



# FOOD AND DRUGS AUTHORITY

## FDA RELIANCE POLICY

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## **Introduction**

To ensure easy access to regulated medical products, the FDA has developed and implemented alternative /non-routine authorization application pathways - to the standard approval pathways - especially for applications where the safety and efficacy of the product have already been confirmed or when the Clinical Trial has been approved and/or initiated (partly or wholly –phase I/II/III) in a well –resourced setting and by well-resourced regulatory authorities.

The instituted alternative pathways are designed to facilitate conducting regulatory reviews and evaluations in a timely manner and at the same time, accelerate the evaluation process without compromising the quality, safety and efficacy of medical products, as well as the design of clinical trials. Further, it focuses on risk-based evaluations, concentrating on what is locally critical (i.e. value-added in terms of resource/time investment) versus what can be leveraged/relied upon from decisions made by a well-resourced NRA that operates within the ICH region and other reference countries.

The aim is to speed up the submission and/or evaluation of authorization applications towards the timely approval of application. The activity is achieved in a variety of ways, including information and/or work-sharing and reliance (partly or fully) on dossier assessment reports, GMP/GCP inspection reports and QC laboratory reports.

The FDA's perception of reliance implies that the work done is shared by the wellresourced NRA (e.g. through assessment reports, inspection reports, QC lab reports, etc...), while the FDA uses this work according to its own scientific knowledge and regulatory procedures (such as differences in conditions of use, patient population, etc...) and retains its own regulatory responsibilities. The FDA accepts that reliance can be unilateral, bilateral (mutual) or multilateral, and it will leverage the information in the

imported reports and/or decisions to arrive at a regulatory decision but will maintain its own regulatory responsibilities for decision-making.

**Note:** The FDA shall activate the reliance pathway to facilitate regulatory decisions either on a case-by-case basis or at the explicit request of the Applicant.

### **Objective**

To facilitate and expedite the evaluation and authorization of applications that has been approved by a well-resourced NRA while retaining the FDA's regulatory responsibilities and decision making

### **Scope**

The policy guideline shall be applicable to the registration of allopathic drugs for human use, veterinary drugs, Biological Products and Medical device, as well for the authorization of all phases of Clinical Trials.

### **Tool for implementation**

The following tools shall be used to ensure full implementation and compliance to the reliance route:

#### ***Clinical Trials Authorization;***

1. If the product under investigation has already been evaluated and listed as a WHO Prequalified Product through the WHO PQ collaborative registration procedure between WHO and NRAs
2. If the product under investigation has already been evaluated and listed as a product of either the WHO collaborative registration pilot for stringently authorized products, including through the EU's Article 58 Procedure or the Swissmedic's Marketing Authorization for Global Health products or the International Generic Drug Regulatory Programme (launched July, 2014)

3. If either the trial or the investigational product has been authorized or granted marketing authorization in either an ICH founding regulatory member state or region (such as EC (EMA), United States (United States Food and Drugs Administration), Japan (MHLW/PMDA) or an ICH standing regulatory member state or region (such as Canada (Health Canada), Switzerland (Swissmedic). Further, products registered by TGA of Australia, Iceland, Liechtenstein and Norway may be considered through the reliance route on a case-by –case basis.
4. If either the trial or the investigational product has been evaluated and judged satisfactory at a joint review meeting facilitated by the World Health Organization under the African Vaccine Regulatory Forum (AVAREF).

***Registration and/or Marketing Authorization;***

1. Product should have been evaluated and listed as a WHO Prequalified Product through the WHO PQ collaborative registration procedure between WHO and NRAs
2. The product should have been evaluated and listed as a product of either the WHO collaborative registration pilot for stringently authorized products, including through the EU's Article 58 Procedure or the Swissmedic's Marketing Authorization for Global Health products or the International Generic Drug Regulatory Programme (launched July, 2014)
3. The product should have been registered and/or granted marketing authorization for more than 6 months in either an ICH founding regulatory member state or region (such as EC (EMA), United States (United States Food and Drugs Administration), Japan (MHLW/PMDA) or an ICH standing regulatory member state or region (such as Canada (Health Canada), Switzerland (Swissmedic). Further, products registered by TGA of Australia, Iceland, Liechtenstein and Norway may be considered through the reliance route on a case-by –case basis.

4. The product should have been evaluated and listed as an output of the West African Medicines Harmonization initiative of the Economic Community of West African States (ECOWAS).

### ***Inspections***

1. Product should have been evaluated and listed as a WHO Prequalified Product through the WHO PQ collaborative registration procedure between WHO and NRAs, and the manufacturing facility should have been inspected by the NRA in the country of origin and the WHO pre-qualification team.
2. The product should have been evaluated and listed as a product of either the WHO collaborative registration pilot for stringently authorized products, including through the EU's Article 58 Procedure or the Swissmedic's Marketing Authorization for Global Health products or the International Generic Drug Regulatory Programme (launched July, 2014), and the manufacturing facility should have been inspected by the NRA in the country of origin and/or the WHO pre-qualification team.
3. The product should have been registered and/or granted marketing authorization for more than 6 months in either an ICH founding regulatory member state or region (such as EU (EMA), United States (United States Food and Drugs Administration), Japan (MHLW/PMDA) or an ICH standing regulatory member state or region (such as Canada (Health Canada), Switzerland (Swissmedic). Further, a products registered by TGA of Australia would be considered through the reliance route on a case-by –case basis. The manufacturing facilities within which the products are manufactured should have been inspected by the NRA in the country of origin.
4. The product should have been evaluated and listed as an output of the West African Medicines Harmonization (WAMH) initiative of the Economic Community of West African States (ECOWAS), and the manufacturing facility inspected by WAMH.

### ***Vigilance ;***

The FDA continually ensures the safety of marketed products through its established pharmacovigilance system. To ensure that safety issues are promptly identified and the necessary interventions implemented, the FDA consider decisions from well-resourced NRAs on the safety of medical products that impact negatively on the health of patients. The regulatory decisions by the FDA – leveraging safety decision from well –resourced or reference NRAs - are geared towards ensuring appropriate and safe use of registered medical products.

- The medical product of concern should have been registered and/or granted marketing authorization in either an ICH founding regulatory member state or region (such as EC (EMA), United States (United States Food and Drugs Administration), Japan (MHLW/PMDA) or an ICH standing regulatory member state or region (such as Canada (Health Canada), Switzerland (Swissmedic). Further, products registered by TGA of Australia, Iceland, Liechtenstein and Norway, as well as those authorized through the EU's Article 58 Procedure or the Swissmedic's Marketing Authorization for Global Health products may be considered through the reliance route on a case-by –case basis.

### ***Laboratory Services (Quality control);***

On a case-by-case basis, the FDA's Laboratory Services Department (LSD) leverage a provision in the Public Health Act 2012, Act 851, section 127 (5) that allows the FDA to rely or recognize analytical reports from laboratories which are WHO Pre-qualified or ISO/IEC 17025:2017 accredited and awarded by an ILAC member

### **Alternative /Non-Routine Application Approval Pathways**

*Reliance pathways to Facilitate Regulatory Decisions:*

Authorization pathways used by the FDAs wherein its decisions regarding the approval of any type of clinical trial or medical product can be accelerated by the reliance on prior assessments by a well-resourced regulatory authority mostly operating within the ICH region or other reference. The FDA shall remain responsible and accountable for decisions taken.

## **Reliance Procedure**

### *Verification*

The FDA shall 'verify' that the product intended to be imported and distributed in Ghana or the Clinical trial to be conducted in Ghana has been duly registered or authorized respectively by a well-resourced NRA.

In the case of product registration, the product should have been registered for more than six (6) months, and the product characteristics (use, dosage, precautions) for local registration should conform to that agreed in the authorization by the well-resourced or the reference NRA. In addition, there should be an assurance that the product is either identical or similar to that approved by the well-resourced or the reference NRA in terms of quality, safety and efficacy.

For Clinical trial submissions, the application (protocol, IB, nonclinical reports, previous study reports and other relevant documents) should be identical to that submitted, evaluated and approved by the well-resourced or reference NRA.

Notwithstanding, the FDA reserves the right to subject all submissions for approval to an 'abridged' evaluation of a certain part of the application (e.g. relevant to use under local condition) such as product quality data in relation to climatic conditions and distribution infrastructure and a benefit-risk assessment in relation to use in the local ethnic population, medical practice/culture and patterns of disease and nutrition.

Typically, the verification pathway shall take thirty (30) working days (excluding clockstops) as opposed to the 180 working days in the case of allopathic drugs registration, 260 working days in the case of biological products registration and 60 working days in the case of Clinical Trial Authorization.

### **Documentation**

In addition to the full assessment report from the well-resourced or the reference NRA, the applicant shall be required to submit a full Clinical Trial Application or a full product development dossier (as required by the relevant FDA's guidelines) towards authorization of the application through the reliance pathway. *(Please note that the specific guidelines for each of the functionality is available on the FDA's website)*

### **Evaluation**

Evaluation of the imported assessment report(s) shall be executed in accordance with laid down procedures to ensure appropriateness and completeness of the assessment findings and conclusions

### **Definition of terms Well-resourced or reference National Regulatory Authority**

A well-resourced or reference national regulatory authority is:

- I. a member of ICH prior to 23 October 2015, namely: the US Food and Drug Administration, the European Commission and the Ministry of Health, Labour and Welfare of Japan also represented by the Pharmaceuticals and Medical Devices Agency; or
- II. an ICH observer prior to 23 October 2015, namely: the European Free Trade Association, as represented by Swissmedic and Health Canada; or



- III. a regulatory authority associated with an ICH member through a legally binding, mutual recognition agreement prior to 23 October 2015, namely:  
Australia, Iceland, Liechtenstein and Norway.

## **Registration and/or Marketing Authorization**

Application received at client service. Client service performs pre-evaluation assessment, if satisfied, application fees paid (base on product category). Documentation directed to the appropriate division by CEO

**APPLICATION ACCEPTANCE PHASE**

Acknowledgement letter sent to applicant

**EVALUATION PHASE**

Evaluation of registration application documents, particularly imported assessment reports from a well-resourced or reference NRA. For WHO PQP, Product Summary Files and representative registration samples are evaluated

**PRODUCT REGISTRATION COMMITTEE PHASE**

Memo prepared to invite product registration committee members to a meeting

Committee members review evaluation comments and make inputs and recommendation to the authority

Product Registration committee recommends **approval** of application

Product Registration committee recommends deferral of application and

Recommendations from product registration committee translated into an official communication to applicants as:

**DECISION PHASE**

Registration application **APPROVED CONDITIONALLY** (1 year validity period) based on certain conditions. Conditions are communicated to applicant. Favorable post-registration safety/efficacy data may warrant extension of the initial one year by an additional two years, Applicant is notified of the extension

Registration application **APPROVED**. Applicant is notified of the decision. A registration number is generated and entered into the register under section 118 subsection (5) part (b) of the public health act 2012

Registration application **DEFERRED** based on certain conditions. Conditions are communicated to the applicant. Further evaluation of additional documentation may be needed/or a full evaluation may be necessary to conclude on the registration of the product. When conditions are fulfilled, the registration application is subsequently approved

## Clinical Trials Authorization

