**Check list for documents of Renewal biological products registration file**

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| **Date of Submission** |  |
| **Product Name** |  |
| **Applicant Name** |  |
| **Applicant Representative** |  |
| **Biological Registration Specialist** |  |

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|  | **Prepare the following items** | **Check** | **Notes** |
| **I. Core Registration file** | | | |
| **First: Administrative data** | | | |
| **1** | **Company profile submitted & updated** |  |  |
| **2** | **Index** |  |  |
| **3** | **Covering letter on applicant head letter signed and stamped by the registration general manager for file submission for Renewal process** |  |  |
| **5** | **Copy of the updated pricing certificate** |  |  |
| **6** | **C.D. containing all content of the 3 files (core, inspection, quality)** |  |  |
| **7** | **A certification that all data in the file is true and accurate and updated and identical to the CD** |  |  |
| **8** | **Copy of all approvals or Exemptions related to the Product (technical committee, scientific committee, inspection reports, …)** |  |  |
| **9** | **Copy of Authorization letter for the person responsible for communication on behalf of** **applicant during the procedure and this letter should be certified as truly signed** |  |  |
| **10** | **Payment receipt (according to the last update of fees decree)** |  |  |
| **11** | **Original List OF variations from the MA holder** |  |  |
| **12** | **Application form for Renewal of biological medicinal products Signed & Stamped by the Applicant (each paper)** |  |  |
| **13** | **Composition Certificate** |  |  |
| Original |  |  |
| Authenticated & Notarized **(if not attached to CPP)** \* for imported products |  |  |
| On license holder letter head |  |  |
| Signed & Stamped by the license holder |  |  |
| Trade name of the product is specified |  |  |
| Dosage form of the product is specified |  |  |
| Active ingredient (s) with its (their) quantity (ies) per unit dose is (are) specified |  |  |
| inactive ingredient (s) with its (their) quantity (ies) per unit dose is (are) specified |  |  |
| Specifications of Active & inactive ingredients are mentioned (e.g. in house specification , USP ,EU ,JP ,British pharmacopeia) |  |  |
| The overage should be mentioned |  |  |
| Identical to CPP & CTD |  |  |
| API name is specified (the INN, scientific, pharmacopoeia, common name accompanied by its salt or hydrate form (if any)) |  |  |
| **14** | **For Imported products: CPP issued by Competent Authorities in Country of Origin** |  |  |
| Original |  |  |
| Authenticated from Embassy |  |  |
| Valid |  |  |
| The Arab Republic of Egypt is mentioned as Importing Country |  |  |
| Number of product license is specified |  |  |
| Date of issue is specified |  |  |
| Dosage form (s) and Strength (s) are specified. |  |  |
| License Holder (address, city, country) is specified |  |  |
| Role of License Holder is specified |  |  |
| Manufacturer of solvent should be mentioned (if different from manufacturer of the finished product) |  |  |
| Product marketed in the COO |  |  |
| Manufacturing sites involved in the Production of the product should be mentioned with its role (Finished product, Primary Packager, Secondary Packager, Batch releaser, Solvent manufacturer) |  |  |
| Good Manufacturing Practice (GMP) of the manufacturer is specified |  |  |
| Pack Presentation and pack size(s) of the Product is (are) specified (could be as an attachment) |  |  |
| Active Ingredient(s) by its salt or hydrate form (if any) with its (their) quantity (ies) per unit dose is (are) specified |  |  |
| Inactive Ingredient(s) with its (their) quantity (ies) per unit dose is (are) specified (could be as an attachment) |  |  |
| Shelf-life of the Product is specified (could be as an attachment) |  |  |
| Storage Conditions of the Product is specified (could be as an attachment) |  |  |
| SPC or package insert of the product (could be as an attachment) |  |  |
| If the Name of the product may change in Egypt, copy of CPP from any reference country with the name targeted to be in Egypt should be submitted (technical committee decision on 22/5/2014). |  |  |
| **15** | **GMP of all the manufacturers involved in the production process  (Manufacturer of active substance, Manufacturer of finished, Manufacturer of solvent, primary packager, Secondary packager and Batch Releaser)** |  |  |
| Authenticated (From Embassy) original or true copy (authentication on the certificate) |  |  |
| Valid |  |  |
| The name of plant by its address should be specified |  |  |
| The date of the last inspection should be specified |  |  |
| The invalidation date should be mentioned |  |  |
| The production lines are specified |  |  |
| **16** | **Copy of Manufacturing license for all manufacturers** |  |  |
| Valid |  |  |
| Authenticated (From Embassy) original or true copy (authentication on the certificate) |  |  |
| The name of plant by its address should be specified |  |  |
| The invalidation date should be mentioned |  |  |
| The production lines are specified |  |  |
| Issued from the health authority of the specified country |  |  |
| **17** | **Outer label of the Product (1 original pack recently marketed in Egyptian market and 7 layouts)** |  |  |
| **18** | **Inner Label of the product (1 original label that recently marketed in Egyptian market and 7 layouts)** |  |  |
| **19** | **Official declaration (from scientific office or from manufacturer) stating the type of the submitted pack (COO pack , country-specific pack , international pack …..etc. ) with differences** |  |  |
| **20** | **Official declaration stating the relationship between Manufacturer, Importer and Distributor that Should be notarized from the chamber of commerce or its equivalent in the country of origin and Authenticated from the Egyptian embassy** |  |  |
| **21** | **Copy of Agency or distribution contract that Should be notarized from the chamber of commerce or its equivalent in the country of origin and Authenticated from the Egyptian embassy abroad & submit original for review** |  |  |
| **22** | **In case of imported bulk naked vial** that manufactured abroad and packed locally, the following is required:  - Copy of packaging contract between the importing company & local manufacturing  - Original Authorization letter from the abroad mother company to the importing for product registration and packaging with a local licensed packaging site (Should be notarized from the chamber of commerce or its equivalent in the country of origin and Authenticated from the Egyptian embassy abroad & submit original for review) |  |  |
| **23** | **Letter of Acknowledgment of full responsibility for storing the raw materials and for all stages of manufacturing and for the product’s conformity with the technical specifications until the completion of distribution** |  |  |
| **24** | **Submitting a pledge acknowledging his commitment to the provisions of the Intellectual Property Protection Law No. 82 of 2002** |  |  |
| **25** | **Submit the updated scientific office license, importer register for all importers, Updated Storage License for all Storage sites, updated Tax card & Commercial register** |  |  |
| **26** | **Copy of insert** |  |  |
| **27** | **CD containing Complete & updated Module 3** |  |  |
| **28** | **A declaration from the license holder mentioning the product name submitted that the submitted Module 3 (version number & date) at the renewal process is the updated and complete** |  |  |
| **29** | **A declaration letter from the applicant mentioning that there are no updates in the scientific file at the renewal submission date and all updates are submitted and approved previously (or there is no updates undertaken from the product license issuance till renewal submission)** |  |  |
| **30** | **A declaration letter from the applicant mentioning that there are no updates in the stability file at the renewal submission date and all updates are submitted and approved previously (or there is no updates undertaken from the product license issuance till renewal submission)** |  |  |
| **31** | **COA for active substance & finished Product (solvent if needed)** |  |  |
| **32** | **If the materials entering in the product formulation are from blood derivatives, the following will be presented:** | | |
| **Official certificates declaring plasma source (legalized in case of blood products active substance)** |  |  |
| **HV-1, HV-2, HBsAG, HCV freedom legalized certificate for the plasma** |  |  |
| **Copy of Certificate of release from Health authority (Drug substance only)** |  |  |
| **File II: Inspection file** | | | |
| **1** | **Site master file (for Manufacturer of active substance, Manufacturer of finished, Manufacturer of solvent, primary & secondary packager and batch releaser)** |  |  |
| Covering letter from the License holder declaring that the submitted SMF is the most updated and approved signed, stamped and Authorized |  |  |
| **2** | **GMP of all the manufacturers involved in the production process  (Active substance, Manufacturer of finished, Manufacturer of solvent, primary packager)** |  |  |
| **3** | **Manufacturing license indicating production lines** |  |  |
| **4** | **CPP of the product** |  |  |
| **5** | **Manufacturing process for Active substance and Finished product (and solvent, if present)** |  |  |
| **6** | **Manufacturing validation for Active substance and Finished product (and solvent, if present)** |  |  |
| **7** | **Description of cold chain maintenance procedure (if required)** |  |  |
| **File III: Quality file** | | | |
| **1** | **Copy of application form for biological products** |  |  |
| **2** | **Summary protocol (for blood products & vaccines)** |  |  |
| **3** | **Complete updated CTD** |  |  |
| **4** | **Certificate of Analysis for Drug substance & Finished product & solvent (if solvent present)** |  |  |
| **File IV- PV requirements** | | | |

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| 5 | Covering Letter to EPVC Manager (signed and stamped on company Letter head) |  |  |
| 6 | The latest periodic safety update report (PSUR) in PBRER format covering at least the last 3 years OR separate PSURs covering at least the last 3 years or addendum to clinical overview (Most updated) |  |  |
| 7 | **إعادة تسجيل مستحضر حيوي مستورد، المستندات المطلوبة كالتالي:**  **Soft copy searchable text PDF:**  **1.The addendum to clinical overview:** Covering the period since the initial marketing authorisation or since the last renewal until 90 days prior to renewal submission.  **2.The most updated "EU-Risk Management Plan (RMP)" of the product.**  **3.The Egyptian display of EU-RMP**  4.**Pharmacovigilance System Master File (PSMF)/ Summary PSMF of the global MAH:**  a. **Submit the full PSMF** (including annexes and SOPs) along together with **Summary PSMF**: if PSMF was not previously approved by EPVC or in the situations stated in GVP-Arab section II.C.3.5.1.  b. **Submit summary PSMF only**: if PSMF was previously approved by EPVC or the situations in II.C.3.5.1. do **NOT** apply  **5.Pharmacovigilance system of the applicant in Egypt:**  i. **If the applicant is the MAH's local office**  a. **Submit the national Pharmacovigilance Sub-System File (PSSF)** (including annexes and SOPs) along together with **Summary PSSF**: if PSSF was not previously approved by EPVC or in the situations stated in GVP-Arab section II.C.3.5.1.  b. **Summary PSSF only:** if PSSF was previously approved by EPVC or the situations in II.C.3.5.1. do **NOT** apply  ii. **If the applicant is an agent:**  a. **Submit the full PSMF of the agent** (including annexes and SOPs) along together with **Summary PSMF**: if PSMF was not previously approved by EPVC or in the situations stated in GVP-Arab section II.C.3.5.1.  b. **Submit summary PSMF only**: if PSMF was previously approved by EPVC or the situations in II.C.3.5.1. do **NOT** apply  All these documents should be according to conditions and contents described in the latest version of GVP-Arab.  - ايصال سداد مقابل الخدمات المقدمة من الادارة المركزية للرعاية الصيدلية مختوماً بختم  المركز بقيمة 1000 جنيه مصري عن كل مستحضر ) موضحا بالايصال اسم المستحضر و  اسم الشركة(  - Confirmation e-mail by PSMF reception portal (as an evidence of submission of the PSMF of the company to EPVC) |  |  |
| 8 | **بالنسبت لإعادة تسجيل هستحضر حيوي هحلي (سواء سيقوم المصنع المحلي بإنتاج المادة**  **الفعالة أو سيتم استيراد المادة الفعالة هن الخارج)، المستندات المطلوبة كالتالي:**  **Soft copy searchable text PDF:**  **1.The addendum to clinical overview:** Covering the period since the initial marketing authorization or since the last renewal until 90 days prior to renewal submission.  **2.Risk Management Plan (RMP) for the product/ Update of RMP.**  **3.Pharmacovigilance System Master File (PSMF)/ Summary PSMF:**  **a. Submit the full PSMF (including annexes and SOPs) along together with Summary PSMF: if PSMF was not previously approved by EPVC or in the situations stated in GVP-Arab section II.C.2.**  **b. Submit Summary PSMF only: if PSMF was previously approved by EPVC or the situations in II.C.2. do NOT apply**  **All these documents should be according to conditions and contents described in the latest version of GVP-Arab.**  - ايصال سداد مقابل الخدمات المقدمة من الادارة المركزية للرعاية الصيدلية مختوماً بختم  المركز بقيمة500جنيه مصري عن كل مستحضر ) موضحا بالايصال اسم المستحضر و اسم  الشركة(  - Confirmation e-mail by PSMF reception portal (as an evidence of submission of the PSMF of the company to EPVC) |  |  |