DRUG





AUTHORITY

513/NDA/DPS/08/2021

20th August 2021

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Dear Sir,

RE: RESPONSE TO REQUEST FOR AUTHORISATION TO CONDUCT PHASE 1 CLINICAL TRIAL OF COVID-19 CURE CANDIDATE (bertoCOV)

Reference is made to your letter registry no. 5405/21 received on 13th August 2021, regarding your request for permission to conduct a phase 1 trial starting with an oral regimen of the product BertoCOV.

The National Drug Authority (NDA) acknowledges receipt of the following documents and Investigational Medicinal Products samples:

- 1. Profile of COVID-19 cure candidate and sample labeled D.
- 2. Profile of HIV cure candidate and sample labeled A
- 3. Profile of Hepatitis B cure candidate and sample labeled B.
- 4. Profile of Cancer candidate and sample labeled C.

It was noted that following some findings from in vitro tests you seek to conduct a Phase 1 clinical trial for the Investigational Product **BertoCOV** as a potential treatment for COVID-19 disease. It was further noted that you intend to conduct clinical studies involving other investigational products namely Berto V1, Berto Hep and Berto CAN for management of Human Immunodeficiency Syndrome(HIV), Hepatitis B and Cancer.

The National Drug Authority authorizes the conduct of Clinical Trials in respect of a drug in line with section 40 of the National Drug Policy and Authority Act. However, the assessment of clinical trial applications for investigational products which are intended for prophylaxis, treatment and diagnosis of COVID -19 are being evaluated in line with the National Guidelines for Conduct of Research during Coronavirus Disease 2019 (COVID-19) pandemic which stipulates that such trials are reviewed through a joint review mechanism coordinated by the Uganda National Council for Science and Technology (UNCST).

The National Drug Authority is inviting you for pre submission meeting scheduled to take place on **Monday 23rd August 2021** at **10.00** am at the NDA head office located on Rumee Towers, Plot 19 Lumumba Avenue.

Below are the requisite documents for submission of a Clinical Trial Application which will form part of the discussion in the meeting above. An application checklist can also be found on our website using the following link https://www.nda.or.ug/application-forms/;

1. Clinical Trial Application Form (Form 29 in the National Drug Policy and Authority (Conduct of Clinical Trials) Regulations, 2014)

HEAD OFFICE

Plot 19 Lumumba Avenue P.O. Box 23096, Kampala, Uganda Tel: (+256) 417 788 100/1 (+256) 417 788 124/417 788 129 Toll Free: 0800 101 999, 0791 415 555 Website: www.nda.or.ug, Email: ndaug@nda.or.ug Facebook: Uganda National Drug Authority

Twitter: @ UNDAuthority NATIONAL DRUG QUALITY CONTROL LABORATORY Tel: (+256) 414 540 067 / (+256) 414 583 095

OUR MISSION

Promoting and protecting public health through the effective regulation of human and animal medicines and healthcare products

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CONTINUATION SHEET

- 2. The clinical trial protocol for the planned study.
- 3. Investigator's Brochure for the investigational medicinal product or other Reference Safety Information.
- 4. Evidence of a favourable opinion of the planned study by an accredited Research Ethics Committee.
- 5. A copy of the letter of approval and registration with the Uganda National Council for Science and Technology.
- 6. Participant Information Leaflet and Informed Consent Forms that are approved by the Research Ethics Committee.
- 7. Certificate of Good Manufacturing Practice for the manufacturer of the investigational herbal medicinal product.
- 8. Package Inserts for comparator trial medicines.
- 9. Evidence of accreditation of the designated laboratories where assays will be done (where applicable).
- 10. Clinical Trials Insurance specific for the clinical trial from a local insurance provider.
- 11. Signed and completed declarations by all investigators (Form 31 in the National Drug Policy and Authority (Conduct of Clinical Trials) Regulations, 2014).
- 12. Sample of the label for investigational medicinal product as per the requirements of the National Drug Policy and Authority (Conduct of Clinical Trials) Regulations, 2014
- 13. Letter of authorization from the manufacturer or product owner of the investigational medicinal product.

14. Full, legible copies of key, peer-reviewed published articles supporting the clinical trial application of the clinical trial application

Thank you for your cooperation.

Sincerely

David Nahamya,

SECRETARY TO THE AUTHORITY

Copy: Principal Private Secretary to H.E. The President of the Republic of Uganda

The Rt. Hon. Speaker, Parliament of the Republic of Uganda

The Rt. Hon. Prime Minister

The Permanent Secretary, Ministry of Health

The Executive Secretary, Uganda National Council for Science & Technology

The President, Pharmaceutical Society of Uganda

The President, Uganda Medical and Dental Practitioners Council

The Executive Director, Uganda Cancer Institute

The Director General, Uganda AIDS Commission

The Inspector General of Police

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