Health Canada Santé Canada

GOOD MANUFACTURING PRACTICE CERTIFICATE[1]

Exporting (certifying) country: **CANADA** No. of Certificate: 70236

Importing (requesting) country: **CHILE**

1. Name and dosage form of the product:

CAPSULE - TABLET

1.1 Active ingredient(s)[2] and amount(s) per unit dose:[3]

For complete composition including excipients, see attached:[4] **No**

1.2 Is this product licensed to be placed on the market for use in the exporting country?[5] **N/A**

If YES, continue with section 2A and leave section 2B blank.
If NO, leave question 1.3 and section 2A blank and continue with section 2B[6]

1.3 Is this product actually on the market in the exporting country? **N/A**

THIS CERTIFICATE DOES NOT RELATE TO ANY SPECIFIC PRODUCT.

2A.1 Number of product license and date of issue:[7]

2A.2 Product license holder (name and address):

2A.3 Status of license holder:[8]

2A.3.1 For categories (B) and (C) the name and address of the manufacturer producing the dosage form is:

2A.4 Is a summary basis for approval appended ?[10] **Not Applicable**

2A.5 Is the attached product information complete and consonant with the license?[11] **Not Required**

2A.6 Applicant for certificate, if different from license holder (name and address):

Canada

2018 Health Canada Santé Canada Canada

Health Canada / Santé Canada

2B.1 Applicant for certificate (name and address):

APOTEX INC
150 SIGNET DRIVE
TORONTO,ONTARIO
CANADA,M9L 1T9

2B.2 Status of applicant:[8] **A**

2B.2.1 For categories (B) and (C) the name and address of the manufacturer producing the dosage form is:[9]

2B.3 Why is marketing authorization lacking?

2B.4 Remarks:[13] **GMP CERTIFICATE**

3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?[14] **Yes**

If NO or NOT APPLICABLE, proceed to question 4

3.1 Periodicity of routine inspections (years): **2**

3.2 Has the manufacture of this type of dosage form been inspected? **Yes**

3.3 Do the facilities & operations conform to GMP as recommended by the WHO?[15] **Yes**

4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product?[16] **Not Applicable**

If NO, explain:

THE DEPARTMENT OF FOREIGN AFFAIRS, TRADE AND
SIGNATURE ... CONFIRMING DOCUMENT OF
... RES ETRANGÈRES, COMMERCE ET
... A DÛMENT ATTESTIFIÉ LA
... DOCUMENT CI-DESSUS DU 9 DÉCEMBRE, DE:
... OF FOREIGN AFFAIRS/POUR LE
... AIRES ÉTRANGÈRES:
OCT 0 4
DATE:
OTTAWA, CANADA

Address of certifying authority

Regulatory Operations and Regions Branch
Health Product Compliance Directorate
200 Eglantine Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Signature: _____

Name of authorized person **ALINE BABAKI**

Date: **2018-09-06**

This certificate expires 1 year from the date of issue

KATHARINE ANNE WEEKES,
Notary Public, City of Toronto,
limited to the attestation of instruments
and the taking of affidavits,
for Apotex Inc. and its affiliates.
Expires November 21, 2020

September 26, 2018

Canada

2018
Health Canada / Santé Canada
Canada

CONSULADO DE CHILE EN
OTTAWA, CANADA

El Cónsul de Chile que suscribe certifica la autenticidad de la firma de doña TINA WISHAK, Oficial de Legalizaciones des Ministerio de Relaciones Exteriores de Canadá.

Ottawa, 01 de OCTUBRE de 2018

CONSULADO DE CHILE OTTAWA

RODRIGO MEZA GOTOR
Primer Secretario
Cónsul

22 LEGALIZADA EN EL MINISTERIO DE RELACIONES EXTERIORES DE CHILE
FIRMA DEL SR(A)
29 OCT 2018
LESLIE DRILL Y NELSON LLEDO
Oficial de Legalizaciones

Actunción N° 463 Derechos percibidos US$ 12
Arancel Art. N° 4 / 10 / ( )
Ottawa, 01 de OCTUBRE 2018

SERVICIO CONSULAR 2018 CHILE 2018

CERTIFICADO DE BUENAS PRACTICAS DE MANUFACTURA

País exportador (certificador): **CANADÁ** No. de certificado: 70236
País importador (solicitante): **CHILE**

1. Nombre y forma farmacéutica del producto:
CÁPSULA – COMPRIMIDO

1.1 Principio(s) activo(s) y cantidad(es) por unidad de dosis:
Para la composición completa inclusive excipientes, ver anexo: **No**

1.2. ¿Está este producto autorizado para ser puesto en el mercado en el país exportador?: **N/A**
Si la respuesta es SI, continuar con la sección 2A y dejar la sección 2B en blanco.
Si la respuesta es NO, dejar la pregunta 1.3 y la sección 2ª en blanco, y continuar con la sección 2B.

1.3 ¿Está este producto actualmente en el mercado del país exportador? **N/A**
ESTE CERTIFICADO NO SE REFIERE A NINGUN PRODUCTO ESPECÍFICO

2.A.1. Número de la autorización del producto y fecha de emisión:

2.A.2. Titular de la autorización del producto (nombre y dirección):

2.A.3. Condición del titular de la autorización del producto:

2.A.3.1. Para las categorías (B) y (C), el nombre y la dirección del fabricante que produce la forma farmacéutica es:

2.A.4. ¿Se adjunta un resumen para aprobación? **No Aplica**

2.A.5. La información del producto que se adjunta, ¿está completa y conforme con la autorización? **No requiere**

2.A.6. Solicitante del certificado, si es diferente del titular de la autorización (nombre y dirección):

2.B.1. Solicitante del certificado (nombre y dirección):
APOTEX INC.
150 SIGNET DRIVE
TORONTO, ONTARIO
CANADA, M9L 1T9

2.B.2. Condición del solicitante: **A**

2.B.2.1. Para las categorías (B) y (C), el nombre y dirección del fabricante que produce la forma farmacéutica es:

2.B.3. ¿Por qué no se dispone de la autorización de comercialización?

2.B.4. Comentarios: **CERTIFICADO GMP**

3. La Autoridad certificadora, ¿efectúa inspecciones periódicas de la planta de fabricación en la que se produce la forma farmacéutica? **SI**

Si no procede, continuar con la pregunta 4.

3.1. Periodicidad de las inspecciones rutinarias (años): **2**

3.2. ¿Se ha inspeccionado la fabricación de este tipo de forma farmacéutica? **SI**

3.3 ¿Las instalaciones y procesos cumplen con las Buenas Prácticas de Manufactura como recomienda la Organización Mundial de la Salud? **SI**

4. ¿La información presentada por el solicitante satisface a la Autoridad certificadora en todos los aspectos de la fabricación del producto? **NO APLICA**

Si la respuesta es No, explicar:

Dirección de la autoridad certificadora:
Regulatory Operations and Regions Branch
Health Product Compliance Directorate
200 Eglantine Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Firma
Nombre de Personal Autorizado ALINE LABAKI Fecha: 2018-09-06
Este certificado expira en 1 año desde fecha de emisión

EXPLANATORY NOTES

http://www.who.int/medicines/areas/quality_safety/regulation_legislation/certification/modelcertificate/en/ (dated 2018)

01 This certificate, which is in the format recommended by WHO, establishes the status of the pharmaceutical product and of the applicant for the certificate in the exporting country. It is for a single product only since manufacturing arrangements and approved information for different dosage forms and different strengths can vary.

02 Use, whenever possible, International Nonproprietary Names (INNs) or national nonproprietary names.

03 The formula (complete composition) of the dosage form should be given on the certificate or be appended.

04 Details of quantitative composition are preferred but their provision is subject to the agreement of the product-licence holder.

05 When applicable, append details of any restriction applied to the sale, distribution or administration of the product that is specified in the product licence.

06 Sections 2A and 2B are mutually exclusive.

07 Indicate, when applicable, if the licence is provisional, or the product has not yet been approved.

08 Specify whether the person responsible for placing the product on the market:
a. manufactures the dosage form;
b. packages and/or labels a dosage form manufactured by an independent company; or
c. is involved in none of the above.

09 This information can only be provided with the consent of the product-licence holder or, in the case of non-registered products, the applicant. Non-completion of this section indicates that the party concerned has not agreed to inclusion of this information. It should be noted that information concerning the site of production is part of the product licence. If the production site is changed, the licence has to be updated or it is no longer valid.

10 The Regulatory Operations and Regions Branch (RORB) does not issue a document to the licence holder that summarizes the technical basis on which the product has been licensed. This information is contained in the detailed marketing application submitted by the licence holder and maintained by RORB. In those instances where the licence holder has provided certified technical information for the product, it is appended to the certificate.

11 Product information (eg. product monographs, labelling, patient information sheet) is approved at the time of product registration and periodically thereafter when the need arises. Product information submitted by the applicant is not systematically reviewed prior to the issuance of the certificate, The applicant is required to provide written certification regarding the accuracy, completeness and concordance of the information with the currently approved version.

12 When the applicant is different from the licence holder, permission for issuing the certificate is required from the product licence holder. The applicant must provide evidence of the licence-holder's permission to Health Canada.

13 Please indicate the reason that the applicant has provided for not requesting registration.
a. the product has been developed exclusively for the treatment of conditions — particularly tropical diseases — not endemic in the country of export;
b. the product has been reformulated with a view to improving its stability under tropical conditions;
c. the product has been reformulated to exclude excipients not approved for use in pharmaceutical products in the country of import;
d. the product has been reformulated to meet a different maximum dosage limit for an active ingredient;
e. any other reason, please specify.

14 Not applicable means the manufacture is taking place in a country other than that issuing the product certificate and inspection is conducted under the aegis of the country of manufacture.

15 The requirements for good practices in the manufacture and quality control of drugs referred to in the certificate are those included in the thirty-second report of the Expert Committee on Specifications for Pharmaceutical Preparations, WHO Technical Report Series No. 823, 1992, Annex 1. Recommendations specifically applicable to biological products have been formulated by the WHO Expert Committee on Biological Standardization (WHO Technical Report Series, No. 822, 1992, Annex 1).

16 This section is to be completed when the product-licence holder or applicant conforms to status (b) or (c) as described in note 8 above. It is of particular importance when foreign contractors are involved in the manufacture of the product. In these circumstances the applicant should supply the certifying authority with information to identify the contracting parties responsible for each stage of manufacture of the finished dosage form, and the extent and nature of any controls exercised over each of these parties.

Health Canada Santé Canada

GOOD MANUFACTURING PRACTICE CERTIFICATE[1]

Exporting (certifying) country: **CANADA** No. of Certificate: 70283

Importing (requesting) country: **CHILE**

1. Name and dosage form of the product:

CAPSULE - TABLET

1.1 Active ingredient(s)[2] and amount(s) per unit dose:[3]

For complete composition including excipients, see attached:[4] **No**

1.2 Is this product licensed to be placed on the market for use in the exporting country?[5] **N/A**

If YES, continue with section 2A and leave section 2B blank.
If NO, leave question 1.3 and section 2A blank and continue with section 2B[6]

1.3 Is this product actually on the market in the exporting country? **N/A**

THIS CERTIFICATE DOES NOT RELATE TO ANY SPECIFIC PRODUCT.

2A.1 Number of product license and date of issue:[7]

2A.2 Product license holder (name and address):

2A.3 Status of license holder:[8]

2A.3.1 For categories (B) and (C) the name and address of the manufacturer producing the dosage form is:

2A.4 Is a summary basis for approval appended ?[10] **Not Applicable**

2A.5 Is the attached product information complete and consonant with the license?[11] **Not Required**

2A.6 Applicant for certificate, if different from license holder (name and address):

Canada

2018 Health Canada Santé Canada Canada

Health Canada / Santé Canada

2B.1 Applicant for certificate (name and address):

APOTEX INC
150 SIGNET DRIVE
TORONTO,ONTARIO
CANADA,M9L 1T9

2B.2 Status of applicant:[8] **B**

2B.2.1 For categories (B) and (C) the name and address of the manufacturer producing the dosage form is:[9]

PACKAGING SITE:
APOTEX INC
4100 WESTON RD.
TORONTO,ONTARIO
CANADA,M9L 2Y6

2B.3 Why is marketing authorization lacking?

2B.4 Remarks?[10]

3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?[14] **Not Applicable**

If NO or NOT APPLICABLE, proceed to question 4

3.1 Periodicity of routine inspections (years):

3.2 Has the manufacture of this type of dosage form been inspected?

3.3 Do the facilities & operations conform to GMP as recommended by the WHO?[15]

4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product?[16] **Yes**

If NO, explain:

Address of certifying authority

Regulatory Operations and Regions Branch
Health Product Compliance Directorate
200 Eglantine Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Signature: _____ Date: 2018-09-10

Name of authorized person **ALINE LABAKI**

This certificate expires 1 year from the date of issue

KATHARINE ANNE WEEKES,
Notary Public, City of Toronto,
limited to the attestation of instruments
and the taking of affidavits,
for Apotex Inc. and its affiliates.
Expires November 21, 2020

K. Weekes
September 10, 2018

Canada

2018
Health Canada / Santé Canada
Canada

CONSULADO DE CHILE EN
OTTAWA, CANADA

El Cónsul de Chile que suscribe certifica la autenticidad de la firma de doña TINA WISHAK, Oficial de Legalizaciones del Ministerio de Relaciones Exteriores de Canadá.

Ottawa, 01 de OCTUBRE de 2018

CONSULADO DE CHILE OTTAWA

RODRIGO MEZA GOTOR
Primer Secretario
Cónsul

22 LEGAL LEGALISATION OFFICER
DE RELACIONES EXTERIORES
FIRMA DE LA
29 OCT 2018
Oficial de Legalización

Arancel N 467 Derechos pagados US$ 12
Arancel Art. N 4 / 10 / ( )
Ottawa, 01 de OCTUBRE 2018

2018 2018

CERTIFICADO DE BUENAS PRACTICAS DE MANUFACTURA

País exportador (certificador): **CANADÁ** No. de certificado: 70283
País importador (solicitante): **CHILE**

1. Nombre y forma farmacéutica del producto:
CÁPSULA – COMPRIMIDO

1.1 Principio(s) activo(s) y cantidad(es) por unidad de dosis:
Para la composición completa inclusive excipientes, ver anexo: **No**

1.2. ¿Está este producto autorizado para ser puesto en el mercado en el país exportador?: **N/A**
Si la respuesta es SI, continuar con la sección 2A y dejar la sección 2B en blanco.
Si la respuesta es NO, dejar la pregunta 1.3 y la sección 2ª en blanco, y continuar con la sección 2B.

1.3 ¿Está este producto actualmente en el mercado del país exportador? **N/A**
ESTE CERTIFICADO NO SE REFIERE A NINGUN PRODUCTO ESPECÍFICO

2.A.1. Número de la autorización del producto y fecha de emisión:

2.A.2. Titular de la autorización del producto (nombre y dirección):

2.A.3. Condición del titular de la autorización del producto:

2.A.3.1. Para las categorías (B) y (C), el nombre y la dirección del fabricante que produce la forma farmacéutica es:

2.A.4. ¿Se adjunta un resumen para aprobación? **No Aplica**

2.A.5. La información del producto que se adjunta, ¿está completa y conforme con la autorización? **No requiere**

2.A.6. Solicitante del certificado, si es diferente del titular de la autorización (nombre y dirección):

2.B.1. Solicitante del certificado (nombre y dirección):
APOTEX INC.
150 SIGNET DRIVE
TORONTO, ONTARIO
CANADA, M9L 1T9

2.B.2. Condición del solicitante: **B**

2.B.2.1. Para las categorías (B) y (C), el nombre y dirección del fabricante que produce la forma farmacéutica es:
SITIO DE ENVASADO:
APOTEX INC.
4100 WESTON RD.
TORONTO, ONTARIO
CANADA, M9L 2Y6

2.B.3. ¿Por qué no se dispone de la autorización de comercialización?

2.B.4. Comentarios:

3. La Autoridad certificadora, ¿efectúa inspecciones periódicas de la planta de fabricación en la que se produce la forma farmacéutica? **No aplica**

Si no procede, continuar con la pregunta 4.

3.1. Periodicidad de las inspecciones rutinarias (años):

3.2. ¿Se ha inspeccionado la fabricación de este tipo de forma farmacéutica?

3.3 ¿Las instalaciones y procesos cumplen con las Buenas Prácticas de Manufactura como recomienda la Organización Mundial de la Salud?

4. ¿La información presentada por el solicitante satisface a la Autoridad certificadora en todos los aspectos de la fabricación del producto? **Si**

Si la respuesta es No, explicar:

Dirección de la autoridad certificadora:
Regulatory Operations and Regions Branch
Health Product Compliance Directorate
200 Eglantine Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Firma
Nombre de Personal Autorizado ALINE LABAKI Fecha: 2018-09-10
Este certificado expira en 1 año desde fecha de emisión

EXPLANATORY NOTES

http://www.who.int/medicines/areas/quality_safety/regulation_legislation/certification/modelcertificate/en/ (dated 2018)

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02 Use, whenever possible, International Nonproprietary Names (INNs) or national nonproprietary names.

03 The formula (complete composition) of the dosage form should be given on the certificate or be appended.

04 Details of quantitative composition are preferred but their provision is subject to the agreement of the product-licence holder.

05 When applicable, append details of any restriction applied to the sale, distribution or administration of the product that is specified in the product licence.

06 Sections 2A and 2B are mutually exclusive.

07 Indicate, when applicable, if the licence is provisional, or the product has not yet been approved.

08 Specify whether the person responsible for placing the product on the market:
a. manufactures the dosage form;
b. packages and/or labels a dosage form manufactured by an independent company; or
c. is involved in none of the above.

09 This information can only be provided with the consent of the product-licence holder or, in the case of non-registered products, the applicant. Non-completion of this section indicates that the party concerned has not agreed to inclusion of this information. It should be noted that information concerning the site of production is part of the product licence. If the production site is changed, the licence has to be updated or it is no longer valid.

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13 Please indicate the reason that the applicant has provided for not requesting registration.
a. the product has been developed exclusively for the treatment of conditions — particularly tropical diseases — not endemic in the country of export;
b. the product has been reformulated with a view to improving its stability under tropical conditions;
c. the product has been reformulated to exclude excipients not approved for use in pharmaceutical products in the country of import;
d. the product has been reformulated to meet a different maximum dosage limit for an active ingredient;
e. any other reason, please specify.

14 Not applicable means the manufacture is taking place in a country other than that issuing the product certificate and inspection is conducted under the aegis of the country of manufacture.

15 The requirements for good practices in the manufacture and quality control of drugs referred to in the certificate are those included in the thirty-second report of the Expert Committee on Specifications for Pharmaceutical Preparations, WHO Technical Report Series No. 823, 1992, Annex 1. Recommendations specifically applicable to biological products have been formulated by the WHO Expert Committee on Biological Standardization (WHO Technical Report Series, No. 822, 1992, Annex 1).

16 This section is to be completed when the product-licence holder or applicant conforms to status (b) or (c) as described in note 8 above. It is of particular importance when foreign contractors are involved in the manufacture of the product. In these circumstances the applicant should supply the certifying authority with information to identify the contracting parties responsible for each stage of manufacture of the finished dosage form, and the extent and nature of any controls exercised over each of these parties.