



## 23. APPLICATION FOR VARIATION OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) FOR CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF IN-VITRO DIAGNOSTIC DEVICES/REAGENTS AND CERTIFICATE OF MEDICAL DEVICE REGISTRATION (CMDR) OF MEDICAL DEVICES

| Center/Office/Division | : CDRRHR-LRD  |
|------------------------|---|
| Classification         | : Highly Technical  |
| Type of Transaction    | : G2B - Government-to-Businesses  |
| Who May Avail          | : Medical Device Manufacturers/Distributors (Importer/Exporter/Wholesaler)/Trader |
| Fees to be Paid        | : Php500.00 + Php10.00 = Php510.00  |
|                        | Other fees:   |
|                        | Extension of shelf life: Php1,000.00 + Php10.00 = Php1,010.00                     |
|                        | Change in brand name: Php2,500.00 + Php25.00 = Php2,525.00                        |

| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE |
|---|-----------------|
| Change of Business Name and Address of Manufacturer/Trader/Importer/ Distributor  |                 |
| Letter of request     Should indicate the current and proposed changes     Should include in the letter if there is a renewal application and indicate document tracking Number | Applicant       |
| 2.Valid License to Operate (LTO) reflecting the new business name and address of manufacturer/trader/importer/distributor with the source reflected in the LTO                  | Applicant       |
| <ul><li>3. Original Certificate of Product Registration (CPR)</li><li>Should submit back and front sides</li></ul>  | Applicant       |
| <ul><li>4. Complete labeling requirements (Primary, Secondary, and Inserts)</li><li>Submit current and proposed labels</li></ul>  | Applicant       |
| Change in Ownership (Inclusion/Deletion or Change in Trader/Importer/Distributor)   |                 |





| 1.                     | Letter of request - Should indicate the current and proposed changes - Should include in the letter if there is a renewal application and indicate document tracking number | Applicant   |
|------------------------|---|---|
| 2.                     | Valid LTO reflecting the source   | Applicant   |
| <ol> <li>4.</li> </ol> | Termination of Contract/Deed of Assignment  Agreement with the new company  | Applicant or<br>Principal/<br>Source/<br>Manufacturer<br>Applicant or |
| 5.                     | - must be valid Original CPR  | Principal/<br>Source/<br>Manufacturer<br>Applicant                    |
| Э.<br>-                | Should submit back and front sides  | Applicant   |
| 6.<br>-                | Complete labeling requirements (Primary, Secondary, and Inserts) Submit current and proposed labels   | Applicant   |

| Request for Change of Shelf Life   | Where to     |
|--|--------------|
| Letter of request  | secure       |
| - Should indicate the current and proposed changes   | Applicant    |
| - Should include in the letter if there is a renewal application and indicate document tracking nu | mber         |
| 2. Previously submitted stability data   | Principal/   |
|  | Source/      |
|  | Manufacturer |
| 3. Real time data supporting the change of shelf life  | Principal/   |
| - Must be signed by the person who performed the analysis  | Source/      |
|  | Manufacturer |





| 4. Copy of CPR   | Applicant    |
|--|--------------|
| - Should submit back and front sides   |              |
| 5. Complete labeling requirements  | Applicant or |
| - Submit current and proposed labels   | Principal/   |
|  | Source/      |
|  | Manufacturer |
| Change of Manufacturing Site (Same Subsidiary) With No Change in The Formulation, Equipment, and Manufacturing               | Where to     |
| Procedure  | Secure       |
| Letter of request  | Applicant    |
| - Should indicate the current and proposed changes   |              |
| - Should include in the letter if there is a renewal application and indicate document tracking number                       |              |
| 2 Submit justification or supporting documents to show that the proposed manufacturer is a subsidiary of the current or      |              |
| approved manufacturer  |              |
| 3. Letter from the manufacturer stating that there is no change in the formulation, equipment and manufacturing procedure    | Principal/   |
|  | Source/      |
|  | Manufacturer |
| 4. Valid LTO   | Applicant    |
| 5. Copy of submitted Notification of Source  | Applicant    |
| - The list of sources should reflect the proposed manufacturing site   |              |
| 6. Formulation (for solutions) or List of Raw Materials (with the corresponding amount of raw materials used, if applicable) | Principal/   |
| issued by the current and proposed manufacturer  | Source/      |
|  | Manufacturer |
| 7. Manufacturing flowchart (current and proposed)  | Principal/   |
| Include brief narrative description of the manufacturing flowchart   | Source/      |
|  | Manufacturer |
| 8. Finished product specification (current and proposed)   | Principal/   |
|  | Source/      |
|  | Manufacturer |





| For Imported Products – authenticated or apostilled GMP/ISO Certificate reflecting the new manufacturing site     The GMP/ISO certificate should be valid | Principal/<br>Source/ |
|---|-----------------------|
| The Givir /130 certificate should be valid  | Manufacturer          |
| 10. Sterilization process and latest result of sterilization validation conducted/issued by the new manufacturing site                                    | Principal/            |
|   | Source/               |
|   | Manufacturer          |
| 11. Valid ISO Certificate of the sterilizing company (if there is a change in sterilization company)  | Principal/            |
|   | Source/               |
|   | Manufacturer          |
| 12. Copy of CPR  - Should include back and front sides  | Applicant             |
| 13. Complete labeling requirements (Primary, Secondary, and Inserts)  | Applicant or          |
| - Submit current and proposed labels  | Principal/            |
|   | Source/               |
|   | Manufacturer          |
| Change of Brand Name (From Generic to Brand, Change of Brand to Another, Deletion of Brand)   | Where to              |
|   | Secure                |
| 1. Letter of request  | Applicant             |
| - Should indicate the current and proposed changes  |                       |
| - Should include in the letter if there is a renewal application and indicate document tracking number  |                       |
| 2. Copy of CPR  | Applicant             |
| - Should include back and front sides   | Applicant             |
| 3. Certificate from IPO for local brand name. For imported products, the manufacturer's declaration that allows the use of the brand name.                | Applicant             |
| 4. Official letter from the product owner regarding the change of brand name and declaration that there is no other change to                             | Principal/            |
| the product/label except for the brand name   | Source/               |
|   | Manufacturer          |





| 5 | 5. Complete labeling requirements (Primary, Secondary, and Inserts) | Applicant or |
|---|---|--------------|
|   | - Submit current and proposed labels                                | Principal/   |
|   |   | Source/      |
|   |   | Manufacturer |

| Change of Storage Condition  |           |
|--|-----------|
| Letter of request  | Applicant |
| - Should indicate the current and proposed changes   |           |
| - Should include in the letter if there is a renewal application and indicate document tracking number |           |

| Ch | ange/Additional Indications  | Where to<br>Secure |
|----|--|--------------------|
| 1. | Letter of request  | Applicant          |
|    | - Should indicate the current and proposed changes   |                    |
|    | - Should include in the letter if there is a renewal application and indicate document tracking number |                    |
| 2. | Copy of CPR  |                    |
|    | - Submit front and back sides  | Applicant          |
| 3. | Approval letter issued by a government agency or notified body   | Principal/Sour     |
|    |  | ce/                |
|    |  | Manufacturer       |
| 4. | Studies to support the additional indication   | Principal/Sour     |
|    |  | ce/                |
|    |  | Manufacturer       |
| 5. | Complete labeling requirements (Primary, Secondary, and Inserts)                                       | Principal/Sour     |
|    | - Submit current and proposed labels   | ce/                |
|    |  | Manufacturer       |





| Change of Re-Packer/Packer   | Where to Secure                                   |
|--|---|
| Letter of request  |   |
| - Should indicate the current and proposed changes   | Applicant   |
| - Should include in the letter if there is a renewal application and indicate document tracking number |   |
| 2. Termination of contract with the previous re-packer/packer  | Applicant or<br>Principal/Source<br>Manufacturer  |
| 3. Agreement of with the new re-packer/packer  | Applicant or<br>Principal/Source,<br>Manufacturer |
| 4. Copy of CPR   | Applicant   |
| - Submit front and back sides  |   |
| 5. Complete labeling requirements (Primary, Secondary, and Inserts)                                    | Principal/Source/                                 |
| - Submit current and proposed labels   | Manufacturer                                      |
|  |   |
| Change of Label Design   | Where to Secure                                   |
| <ol> <li>Letter of request</li> </ol>  |   |
| - Should indicate the reason for change  | A   |
| - Should indicate the current and proposed changes   | Applicant   |
| - Should include in the letter if there is a renewal application and indicate document tracking number |   |
| Copy of CPR     Submit front and back sides  | Applicant   |
| 3. Currently approved label design   | Applicant   |
| 4. Proposed label with the new design  | Applicant or                                      |
|  | Principal/Source                                  |
|  | Manufacturer                                      |
| Change of Packaging  | Where to Secure                                   |





| <ul> <li>1. Letter of request</li> <li>Should indicate the reason for change</li> <li>Should indicate the current and proposed changes</li> <li>Should include in the letter if there is a renewal application and indicate document tracking number</li> </ul>   | Applicant   |
|---|---|
| Copy of CPR     Submit front and back sides   | Applicant   |
| 3. Appropriate scientific data on new packaging   | Principal/Source/<br>Manufacturer   |
| 4. Proof that no interaction between the product and packaging material occur   | Principal/Source/<br>Manufacturer   |
| 5. Comparative tabulated format of specifications of currently approved and proposed packaging material   | Applicant or<br>Principal/Source/<br>Manufacturer                                     |
|   | Manulacturer  |
| Additional Presentation<br>e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]   | Where to Secure   |
|   |   |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request - Should indicate the current and proposed changes   | Where to Secure   |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request    - Should indicate the current and proposed changes    - Should include in the letter if there is a renewal application and indicate document tracking number  2. Copy of CPR  | Where to Secure  Applicant  |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request    - Should indicate the current and proposed changes    - Should include in the letter if there is a renewal application and indicate document tracking number  2. Copy of CPR    - Submit front and back sides   | Applicant Applicant Applicant   |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request  | Where to Secure  Applicant  Applicant   |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request    - Should indicate the current and proposed changes    - Should include in the letter if there is a renewal application and indicate document tracking number  2. Copy of CPR    - Submit front and back sides  3. Currently approved and proposed presentation  Re-classification (from other classification to Medical Device) | Applicant Applicant Applicant Where to Secure   |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request  | Applicant Applicant Applicant Where to Secure Applicant                               |
| e.g. (1) Registered box x 100's, additional presentation of 1 box x 500's; (2) registered 60mL, additional of 120mL]  1. Letter of request  | Applicant Applicant Applicant Where to Secure Applicant Applicant Applicant Applicant |





| Addition of Codes/Reference Number/Article Number  | Where to Secure                                   |
|--|---|
| Letter of request     Should indicate the current and proposed changes     Should include in the letter if there is a renewal application and indicate document tracking number                                      | Applicant   |
| Copy of CPR     Submit front and back sides  | Applicant   |
| 3. Declaration from the manufacturer that there is no change in the manufacturing process, sterilization process and raw materials   | Principal/Source/<br>Manufacturer                 |
| 4. Provide previous list of raw materials and manufacturing flowchart of the previously approved codes   | Principal/Source/<br>Manufacturer                 |
| 5. List of raw materials and manufacturing flowchart for the proposed code/s   | Principal/Source/<br>Manufacturer                 |
| 6. Complete tabulated format of the finished product specification of the currently approved codes and proposed codes  | Principal/Source/<br>Manufacturer                 |
| 7. Colored photos of the current and proposed codes  | Applicant or<br>Principal/Source/<br>Manufacturer |
| 8. Labels of the current and proposed codes  | Applicant or<br>Principal/Source/<br>Manufacturer |
| Deletion of Codes/Reference Number/Article Number  | Where to Secure                                   |
| Letter of request     Indicate the reason for deletion     Should indicate the current and proposed changes     Should include in the letter if there is a renewal application and indicate document tracking number | Applicant   |





| 2. Official letter from the product owner regarding the deletion  | Principal/Source/                 |
|---|-----------------------------------|
| 3. Copy of CPR  | Manufacturer                      |
| - Submit front and back sides   | Applicant                         |
|   |                                   |
| Additional Sterilization Site   | Where to Secure                   |
| Letter of request     Should indicate the current and proposed changes     Should include in the letter if there is a renewal application and indicate document tracking number | Applicant                         |
| Copy of CPR     Submit front and back sides   | Applicant                         |
| 3. Sterilization procedure and revalidation protocol issued by the currently approved sterilizing company.  | Principal/Source/<br>Manufacturer |
| 4. Sterilization procedure and revalidation protocol issued by the proposed sterilizing company.  | Principal/Source/<br>Manufacturer |
| 5. Latest result of sterilization revalidation of the new sterilizing company   | Principal/Source/<br>Manufacturer |
| 6. ISO Certificate of the new sterilizing company   | Principal/Source/<br>Manufacturer |
| Change in Instructions for Use  | Where to Secure                   |
| Letter of request     Should indicate the current and proposed changes     Should include in the letter if there is a renewal application and indicate document tracking number | Applicant                         |
| Copy of CPR     Submit front and back sides   | Applicant                         |





| Applicant or<br>Principal/Source/<br>Manufacturer |
|---|
| Principal/Source/<br>Manufacturer                 |
| Principal/Source/<br>Manufacturer                 |
| Where to Secure                                   |
| Applicant   |
| Applicant   |
| Applicant or<br>Principal/Source/<br>Manufacturer |
| Applicant or<br>Principal/Source/<br>Manufacturer |
| Where to Secure                                   |
| Applicant   |
|   |





| Copy of CPR     Submit front and back sides  | Applicant                         |
|--|-----------------------------------|
| 3. Description of the analytical methodology, a summary of validation data and comparative analytical results between the currently approved and proposed test   | Principal/Source/<br>Manufacturer |
| Submission schedule is as follows:  > For companies with names beginning with numbers 0-9 and letters A-M: Every Thursday from 8:00 AM to 5:00 PM.  > For companies with names beginning with letters N-Z: Every Friday from 8:00 AM to 5:00 PM. |                                   |
| This schedule applies to working days only and excludes national and declared non-working days. In the event of a holiday/non-working day, then the regular schedule shall be followed on the next working and scheduled submission day.         |                                   |

| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE<br>PAID   | PROCESSING<br>TIME*                      | PERSON<br>RESPONSIBLE |
|--|--|--|--|-----------------------|
| <ol> <li>Client sends an email containing the PDF of<br/>their application to <u>fdac.letters@fda.gov.ph</u><br/>following the correct schedule and pays the<br/>corresponding fee.</li> </ol>                     | Receiving officer generates a     Document Tracking Number     (DTN) and send and     acknowledgment email / order of payment to the client. |  |  | FDAC<br>Officer       |
| 2. The applicant company receives the Order of Payment and pays the fee through the FDAC Cashier or through the other means prescribed by the FDA. The Order of Payment is only valid for 24 hours after issuance. | FDA receives the payment from the applicant company.   | *Fees depend on the total amendment request of the client. | Timeline starts after posting of payment | FDA Cashier           |
| <ol> <li>The applicant company receives the official<br/>receipt and sends the proof of payment to the<br/>FDAC through email.</li> </ol>  | FDAC forwards the application to the CDRRHR.   |  | 1 working day                            | FDAC Officer          |





| <br>   |   |                      |                                    |
|--|---|----------------------|------------------------------------|
| Decking of the application to the evaluator.   |   |                      | CDRRHR<br>Administrativ<br>e Staff |
| <ol> <li>The technical evaluator reviews<br/>the application and recommends<br/>approval/disapproval.</li> </ol> |   | 11 working<br>days** | Technical<br>Evaluator             |
| Quality Assurance – checking and recommendation of the Supervisor.   |   | 3 working days       | LRD Chief                          |
| 7. Preparation of Letter of Approval or Disapproval of Variation   |   | 1 working day        | Technical<br>Evaluator             |
| <ol><li>Final approval and disapproval<br/>and signature of the Center<br/>Director.</li></ol>                   |   | 1 working day        | LRD Chief                          |
| 9. Scanning of the approval letter.  |   | 1 working day        | LRD Chief                          |
| 10.Transmitting of the approval letter to the Records Section.   |   | 1 working day        | Technical<br>Evaluator             |
| 11.Queuing and endorsement to the FDA Releasing Section  |   | 1 working day        | Administrativ<br>e Officer         |
| TOTAL  | Php510.00/<br>Php1,010.00/<br>Php2,525.00 | 20 working           | days***                            |

<sup>\*</sup>Day 1 commences upon the receipt of the proof of payment / posting of payment.

<sup>\*\*</sup>Timeline provided is for applications that are complete and correct with no Notice of Deficiencies issued.

<sup>\*\*\*</sup>Service is covered under Republic Act No. 3720 Section 21 as amended by Executive Order No. 175 Section 13.