
**FAST TRACK PROCESSING OF APPLICATIONS FOR REGISTRATION OF
ALLOPATHIC MEDICINAL PRODUCTS FOR HUMAN USE BY THE FOOD AND
DRUGS AUTHORITY**

Introduction:

The Drug Evaluation and Registration Department (DERD) of the Food and Drugs Authority (FDA) has been in existence since the inception of the Food and Drugs Authority formerly Food and Drugs Board in September 1997. The Department's legal mandate is derived from section 118 of the Public Health Act of 2012 (Act 851) which states that " No person shall manufacture, prepare, sell, supply, export or import into Ghana any drug, cosmetic, device, or chemical substance unless the article has been registered by the Authority

Since September, 1997 the DERD working together with the Laboratory Services Department, Drugs Enforcement Department, Safety Monitoring and Clinical Trials Departments has undertaken the registration of drugs, making Ghana a well regulated market for allopathic medicines in the West African sub-region.

The standard registration process takes approximately three to six months to complete with quality control testing in the FDA's laboratory forming an integral part of the process. The current process requires the application of equal resources and attention to details to all products which sometimes result in delays in the registration process to the displeasure of applicants and manufacturers and does not facilitate timely access to quality medicines on the market.

The Food and Drugs Authority has therefore developed a high level cross- functional guidance document which is risk based for fast track processing of allopathic medicinal product registration involving dossier assessment, Good Manufacturing Practice inspection, pre- and post- laboratory testing of medicinal product registration samples backed by effective Post Market Surveillance and pharmacovigilance activities.

The document provides guidance to the implementation of risk based fast-track processing approach to product dossier assessment, details of documentation required for product of different risk levels and prioritization of medicinal product applications. This will ensure effective utilization of resources available to the FDA without compromising the quality, safety and efficacy of registered medicinal products on the Ghanaian market. The implementation is expected to improve the efficiency of the registration process to reduce the work load and time taken to make decisions on medicinal product registration applications whilst maintaining stringent quality assurance processes that will ensure continuous improvement of the regulatory system of the FDA and ultimately meet the objective of ensuring public health and safety.

This risk based approach to medicinal product registration by the FDA is driven by the efficient and judicious use of technical and financial resources available to the FDA in meeting its obligation of ensuring timely processing of all applications it receives and the recommendations by the World Health Organization (WHO) to National Medicine Regulatory Authorities (NMRAs) on the application of risk based approach to medicinal product². This is however underpinned by the application of sound science, reference to international best practices and robust quality management systems that will safeguard the quality of product registered by the FDA.

The assessment processes of the Food and Drugs Authority (FDA) rely on Quality Risk Management (QRM) principles in the management of resources (time and assessors), as well as in the management of product-related risk factors. This ensures efficient management of resources and thus and ensure that limited resources are used to their best effect, and ultimately ensures that essential medicines are accessible in a timely manner. The FDA therefore considers critical factors including the prioritization of dossiers, the screening process, identification of the specific risk factors inherent to a given dossier or dosage form, and allocation of resources to the various sections of a dossier for a given product.

In addition, product-related risk factors are managed throughout the life-cycle of the product, for example, through effective communication between assessors, inspectors and laboratory analysts through a well-established system for dealing with products after approval. The allocation of priority to applications takes into account the therapeutic needs of the country (e.g. antimalarial drugs, anti-retroviral drugs, pediatric formulations, combination products, or experience with innovative or emerging technology) and the availability of such medicines on the market.

This prioritization is a dynamic process that enables the FDA to accommodate emerging issues such as pandemics shortages. Other considerations related to prioritization based on medical need may include fixed-dose combinations versus single-ingredient or co-packaged products, extended release products versus products administered as two or three daily doses, second-line versus first-line products, flexible dosage forms such as dispersible tablets and variable dose products such as oral liquids.

The FDA has as part of its system, a well manned Client Service that receives and screens medicinal product applications for completeness at the time of submission. Possible risk factors include: the experience and track record of the manufacturer, narrow therapeutic range products, sterile versus non-sterile APIs and products.

Scope

This note outlines the basic principles applied by FDA for prioritization of product dossier assessments. Prioritization becomes essential when resources are limited. Prioritization occurs at several levels in the product registration process.

1. During classification of medicinal product applications into priority groups (Fast track application or Standard Application)
2. Classification of product under registration into risk level for the purpose of attention to details during review of the product (Low risk or High risk)
3. Determination of extent of review during dossier assessment (abridged or complete)

Classification of product into Fast-track or Standard Applications

Products are included in the fast track applications based on their inclusion in the categories listed in the FDA guidelines for medicinal product registration for expedited review. The list is presented below and can also be found in the above mentioned guideline at the official website of the FDA; www.fdaghana.gov.gh.

1. Public health program drugs. These include HIV/AIDS, Malaria, Tuberculosis, and reproductive health, Neglected tropical diseases eg; Buruli ulcer and any other disease condition that may be determined by the FDA from time to time.
2. Paediatric formulations
3. Ministry of Health tender purposes only
4. Renewal of product registration

In addition to the categories listed above, further ranking may be applied within a specific product category, eg, second-line product are generally prioritized over first-line products, Fixed-dose combination products (FDCs) are prioritized over single-ingredient products or co-packaged products, across all therapeutic areas.

Notwithstanding, the prioritization of FDCs over single ingredients products, some single-ingredient products may be considered a priority based on lack of availability of the product in Ghana. Paediatric formulations (especially FDCs) or formulations for adults with a paediatric indication (e.g. scored formulations) are a priority across all therapeutic areas, especially dispersible formulations or other types of more child-friendly paediatric formulations. This is in line with the strategic move by the WHO to encourage the development of 'one pill, once-a-day FDC' for HIV/AIDS treatment over three-times-a day regimens.

Dossiers are screened for completeness as soon as they are received. Screening ensures that assessment resources are directed to dossiers that meet minimum data requirements, as opposed to dossiers that are incomplete and therefore not yet ready for full assessment.

Classification for the purpose of required documentation

Limited documentation may be required for the registration of some low risk applications. This will be determined by the FDA. Some of these waivers may be found in various guidelines published by the FDA. Example is Biowaiver requirements for some categories of product which are captured in the FDA's guidelines for conducting bioequivalence studies.

Classification of product under registration into risk level for the purpose of attention to details during review of the product (Low risk or High risk)

All applications are therefore put into either of the following categories during assessment;

1. Low risk applications - for abridged or limited review
2. High risk applications – for complete or extensive review.

The following are factors that may qualify a product/application to be considered low risk for limited documentation review:

1. WHO prequalified product.
2. Product approved by a Stringent Regulatory Authority[♦].
3. Over-the-counter medication
4. Products from companies included in the FDAs list of manufacturers of proven track records of high-level of compliance to GMP, Good documentation in support of medicinal product registration application and consistent good records regarding analytical report from the FDA laboratory on the products from the manufacturer.

Within each group, the highest priority is given to an application from a company with one or more previously registered medicinal products; previously registered medicinal products are a measure of a company's ability and readiness to progress a product from submission of the dossier to final approval of the product.

[♦] A stringent regulatory authority (SRA): a regulatory authority which is:
– a member of the International Conference on Harmonisation (ICH) (as specified on www.ich.org); or
– an ICH observer, being the European Free Trade Association (EFTA), as represented by SwissMedic, and Health Canada (as may be updated from time to time); or
– a regulatory authority associated with an ICH member through a legally-binding, mutual recognition agreement including Australia, Iceland, Liechtenstein and Norway (as may be updated from time to time).

Fast track time line

The FDA aims to complete processing of fast track applications within 90 days. Applicants should take note of the following considerations which may affect the priority classification of a product.

Considerations to note:

The priority of a product may change if:

- a product's associated bioequivalence (BE) study is rejected (for example, because the comparator product used is unacceptable) since it will take time for the company to conduct a new BE study and possible reformulation of the product may entail additional assessment of quality data related to the reformulated product.
- the timelines for company responses to the FDA's requests for additional data are excessive in relation to the type and extent of data requested
- the company does not respond to reminders to respond to the FDA's requests for additional data
- the quality of the company's response to the FDA's requests for additional data is poor, i.e. if despite repeated requests the company fails to address the critical dossier issues

Good manufacturing practice (GMP) and good clinical practice (GCP) status are also taken into account. For instance, a Priority 1 product with outstanding GMP and/or GCP issues could temporarily be assigned a lower priority than a Priority 2 product which meets GMP and GCP requirements.

Conclusion

The FDA has institutionalized the fast track risk based approach to processing medicinal product registration since December 2014. The new approach is expected to bring efficiency in the registration process, ensure timely decision of medicinal product applications and to ultimately ensure the availability of good quality medicinal products on the Ghanaian market.

References

1. Food and Drugs Authority, July 2014; Proposed risk based approach to drug registration

World Health Organization (WHO); Note on Prioritization of dossiers within PQP.....

FAST TRACK PROCESSING OF APPLICATIONS – Briefing Note from DERD
Department