**New Medicinal Product supplemental information form -**

**Reliance pathways applications**

This form serves as a detailed resource for applicants seeking to submit medicinal products in Israel via reliance registration pathways. It outlines the regulatory requirements and documentation for each pathway—Reliance Pathways A, B, and C, as well as the 180-day pathway for innovative medicinal products and the 70-day pathway for generic medicinal products.

By following this structured checklist, applicants can ensure that all necessary information and supporting documents for the reliance pathways are submitted. The document is structured to facilitate a streamlined submission process through one of the designated reliance pathways.

*Note: in section 4, fill only the subsection with requested submission pathway.*

## Section 1: Details of registration application:

**Applicant (Pharmaceutical company) : [Text field]**

**Appointed pharmacist in Israel [First and Last name] : [Text field]**

**Appointed pharmacist's license number: [Text field]**

**Appointed pharmacist's contact details [email + phone number]: [Text field]**

**Applicant (Pharmaceutical company) contact details [regulatory email]: [Text field]**

1. **Medicinal product Name**
	1. **Medicinal product name (English (:** [Text field]
	2. **Medicinal product name (Hebrew (**: [Text field]
2. **Active ingredient/s and strength:** [Text field]
3. **Pharmaceutical dosage form**: [Text field]
4. **Route/Method of administration**: [Text field]
5. **Classification:** [Chemical / Biological / Herbal]
6. **Requested indication(s):** [Text field]
7. **Requested submission date for this application:**

## Section 2: Type of application:

1. **Application type**:
* Innovative: New molecule
* New strength for known molecule
* New route/method of administration for known molecule
* New dosage form for known molecule
* Combination of known molecules
* Biosimilar: Reference product in Israel: [Text field]
* Generic: Reference product in Israel: [Text field]
1. **Reference regulatory authority (RRA) for the registration application:**
* European Medicines Agency (EMA) [Centralized procedure only]
* Food and Drug Administration (FDA)
* Therapeutic Goods Administration (TGA)
* Swissmedic (SMC)
* Health Canada (HC)
* Medicines and Healthcare products Regulatory Agency (MHRA)
1. **Date of Marketing authorization (approval) in the reference regulatory authority:** **[dd/ mm /yyyy]**
2. **Does the product have any marketing restrictions in the reference regulatory authority that prevent it's actual marketing (such as tentative approval)?** [Yes/No]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Requested registration pathway in Israel:**

(For the full list of criteria for reliance pathways A/B/C please refer to https://www.gov.il/he/pages/dr-246187824)

* Reliance pathway A (70 WD)
* Reliance pathway B (120 WD)
* Reliance pathway C (120 WD)
* Generic medicinal products: 70 days pathway (for FDA and EMA approved and marketed generic medicinal products only)
* Innovative medicinal product: 180 days pathway (Innovative medicinal product only)

## Section 3: General information of quality, non-clinical and clinical Data of the application

1. **Is the submitted quality dossier identical to the quality dossier and data approved by the reference regulatory authority, stated in Section 2?** [Yes/No]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are the submitted clinical and non-clinical dossier and data, identical to the clinical and non-clinical dossier and data approved by the reference regulatory authority, stated in Section 2?** [Yes/No]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Has the medicinal product been rejected or withdrawn (for any reason) by** **any recognized regulatory authority?** [Yes/No]
2. **Are the requested indication and posology, identical to the indication and posology approved by the reference regulatory authority, stated in Section 2? (For Generics and Biosimilars see below)** [Yes/No]
3. **For Biosimilar and Generic applications only: Are the requested indication and posology, identical to the approved indication and posology for the reference product registered in Israel?** [Yes/No]
4. **Is the submitted product an advanced therapy medicinal product (ATMP)?** [Yes/No]
5. **Is the submitted product a new technology (not previously approved by the Israel MOH)?** [Yes/No]

## Section 4: Specific requirements for submission

### **Reliance pathway A (70 WD) requirements:**

1. **Reference regulatory authority for the application:**
* **Reference regulatory authority**:
* European Medicines Agency (EMA) Centralized procedure only
* Food and Drug Administration (FDA)

[according to section 2]

* **Has the reference regulatory authority approved the submitted medicinal product within the last 3 years? [Yes/No]**
Date of approval: **[dd/mm/yyyy]**
* **Reference Regulatory Authority approval type:**
* Full approval
* Conditional (or equivalent) approval: specify the approval pathway: [Text field]
1. **Second regulatory authority approval/s (for Reliance pathway A applications):**
* **Second regulatory authority approval:**
* European Medicines Agency (EMA) [Centralized procedure only]
* Food and Drug Administration (FDA)
* Therapeutic Goods Administration (TGA)
* Swissmedic (SMC)
* Health Canada (HC)
* Medicines and Healthcare products Regulatory Agency (MHRA)

Date of second regulatory authority approval**: [dd/mm/yyyy]**

* **Has the second regulatory authority conducted a standalone review (not based on reliance/recognition pathways)**? [Yes/No]
* **Other regulatory authority approval type:**
* Full approval
* Conditional (or equivalent) approval: specify the approval pathway: [Text field]
1. **Non-clinical and clinical data**
* **Do the pivotal clinical data supporting the application include data of the following type:**
* Phase 2 studies
	+ Real-world data
	+ Single-arm studies
	+ Literature reviews
* **With respect to the submitted efficacy and safety data, are there any updated data (such as: later cut-off, real-world data, post marketing data)** [Yes/No]

**If YES: Have the data been assessed by the reference regulatory authority** [Yes/No]

**IF YES: Were there any modifications to the conditions of the marketing authorization [**Yes/No]

* **Did the reference regulatory authority require any additional post-authorization safety or efficacy studies?** [Yes/No]
* **Did the reference regulatory authority raise any safety concerns which required additional risk management activities (such as additional pharmacovigilance or additional risk minimization measures)?** [Yes/No]
* **Did any** **recognized regulatory authority** **required additional risk management activities (such as additional pharmacovigilance or additional risk minimization measures) ?** [Yes/No]
1. **Quality dossier:**

**Does the submitted application contain data that was not approved by the reference regulatory authority, other than release site and quality control (QC) site the conducts repetitive testing?** Yes/no if yes please specify

1. **The submitted application through "Reliance pathway A" includes:**
* A full, updated and consolidated CTD (Modules 1–5) dossier, aligned with the data reviewed and approved by the Reference Regulatory Authority\*
\*Note: including all additional data required by IMOH guidelines.
* A checklist (framework) for submission of New Medicinal product Application, containing the full required data. \*\*
*\*\*Note: Assessment Aid submission is acceptable for Orbis type C application only, with preliminary approval.*
* For Biosimilar applications only: A checklist (framework) for submission of new Biosimilar Product, containing the full required data
* A Certificate of Pharmaceutical Product (CPP) from the reference regulatory authority
* A letter of approval from the reference regulatory authority\*\*\*
\*\*\*Note: If the CPP document is not submitted as part of the initial submission, it should be submitted within 7 working days of IMOH letter of approval
* A letter of approval or other confirmation of approval of the second regulatory authority (not the RRA)
* A table containing any additional quality variations in the application to IMOH and approved by the Reference Regulatory Authority
* A list of any updated non-clinical and clinical data\*\*\*\* submitted to the Reference Regulatory Authority as part of the primary application and assessed by the Reference Regulatory Authority

*\*\*\*\*Such as: later cut-offs, real-world data, post marketing data*

1. Assessment reports submitted for applications through **"Reliance pathway A"**

**Quality assessment**

* For the active substance: An unredacted quality assessment report, from the reference regulatory authority or CEP
* For the finished product: An unredacted quality assessment report from the reference regulatory authority
* For Type IB and Type II quality variations in the dossier: Authority Approvals and an unredacted quality assessment reports from the reference regulatory authority
* Plasma Master File (PMF) (if required) -authority approval and assessment report, or a letter of access

**Non-Clinical and Clinical assessment**

* A non-clinical and clinical assessment report, of the reference regulatory authority

*Note: the non-clinical and clinical assessment report will include all cut-off approved by the reference regulatory authority and submitted to IMOH*

* Questions and Answers (Q&A) regarding non-clinical and clinical data of the application with the Reference Regulatory Authority (Q&A)

### **Reliance Pathway B (120 WD) Requirements:**

1. **Reference regulatory authority:**
* Reference Regulatory authority for this submission
* European Medicines Agency (EMA) Centralized procedure
* Food and Drug Administration (FDA)
* Therapeutic Goods Administration (TGA)
* Swissmedic (SMC)
* Health Canada (HC)
* Medicines and Healthcare products Regulatory Agency (MHRA)
* **Has the Reference regulatory authority granted approval within the last 5 years?** [Yes/No]
Date of approval: **[dd/mm/yyyy]**
* **Reference regulatory authority approval type:**
* Full approval
* Conditional (or equivalent) approval: specify the approval pathway: [Text field]
* **Has the regulatory authority conducted full and standalone review not based on reliance/recognition pathways)**? [Yes/No]
1. **Non-clinical and clinical data**
* **Do the pivotal clinical data supporting the application include data of the following type:**
* **Phase 2 studies**
* **Single-arm studies**
* **Real-world data** (*This criterion is not required for acceptance for pathway B*)
* **Literature reviews** (*This criterion is not required for acceptance for pathway B*)
* **With respect to the submitted efficacy and safety data, are there any updated data (such as: later cut-off, real-world data, post marketing data)** [Yes/No]

**If YES: Have the data been assessed by the reference regulatory authority** [Yes/No]

**IF YES: Were there any modifications to the conditions of the marketing authorization [**Yes/No]

* **Did the reference regulatory authority require any additional post-authorization safety or efficacy studies** [Yes/No]
*(This criterion is not required for acceptance for pathway B***)**
* **Did any recognized regulatory authority raise any safety concerns which required additional risk management activities (such as additional pharmacovigilance or additional risk minimization measures)** [Yes/No]
*(This criterion is not required for acceptance for pathway B)*
1. **Quality dossier**
* **Does the submitted application contain data that was not approved by the reference regulatory authority, other than release site, quality control (QC) site the conducts repetitive testing,** stability data, primary packaging

 Yes/no if yes please specify

1. **The submitted application through "Reliance pathway B" includes:**
* A full and updated CTD (Modules 1–5) \*

*\*Note: including all additional data required by IMOH guidelines*

* A checklist (framework) for submission of New Medicinal product Application, containing the full required data\*\*
*\*\*Note: Assessment Aid submission is acceptable for Orbis type C application only, with preliminary approval.*
* For Biosimilar applications only: A checklist (framework) for submission of new Biosimilar Product, containing the full required data
* A Certificate of Pharmaceutical Product (CPP) from the reference regulatory authority
* A letter of approval from the Reference Regulatory Authority\*\*\*

*\*\*\*Note: If the CPP document is not submitted as part of the initial submission, it should be submitted within 7 working days of IMOH letter of approval*

* A table containing any additional quality variations in the application to IMOH, approved by the Reference Regulatory Authority
* A list of any updated non-clinical and clinical data\*\*\*\* submitted and assessed by the Reference Regulatory Authority
*\*\*\*\*such as: later cut-offs, real-world data, post marketing data*
1. **Assessment reports submitted for applications through "Reliance pathway B"**

**Quality assessment**

* For the active substance: An unredacted quality assessment report, of the reference regulatory authority or CEP
* For the finished product: An unredacted quality assessment report of the reference regulatory authority
* For Type IB and Type II quality variations to the dossier: Authority approvals and A full and unredacted quality assessment report of the reference regulatory authority
* Plasma Master File (PMF) (if required) Authority approval and assessment report, or a letter of access
* Questions and Answers (Q&A) regarding quality data of the application with the Reference Regulatory Authority

**Non Clinical and Clinical assessment**

* A non-clinical and clinical assessment report, of the reference regulatory authority

*Note: the non-clinical and clinical assessment report will include all cut-off assessed by the reference regulatory authority and submitted to IMOH*

* Questions and Answers (Q&A) regarding non-clinical and clinical data of the application with the Reference Regulatory Authority (Q&A)
* For any updated non-clinical and clinical data\* submitted and assessed by the Reference Regulatory Authority: Q&A of the Reference Regulatory Authority

*\*Such as: later cut-offs, real-world data, post marketing data*

### Reliance Pathway C (120 WD) - Requirements:

1. **Reference Regulatory authority for the application:**
* Reference Regulatory authority for this submission
* European Medicines Agency (EMA) Centralized procedure
* Food and Drug Administration (FDA)
* Therapeutic Goods Administration (TGA)
* Swissmedic (SMC)
* Health Canada (HC)
* Medicines and Healthcare products Regulatory Agency (MHRA)
* **Has the Reference Regulatory authority granted approval within the last** 3 **years?** [Yes/No]
Date of approval: **[dd/mm/yyyy]**
* **Has the regulatory authority conducted a standalone review (not based on reliance/recognition pathways)**? [Yes/No]
* **Does the submitted application contain data that was not approved by the reference regulatory, other than release site, quality control (QC) site the conducts repetitive testing, stability data, primary packaging?**

 Yes/no if yes please specify

1. **The submitted application through "reliance pathway C" includes:**
* A full and updated CTD (Modules 1–5) \*
*\*Note: including all additional data according to the guidelines*
* A Certificate of Pharmaceutical Product (CPP) from the reference regulatory authority
1. **Assessment reports submitted for applications through "Reliance pathway C"**

**Quality assessment:**

* For the active substance: An unredacted quality assessment report, from the reference regulatory authority or CEP
* For the finished product: An unredacted quality assessment report from the reference regulatory authority
* For Type IB and Type II quality variations to the dossier: Authority approvals and A full and unredacted quality assessment reports from the reference regulatory authority

**Non-clinical and clinical assessment:**

* A clinical Reference Regulatory Authority assessment report
* An in vitro Reference Regulatory Authority assessment report
* Questions and Answers (Q&A) regarding non-clinical and clinical data of the application with the Reference Regulatory Authority (Q&A)

### Innovative medicinal product: 180 days pathway (for innovative medicinal products only):

**Note:** The following checklist includes both required data considered as acceptance criteria for this pathway and additional information not considered as acceptance criteria for this pathway.

1. **Reference Regulatory authority for this submission:**
* European Medicines Agency (EMA) Centralized procedure only
* Food and Drug Administration (FDA)
* Swissmedic (SMC):Has SMC conducted a standalone review (not based on reliance/recognition pathways)? [Yes/No]
* **Date of approval: [dd/mm/yyyy] of the Reference Regulatory authority**
* **Reference Regulatory Authority approval type:**
* Full approval
* Conditional (or equivalent) approval: specify the approval pathway: [Text field]
1. **The submitted application through "180 days pathway application includes:**
* A full and updated CTD (Modules 1–5) \*

*\*Note: including all additional data required by IMOH guidelines*

* A checklist (framework) for submission of New Medicinal product Application, containing the full required data.

*Note: Assessment Aid submission is acceptable for Orbis type C application only, with preliminary approval.*

* A Certificate of Pharmaceutical Product (CPP)
* A letter of approval from the Reference Regulatory Authority\*\*
*\*\*Note: If the CPP document is not submitted as part of the initial submission, it should be submitted up to 10 months from the date of the submission of application or IMOH letter of approval.*
* Any Additional changes/updated data between the application submitted to IMOH and the dossier approved by the reference regulatory authority:

**Quality data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-clinical and clinical data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Assessment reports submitted for 180 days pathway application**

**Quality assessment:**

* For the active substance: An unredacted quality assessment report, of the reference regulatory authority

*Note: For the active substance: a CEP is acceptable, instead of an assessment report.*

* For the finished product: An unredacted quality assessment report of the reference regulatory authority
* For any quality changes to the dossier: An unredacted quality assessment report of the reference regulatory authority
* Plasma Master File (PMF) (if required) Authority approval and assessment report, or a letter of access

**Non-clinical and clinical assessment:**

* A non-clinical and clinical assessment report, of the reference regulatory authority

*Note: the non-clinical and clinical assessment report will include all cut-off approved by the reference regulatory authority and submitted to IMOH*

* Questions and Answers (Q&A) regarding non-clinical and clinical data of the application with the Reference Regulatory Authority (Q&A)
* For any updated non-clinical and clinical data\* submitted and assessed by the Reference Regulatory Authority: Q&A of the Reference Regulatory Authority
*\*Such as: later cut-offs, real-world data, post marketing data*

### Generic medicinal products: 70 days pathway (for FDA and EMA approved and marketed generics products only):

**Note:** The following checklist includes both required data considered as acceptance criteria for this pathway and additional information not considered as acceptance criteria for this pathway.

1. **Reference regulatory authority for this submission:**
* European Medicines Agency (EMA) Centralized procedure only
* Food and Drug Administration (FDA)

* **Is the product actually on the market in the Reference regulatory authority country?** [yes/no]
* **Does the product have any marketing restrictions in the reference regulatory authority that prevent it's actual marketing (such as tentative approval)?** [Yes/No]

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The submitted application through "70-days pathway application" includes:**
* A full and updated CTD (Modules 1–5)
* A Certificate of Pharmaceutical Product (CPP)
* Additional changes/updated data to the dossier approved by the Reference Regulatory Authority:

**Quality data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-clinical and clinical data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Section 5: Additional Notes

Comments and Additional Information: [Text field]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 6: Validation and Signature

I certify that all information provided is correct.
False statements may result in delays or rejection of the application.

**Signature of appointed pharmacist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please include this form as part of the request to submit an application for the registration of a new medicinal product to** hagasha@MOH.GOV.IL **and within Module 1 of the application dossier.**