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# Guidance for market authorization requirements for COVID-19 drugs



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Également disponible en français sous le titre :  
*Lignes directrices sur les exigences relatives aux autorisations de mise en marché des médicaments contre la COVID-19*

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## Foreword

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

Guidance documents do not replace the regulations. Alternate approaches to the principles and practices described in this document must be supported by adequate justification. They should be discussed in advance with the relevant program area to avoid the possible finding that applicable statutory or regulatory requirements have not been met.

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

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

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# Overview

## Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus, SARS-CoV-2. This new virus and disease were unknown before the outbreak began in December 2019 and have since spread around the world.

COVID-19 has been known to cause respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. COVID-19 can range from mild to severe disease. In more severe cases, this can include pneumonia, severe acute respiratory syndrome, multi-organ failure and death.

Older people and those with underlying medical problems, such as high blood pressure, obesity, heart problems or diabetes, are more likely to develop serious illness.

The availability of safe, effective and high-quality drugs is a key public health measure of the COVID-19 response, providing a potential means to reduce the spread and the severity of disease and address its social and economic consequences.

## About this guidance document

This document provides guidance to drug manufacturers seeking authorization for their drug manufactured, sold, or represented for use in relation to COVID-19. This guidance should be read along with the guidance document concerning [amendments to the Food and Drug Regulations for drugs for use in relation to COVID-19](#). The guidance explains recent changes to the regulatory process for new COVID-19 drugs.

This guidance document does not apply to COVID-19 vaccines. Manufacturers seeking authorization for COVID-19 vaccines should instead refer to the [guidance for market authorization requirements for COVID-19 vaccines](#).

For guidance on applications for the import or sale of non-prescription pharmaceuticals available over-the-counter, disinfectants, hand sanitizers and veterinary health products, manufacturers should refer to the following guidance documents:

- [Management of drug submissions and applications](#)
- [Management of disinfectant drug applications](#)
- [Human-use antiseptic drugs](#)
- [Veterinary health products: About the VHP Notification Program](#)

## About market authorizations for COVID-19 drugs

Health Canada is committed to helping Canadians protect and improve their health by facilitating access to COVID-19 drugs that are safe, effective and of high quality. We have introduced amendments to the *Food and Drug Regulations* to expedite the authorization of COVID-19 drugs, while protecting the health and safety of Canadians.

Drug manufacturers seeking to obtain market authorization should consult with us early on and throughout the development process. We are committed to prioritizing the review of any application seeking authorization of a COVID-19 drug that shows promising evidence of efficacy and an acceptable safety profile.

Health Canada will grant authorizations only if we determine that the potential benefits of the drug outweigh its potential risks. We will base our decision on the evidence provided on the drug's safety, efficacy and quality. Benefit-risk analysis weighs the uncertainties about a potential drug against the urgent public health need related to COVID-19 at the time of the decision.

Modified requirements for COVID-19 drugs make it possible for authorization, based on early data, while the manufacturer continues studying and gathering data on its drug. We will use terms and conditions to manage uncertainties or risk mitigation measures related to the drug in the context of public health.

The requirements described in this guidance are a minimum acceptable standard. Health Canada will consider alternate proposals for evidence standards and a rationale for using these standards. As we learn more about the virus and the effectiveness of new treatments, we will adjust the evidence requirements as required.

As with all drugs, Health Canada will assess and monitor the safety and effectiveness of all COVID-19 drugs. We will impose terms and conditions when necessary and take action, if required, to protect the health and safety of Canadians. This action may include suspending or cancelling authorizations or establishment licences.

## Guidance for implementation

This guidance focuses on the development of drugs with direct antiviral activity or immunomodulatory activity. However, the recommendations in this guidance may apply to development plans for drugs for COVID-19 with other mechanisms of action. The mechanism of action of the drug may affect key study design elements (for example, population, efficacy endpoints, safety assessments, duration of follow-up).

Industry sponsors have been seeking guidance from regulatory authorities on the requirements for developing COVID-19 drugs. Guidance has been discussed in pre-submission meetings with Health Canada and other regulators. We continue to work with international regulatory authorities to align requirements for COVID-19 drugs, where appropriate.

# Rolling submissions and reviews

## Standard for accepting a rolling submission

Modified requirements for COVID-19 drugs allow for the filing of rolling submissions (section C.08.002(2.3) of Canada's *Food and Drug Regulations*). The ability to review data from early development while later-stage clinical trials are taking place helps to expedite the regulatory review process.

Before filing an application for a rolling review, sponsors of drug products are expected to have gathered a certain level of evidence on the safety, efficacy and quality of their drug. Sponsors are encouraged to consult with us before filing an application.

To file an application for a rolling review, sponsors should have, at a minimum:

- non-clinical and clinical phase 2 data that demonstrate promising evidence of safety and efficacy
- confirmation that phase 3 trials have started and there are enough people enrolled to provide evidence of safety and efficacy within a reasonable amount of time
  - expected to be within 6 months from initial filing
- evidence that manufacturing of the drug will be in compliance with good manufacturing practices (GMP) and that product quality and consistency are well controlled

Sponsors must also file an application plan giving the anticipated timelines for submitting the various components of the application. They must include this plan in the initial filing.

For details on application plan requirements, consult our guidance document:

- [amendments to the Food and Drug Regulations for drugs for use in relation to COVID-19](#)

## Rolling reviews

Decisions made about COVID-19 drugs will follow processes established for reviews under the modified requirements for COVID-19 drugs. Health Canada will start rolling reviews to build towards a complete dossier for each drug. The dossier will include data to support the safety, efficacy and quality of the drug.

With the sponsor's agreement, we may also collaborate with international regulatory partners to share analyses and perspectives and to supplement Health Canada's review process.

Teams of scientific and medical experts at Health Canada will carry out the drug reviews. These people have experience in reviewing complex data and study results on the safety, efficacy and quality of a variety of drugs. Review activities include developing strategies to gather data on drug safety and effectiveness following authorization through terms and conditions and/or pharmacovigilance activities, including post-market studies.

Collaborative review with international regulatory partners may be possible when manufacturers file a rolling submission simultaneously with Health Canada and another jurisdiction with which there is a mutual collaborative agreement. While recommendations may be informed by discussions between regulatory partners during a collaborative review, authorization decisions will be based on a thorough assessment of the evidence by Health Canada. These decisions are independent of those made by international partners.

Health Canada bases decisions on the overall benefits and risks of a product. We also consider all of the data available, such as:

- the results provided in the rolling submission
- pharmacovigilance activities and risk minimization strategies
- current knowledge about the virus and disease (which will need to be continually monitored during the review and following authorization)
- information provided as part of any Terms and Conditions associated with an authorization

Sources of knowledge include the scientific literature, public health and surveillance data, and collaborations with our international regulatory partners.



# Non-clinical and clinical testing requirements

## Non-clinical requirements

Some non-clinical data requirements and methods used for non-clinical testing may be specific to the type of drug being developed. However, certain non-clinical data will be required for all drugs. This includes proof-of-concept and safety studies on such things as primary pharmacology, secondary pharmacology, drug interactions and toxicology. These studies should use adequate level of exposure, exposure duration and route of administration to support the clinical use of the drug to treat COVID-19.

### Assessing proof-of-concept

We require non-clinical tests or studies that demonstrate a mechanism of action relevant to preventing and/or treating COVID-19. Examples are studies on activity against the SARS-CoV-2 virus, including relevant variants, and the effect on the hyperinflammatory immune response to SARS-CoV-2 infection. These studies should be done before the first-in-human clinical trials.

### Assessing toxicity

For small molecule drugs, non-clinical toxicology and safety pharmacology studies in relevant animal or in vitro models are required to evaluate the following:

- genotoxicity
- local tolerance
- general toxicity
- reproductive and development toxicity
- other relevant toxicity endpoints (for example, carcinogenicity, immunotoxicity)

In addition, reproductive and developmental studies as well as carcinogenicity studies may be required. Factors such as target population, type of product, mechanism of action, weight of evidence and treatment duration will be considered.

These studies may also be required for biologic drugs. Please consult the European Medicines Agency's [ICH S6 \(R1\) document](#), as key animal or in vitro studies should comply with international standards of good laboratory practice.

### Assessing secondary pharmacology

Studies to address the potential for off-target pharmacological properties may be required. You should assess the risk of antibody-dependent enhancement for antibody products that interact directly with the virus.

### Assessing drug interactions

In vitro and/or in vivo studies to characterize the potential for drug-drug interactions are required for small molecule drugs. Most often, these studies are not required for biologic drugs.

## Clinical testing requirements

To support marketing authorization, sponsors should conduct randomized, placebo-controlled or active-controlled, double-blind phase 2 or 3 clinical trials using a superiority design. Background standard of care should be maintained in all treatment arms.

These trials should be long enough and have a sufficient sample size to evaluate safety and effectiveness reliably. Active-control should demonstrate clinically meaningful efficacy and acceptable safety with respect to preventing and/or treating COVID-19. Novel endpoints should be validated and be clinically meaningful.

### Assessing clinical pharmacology

Clinical pharmacology data on drug absorption, distribution, metabolism and elimination, as well as the effect of intrinsic and extrinsic factors, are required.

Evidence supporting the dosing regimen investigated in the safety and efficacy studies is also required.

### Assessing safety

To assess the safety of a drug, Health Canada requires:

- an adequate number of drug recipients
- monitoring for a sufficiently long time

These requirements are needed to detect common and expected adverse reactions, as well as events that are less common but potentially more severe.

Sponsors should include a broad range of people in their clinical trials to generate enough information on the drug's safety and efficacy. In addition, the trial group should include individuals at high risk of complications, such as:

- older people
- people with underlying cardiovascular or respiratory disease, diabetes, chronic kidney disease or other comorbidities
- people who have compromised immune systems (for example, those who are HIV-infected, organ transplant recipients or patients receiving cancer chemotherapy)

Pregnant and adolescent patients can be included if safety is reasonably assured.

The size and composition of the safety database needed to support an indication for COVID-19 depends on a number of factors. These include the following:

- treatment effect
- proposed population
- duration of treatment
- nature of the drug (small molecule versus biologic)
- extent of previous clinical experience with the drug
- pre-clinical and/or clinical evidence of the drug's toxicity

The schedules for safety assessments (for example, vital signs, laboratory studies, electrocardiograms) should consider the severity of illness and the identified potential risk of the study drug.

For small molecule drugs, assessment of safety should include data from studies:

- assessing the effect of food
- assessing drug-drug interactions
- evaluating QT/QTc interval prolongation
- involving people with kidney or liver impairment

If not, sponsors should have a plan on how they are going to generate this data. These studies are typically not required for biologic drugs.

### Assessing efficacy

The development program involves comparing the effect of the investigational drug to the placebo or active comparator in order to generate clinically meaningful outcomes of COVID-19. The choice of clinical outcome measures should consider the population studied.

Examples of important clinical outcome measures in treatment trials include:

- all-cause mortality
- acute respiratory failure, including the need for:
  - mechanical ventilation
  - extracorporeal membrane oxygenation (ECMO)
  - non-invasive ventilation
  - high-flow oxygen
  - low-flow oxygen
- proportion of patients alive and free of respiratory failure at an appropriate time point
- need for and/or duration of COVID-19-related hospitalization or emergency department visits based on clear definitions and specific clinical criteria

Mortality and intensive care unit (ICU) admission results are preferred over results on the duration of hospitalization, recovery time or other event analyses. To demonstrate a potential benefit of the drug being tested, treatment should occur soon after confirming COVID-19.

In phase 2 treatment trials, a virologic measure could be used to support a promising clinical finding before efficacy is established in a phase 3 clinical study. However, virologic endpoints are not appropriate as primary endpoints in a phase 3 trial. There's no established predictive relationship between magnitude and timing of viral reductions and how a patient feels, functions or survives. The optimal sample size, timing, methods for collection procedures and assays for clinically relevant virologic measurements have also not been established.

In phase 3 treatment trials, virologic endpoints may be assessed as secondary endpoints.

In prevention trials, the efficacy endpoints should capture the occurrence of laboratory-confirmed SARS-CoV-2 infection with or without symptoms. They should also capture emergency room visits and hospitalizations.

These efficacy outcomes should be assessed at a pre-specified and clinically relevant time. When assessing the mitigation of symptoms, it's best to introduce the intervention as soon as possible following diagnosis. As well, there should be enough patients enrolled to account for the fact that most people will not become seriously ill with or without treatment.

## Addressing SARS-CoV-2 variants

Variant strains of the SARS-CoV-2 virus are emerging as the virus continues to spread and evolve. Variants are identified by differences (mutations) in the viral genomic sequences. These differences may result in amino acid substitutions, insertions and/or deletions in viral proteins.

Genetic mutations affecting the spike protein that is targeted by therapeutics is particularly concerning, as they may reduce their effectiveness.

## Non-clinical requirements

The following non-clinical tests or studies are required:

- non-clinical tests or studies that demonstrate a mechanism of action that's relevant to preventing and/or treating COVID-19
  - should investigate the expected or potential impact of relevant variants of the virus on this mechanism of action
- assays that evaluate a product's impact on SARS-CoV-2 infection
  - investigate and describe the performance characteristics and the impact of relevant variants on the assay(s)
- evaluation of the efficacy of the investigational drug that includes testing for activity against the relevant variants of the virus

Sponsors should continuously monitor for emerging SARS-CoV-2 spike protein variants and evaluate the product's performance against identified variants of concern (VOCs).

The efficacy established at the time of authorization could change or become uncertain due to the emergence of SARS CoV-2 variants and their prevalence in different geographical regions. We expect this will have a significant impact on monoclonal antibody products targeting SARS-CoV-2, in particular monoclonal antibody therapies that target the SARS-CoV-2 spike protein, where there have been key amino acid changes.

For these therapies, sponsors should:

- provide additional non-clinical data during the post-authorization period to address the binding and efficacy against emerging SARS-CoV-2 variants
- conduct these studies for authentic SARS CoV-2 variants, as pseudovirus results may not accurately capture the efficacy of the therapies against the emerging SARS-CoV-2 variants

Sponsors may be required to update the warnings and precautions section of the product monograph should there be evidence of a potential for reduced efficacy against the emerging SARS-CoV-2 variants.

# Quality and manufacturing requirements

## Product quality

COVID-19 drugs must be manufactured under good manufacturing practices (GMP) conditions. These conditions must be in line with the international requirements outlined in the International Council for Harmonization [Q7A guideline](#) and with applicable [Health Canada guidance](#).

We require sufficient information to demonstrate that the manufacturing process is well controlled and will consistently produce a drug substance and drug products that are of suitable quality for the intended use. The quality must be maintained up to the time when the product is retested or until the shelf life or expiry date under recommended storage conditions.

Sufficient information includes details on the manufacturing process for both the drug substance and drug product, such as on:

- starting materials
- source materials
- virus and cell banks
- in-process control testing based on specifications developed to evaluate critical process parameters and controls performed on intermediates

For sterile drug substance and drug products, the sterilization process should be validated before the application is submitted. Details of the validated sterilization parameters and, if relevant, sterilization process for the equipment and container closure system should also be provided.

The following information should also be provided:

- specifications for all materials (for example, raw materials, starting materials, solvents, reagents, catalysts) and excipients used in the manufacturing process for the drug substance and drug product
- summary of characterization studies performed to elucidate the structure and function
- polymorphic form and particle size distribution for low solubility drugs, if relevant to the dosage form and drug product performance
- impurities and degradation products as well as their controls (levels should be justified using existing guidelines or toxicology data)
- data from a sufficient number of batches from both the drug substance and drug product, including the drug batch(es) used in the clinical studies
  - should demonstrate process consistency and product quality
  - for biologics, should also demonstrate comparability between this material and material made at other sites, processes and scales, as applicable
- specifications and summary of the test procedures and validation information for the drug substance and drug product
  - critical assays such as potency and impurities should be validated
- proposed container closure systems for the drug substance and drug product, including specifications and a discussion of the suitability of these systems
- stability parameters and expiry date or shelf life of the drug product in its final container and formulation
  - stability data from a sufficient number of batches of the drug substance and drug product lots
  - drug substance should be stored in a representative container closure system and drug product in the proposed container closure

Also include copies of the following documents:

- for small molecules, executed production documents for the batches used in pivotal clinical studies to confirm that the formulation and manufacturing processes are representative of those proposed for the commercial lots
- for biologics, executed production documents for the commercial process validation lots
- master production documents (in English or French) for each proposed strength, commercial batch size and manufacturing site

## Establishment licensing and good manufacturing practices

To bring a COVID-19 drug to market in Canada, a company must have a drug establishment licence (DEL) to fabricate, package/label, test, import, distribute or wholesale. A DEL is issued under the [Food and Drug Regulations](#).

A company without such a licence must apply for one. For instructions on how to apply for a DEL, refer to our:

- [Guidance on drug establishment licences](#)

During the DEL application review process, a company must demonstrate compliance with GMP. Depending on several criteria, including where the building is located, a company can demonstrate GMP compliance through:

- a Health Canada on-site inspection
- a certificate of GMP compliance issued by a partner with whom Health Canada has a mutual recognition agreement
- an inspection report from a regulatory authority, qualified authority, the World Health Organization (WHO) or, in some cases, a corporate/consultant auditor

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

- [Guidance on demonstrating foreign building compliance with good manufacturing processes \(GUI-0080\)](#)

If you're unable to obtain documents outlined in GUI-0080 due to the pandemic, please email us at [hc.foreign.site-etranger.sc@canada.ca](mailto:hc.foreign.site-etranger.sc@canada.ca). You should contact us before you send in your DEL application. Be sure to include "COVID-19" in your subject line.

Licensing decisions are based on the materials submitted in the application. Timelines for the expedited review are determined on a case-by-case basis. We will consider the necessity of the drug in addressing urgent COVID-19-related health needs.

To reduce burden and duplication, finished product testing requirements in section C.02.019 do not apply to importers and distributors of a COVID-19 drug that is subject to the lot release program requirements.

## Lot release program

Biologic drugs in Canada are subject to lot release program requirements as outlined in section C.04.015 of the [Food and Drug Regulations](#).

Health Canada's lot release program allows for a flexible, risk-based approach. This approach considers the evidence on manufacturing quality and controls as a whole, as well as testing from other international regulatory authorities. For example, Health Canada is an associate member of the European Official Medicines Control Laboratory network, which supports the sharing of testing data among its members.

The lot release program covers both the pre- and post-market stages for biologic drugs. Each lot of a biologic drug is subject to the lot release program before sale. Health Canada bases the level of regulatory oversight (testing and/or protocol review) on the degree of risk linked to the product.

## Labelling and post-market requirements

### Brand name assessment

The guidance document concerning amendments to the *Food and Drug Regulations* for drugs for use in relation to COVID-19 indicates that the plain language labelling requirements for mock-up labels and a brand name assessment package do not apply (C.08.002(2)(j.1) and C.08.002(2)(o)). Although not required, sponsors are invited to provide a brand name assessment should one be available.

Health Canada will assess proposed brand names for COVID-19 drugs to determine if a drug's brand name could:

- mislead, such as:
  - imply it alone is effective but fails to provide evidence to support the claim
  - exaggerate the drug's effectiveness
  - minimize risk of the drug
  - make a claim of superiority
- be confused with another product authorized for use in Canada (with the aim of preventing medication errors)

Sponsors should refer to the criteria outlined in section 2.2 of our [guidance document on the review of drug brand names](#) before proposing a brand name for their drug. Also see the [frequently asked questions on the review of drug brand names](#) for more information.

### Product labelling

#### Product monograph

A product monograph is a factual, scientific document on a drug product. It does not contain promotional material. The monograph describes the properties, claims, indications and conditions of use for the drug. It also contains any other information that may be required for optimal, safe and effective use of the drug.

Health Canada reviews the product monograph (including patient medication information) as part of the drug review process. The monograph is an integral part of a submission.

When developing a product monograph for a drug in an acceptable format and content, refer to the various [product monograph guidance documents and notices](#).

#### Inner and outer package labels

Sponsors of a COVID-19 drug are to comply with applicable labelling requirements outlined in the *Food and Drugs Act* and parts A and C of the *Regulations*. The requirements for drugs are found in the following sections of the *Regulations*:

- A.01.010
- A.01.014
- A.01.015
- A.01.016
- A.01.060.1 to A.01.068
- C.01.001 to C.01.012
- C.01.401
- C.03.202
- C.03.203
- C.03.206 to C.03.209
- C.04.019 and C.04.020



For more information, refer to the:

- [Guidance document on labelling of pharmaceutical drugs for human use](#)

The plain language labelling requirements for mock-ups of every label to be used in connection with the drug do not apply to drugs filed under the modified requirements for COVID-19 drugs. (See sections C.01.014.1.(2) (m.1), C.08.002.(2) (j.1) and C.08.003(3.1)(a).) However, as a best practice, we recommend that sponsors apply plain language principles in their submissions.

Labelling in both official languages is critical to the safe and effective administration of drugs. Bilingual text should be present within the labelling information (for example, inner and outer labels, package insert) for prescription products and those administered or obtained by a health care professional.

Should sponsors wish to submit mock-up labelling materials, they are encouraged to do so during the review process.

For more information on designing and developing labels and packages that are clear, effective and minimize the risk of errors causing harms, refer to the:

- [Good label and packages practices guide for prescription drugs](#)

If mock-up labels are not filed during review, sponsors should submit final mock-ups or printed labels when the COVID-19 drug is marketed or launched.

### Package insert

If the product is going to be dispensed in its final packaging, supplementary information on its use (transparency, disclosure of risks) should be provided in the form of a package insert. This insert should be included as part of the drug's packaging materials and submitted for review.

For more information on package inserts, refer to section 5.4.2 of our:

- [Guidance document on labelling of pharmaceutical drugs for human use](#)

Sponsors considering an abbreviated package insert should see appendix A of our [questions and answers document on plain language labelling regulations for prescription drugs](#) for recommendations.

For inquiries about the labelling requirements for proposed COVID-19 drugs, please contact the:

- Therapeutic Products Directorate by email at [hc.tpdgeneral-generalcpt.sc@canada.ca](mailto:hc.tpdgeneral-generalcpt.sc@canada.ca)
- Biologic and Radiopharmaceutical Drugs Directorate by email at [hc.brdd.ora.sc@canada.ca](mailto:hc.brdd.ora.sc@canada.ca)

We will consider all concerns, proposals and/or other suggestions for meeting the labelling requirements.

### Risk management plan

Companies should submit a risk management plan (RMP) that focuses on the safety risks for the drug when used to prevent or treat COVID-19.

For more information on RMPs, please consult our:

- [Guidance document for the submission of risk management plans and follow-up commitments](#)

In addition, the [Canadian addendum](#) must demonstrate compatibility with Canadian regulatory requirements.

The addendum should contain the following sections:

### Safety specifications

- include special events of interest, known and potential safety risks and special populations with limited information from (or that were excluded from) clinical trials
- address monitoring strategies in marginalized, remote and Indigenous communities where data are available
- include timely updates of the list of safety concerns if a safety issue signal is observed from post-authorization surveillance

### Pharmacovigilance plan

- consider activities in Canada during a pandemic related to collecting, collating, assessing and reporting spontaneous adverse events
- confirm expedited spontaneous reporting of adverse events (spontaneous reporting in Canada is different from other jurisdictions)
- discuss additional measures related to the detection of cases, such as:
  - fatal/life-threatening, serious unexpected, special events of interest
  - medication errors
  - special populations
  - patients with comorbidities
  - potential interaction with other therapeutic products
  - concomitant treatments
- include additional post-market activities as required, such as:
  - registries
  - questionnaires
  - safety/effectiveness studies
  - timely and effective monitoring of the safety profile
- include monthly safety summary reports
- include rapid signal detection and communication of signals leading to a change in the balance of risks and benefits

### Risk minimization plan

- include the following information:
  - robust labelling with warnings and precautions
  - educational materials
  - a plan for communicating and sharing safety information internationally in a timely and effective manner

## Communications and transparency

Information about drugs under review and those that are authorized are posted on the Government of Canada's website or provided upon request.

For example, our [list of applications received](#) includes COVID-19 drugs under review. Once authorized, COVID-19 drugs are included in our [list of authorized drugs](#). A [regulatory decision summary](#) is published at the time of authorization. A [summary basis of decision](#) gives health care system partners and the public access to data and information supporting the authorization.

We include information on drug inspection outcomes and measures in the [drug and health product inspections database](#). Detailed clinical data are provided under the Public Release of Clinical Information initiative, in accordance with Health Canada's guidance on the [public release of clinical information](#).

## References

1. [Guidance: How to demonstrate foreign building compliance with drug good manufacturing practices \(GUI-0080\)](https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/guidance-evidence-demonstrate-drug-compliance-foreign-sites-0080.html)  
<https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/guidance-evidence-demonstrate-drug-compliance-foreign-sites-0080.html>
2. [ICH Q7: Good manufacturing practice guide for active pharmaceutical ingredients](https://database.ich.org/sites/default/files/Q7%20Guideline.pdf)  
<https://database.ich.org/sites/default/files/Q7%20Guideline.pdf>
3. [Good manufacturing practices guide for drug products \(GUI-0001\): Summary](https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/gmp-guidelines-0001.html)  
<https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/gmp-guidelines-0001.html>
4. [Product monograph guidance documents and notices](https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/product-monograph.html)  
<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/product-monograph.html>
5. [Guidance document for industry – Review of drug brand names](https://www.canada.ca/en/health-canada/services/drugs-health-products/reports-publications/medeffect-canada/guidance-document-industry-review-drug-brand-names.html#a231)  
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6. [Frequently asked questions – Guidance document for industry – Review of drug brand names](https://www.canada.ca/en/health-canada/services/drugs-health-products/reports-publications/medeffect-canada/frequently-asked-questions-guidance-document-industry-review-drug-brand-names.html)  
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