ANDS or supplement to either submission, that does not rely on the statement referred to in
568 paragraph C.08.002(2.1)(a) but was filed on the basis of a direct or indirect comparison to another
569 public health emergency drug submission that did

570 Terms and conditions will be determined on a case-by-case basis for drug submissions that have relied on a
571 comparator drug where terms and conditions have been imposed. Any post-market commitments for a
572 reference product may also be imposed on DINs for NOCs issued on the basis of a comparison, if appropriate.

573 Health Canada will discuss the terms and conditions with the sponsor before imposing or amending them. All
574 terms and conditions are enforceable under section 21.7 of the act.

575 Note: New authorities respecting terms and conditions that can be placed on any drug that has been
576 assigned a DIN will come into force on the one-year anniversary of the day on which the *Regulations*
577 *Amending Certain Regulations made under the Food and Drugs Act (Agile Licensing)* are registered.

578 For more information, refer to the:

- 579 • [Terms and conditions guidance for human and veterinary drugs](#)

580 Submitting information to fulfill terms and conditions

581 Information on the fulfilment of terms and conditions should be submitted in accordance with Health
582 Canada's post-notice of compliance (NOC) changes guidance documents with an accompanying cover letter.
583 These can be filed as an SNDS or as a notifiable change, as appropriate. The subject line of the cover letter
584 should state "Solicited information, fulfilling terms and conditions for public health emergency drug."
585 Supporting documentation is to be provided. In some cases, information may be submitted as solicited
586 information under the corresponding submission file/control number or as a separate pharmacovigilance
587 submission.

588 Health Canada will review the documentation to determine if the conditions have been met. All terms and
589 conditions will be published and Health Canada will note if they are on-going, pending or completed. Once
590 we are satisfied that the manufacturer has complied with all the terms and conditions, we will indicate this in
591 a letter and reference the original file/control number.

592 Market notification

593 The manufacturer of a public health emergency drug authorized under the regulations must notify Health
594 Canada when they first sell the public health emergency drug under an NOC. The manufacturer must
595 complete, sign, date and return the Health Canada-issued drug notification form (DNF) within 30 days of the
596 date of the first sale. All pages of the DNF must be returned to us.

597 Our [drug product database](#) will indicate the DIN as "approved" until the manufacturer submits a completed
598 DNF, at which point the DIN will be "marketed."

599 If the manufacturer did not file mock-up labels during review, the manufacturer should submit final mock-ups
600 or final printed labels when the public health emergency drug is marketed or launched.

601 For more information on market notifications or notifications for the 'interruption of sale,' consult the:

- 602 • [Guidance document on the regulatory requirements for drug identification numbers \(DINs\)](#)

603 Changes in product ownership, mergers and buyouts or licensing agreements

604 Submissions proposing administrative changes should be filed within administrative (abbreviated) new drug
605 submissions ((A)NDS).

606 If sponsors are proposing labelling changes along with the proposed administrative changes, they must file
607 these changes within an (A)NDS 'labelling only' to obtain Health Canada authorization. They must do so
608 before making any changes to labelling materials on the market.

609 Refer to the following guidance document for more information:

- 610 • [Administrative processing of submissions and applications involving human or disinfectant drugs](#)

611 Notification of discontinuation of sale

612 The manufacturer of a public health emergency drug must submit the notification of discontinuation of sale
613 to Health Canada within 30 days after the public health emergency drug is permanently discontinued in
614 Canada. The date of discontinuance is when the manufacturer last sells their drug, not when it is last sold at
615 retail.

616 For information and general procedures on notification of discontinuance, authorization holders should
617 consult the:

- 618 • [Guidance document on the regulatory requirements for drug identification numbers \(DINs\)](#)

619 For more information on additional requirements for reporting a discontinuance of sale, refer to the:

- 620 • [Guide to reporting drug shortages and discontinuations](#)

621 Transparency

622 Health Canada will continue to communicate up-to-date information about public health emergency drugs
623 under the amended *Food and Drug Regulations*.

624 You can find the following information online:

- 625 • COVID-19 product-related information, such as terms and conditions and their status, can be viewed
626 on the [COVID-19 vaccines and treatments portal](#) and the [drug and health product register](#)
- 627 • submissions for public health emergency drugs that have been accepted for review in the [lists for](#)
628 [drug and health product submissions under review](#)
- 629 • [regulatory decision summaries \(RDS\)](#) and [summary basis of decision documents \(SBDs\)](#) for public
630 [health emergency drugs for the condition on the List of Conditions that Threaten Public Health in](#)
631 [Canada](#) (List) are in the [drug and health product register](#)
- 632 • clinical information used to seek approval of public health emergency drugs for COVID-19 or the
633 condition on the List can be viewed on Health Canada's [clinical information portal](#)
- 634 • drug inspection outcomes and measures in the [drug and health product inspections database](#)
- 635 • summaries of risk management plans, providing the sponsor or market authorization holder's
636 specified measures for pharmacovigilance and risk minimization

637 In addition, Health Canada will continue to provide the most up-to-date approved RMPs for public health
638 emergency drugs in their entirety to external stakeholders upon request. We will consult with sponsors
639 before any risk management plan for a public health emergency drug is made public.

640 For more information, please consult the:

- 641 • [Labelling and post-market requirements section of the Guidance for market authorization](#)
642 [requirements for COVID-19 vaccines](#)
- 643 • [Public release of clinical information](#)

644 Performance standards

645 Health Canada aims to prioritize submissions for public health emergency drugs. Drug submissions will be
646 prioritized and reviewed to reflect the public health need.

647 The time required to review a submission will depend on the submission itself, the volume of data to be
648 assessed and the ability of the manufacturer to submit the data as per the plan, where applicable. Published
649 performance standards will apply to submissions related to public health emergency drugs, other than
650 submissions related to COVID-19 undergoing a rolling review.

651 For more information, refer to the following guidance documents on the:

- 652 • [Management of drug submissions and applications](#)
- 653 • [Management of regulatory submissions for veterinary drugs](#)

654 Fees

655 Fees for regulatory activities related to human drugs (pharmaceutical and biological) are charged as per
656 the [Fees in Respect of Drugs and Medical Devices Order](#).

657 Submission fees

658 Once a drug has received an NOC under the *regulations*, the existing Drug Right To Sell (DRTS) fee will apply.

659 Existing evaluation fees will be charged for public health emergency drug submissions filed under
660 the *regulations*.

661 Please consult the following guidance documents:

- 662 • [Fees for the review of human and disinfectant drug submissions and applications](#)
- 663 • [Guidance document - Fees for the review of veterinary drug submissions and applications](#)

664 Submissions with fees have associated performance standards. Penalties may apply. Published performance
665 standards will apply, but it's expected that most public health emergency drug submissions will be managed
666 and reviewed before the performance standard deadline.

667 Drug establishment licences, good manufacturing practices

668 DELs for public health emergency drugs

669 Division 1A of Part C of the *Food and Drug Regulations* (regulations) applies to public health emergency
670 drugs. A person must hold a drug establishment licence (DEL) authorizing any activities conducted for public
671 health emergency drugs.

672 You can find the following information online:

- 673 • how to interpret the *regulations* for DEL requirements in the [Guidance on drug establishment](#)
674 [licences \(GUI-0002\)](#)
- 675 • your responsibilities related to the DEL application process and how Health Canada manages DEL
676 applications in [Management of applications and performance for drug establishment licences \(GUI-](#)
677 [0127\)](#)

678 If you have questions about the DEL requirements or DEL applications for public health emergency drugs,
679 please email us at del.questions-leppp@hc-sc.gc.ca. Include the term "public health emergency drug" in your
680 email subject line for a faster response.

681 Applying for a new or amended DEL for a public health emergency drug

682 New DEL applications (C.01A.005(1) and (2)) or amendment applications (C.01A.006(1) and (1.1)) for a public
683 health emergency drug can be submitted under the *regulations*. Follow the [standard process and use the](#)
684 [most current version of the application form \(FRM-0033\)](#).

685 When applying for a new or amended DEL for a public health emergency drug, be sure to include the
686 following information:

- 687 • the subject line "public health emergency drug" in the application email, which signals that this is a
688 high-priority application
- 689 • a statement in the body of the application email or cover letter that the DEL application is for a
690 public health emergency drug submitted under subsection C.01A.005(2) or C.01A.006(1.1) of
691 the *regulations*
- 692 • the name of the drug

693 Submit your completed application form by email to el.applications-le@hc-sc.gc.ca.

694 For more information on DEL requirements, please consult the following guidance documents on:

- 695 • [Drug establishment licences \(GUI-0002\)](#)
- 696 • [How to demonstrate foreign building compliance with drug good manufacturing practices \(GUI-0080\)](#)
- 697 • [Management of applications and performance for drug establishment licences \(GUI-0127\)](#)

698 Issuance of a DEL for a public health emergency drug

699 Health Canada issues or amends DELs in accordance with Part C, Division 1A of the *regulations*.

700 Public health emergency drug-related DEL applications submitted under the regulations are processed in an
701 expedited manner. Timelines for the expedited review are determined on a case-by-case basis. The materials
702 submitted in the application and the volume of information to be assessed are factors in how quickly we can
703 review the application.

704 For more information on the issuance of a DEL or DEL amendments, please consult the:

- 705 • [Guidance on drug establishment licences \(GUI-0002\)](#)

706 DEL terms and conditions

707 At any time, Health Canada may impose or amend terms and conditions on DELs for a public health
708 emergency drug submitted under the *regulations*. Decisions to impose or amend terms and conditions are
709 based on the need to mitigate, prevent, or manage risk to the health of consumers, including conditions
710 under which drugs are fabricated, packaged/labelled, or tested.

711 Any existing terms and conditions imposed on a DEL for a COVID-19 drug will continue to apply under the
712 Regulations as necessary. The authority to impose and amend terms and conditions at any time on existing
713 COVID-19 DELs will continue to apply.

714 DEL holders that do not comply with the terms and conditions imposed on their licence will be subject to
715 compliance and enforcement action for contravening section 21.7 of the *Food and Drugs Act*. Such actions
716 will align with the legislative framework and the principles outlined in our [compliance and enforcement
717 policy for health products](#) (POL-0001).

718 DEL suspension and cancellation

719 To prevent a risk to health and safety in relation to a public health emergency drug, Health Canada can
720 suspend or cancel a DEL in full or in part for any of the reasons set out in sections C.01A.016 to C.01A.017.1.
721 When a DEL is suspended or cancelled, the DEL holder must cease all suspended or cancelled activities.

722 For more information on DEL suspension and cancellation, consult the:

- 723 • [Guidance on drug establishment licences \(GUI-0002\)](#)

724 DEL performance standards

725 DEL applications for public health emergency drugs will be prioritized and reviewed based on the:

- 726 • public health need
- 727 • materials submitted in the application
- 728 • volume of information to be assessed

729 For more information on the performance standard, consult the guidance document on the:

- 730 • [Management of applications and performance for drug establishment licences \(GUI-0127\)](#)

731 Drug establishment licence fees

732 Drug establishment licence fees apply to the review of DEL applications submitted in relation to a public
733 health emergency drug.

734 Please consult the guidance document on:

- 735 • [Fees for the review of human and veterinary drug establishment licence applications](#)

736 Fees apply for the review of the following types of DEL applications:

- 737 • an application for a new or reinstated DEL
- 738 • an application for an amendment to add a domestic building to a DEL
- 739 • an application for the annual licence review of a DEL

740

741 The DEL fee is calculated using the following components:

- 742 • Domestic component: the fee charged for each building listed on the licence or application based on
743 the most upstream activity at that building
- 744 • Foreign building component: the fee charged for each unique foreign building (or building outside
745 Canada) on the licence or application

746 Fees can be requested to be waived or reduced for applications filed by:

- 747 • a small business
- 748 • a publicly funded health care institution
- 749 • any branch or agency of the Government of Canada or of a province or territory

750 Good manufacturing practices

751 For information on the requirements around good manufacturing practices (GMP), consult the:

- 752 • [Good manufacturing practices guide for drug products \(GUI-0001\)](#)

753 Evidence requirements to support GMP compliance of foreign buildings is included in the following guidance:

- 754 • [How to demonstrate foreign building compliance with drug good manufacturing practices \(GUI-0080\)](#)

755 If you're unable to obtain documents outlined in GUI-0080 because of challenges directly associated with the
756 public health emergency, please email us at foreign.site-etranger@hc-sc.gc.ca. You should contact us before
757 you send in your DEL application. Be sure to include "public health emergency drug" in your subject line.

758 If you're unable to host a GMP drug inspection at your facility because of challenges directly associated with
759 the public health emergency, please email us at GMP_Questions_BPF@hc-sc.gc.ca. We may consider
760 operational relief and flexibilities to inspection timelines as set under the current fee regime on a case-by-
761 case basis. To monitor compliance, GMP inspections will be conducted using a risk-based approach for
762 licensable activities.

763 Finished product testing

764 DEL holders must meet all product release requirements as outlined in the *regulations*.

765 Finished product testing requirements in section C.02.019 of the regulations do not apply to a distributor or
766 importer of a Schedule D (biologic) COVID-19 drug if the lot of the drug is the subject of a request made
767 under the lot release program (subsection C.04.007(1)).

768 Licence holders must comply with testing requirements set out in Division 2 of the *regulations*. If you are
769 unable to meet these requirements due to the applicable public health emergency, contact us
770 at GMP_Questions_BPF@hc-sc.gc.ca.

771 For more information, refer to the:

- 772 • [Good manufacturing practices guide for drug products \(GUI-0001\)](#)

773 Post-market requirements

774 Pharmacovigilance reporting requirements

775 Health Canada manages an evidence-based post-market surveillance program to monitor and assess risks
776 after health products have been authorized in Canada, and makes regulatory decisions to manage those risks.
777 Market authorization holders (MAHs) contribute safety information to this evidence base through their
778 reporting obligations under the *Food and Drug Regulations* (regulations).

779 Adverse reaction reporting

780 Adverse reactions must be reported to the [Canada Vigilance Program](#).

781 The MAH must report within 15 days of receiving the following information (C.01.017 of the regulations):

- 782 • domestic serious expected and unexpected adverse drug reactions (C.01.017)
- 783 • foreign serious unexpected adverse reactions (C.01.017)
- 784 • unusual failures in efficacy for new drugs (C.08.007, C.08.008)

785 However, adverse reactions associated with public health emergency drugs are a priority. MAHs are strongly
786 encouraged to submit reports related to this priority area to Health Canada without delay. MAHs
787 should identify in the report that the drug is a public health emergency drug.

788 For information and general procedures on how to report serious adverse drug reactions, consult the
789 guidance document on:

- 790 • [Reporting adverse reactions to marketed health products](#) (human drugs)

791 You can also obtain more information on [submitting reports electronically](#).

792 For details on how to report adverse reactions associated with veterinary drugs, MAHs of veterinary drugs
793 are encouraged to contact the Veterinary Drugs Directorate by email at hc.pv-vet.sc@hc-sc.gc.ca.

794 Annual summary reporting

795 Once a year and when requested by the Minister of Health, MAHs must conduct a concise, critical analysis of
796 the adverse reactions and serious adverse reactions to a drug. They must also prepare a summary report
797 relating to the reports received during the previous 12 months (C.01.018).

798 For information on preparing and submitting an annual summary report, consult the guidance document on:

- 799 • [Preparing and submitting summary reports for marketed drugs and natural health products](#) (human
800 drugs)

801 Issue-related summary reports

802 Health Canada may request an issue-related summary report (C.01.019) any time. This report is a concise,
803 critical analysis of a specific safety or effectiveness issue.

804 For information on preparing and submitting an issue-related summary report, consult the guidance
805 document on:

- 806 • [Preparing and submitting summary reports for marketed drugs and natural health products](#) (human
807 drugs)

808

809 Additional good pharmacovigilance practices

810 For additional information on good pharmacovigilance requirements, consult the:

- 811 • [Good pharmacovigilance practices \(GVP\) guidelines \(GUI-0102\)](#)

812 Foreign actions reporting

813 Under section C.01.050 of the *regulations*, authorization holders must notify Health Canada of foreign
814 regulatory actions. These include serious risk related to recalls, suspension or revocation of manufacturing or
815 market authorizations within one of the specified foreign regulatory jurisdictions.

816 For information on this reporting requirement, consult the guidance document on:

- 817 • [Notifying Health Canada of foreign actions](#)

818 Other post-market requirements

819 DEL holders that fabricate, package/label, distribute or import a public health emergency drug are subject to
820 several other post-market requirements, including record keeping, reporting shortages and discontinuation
821 of sale.

822 Record keeping

823 Under subsection C.01.020(1) of the *regulations*, manufacturers of a public health emergency drug must
824 maintain records and case reports as they relate to sections C.01.017 to C.01.019.

825 Under section C.02.020, DEL holders must maintain records for each public health emergency drug that they
826 fabricate, package/label, distribute or import.

827 For more information, consult the:

- 828 • [Good manufacturing practices guide for drug products \(GUI-0001\)](#)

829 Shortages or discontinuation of sale

830 For drugs for human use, authorization holders should consult sections C.01.014.9 and C.01.014.10 and
831 the [guide to reporting drug shortages and discontinuations](#). The guide contains additional information and
832 general procedures on how to report drug shortages and discontinuations of sale.

833 For details on shortages, refer to the:

- 834 • [Drug shortages in Canada: Regulations and guidance](#)

835 For more information on reporting shortages, authorization holders should contact the Veterinary Drugs
836 Directorate by email at vdd.vetdrugs-medsvet.dmv@hc-sc.gc.ca.

837 Compliance and enforcement

838 Health Canada monitors compliance, undertakes enforcement activities and works to prevent non-
839 compliance. When taking compliance and enforcement action, Health Canada considers a number of factors
840 while adhering to the legislative framework and principles of our [compliance and enforcement policy for](#)
841 [health products \(POL-0001\)](#).

842 For further guidance, consult the [list of guidance documents](#).

843 Pre-positioning a public health emergency drug

844 A promising public health emergency drug may be imported into Canada before it receives a Canadian
845 market authorization. This early importation and placement in Canadian facilities is referred to as "pre-
846 positioning." It facilitates the immediate distribution of the drug upon authorization, making it available to
847 Canadians as early as possible.

848 This mechanism may be used to import a promising public health emergency drug into Canada if the Chief
849 Public Health Officer of Canada (CPHO) has notified the Minister of Health identifying the public health
850 emergency drug that is to be pre-positioned.

851 To be eligible to import a public health emergency drug for pre-positioning, several conditions are required:

- 852 • The Government of Canada has entered into a contract for its procurement.
- 853 • An authorization for the drug has not been issued.
- 854 • The manufacturer has filed a submission for the drug's authorization.
- 855 • The DEL holder is authorized to import and the public health emergency drug is within the same
856 category of drugs that is authorized by the licence
- 857 • The CPHO has provided the Minister with information required under paragraph C.08.009.03(1)(a).
- 858 • The DEL holder has provided the Minister with information required under paragraph
859 C.08.009.03(1)(b).

860 Pre-positioning a public health emergency drug

861 Importation and distribution of a pre-positioned drug

862 After reviewing the information provided by the Chief Public Health Officer (CPHO) and importer, the
863 Minister of Health issues a letter to the CPHO indicating if the requirements of pre-positioning have been
864 met. To facilitate importation of the pre-positioned drug into Canada, a copy of this letter should accompany
865 the product across the border.

866 The importer of the pre-positioned public health emergency drug is subject to certain sections in Part C,
867 Divisions 2 to 4 of the *Food and Drug Regulations* (regulations) concerning storage, distribution, quality
868 control and rapid recall.

869 A pre-positioned public health emergency drug cannot be distributed for use until it is authorized in Canada.
870 It can, however, be moved to an alternate storage facility, as long as the Minister of Health is notified by the
871 CPHO of the civic address of that facility.

872 Once the drug receives market authorization in Canada, all DEL requirements apply to subsequent
873 importation and distribution.

874 Pre-positioned public health emergency drugs that do not receive market authorization under
875 the *Regulations* must be destroyed or returned to the manufacturer.

876 For guidance on meeting the regulatory requirements for record keeping, storage and distribution of pre-
877 positioned public health emergency drugs, consult the:

- 878 • [Good manufacturing practices guide for drug products \(GUI-0001\)](#)

879 Evidence requirements to support the GMP compliance is included in the following guidance document:

- 880 • [How to demonstrate foreign building compliance with drug good manufacturing practices \(GUI-0080\)](#)

881 References, key contacts

882 References

883 Authorization applications

- 884 • [Management of drug submissions and applications](#)
- 885 • [Guidance document: Preparation of regulatory activities in the eCTD format](#)
- 886 • [Regulatory enrolment process](#)
- 887 • [Common electronic submissions gateway](#)
- 888 • [Management of regulatory submissions for veterinary drugs](#)
- 889 • [Filing submissions electronically](#)

890 General

- 891 • [Information and submission requirements for biosimilar biologic drugs](#)
- 892 • [Drug submissions relying on third-party data \(literature and market experience\)](#)
- 893 • [The use of foreign reviews by Health Canada](#)
- 894 • [Determining prescription status for human and veterinary drugs](#)
- 895 • [Questions and answers: Prescription drug list](#)
- 896 • [Regulatory requirements for drug identification numbers \(DINs\)](#)
- 897 • [Compliance and enforcement policy for health products \(POL-0001\)](#)
- 898 • [Drug and medical device databases](#)
- 899 • [Regulatory roadmap for biologic \(Schedule D\) drugs in Canada](#)
- 900 • [Draft guidance document: Disaggregated data requirements for human drugs \(NEW\)](#)

901 Safety and efficacy

- 902 • [Non-clinical laboratory study data supporting drug product applications and submissions: Adherence to good laboratory practice](#)
- 903 • [Preparation of comparative bioavailability information for drug submissions in the CTD format](#)
- 904 • [Cochrane Handbook for Systematic Reviews of Interventions](#)
- 905 • [Preferred reporting items for systematic reviews and meta-analyses \(PRISMA\) statement](#)

907 Quality

- 908 • [Preparation of quality information for drug submissions in the CTD format: Biotechnological/biological \(biotech\) products](#)
- 909 • [Preparation of quality information for drug submissions in the CTD format: Conventional biotherapeutic products](#)
- 910 • [Preparation of quality information for drug submissions in the CTD format: Conventional biotherapeutic products](#)
- 911 • [Preparation of quality information for drug submissions in the CTD format: Conventional biotherapeutic products](#)
- 912 • [Quality \(chemistry and manufacturing\) guidance: New drug submissions \(NDSs\) and abbreviated new drug submissions \(ANDSs\)](#)
- 913 • [Quality \(chemistry and manufacturing\) guidance: New drug submissions \(NDSs\) and abbreviated new drug submissions \(ANDSs\)](#)

914 Labelling

- 915 • [Review of drug brand names: Guidance document for industry](#)
- 916 • [Frequently asked questions review of drug brand names](#)
- 917 • [Good label and package practices guide for prescription drugs \(GLPPG\)](#)
- 918 • [Questions and answers: Plain language labelling regulations for prescription drugs](#)
- 919 • [Labelling of special containers policy](#)
- 920 • [Labelling of pharmaceutical drugs for human use](#)
- 921 • [Guidance on veterinary drug labelling](#)
- 922 • [Product monograph guidance documents and notices](#)

- 923 **COVID-19 drugs**
- 924 • [Guidance for market authorization requirements for COVID-19 drugs](#)
- 925 **COVID-19 vaccines**
- 926 • [Guidance for market authorization requirements for COVID-19 vaccines: Requirements for vaccines to address SARS-CoV-2 variants](#)
- 927
- 928 • [ACCESS Consortium: Points to consider for strain changes in authorized COVID-19 vaccines in an ongoing SARS-CoV2 pandemic](#)
- 929
- 930 **Establishment licensing**
- 931 • [Guidance on drug establishment licences and drug establishment licensing fees \(GUI-0002\)](#)
- 932 • [Management of applications and performance for drug establishment licences \(GUI-0127\)](#)
- 933 **Good manufacturing practices**
- 934 • [Good manufacturing practices guide for drug products \(GUI-0001\)](#)
- 935 • [Annex 2 to the current edition of the good manufacturing practices guidelines schedule D drugs \(biological drugs\) \(GUI-0027\)](#)
- 936
- 937 • [How to demonstrate foreign building compliance with drug good manufacturing practices \(GUI-0080\)](#)
- 938 • [Good manufacturing practices \(GMP\) for active pharmaceutical ingredients \(APIs\) \(GUI-0104\)](#)
- 939 **Good laboratory practices**
- 940 • [Good laboratory practices \(GLP\) guidelines \(Dir-9801\)](#)
- 941 **Post-market vigilance**
- 942 • [Reporting adverse reactions to marketed health products \(overview\)](#)
- 943 • [Report an adverse reaction to a drug: industry](#)
- 944 • [Preparing and submitting summary reports for marketed drugs and natural health products](#)
- 945 • [Good pharmacovigilance practices \(GVP\) guidelines \(GUI-0102\)](#)
- 946 • [Notifying Health Canada of foreign actions: Guidance document for industry](#)
- 947 • [Amendments to the *Food and Drugs Act*: Guide to new authorities \(power to require and disclose information, power to order a label change and power to order a recall\)](#)
- 948
- 949 • [Format and content for post-market drug benefit-risk assessment in Canada](#)
- 950 • [Submission of risk management plans and follow-up commitments](#)
- 951 • [Guide to reporting drug shortages and discontinuations](#)
- 952 • [Recall policy for health products \(POL-0016\)](#)
- 953 • [Drug and natural health products recall guide \(GUI-0039\)](#)
- 954 **Post-notice of compliance (NOC) changes**
- 955 • [Post-notice of compliance \(NOC\) changes: Framework document \(pharmaceutical, biologic and radiopharmaceutical drugs for human use only\)](#)
- 956
- 957 • [Quality document](#)
- 958 • [Safety and efficacy document \(for pharmaceutical, biologic and radiopharmaceutical drugs for human use only\)](#)
- 959
- 960 **Advertising webpages**
- 961 • [Marketing of drugs and medical devices](#)
- 962

963 **Disinfectants guidance documents and monograph**

- 964 • [Management of disinfectant drug applications](#)
- 965 • [Safety and efficacy requirements for surface disinfectant drugs](#)
- 966 • [Disinfectant drugs](#)
- 967 • [Applying for a drug identification number \(DIN\) for a disinfectant drug during the COVID-19 pandemic](#)
- 968 • [Hard-surface disinfectants monograph](#)

970 **Non-prescription pharmaceuticals and hand sanitizer (antiseptic skin cleansers)**

- 971 • [Human-use antiseptic drugs](#)
- 972 • [Management of drug submissions and applications](#)
- 973 • [Compendium of monographs](#)

974 **Key contacts**

975 To help ensure that we prioritize your inquiry, please include "public health emergency drug" in the subject
976 line of your email.

977 Biologic and Radiopharmaceutical Drugs Directorate

978 Office of Regulatory Affairs

979 Email: brdd.ora@hc-sc.gc.ca

980 Pharmaceutical Drugs Directorate

981 Regulatory Project Management Division

982 Email: rpmd-dgpr@hc-sc.gc.ca

983 Veterinary Drugs Directorate

984 Submission and Knowledge Management Division

985 Email: vdd.skmd.so-dgps.dmv.cp@hc-sc.gc.ca

986 Natural and Non-prescription Health Products Directorate

987 General enquiries

988 Email: nnhpd-dpsnso@hc-sc.gc.ca,

989 **For application format-related inquiries:**

990 Office of Submissions and Intellectual Property

991 Email: ereview@hc-sc.gc.ca

992

993 For adverse reaction reporting-related inquiries:

994 [Canada Vigilance Program \(CVP\)](#)

995 **For inquiries about good manufacturing practices (GMP) compliance requirements:**

996 Email: GMP_Questions_BPF@hc-sc.gc.ca

997 **For drug establishment licensing (DEL)-related inquiries:**

998 Email: del.questions-leppp@hc-sc.gc.ca