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# Leveraging International Dossiers: IRP Pathways for UK MHRA Using US, EU, And Canadian Dossiers

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*Abstract*
*The International Recognition Procedure (IRP), introduced by the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA), provides a streamlined pathway for obtaining marketing authorisation by leveraging approvals from designated trusted regulatory authorities. Replacing earlier reliance mechanisms, the IRP incorporates two review timelines–Recognition A and Recognition B–based on the complexity of the application and the extent of alignment with reference regulator assessments. The procedure can be applied to a wide range of product types and lifecycle stages, including initial authorisations, variations, and renewals. While the IRP facilitates faster patient access to medicines and supports regulatory convergence, it requires careful preparation to meet national requirements, address format and content differences, and ensure complete documentation. This article outlines the scope, eligibility criteria, submission process, and procedural distinctions within the IRP, highlighting its potential benefits for applicants seeking efficient entry into the Great Britain market while maintaining robust standards of quality, safety, and efficacy.*

***Keywords:*** *International Recognition Procedure, MHRA, Recognition A, Recognition B, Marketing Authorisation, Regulatory Affairs, Dossier Requirement*

## INTRODUCTION

The global pharmaceutical regulatory environment is increasingly shifting toward models of collaboration, reliance, and mutual recognition, aimed at accelerating the delivery of safe, effective, and high-quality medicines to patients. Over the past decade, several regulatory authorities have adopted strategies that reduce redundant evaluations by leveraging prior assessments made by trusted regulators. In alignment with these evolving global standards, the Medicines and Healthcare products Regulatory Agency (MHRA) in the United Kingdom introduced the International Recognition Procedure (IRP), effective from 1 January 2024. The IRP is a post-Brexit regulatory innovation that reflects the UK's intent to remain a globally relevant, independent, yet cooperative authority in medicines regulation. It replaces and consolidates earlier reliance-based frameworks such as the European Commission Decision Reliance Procedure (ECDRP) and reliance on decentralised or mutual recognition procedures. The IRP now serves as a comprehensive route through which the MHRA may recognise marketing authorisation decisions from a defined set of trusted international regulators, including the European Medicines Agency (EMA), the U.S. Food and Drug Administration (USFDA), and Health Canada, among others.

The core philosophy of the IRP lies in scientific reliance and regulatory efficiency. Rather than re-assessing all submitted data, the MHRA evaluates the robustness of the reference regulator's scientific review, supplemented by a focused assessment of UK-specific regulatory needs. This allows for an optimised review process, ensuring that medicines already authorised by a reference agency can be made available to patients in Great Britain within a significantly shorter timeframe compared to traditional national applications.

This research article explores the comparative regulatory landscape of the IRP with the frameworks and procedures employed by the EMA (EU), Health Canada, and the USFDA. These three agencies serve as major reference regulators under the IRP and represent models of stringent, science-driven regulatory systems with established international recognition mechanisms. By analysing the procedural alignment,

eligibility criteria, documentation requirements, and post-authorisation expectations across these jurisdictions, this review aims to provide a nuanced understanding of how the IRP fits within the global regulatory ecosystem and what it means for future regulatory harmonisation, industry readiness, and patient access towards safe and quality products.

As the pharmaceutical industry continues to navigate post-Brexit regulatory shifts and increasing internationalisation of drug development, understanding the strategic role and regulatory substance of the IRP is not only timely but essential. It underscores the broader movement toward adaptive, risk-based, and globally integrated regulatory models, capable of responding to both innovation and public health demands with equal agility. [Understanding the UK's International Recognition Procedure 2025]

**METHOD:**

The IRP introduces two pathways namely, **Recognition Route A** and **Recognition Route B**, each based on the complexity and risk profile of the application.

For Recognition A or B eligibility, an online form must be submitted six weeks before the marketing authorisation application date. The cover letter must explicitly state the RR, recognition route, and any deviations from the RR-approved documentation.

**Recognition A (60-day pathway)**

- Applicable when the RR approval was granted within the last two years.
- Manufacturing processes must match those approved by the RR.
- No major changes in analytical methods, GMP status, or risk management strategies.
- Fastest pathway without clock stops unless major objections arise.

**Recognition B (110-day pathway)**

**This route applies under conditions such as:**

- Use of conditional or exceptional approval by the RR.
- Changes in manufacturing sites or clinical data sets.
- Novel substances or comparator products not sourced from the UK/EU.
- Conditional approval by RR
- ERA/RMP not reviewed by RR
- New manufacturing sites not review by RR
- Lack of GMP certification
- Single arm trials/real world data
- Availability of new clinical data

Recognition B involves a consultation step with the Commission on Human Medicines and includes a clock-stop at Day 70 for applicants to address queries**.**

**Application and Submission Requirements**

An IRP application must be submitted as an eCTD sequence via the MHRA Submissions Portal [International Recognition Procedure 2023].

**Figure no.1 – Approval process for Recognition A** [Understanding the UK's International Recognition Procedure 2025]

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**Figure no.1 –** Approval process for Recognition A [Understanding the UK's International Recognition Procedure **2025]**

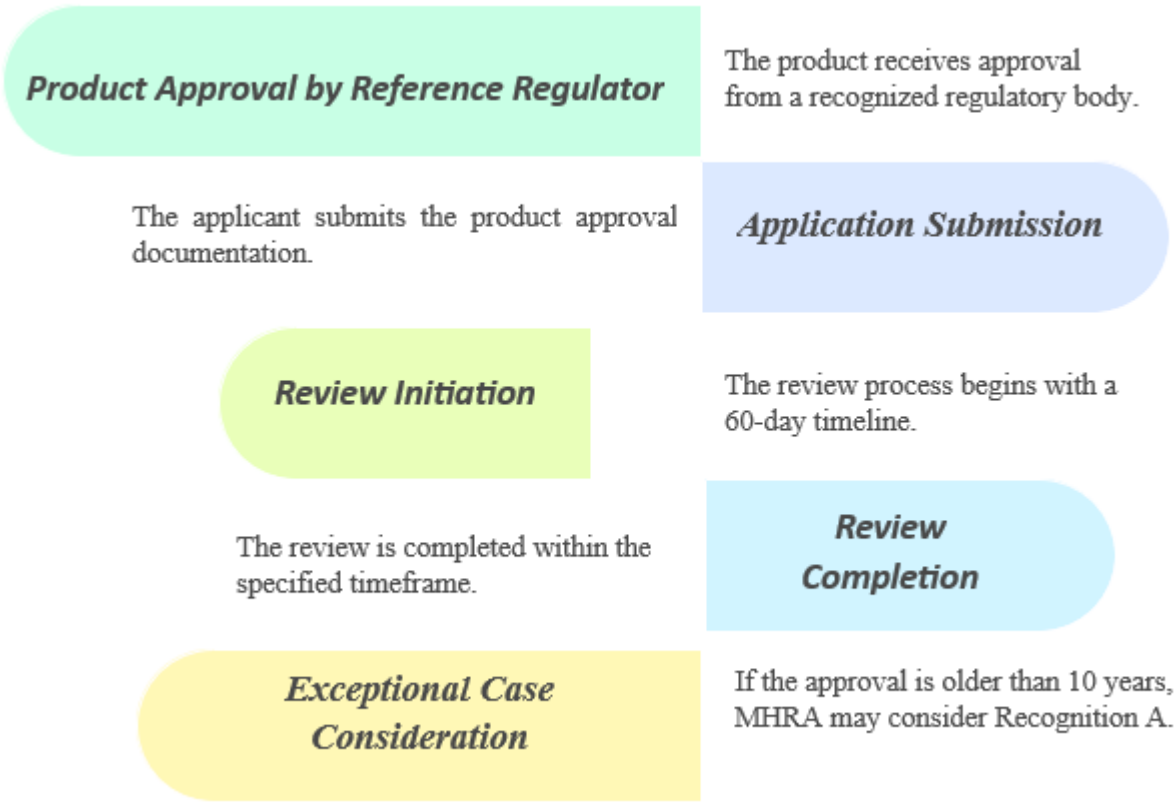
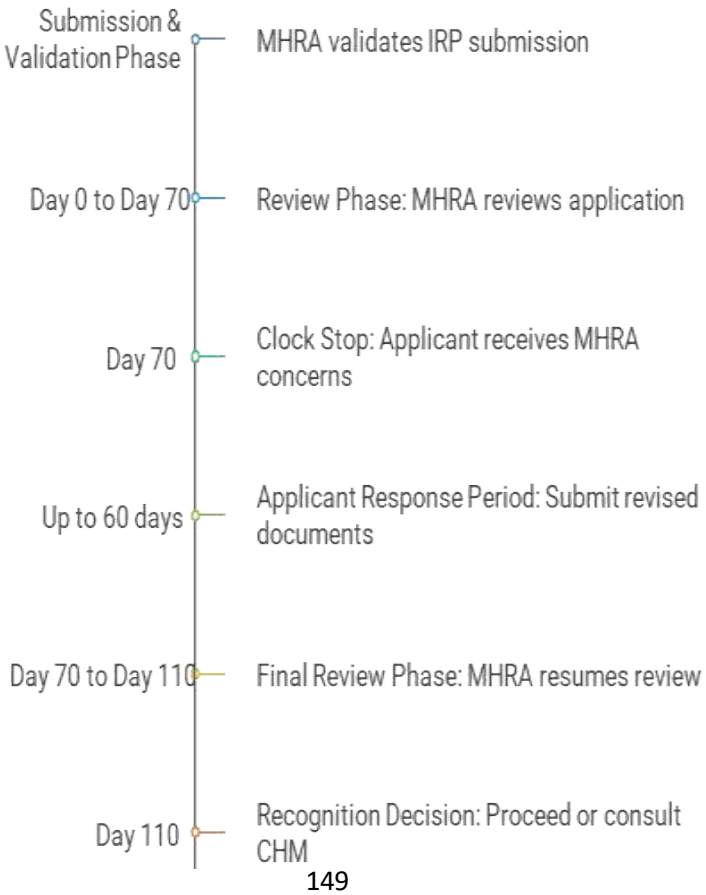



**Figure no.2 – Approval process for Recognition B** [Understanding the UK's International Recognition Procedure 2025]



**For IRP applications to be validated, your cover letter must include the information listed below. See the validation checklist to help ensure you have met all the requirements.**
**Table no. 1- IRP Initial Validation checklist** [International Recognition Procedure 2023]

| | | |
|---|---|---|
| 1 | Applicant's reference (if applicable) | |
| 2 | Reference regulator | Select RR |
| 3 | If the RR is a EU member state please specify | Select EU MS |
| 4 | Date of approval of the reference product in the RR state | |
| 5 | Declaration of conformity of the GB application with the dossier that received a positive opinion from the CHMP [and was approved by the EC if the EC decision has already been received], including all facilities and lines of manufacture, analysis and batch release and approved variations. | |
| 6 | Confirmation that MAH based in EEA and Marketing Authorisation Holder for the application(s) is the same company or belongs to the same (legal) group of companies as the MAH in the reference procedure. | |
| 7 | Declaration that all iterations (full and summaries) of the Reference Regulator assessment reports have been provided in the dossier<br>All the assessment reports included are listed in Annex 1 below | |
| 8 | Are there conditions associated with the reference regulator approval<br>If yes the details should be included in M-1-0 Cover documents | |
| 9 | Are there difference in the wording in the proposed therapeutic indications for the UK application and the therapeutic indications approved by the RR<br>If applicable Justification for these changes has been provided in the M-1-0 Cover documents<br>A justification for the Adverse Drug Reactions (ADRs) listed in the SmPC, or a statement that says where in module 2 the justification is. | |
| 10 | Is a new ASMF being used in support of this application | |
| | If yes a declaration has been provided by the ASMF holder that the Applicant and Restricted part of the ASMF and letter of access have been provided and all iterations of the assessment reports are included in the submission from the ASMF holder. | |
| | Letter of access has been provided in M-1-2 Annex 5.10 | |
| 11 | Are there differences in the proposed UK Risk Management Plan compared to the RMP approved by the RR (if applicable) | |
| | Where there are differences in the proposed safety concerns, additional pharmacovigilance activities or additional risk minimisation measures, brief details are provided in Annex II below | |
| | Is the GB/UK specific Annex (Guidance-on-pharmacovigilance-procedures) used and included with the RMP in M-1-8-2 | |
| 12 | For this application, has the product been approved, withdrawn, refused or rejected by any other RR? | |
| | Approved ☐<br>Withdrawn ☐<br>Refused ☐<br>Rejected ☐ | |
| 13 | Confirmation of the EU-agreed outcome of the nitrosamine risk evaluation for step 1, 2 and 3, as appropriate: | |
| 14 | Is Orphan designation being requested as part of the application | |

**RESULT AND DISCUSSION:**

**Table no. 2- Compression of USFDA, EU, Health Canada's Requirement for IRP submission in UK [International Recognition Procedure 2023], [ANDA submissions – content and format guidance for industry 2019], [EudraLex – volume 2 2025], [Health Canada 2012]**

| MODULES | UK | US | EU | HC | Remarks* |
|---|---|---|---|---|---|
| **MODULE – 1** | | | | | |
| **1.0 – Cover** | | | | | |
| | UK cover letter | New | New | New | - |
| | UK tracking | New | New | New | - |
| **1.2 – Forms** | | | | | |
| | UK Form –Annex - 503 | New | **Same** | New | - |
| | UK Form – Annex- 506 | New | **Same** | New | - |
| | UK Form – Annex- 508 | New | **Same** | New | - |
| | UK Form – Annex- 509 | New | **Same** | New | - |
| | UK Form – Annex- 510 | New | New | New | - |
| | UK Form – Annex- 511 | New | New | New | - |
| | UK Form – Annex- 512 | New | **Same** | New | - |
| | UK Form – Annex- 515 | New | New | New | - |
| | UK Form – Annex- 522 | New | **Same** | New | - |
| | UK Form – Annex Eligibility form | New | New | New | - |
| | UK Form – Annex- eAF | New | **Same** | New | - |
| **1.3 – Product Information** | | | | | |
| | ***131- SPC, Label, PL*** | New | New | New | "UK-only" is mandatory and PL number is required in artwork. |
| | ***132 – Mockup*** | New | New | New | - |
| | ***134 - Consultation*** | New | New | New | - |
| | ***136 – Braille*** | New | **Same** | New | - |
| **1.4 - Expert** | | | | | |
| | 1.4.1 – Quality | New | **Same** | New | - |

| MODULES | UK | US | EU | HC | Remarks* |
|---|---|---|---|---|---|
| | 1.4.2 – Non-clinical | New | **Same** | New | - |
| | 1.4.3 - Clinical | New | **Same** | New | - |
| **1.5 – Specific Requirements for Different Types of Application** | | New | **Same** | New | - |
| **1.6 – Environment Risk** | | | | | |
| | 1.6.1-Environmental risk assessment, Non-GMO | New | **Same** | New | - |
| **1.8 – Pharmacovigilance** | | | | | |
| | 1.8.1- Summary of Pharmacovigilance system | New | New | New | UK-based Qualified Person for Pharmacovigilance (QPPV) and a UK Pharmacovigilance System Master File (PSMF). |
| | 1.8.2 - Risk Management Plan (RMP) | New | New | New | - |
| **1.9 – Clinical trials** | | | | | |
| | 1.9 - Information relating to clinical trials | New | **Same** | New | - |
| **ADDITIONAL DATA** | | | | | |
| | Reference Regulator – assessment report | New | **Same** | **Same** | - |
| **MODULE – 2-QOS** | | | | | |
| 2.2 – Introduction | | | | | |
| | 2.2 - Introduction | New | **Same** | New | - |
| 2.3 - QOS | | | | | |
| | 2.3 – Introduction to QOS | New | **Same** | New | - |
| | 2.3.P - Drug Product | New | **Same** | New | - |
| | 2.3.S – Drug Substance | New | **Same** | New | - |
| | 2.3.R – Regional Information | New | **Same** | New | - |
| 2.4 – Non-clinical overview | | | | | |
| | 2.4 – Non-clinical | New | **Same** | **Same** | - |

| MODULES | UK | US | EU | HC | Remarks* |
|---|---|---|---|---|---|
| | overview | | | | |
| 2.5 – Clinical overview | | | | | |
| | 2.5 – Clinical overview | New | **Same** | **Same** | - |
| **MODULE – 3** | | | | | |
| **3.2 - Body of Data** | | | | | |
| **3.2.P – Drug product** | | | | | |
| | 3.2.P.1 - Description and Composition | **Same** | **Same** | **Same** | - |
| | 3.2.P.2 - Pharmaceutical Development | **Same** | **Same** | **Same** | CDP data between test product Vs. UK RMP is required. |
| | 3.2.P.3 - Manufacture | **Same** | **Same** | **Same** | - |
| | 3.2.P.4 - Control of Excipients | **Same** | **Same** | **Same** | - |
| | 3.2.P.5 - Control of Drug Product | **Same** | **Same** | **Same** | - |
| | 3.2.P.6 - Reference Standards | **Same** | **Same** | **Same** | - |
| | 3.2.P.7 - Container Closure System | **Same** | **Same** | **Same** | - |
| | 3.2.P.8 - Stability | **Same** | **Same** | **Same** | - |
| **3.2.S Drug Substance** | | | | | |
| | 3.2.S.1 - General Information | **Same** | **Same** | **Same** | - |
| | 3.2.S.2 - Manufacture | **Same** | **Same** | **Same** | - |
| | 3.2.S.3 - Characterization | **Same** | **Same** | **Same** | - |
| | 3.2.S.4 - Control of Drug Substance | **Same** | **Same** | **Same** | Comparison of specification with Ph.Eur. monograph may be required for US specification and HC specification. |
| | 3.2.S.5 - Reference Standards | **Same** | **Same** | **Same** | - |
| | 3.2.S.6 - Container Closure System | **Same** | **Same** | **Same** | - |
| | 3.2.S.7 - Stability | **Same** | **Same** | **Same** | - |

| MODULES | UK | US | EU | HC | Remarks* |
|---|---|---|---|---|---|
| **3.2.A APPENDICES** | | | | | |
| | 3.2.A.1 Facilities and equipment | New | **Same** | New | - |
| | 3.2.A.2 Adventitious agent safety evaluation | New | **Same** | New | - |
| | 3.2.A.3 Excipients | New | **Same** | New | - |
| **3.2.R Regional Information** | | | | | |
| | 3.2.R.1 Process Validation Scheme for Drug Product | **Same** | **Same** | **Same** | - |
| | CEP | New | **Same** | New | - |
| | 3.2.R.4 Medicinal products containing or using in the manufacturing process materials of animal and/or human origin | **Same** | **Same** | **Same** | - |
| **MODULE – 5** | | | | | |
| | 5.2 Tabular listing of clinical studies | **Same** | **Same** | **Same** | - |
| | 5.3 Clinical study reports | **Same** | **Same** | **Same** | - |
| | 5.4 Literature references | **Same** | **Same** | **Same** | - |

* Above table is prepared considering the same applicant across all 4 regions for small molecule human drugs.

**Reference regulator documents for new IRP MAA**

The lists below show the documents that comprise a complete assessment for each RR.
You must submit the full set of documents in your application.

**Reference regulator: European Medicines Agency (EMA)**

**Documentation**:

- centralised procedure assessment reports (where applicable)
- final CHMP assessment report
- final product information
- summaries of meetings with the EMA and/or rapporteurs (including scientific or pre-submission advice, where relevant)
- CHMP summary of opinion
- post marketing review(s)

**Reference regulator: EU member states MR/DC requirements**

**Documentation**:

- all assessment reports including overview and full versions of the quality, non-clinical, clinical and risk management plan
- questions from the regulator to the applicant/ MAH (and responses)
- summaries of meetings with reference member state (RMS) and concerned member states (CMS) including scientific or pre-submission advice, where relevant
- RMS positive end of procedure letter
- final assessment report
- final common product information
- post marketing reviews

**Reference regulator: EU member states national requirements**

**Documentation**:

- all assessment reports including overview and full versions of the quality, non-clinical, clinical and risk management plan
- questions from the regulator to the applicant/MAH (and responses)
- summaries of meetings with the member state competent authorities (including scientific or pre-submission advice, where relevant)
- final product information
- approval letter
- post marketing reviews

**Reference regulator: Health Canada**

**Documentation**:

- screening: screening report
- clinical review: pharmaceutical safety and efficacy assessment report (PSEAR)
- quality: quality evaluation summary (QES) and manager's memo
- non-clinical report
- bioequivalence: comprehensive summary – bioequivalence (CS-BE) and manager's memo
- biostatistics: biostatistics consult report (if applicable)
- questions from the regulator to the applicant/MAH (and responses)
- summaries of meetings with Health Canada (including scientific or pre-submission advice, where relevant)
- final product information
- approval letter
- final manager's memo and executive summary

**Reference regulator: United States Food and Drug Administration (US FDA)**

Documentation (where relevant):

- medical review(s)
- chemistry review(s)
- pharmacology review(s)
- statistical review(s)
- non-clinical review(s)
- clinical pharmacology biopharmaceutics review(s)
- risk assessment and risk mitigation review(s)
- administrative document(s) and correspondence
- questions from the regulator to the applicant/MAH (and answers)
- cross discipline team leader review
- office director memo, where relevant
- summaries of meetings with the US FDA (including scientific or pre-submission advice, where relevant)
- summary review
- final FDA label
- approval letter
- post marketing reviews [International Recognition Procedure 2023]

**Fees** [Current MHRA fees 2025]

1) Licence applications: marketing authorisation fees - Major - Major International Recognition Type A application for GB or UK £24,68

2) Licence applications: marketing authorisation fees - Major - Major International Recognition Type B application for GB or UK £83,580

3) Licence applications: marketing authorisation fees - Abridged complex - Complex International Recognition Type B application for GB or UK £23,205

4) Licence applications: marketing authorisation fees - Abridged complex - Complex International Recognition Type A application for GB or UK £13,983

5) Licence applications: marketing authorisation fees - Abridged standard - Standard International Recognition Type B application for GB or UK £8,503

6) Licence applications: marketing authorisation fees - Abridged standard - Standard International Recognition Type A application for GB or UK £7,743

## CONCLUSION:

The evaluation of dossier suitability for the United Kingdom's International Recognition Procedure (IRP) indicates that submissions based on European Union (EU) approvals offer the most straightforward pathway. This is largely due to the high degree of alignment between EU and UK regulatory requirements, as well as the structured availability of comprehensive assessment reports. Canadian dossiers rank second in ease of use, with the advantage of accessible assessment documentation that facilitates a smoother IRP submission process. In contrast, dossiers originating from the United States present the greatest challenges, primarily because complete and detailed assessment reports are not readily available to applicants, necessitating additional effort to meet MHRA expectations. These findings underscore the importance of reference regulator selection when planning an IRP submission, as the choice can significantly impact both procedural efficiency and resource requirements.

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**CONFLICT OF INTEREST:**
I, Bhavik Joshi declare that I have no conflicts of interest related to my work on the Leveraging International Dossiers: IRP Pathways for UK MHRA using US, EU, and Canadian Dossiers. I have no personal or financial relationships, including but not limited to employment, investments, or consulting arrangements, with any party involved in this project that could be perceived as, or could actually, compromise my objectivity or impartiality. I am committed to upholding the highest standards of integrity and transparency in my work.

**REFERENCES**

1. **Understanding the UK's International Recognition Procedure**. 2025. Default: Parenteral Drug Association (PDA); [accessed 2025 Aug 12]. https://www.pda.org/pda-letter-portal/home/full-article/understanding-the-uk-s-international-recognition-procedure
2. **International Recognition Procedure** [Internet]. 2023. London (UK): GOV.UK; [cited 2025 Aug 12]. Available from: https://www.gov.uk/government/publications/international-recognition-procedure/international-recognition-procedure#reference-regulator-documents-for-new-irp-maa
3. **ANDA submissions – content and format guidance for industry** [Internet]. 2019. Silver Spring (MD): US Food and Drug Administration (FDA); [cited 2025 Aug 12]. Available from: https://www.fda.gov/media/128127
4. **EudraLex – volume 2** [Internet]. Brussels (BE): European Commission, Directorate-General for Health and Food Safety; [cited 2025 Aug 12]. Available from: https://health.ec.europa.eu/medicinal-products/eudralex/eudralex-volume-2_en
5. **Health Canada.** Notice – guidance document: creation of the Canadian Module 1 backbone [Internet]. Ottawa (CA): Government of Canada; 2012 [cited 2025 Aug 12]. Available from: https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/ectd/notice-creation-canadian-module-1-backbone-2012-health-canada-consultation-document.html
6. **Current MHRA fees** [Internet]. London (UK): GOV.UK; [cited 2025 Aug 12]. Available from: https://www.gov.uk/government/publications/mhra-fees/current-mhra-fees