TOBACCO SUBSTANTIAL EQUIVALENCE REPORT SUBMISSION

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

On June 22, 2009, the President signed the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) (Public Law 111-31) into law. The Tobacco Control Act amended the Federal Food, Drug, and Cosmetic Act (FD&C Act).

STATUTORY REQUIREMENTS

Section 910(a)(1) of the FD&C Act defines a new tobacco product as "(A)any tobacco product (including those products in test markets) that was not commercially marketed in the United States as of February 15, 2007; or (B) any modification (including a change in design, any component, any part, or any constituent, including a smoke constituent, or in the content, delivery or form of nicotine, or any other additive or ingredient) of a tobacco product where the modified product was commercially marketed in the United States after February 15, 2007."

Section 910(a)(2) of the FD&C Act states that premarket review is required for new tobacco products. There are three pathways to receive marketing authorization. Substantial equivalence is one of the three pathways.

Section 910(a)(3) of the FD&C Act states that "substantial equivalence" means, with respect to the tobacco product being compared to the predicate tobacco product, that the Secretary by order has found that the tobacco product "(i) has the same characteristics as the predicate tobacco product; or (ii) has different characteristics and the information submitted contains information, including clinical data if deemed necessary by the Secretary, that demonstrates that it is not appropriate to regulate the product under this section because the product does not raise different questions of public health."

Section 905(j)(1)(A)(i) of the FD&C Act includes the timeframe and basis for submission of a substantial equivalence Report (SE Report).

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TOBA	CCO SUBSTANT REPORT SUE	(Se	e Burden S	tatement on last page.)				
	SECTIO	N I – A	PPLIC		ENTIFICATI	ON		
Type of Manufactu	rer (Check appropriate bo	x)						
	ture, fabricate, assemble, product (see section 900(2						hed tobaco oution in th	co product for e U.S.
Manufacturer Name								
FDA Establishment	Identifier (FEI)			D&B Dl	JNS Number			his form will be
			D 111	<u> </u>				his form will be ompliant" Adobe
	turer Street Address		Building	g Numbe	er and Street	LiveCy	cle PDF wi	th fillable entry llong with OMB, if
Room, Suite, Office,	, etc. <i>(If applicable)</i>				City		ble) gives design" ve	final approval to this rsion.
State, Province, or T	Ferritory	Cour	ntry				Postal Co	de
	(Responsible		rized R authoriz			oplicant)		
Prefix (e.g., Mr., Ms.	., Dr.):							
First Name		M.I.	Last Nan	ne				Suffix (e.g., Jr., III)
Professional Suffix(e.g., MD, Ph.D.)	Position Title				Email Addres	SS		
Telephone (Include	Country Code if applicable	e)		FAX				
	zed Representative g Street Address		Building	g Numbe	er and Street			
Room, Suite, Office,	, etc. (<i>If applicable</i>)				City			
State, Province, or 7	Ferritory	Cour	ntry				Postal Co	de
U.S. Agent (For foreign firm where Authorized Representative does not reside in the U.S.)								
Prefix (e.g., Mr., Ms.	., Dr.):							
First Name		M.I.	Last Nan	ne				Suffix (e.g., Jr., III)
Professional Position Title Suffix(e.g., MD, Ph.D.)				Email Addres	SS			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Form Approved: OMB No. xxxx-xxxx

Expiration Date: xx/xx/201x

Telephone (Include Country Code if applicable)				FAX				
U.S. Agent Building Mailing Street Address					er and Street			
Room, Suite, Office, etc. (If applicable)					City			
State, Province, or 7	Territory	Cour	ntry	Postal Code			ode	
Alternate Point of Contact (Secondary point of contact for applicant)								
Prefix (e.g., Mr., Ms.	., Dr.):							
First Name M.I. Last Nan			ıe			Suffix (e.g., Jr., III)		
ProfessionalPosition TitleSuffix(e.g., MD, Ph.D.)				Email Address				
Telephone (Include Country Code if applicable) FAX								
	SECTION	1 II – S	SUBMIS	SSION I	NFORMATION			
Proposed modificat that apply)	ation(s) to the New Tobac	co Pro	oduct (a	s comp	ared to the predicate	tobacco	product) (Check all	
Tobacco Blend Design Material								
Container Closure System Heating Source Product Quantity								
Ingredier	nts (Specify):		-					
Other (S)	pecify):				_			

Submission Summary (As described in 21 C.F.R. 1107.18(d), please summarize the submission below)

Purpose of Application (Check only one)	
This SE Report is for an individual new tobacco product.	This SE Report is for a bundled submission containing multiple new tobacco products with similar modifications in comparison to one predicate tobacco product.

References to Other Correspondence							
Related Submission Tracking Numbers (STNs) (List below)							

Cross Reference to Tobacco Product Master Files (*As applicable, enter the STN, check the Attached Letter of Authorization box (if letter will be attached to printout or otherwise provided), and provide Master File information.*)

STN:

Attached Letter of Authorization

Information and Sections to be referenced from Master File (*Enter below*)

Formal Meetings Held with FDA pertaining to this tobacco product (For each meeting, as needed, enter the STN number and meeting held date.)

	STN	Meeting Held Date
1st Meeting		
2nd Meeting		
3rd Meeting		
4th Meeting		F
5th Meeting		
6th Meeting		
7th Meeting		
8th Meeting		
9th Meeting		
10th Meeting		

SECTION III – NEW TOBACCO PRODUCT INFORMATION

Refer to Section VIII, Appendix B, and select the appropriation of the section VIII, Appendix B, and select the section of the	riate category and sub-category.						
For a bundled or co-packaged submission, complete all product.	parts of this Section III for each individual new tobacco						
For every comparison being made, the category and sub-category of both the new and predicate tobacco product should be the same.							
Select either or both, if applicable.							
New tobacco product is a component	New tobacco product is co-packaged						
Select all that apply below. Complete for each individual n	ew tobacco product.						
New Tobacco Product Name (Brand/Sub-Brand)							
Product Category/Sub-Category							
Cigarette	Roll-Your-Own Tobacco Products						
Combusted, Filtered	Roll-Your-Own Tobacco Filler						
Combusted, Non-Filtered	Rolling Paper						
Non-combusted	Filtered Cigarette Tube						
Combusted, Other (Specify below)	Non-Filtered Cigarette Tube						
	Filter						
	Paper Tip						
Cigar Leaf-Wrapped	Roll-Your-Own, Other (Specify below)						
Filtered, Sheet-Wrapped							
Non-Filtered, Sheet-Wrapped	Smokeless Tobacco Products						
Cigar Tobacco Filler	Loose Moist Snuff						
Cigar, Other (Specify below)	Portioned Moist Snuff						
	Loose Snus						
	Portioned Snus						
☐ Electronic Nicotine Delivery System (ENDS)	Loose Dry Snuff						
Open E-Liquid	Dissolvable						
Closed E-Liquid	Loose Chewing						
Open E-Cigarette	Portioned Chewing						
 Closed E-Cigarette ENDS, Other (Specify below) 	Smokeless, Other <i>(Specify below)</i>						
	Waterpipe Tobacco Products						
Pipe Tobacco Products	Waterpipe						
Pipe	Waterpipe Tobacco Filler						
Pipe Tobacco Filler	Waterpipe Heat Source						
Pipe, Other (<i>Specify below</i>)	Waterpipe, Other (Specify below)						

SECTION IV – PREDICATE TOBACCO PRODUCT INFORMATION								
Refer to Section VIII, Appendix B, and select the appropriate category and sub-category.								
The category and sub-category should be the same as each individual new tobacco product.								
Select either or both, if applicable.								
Predicate tobacco product is a component	Predicate tobacco product is co-packaged							
Select all that apply below. Complete for each individual pr	edicate tobacco product.							
Predicate Tobacco Product Name (Brand/Sub-Brand)								
Predicate Category/Sub-Category								
Cigarette	Roll-Your-Own Tobacco Products							
Combusted, Filtered	Roll-Your-Own Tobacco Filler							
Combusted, Non-Filtered	Rolling Paper							
Non-combusted	Filtered Cigarette Tube							
Combusted, Other (Specify below)	Non-Filtered Cigarette Tube							
	Filter							
	Paper Tip							
	Roll-Your-Own, Other (Specify below)							
Leaf-Wrapped								
Filtered, Sheet-Wrapped	Smokeless Tobacco Products							
 Non-Filtered, Sheet-Wrapped Cigar Tobacco Filler 	Loose Moist Snuff							
	Portioned Moist Snuff							
Cigar, Other (Specify below)								
pk	Portioned Snus							
Electronic Nicotine Delivery System (ENDS)	Loose Dry Snuff							
Open E-Liquid								
Closed E-Liquid	Loose Chewing							
Open E-Cigarette	Portioned Chewing							
Closed E-Cigarette	Smokeless, Other (Specify below)							
ENDS, Other (Specify below)								
Waterpipe Tobacco Products								
Pipe Tobacco Products	☐ Waterpipe							
Pipe	Waterpipe Tobacco Filler							
Pipe Tobacco Filler	Waterpipe Heat Source							
Pipe, Other (Specify below)	Waterpipe, Other (Specify below)							

Complete the subsection below for the predicate tobacco product if the Applicant is not the predicate tobacco product manufacturer or the Applicant is an Importer of that individual predicate tobacco product.

Predicate Tobacco Product Manufacturer

(If other than Applicant or Applicant is an Importer)

Predicate Name

Manufacturer Name

FDA Establishment Identifier (FEI)			D&B DUNS Number of Headquarters				
Street Address Building			ng Number and Street				
Room, Suite, Office, etc. <i>(If applicable)</i>				City			
State, Province, or Territory Countr		untry			Postal Code	Postal Code	
Prec	dicate	Tobac	co Proc	luct Basis			
Check the statement below that applies to the for that statement.	predica	te toba	cco proa	luct, and then	complete all necessary in	formation	
The predicate tobacco product identiand was determined to be a grandfat				ed for GF revi	ew independently of this S	SE Report	
Name of Product	Name of Product						
GF/SE STN			Date of FDA's GF Determination				
The predicate tobacco product was p	previous	ly found	to be s	ubstantially ec	uivalent.		
Name of Product							
GF/SE STN			Date o	f FDA's GF De	etermination		
The predicate tobacco product was n substantially equivalent, but we belie	•				v and was not previously f	ound to be	

Complete A and B below and attach all documentation, which must demonstrate the predicate tobacco product identified above was commercially marketed other than for test marketing in the United States as of February 15, 2007. Subsection A should be completed for each attached document.

A. Evidence of Commercial Marketing as o	f Feb	ruary 15	, 2007				
Type of Evidence (e.g., Invoice)					Da	te of Evidence	
Evidence Identifier (e.g., Invoice Number)				Commercial Information (e.g., UPC Code, SKU Number)			
Commercially Marketed Building Business Address			ng Number and Street				
Room, Suite, Office, etc. (If applicable)			City				
State, Province, or Territory Country						Postal Code	
B. Statement of Affirmation	•					- -	
(Name of responsible official)		, con	firm that	t the predicate to			
(Name of predicate tobacco pre exclusively for test marketing) in the Unite	,	tes as of	f Februa		rciall	y marketed (other than	
Signature				F	Da	te	
	D	RL					

SECTION V – UNIQUE IDENTIFICATION OF NEW AND PREDICATE TOBACCO PRODUCTS

Each individual new tobacco product must be in comparison to one predicate tobacco product. Refer to the table below and to section VIII, Appendix A, to determine the appropriate table needed to document all new tobacco products and predicate tobacco products listed within this application. Fill in the table below and/or attach additional tables to this section as needed.

Refer to Section VIII, Appendix B, to determine the specific properties that need to be reported based on the category and sub-category of the tobacco product. Provide data for each required property by filling in the table below, and provide the target value for both the new tobacco product(s) and predicate tobacco product(s).

Tobacco Product – Component or Co-Packaged? (If	applicable, select the appropriate box(es))
Tobacco product is a component	Tobacco product is co-packaged

In the following table, please enter the name of both the new and predicate tobacco products, and list the properties of each product below its name. Twenty-six rows for properties are provided, as needed, for each name.

	Product Identification							
		New Tobacco Product		Predicate Tobacco Product				
Name:								
	1		1					
	2		2					
	3		3					
	4	Designer note: Currently plan to have 26 separate entry	4					
	5	fields within each column (one user line of text per	5					
	6	field).	6					
	7	20	7					
	8		8					
	9		9					
	10		10					
	11		11					
ം	12		12					
Properties	13		13					
Prop	14		14					
	15		15					
	16		16					
	17		17					
	18		18					
	19		19					
	20		20					
	21		21					
	22		22					
	23		23					
	24		24					
	25		25					
	26		26					

SECTION VI – CERTIFICATION STATEMENTS

For the following section, state the name of the responsible official, the name of the company being represented within this application, the individual new tobacco product(s), and the individual predicate tobacco product(s). Complete the information for all applications.

Name of authorized representative (In this section, referred to as "the authorized representative")

Name company being represented (In this section, referred to as "the company")

Name of new tobacco product(s) (In this section, referred to as "new tobacco product")

Name of predicate tobacco product(s) (In this section, referred to as "predicate tobacco product")

Complete the certification statement below.

I (name of responsible official)

_____, on behalf of *(applicant)*

__, hereby certify that (applicant)

___, will maintain all records to substantiate the

accuracy of this SE Report for the period of time required in § 1107.58 and ensure that such records remain readily available to the FDA upon request. I certify that this information and the accompanying submission are true and correct, that no material fact has been omitted, and that I am authorized to submit this on the applicant's behalf. I understand that under section 1001 of title 18 of the United States Code anyone who knowingly and willfully makes a materially false, fictitious, or fraudulent statement to the Government of the United States is subject to criminal penalties.

Complete the statement below if choosing to certify that c<mark>ertain</mark> characteristics are identical in lieu of providing data for each characteristic of the new and p<mark>redicate</mark> tobacco products.

I (name of responsible official)	, on behalf of (name of company)
	, certify that (new tobacco product name)
	, has the following modification(s) as compared
to (name of predicate tobacco product)	due to
the following modification(s): (describe modification(s), e closure system)	e.g., change in product quantity or change in container
Aside from these modifications, the characteristics of (ne	ew tobacco product name)
	and (name of predicate tobacco product)
	are identical. I certify that (name of
company)	understands this means there is no
other modification to the materials, ingredients, design fe	eatures, heating source, or any other feature. I also certify
that (name of company)	will maintain records to

support the comparison information in § 1107.19 that substantiate the accuracy of this statement for the period of time required in § 1107.58, and ensure that such records remain readily available to FDA upon request.

In accordance with proposed 1107.18, the following information is provided within the SE Report. Check all applicable statements to which you attest, and then sign the statement below

General Information (1107.18(c)	
Summary (1107.18(d)(1-3))	
New tobacco product description (1107.18(e))	
Predicate tobacco product description (1107.18(f))	
Comparison information (1107.18(g))	
Comparative testing information (1107.18(h))	
Statement of compliance with applicable product standards (110	7.18(i))
Health information summary or statement that health information	n is available upon request (1107.18(j))
Compliance with 21 CFR part 25 (1107.18(k))	
Certification (As set out in Section IV of this form, and includes of availability, truthfulness, and as applicable, that certain character	
By signing below, I,	, certify that statements selected above
are true.	
Signature	Date



SECTION VII – SUBMISSION INFORMATION AND CONTENTS

Ensure all appropriate documents are included in this	SE Report. Check all that apply
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Administrative	Comparisons (Continued)
Cover Letter	Composition
Table of Contents	Materials
Submission Summary	Ingredients, Tobacco
Basis of SE Determination	Ingredients, non-Tobacco
Unique Identification of new tobacco product(s) and predicate tobacco product(s)	 Other features HPHCs
Statements of Certification (Section VI)	Other (Specify below)
Product Information	
List of Ingredients	
Information on Manufacturing Process	Applicant's basis for SE
Health and Research (Select only one if this applies)	Comparison to grandfathered product (Check only if predicate product was previously found SE.)
Health Information Summary OR	Environmental Considerations (Select only one if this applies)
Health Information Statement	Environmental Assessment
Comparisons (New vs. Predicate Tobacco Product)	OR Claim for Categorical Exclusion
Product Design	
Heating Sources	
PRC	OF

SECTION VIII – APPENDICES

Appendix A: New Tobacco Product and Predicate Tobacco Product Details

Use the tables below as examples of how to format and capture data necessary to uniquely identify products in Section V.

Below is an example of a single new tobacco product in comparison to a single predicate tobacco product. Refer to Appendix B for the list of properties necessary to uniquely identify a product depending upon the category and sub-category to which that product belongs.

	Unique Product Identification								
Properties (Inserted on form)	New Tobacco Product Name: Product A	Predicate Tobacco Product Name: Predicate A							
Package Type	Box	Box							
Product Quantity	20 Cigarettes per box	20 Cigarettes per box							
Diameter	100 mm	92 mm							
Length	6 mm	6 mm							
Ventilation	None	None							
Characterizing Flavor	None	None							
Additional Properties	Red color box	Blue color box							

Below is an example of multiple new tobacco products in comparison to a single predicate tobacco product.

Unique Product Identification								
Properties	New Product 1 Name: Product A	New Product 2 Name: Product B	New Product 3 Name: Product C	Predicate Name: Predicate A				
(Inserted on form)	STN: N/A	STN: N/A	STN: N/A	STN: GF1234567				
Package Type	Box	Box	Box	Box				
Product Quantity	20 Cigarettes per box	20 Cigarettes per box	20 Cigarettes per box	20 Cigarettes per box				
Length	100 mm	96 mm	94 mm	92 mm				
Diameter	6 mm	4 mm	6 mm	6 mm				
Ventilation	None	None	None	None				
Characterizing Flavor	None	None	None	None				
Additional Properties	Red color box	Purple color box	Red color box	Blue color box				

Below is an example of new tobacco products that are co-packaged together as part of one submission.

Name of Co-Package: Variety Pack A/B							
	Unique Product Identification						
Co-Packaged Categories and Unique Identification Properties	New Tobacco Product(s)	Predicate Tobacco Product(s)					
Category: Roll-Your-Own	Norman Drawland A	Name: Predicate A					
Sub-Category: Roll-Your-Own Tobacco Filler	Name: Product A	Related STN: GF1234567					
Package Type	Bag	Bag					
Product Quantity	100 g	100 g					
Characterizing Flavor	None	None					
Additional Properties	Re-sealable Bag	Blue Bag					
Category: Roll-Your-Own		Name: Predicate B					
Sub-Category: Roll-Your-Own Rolling Paper	Name: Product B	Related STN: GF7654321					
Package Type	Booklet	Booklet					
Product Quantity	100 sheets	85 sheets					
Length	100 mm	98 mm					
Width	56 mm	52 mm					
Characterizing Flavor	None	None					
Additional Properties	Black Box	Black Box					

Appendix B: Unique Identification of Category and Sub-Categories and Properties

The following are tables outlining all necessary properties to be captured for each category and sub-category of tobacco products. An "X" denotes a required property for that given sub-category.

Cigarette Tobacco Products					
Broportion	Sub-Categories				
Properties	All Cigarettes				
Package Type	Х				
Product Quantity	Х				
Diameter	Х				
Length	Х				
Ventilation	X (except combusted, non-filtered)				
Characterizing Flavor	Х				
Additional Properties	Х				
Note: For non-combusted cigarettes, include the source of energy.					

Reference the charts below for completing tables necessary for Section V.

Roll-Your-Own Tobacco Products								
	Rol	I-Your-Owi	n Tobacco	Products				
Sub-Categories								
Properties	Tobacco Filler	Rolling Paper	Filtered Cigarette Tube	Non- Filtered Cigarette Tube	Filter	Paper Tip	Other	
Package Type	X	Х	Х	Х	Х	Х	Х	
Product Quantity	Х	Х	Х	Х	Х	Х	Х	
Diameter			Х	Х	Х			
Length		Х	Х	Х	Х	Х		
Ventilation			Х		Х			
Width		Х				Х		
Characterizing Flavor	Х	Х	Х	Х	Х	Х	Х	
Additional Properties	Х	Х	Х	Х	Х	Х	Х	

Cigar							
			Sub-Ca	tegories			
Properties	Component	Filtered Sheet- Wrapped	Unfiltered Sheet- Wrapped	Leaf- Wrapped	Tobacco Filler	Other	
Package Type	X	Х	Х	Х	Х	Х	
Product Quantity	Х	Х	Х	Х	Х	Х	
Length		Х	Х	Х			
Diameter		Х	Х	Х			
Ventilation		Х					
Tobacco Cut Size					Х		
Wrapper Material				Х			
Тір			Х				
Characterizing Flavor	Х	Х	Х	Х	Х	Х	
Additional Properties	X	Х	Х	Х	Х	Х	

Smokeless Tobacco Products									
		Sub-Categories							
Properties	Loose Moist Snuff	Portioned Moist Snuff	Loose Snus	Portioned Snus	Loose Dry Snuff	Dissolvable	Loose Chewing	Portioned Chewing	Other
Package Type	х	Х	Х	х	х	Х	Х	х	Х
Product Quantity	х	х	Х	х	х	х	х	х	Х
Portion Count		Х		х		х		Х	
Tobacco Cut Size	х	Х	Х	х	х	х	х		
Portion Length		х		х		х		Х	
Portion Width		Х		х		х		Х	
Portion Mass		Х		Х		х		Х	
Portion Thickness		Х		Х		Х		Х	
Characterizing Flavor	X	Х	Х	Х	х	Х	х	х	х
Additional Properties	X	х	Х	х	х	х	х	х	х

			Sub-Ca	tegories			
Properties	Component	Open E- Liquid	Closed E- Liquid	Open E- Cigarette	Closed E- Cigarette	Other	
Package Type	Х	Х	Х	Х	Х	Х	
Product Quantity	Х	Х	Х	Х	Х	Х	
Length				Х	Х		
Diameter				Х	Х		
E-Liquid Volume		Х	Х	Х	Х		
Nicotine Concentration		Х	Х		Х		
PG/VG Ratio		Х	Х		Х		
Battery Capacity				Х	Х		
Wattage				Х	Х		
Characterizing Flavor	Х	Х	Х	Х	Х	Х	
Additional Properties	X	Х	X	х	Х	Х	

Pipe Tobacco Products						
		Sub-Ca	tegories			
Properties	Component	Pipe	Tobacco Filler	Other		
Package Type	Х	Х	Х	Х		
Product Quantity	Х	Х	Х	Х		
Length		Х				
Diameter		Х				
Characterizing Flavor	Х	Х	Х	Х		
Additional Properties	Х	Х	Х	Х		

Waterpipe Tobacco Products				
Sub-Categories				
Component	Waterpipe	Heat Source	Tobacco Filler	Other
Х	Х	Х	Х	х
Х	Х	Х	Х	Х
	Х			
	Х			
		X		
		X		
		X		
		Х		
		X		
	Х			
		X		
Х	Х	Х	х	х
Х	Х	Х	Х	х
	Component X X X	Component Waterpipe X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	Sub-CategoriesComponentWaterpipeHeat SourceXXXXXXXXXIXXIXXIXXIXXIXXIXXIXXIXXIXXIXXIXXIXXXXXXXXXXX	Sub-CategoriesComponentWaterpipeHeat SourceTobacco FillerXXXXXXXXXXXXXXXXXXXXImage: State Stat

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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Department of Health and Human Services Food and Drug Administration Office of Operations Paperwork Reduction Act (PRA) Staff *PRAStaff@fda.hhs.gov*

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