



KEMENTERIAN KESEHATAN
REPUBLIK INDONESIA



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**PEDOMAN PELAYANAN
IZIN EDAR ALAT KESEHATAN**
**GUIDELINES FOR MEDICAL DEVICES
MARKETING AUTHORIZATION SERVICES**





PEDOMAN PELAYANAN IZIN EDAR ALAT KESEHATAN

GUIDELINES FOR MEDICAL DEVICES MARKETING AUTHORIZATION SERVICES



KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
2016

SAMBUTAN DIREKTUR JENDERAL KEFARMASIAN DAN ALAT KESEHATAN KEMENTERIAN KESEHATAN

Puji dan syukur kita panjatkan kepada Tuhan Yang Maha Kuasa karena atas karunia-Nya Pedoman Pelayanan Izin Edar Alat Kesehatan ini dapat diselesaikan.

Alat Kesehatan adalah salah satu sumber daya di bidang kesehatan di samping dana, tenaga, perbekalan kesehatan, sediaan farmasi, serta fasilitas pelayanan kesehatan dan teknologi yang dimanfaatkan untuk menyelenggarakan upaya kesehatan yang dilakukan oleh Pemerintah, pemerintah daerah, dan/atau masyarakat. Alat kesehatan merupakan salah satu komponen dalam pelayanan kesehatan di Indonesia.

Dalam Undang-Undang No. 36 Tahun 2009 tentang Kesehatan disebutkan bahwa sediaan farmasi dan alat kesehatan hanya dapat diedarkan setelah mendapat izin edar. Alat kesehatan yang digunakan dalam layanan kesehatan harus dapat dipastikan aman, bermutu dan bermanfaat. Hal ini dapat diperoleh dengan menggunakan alat kesehatan yang telah memiliki izin edar karena telah melalui proses evaluasi.

Dengan demikian, pedoman ini diharapkan dapat menjadi acuan bagi pemangku kepentingan dalam melakukan permohonan izin edar alat kesehatan terkait tata cara, persyaratan, dan prosedur untuk mendapatkan persetujuan izin edar.

Jakarta, November 2016

Direktur Jenderal Kefarmasian dan Alat Kesehatan
Kementerian Kesehatan RI



Dra. Maura Linda Sitanggang, Ph. D
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REMARK
DIRECTOR GENERAL OF PHARMACEUTICAL
AND MEDICAL DEVICE

Praise and gratitude we pray to God Almighty for the gift of His, Guidelines for Medical Device Marketing Authorization Services can be completed.

Medical Devices is one of the resources in the health sector in addition to the funds, personnel, medical supplies, pharmaceutical and health care facilities and technologies are used to conduct health efforts undertaken by the government, local government, and / or community. Medical devices is one component in the health service in Indonesia.

In Law No. 36 Year 2009 on Health stated that the pharmaceutical preparation and medical devices can only be released after obtaining marketing authorization. Medical devices used in health care should be ensured safe, quality and efficacy/performance. This can be obtained using medical devices that already have a marketing authorization that has been through the evaluation process.

Accordingly, this guidance is expected to be a reference for stakeholders to make application for marketing authorization of medical devices related ordinances, requirements, and procedures for obtaining the approval of the marketing authorization.

Jakarta, November 2016

Director General

of Pharmaceutical and Medical device



Dra. Maura Linda Sitanggang, Ph.D

NIP. 19580503 198303 2 001

KATA PENGANTAR

DIREKTUR PENILAIAN ALAT KESEHATAN DAN PERBEKALAN KESEHATAN RUMAH TANGGA

Dalam rangka menjamin keamanan, mutu dan manfaat alat kesehatan dan PKRT yang beredar di Indonesia, Direktorat Penilaian Alat Kesehatan dan PKRT berusaha untuk mewujudkan pembinaan, pengawasan dan pengendalian alat kesehatan dan PKRT yang berkesinambungan sebagai salah satu langkah yang diperlukan dalam rangka menjamin alat kesehatan yang beredar telah memenuhi persyaratan.

Dengan adanya harmonisasi di tingkat ASEAN dalam bidang alat kesehatan, dan telah terbitnya pedoman alat kesehatan di tingkat ASEAN (AMDD / Asean Medical Device Directive) maka Indonesia sebagai Negara yang ikut berpartisipasi aktif dalam ACCSQ-MDPWG (Asean Conformity Committee for Standard and Quality Medical Devices Product Working Group) telah mengadopsi Asean Medical Device Directive untuk dapat disesuaikan dan diimplementasikan dalam peraturan alat kesehatan dan PKRT di Indonesia. Salah satu bentuk penyampaian peraturan adalah Pedoman Pelayanan.

Buku Pedoman Pelayanan dwi bahasa diperlukan sebagai referensi bagi produsen dan penyalur alat kesehatan dan PKRT baik di dalam dan luar negeri untuk dapat memahami peraturan yang berlaku di Indonesia, diharapkan proses pelayanan akan jauh lebih efektif dan efisien. Dengan demikian alat kesehatan dan PKRT yang aman, bermutu, dan bermanfaat dapat lebih mudah dijangkau oleh masyarakat.

Jakarta, November 2016

Direktur Penilaian Alat Kesehatan dan
Perbekalan Kesehatan Rumah Tangga
Kementerian Kesehatan RI



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FOREWORD

DIRECTOR OF MEDICAL DEVICE AND HOUSEHOLD-HEALTH PRODUCT EVALUATION

In order to ensure the safety, quality and efficacy/performance of medical devices and Household-Health Product distributing in Indonesia, the Directorate of Medical Devices and Household-Health Product Evaluation aims to pursue coaching, supervision and control of medical devices and Household-Health Product sustainable as one of the steps necessary in order to guarantee medical devices and Household-Health Product in circulation meets the requirements.

With the harmonization at the level of ASEAN in the field of medical devices, and the publication of guidelines for medical devices at the ASEAN (AMDD / ASEAN Medical Device Directive) then Indonesia as the country actively participate in ACCSQ-MDPWG (Asean Conformity Committee for Standard and Quality Medical Devices product Working Group) has adopted the ASEAN Medical Device Directive to be adjusted and implemented in the regulation of medical devices and PKRT in Indonesia. One form of regulation's delivery is publishing of Guidance Services.

Bilingual Handbook for Guidance Services is required as a reference for manufacturers and distributors of medical devices and Household-Health Product, both at domestic and foreign, to be able to understand the rules that apply in Indonesia, it is expected the service process will be much more effective and efficient. Thus medical devices and Household-Health Product safety, quality, and efficacy/performance can be more easily accessible by the public.

Jakarta, November 2016

Director of Medical Device and
Household-Health Product Evaluation



drg. Arianti Anaya, MKM

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Katalog Dalam Terbitan. Kementerian Kesehatan RI

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Indonesia. Kementerian Kesehatan RI. Direktorat Jenderal
Kefarmasian dan Alat Kesehatan

*Pedoman pelayanan izin edar alat kesehatan (Guidelines
For medical devices marketing authorization services).* --
Jakarta : Kementerian Kesehatan RI.2016

ISBN 978-602-416-107-1

1. Judul I. MEDICAL DEVICES
II. EQUIPMENT AND SUPPLIES

TIM PENYUSUN
PEDOMAN PELAYANAN IZIN EDAR ALAT KESEHATAN
GUIDELINES FOR MEDICAL DEVICES MARKETING
AUTHORIZATION SERVICES

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BAB I PENDAHULUAN

A. LATARBELAKANG

Dalam menjamin keamanan, mutu, dan manfaat alat kesehatan impor maupun dalam negeri yang beredar di Indonesia maka harus dilakukan pengendalian alat kesehatan. Sesuai Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan Pasal 106 ayat (1) bahwa sediaan farmasi dan alat kesehatan hanya dapat diedarkan setelah mendapat izin edar.

CHAPTER I INTRODUCTION

A. BACKGROUND

In assurance of safety, quality, and efficacy of the imported and domestic medical device distributed in Indonesia, controlling process for the medical device have to be done. According to Law Number 36 Year 2009 concerning Health in Article 106 paragraph (1) whereas pharmaceutical product and medical device can only distributed after the Marketing Authorization is obtained.

Selanjutnya sesuai dengan Peraturan Menteri Kesehatan Nomor 64/Menkes/Per/IX/2015 tentang Organisasi dan Tata Kerja Kementerian Kesehatan maka pengendalian alat kesehatan merupakan tugas dan fungsi Direktorat Jenderal Kefarmasian dan Alat kesehatan cq Direktorat Penilaian Alat Kesehatan dan PKRT dalam hal pre-market. Direktorat Penilaian Alat Kesehatan dan PKRT mempunyai tugas melaksanakan perumusan dan pelaksanaan kebijakan, penyusunan norma, standar, prosedur, dan kriteria, dan pemberian bimbingan teknis dan supervisi, serta pemantauan, evaluasi dan pelaporan di bidang penilaian alat kesehatan dan PKRT.

Alat kesehatan dibagi menjadi 4 kelas sesuai resiko yang ditimbulkan yaitu kelas A (resiko rendah), kelas B (resiko rendah - sedang), kelas C (resiko sedang - tinggi), dan kelas D (resiko tinggi). Untuk memastikan keamanan, mutu dan manfaat maka setiap alat kesehatan terlebih dahulu harus melalui proses evaluasi pre-market. Dalam melaksanakan tugas dan fungsi pre-market tersebut, Direktorat Penilaian Alat Kesehatan dan PKRT memberikan pelayanan publik yang efisien, efektif, transparan dan akuntabel.

Pedoman Pelayanan Izin Edar Alat Kesehatan ini disusun dengan harapan dapat menjadi acuan bagi petugas maupun pemohon dalam perizinan alat kesehatan.

B. IZIN EDAR

Izin edar alat kesehatan diberikan oleh Menteri Kesehatan c.q. Direktur Jenderal Kefarmasian dan Alat Kesehatan setelah melalui proses evaluasi dan dinyatakan telah memenuhi persyaratan keamanan, mutu, dan manfaat.

Penulisan nomor izin edar alat kesehatan adalah sebagai berikut:

- Alatkesehatandalamnegeri: KEMENKES RI AKD XXXXXXXXXXXX
- Alatkesehatanimpor: KEMENKES RI AKL XXXXXXXXXXXX

Furthermore, according to the Minister of Health Regulation No. 64/Menkes/Per/IX/2015 regarding Organization and Operational Procedures of the Ministry of Health, the control of the Medical Device is the duty and function of Directorate General of Pharmaceutical and Medical Device through Directorate of Medical Device and Household-Health Product Evaluation, in pre-market. Directorate of Medical Device and Household Health Product Evaluation has the tasks of policy formulation and implementation, compiling of norm, standard, procedure, and criteria, as well as providing technical guidance and supervision, monitoring, evaluation, and reporting, in the field of medical devices and household-health product assessment.

Medical Device are divided into four classes in accordance to the risk that may be arising. Class A (low risk), class B (low to medium risk), class C (medium to high risk) and class D (high risk). To ensure the safety, quality, and performance, each medical device then first have to pass pre-market evaluation process. In carrying out the duties and functions of the pre-market, the Directorate of Medical Device and Household-Health Product Evaluation provide public services that are efficient, effective, transparent and accountable.

Guidelines for Medical Device Marketing Authorization Services are prepared with the hope to be a reference to the officer and the applicant in the licensing of medical devices.

B. MARKETING AUTHORIZATION

Marketing Authorization of medical device is approved by the Minister of Health through Director General of Pharmaceutical and Medical Device after fulfilling evaluation process and is declared to meet all requirements of safety, quality, and performance.

Template of the Marketing Authorization number of Medical Device shall be as follows:

- Local Medical Device: KEMENKES RI AKD XXXXXXXXXXXX.
- Imported Medical Device: KEMENKES RI AKL XXXXXXXXXXXX.

C. JENIS LAYANAN IZIN EDAR ALAT KESEHATAN

Pelayanan izin edar alat kesehatan terdiri dari:

1. Permohonan Baru
2. Permohonan Perpanjangan
3. Permohonan Perubahan
4. Permohonan Perpanjangan dengan perubahan

D. TEMPAT PELAYANAN IZIN EDAR ALAT KESEHATAN

Dalam melaksanakan pelayanan publik yang transparan dan akuntabel, permohonan pendaftaran izin edar alat kesehatan dilakukan secara online melalui website dengan alamat <http://www.regalkes.depkes.go.id> dan/atau di Unit Layanan Terpadu Kementerian Kesehatan RI.

E. KONSULTASI TEKNIS

Konsultasi teknis dilakukan dengan memperhatikan hal-hal sebagai berikut:

1. Konsultasi dilakukan di Unit Layanan Terpadu sesuai jadwal yang telah ditentukan.
2. Pemohon yang akan berkonsultasi harus menunjukkan nomor antrian dan sesuai dengan jadwal yang telah ditentukan.
3. Konsultasi dilakukan secara efektif, efisien dan transparan.

C. TYPE OF SERVICES OF THE MEDICAL DEVICE MARKETING AUTHORIZATION

Services of the Medical Device Marketing Authorization consists of:

1. Application for New Product of Medical Device
2. Application for Renewal of Medical Device
3. Application for Variation of Medical Device
4. Application for Renewal with Variation of Medical Device

D. SERVICE LOCATION OF MEDICAL DEVICE MARKETING AUTHORIZATION

In carrying out transparent and accountable public services, submission of the Marketing Authorization for the medical device shall be done online through the website with the address <http://www.regalkes.depkes.go.id> and/or at the Integrated Service Unit at Ministry of Health.

E. TECHNICAL CONSULTATION

Technical consultations carried out with attention to the following matters:

1. Consultation at the Integrated Services Unit according to the specified schedule.
2. The Applicant who will have the consultation shall show a queue number and follow the specified schedule.
3. Consultation shall be done effectively, efficiently, and transparently.

F. ASISTENSITEKNIS

Untuk meningkatkan kemampuan teknis pemohon izin edar dalam memenuhi persyaratan keamanan, mutu dan manfaat alat kesehatan untuk mendapat izin edar maka Direktorat Penilaian Alat Kesehatan dan PKRT akan melakukan asistensi secara berkala dengan materi, jadwal dan tempat yang akan ditentukan lebih lanjut.

Peserta asistensi adalah :

1. Pimpinan perusahaan, atau
2. Penanggung jawab teknis, atau
3. Penanggung jawab / petugas registrasi

yang telah terdaftar dan mendapatkan persetujuan mengikuti asistensi.

Jadwal asistensi dan pendaftaran akan diumumkan secara online. Pelaksanaan asistensi tidak dipungut biaya.

F. WAKTU DAN BIAYA

Persyaratan dan lamanya waktu untuk mendapatkan izin edar ditentukan berdasarkan kelas resiko alat kesehatan tersebut. Lamanya waktu proses izin edar dihitung sejak mendapatkan tanda terima tetap dari sistem registrasi online. Tanda terima tetap diberikan setelah pemohon mendapat hasil verifikasi kelas dan membayar Penerimaan Negara Bukan Pajak (PNBP) sesuai peraturan perundang-undangan.

Dalam rangka pelaksanaan pelayanan yang transparan dan akuntabel terdapat perubahan pelayanan dari yang semula diselenggarakan secara manual menjadi *online system*, dimana sistem aplikasi tidak boleh dalam keadaan *offline* karena perhitungan hari layanan menggunakan hari kalender dilakukan secara sistem online.

F. TECHNICAL ASSISTANCE

In order to improve technical capability of any applicant to get Marketing Authorization that meets requirement of safety, quality and performance of the medical device, hence the Directorate of Medical Device and Household-Health Product Evaluation shall give periodically assistance with further topic, schedule and venue.

Technical assistance participants are:

1. Head of the Company, or
2. Technical Responsible Person, or
3. Person in Charge/ Registration Officer

who has been registered and approved to participate the assistance.

Schedule and registration of the assistance will be announced online and it is free of charge.

G. REGISTRATION FEE AND TIMELINE.

Requirement and length of time to obtain the Marketing Authorization is depends on the risk classification of the medical device. Duration of Marketing Authorization process is calculated since obtaining the fixed receipt from online registration. The fixed receipt is given after the applicant obtains class verification result and pays the Non-Taxed State Revenue (PNBP) pursuant to the legislation.

In order to implement transparent and accountable services there has been a change from manually organized at the first than become online system, in which the application system may not be in offline position due to calculating of service day use calendar day provide by online system.

Tabel 1. Jenis, Waktu dan Biaya Layanan

| Jenis Layanan | Proses Penentuan Kelas | Proses Evaluasi* | Biaya** |
|---|------------------------|------------------|---------------|
| Izin Edar Alkes Kelas A (I) | 7 hari | 45 hari | Rp. 1.500.000 |
| Izin Edar Alkes Kelas B (IIa) | 7 hari | 90 hari | Rp. 3.000.000 |
| Izin Edar Alkes Kelas C (IIb) | 7 hari | 100 hari | Rp. 3.000.000 |
| Izin Edar Alkes Kelas D (III) | 7 hari | 120 hari | Rp. 5.000.000 |
| Perpanjangan/ perubahan Izin Edar Alkes Kelas A (I) | 7 hari | 45 hari | Rp. 500.000 |
| Perpanjangan/ perubahan Izin Edar Alkes Kelas B (IIa) | 7 hari | 45 hari | Rp. 1.000.000 |
| Perpanjangan/ perubahan Izin Edar Alkes Kelas C (IIb) | 7 hari | 45 hari | Rp. 1.000.000 |
| Perpanjangan/ perubahan Izin Edar Alkes Kelas D (III) | 7 hari | 45 hari | Rp. 1.000.000 |

*) Jangka hari kalender yang diperlukan pada tahap evaluasi awal

**) Sesuai dengan PP no. 21 tahun 2013 tentang jenis dan tarif atas jenis penerimaan negara bukan pajak (PNBP) yang berlaku pada Kementerian Kesehatan

G. PENGAMBILAN IZIN EDAR

1. Pemberitahuan izin edar alat kesehatan yang telah selesai dapat dilihat pada website <http://www.regalkes.depkes.go.id>
2. Pengambilan izin edar dilakukan di loket Unit Layanan Terpadu dengan membawa tanda terima tetap.
3. Tidak ada biaya di luar PNBP.

Table 1. Type, Time And Fee Of Registration Services

| TYPE OF SERVICE | Classification Process (day) | Evaluation Process* (day) | FEE ** Rp (IDR) |
|---|------------------------------|---------------------------|-----------------|
| Medical Device Marketing Authorization Class A (I) | 7 | 45 | 1,500,000 |
| Medical Device Marketing Authorization Class B (IIa) | 7 | 90 | 3,000,000 |
| Medical Device Marketing Authorization Class C (IIb) | 7 | 100 | 3,000,000 |
| Medical Device Marketing Authorization Class D (III) | 7 | 120 | 5,000,000 |
| Renewal/Variation of Medical Device Marketing Authorization Class A (I) | 7 | 45 | 500,000 |
| Renewal/Variation of Medical Device Marketing Authorization Class B (IIa) | 7 | 45 | 1,000,000 |
| Renewal/Variation of Medical Device Marketing Authorization Class C (IIb) | 7 | 45 | 1,000,000 |
| Renewal/Variation of Medical Device Marketing Authorization Class D (III) | 7 | 45 | 1,000,000 |

*) Timeline in calendar day needed for initial evaluation

**) As regulated in Government Regulation no. 21 year 2013 concerning type and tariff for Non-Taxed State Revenue (PNBP) in Ministry of Health

H. TAKING THE MARKETING AUTHORIZATION

1. Notification of approved Marketing Authorization of medical device can be checked at website <http://www.regalkes.depkes.go.id>
2. Taking of the Marketing Authorization is done at Integrated Services Unit counter by showing original fixed receipt.
3. No Fee other than the non-tax revenues.

BAB II

TATA CARA PENDAFTARAN IZIN EDAR ALAT KESEHATAN

A. UMUM

1. Pemohon harus mendaftarkan perusahaan untuk mendapatkan *USER ID* dan *PASSWORD* melalui registrasi online pada alamat <http://www.regalkes.depkes.go.id>. Pemohon harus memberikan alamat email yang aktif dan benar.
2. Pemohon harus mengisi semua persyaratan secara lengkap melalui registrasi online.
3. Pemohon yang melakukan proses perizinan di Unit Layanan Terpadu adalah Penanggung Jawab Teknis dan/atau Petugas Registrasi yang ditunjuk perusahaan.

B. TAHAPAN PERIZINAN

Proses pelayanan izin edar alat kesehatan dibagi dua tahap yaitu:

1. Tahap Pra Registrasi

Tahap pra registrasi yaitu evaluator melakukan verifikasi penentuan kelas alat kesehatan untuk menentukan biaya PNBP.

- a. Pemohon melakukan pengisian permohonan sesuai persyaratan melalui sistem registrasi elektronik <http://www.regalkes.depkes.go.id>. Hasil evaluasi Pra Registrasi disampaikan secara elektronik pada website dan melalui notifikasi email. Pemohon harus aktif melakukan pengecekan.
- b. Evaluator melakukan penentuan kelas alat kesehatan paling lambat 7 hari.

CHAPTER II

REGISTRATION PROCEDURE OF MARKETING AUTHORIZATION FOR MEDICAL DEVICE

A. GENERAL

1. Applicant has to register the company to get USER ID and PASSWORD through online registration at website <http://www.regalkes.depkes.go.id>. Applicant has to provide active and correct email address.
2. Applicant has to submit complete requirements through online system.
3. Applicants conducting the licensing process at Integrated Service Unit are Technical Responsible Person and/or Registration Officer assigned by company.

B. REGISTRATION PROCESS STAGES

1. Pre-Registration Stage

Pre-Registration is the process that evaluator do the verification for classification risk of the medical device to determine non-tax revenue fee.

- a. The Applicant shall complete submission in proportion to the requirement through website: <http://www.regalkes.depkes.go.id>. Pre-Registration evaluation result will be informed electronically in the website and email notification. The Applicant shall actively review and checking the evaluation result.
- b. Evaluator shall do the risk classification of the medical device maximum 7 days.

- c. Pemohon akan mendapat pemberitahuan biaya PNBP yang harus dibayarkan sesuai kelas alat kesehatan melalui notifikasi email.
- d. Pemohon harus melakukan pembayaran PNBP dan mengupload bukti pembayaran maksimal 14 hari setelah mendapatkan pemberitahuan biaya PNBP.
- e. Pada tahap pra registrasi belum dilakukan evaluasi dan verifikasi terhadap kelengkapan data.

2. Tahap Registrasi

Tahap registrasi yaitu melakukan evaluasi dan verifikasi terhadap persyaratan keamanan, mutu, dan manfaat untuk mendapatkan izin edar.

Hasil evaluasi dapat berupa:

- a. Persetujuan izin edar
- b. Notifikasi untuk penambahan kelengkapan data
- c. Surat penolakan

Proses Registrasi adalah sebagai berikut:

- i. Pemohon yang telah membayar dan mengupload bukti bayar memperoleh tanda terima tetap yang dapat dicetak dari notifikasi *e-mail*.
- ii. Khusus untuk pendaftaran alat kesehatan kelas D, berkas (*hardcopy*) harus diserahkan ke loket untuk mendapatkan tanda terima tetap.
Berkas (*hardcopy*) yang perlu diserahkan untuk alat kesehatan kelas D adalah data administrasi, uji klinis, data dan uji biokompatibilitas, manajemen resiko, ringkasan eksekutif, penandaan berwarna rangkap dua, dan *softcopy* lampiran bila ada.
- iii. Hasil evaluasi tahap registrasi akan dikirimkan secara online. Pemohon harus melakukan pengecekan terhadap hasil evaluasi.
- iv. Berkas permohonan yang telah melalui proses evaluasi dan dinyatakan lengkap akan disetujui untuk diberikan izin edar.
- v. Apabila setelah dilakukan evaluasi masih terdapat kekurangan persyaratan keamanan, mutu, dan manfaat,

- c. The Applicant will receive email notification of non-tax revenue fee which must be paid according to the classification of the medical device.
- d. The Applicant must have made non-tax revenue fee payment and uploaded receipt of the payment maximum 14 days after receive the non-tax revenue fee notification.
- e. At pre-registration stage, evaluation and verification against data completion are not yet started.

2. Evaluation Process Stage

The evaluation process stage is to do the evaluation and verification to meets requirement of safety, quality, and efficacy in order to obtain Marketing Lencense.

Evaluation Result may be in form of:

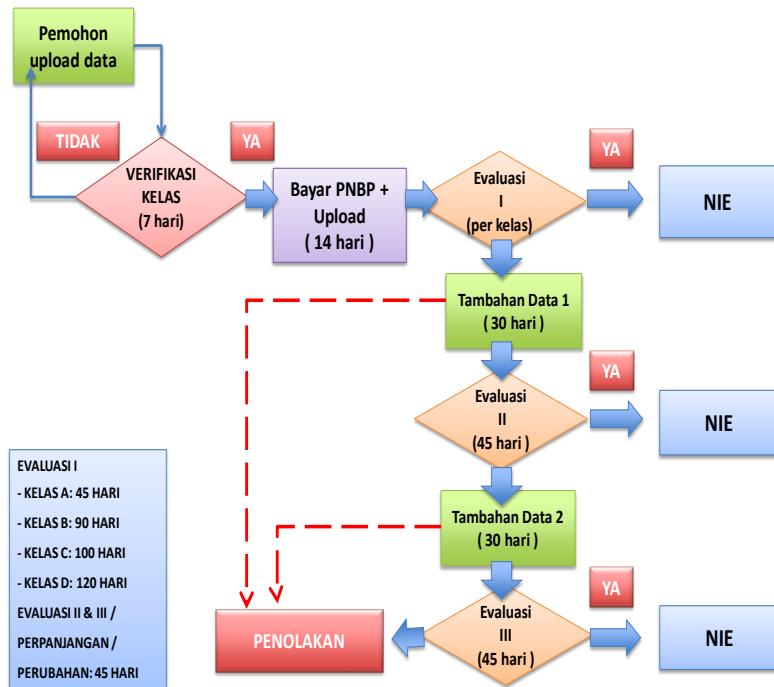
- a. Approval of the Marketing Authorization
- b. Notification for data addition
- c. Rejection letter

Evaluation Stages are:

- i. The Applicant who has paid the tax and uploaded payment receipt will get fixed receipt that can be printed out from email notification.
- ii. For Class D of Medical Device, hardcopy document shall have to submit to the counter to get fixed receipt.
The hardcopies which are required to be submitted are as follows: Administrative data, Clinical data, Biocompatibility data, Risk Management, Executive Summary, Colored Labeling 2 (two) copies and Soft copy of accessories enclosure (if any).
- iii. Evaluation result at registration stage will be sent online. The Applicant have to check the evaluation result.
- iv. Submitted document that has been pass the evaluation process as complete the requirements will be approved to be given a Marketing Authorization.
- v. If after the evaluation process, there are still lack of data to meet the requirement of the safety, quality, and

- maka pemohon akan diberi notifikasi untuk melengkapi persyaratan.
- vi. Berkas permohonan yang belum memenuhi persyaratan akan diberi kesempatan 2 (dua) kali untuk melakukan tambahan data dan masing masing notifikasi kekurangan data harus dilengkapi maksimal 30 hari setelah tanggal notifikasi. Waktu evaluasi ulang setiap tambahan data adalah 45 hari sejak tambahan data dikirim oleh pemohon dan diterima melalui sistem online.
 - vii. Apabila pemohon tidak dapat melengkapi kekurangan persyaratan keamanan, mutu, dan manfaat sesuai ketentuan diatas maka akan dikeluarkan Surat Penolakan dan pemohon harus mengajukan permohonan baru. Biaya PNBP tidak dapat dikembalikan untuk berkas yang ditolak.

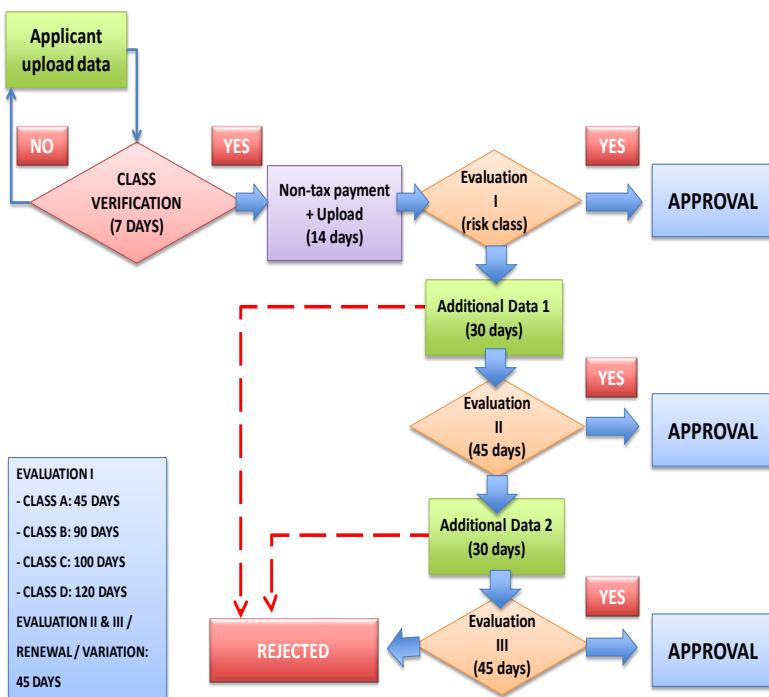
Gambar 1. Alur Tahap Registrasi Online



efficacy, Applicant will receive additional data notification to immediately accomplished the requirement.

- vi. Registration documents that do not fulfill the requirements will be given 2 chance to submit additional data and each of the additional data shall be fulfilled within 30 days from notification date. Timeline of re-evaluation of each additional data is 45 days from additional data is submitted by applicant to the online system.
- vii. In the event that the Applicant fails to complete the data according to the above requirement, therefore Rejection Letter will be issued and the Applicant shall submit new application, non-tax revenue fee payment is non-returnable for any rejected application.

Picture 1. Online Registration Process Flow



BAB III

PERSYARATAN PERMOHONAN BARU IZIN EDAR ALAT KESEHATAN

A. UMUM

Persyaratan permohonan baru izin edar alat kesehatan terdiri dari persyaratan administrasi dan persyaratan teknis yaitu:

1. Formulir pendaftaran
2. Formulir A yaitu Data Administrasi
3. Formulir B yaitu Informasi Produk
4. Formulir C yaitu Informasi Spesifikasi dan Jaminan Mutu
5. Formulir D yaitu Petunjuk penggunaan
6. Formulir E yaitu *Post Market Evaluation*

B. PERSYARATAN PERMOHONAN

1. Pendaftar membuat formulir pendaftaran dan diupload ke lampiran file formulir 1.
2. Pada formulir A persyaratan disesuaikan antara Alat kesehatan dalam negeri dan impor.
3. Pada Formulir B, C, D dan E persyaratan diisi dan dilampirkan sesuai produk dan kelas alat kesehatan (lihat tabel 2-6).
4. Beberapa alat kesehatan tertentu harus memenuhi persyaratan khusus seperti:
 - a. Alat kesehatan yang memancarkan radiasi pengion harus mendapat surat izin pemanfaatan tenaga nuklir dari Badan Pemanfaatan Tenaga Nuklir (BAPETEN)
 - b. Produk alat suntik steril sekali pakai harus dilakukan uji sterilitas di laboratorium terakreditasi di Indonesia
 - c. Produk kasa, kapas, *pantyliner*, pembalut wanita, dan popok dewasa harus dilakukan uji fluoresensi dan daya

CHAPTER III

REQUIREMENTS OF MEDICAL DEVICE MARKETING AUTHORIZATION FOR NEW APPLICATION

A. GENERAL

Requirement of Marketing Authorization for medical device of new application comprises of administration and technical document requirement, as follows:

1. Application Form
2. Form A is Administration
3. Form B is Product Information
4. Form C is Information of Specification and Product Warranty
5. Form D is Instruction for use
6. Form E is Post Market Surveillance

B. APPLICATION REQUIREMENT

1. Applicant provide the Application Form and upload it to the Form 1 file attachment in the Web
2. In Form A, requirements shall be adjusted between local and imported products.
3. Forms B, C, D, and E contain requirements that must be filled according to the risk classification (see Table 2 to 6).
4. Some specific medical devices have to comply special requirement:
 - a. Medical device which contain of/transmit radiation (ionizer substance) shall have permit from BAPETEN.
 - b. Disposable sterile syringe have to do the local testing for sterility in accredited Laboratory in Indonesia.
 - c. Gauze, cotton, panty liner, sanitary napkin, adult diaper have to do the local testing for fluorescence and

- serap di laboratorium terakreditasi di Indonesia
- d. Produk kondom harus dilakukan uji kebocoran dan daya letup di laboratorium terakreditasi di Indonesia
 - e. Produk test HIV harus melampirkan hasil uji klinis dari RSCM
 - f. Produk disinfektan harus melampirkan hasil uji koefisien fenol dari laboratorium terakreditasi di Indonesia
5. Formulir A, B, C, D, dan E harus diisi dengan benar.

Tabel 2. Formulir A

| NO. | FORMULIR A PERSYARATAN DATA ADMINISTRASI | KELAS | | | |
|-----|--|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Sertifikat produksi alat kesehatan yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan dan masih berlaku (untuk alat kesehatan dalam negeri) | ✓ | ✓ | ✓ | ✓ |
| 2 | Izin penyalur alat kesehatan (IPAK) yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan dan masih berlaku (untuk penyalur alat kesehatan dalam dan luar negeri) | ✓ | ✓ | ✓ | ✓ |
| 3 | Surat kuasa sebagai <i>sole agent</i> atau <i>sole distributor</i> yang diberi kuasa mendaftar alat kesehatan ke Kementerian Kesehatan RI dari prinsipal/pabrik asal yang dilegalisasi notaris (produk dalam negeri) dan legalisasi KBRI setempat (produk luar negeri) | ✓ | ✓ | ✓ | ✓ |
| 4 | <i>Certificate of Free Sale (CFS)</i> dari lembaga yang berwenang (produk luar negeri) | ✓ | ✓ | ✓ | ✓ |
| 5 | Sertifikasi dan dokumen yang menyebutkan kesesuaian terhadap standar produk, persyaratan keamanan, efektivitas dan sistem mutu dalam desain dan proses pembuatan (ISO 9001, ISO 13485, sertifikat CE) | ✓ | ✓ | ✓ | ✓ |
| 6 | Ringkasan eksklusif (<i>Executive summary</i>) berisi informasi tentang sejarah pemasaran, mekanisme kerja, tujuan penggunaan, formula, dan riwayat penggunaan produk | - | - | ✓ | ✓ |
| 7 | Standard yang digunakan dan bukti kesesuaian terhadap standard tersebut | ✓ | ✓ | ✓ | ✓ |
| 8 | Sertifikat merek/ surat pernyataan paten merek/ surat pelepasan keagenan | ✓ | ✓ | ✓ | ✓ |
| 9 | Surat Pernyataan bahwa dokumen/data yang diupload adalah asli dan benar | ✓ | ✓ | ✓ | ✓ |

- absorption in accredited Laboratory in Indonesia
 - d. Condom has to do the local testing for burst test and leakage in accredited Laboratory in Indonesia
 - e. HIV test product have to attached the local clinical result from RSCM – Indonesia National Hospital
 - f. Disinfectant product have to attached phenol coefficient testing from accredited Laboratory in Indonesia
5. Forms A, B, C, D and E shall be correctly completed.

Table 2. Form A

| NO. | FORM A ADMINISTRATION DATA REQUIREMENT | CLASSIFICATION | | | |
|-----|---|----------------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Production Certificate of medical device issued by the Minister of Health through Director General Pharmaceutical and Medical Device which still valid (for local product only) | ✓ | ✓ | ✓ | ✓ |
| 2 | Medical Device Distributor License issued by the Minister of Health through Director General Pharmaceutical and Medical Device which is still valid (for local and import product distributor) | ✓ | ✓ | ✓ | ✓ |
| 3 | Power of Attorney (Letter of Authorization) as sole agent or sole distributor which authorize to register the medical device from the principal/factory of origin and have to legalize by the local Indonesian Embassy (KBRI) | ✓ | ✓ | ✓ | ✓ |
| 4 | Certificate of Free Sale (CFS) from Legal Authority Agent | ✓ | ✓ | ✓ | ✓ |
| 5 | Certification and document mentioning conformity against standard of product, requirement of safety, effectiveness, and quality system in design and manufacturing process (ISO 9001, ISO 13485, CE Certificate) | ✓ | ✓ | ✓ | ✓ |
| 6 | Executive Summary contains of information about marketing history, mechanism of the product, indication, formula, and history of product usage | - | - | ✓ | ✓ |
| 7 | Standard and declaration of conformity against the standard on the production/manufacturing of medical device | ✓ | ✓ | ✓ | ✓ |
| 8 | Patent certificate/ Brand name registration letter and Declaration of no objection to release the brand name/ Declaration of no objection to release the agency | ✓ | ✓ | ✓ | ✓ |
| 9 | Statement Letter of truth and accurate document | ✓ | ✓ | ✓ | ✓ |

Tabel 3. Formulir B

| NO. | FORMULIR B PERSYARATAN INFORMASI PRODUK | KELAS | | | |
|-----|---|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Uraian alat | ✓ | ✓ | ✓ | ✓ |
| 2 | Deskripsi dan fitur Alat Kesehatan | ✓ | ✓ | ✓ | ✓ |
| 3 | Tujuan Penggunaan | ✓ | ✓ | ✓ | ✓ |
| 4 | Indikasi | ✓ | ✓ | ✓ | ✓ |
| 5 | Petunjuk Penggunaan | ✓ | ✓ | ✓ | ✓ |
| 6 | Kontra indikasi (jika ada) | ✓ | ✓ | ✓ | ✓ |
| 7 | Peringatan (jika ada) | ✓ | ✓ | ✓ | ✓ |
| 8 | Perhatian (jika ada) | ✓ | ✓ | ✓ | ✓ |
| 9 | Potensi efek yang tidak diinginkan (jika ada) | ✓ | ✓ | ✓ | ✓ |
| 10 | Alternatif terapi (jika ada) | ✓ | ✓ | ✓ | ✓ |
| 11 | Material | ✓ | ✓ | ✓ | ✓ |
| 12 | Informasi pabrik | ✓ | ✓ | ✓ | ✓ |
| 13 | Proses produksi | ✓ | ✓ | ✓ | ✓ |

Tabel 3. Form B

| NO. | FORM B PRODUCT INFORMATION REQUIREMENT | CLASSIFICATION | | | |
|-----|--|----------------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Explanation of Medical Device | ✓ | ✓ | ✓ | ✓ |
| 2 | Description and feature of Medical Device | ✓ | ✓ | ✓ | ✓ |
| 3 | Purpose of usage | ✓ | ✓ | ✓ | ✓ |
| 4 | Indication | ✓ | ✓ | ✓ | ✓ |
| 5 | Usage Guidelines/Instruction for Use | ✓ | ✓ | ✓ | ✓ |
| 6 | Contra-indication (if any) | ✓ | ✓ | ✓ | ✓ |
| 7 | Warning (if any) | ✓ | ✓ | ✓ | ✓ |
| 8 | Caution (if any) | ✓ | ✓ | ✓ | ✓ |
| 9 | Side Effect (If any) | ✓ | ✓ | ✓ | ✓ |
| 10 | Alternative therapy (if any) | ✓ | ✓ | ✓ | ✓ |
| 11 | Material | ✓ | ✓ | ✓ | ✓ |
| 12 | Manufacturer Information | ✓ | ✓ | ✓ | ✓ |
| 13 | Production Process | ✓ | ✓ | ✓ | ✓ |

Tabel 4. Formulir C

| NO | FORMULIR C INFORMASI SPESIFIKASI DAN JAMINAN MUTU | KELAS | | | |
|----|--|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Karakteristik fungsional dan spesifikasi kinerja teknis alat | ✓ | ✓ | ✓ | ✓ |
| 2 | Informasi tambahan karakteristik alat yang belum dicantumkan pada bagian sebelumnya | ✓ | ✓ | ✓ | ✓ |
| 3 | Ringkasan verifikasi rancangan dan dokumen Validasi | ✓ | ✓ | ✓ | ✓ |
| 4 | Studi Pre Klinis | - | - | - | ✓ |
| 5 | Hasil pengujian validasi piranti lunak (jika dapat diterapkan) | ✓ | ✓ | ✓ | ✓ |
| 6 | Hasil penelitian alat yang mengandung material biologi | ✓ | ✓ | ✓ | ✓ |
| 7 | Bukti Klinis | - | - | - | ✓ |
| 8 | Analisa resiko dari alat | - | - | - | ✓ |
| 9 | Hasil analisa resiko | - | - | - | ✓ |
| 10 | Spesifikasi dan atau persyaratan bahan baku | - | - | ✓ | ✓ |
| 11 | Spesifikasi kemasan (produk diagnostik) | ✓ | ✓ | ✓ | ✓ |
| 12 | Berikan data hasil analisis dan atau uji klinis (spesifitas, sensitivitas dan stabilitas) untuk pereaksi atau produk diagnostik in vitro | ✓ | ✓ | ✓ | ✓ |
| 13 | Berikan hasil uji analisis / hasil uji klinis dan keamanan alat | ✓ | ✓ | ✓ | ✓ |

Table 4. Form C

| NO | FORM C INFORMASI SPESIFIKASI DAN JAMINAN MUTU | CLASSIFICATION | | | |
|----|--|----------------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Functional characteristics and specification of the medical device technical performance. | ✓ | ✓ | ✓ | ✓ |
| 2 | Additional information of device characteristics which are not yet included in the previous part. | ✓ | ✓ | ✓ | ✓ |
| 3 | Summary of design verification and document validation | ✓ | ✓ | ✓ | ✓ |
| 4 | Pre Clinical studies | - | - | - | ✓ |
| 5 | Test result of software validation (if applicable). | ✓ | ✓ | ✓ | ✓ |
| 6 | Result of the research on any device containing biologic material. | ✓ | ✓ | ✓ | ✓ |
| 7 | Clinical Evidence and Clinical Evaluation | - | - | - | ✓ |
| 8 | Risk Analysis | - | - | - | ✓ |
| 9 | Result of Risk Analysis | - | - | - | ✓ |
| 10 | Specification and/or requirement of raw material | - | - | ✓ | ✓ |
| 11 | Specification of packaging (Diagnostic product) | ✓ | ✓ | ✓ | ✓ |
| 12 | Provide data of analysis result and or clinical test (specificity, sensitivity and stability) for reagent or in-vitro diagnostic product | ✓ | ✓ | ✓ | ✓ |
| 13 | Provide analysis test result/clinical test result and device safety | ✓ | ✓ | ✓ | ✓ |

Tabel 5. Formulir D

| NO | FORMULIR D PETUNJUK PENGGUNAAN | KELAS | | | |
|----|--|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Contoh Penandaan | ✓ | ✓ | ✓ | ✓ |
| 2 | Penjelasan penandaan yang ada pada alat | ✓ | ✓ | ✓ | ✓ |
| 3 | Petunjuk penggunaan, materi pelatihan & petunjuk pemasangan serta pemeliharaan | ✓ | ✓ | ✓ | ✓ |
| 4 | Kode Produksi dan artinya | ✓ | ✓ | ✓ | ✓ |
| 5 | Daftar Aksesoris | ✓ | ✓ | ✓ | ✓ |

Tabel 6. Formulir E

| NO | FORMULIR E POST MARKET EVALUATION | KELAS | | | |
|----|--|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Prosedur yang digunakan dan sistem pencatatan, penanganan komplain dll | ✓ | ✓ | ✓ | ✓ |

Table 5. Form D

| NO | FORM D PETUNJUK PENGGUNAAN | CLASSIFICATION | | | |
|----|---|----------------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Packaging and labeling artwork | ✓ | ✓ | ✓ | ✓ |
| 2 | Explanation on symbols are used in packaging and labeling | ✓ | ✓ | ✓ | ✓ |
| 3 | Guidelines of usage, training material & guidance of installation and its maintenance | ✓ | ✓ | ✓ | ✓ |
| 4 | Batch/LOT/Serial Numbering System | ✓ | ✓ | ✓ | ✓ |
| 5 | List of Accessories | ✓ | ✓ | ✓ | ✓ |

Tabel 6. Formulir E

| NO | FORMULIR E POST MARKET EVALUATION | KELAS | | | |
|----|--|----------|------------|------------|------------|
| | | A (I) | B (IIA) | C (IIB) | D (III) |
| 1 | Standard Operating Procedure, record management and product complaints handling, etc | ✓ | ✓ | ✓ | ✓ |

BAB IV

PERSYARATAN PERMOHONAN PERPANJANGAN IZIN EDAR ALAT KESEHATAN

A. UMUM

1. Sebelum melakukan perpanjangan, pendaftar harus melakukan pelaporan produksi dan/atau distribusi melalui website e-report.alkes.kemkes.go.id
2. Perpanjangan izin edar dilakukan melalui sistem elektronik <http://www.regalkes.depkes.go.id> dengan memilih menu perpanjangan.
3. Perpanjangan izin edar dapat dilakukan 9 (sembilan) bulan sebelum masa berlaku izin edar habis.
4. Masa berlaku untuk perpanjangan izin edar adalah sesuai dengan surat kuasa sebagai sole agent atau sole distributor, minimal 2 (dua) tahun dan maksimal 5 (lima) tahun.
5. Perpanjangan yang dilakukan setelah masa berlaku izin edar habis, dikategorikan sebagai permohonan baru dan mengikuti persyaratan permohonan baru.
6. Tahap perizinan, tata cara pendaftaran, konsultasi dan ketentuan lain sama dengan tata cara permohonan izin edar baru.

CHAPTER IV

REQUIREMENTS OF MEDICAL DEVICE MARKETING AUTHORIZATION FOR RENEWAL APPLICATION

A. GENERAL

1. Importation and Distribution product report shall be done through website e-report.alkes.kemkes.go.id before renewal submission is proceeding.
2. Renewal of the marketing authorization shall be done through online system <http://www.regalkes.depkes.go.id>, by selecting menu of renewal.
3. Renewal of the marketing authorization may be done 9 (nine) months prior to expiration of the marketing authorization validation period.
4. Validity of renewed marketing authorization will be in line with Letter of Authorization (LoA) to the affiliate as sole agent or sole distributor, minimum authorization validity is 2 years and maximum is 5 years.
5. If renewal process is being done overdue by the validation date of marketing authorization, hence it will be treated as new registration. The entire registration requirement will follow new registration process.
6. Registration stage, procedure, consultation and other requirements are the same with procedure of new application of marketing authorization.

B. PERSYARATAN PERPANJANGAN IZIN EDAR ALAT KESEHATAN

| NO | PERSYARATAN | Impor (AKL) | Lokal (AKD) |
|----|---|-----------------|-----------------|
| 1 | Surat permohonan perpanjangan izin edar alat kesehatan | ✓ | ✓ |
| 2 | Izin edar lama lengkap dengan lampiran (jika ada) | ✓ | ✓ |
| 3 | Rancangan kemasan dan/atau penandaan yang telah disetujui oleh Kementerian Kesehatan | ✓ | ✓ |
| 4 | Rancangan kemasan dan/atau penandaan yang diajukan sesuai persyaratan | ✓ | ✓ |
| 5 | Surat pernyataan di atas materai tidak terdapat perubahan data, bermaterai Rp 6.000 | ✓ | ✓ |
| 6 | Sertifikat produksi alat kesehatan yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan dan masih berlaku | - | ✓ |
| 7 | Izin penyalur alat kesehatan yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan | ✓ | ✓ (jika ada) |
| 8 | Surat kuasa sebagai <i>sole agent</i> atau <i>sole distributor</i> | ✓ | ✓ (jika ada) |
| 9 | Certificate of Free Sale (CFS) dari lembaga yang berwenang | ✓ | - |
| 10 | Sertifikat paten merek/bukti tanda terima permohonan pendaftaran merek dari Ditjen HKI dan surat pernyataan bersedia melepas paten merek, bermaterai Rp. 6000 | ✓ (jika ada) | ✓ |
| 11 | Surat Pernyataan bersedia melepas keagenan, bermaterai Rp. 6000 | ✓ | - |
| 12 | Surat Pernyataan bahwa alat kesehatan yang diedarkan tidak menimbulkan kejadian yang tidak diinginkan (KTD), bermaterai Rp. 6000 | ✓ | ✓ |
| 13 | Daftar aksesoris / Lampiran tipe dan ukuran produk | ✓ | ✓ |

**B. REQUIREMENT OF MARKETING AUTHORIZATION
RENEWAL FOR MEDICAL DEVICE**

| NO. | REQUIREMENT | Import (AKL) | Local (AKD) |
|-----|--|-----------------|----------------|
| 1 | Application letter for renewal marketing authorization of Medical Device | ✓ | ✓ |
| 2 | Previous marketing authorization and its attachment (if any) | ✓ | ✓ |
| 3 | Previous labeling artwork approved by Ministry of Health | ✓ | ✓ |
| 4 | New labeling artwork according to the requirements | ✓ | ✓ |
| 5 | Statement letter has no data change from the approved device, with Rp. 6.000,- sealed | ✓ | ✓ |
| 6 | Production Certificate of medical device issued by the Minister of Health through Director General Pharmaceutical and Medical Device which still valid | - | ✓ |
| 7 | Medical Device Distributor License issued by the Minister of Health through Director General Pharmaceutical and Medical Device which is still valid (for local and import product distributor) | ✓ | ✓ (if any) |
| 8 | Power of Attorney (Letter of Authorization) as sole agent or sole distributor | ✓ | ✓ (if any) |
| 9 | Certificate of Free Sale (CFS) from Legal Authority Agent | ✓ | - |
| 10 | Patent certificate/ Brand name registration letter and Declaration of no objection to release the brand name, with Rp. 6.000,- sealed | ✓ (if any) | ✓ |
| 11 | Declaration of no objection to release the agency, with Rp. 6.000,- sealed | ✓ | - |
| 12 | Statement letter on Devices Adverse Event Report towards device usage during circulation and completed handling, with Rp. 6.000,- sealed | ✓ | ✓ |
| 13 | List of Accessories/ attachment of device type or size | ✓ | ✓ |

BAB V

PERSYARATAN PERMOHONAN PERUBAHAN IZIN EDAR ALAT KESEHATAN

A. UMUM

1. Sebelum melakukan perubahan pendaftar harus melakukan pelaporan produksi dan/atau distribusi melalui e-report.alkes.kemkes.go.id
2. Perubahan izin edar dapat dilakukan selama izin edar masih berlaku dan dilakukan secara sistem elektronik dengan memilih menu perubahan.
3. Perubahan izin edar yang diperbolehkan adalah perubahan terhadap:
 - a. kemasan
 - b. penandaan
 - c. penambahan aksesoris/ tipe/ kode/ ukuran produk
 - d. nama dan/atau alamat principal yang bersifat bukan akuisisi, tanpa perubahan nama pabrikan
 - e. nama pabrikan tanpa perubahan alamat dan kepemilikan
 - f. perubahan lainnya yang tidak mempengaruhi spesifikasi dan kinerja alat kesehatan
4. Masa berlaku untuk perubahan izin edar adalah sesuai dengan izin edar lama.
5. Tahap perizinan, tata cara pendaftaran, konsultasi dan ketentuan lain sama dengan tata cara permohonan izin edar baru.
6. Untuk alat kesehatan kelas D, pemohon harus menyerahkan berkas (*hardcopy*) beserta penandaan berwarna rangkap dua, dan *softcopy* lampiran bila ada.

CHAPTER V

REQUIREMENTS OF MEDICAL DEVICE MARKETING AUTHORIZATION FOR VARIATION APPLICATION

A. GENERAL

1. Importation and Distribution product report shall be done through website e-report.alkes.kemkes.go.id before variation submission is proceeding.
2. Variation of the marketing authorization may be done during the license is still valid and shall be done through online system <http://www.regalkes.depkes.go.id>, by selecting menu of variation.
3. Variation of marketing authorization allowed to:
 - a. packaging
 - b. labeling
 - c. product accessories/ type/ code/ size addition
 - d. principal name and/or address that is not acquisition, without manufacturing change
 - e. manufacturing name without change of address and ownership
 - f. other change that is not affect to device specification and its performance.
4. Validity of variation marketing authorization will be in line with prior license.
5. Registration stage, procedure, consultation and other requirements are the same with procedure of new application of marketing authorization.
6. For Medical device class D, application shall submit registration dossier in hardcopy with colored labeling (2 copies), and soft copy of attachment.

B. PERSYARATAN PERUBAHAN IZIN EDAR ALAT KESEHATAN

| NO | PERSYARATAN | Impor (AKL) | Lokal (AKD) |
|----|---|--------------|--------------|
| 1 | Surat permohonan perubahan izin edar alat kesehatan (cantumkan perubahan yang diinginkan) | ✓ | ✓ |
| 2 | Izin edar lama lengkap dengan lampiran (jika ada) | ✓ | ✓ |
| 3 | Rancangan kemasan dan/atau penandaan yang telah disetujui oleh Kementerian Kesehatan | ✓ | ✓ |
| 4 | Rancangan kemasan dan/atau penandaan yang diajukan sesuai persyaratan | ✓ | ✓ |
| 5 | Surat pernyataan di atas materai tidak terdapat perubahan data, bermaterai Rp 6.000 | ✓ | ✓ |
| 6 | Sertifikat produksi alat kesehatan yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan dan masih berlaku | - | ✓ |
| 7 | Izin penyalur alat kesehatan yang dikeluarkan oleh Menteri Kesehatan Cq Direktur Jenderal Kefarmasian dan Alat Kesehatan | ✓ | ✓ (jika ada) |
| 8 | Surat kuasa sebagai <i>sole agent</i> atau <i>sole distributor</i> | ✓ | ✓ (jika ada) |
| 9 | Certificate of Free Sale (CFS) dari lembaga yang berwenang | ✓ | - |
| 10 | Sertifikat paten merek/bukti tanda terima permohonan pendaftaran merek dari Ditjen HKI dan surat pernyataan bersedia melepas paten merek, bermaterai Rp. 6000 | ✓ (jika ada) | ✓ |
| 11 | Surat Pernyataan bersedia melepas keagenan, bermaterai Rp. 6000 | ✓ | - |
| 12 | Surat Pernyataan bahwa alat kesehatan yang diedarkan tidak menimbulkan kejadian yang tidak diinginkan (KTD), bermaterai Rp. 6000 | ✓ | ✓ |
| 13 | Daftar aksesoris / Lampiran tipe dan ukuran produk | ✓ | ✓ |

**B. REQUIREMENT OF MARKETING AUTHORIZATION
VARIATION FOR MEDICAL DEVICE**

| NO. | REQUIREMENT | Import (AKL) | Local (AKD) |
|-----|--|-----------------|----------------|
| 1 | Application letter for marketing authorization variation of Medical Device (state kind of variation) | ✓ | ✓ |
| 2 | Previous marketing authorization and its attachment (if any) | ✓ | ✓ |
| 3 | Previous labeling artwork approved by Ministry of Health | ✓ | ✓ |
| 4 | New labeling artwork according to the requirements | ✓ | ✓ |
| 5 | Statement letter has no data change from the approved device, with Rp. 6.000,- sealed | ✓ | ✓ |
| 6 | Production Certificate of medical device issued by the Minister of Health through Director General Pharmaceutical and Medical Device which still valid | - | ✓ |
| 7 | Medical Device Distributor License issued by the Minister of Health through Director General Pharmaceutical and Medical Device which is still valid (for local and import product distributor) | ✓ | ✓ (if any) |
| 8 | Power of Attorney (Letter of Authorization) as sole agent or sole distributor | ✓ | ✓ (if any) |
| 9 | Certificate of Free Sale (CFS) from Legal Authority Agent | ✓ | - |
| 10 | Patent certificate/ Brand name registration letter and Declaration of no objection to release the brand name, with Rp. 6.000,- sealed | ✓ (if any) | ✓ |
| 11 | Declaration of no objection to release the agency, with Rp. 6.000,- sealed | ✓ | - |
| 12 | Statement letter on Devices Adverse Event Report towards device usage during circulation and completed handling, with Rp. 6.000,- sealed | ✓ | ✓ |
| 13 | List of Accessories/ attachment of device type or size | ✓ | ✓ |

BAB VI

PERSYARATAN PERMOHONAN PERPANJANGAN DAN PERUBAHAN IZIN EDAR ALAT KESEHATAN

A. UMUM

Dalam rangka memberikan pelayanan izin edar alat kesehatan yang efektif dan efisien, maka pemohon dapat melakukan perpanjangan sekaligus perubahan pada izin edar alat kesehatan dalam satu berkas permohonan.

B. PERSYARATAN

Persyaratan yang berlaku untuk perpanjangan sekaligus perubahan izin edar adalah mengikuti persyaratan perpanjangan dan perubahan yang tercantum pada BAB IV dan V di atas.

CHAPTER VI

REQUIREMENTS OF MEDICAL DEVICE MARKETING AUTHORIZATION FOR RENEWAL AND VARIATION APPLICATION

A. GENERAL

In order to provide effective and efficient service in marketing authorization of medical device, the applicant can do both the renewal and variation of marketing authorization in one application submission.

B. REQUIREMENT

Requirement of marketing authorization renewal and variation for Medical Device follow the requirement state in Chapter IV and V in this document.

BAB VII

PENUTUP

Direktorat Penilaian Alat Kesehatan dan PKRT selalu berupaya untuk meningkatkan pelayanan publik yang baik, transparan, dan akuntabel. Oleh karena itu pelayanan publik memerlukan sumber daya manusia yang kompeten dan profesional.

Diharapkan dengan adanya pedoman pelayanan izin edar alat kesehatan ini dapat memberikan informasi yang jelas, dan dapat meningkatkan kompetensi dan profesionalitas pemohon, sehingga dapat menjadi pedoman bagi pelaku usaha dalam mengajukan permohonan izin edar yang efektif dan efisien.

CHAPTER VII

CLOSING

Directorate of Medical Devices and Household-Health Product Evaluation always working to improve an excelence, transparent, and accountable public services. Therefore public services requires a competent and professional human resource.

It is expected that the publication guideline of Medical Device Marketing Authorization Services may provide clear information, and increase competency and professionalism of applicant, so it can serve as guideline for business workers in order to apply marketing authorization with effective and efficient framework.

