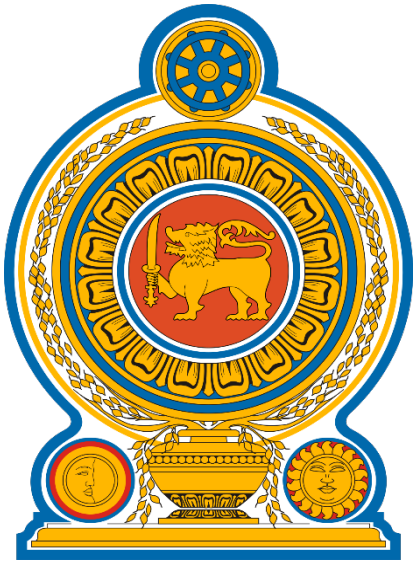

GUIDELINE FOR EXPEDITED PROCESSING OF APPLICATIONS FOR MARKETING AUTHORIZATION OF MEDICINE

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NATIONAL MEDICINE REGULATORY AUTHORITY
No.120, Norris Canal Rd, Colombo 01000, Sri Lanka

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Contents

1. INTRODUCTION

An application for marketing authorization of a medicine consists comprehensive data sets describing the safety, efficacy, and quality profile of the drug in a given patient population. They include nonclinical data supporting the pharmacology and toxicology of the drug, data on the drug's chemistry, manufacturing, and controls (CMC), and clinical safety and efficacy data from phase I through phase III programs. Hence, NRAs require considerable time to evaluate whether the data provided support a marketing approval. However, there are occasions where the processing of the application needed to be expedited such as for promising drugs intended to treat serious and or life-threatening disease and unmet medical needs.

2. PURPOSE

This document provides guidance to applicants for marketing authorization of medicines who intends to fast-track the processing of applications for certain products that would qualify for expedited review. The objective of expedited review is to process the eligible applications within a reduced timeline in order to make available a particular medicine to the market while ensuring its quality, safety, efficacy and affordability.

The document would also serve as a guideline for the Medicines Evaluation Committee in terms of clause 47 of the NMRA Act No. 05 of 2015, and to respective reviewers who would be tasked with expedited review of these applications.

3. SCOPE

In this guideline, the strategies adopted by NMRA to expedite review of applications for marketing authorization of medicines through various review routes is explained. The processes may include pooling of NMRA resources in order to accelerate the review and reduce the timeline, and waiving the review of certain data that had been already reviewed by a reference NRA. These strategies may be applied in combination or independently, on a case by case by basis.

This guideline does not cover the procedure for emergency use authorization.

In relation to this guideline, the terms expedited review, fast-track review and, priority review are synonymous.

4. ABBREVIATIONS

CEO	-	Chief Executive Officer
CMC	-	Chemistry, Manufacturing and Controls
CRP	-	Collaborative Registration Procedure
CTD	-	Common Technical Document
DHS	-	Department of Health Services
EML	-	Essential Medicines List
GMP	-	Good Manufacturing Practices
MEC	-	Medicines Evaluation Committee
MRD	-	Medicines Regulatory Division
MSD	-	Medical Supplies Division
NMRA	-	National Medicines Regulatory Authority
NRA	-	National Regulatory Authority
PQT	-	Pre-Qualification Team
PUL	-	Personal User Licence
WHO	-	World Health Organization
WOR	-	Waiver of Registration

5. PROCEDURES

5.1 Eligibility for expedited review

a) Pre-requisites for all pathways:

- The applicant should be a licensed local manufacturer or a local importer authorized by a foreign manufacturer.
- The relevant manufacturers should have fulfil all the requirements necessary for consideration as an approved manufacturer and GMP certified for the relevant product range.

b) Expedited review for medicines is considered in following situations

1. Applications for marketing authorization of medicines which are submitted through WHO CRP; OR
2. Drugs indicated for rare diseases and drugs designated as "orphan" to Sri Lanka by the NMRA; OR
3. Drugs that address unmet needs in the treatment of serious and or life-threatening conditions; OR
4. If there is a shortage of suppliers for the particular medicine and the medicine is listed in the formulary of the DHS and/or the EML

5.2 Request for expedited review

The first step is for the applicant to express interest for the use of an expedited review pathway. The request shall be made in writing, prior to submission of the application, preferably during the pre-submission meeting.

With the request for expedited review, the applicant should submit relevant justifications and evidences such as:

- The seriousness of the disease condition, local and worldwide mortality rates, anticipated morbidity and debilitation as a consequence of the disease
- Local epidemiology data and volume of requests through WORs or PULs on a named patient basis
- The unmet need, current available treatment options and standard therapies, and the inadequacy of current therapies.
- The extent to which the product is expected to have a major impact on medical practice, its major benefit, and how it address the unmet needs.
- Clinical evidence of increased effectiveness in treatment, prevention, or diagnosis or elimination or a substantial reduction of a treatment-limiting drug reaction compared to available treatments.

NMRA may decide case by case whether to accept the request or to process through the normal procedure, depending on the data available, the urgency for the drug to be registered, or any other justifiable reasons. NMRA may inform the applicant whether the request for expedited review was accepted, within 28 working days of the submission.

Expedited review does not guarantee approval.

There is no additional fee for fast-tracking of applications.

5.3 Review pathways

The same amount of data that would normally be required for the review through the standard processing as applicable for corresponding pathways is required.

1. **Full review**
   The evaluation may involve a full review of the complete CTD dossier, if the product had not been registered by a reference authority. The pathway is very rarely used since NMRA does not generally accept New Drug Applications for first time molecules.

2. **Abridged review**
   MRD NMRA shall accept an application for abridged review if the molecule has been authorized by at least two reference NRAs. The module 4 and 5 of the CTD except biopharmaceutical data will be exempted based on the assertion that the safety and efficacy of the molecule had been already established by a reference NRA.

3. **Verification review**
   MRD NMRA shall accept an application for verification review if the same product has been prequalified by WHO or authorized by at least two reference NRAs and full assessment report by WHO or one of the reference NRA's is available for review.

5.4 Review process

1. Applications for marketing authorization of medicines which are submitted through WHO CRP.
   - Applicable for pharmaceutical products and vaccines that have been assessed and inspected by WHO/PQT and listed as WHO prequalified medicines or WHO prequalified vaccines.
   - The procedure is not applicable for products that have been listed as prequalified based on approval by a Stringent Regulatory Authority because WHO is not in possession of assessment and inspection reports that can be shared.
   - WHO/PQ holder (i.e. the manufacturer), WHO/PQT and NMRA agrees to process the application through WHO CRP, for sharing of relevant data, and to abide to timelines.

   Please refer the guideline for WHO CRP for details

2. Drugs indicated for rare diseases and drugs designated as "orphan" to Sri Lanka by the NMRA.
   - MEC or a MEC subcommittee appointed for the purpose shall designate a particular medicine as an orphan drug based on prevalence of the disease
   - The procedure is not applicable if there are products already registered

   Please refer the guideline on Orphan Drugs for details

3. Drugs that address unmet needs in the treatment of serious and or life-threatening conditions.
   - Decision for expedited review relevant to drugs that address unmet needs in the treatment of serious and or life-threatening conditions shall be made by the MEC or a MEC subcommittee appointed for the purpose, provided that substantial research evidence show that the medicine provides a significant benefit compared to existing treatments at the time of application.

- A serious disease or condition shall be defined as follows:

A disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible if it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one.

- An unmet need shall be defined as follows:
  - (i) The absence of a treatment option; or
  - (ii) The lack of safe and effective alternative treatments, such that the drug would be a significant improvement compared to available marketed and approved products, as demonstrated by (A) evidence of increased effectiveness in treatment, prevention, or diagnosis, or (B) elimination or a substantial reduction of a treatment-limiting adverse drug reaction

4. If there is a shortage of suppliers for the particular medicine and the medicine is listed in the formulary of the DHS and/or the EML.
   - Applicable for medicines for which there are three or less registered products and the medicine is featured in DHS tenders and/or listed in the EML.
   - CEO NMRA shall authorize expedited review based on the recommendation of the Medicines Regulatory Division

5.5 The NMRA Response

The NMRA will respond to the request for expedited review within 14 working days from the receipt of the request

5.6 Targeted timelines after receiving completed dossier

Application	Pathways	Timeline
WHO CRP	Verification route	90 working days
Orphan drug	Verification route	90 working days
	Abridged route	120 working days
Drugs for life-threatening conditions	Verification route	60 working days
	Abridged routes	120 working days
	Full review route	150 working days
Drugs required by DHS and with three or less registered products	Verification route	60 working days
	Abridged route	120 working days
	Full review route	150 working days

Timelines refer to the number of active review days at the NMRA; this review clock stops while the applicant is generating responses to the NMRA questions. If major issues arise during review of the application, the timelines may be extended to allow the NMRA time to review new information requested of the applicant, so the actual review time may be much longer.

6. RELATED LEGISLATIONS

1. National Medicine Regulatory Authority Act No. 05 of 2015
2. National Medicines Regulations 2145/1, 14th October 2019

7. REFERENCES

1. Guideline on Registration of WHO Prequalified Medicines and Vaccines through Collaborative Registration Procedure, NMRA, August 2019
2. Guideline on collaborative procedure between the World Health Organization (WHO) Prequalification Team and national regulatory authorities in the assessment and accelerated national registration of WHO-prequalified pharmaceutical products and vaccines, Annex 8, WHO TRS No. 996, 2016
3. Guidance for Industry: Expedited Program for Serious Conditions – Drugs Biologics, USFDA, May 2014.
4. Guidance on Therapeutic Product Registration in Singapore, HSA Singapore, December 2020

8. FEEDBACK

Staff and customers may provide feedback about this document by emailing info@nmra.gov.lk

	NAME	SIGNATURE
Prepared by		
Reviewed By		
Recommended By		
Approved by		

Next Review Date	01/10/2022