JFDA GOOD RELIANCE PRACTICE (GRelP) GUIDELINE

1. Introduction

Jordan Food and Drug Administration (JFDA) is committed to adopting regulatory practices that support efficient, science-based, and timely decision-making across the life cycle of medicinal products. Reliance represents one of the most important enablers of modern regulatory systems, allowing authorities to use the work of trusted regulatory bodies to optimize resources, accelerate access, and promote regulatory convergence.

International organizations including the World Health Organization (WHO recognize reliance as a key strategy to strengthen regulatory performance and improve public health outcomes. As regulatory science becomes increasingly complex, the ability to leverage authoritative assessments, inspection outcomes, and established regulatory decisions helps reduce unnecessary duplication while preserving national sovereignty and responsibility.

This guideline establishes a comprehensive framework for the application of Good Reliance Practices (GRelP) within JFDA. It is designed to align with global standards while providing detailed procedures and tools tailored to national needs and legal frameworks. The guideline applies across the full life cycle of medicinal products, including registration and marketing authorization (new registrations, renewals, post-approval changes, evaluation of Drug Master Files (DMFs), Certificates of Suitability (CEPs), and review of bioequivalence studies), vigilance, market surveillance and control, regulatory inspection, laboratory testing, clinical trials oversight & NRA lot release**.**

2. Purpose

This guideline establishes the principles for the effective implementation of reliance at JFDA. Through the application of reliance pathways, JFDA seeks to enhance the efficiency of regulatory processes, support the timely access to safe, effective, and quality medicinal products, optimize the use of internal resources by prioritizing areas of greatest national importance, and strengthen alignment with international regulatory standards and well-established regulatory authorities.

3. Scope

The document covers reliance activities in the field of regulation of medical products (i.e. medicines, vaccines, blood and blood products), addressing all the regulatory functions in the full life cycle of a medical product including registration and marketing authorization (new registrations, renewals, post-

approval changes, evaluation of Drug Master Files (DMFs), Certificates of Suitability (CEPs), and review of bioequivalence studies) , vigilance, market surveillance and control, regulatory inspection, laboratory testing, clinical trials oversight and NRA lot release.

Reliance may be used for categories of products where leveraging trusted external evaluations improves regulatory efficiency, including products intended for treatment of priority diseases, products required during shortages or emergencies, and innovative medicinal products.

This guideline also applies to applications submitted through the WHO Collaborative Registration Procedure – Stringent Regulatory Authority (CRP-SRA), whereby JFDA relies on WHO-facilitated assessments based on approvals and scientific evaluations performed by Stringent Regulatory Authorities (SRAs), while retaining full regulatory sovereignty, independence, and decision-making responsibility.

4. Glossary

Reliance
The act whereby the regulatory authority in one jurisdiction takes into account and gives significant weight to assessments performed by another reference regulatory authority, or to any other authoritative information, in reaching its own decision. The relying authority remains independent, responsible and accountable for the decisions taken, even when it relies on the decisions, assessments and information of others.

Abridged regulatory pathway
The abridged review is a reliance-based regulatory assessment pathway in which JFDA conducts a focused, risk-based scientific evaluation of a medicinal product while relying substantially on the assessment reports and approval decisions of a recognized reference regulatory authority.

The review concentrates on aspects requiring national considerations such as local quality data, labeling, and any differences from the reference authority's approved product while avoiding duplication of the full benefit–risk assessment already performed by the reference authority. JFDA retains full independence, responsibility, and accountability for the final regulatory decision.

The impact of potential, justified differences should be assessed by the **Marketing Authorization Holder (MAH)** and the relying national regulatory authority in determining the possibility of using foreign regulatory

assessments or decisions. Knowing that, the differences in manufacturing sites responsible for bulk and primary packaging steps from the reference authority's is not accepted.

Verification Pathway

The verification review is a streamlined regulatory pathway in which JFDA relies almost entirely on the scientific assessment and approval of the reference regulatory authority. JFDA's role is limited to verifying the authenticity of the approval and confirming that the submitted product, including its formulation, strength, manufacturing sites for APIs & FP, specifications and analytical procedures for API & FP, and labeling, is identical to that approved by the reference authority, with no additional scientific reassessment, except for additional country-specific information submitted for review, such as product stability data according to the climatic zone and the local product label

WHO Collaborative Registration Procedure (CRP)- SRA

Is a reliance mechanism JFDA has access to assessments and inspection reports of medical products, generated by reference regulatory authority ("stringent regulatory authorities") to facilitate accelerated registration of medical products in countries. JFDA can accelerate registration by conducting verification/abridged review of the application for registration of the medical products and issue a regulatory decision. The final regulatory decision is made by JFDA.

Stringent regulatory authorities (SRA)

Is a regulatory body recognized for applying rigorous standards of quality, safety, and efficacy in reviewing and approving medicines, originally defined by membership in the International Council for Harmonisation (ICH) or through mutual recognition.

Product Sameness

Sameness of product means that two products have identical essential characteristics (i.e. the product being submitted to the relying authority and the product approved by the reference regulatory authority should be essentially the same). All relevant aspects of drugs, including those related to the quality of the product and its components, should be considered to confirm that the product is the same or sufficiently similar: same qualitative and quantitative composition, same strength, same pharmaceutical form, same intended use, same manufacturing site(s) for the finished product, including specific block(s)/unit(s), manufacturing chain, processes, control

of materials and finished product. same suppliers and manufacturing sites of the active pharmaceutical ingredients, same quality of all excipients.

Additionally, the results of supporting studies of safety, efficacy and quality, indications and conditions of use should be the same.

JFDA retains full independence, responsibility, and accountability for the final regulatory decision

Sameness Letter
An official document issued by the marketing authorization holder confirming product sameness and disclosing any differences relative to the version approved by the reference authority. This document supports transparency and facilitates reliance evaluation.

International standards and guidelines
This includes relevant internationally recognized standards (e.g. International Organization for Standardization or pharmacopoeial standards) and guidelines (e.g. International Council on Harmonisation of Technical Requirements for Pharmaceuticals for Human Use [ICH] or guidelines of the Pharmaceutical Inspection Convention and Pharmaceutical Inspection Cooperation Scheme [PIC/S]).

Reference regulatory authority
Is a regulatory body that meets JFDA's criteria for regulatory maturity, transparency, and scientific rigor, as demonstrated through its recognized performance and adherence to international standards.

Eligible reference regulatory authorities are those that meet the selection criteria set by JFDA as mentioned in Section 7. To serve as reference regulatory authority, the agency must publish public assessment reports in English covering all key product life-cycle regulatory activities. When necessary, un-redacted assessment reports may be requested by JFDA as part of the reliance evaluation.

Assessment
Any evaluation conducted for a regulatory function (e.g. evaluation of a clinical trial application or of an initial marketing authorization for a medical product or any subsequent post-authorization changes, evaluation of safety data, evaluation as part of an inspection).

WHO-listed Authority (WLA):
A WHO-Listed Authority is a national regulatory authority or a regional regulatory system that has been formally evaluated and documented as

compliant with all relevant indicators and requirements defined by WHO for regulatory capability. This compliance is demonstrated through an established benchmarking process (using the Global Benchmarking Tool, GBT) and a subsequent performance evaluation.

Innovative medication:

An innovative medication is a newly developed drug that contains a new active substance or uses a novel therapeutic mechanism, and has not been previously available for medical use. It is supported by extensive scientific research, including preclinical studies and clinical trials, to confirm its safety, efficacy, and quality before regulatory approval.

Sovereignty:

Reliance should be a sovereign decision. National authorities should decide if they want to use reliance, on which they are going to rely and how.

5. Types of Reliance Pathways

To improve regulatory efficiency and optimize resource utilization, JFDA applies two main reliance pathways. Each pathway reflects a different level of assessment and corresponding review timeline.

5.1 Abridged Regulatory Pathway

The abridged pathway involves a focused, risk-based scientific assessment conducted by JFDA while relying substantially on the evaluation and approval of a recognized reference regulatory authority. JFDA reviews only the elements requiring national consideration—such as local quality requirements, labeling, or differences from the reference product.

5.2 Verification Pathway

The verification pathway is a highly streamlined process in which JFDA relies almost entirely on the reference authority's scientific assessment and approval. JFDA's role is limited to confirming the authenticity of the approval and verifying that the submitted product is identical to that approved by the reference authority, without additional scientific reassessment.

5.3 Discontinuation of Reliance

JFDA may discontinue the application of a reliance pathway and revert the application to the regular national assessment pathway at any stage of the review process where concerns arise regarding product quality, safety, efficacy, data integrity, regulatory applicability to the national context, or where new information becomes available that may affect the benefit–risk balance.

6. Principles of Good Reliance Practices

6.1 Universality
Reliance is for all NRAs, regardless of maturity level or resources, even strong NRAs can use reliance to save time and focus on higher-value work.

6.2 Sovereignty of decision-making
The JFDA keeps full independence and accountability. Using another agency's assessment does not mean outsourcing the decision or giving up sovereignty.

6.3 Transparency
Be clear about what reliance pathways exist, on which authorities JFDA relies and how the decision was made (criteria, rationale, timelines, applicability to local context, etc.).

6.4 Respect of national / regional legal basis
Reliance must fit the national laws and regulations.

6.5 Consistency
It should be used systematically for clearly defined product categories and processes, with predictable rules and timelines.

6.6 Competency
Even with reliance, the JFDA must:
• have skilled staff who can understand and critically appraise foreign assessment reports,
• keep capacity for local functions (pharmacovigilance, inspections, local labelling, etc.), and only rely on trusted, competent authorities whose systems meet international standards.

JFDA shall ensure that staff involved in reliance activities receive appropriate training to interpret and critically appraise foreign regulatory assessments, inspection reports, and scientific evaluations, and that competency is maintained through continuous professional development.

6.7 Ethical Conduct and Conflict of Interest
All reliance activities and decisions shall be conducted in accordance with JFDA policies on ethics and conflict of interest, ensuring objectivity, impartiality, and integrity in regulatory decision-making.

7. Criteria for Selecting Reference Regulatory Authorities

JFDA designates trusted authorities based on internationally recognized standards for regulatory maturity, transparency, and scientific robustness. The list of the reference regulatory authorities for each function will be decided and reviewed by the reliance committee using the following **selection criteria.**

7.1.1 Selection Criteria

Reference regulatory authorities should meet the following requirements to be considered for inclusion in JFDA's list of trusted authorities:

1- Membership in the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) or ICH observer, with proof of implementation of the latest ICH standards and guidelines, and recognized as a WHO-Listed Authority (WLA) with membership in PIC/S.
or a Transitional WHO-Listed Authority (tWLA), subject to function-specific and risk-based assessment, as applicable.

And

2- Publication of comprehensive information on approved medicines, including public assessment reports, labeling details, regulatory actions, and information on deferred or rejected products, either on the authority's website or within an approved/qualified product list throughout the product life cycle, as applicable.

The identification of a reference regulatory authority shall be decided taking in consideration JFDA's regulatory prior experience including quality and clinical evaluations, the supporting data should be submitted to the Reliance Committee.

7.1.2 Selection Criteria For CRP-SRA

Reference regulatory authorities to be considered from WLA/SRA list based on reliance committee decision. Selection of CRP-SRA applications remains subject to JFDA screening and national public-health considerations.

7.2 Periodic Review

Selected reference regulatory authorities that meet the criteria outlined in Section 7 '**Criteria for Selecting Reference Regulatory Authorities**' will be reviewed at least annually or upon significant updates to regulatory systems.

Reference regulatory authorities may be reclassified based on their performance, changes in transparency, or updates to WHO evaluations

In addition, the Reliance Committee shall monitor and evaluate the effectiveness of reliance implementation through defined performance indicators, which may include review timelines, consistency of decisions, resource utilization, and post-authorization regulatory outcomes

8. Operational Workflow for Reliance

This section provides detailed steps that applicants must follow. The goal is to ensure transparency, predictability, and consistency across all reliance applications.

8.1 JFDA Screening Phase for initial marketing authorizations

JFDA performs a screening before accepting a reliance application. If the application does not meet the selection criteria, JFDA may request to transfer the application to the regular pathway. Nevertheless, JFDA is committed to clarify the decisions for any case.

The screening process encompasses, but is not limited to, verification of the submission’s completeness, payment of applicable fees, compliance with format requirements, and inclusion of all necessary supporting documents. In addition, the screening evaluates the following:

- Identification of the reference regulatory authority to be followed (Annex II) .
- A commitment from MAH to submit all post approval changes, safety updates, and regulatory actions taken by the selected reference authority
- Certificate of Pharmaceutical Product (CPP) from the reference regulatory authority confirming that the product is registered and marketed.
- (*) Availability of public assessment reports covering the quality, non-clinical, and clinical sections of the dossier, including all variations approved by the reference authority up to the date of submission, Un-redacted assessment reports may be requested if deemed necessary.
- Approval of all post-approval variations by the reference regulatory authority.
- Submission of a sameness letter accompanied by a comparison table detailing all differences between the submitted dossier and the most recently approved version by the reference regulatory authority if any (Annex III) .
- Appropriateness of the selected reliance pathway, as outlined in point 5.
- Complete eCTD submission, including all Modules (1–5).

(*) For CRP-SRA Applications:

- Reference authority full assessment report, GMP inspection reports and validated QIS-SRA (Quality information summary); in addition to information and documentation on variations, as well as information and documentation on any actions taken by the reference authority after national registration of the Product are provided to JFDA through MAH and/or WHO

- A commitment to submit all post approval changes, safety updates, and regulatory actions communicated through WHO Participation.

JFDA has the right to contact the reference authority directly for any inquiries or deficiencies.

CRP- SRA does not oblige JFDA to grant marketing authorization. JFDA retains the right to request additional information, impose conditions, limit reliance, or diverge from WHO-facilitated recommendations were justified by national public-health, legal, or regulatory considerations.

8.1A Confidentiality and Regulatory Information Management

All assessment reports, inspection reports, and regulatory information received from reference regulatory authorities shall be handled in accordance with applicable confidentiality and information-protection requirements.

Where un-redacted assessment or inspection reports are requested, their use shall be limited to regulatory purposes within JFDA and subject to internal access controls.

Reliance on regulatory information originating from trusted regulatory authorities shall be supported by lawful access mechanisms and documented verification of authenticity.

8.2 Scientific Assessment Phase for initial marketing authorizations

The extent of the assessment is determined by the selected reliance pathway. During the evaluation of the safety, efficacy, and quality sections, JFDA may request additional data as necessary. The assessment will include, but is not limited to:

- Stability under the appropriate climatic conditions
- Differences in risk–benefit profiles (i.e.: specifications, manufacturing sites)
- Accuracy and completeness of labeling and patient information, taking into consideration that the submitted clinical studies must be conducted on a representative ethnic population.
- Critical CMC elements affecting product robustness

8.2A Reliance Decision Record

For each application assessed under a reliance pathway, JFDA shall document the scientific evaluation (Annex V) and the final reliance decision in an internal reliance decision record (Annex IV).

The reliance decision record shall include, at a minimum:

- the selected reliance pathway (verification or abridged);
- the reference regulatory authority or trusted institution relied upon;
- confirmation of product sameness or a summary of justified differences and their impact;

- the scope of reliance applied and the elements subject to national review;
- the scientific and regulatory rationale supporting the use of reliance; and
- the final regulatory decision.

This record shall form part of the official regulatory file and support transparency, traceability, and accountability of reliance-based decisions.

8.3 Post-approval changes

In accordance with the same principles as for initial marketing authorization, reliance can also be applied broadly in assessing post-approval changes already approved by the reference regulatory authorities, this approach helps minimize duplication of effort and enhance efficiency as part of the effective life cycle management of registered therapeutic medicinal products.

The following requirements should be provided:

- Identification of the reference regulatory authority to be followed. (Annex II) .
- Detailed Approval of the post-approval change by the reference regulatory authority.
- Certificate of Pharmaceutical Product (CPP) from the reference regulatory authority, confirming that the product is registered and marketed, as required and depending on the type of variation.
- (**) Public assessment report covering the proposed variation; un-redacted assessment reports may be requested if deemed necessary.
- Submission of a sameness letter (Relevant parts of Annex III) .
- Impacted eCTD submission, in accordance with the JFDA PAC guideline.

(**) For CRP-SRA Applications:

- Reference authority full assessment report, GMP inspection reports and validated QIS-SRA (Quality information summary); in addition to information and documentation on variations, as well as information and documentation on any actions taken by the reference authority after national registration of the Product are provided to JFDA through MAH and/or WHO
- A commitment to submit all post approval changes, safety updates, and regulatory actions communicated through WHO Participation.

8.3.1- Evaluation of Bioavailability and Bioequivalence Data

Imported and locally manufactured generic medicinal products are exempted from conducting bioavailability and bioequivalence (BA/BE) studies in local clinical research organizations (CROs).

JFDA, therefore, evaluate the BA/BE studies data according to the most recent internationally accepted standards for the design, conduct, and evaluation of bioequivalence studies such as related ICH Harmonized guidelines for BE/BA studies in addition to the latest FDA draft guidance on bioequivalence and EMA product-specific guidelines. This approach ensures that product approvals are based on robust scientific evidence while aligning with global regulatory best practices.

Applicants are required to submit the data requirements outlined in the "**Data Requirements for Human chemical entities evaluation" published guidance.**

8.3.2- Summary of product Characteristics (SmPC)/ Patient information leaflet (PIL) Updates:

JFDA may rely on the approval of from the reference regulatory authority for updates related to a new indication, new age group, new dosing regimen.

The approval letter reference regulatory authority in addition to the latest published **SmPc/PIL** on the reference authority's website.

Clinical studies may be waived from submissions for updates related to a new indication, new age group, new dosing regimen, provided that these updates have been approved by the reference regulatory authority.

The original clinical studies should be conducted on a representative ethnic population. Applicable fees for clinical studies will be charged based on JFDA's Fees and Incentives law.

8.4- CEP & API GMP for chemical entities:

The JFDA relies on the country of origin's Good Manufacturing Practice (GMP) certification and/or a valid EDQM Certificate of Suitability (CEP) for the accreditation of manufacturing sites of chemical active pharmaceutical ingredients.

The Drug Substance Master File shall be submitted in accordance with JFDA's latest published guidance entitled "Data Requirements for the Evaluation of Human Chemical Entities," whereby certain sections may be required, while others may be exempted.

8.5- Plasma Master Files (PMF)

For PMF submission or update, JFDA rely on the EMA or USFDA approval according to risk based approach.

8.6- Finished Product Specifications, Analytical Methods, and Validation

JFDA may rely on the assessment and approval conducted by the reference regulatory authority for analytical methods and the validation of analytical methods for both new submissions and post-approval changes, provided that the Marketing Authorization Holder (MAH) submits the following:

1. An approval letter issued by the selected reference regulatory authority.
2. A public assessment report containing comprehensive details of the analytical methods and their validation.
3. A declaration letter from the MAH confirming that the submitted analytical methods and validation reports are identical to those approved and assessed by the reference regulatory authority.

9. Regulatory Notes

Approval by reference drug regulatory agency does not oblige the JFDA to approve the application, even under reliance, the decision is fully independent and binding under national law

JFDA issues an approval, rejection, conditional approval, or request for clarification.

The timelines for the decisions are described in Annex 1 of this Guideline

If reliance is discontinued, the assessment will transition to the standard national procedure, and the Standard JFDA Assessment Templates (not included in this guideline) shall be used.

10. Vigilance

Pharmacovigilance Activities Where Reliance Can Be Applied;

10.1 Signal Detection and Signal

RDU & PV department reviews the signal assessment report issued by a reference regulatory authority and conducts a targeted verification limited to national relevance. No full re-assessment is performed unless discrepancies are identified.

10.2 Risk Management Plans (RMPs) and Additional Risk-Minimization Measures (aRMMs):

RDU & PV department accepts the RMP version approved by the reference authority and performs a bridging assessment focused only on local risk factors, healthcare capacity, and feasibility. Local annexes are added only when necessary.

10.3 Safety-Related Regulatory Actions (label updates, warnings, restrictions, DHPCs):

RDU & PV department review issuance of a safety action by a reference authority, JFDA conducts a rapid conformity check to confirm applicability to the national context and adopts the measure through health hazard evaluation committee unless justified divergence exists.

10.4 PSURs / PBRERs

RDU & PV department is provided with the assessment outcome and performs a focused review limited to new or emerging risks affecting Jordan specifically. Full PSUR reassessment is waived.

10.5 Post-Authorization Safety Studies (PASS):

RDU & PV department uses study evaluations from reference authorities and performs a local applicability check. Local PASS requirements are imposed only to resolve critical evidence gaps.

10.6 Pharmacovigilance Inspections:

RDU & PV department recognizes GVP inspection outcomes from trusted authorities and performs risk-based verification using their reports and CAPAs. Duplicate inspections are avoided unless critical local PV gaps are identified.

10.7 Global Safety Intelligence and Communications:

RDU & PV department integrates WHO-UMC alerts, reference authority bulletins, and regional PV intelligence, applying a triage review to determine whether immediate action or local assessment is required.

10.8 Evaluation of Company PSMF / PV System Descriptions:

RDU & PV department accepts PSMF evaluations by trusted authorities and conducts targeted validation of Jordan-specific elements (QPPV responsibilities, affiliate structure, reporting pathways).

10.9 Benefit–Risk Assessment for Marketing Authorization Maintenance:

RDU & PV department uses benefit–risk decisions from reference authorities and applies context-specific adaptation, reviewing only parameters that differ nationally.

Where national epidemiology, healthcare practices, or population-specific risk factors differ, JFDA may adopt, adapt, or diverge from safety conclusions or regulatory actions taken by reference authorities, with scientific justification documented.

11. Market Surveillance and Control

11.1- Reliance on Global Regulatory Information: JFDA may rely on and takes into consideration information received from global authorities regarding the safety and efficacy of medicinal products, particularly from international organizations such as WHO and reference regulatory authorities.

11.2- Review of International Communications: JFDA reviews information obtained through communication channels with international authorities to understand the reasons for withdrawal or cancellation of products and to gain insight into other regulatory authorities' actions on the application.

11.3- Evidence- and Risk-Based Review: JFDA follows evidence-based and risk-based review approaches according to the risk level of the product and the reliance framework, taking into account national laws and regulations, regional and international guidelines, monographs, and relevant standards.

12. Regulatory inspection:

JFDA may waive the onsite inspection for finished products manufacturing sites and API manufacturing sites for biologicals for the purpose of Authorization and/or re-Authorization of the approved site, if the MAH provides JFDA with one of the following Documents *"that covers the intended site address and production line"* alongside with site accreditation/ re-accreditation documents outlined in JFDA's manufacturing site guideline

A- Certificate of Pharmaceutical products (CPP)
B- or GMP
C- or Closed inspection report.

From one or Two reference authorities based on the approved list of reference authorities for this function.

Without prejudice to the application of reliance on inspection outcomes issued by reference regulatory authorities, JFDA retains the right to conduct on-site, for-cause, follow-up, or risk-based inspections at any time, where justified by public health considerations, quality concerns, new information, or changes in manufacturing activities.

13. Clinical trials oversight

13.1- Clinical studies protocols

JFDA may rely ~~relies~~ on and/or recognize relevant clinical trial assessments, reports, and information from adopted reference regulatory authority countries for clinical trial protocols to be conducted in Jordan, in order to accelerate the evaluation process and support the adoption of JFDA's own independent decision by the Clinical Study Committee. JFDA remains independent and fully responsible for its decisions.

In cases where reliance is applied to clinical trial submissions, the application package (including the protocol, amendments, Investigator's Brochure, nonclinical reports, previous study reports, and other relevant documents) shall be identical to that submitted to, evaluated by, and approved by the reference regulatory authority.

Applicants are required to submit the following for clinical trials submitted under the reliance model:

A. A full clinical study application, including the protocol information, shall be submitted in accordance with JFDA guidelines and the adopted checklist for the regular pathway.

B. A cover letter stating the applicant's request for evaluation of the clinical trial under the reliance pathway, including the rationale for the request, and confirming that the submitted protocol has been approved by at least one reference regulatory authority.

C. Assessment reports and official letters from the reference regulatory authority, including comments, recommendations, and approval decision letters.

D. The approval or rejection status of the clinical trial by any other reference regulatory authority, with full and detailed clarifications taking into consideration that Clinical trial is not considered for reliance pathway if it has been rejected or suspended in any of the reference regulatory

authority and will be evaluated on regular pathway if it submitted to Jordan.

E. Approvals issued by other national regulatory authorities, indicating the status of the study protocol in other countries.

F. A declaration letter from the applicant and sponsor confirming that the submitted clinical trial package (protocol, Investigator's Brochure, nonclinical reports, previous study reports, and other relevant documents) is identical to that submitted to, evaluated by, and approved by the reference regulatory authority.

G. All information relevant to the assessment of the risk–benefit profile and the safety of the investigational product.

H. Public Registry (Registration of the study in any website).

I. A commitment from the applicant and sponsor stating that they will ensure any changes or new information submitted to the reference regulatory authority—especially those affecting participant safety, the conduct of the trial, or the reliability of data—are promptly submitted to JFDA, and that they will also inform JFDA of the follow-up status of trials in other countries, including reference regulatory authorities, and report if the trial is suspended or rejected for any reason at a later stage..

Clinical trials applications and supporting information that meet the reliance criteria following screening shall be evaluated and reviewed by the Clinical Study Committee, and a decision shall be issued within twenty (20) working days from the date of application fee payment.

JFDA has the right to request any additional data in accordance with local requirements, to conduct further assessments, or to evaluate the application under the regular pathway in case of any concerns related to safety, efficacy, or quality.

Application of reliance for regulatory assessment by the Clinical Study Committee does not replace, limit, or affect the requirement for ethical review and approval by the competent ethics committee(s), which shall remain mandatory in accordance with national legislation.

13.2- Clinical Study Data for New Submissions:

For clinical study data submitted by the MAH to support drug efficacy and safety, JFDA may rely on a GCP certificate from one of the reference regulatory authorities for the clinical site if published literature for this clinical study is not provided.

14. Laboratory testing

For laboratory quality control (QC) testing, JFDA may apply reliance using a risk-based approach, consistent with the reliance pathways defined in Section 5 of this Guideline. The extent of testing performed by the JFDA Drug Quality Control Laboratory (DQCL) shall depend on the availability, reliability, and applicability of results generated by trusted external laboratories, as well as the risk profile of the product and batch.

Verification (Documentary Acceptance)

Under the verification pathway, JFDA may accept external quality control results issued by a trusted laboratory without repeating laboratory testing. In such cases, DQCL shall verify the authenticity and validity of the submitted Certificate of Analysis (CoA), confirm batch identity and manufacturing details, and ensure applicability to the submitted product. Where verification is successfully completed, no repeat testing is performed, and the decision is recorded in the batch registry.

Reliance (Abridged Testing)

Under the abridged reliance pathway, DQCL performs reduced laboratory testing, focusing on selected critical quality or safety parameters (such as identity or other critical attributes), while giving significant weight to the CoA issued by a trusted laboratory for the remaining parameters. The rationale for

abridged testing shall be documented, taking into account the product type, manufacturing history, compliance status, and public health risk.

Independent Testing

JFDA shall perform independent QC testing when reliance or verification is not appropriate. This includes, but is not limited to, situations where no trusted CoA is available, the batch originates from a new manufacturer or manufacturing site, or where there is evidence of data falsification, GMP non-compliance, unresolved safety or quality signals, or other public health concerns.

Trusted Laboratories

For the purposes of this section, a trusted laboratory may include a WHO-Prequalified National Control Laboratory (NCL), a laboratory belonging to a WHO-Listed Authority (WLA), a partner NRA laboratory operating under a mutual recognition or cooperation arrangement, or a member of an internationally recognized quality control network (e.g. OMCL). Reliance on trusted laboratory results does not preclude JFDA from applying additional controls where national risk considerations require.

Applicability of Laboratory Reliance

Laboratory reliance may be applied, based on risk-based assessment, where the product batch has been tested and released by a trusted laboratory and where the submitted batch is identical to that tested, including the same manufacturer, manufacturing site, batch number, formulation, and packaging configuration.

Without prejudice to the application of reliance or verification, JFDA retains the right to perform additional or independent testing at any time where justified by public health considerations, emerging quality concerns, or new information.

15. Lot release and quality monitoring of vaccines and other biological products

For Batch release of vaccines, JFDA can rely on batch release certificate from the reference regulatory authorities (including lab testing and/or revision of summary of production protocol) using risk based approach.

Nevertheless, MAH must provide JFDA with all the required documents for each lot of imported or locally manufactured sera & vaccines according to the

“Importation requirements for Vaccines, Sera, Plasma and its derivatives, & Allergen Derivatives”

16. List of Annexes

Annex I: Review and Approval Timelines According to Reliance Pathway Classification

Annex II: Reliance Request Form (To be filled by the Applicant)

Annex III: Verification of Sameness / Differences Form (To be filled by the Applicant)

Annex IV: Reliance Decision Summary Form (Internal Use)

Annex V: Technical Evaluation (Assessment) Form (Internal Use)

Annex I

Review and Approval Timelines According to Reliance Pathway Classification

Reliance Pathways	New Registration	Post-approval change
Verification Pathway	60 working days (1)	30 working days (1)
Verification pathway for innovative drugs	45 working days (1)	30 working days (1)
Abridged Pathway	90 working days (1)	60 working days (1)
CRP-SRA Pathway	90 calendar days of regulatory time(2) after obtaining the assessment and inspection outcomes (reports) and validated QIS- SRA as well as receipt of validated submission.	30 calendar days of regulatory time (2) after obtaining the assessment outcomes (reports) and evidence of approval for variations and validated QIS-SRA (where applicable) as well as receipt of data submitted to the reference SRA for the variations.

(1) working days start once JFDA has accepted use of the reliance procedure, application requirements have been fulfilled including receipt of the product dossier and the assessment reports, The working days exclude the applicant's time to respond to any issues raised by JFDA (when the clock is stopped until responses are submitted).

(2) Regulatory time starts after a valid application for the registration according to the Procedure has been received and access to the confidential information has been granted (whichever is the later) and continues until the date of decision on registration. The regulatory time does not include the time granted to the applicant to complete missing parts of the documentation, provide additional data or respond to queries raised by JFDA.

Annex II

Reliance request Form

This form should be filled by the applicant and submitted with each application

A. Administrative Information

Application number &date

Type of Application

Product name / dosage form / strength

Regulatory procedure (e.g. MA, PAC)

Applicant

B. Reference Regulatory Authority Information

Name of authority

Reliance pathway:

☐ **Verification pathway**

☐ **Abridged reliance pathway**

☐ CRP-SRA

Public assessment report available: ☐ Yes ☐ No

For CRP-SRA: full assessment report and GMP inspection reports are available and validated: ☐ Yes ☐ No

C. Scope of Reliance

☐ **Full reliance**

☐ **Partial reliance (select all that apply):**

- ☐ **Quality**
- ☐ **Non-clinical**
- ☐ **Clinical**

The applicant declares that the information provided is complete and accurate and that any differences from the reference authority–approved product have been fully disclosed.

Annex III– Verification of Sameness / Differences Form

This form should be filled by the applicant and submitted with each application

Template part I: General information	
Product Name*:	
Date of original approval:	
Pharmaceutical form:	
Strength(s):	
Active Pharmaceutical Ingredient:	
Reference Regulatory Authority:	
Reference NRA Product Registration Information (e.g. License number, Date):	
Regulatory procedure **MAA or PAC**	
Subject of the application(s):	

***Please indicate if different name**

The applicant declares that all relevant similarities and differences have been fully disclosed and that no material information affecting product quality, safety, or efficacy has been omitted.

Template part II: Dossier sameness

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Module 3/Submodule	**Documents included in this application**	**Dossier sameness as compared to Reference NRA (Yes/No)**	**Brief discussion and justification that the difference has no impact on product quality (including reference to supporting data as appropriate)**
3.2.S DRUG SUBSTANCE			
3.2.S.1 General Information			
3.2.S.2: Manufacturer			
3.2.S.2.1: Manufacturer			
3.2.S.2.2: Description of Manufacturing Process and Process Controls			
3.2.S.2.3: Control of Materials			
3.2.S.2.4: Controls of Critical Steps and Intermediates			
3.2.S.2.5: Process Validation and/or Evaluation			
3.2.S.2.6: Manufacturing Process Development			
3.2.S.3 Characterization			
3.2.S.3.1: Elucidation of Structure and other Characteristics			

3.2.S.3.2: Impurities			
3.2.S.4: Control of Drug Substance			
3.2.S.4.1: Specification			
3.2.S.4.2: Analytical Procedures			
3.2.S.4.3: Validation of Analytical Procedures			
3.2.S.4.4: Batch Analyses			
3.2.S.4.5: Justification of Specification			
3.2.S.5 Reference Standards or Materials			
3.2.S.6 Container Closure System			
3.2.S.7 Stability			
3.2.S.7.1: Stability Summary and Conclusion			
3.2.S.7.2: Post-approval Stability Protocol and Stability Commitment			
3.2.S.7.3: Stability Data			
3.2. P. DRUG PRODUCT			
3.2.P.1 Description and Composition of the Drug Product			
3.2.P.2. Pharmaceutical Development			
3.2.P.3: Manufacture			
3.2.P.2.1: Manufacturer	*YES*	*NO*	
3.2.P.2.2: Batch Formula	*YES*	*YES*	

3.2.P.3.3: Description of Manufacturing Process and Process Controls			
3.2.P.3.4: Controls of Critical Steps and Intermediates			
3.2.P.3.5: Process Validation and/or Evaluation			
3.2.P.4: Control of Excipients			
3.2.P.4.1: Specification			
3.2.P.4.2: Analytical Procedures			
3.2.P.4.3: Validation of Analytical Procedures			
3.2.P.4.4: Justification of Specifications			
3.2.P.4.5: Excipients of Human or Animal Origin			
P.4.6: Novel Excipients			
3.2.P.5. Control of Drug Product			
3.2.P.5.1: Specification	*YES*	*NO*	*No change in test items, but US version contains US specific adaptations*
3.2.P.5.2: Analytical Procedures	*YES*	*NO*	*Updated to align with P.5.1*
3.2.P.5.3: Validation of Analytical Procedures	*YES*	*YES*	
3.2.P.5.4: Batch Analyses	*YES*	*YES*	
3.2.P.5.5: Characterisation of Impurities	*YES*	*YES*	
3.2.P.5.6: Justification of Specification	*YES*	*NO*	*Updated with primary stability data from additional time points in accordance with the stability protocol*
3.2.P.6: Reference Standards or Materials	*YES*	*YES*	

3.2.P.7: Container Closure System	*YES*	*YES*	
3.2.P.8: Stability			
3.2.P.8.1: Stability Summary and Conclusion			
3.2.P.8.2: Post-approval Stability Protocol and Stability Commitment			
3.2.P.8.3: Stability Data			
3.2.A: APPENDICES			
3.2.A.1: Facilities and Equipment			
3.2.A.2: Adventitious Agents Safety Evaluation			
3.2.A.3: Excipients			

Signature:.....

Date:.....

Name:.....

Job Title:.....

Annex IV– Reliance Decision Summary Form (Filled by JFDA team)

A. Application Overview

Application number & Date

Product name

Regulatory pathway

B. Reference Authority Decision

Authority relied upon

Scope of reliance applied

Key assessment outputs used

C. JFDA Decision-Making Considerations

Summary of verification activities performed

National requirements applied (if any)

Risk management considerations

D. Verification Outcome

☐ Sameness confirmed

☐ Differences scientifically justified and acceptable

☐ Additional data required

☐ Reliance limited

☐ Reliance discontinued (regular pathway applied)

Product acceptable for reliance: ☐ Yes ☐ No

E. Final Regulatory Decision

☐ Approved

☐ Approved with conditions

☐ Not approved

F. Post-Approval Requirements (if applicable)

Additional monitoring

Commitments or conditions

G. Authorization

Assessor name and signature

Reliance Committee / Authorized body

Date

Annex V : Technical Evaluation (Assessment) Form

SECTION 1 – Administrative Information	
Application number & Date	
Product name / INN	
ATC Code	
Applicant	
MAH	
Regulatory pathway	☐ Verification ☐ Abridge
Regulatory procedure	☐ Initial ☐ Variation ☐ Renewal
SECTION 2 – Product Overview	
Therapeutic indication(s)	
Target population	
Pharmaceutical dosage form and route of administration	
Legal classification (Rx / OTC, if applicable)	
SECTION 3 – Quality (CMC) Assessment **Extent of reliance applied for Quality (CMC):** ☐ **Fully relied upon** ☐ **Partially relied upon** ☐ **National assessment performed**	
3.1 Drug Substance	

General proprties (polymorphisem, Isomerisem .. etc)	
Manufacturing process and controls	
Specifications and analytical methods	
Stability and retest period	
GMP compliance status	
Assessment Conclusion (Drug Substance):	☐ Acceptable ☐ Not acceptable ☐ Additional data required
3.2 Drug Product	
Pharmaceutical development & Justification	
Manufacturing process	
Process validation report	
Specifications & analytical methods validation	
batch analysis	
Container closure system	
Stability data and shelf life	
Assessment Conclusion (Drug Product):	☐ Acceptable ☐ Not acceptable ☐ Additional data required
3.3 Quality Overall Conclusion " Risk-based scientific assessment"	
Key strengths and identified risks	
Risk mitigation measures (if any)	
SECTION 4 – Non-Clinical Assessment (if applicable) **Extent of reliance applied for Non-clinical assessment:** **☐ Fully relied upon**	

☐ **Partially relied upon** ☐ **National assessment performed**	
Pharmacology overview	
Toxicology summary	
Relevance to proposed clinical use	
Assessment Conclusion:	☐ Acceptable ☐ Not acceptable ☐ Not applicable
SECTION 5 – Clinical Assessment **Extent of reliance applied for Clinical assessment:** ☐ **Fully relied upon** ☐ **Partially relied upon** ☐ **National assessment performed**	
5.1 Clinical Efficacy	
Study design and relevance	
Primary and secondary endpoints	
Clinical relevance of outcomes	
GCP/GLP Certificate from CRO Country	
5.2 Clinical Safety	
Adverse events profile	
Serious risks and warnings	
Special populations	
5.3 Benefit–Risk Evaluation	
Identified benefits	
· Identified risks	
Benefit–risk balance conclusion	

SECTION 6 – Bio-equivalence / Clinical Comparability (if applicable) **Extent of reliance applied for BE / Clinical comparability:** ☐ **Fully relied upon** ☐ **Partially relied upon** ☐ **National assessment performed**	
Study design and acceptance criteria	
Reference product	
Batch size	
Bio Batch API Manufacutrer	
Results and statistical analysis	
Conclusion on equivalence	
GCP/GLP Certificate from CRO Country	
SECTION 7 – Labeling and Risk Communication	
SmPC / PIL / labeling consistency	
Risk minimization measures	
Alignment with clinical data	
SECTION 8 – Overall Scientific Conclusion	
Summary of critical assessment findings.	
Confirmation of compliance with regulatory standards.	
Outstanding issues (if any).	
SECTION 9 – Final Regulatory Recommendation	
· ☐ Approval · ☐ Approval with conditions · ☐ Refusal	

· ☐ Reverted to regular assessment pathway	
Conditions / Commitments (if applicable):	
SECTION 10 – Publication Readiness	
Assessment summary suitable for public release:	☐ Yes ☐ No
Confidential information identified and redacted:	☐ Yes ☐ No
Public Assessment Report prepared:	☐ Yes ☐ No

Authorization

Assessor name and signature

Reliance Committee / Authorized body

Date