**Biopharmaceutics Classification System (BCS)**

This application form is designed to facilitate information exchange between the Applicant and Rwanda FDA, if the Applicant seeks to waive bioequivalence studies, based on the Biopharmaceutics Classification System (BCS). This form is not to be used, if a bio waiver is applied for additional strength(s) of the submitted product(s), in which situation a separate “*Bio waiver Application* *Form: Additional Strengths*” should be used.

*Rwanda FDA has identified the Active Pharmaceutical Ingredients (APIs) that are eligible for a BCS-based bio waiver application. Therefore, in some cases it is not necessary to provide data to support the BCS classification of the respective API(s) in the application i.e. data supporting the drug substance solubility or permeability class.*

General Instructions***:***

* Please review all the instructions thoroughly and carefully prior to completing the current Application Form.
* Provide as much detailed, accurate and final information as possible
* Please enter the data and information directly following the greyed areas.
* Please enclose the required documentation in full and state in the relevant sections of the Application Form the exact location (Annex number) of the appended documents.
* Please provide the document as an MS Word file
* Do not paste snap-shots in the document
* Please enclose the required documentation in full and state in the relevant sections of the Application Form the exact location (Annex number) of the appended document.
* The appended electronic document should be clearly identified in their file names, which should include the product name and Annex number.
* Before submitting the completed Application Form, kindly check that you have provided all requested information and enclosed all requested documents.
* Should you have any questions regarding this procedure, please contact Rwanda FDA.

The signed paper version of this Bio waiver Application Form together with Annexes (and their electronic copies on CD-ROM) should be included to the bioequivalence part of the submitted dossier and sent by surface mail to Rwanda FDA.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.0** | **Administrative data** |  |
|  | **1.1** | ***Trade name of the test product*** |  |
|  |  |  |  |
|  | **1.2** | ***INN of active ingredient(s)*** |  |
|  |  |  |  |
|  |  | *< Please enter information here >* |  |
|  |  |  |  |
|  | **1.3** | ***Dosage form and strength*** |  |
|  |  |  |  |
|  |  | *< Please enter information here >* |  |
|  |  |  |  |
|  | *1.1* | ***Product EAC Reference number*** *(if product dossier has been* |  |
|  |  | *accepted for EAC assessment)* |  |
|  |  |  |  |
|  |  | *< Please enter information here >* |  |
|  |  |  |  |
|  | **1.5** | **Name of applicant and official addresses** |  |
|  |  |  |  |
|  |  | *< Please enter information here >* |  |
|  |  |  |  |
|  | **1.2** | **Name of manufacturer of finished product and full physical** |  |
|  |  | ***address of the manufacturing site*** |  |
|  |  |  |  |
|  |  | *< Please enter information here >* |  |
|  |  |  |  |
|  | ***1.3*** | ***Name and address of the laboratory or Contract Research*** |  |
|  |  | ***Organisation(s) where the BCS-base bio waiver dissolution*** |  |
|  |  | ***studies were conducted.*** |  |
|  |  |  |  |

*< Please enter information here >*

**2.0** **Test product**

|  |
| --- |
| ***2.1 Tabulation of the composition of the formulation(s) proposed for marketing and those used for comparative dissolution studies**** Please state the location of the master formulae in the specific part of the dossier of the submission.
* Tabulate the composition of each product strength using the table 2.1.1
* For solid oral dosage forms the table should contain only the ingredients in tablet core or contents of capsule. A copy of the table should be filled in for the film coating/hard gelatine capsule, if any.
* Bio waiver batches should be at least of pilot scale (10% of production scale or 100,000 capsules or tablets whichever is greater) and manufacturing method should be the same as for production scale.

**Please note:** If the formulation proposed for marketing and those used for comparative dissolution studies are not identical, copies of this table should be filled in for each formulation for clear identification in witch study the respective formulation was used. |
| **2.1.1 *Composition of the batches used for comparative dissolution studies*** |
| Batch number |  |
| Batch size (number of unit doses) |  |
| Date of manufacture |  |
| Comments, if any |
| Comparison of unit dose compositions(duplicate this table for each strength, if compositions are different) |
| Ingredients (Quality standard) | Unit dose(mg) | Unit dose(%) |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Equivalence of the compositions or justified differences |  |  |  |  |
| **2.2 Potency *(measured content) of test product as a percentage of******label claim as per validated assay method***This information should be cross-referenced to the location of certificate of analysis (CoA) in this bio waiver submission. |
| *< Please enter information here >* |
| ***COMMENTS FROM REVIEW OF SECTION 2.0 - Rwanda FDA USE ONLY*** |
|  |

1. **Comparator product**

|  |
| --- |
| **3.1 *Comparator product***Please enclose a copy of product labelling (summary of product characteristics), as authorized in country of purchase, and translation into English, if appropriate. |
| **3.2 *Name and manufacturer of the comparator product (Include full physical address of the manufacturing site)*** |
| *< Please enter information here >* |
| **3.3 Qualitative (and quantitative, if available) information on the composition of the comparator product**Please tabulate the composition of the comparator product based on available information and state the source of this information. |
| **3.3.1 *Composition of the comparator product used in dissolution studies*** |
| Batch number |  |
| Expiry date |  |
| Comments, if any |
| Ingredients and reference standards used | Unit dose(mg) | Unit dose (%) |
|  |  |  |
| **3.4 *Purchase, shipment and storage of the comparator product***Please attach relevant copies of documents (e.g. receipts) proving the stated conditions. |
| *< Please enter information here >* |
| **3.5 *Potency (measured content) of the comparator product as a percentage of label claim, as measured by the same laboratory under the same conditions as the test product.***This information should be cross-referenced to the location of certificate of analysis (CoA) in this bio waiver submission. |
| *< Please enter information here >* |
| ***COMMENTS FROM REVIEW OF SECTION 3.0 - Rwanda FDA USE ONLY*** |
|  |

1. **Comparison of test and comparator products**

|  |
| --- |
| * 1. ***Formulation***

**4.1.1 *Identify any excipients present in either product that are known to impact on in vivo absorption processes***A literature-based summary of the mechanism by which these effects are known to occur should be included and relevant full discussion enclosed, if applicable. |
| *< Please enter information here >* |

|  |
| --- |
| * 1. ***Identify all qualitative (and quantitative, if available) differences between the compositions of the test and comparator products***

The data obtained and methods used for the determination of the quantitative composition of the comparator product as required by the guidance documents should be summarized here for assessment |
| *< Please enter information here >* |
| **4.3 *Provide a detailed comment on the impact of any differences between the compositions of the test and comparator products with respect to drug release and in vivo absorption*** |
| *< Please enter information here >* |
| ***COMMENTS FROM REVIEW OF SECTION 4.0 - Rwanda FDA USE ONLY*** |
|  |
| 1. **Comparative in vitro dissolution**

Information regarding the comparative dissolution studies should be included below to provide adequate evidence supporting the bio waiver request. Comparative dissolution data will be reviewed during the assessment of the Quality part of the dossierPlease state the location of:* the dissolution study protocol(s) in this bio waiver application
* the dissolution study report(s) in this bio waiver application
* the analytical method validation report in this bio waiver application
 |
| *< Please enter information here >* |
| **5.1 *Summary of the dissolution conditions and method described in the study report(s)***Summary provided below should include the composition, temperature, volume, and method of de-aeration of the dissolution media, the type of apparatus employed, the agitation speed(s) employed, the number of units employed, the method of sample collection including sampling times, sample handling, and sample storage. Deviations from the sampling protocol should also be reported |

|  |
| --- |
| **5.1.1 *Dissolution media: Composition, temperature, volume, and method of de-aeration*** |
| *< Please enter information here >* |

|  |
| --- |
| **5.1.2 *Type of apparatus and agitation speed(s) employed*** |
| *< Please enter information here >* |

|  |
| --- |
| **5.1.3 *Number of units employed*** |
| *< Please enter information here >* |

|  |
| --- |
| **5.1.4 *Sample collection: method of collection, sampling times, sample handling and storage*** |
| *< Please enter information here >* |

|  |
| --- |
| **5.1.5 *Deviations from sampling protocol*** |
| *< Please enter information here >* |

|  |
| --- |
| **5.1.6 *Dissolution media: Composition, temperature, volume, and method of de-aeration*** |
| *< Please enter information here >* |
| **5.2 *Summarize the results of the dissolution study(s)***Please provide a tabulated summary of individual and mean results with % CV, graphic summary, and any calculations used to determine the similarity of profiles for each set of experimental conditions. |
| *< Please enter information here >* |

|  |
| --- |
| **5.3 *Provide discussions and conclusions taken from dissolution study(s)***Please provide a summary statement of the studies performed. |
| *< Please enter information here >* |

|  |
| --- |
| ***COMMENTS FROM REVIEW OF SECTION 5.0 - Rwanda FDA USE ONLY*** |
|  |

**6.0 Quality assurance**

|  |
| --- |
| **6.1 *Internal quality assurance methods***Please state location in this bio waiver application where internal quality assurance methods and results are described for each of the study sites |
| *< Please enter information here >* |

|  |
| --- |
| **6.2 *Monitoring, Auditing, Inspections***Provide a list of all auditing reports of the study, and of recent inspections of study sites by regulatory agencies. State locations in this bio waiver application of the respective reports for each of the study sites e.g., analytical laboratory, laboratory where dissolution studies were performed |
| *< Please enter information here >* |
| ***COMMENTS FROM REVIEW OF SECTION 6.0 – Rwanda FDA USE ONLY*** |
|  |

|  |
| --- |
| **Declaration**I, the undersigned, certify that the information provided in this application and the attacheddocument is correct and true |
| Signed on behalf of <company>DateName and title*< Please enter information here >* |

|  |
| --- |
| **CONCLUSIONS AND RECOMMENDATIONS – Rwanda FDA USE ONLY** |
|  |