**CHANGED MEDICINE NOTIFICATION**

**FORM B**

This form is to be used when notifying a material change (including self-assessable changes) to an approved **Type III (biological or biotechnological)** product (i.e., a vaccine, recombinant product, monoclonal antibody or variant thereof, or a medicinal product derived from blood or plasma).

Use CMN Form A for any other (Type I/II) medicine, including antibiotics and like substances derived from micro-organisms.

Do not use this form for notifying a changed related product. Use the CRPN form instead.

Section 1: Product details

Copy details from the database report for the currently approved product. A separate Section 1must be used for each different product (name + dose form + active ingredient(s) + strength + classification, as applicable).

**Product name:**

**Medsafe File No:** TT50-

**Dose form:**

**Strength/Potency:**

**Classification:**

**Product currently available[[1]](#footnote-1): Yes**  **No**

If no, please state the date the product was last supplied in New Zealand:

## Section 2: Applicant and Sponsor details and declaration

**Name, designation and address of person submitting the notification:**

[All correspondence (including the invoice) will be sent to this person.]

**Email address:**

**New Zealand sponsor name and street address:**

**Postal address of the New Zealand sponsor:**

(if different from street address)

***In accordance with section 24 of the Medicines Act 1981, I hereby notify the Director-General of Health of material changes proposed for this product. I certify that the information supplied is correct to the best of my knowledge and that no relevant information has been omitted.***

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Section 3: Proposed changes

**Instructions**

1. Tick the box(es) in the left hand column beside the description(s) that most accurately reflects the changes for which approval is sought. The main change and the consequential changes listed under the “Description of change” are all covered by the fee shown in the “Product type & fee” column. Where no product type is specified in the “Product type and fee” column, the same fee applies to all product types.
2. Enter the number of changes in the “Tick box” where the product type and fee is based on a fee for each change. For example, if there are two product name changes, enter “2” in the “Tick box”.
3. It is not necessary to submit pages listing change descriptions that are not relevant to the notification.
4. When a self-assessable change is notified at the same time as other changes for which a fee is paid, the $360 administrative fee for the self-assessable change will not apply (except in the case of a data sheet update, where the update is independent and not a consequence of any of the proposed changes).
5. All fees listed are GST inclusive.
6. If applicable, the Consumer Medicine Information (CMI) for the product should also be updated in line with the changes and a revised version forwarded to Medsafe once the consent letter for the CMN or SACN has been received. There will be no additional fee for the CMI.
7. Until 28 February 2019, a change to the data sheet that is simply an update to align with the new required SPC-style format will not incur any additional fee, unless it is the sole change as part of a self-assessable notification, in which case the $360 administrative fee will still apply for each data sheet.

###### Product name

**Note:** If a product is to be marketed under a new name in addition to the existing name, it is a new product and a New Medicine Application must be completed.

|  |  |  |
| --- | --- | --- |
| ***Tick***  ***box*** | ***Description of change*** | ***Product type & fee*** |
|  | **Product name**   1. **new product name to replace existing name** 2. **no change in formulation**   Consequential changes included (if applicable) are:   1. revised data sheet and labelling | $720  for *each* new name |

**Formulation/Excipients**

**Note:** If a formulation change is associated with a change in the actual bulk active manufacturing process, this must be separately notified as a “Bulk Active manufacturing process” change in the “Bulk Active” section of this form

|  |  |  |
| --- | --- | --- |
| ***Tick***  ***box*** | ***Description of change*** | ***Product type & fee*** |
|  | **Formulation - Grade 1**   1. **change of excipients including the addition or removal of excipients**   Consequential changes included (if applicable) are:   1. new or revised specifications for excipient 2. revised data sheet and labelling 3. amended batch manufacturing documentation, provided there is no significant change in manufacturing process | $2,880  for any number of  excipient changes |
|  | **Formulation – Grade 2**   * **strain update of active ingredient for influenza vaccines** | $720  for any number of strains |

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**Bulk Active**

|  |  |  |
| --- | --- | --- |
| ***Tick***  ***box*** | ***Description of change*** | ***Product type & fee*** |
|  | **Bulk Active manufacturing site**   1. **change in site of manufacture of any stage in the process up to, and including, the manufacture of the final bulk.** 2. **manufacturing process unchanged** | $2,880 |
|  | **Bulk Active methods of manufacture**   1. **change in any step of the method of manufacture.**   **This would include, but is not restricted to:**   1. **changes in mixing time,** 2. **batch scaling** 3. **type of equipment** 4. **new master cell bank** 5. **new working cell bank (unless conditions are met for notification by advisory note as described in** [**Part 2 of the Guidelines on the Regulation of Therapeutic Products in New Zealand**](http://www.medsafe.govt.nz/regulatory/current-guidelines.asp)**)** 6. **new source(s) of plasma for blood products** | $2,880 for *each* step change to a maximum of $43,875 |
|  | **Change in site of lyophilisation** | $1,440 |
|  | **Revalidation of lyophilisation process** | $1,440 |
|  | **Active ingredient method of manufacture**   * **no change to the actual manufacturing process or type of equipment used.** * **specifications/test methods unchanged** * **editorial changes for the manufacturing process records only** | $720 |

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**Finished product manufacture and packing**

|  |  |  |
| --- | --- | --- |
| ***Tick***  ***box*** | ***Description of change*** | ***Product type & fee*** |
|  | **Finished product manufacturing site**   1. **new site for dispensing final bulk finished product into primary containers** | $2,880  for *each* new site |
|  | **Finished product secondary packing site**   1. **new secondary packing site that is not a site of manufacture** 2. **packing finished product into cartons** 3. **includes overlabelling** | $720  for any number of sites |
|  | **Finished product manufacturing process - Grade 1**   * **type of manufacturing process unchanged, but changes to mixing time, batch scaling, type of equipment etc**   Consequential changes included (if applicable) are:   * new site of manufacture and packing | $2,880 |
|  | **Finished product manufacturing process – Grade 2**   * **new type of manufacturing process**   Consequential changes included (if applicable) are:   * revision or reconfirmation of shelf life * new site of manufacture and packing | $2,880 |
|  | **Finished product manufacturing process – Grade 3**   * **no change to the actual manufacturing process or type of equipment used** * **specifications/test methods unchanged** * **editorial changes for the manufacturing process records only** | $720 |

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**Test methods and specifications**

|  |  |  |
| --- | --- | --- |
| ***Tick***  ***box*** | ***Description of change*** | ***Product type & fee*** |
|  | **Test methods and specifications - Grade 1**   1. **change to any method used to assay potency of each active moiety** | $2,880 |
|  | **Test methods and specifications - Grade 2**   1. **change to specifications used to describe potency** | $2,880  for *each* active moiety potency specification |
|  | **Test methods and specifications - Grade 3**   1. **change to standard used in assessment of potency** 2. change to primary standard used in assessment of potency/assay 3. change to secondary standard used in assessment of potency/assay if a protocol for use of a self-assessable change for introduction of a new secondary standard has not been previously approved | $2,880 |
|  | **Test methods and specifications - Grade 4**   1. **change to any method used to assess other physical or chemical properties of the product** | $1,440 |
|  | **Test methods and specifications - Grade 5**   * **addition / removal / change to any specification used to describe other physical or chemical properties** | $1,440 |
|  | **Test methods and specifications - Grade 6**   * **tightening of specification limits for active ingredient** * change to secondary standard used in assessment of potency/assay if a protocol for use of a self-assessable change has been previously approved (provide date of approval) | $360  (self assessable)  for any number of active ingredients |

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**Product stability and packaging**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Shelf life/storage conditions - Bulk Actives and Intermediate Bulks**   1. **revised shelf-life and/or storage conditions with no other changes** | | $1,440  for *each* bulk active or each process intermediate |
|  | **Shelf life/storage conditions - Finished Product**   1. **revised shelf life and/or storage conditions with no other changes**   Consequential changes included (if applicable) are:   1. revised labelling and data sheet | | $1,440 |
|  | **Container/closure/packaging - Grade 1**   1. **new container or closure and/or new pack size and/or new packaging material type** 2. **revised shelf-life and/or storage conditions.** 3. **supporting stability data provided** 4. **no effect on dose measurement or dose delivery**   Consequential changes included (if applicable) are:   1. revised packaging specifications 2. revised labelling and data sheet | | $1,440 |
|  | **Container/closure/packaging - Grade 2**   1. **new container or closure and/or new pack size and/or new packaging material type** 2. **revised shelf-life and/or storage conditions** 3. **supporting stability data provided** 4. **changes affect dose measurement or dose delivery**   Consequential changes included (if applicable) are:   1. revised packaging specifications 2. revised labelling and data sheet | | $2,880  for *each* container/closure packaging combination |
|  | **Container/closure/packaging - Grade 3**   1. **new pack size** 2. **evidence provided that no stability data required** 3. **no effect on dose measurement or dose delivery**   Consequential changes included (if applicable) are:   1. revised labelling and data sheet 2. revised packaging specifications | | $360  (self assessable) |

**CMN Form B**

**Changes affecting the Diluent component of Type III (biological or biotechnological) products.**

* **If the diluent contains biological/blood product ingredient, use CMN Form B and select appropriate category of change.**
* **If the diluent DOES NOT contain biological/blood product ingredient, use CMN Form A and select appropriate category of change.**

**Indications and dosage**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Indications/dosage - Grade 1**   1. **new indication** 2. **supporting clinical data required**   Consequential changes included (if applicable) are:   1. new dosage instructions 2. revised data sheet and labelling   **Note:** CMN will generally be referred under section 24(5) | | $2,880  for *each* new indication |
|  | **Indications/dosage - Grade 2**   1. **modified indication** 2. **supporting clinical data required**   Consequential changes included (if applicable) are:   1. new dosage instructions 2. revised data sheet and labelling   **Note:** CMN will generally be referred under section 24(5) | | $2,880  for *each* modified indication |
|  | **Indications/dosage - Grade 3**   1. **new dosage regimen** 2. **no change to indications** 3. **supporting clinical data required**   Consequential changes included (if applicable) are:   1. new dosage instructions 2. revised data sheet and labelling | | $2,880  for *each* new dosage regimen |

**CMN Form B**

**Indications and dosage (cont’d)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Indications/dosage - Grade 4**   1. **revised wording of indications/dosage with no actual change to indications or dosage**   Consequential changes included (if applicable) are:   1. revised data sheet and labelling | | $720 |
|  | **Indications/dosage - Grade 5**   1. **new or revised indications/dosage for a multi-source medicine to match indications approved for innovator product**   Consequential changes included (if applicable) are:   * revised data sheet and labelling | | $720 |
|  | **Contraindications, Warnings and Precautions**   1. **relaxation of contraindications, and/or** 2. **relaxation of warnings and precautions regarding use in pregnancy, lactation or particular population/patient subgroups** 3. **supporting clinical data required**   Consequential changes included (if applicable) are:   1. revised data sheet and labelling | | $2,880 |

**Labelling**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Labelling - Grade 1**  **Labelling for this category must be based on, and submitted with, currently approved labelling**   1. **re-design of label, and/or** 2. **change in name and address of distributor** 3. **no change to product name, strength, dose form, dosage instructions or indications, or** 4. **change in dosage to “as directed by a physician”** | | $360  (self-assessable) |

**CMN Form B**

**Labelling (cont’d)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Labelling - Grade 2**   1. **design or re-design of a New Zealand compliant label** 2. **no change in actual strength, but a change in the way the strength is expressed (if applicable)** 3. **any labelling change not covered by**   **Labelling – Grade 1 or Labelling – Grade 3** | | $720 |
|  | **Labelling - Grade 3**   1. **request for a labelling exemption, or** 2. **request for renewal of a labelling exemption** | | $720  (plus $360 for *each* additional name/ dose form/strength/ flavour) |

**Data Sheet**\*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Data sheet - miscellaneous changes**   1. **update or addition to safety information with no change to approved product details, and/or** 2. **expansion of pharmacokinetic and/or pharmacodynamic data, and/or** 3. **change in name or address of distributor with no change to approved product details** | | $360 for *each* data sheet. Please state the number of data sheets.  (self-assessable) |
|  | **Data sheet – format change**   1. **update to the SPC-style format only (required as part of any changes to the data sheet from 1 March 2017)** 2. **no change to the content or information provided within the data sheet** | | No additional fee.  A $360 administrative fee applies per data sheet if this is the sole change. |

\*Both categories should be selected if applicable (ie, if there are miscellaneous changes AND the data sheet is being updated to the SPC-style format). All data sheets updated after 1 March 2017 must be in the SPC-style format.

**Other**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tick***  ***box*** | | ***Description of change*** | ***Product type & fee*** |
|  | **Sponsor**   1. **change of product sponsor from one company to another (not simply a change in the name or address of an existing sponsor)**   Consequential changes included (if applicable) are:   1. change of name and address of distributor on label and in data sheet.   **Note:** A CMN for change in packing site(s) may also be required. | | $360  (self-assessable) |
|  | **Change in ownership**   * **change in ownership of manufacturing, testing or packing site for active ingredient, intermediate or finished product** | | $720  for any number of affected sites |

**CMN Form B**

**Section 4: Summary of proposed changes**

**Use a separate summary sheet for each change.**

**Description of change (copy heading from “Description of change” box in Section 3):**

|  |
| --- |
|  |

**Summary of current and proposed details:**

|  |  |
| --- | --- |
| **Current product details** | **Proposed details** |
|  |  |
| **Reason for change:** | |
| **Consequential changes:** | |
| **Acceptance overseas:** | |

**Section 5: Declarations and Commitments**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Zealand Medicines Terminology:**  A New Zealand Medicines Terminology Listing Certificate should be provided as part of the Medsafe application process for changes to **product name, pack size and container**.  The New Zealand Medicines Terminology Listing Certification has been attached  (Refer to <http://nzulm.org.nz> or email [listings@nzulm.org.nz](mailto:listings@nzulm.org.nz) for further details on NZMT listings)   1. **Compulsory declaration for all CMNs**   I confirm that other than the changes proposed in this CMN, all other aspects of API and finished product quality, equipment, process, and packaging etc, are the same as those previously approved.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Removal of sites from TPDR**   **Not applicable**  I confirm that there is no further stock, currently marketed or stockpiled for future sale or use in New Zealand, either manufactured at or using any ingredients sourced from the site(s) required to be removed.  Note: Site(s) cannot be removed until all stock has been depleted from the New Zealand market.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Labelling**   **Not applicable**  One representative label has been submitted for all pack sizes of the same strength and presentation. I certify that all other pack sizes are identical, except for the statement of pack size.  Labels are provided at % of full scale.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify that all of the label(s) for all of the proposed products have been assessed and are in compliance with the requirements of the legislation. All information on the label(s) is consistent with the details of the medicine currently approved in New Zealand or described in the current Changed Medicine or Related Product Notification.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Or, a labelling exemption is requested (copy table for each non-compliant label):   |  |  | | --- | --- | | Labelling exemption | | | Label for which the exemption is requested |  | | Part of the label that is non-compliant |  | | Justification for exemption\* |  |   \*see [Part 5 of the Guideline on the Regulation of Therapeutic Products in New Zealand](http://www.medsafe.govt.nz/regulatory/current-guidelines.asp)   1. **Security labelling:**   **Not applicable**  If labelling contains anti-fraud or other security features a physical copy will be provided to Medsafe prior to the product being distributed in New Zealand.  Note: a description of any security features on labelling must be described as part of the proposed labelling.   1. **Declaration to accompany a DATA SHEET submitted for APPROVAL**   **Not applicable**  Requires evaluation (CMN).  I declare that this data sheet has been prepared in compliance with the current edition of the *Guideline on the Regulation of Therapeutic Products in New Zealand* and that it accurately reflects the changes proposed in the CMN.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is self-assessable (SACN).  I declare that this data sheet has been prepared in compliance with the current edition of the *Guideline on the Regulation of Therapeutic Products in New Zealand* and that it accurately reflects the existing New Zealand terms of approval for the medicine.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Changes made are to align with the SPC-style format ONLY  I declare that this data sheet has been prepared with updates to the format only. No information has been added, removed, or amended.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **CMI:**   **Not applicable**  Following consent to distribute, an electronic copy of the CMI will be submitted to Medsafe and will comply with the requirements published on the Medsafe website. The CMI will not be used or included as a package insert unless these requirements have been met.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Post approval stability**   **Not applicable**  At least one commercial scale batch of each strength, pack size and pack type of the changed product will be placed on stability trial (with bracketing as appropriate) under real time conditions for the duration of the proposed shelf life per year of production. The batches will be identical in every respect to those destined for the New Zealand market and Medsafe will be informed of any out of specification results or data indicating that batches may be out of specification before the shelf life is reached.  For stability studies that are on-going, Medsafe will be informed of any out of specification results or data indicating that batches may be out of specification before the shelf life is reached.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CMN Form B**

**Section 6: Other products affected**

Complete this section once for each notification package submitted. If you are simultaneously notifying an identical change or set of changes to a number of products, list all the products covered by the notification in the following table. Each dose form and each strength and flavour of each dose form of a product must be separately listed.

**Note:** A separate copy of Sections 1 and 2 of this notification form must be completed for each of the products listed. Only one copy of Sections 3, 4 and 5 is required. All the forms must be submitted in the same notification package.

|  |  |  |  |
| --- | --- | --- | --- |
| **File No.** | **Product name** | **Dose form** | **Strength** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Check and indicate that the notification package sent to Medsafe contains the following (as applicable):**

|  |  |
| --- | --- |
|  | *(Y or N/A)* |
| A cover letter |  |
| A completed copy of Sections 1 and 2 of the CMN form for each product covered by the notification |  |
| One completed copy of Sections 3, 4, 5 and 6 of the CMN form |  |
| One copy of the supporting data |  |
| A copy of an assessment report from an appropriate overseas regulatory authority |  |

**Notes on Fee Calculation and Payment of Fees**

**Note 1:** In no case will the CMN fee for a single product exceed the fee for a new medicine application for a product of the same type.

**Note 2:** When the same change or set of changes is made to other names, dose forms, strengths and flavours of a product, a $360 (administrative) fee is charged for each of the other affected products.

**Note 3:** The fee for a changed data sheet (with the exception to a change to the format to align with the SPC-style requirements) is $360 **per data sheet.**

**Note 4**: Upon receipt of an application/notification Medsafe will issue a tax invoice which will be sent to the applicant with the acknowledgement letter. Payment will be requested within 7 days and will be required to validate the application/notification. Payments are to be made on an invoice basis only - do not send payment with the application/notification.

**Note 5**: A customer reference **(maximum 20 characters)** can be quoted on the invoice. Quote reference here: \_\_\_\_\_\_\_\_\_\_\_\_\_

*(End of form)*

1. For further information on the meaning of not available please refer to <http://www.medsafe.govt.nz/Medicines/registration-situation.asp>. [↑](#footnote-ref-1)