Unlocking Efficiency through Reliance – Navigating the EMA Post-Authorization Framework 03/04/25 Q&A

	Question	Answer	Responder
Reliance for PACs			
1	It has been stated that reliance and collaboration help to cope with limited resources. When can EMA rely on work led by other agencies - other than those in the EU network? Are there any examples?	One example is reliance on inspection reports from our MRA partners.	EMA
2	Is reliance pathway applicable if there is discrepancy between classification of post-authorisation changes set by participating national authority and EU	Any discrepancy or non-alignment classification could be handled by analogy, though with respect and compliance with the applicable classifications. Should countries outside the EU also follow a similar classification system, this can further facilitate reliance. The content of the evaluation is what the relying authority will use to facilitate their assessment. The classification of the change will not affect the relying exercise.	EMA
3	What documents can the EMA rely on for their reviews from countries outside the EU?	Reliance on inspections is embedded on the assessment of new medicines. our mutual recognition agreements allow us to have a better use of inspection resources and focus on manufacturers of higher risk.	EMA
4	If a change is classified differently according to EMA classification compared to the classification under the local regulations of a country, how could we apply reliance in such cases?	The content of the evaluation is what the relying authority will use to facilitate their assessment. The classification of the change will not affect the relying exercise.	EMA
5	Should countries outside the EU also follow a similar classification system?	This could further facilitate reliance but it is not a pre-condition to reliance.	EMA
6	How does a platform like Accumulus contribute to this framework?	A digital platform (regardless of the vendor) can be helpful to support sharing of documents and questions during reliance procedures.	EMA
7	Is the EMA expecting MAH to inform EMA everytime an EPAR is being shared with another Health Authority or just an oversight of which Health Authority are asking for it?	We encourage companies to tell us when they are sharing assessment reports, this helps us track where reliance is being used + gives us heads-up in case we get questions from other regulators. *Since December 2023, in the EMA pre-authorisation procedural advice for users of the Centralised Procedure Q&A, the Question 5.1.11 recommends that the MAH inform the EMA about the sharing of the foregoing documents with regulators outside the EU by email to reliance@ema.europa.eu, mentioning the list of documents shared and with whom they are shared.*	EMA
8	As products are not always registered with exactly the same information (f.ex. different storage or testing sites), how would that influence the sameness and hence the reliance process?	The content of the evaluation is what the relying authority will use to facilitate their assessment. The classification of the change will not affect the relying exercise. Indicatively, since storage sites were mentioned in the question, storage sites are not ordinarily expected to be included in the regulatory dossier (though they are still expected to be GMP-compliant and be covered under the MAH's quality assurance system), with the only exception being the storage site for the master and working cell banks when a biological active substance is used.	EMA

9	From the EMA perspective, for reliance purposes, how to deal when the requirements of the relying country differ from the EMA requirements? How to use the EPAR? Should the relying country ask for the same dossier as EMA, instead of the national dossier?	No comment is made on regulatory requirements from countries outside of the EU within their respective jurisdiction(s), which may have varied regulatory frameworks and requirements. Overall, each competent / regulatory authority reflects on what is asked by applicants, adjusting and focusing accordingly; stakeholder engagement plays a key role for this process. Nonetheless, reliance is a spectrum, therefore any potential non-alignment of requirements is not incompatible with reliance to the content of the evaluation to facilitate the relying authority's assessment. Understanding the requirements of other regulatory agencies provide us with opportunity to analyze global convergence of requirements with other regulators.	EMA
10	Do we have a list of country HA's which adopt the reliance approach (e.g LATAM and Gulf CC regions)?	The Agency is not aware of a publicly available authoritative list of HAs/NRAs that utilise regulatory reliance.	EMA
11	Is there a list of countries that we know will be Relying countries? Or do we need to communicate directly with each region to request this.	I am not aware of any list of NRAs that use reliance, but in practice authorities are often happy to discuss proposals for reliance.	EMA
12	If a regulatory authority uses a pathway that is a combination of Verification and Abridged, how should they effectively use EMA's Assessment Report?	The decision how to use the EMA assessment report is always for the NRA to decide, and they can be used on a spectrum from cross-checking scientific conclusions either in full or partially for specific questions, right through to full regulatory reliance.	EMA
13	Does the reliant organization inform EMA that they are using their assessment and confirm their assessment?	There is no need for a relying NRA to inform the EMA that they rely on the Agency's assessment. However, MAH/applicants are invited to inform EMA about the sharing of the foregoing documents with regulators outside the EU by email to reliance@ema.europa.eu, detailing the documents shared and with whom they are shared. Equally, the MAH/applicant should always ensure that the EMA is recognised as the source of the original documents.	EMA
14	How often is EMA contacted from other (relying) regulators for extra information on their assessment reports?	EMA is always open to support reliance and address any question from (relying) regulators. We are very occasionally contacted from relying authorities (e.g. before we had the online verification tool for eCPPs, some authorities were approaching EMA for confirmation of authenticity) from submission to approval.	EMA
15	That could be quite a lot of notification to the EMA for Companies with expanded portfolio worldwide. Is the expectation from the EMA to also get the detail of which AR have been shared or only which foreign Health Authority has been asking for it?	Periodic notifications are very welcome - doesn't need to be each time! Helpful to know the receiving authorities and products. It does help us know where the reports are going, and gives us a heads-up in case of incoming questions. *Please refer to proposed Industry EFPIA IREG Template.*	EMA
16	Some regulators would like to have the Q&As document and non-public assessment reports when applying reliance. What would you suggest in that case?	In our opinion, only the final AR reflects the relevant final opinion of the respective Committee. Other (preliminary / intermediate) assessment reports only reflect the opinion of the document at a given point in time. Of note, frequently the initial versions of the ARs might focus on an analysis gap which are subsequently responded, whereas the final version would contain the eventual conclusive evaluation and the benefit-risk assessment of the proposed change.	EMA

17	In the EMA experience, how did regulatory reliance improved the PACs reviewing times?	What we hear from the pilot is reduced reviewing times compared to historical data for this type of change. in addition. We are trying to collect other data also important like country engagement, level of reliance, level of harmonisation and resources saved.	EMA
18	How EMA advocate with other Authorities to act as Reference Agency and promote reliance? and in case with which authorities? Any roadmap for this activity?	The WLA framework is exactly done to facilitate this.	EMA
19	An online collaboration tool would transparently and easily show who is relying on the EMA and gather incoming questions	There are many discussions ongoing about digital platforms - in particular at the level of ICH. Let's see what comes out from those discussions. Thanks though for drawing attention to this.	EMA
20	There are many countries that require the EMA Type IA notification receipt to allow us to submit the variation to those countries, does this mean we can still submit each Type IA to the EMA as we have been doing to allow us to submit those Type IAs to these relying countries?	Yes, reliance is an exception to the "Type IA annual update", within 12 months after the oldest variation IA implementation date. When a third country is requesting proof of acceptance in the EU (e.g. by the means of a Certificate of Pharmaceutical Product (CPP) or EU authorisation letter) for a particular change intended to mitigate a shortage or a critical need in the third country or the medicinal product is part of an international reliance program that has been accepted by the Agency.	EMA
21	Now we need EMA acknowledgement letter for every type IA to enable most of world submission as most countries need reference country approval. Does that mean that we can just submit type IA as past?	A relevant justification must be included in the application form for type IA variations submitted outside of the annual update, stating the need for reliance purposes. The list of exceptions under which it would be possible to submit such applications outside the Type IA annual update can be found in the EMA post-authorisation procedural advice for users of the centralised procedure.	EMA
22	Some HAs were relying of type IA acknowledgment of receipt for reliance for countries if submission must be done before the planned annual report will there be any supporting document from EMA for such submission in absence of AoR.	We issue an Acknowledgement of Receipt for each Type IA variation (and grouping thereof), irrespective of whether the submission took place within or outside the annual update.	EMA
23	If a Health Authority (HA) requests more documentation for the evaluation of a change compared to the documentation available from EMA, it would be difficult to apply reliance in these cases.	Decisions are always with the NRA, which may have different regulatory frameworks and requirements. Reliance on the EMA assessment can still happen relating to the scientific aspects. We cannot mandate what other NRAs do, and reliance is a spectrum from full reliance through to partial reliance.	EMA
24	In the event of a Type IA in EU that has been implemented less than 9/12 months before, can we submit a single Type IA variation, if this is needed to be approved before the submission of a new MAA in another ex-EU country that relies on dossier approved in EU? Is this just valid to mitigate shortages in the ex-EU country? What is needed from the EMA perspective to show the shortages? If the single Type IA variation is acceptable, will that be evaluated during the validation process?	Reliance and shortages are exceptions from the type IA annual reporting. When a third country is requesting proof of acceptance in EU (e.g. by the means of a Certificate of Pharmaceutical Product (CPP) or EU authorisation letter) for a particular change intended to mitigate a shortage or a critical need in the third country or the medicinal product is part of an international reliance program that has been accepted by the Agency. https://www.ema.europa.eu/en/partners-networks/international-activities/multilateral-coalitions-initiatives/reliance-applied-post-autorisation-changes-pilots-pharmaceutical-industry	EMA
25	Is it possible to implement reliance on an approval when a PACMP was used to downgrade the classification of the	Yes. PACMP are Type II variations and we publish in EPAR in the same way as normal Type IIs. Also the implementing variation for PACMP will be published in the EPAR.	EMA

	variation? Is there an EPAR for PACMP evaluations?		
26	When there is different MAH for each country belonging to the same company, is the worksharing mandatory ?	Where the lead product is a CAP, the worksharing is mandatory when the MAH is the same. Otherwise, if the MAH is different, this would be voluntary.	EMA
27	As part of the updates to the IA submission requirements, it says that we can submit standalone IAs if a relying country 'is part of an international reliance program that has been accepted by the Agency'.	Type IA variations can be submitted outside the annual update when a third country is requesting proof of acceptance in EU (e.g. by the means of a Certificate of Pharmaceutical Product (CPP) or EU authorisation letter) for a particular change intended to mitigate a shortage or a critical need in the third country or the medicinal product is part of an international reliance program that has been accepted by the Agency.	EMA
28	Do we need to inform the EMA when we have agreed a Reliance approach with a country? and do we get formal recognition from the EMA that this Reliance approach / country has been accepted?"	No, there is need to inform EMA.	EMA
29	Are there any plans of US FDA being included in Reliance?	This question should be better addressed to FDA.	EMA
30	Since December 2023, in the EMA pre-authorisation procedural advice for users of the Centralised Procedure Q&A, the Question 5.1.11 Can EMA assessment or inspection document be shared with regulators outside the EU? says that the MAH should inform the EMA about the sharing of the foregoing documents with regulators outside the EU by email to reliance@ema.europa.eu, mentioning the list of documents shared and with whom they are shared.	National authorities have the option to fully or partially rely on EMA's assessment. They must still adhere to their own regulatory and legal frameworks.	EMA
31	If the reviewing HA on the PAC submission require data that not being viewed or requested by EMA, how can the use of reliance be applied in such scenario using EMA report?	National authorities have the option to fully or partially rely on EMA's assessment. They must still adhere to their own regulatory and legal frameworks.	EMA
32	From my experience, many non-EU countries, which still do not accept the reliance concept, are suspicious of the different documentation and the content of the documentation, including the different batch release sites that license holders and manufacturers creates from business reasons, I suppose - what is the best and simplest way to prove to HAs that these differences should not be an obstacle to the adoption of the reliance concept? So, the product sameness is the eliminatory for reliance. Thanks in advance!	No reliance model can be successful without the critical aspect of ensuring that documentation received for an application assessed by the national regulatory authority using reliance refers to the same medical product as the one that was assessed by the reference NRA.	EMA
33	We understand the need for redaction of reviewers personal data from the final assessment report before companies can share this with other regulators (which do not accept EPAR). Sometimes companies	*This is highlighted in the EMA pre-authorisation procedural advice for users of the Centralised Procedure Q&A, the Question 5.1.11.*	EMA

	are still being challenged about the redaction. Would appreciate if EMA could reiterate the necessity to redact personal information and encourage other NRAs to accept that.		
Variations Guidelines			
34	Are EPARs released for all variation types?	We update the EPAR for all variations that affect the Product Information (Summary of Product Characteristics and/or Package leaflet) and all variations affecting the Risk Management Plan (RMP). We always update a document named 'Listing of post authorisation procedures' that includes a reference to all variations (including these not affecting Product information or RMP). Variations not affecting the Product Information or RMP will be included in the listing of post authorisation procedures as part of the next EPAR update.	EMA
35	What are the information need to be redacted from EPAR or can EPAR shared with other HAs without redaction?	While the amount of information to be redacted is limited, the assessment report is redacted in a way that commercially confidential information or personal data is not disclosed. Just to clarify that the EPAR can always be shared with anybody - it is published on the EMA website. No redaction is necessary when sharing the EPAR. For completeness, it is noted that when EMA assessment or inspection documents are shared in their entirety by the MAH/applicant directly to a HA, the MAH/applicant should ensure compliance with the Union legislation on the protection of personal data, including Regulation (EU) 2016/679 and Regulation (EU) 2018/1725; the MAH/applicant assumes any and all liabilities related to any disclosure, particularly with regard to the need to redact certain references in the documents where appropriate or legally needed (e.g. personal data of the assessor/inspector, quality and manufacturing commercial information).	EMA
36	What information does the analysis report contain? In which bibliography do you take the model to elaborate the report?	The information included in the assessment report is based on the data submitted by the marketing authorisation holder (MAH) and considers the applicable legislation, guidelines and regulations. The Assessment report is formulated from specific templates for each procedure.	EMA
37	I understand that for type II variation, assessment report will be shared with company. However, this will not be publicly shared on EMA website.	Not all assessment reports are published for all type II variations, though all changes would be reflected in the EPAR update. For type II variations with an extension of indication, the final assessment report is published in the EPAR. To add to this, the company can always share the CHMP assessment report. The requirements are that (1) the assessment report is shared in its entirety, (2) that the applicant complies with appropriate personal data protection requirements, and (3) that EMA is acknowledged as the source of the assessment report.	EMA
38	Will the acknowledgement of receipt be sent now with the Annual reports?	Annual Report is a grouping of Type IAs implemented during the year. EMA will issue an Acknowledgement of receipt for the Annual report, similarly to our current practice of issuing an Acknowledgement of receipt to Type IA groupings.	EMA
39	What information is available in the unredacted assessment report shared with the company? Is any information other	In addition to any personal data, any commercially confidential information is equally redacted. However, the	EMA

	than personal information details is redacted?	redacted information is limited to those two elements, i.e. being as transparent as possible.	
40	How quickly will EMA publish the updated EPAR on the website after an approval?	The EMA will publish the updated EPAR on its website within a few days following the approval of a medicinal product/applicable procedure. Specifically, EMA aims to make the EPAR available within 1 to 2 weeks after the positive opinion and approval decision.	EMA
41	Is there a timeline for when the new variation classificiation guidance will be effective?	The publication is expected at the end of Q2 2025 and then there will be an implementation period, but the exact dates are still not known.	EMA
42	EPAR - contains a lot of document such as Public assessment report or EPAR - Product Information are all EPAR documents updated after variations. Not so clear what EPAR means.	The EPAR, which stands for the European Public Assessment Report, is a detailed document that provides a comprehensive set of information about a medicine that has been approved in the EU. This includes, but is not limited to, regulatory decisions.	EMA
43	Is the final assessment report part of the EPAR?	This would depend on the particular procedure in question, and would reflect the level of risk of the proposed change. For some procedures, e.g. type II variations with an extension of indication, the assessment report would be reflected in the update to the EPAR. However, either way, all changes are reflected and do impact the EPAR, albeit in different ways and at different timepoints.	EMA
44	Does EMA provide their full assessment reports to the applicants after the review process of Types IA IB and II?	Yes, full assessment reports are provided to the applicants for variation procedures. They include an overview of variations, evaluation section, assessment of requests for additional information (if applicable) and recommendations, if any. The level of detail varies with the variation procedure type.	EMA
45	Is it correct that there will be assessment report for all type II variation?	An assessment report is always generated for Type II variations, however we only publish the assessment report for type II variations which have the scope of extending the indication. A summary of the variation scope is in any case published for all variations, major and minor.	EMA
46	If the authority would like to verify the assessment report. is there a mechanism for HA to communicate to EMA to verify the assessment report?	The scope would be published on our listing but we don't verify submissions done globally. There needs to be trust in what industry is submitting.	EMA
47	As per my understanding assessment reports are only issues by EMA for Type IB and type II variations. I see it has been mentioned above that all variation types have assessment reports issued to applicants. Can this be confirmed again?	For Type IA variations, the document provided is identified as an "Acknowledgement of Receipt".	EMA
48	For EU Annual report, will EMA include the list of variations in the acknowledgement of receipt?	The EC only updates the EU register after a procedure requiring a Commission decision (e.g. a Type II for new indication, new contraindication, new strength) or once a year or annually if there has not been any procedure triggering an EC decision. The EC register also reflects any minor variations (Type IA/IB) approved since since last EC decision for the product. EMA will list all variations in scope of the annual update in the AoR.	EMA
49	Can I check that EMA only publish assessment reports for Type II on the website? For Type IA and IB, assessment reports are not published on website?	Type IB reports and IA acknowledgements of receipt are not published on the EMA website. Type II assessment reports are published for variations to extend the indication of the medicine.	EMA

50	What are the types of assessment reports issued by EMA ? and what are the types of variation to which EMA is publishing assessment report ?	The assessment report templates are specific to the type of variation procedure. In the context of variations the assessment reports are published for type II variations to extend the indication of the medicine.	EMA
51	Does the assessment report available include questions from the EMA and responses from the applicants?	The final assessment report reflects the final scientific assessment and conclusion(s) on the respective EMA Committee, including on the benefit-risk aspects of the assessment. The intermediate stages would not be directly reflected per se, since they would have been responded, though the received responses would be reflected / integrated within the assessment report by default. Effectively, it is the final cumulative state of things that is included in the assessment report.	EMA
52	What is the possibility that agencies publish different variations assessment report?	The EMA publishes the assessment report of the variations with a high impact on benefit-risk (e.g. extension of indications).	EMA
53	When do the changes to EU variations framework take effect? Can I start using the new framework?	The publication is expected at the end of Q2 2025 and there will be a transition period before implementation, so the formal implementation date is not known, yet. In the meantime, the current classification still applies.	EMA
54	In Europe, some products are registered through the National (Decentralized) procedure. In that case, what is the way for evaluating variations/line extensions? Can we find the EPAR reports for these products as well through EMA website?	The classification of variations is the same in all EEA procedures (centralised and decentralised). The EMA corporate website only includes the variations approved through the centralised authorisation procedure. National Competent Authorities in the EU member states publish information on their products/ procedures, i.e. on the national / mutual recognition / decentralised procedures.	EMA
55	Can Type IA to implement PACMP is considered as an annual reportable variation?	That is not confirmed. In the present classification guideline, depending on the presence of supportive data of not, the implementation of a PACMP is a change that would be classified as either a type IA immediate notification or a type IB variation.	EMA
56	As per my understanding, when we have IAin variation (e.g. change in batch release site), this variation affects product information (leaflet). Do we need to have „ready“ new leaflet before implementation date that states in eAF and cannot release „old leaflet“ with old batch release site after implementation date? Or there is possibility to have some grace period for production of new leaflets (after submitting variation package). There is always problem with production of leaflets before implementation date. Thank you!	Type IA variations are implemented prior notification to the EMA. (Shall the Acknowledgement of Receipt be negative, the MAH should cease the implementation.) The MAH may justify the need to submit the IA outside the annual update.	EMA
57	Does the assessment report available include questions from the EMA and responses (in terms of justifications or additional supporting documents) from the applicants from submission to approval?	The final assessment report reflects the final assessment and view of the scientific discussions and conclusions made by the rapporteur and the committee on the benefit-risk assessment. The intermediate stages would not be directly reflected per se in the final assessment report, since they would have been responded, though the received responses would be reflected / integrated within the final assessment report by default. Effectively, it is the final cumulative state of things that is included in the assessment report. The interim assessment reports, including any list of questions, only reflect the interim	EMA

		status at that given timepoint, but those interim" assessment report is not final.	
58	End of automatic Type II variations for biologic: I understand we have the experience with bilogics. What about ATMP? These are quite new. Will there be an automatic Type II for ATMPs?	There are no specific conditions for ATMPs, the downgrading is done based on the previous knowledge of the product, not the type of product itself.	EMA
59	From the amended regulation, in theory, can more than one annual update for type IA variations be submitted by an MAH in one calendar year?	Type IA variations which do not require immediate notification should be collected and submitted by the marketing authorisation holder (MAH) as a 'Type IA annual update', within 12 months after the oldest variation IA implementation date. The submission should be done as a single submission covering all minor variations of Type IA implemented during the period. The application should be submitted no earlier than 9 months and no later than 12 months after the first implementation date of the Type IA variation included in the 'Type IA annual update'.	EMA
60	Does it mean that if a product is registered through the centralised procedure, all the variations will also be handled through the centralised procedure only?	Yes, that is correct.	EMA
61	Is the exception for using the annual update for type IA linked to needs for CPP also related to other conditions? if so, which other conditions?	All the exceptions are listed in the EMA post-authorisation guidance published in our website. They are related to shortages, public health emergencies, prior to an inspection or MA transfer and reliance. A justification needs to be included in the application form when submitting the variation.	EMA
62	Regarding quality variations, will the revised guidance also incorporate the concepts of Established Conditions (ECs) and the Product Lifecycle Management (PLCM) document as outlined in ICH Q12?	Some of the concepts of ICHQ12 will first require the update of the legislation before they can be included in the variation classification guideline, this includes established conditions.	EMA
63	In the Variations Guideline, no information is given in the table for Conditions to be fulfilled and documents to be supplied for Type II. Does this mean all conditions and all documents apply or is it case by case?	This would depend on the specific classification, since documentation is either explicitly or implicitly expected depending on the particular change (as an example, an updated RMP could be expected depending on the change, even if not included in the list of documentation in the classification guideline). Generally speaking, when specific documentation is not stipulated, the documentation of the overall category classification should be used as a guide during the preparation of the submission. Furthermore, those conditions and expected documentation more formally apply on type IA variations, where they apply in a specific and restrictive manner.	EMA
64	Does EMA foresee any change in line extension regulations along with variation regulation changes?	There has been no change to the concept of line extensions as part of the update to the variation regulation.	EMA
65	Could you please clarify if changes to the amended regulation i.e., article 6A regulatory tools" are not covering Established Conditions implementation in the EU? From the presentation it seems clear that the implementation of ECs in the EU will no happen with the current update of the regulation and the future variations guidance. WIll that be part of Step 2 of the update?	That is correct, Established Conditions are not yet recognized in the EU regulations, therefore they could not be included in the classification guideline. We'll need to wait for the second step of the Variations Regulation review to see if EC are included.	EMA

66	What is the maximum number of procedural changes (e.g., modifications to dossier documents, product information, or manufacturing processes) allowed per marketing authorization application (MAA) or post-authorization application at the European Medicines Agency (EMA)? Are there differences in limits between variations (Type IA, IB, II) or extensions?	There is no specification for the maximum number of changes that can be included in one variation application. One should be mindful that multiple minor changes may potentially have a major impact to the product, which would require the submission of a type II variation. Additionally, grouping of non-Type IA variations is only acceptable when they fall within one of the cases listed in Annex III of the variation regulation, or, if they do not fall within one of those cases, when the grouping of the variations has been agreed between the Agency and the MAH before submission.	EMA
67	Could you please clarify if with the new EU Variation Regulation the national phases will still kept with a worksharing? should we wait anyway for the national approval after the EoP of the Worksharing to implement the change at national level?	The national phase for Worksharing including CAPs and NAPs is maintained in the new variations framework. EMA approves the procedure of worksharing but still the national licenses need to be updated.	EMA
68	Do you recommend we contact EMA prior to submitting an individual 1A (outside of annual update) to get agreement or simply justify the submission outside of the annual update in the application form?	When your exemption is listed in the guidance, there is no need to send a query prior to submission. It is sufficient to include the justification in the application form.	EMA
69	How long will be the transitional period for the implementation of the new classification guidelines?	This information is not yet available. However, it will be communicated and published in due course.	EMA
70	Hello, during the transition period, will it be possible to use both guidelines?	The practicalities of the transition between the two classification guidelines (i.e. the currently applicable and the future one) are currently under formulation. Once concluded, this will be published and communicated accordingly.	EMA
71	Is EMA permitting individual 1A submission just if RoW market needs CPP/reliance procedure even in cases where the is not a supply issue in that RoW market?	EMA will accept the need for an updated CPP and the reliance need as a justification to submit a type IA outside the annual update.	EMA
72	Once EMA approved a Type II variation, is there a grace period for the MAH to implement the new changes? What is the expected implementation time-frame?	For Type II variations, as well as for type IB variations, the applicant indicates the expected implementation date in the variation application form. This can be the next product run following authorisation of the change, or alternatively, by a date or within a time-frame as identified by the applicant in the application form.	EMA
73	For renewal, as list of documents presented for 5 year renewal, we as Applicant no more required to provide any Anex to AF? second question, renewal file is submitted during Feb 2025 will it follow new timelinesas per updated guidlines?	The full list of submission requirements for 5-year renewal can be found on our website under question 3. How shall I present my renewal application?: Renewal and annual re-assessment of marketing authorisation | European Medicines Agency (EMA) There are currently no changes to assessment timelines foreseen for renewals at the European level.	EMA
74	If possible, could you address the implementation of ICH Q12 Established conditions in the EU? WIll that be possible after teh variations guideline is published considering that changes to PLCM are included in the draft?	Some of the concepts of ICHQ12 will first require the update of the legislation before they can be included in the variation classification guideline, this includes established conditions.	EMA
75	It would be good to have all HAs (EMA, FDA, WHO etc) aligned in their variation classification to promote efficient reliance on PAC.	The comment is acknowledged.	EMA

76	Regarding the annual update submission, the reporting date will be based on the date of submission 1st annual update or will depends on the type IA variations (9 to 12 months)?	The submission date of the annual update depends on the implementation date of the type IA variations included in the annual update. It should be no earlier than 9 months and no later than 12 months after the first implementation date of the type IA variation included in the annual update.	EMA
77	Few countires already ask for EMA approval/Assessment Report at time of varation submission (if the product is approved in EU). Can you clarify what is changing respect today?	Nothing changes.	EMA
78	In Europe, some products are registered through the National (Decentralized) procedure. In that case, what is the way for evaluating variations/line extensions? Can we find the EPAR reports for these products as well through EMA website?	The classification of variations is the same in all EU procedures (centralised and decentralised). EMA webpages only include the variations approved through the centralised procedure. National Competent authorities in the EU member states publish information on their products/procedures on the decentralised procedures.	EMA
EDA reliance implementation for PACs			
79	Noted that the EDA requires sameness of product for filing via Reliance, how does EDA ensure product sameness with the reference country?	Sameness commitment from the applicant is requested.	EDA
80	Do you have any memorandum of understanding with each agency you are relying on? How do you implement reliance in the event you dont have that memorandum of understanding?	Several MOUs have been signed with african countries relying on EDA & only one with south Africa for mutual reliance & we did not yet signed any MOUs with any of reference countries.	EDA
81	Is the new variation guideline in Egypt also feasible for small molecules and not only biological products because the titel of the guideline coming in force in 2024 was only related to biological products? Is the new reliance concept for PACs also usable for small molecules in Egypt?	Of course reliance is also implemented for small molecules in both new applications & PACs but i showed only biologics where I am responsible for.	EDA
82	Do you have any special considerations in different types of products, like vaccines, monoclonal antibodies or advanced therapies?	These numbers are for vaccines & biologics only where I am responsible for.	EDA
83	Why no African countries are part of EDA's Reliance PAC list of reference countries - whereas we do have 8 countries that reach maturity level 3?	Selection criteria are not only based on ML3 of authorities. It is more for WLA with other criteria.	EDA
84	Does EDA apply reliance for PAC while the initial MA was not granted via reliance pathway ?	Yes	EDA
85	Are you facing any challenges with documents from reference authorities to be used for reliance purposes?	No	EDA
86	Regarding declaration of product sameness for reliance. What aspects of product sameness does EDA consider as critical. For instance, can different product specification acceptance criteria be accepted when justified by the applicant?	As mentioned in the definition of sameness in the document (Questions & Answers on Reliance by IPRP , chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://admin.iprp.global/sites/default/files/2022-11/IPRP_RelianceQ%26As_2022_0930.pdf). This document includes all aspects considered by EDA (e.g. same qualitative and quantitative composition, same strength, same pharmaceutical form, same intended use, same manufacturing process, same suppliers of active	EDA

		pharmaceutical ingredients, same quality of all excipients). In case of differences, the assessment of potential justified differences by EDA takes place to accept to use reference NRA assessment or decision in such cases or not.	
WHO			
87	WHO advocates for reliance in MA and throughout LCM, does this applies regardless of whether the reference country granted conditional approval?	WHO advocates for reliance throughout lifecycle management. Reliance is a spectrum and the weight the relying country places on the assessment, including any conditions, will depend on the NRA and any applicable local context.	WHO
88	Is there any perspective to align WHO and EU variation guidelines for biologicals ?	As part of the process for the update of the guidelines, WHO and dedicated experts will consider international standards available and best practices from different regions.	WHO
Other			
89	Is there a communication channel for regulators to talk to EMA if they have questions about these topics?	Yes. EMA international can make the link with the product/assessment team if needed.	EMA
90	Does EMA issue a new marketing authorization for all line extensions?	No, the line extensions remain part of the marketing authorisation. This approach is different in some MS that consider a line extension as a different marketing authorisation.	EMA
91	For supergrouping - how should the definition of an MA be understood? e.g. if different presentations (prefilled syringe & autoinjector) or strengths are available for one product, are these considered diffferent MAs and therefore supergrouping is an option for one change impacting both strengths or presentations?	In the scope of a medicinal product with a marketing authorisation granted under the centralised procedure.	EMA
92	Does the EMA have a definition of what they class as the implementation date?	The implementation date is the date when a MAH implements the change in their quality system.	EMA
93	If Regulatory Authority relies only on Assessment Report that means that possibly Authority will not have whole documentation, because companies mostly submit to Agencies only initial dossier, not upgraded one after all the questions from for example EMA. How can we be sure that we have complete documentation that served EMA for MA?	An assessment report will not substitute the submission but complement it to facilitate the assessment.	EMA
94	After a conditional approval is trasformed into a full approval...does still apply a 5 year renewal once they gaing the full/stansdard approval?	Yes, a product will be subject to a five-year renewal once it has been granted a full marketing authorisation.	EMA
95	Can EMA clarify whether CMDh also aligned on EMA's position accepting individual 1A submission if a CPP / EU authorisation is required by a Rest of World market? - or is that still only if the MAV mitigates a supply need in that RoW market?	For the position of the CMDh, kindly refer to the CMDh best practice guide, chapter 6 for the processing of (super-) grouped applications in the Mutual Recognition Procedure	EMA
96	Is it mentioned in the MA / Commission Decision somehow that the it is valid for "unlimited period"?	When the commission grants the renewal for an unlimited period it means the marketing authorisation has unlimited validity and no further renewals are required.	EMA

97	How safety and efficacy are assessed at the time product is renewed? through submitting all data/ PSUR/ or there is another mechanism?	The benefit-risk assessment is based on a review of the consolidated safety/efficacy data accumulated since the initial MA or the last renewal, taking into account Periodic Safety Update Reports (PSURs) submitted and where applicable new signal assessment and new potential or identified risks raised during the renewal period that have not been subject to previous assessment (e.g. in PSURs) are also taken into account including any relevant new information in the public domain e.g. literature references.	EMA
98	What are the requirements for the renewal of a conditional MAA?	The annual renewal is based on a review of the benefit risk of the product taking into account a review of the specific obligations and their timeframes for completion.	EMA
99	How could PAC reliance affect the market surveillance of these products to ensure its safety , quality and efficacy?	Marketing Authorisation holders provide information of the Pharmacovigilance data of the product in the PSUR submissions. The pharmacovigilance data also takes into account cases reported worldwide. Any safety data updated in the product information after a PSUR or other procedure will also serve as basis for updates of the product information in countries that rely on marketing authorisations evaluated by EMA.	EMA
100	Renewal for conditional marketing authorisation (CMA) is aimed to be removed too?	The new pharmaceutical legislation does not envisage any changes to the annual renewal system which is linked to a conditional marketing authorisation.	EMA