

FORM IV PATENT LIST

PATENTED MEDICINES (NOTICE OF COMPLIANCE) REGULATIONS

COMPLETE ONE FORM PER PATENT PER SUBMISSION

* denotes a mandatory field
 + denotes a field with validation error or missing data

PART 1: PATENT FILING INFORMATION

Please select from the Patent List Filing Option below, and then enter the required information.

Patent List Filing Option *

Related Submission *

PART 2: MEDICINAL INGREDIENT(S)

Brand Name

Human/Veterinary *

Strength per Unit *

Dosage Form *

Route(s) of Administration *

DIN

Uses(s) of Medicinal Ingredient(s) *

PART 3: PATENT INFORMATION

Patent Number*	Code*	Canadian Filing Date of Patent Application (YYYY-MM-DD)*	Date Granted (YYYY-MM-DD)*	Expiration Date (YYYY-MM-DD)*
2 8 6 1 5 5 6	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C	2013-01-21	2021-07-13	2033-01-21

PART 4: SERVICE IN CANADA

NAME & ADDRESS (FOR SERVICE IN CANADA)

Company Name *			
Gowling WLG (Canada) LLP, Attn: John Norman			
Street/Suite *			
160 Elgin Street, Suite 2600			
City - Town *	Country*	Province *	Postal Code *
Ottawa	Canada	Ontario	K1P 1C3

PART 5: MANUFACTURER INFORMATION AND CERTIFICATION

Company Name *			
Servier Canada Inc			
Street/Suite/PO Box *			
3224, avenue Jean-Béraud #270			
City/Town *	Country *	Province/State *	Postal/ZIP Code *
Laval	Canada	Quebec	H7T 2S4

MANUFACTURER CONTACT

Salutation *	Given Name *	Initial	Surname *	Title *
Ms.	Mélanie		Lamer	Head of Regulatory Affairs and Quality Assurance
Telephone No. *	Ext.	Fax No. *	Email	
514-606-9267		450-781-1430	regulatoryaffairs-ca@servier.com	

CERTIFICATION

In accordance with paragraph 4(4)(f), I certify that the information included in this Patent List is accurate and that the patent on the list meets the eligibility requirements of subsection 4(2) or 4(3) of the Patented Medicines (Notice of Compliance) Regulations.

Salutation *	Given Name *	Surname *	Position Title *
Ms.	Dounia	Maizi	Director, Regulatory Affairs

Digital ID Image Signature

Signature	Dounia Maizi <small>Digitally signed by Dounia Maizi Date: 2023.06.29 11:51:44 -04'00'</small>
Date (YYYY-MM-DD)	2023-06-29

HEALTH CANADA USE ONLY					
Submission Number	<input type="text" value="277139"/>	Date of Filing Submission (YYYY-MM-DD)	<input type="text" value="2023.07.11"/>		
NOC Date (YYYY-MM-DD)	<input type="text" value="2024-07-19"/>	Date Originally Added (YYYY-MM-DD)	<input type="text" value="2024-07-22"/>		
Date Amended (YYYY-MM-DD)	<input type="text" value="2024-07-25"/>	Form IV Date Received (YYYY-MM-DD)	<input type="text" value="2023.07.11"/>		
Drug ID	<input type="text"/>	Sub-Form ID	<input type="text"/>	Form ID	<input type="text"/>
Notes	<input type="text"/>				