



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH  
AND FOOD SAFETY



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

10 September 2020  
EMA/199630/2020, Rev. 1  
European Medicines Agency

## European Medicines Regulatory Network COVID-19 Business Continuity Plan

No longer valid

See websites for contact details

**Directorate-General for Health and consumers:** [ec.europa.eu](http://ec.europa.eu)

**Heads of Medicines Agencies:** [www.hma.eu](http://www.hma.eu)

**European Medicines Agency:** [www.ema.europa.eu](http://www.ema.europa.eu)

The European Medicines Agency is an  
agency of Agency of the European Union



## 1. Introduction

The COVID-19 pandemic has been affecting the whole European Medicines Regulatory Network (EMRN) (regulatory network of National Competent Authorities (NCAs) of the Member States (MSs) of the European Economic Area (EEA), the European Medicines Agency (EMA) and the European Commission (EC)), albeit to a different extent and not necessarily at the same time. Several factors have to be taken into account, such as the resources needed to respond to the pandemic as well as the unavailability of staff due to illness or the need to look after children or sick family members.

Many NCAs deal with other aspects of the pandemic than regulation of medicines, e.g. with personal protection equipment and other medical devices. Resources will be needed not only to deal with COVID-19 itself but also with the consequential effects such as shortages of medicines and imposed travel restrictions impacting for instance on the possibility to carry out inspections. The magnitude of this additional work is difficult to quantify at this moment in time. The extent of the impact on the pharmaceutical industry is also unknown including whether it will result in a reduction or delay of submissions. Even if there is a reduction in submissions it might not be at the same time as the increase in COVID-19 related submissions and any delays might result in a cumulation of submissions at a later stage.

The impact on resources available for the handling of regulatory procedures affects centrally (CAPs) and nationally authorised products (NAPs). In this unprecedented situation it is important that the EMRN works as a whole with a consistent approach towards business continuity and prioritisation of regulatory activities.

In order to address the consequences of the COVID-19 pandemic on the regulatory activities performed by the Regulatory Authorities of the EMRN, the European Medicines Regulatory Network COVID-19 Business Continuity Plan (EMRN COVID-19 BCP) has been developed. It is acknowledged that the COVID-19 pandemic is a unique situation and that there are many unknown factors not least the extent of the impact and the duration. The EMRN COVID-19 BCP will, therefore, be subject to regular review and revisions, when needed.

## 2. Aim of this document

The aim of this document is to describe

- the agreement reached within the EMRN as to the principles for the handling of regulatory procedures in a business continuity context in the frame of the COVID-19 pandemic;
- how these arrangements are implemented for both CAPs and NAPs.

The arrangements for CAPs and EMA procedures are provided in Annex 1, for NAPs-human medicines in Annex 2, and for NAPs-veterinary medicines in Annex 3.

## 3. Priorities for the EMRN COVID-19 BCP

The first priority is to ensure that core public and animal health regulatory activities during the COVID-19 pandemic continue to be carried out in terms of the authorisation, maintenance and supervision of medicines, including those related to the treatment of COVID-19 patients and those that address potential shortages of crucial medicines used in the context of COVID-19 in particular in the intensive care units. Secondly to ensure the functioning of the EMRN as a whole through a consistent approach for all medicines irrespective of the licencing route, and through mutual support.

Mitigating measures should be put in place as needed but it is also important that work continues as usual wherever possible. Therefore, mitigating measures might not apply to all procedures at the same time. Mitigating measures should be proportionate to the issue and a stepwise approach is, therefore, undertaken.

## 4. Phases of the EMRN COVID-19 BCP

### 4.1. First phase

In phase 1 of the EMRN COVID-19 BCP the NCAs and EMA are able to cope with minimal reduction in available work force and to continue to fulfil normal regulatory tasks for CAPs and NAPs, both in terms of evaluation, maintenance and monitoring tasks.

### 4.2. Second phase

In the second phase of the EMRN COVID-19 BCP one or more NCA(s) or the EMA report difficulties in fulfilling normal regulatory tasks and, therefore, a first step of prioritisation needs to be applied.

The principles for prioritisation for the EMRN are as follows:

- Under no circumstances can **COVID-19 related procedure**<sup>1</sup> be delayed; they should always be given 1st priority.
- **For the non-COVID-19 procedures**, any changes that are necessary (e.g. a change to a timetable or a change in the Lead Authority<sup>2</sup>, if applicable) will be applied at the level of the concerned procedure and not at a product type or procedure type level.
- **For the non-COVID-19 procedures where delays are reported** the arrangements described for CAPs and EMA procedures in Annex 1, for NA's-human medicines in Annex 2, and for NAPs-veterinary medicines in Annex 3 apply.

### 4.3. Third phase

The third phase of the EMRN COVID-19 BCP is triggered when the majority of NCAs or the EMA are experiencing increasing difficulties in fulfilling the tasks as set out in the aforementioned phase 2 despite the level of prioritisation already applied, and, therefore, additional mitigating measures are needed.

The need to introduce an additional mitigating measures and to move to phase 3 will be decided on by the EMRN taking into account the outcome of regular reviews.

### 4.4. Current phase

As of 10 September 2020 the EMRN COVID-19 BCP is still in phase 2.

---

<sup>1</sup> i.e. procedures relating to treatment of COVID-19 and vaccines against COVID-19 (both new products and changes to existing products), procedures relating to products needed in the general treatment of COVID-19 patients (incl. crucial products in the intensive care unit (ICU) setting) and procedures to minimise shortages due to COVID-19

<sup>2</sup> Lead Authority for centralised procedures are the Rapporteur and Co-Rapporteur and for Mutual recognition and decentralised procedures the Reference Member State (RMS)

## 5. Specific measures relating to pharmacovigilance aspects

The following specific measures apply to pharmacovigilance aspects in the second phase of the EMRN COVID-19 BCP:

### 5.1. Specific measures relating to Periodic Safety Update Reports (PSURs)

The principles for prioritisation for the EMRN are as follows:

- **COVID-19 related PSUR<sup>3</sup> procedures** should always be given 1st priority.
- **For non-COVID-19 related PSUR procedures** the following principles apply:
  - Any changes that are necessary (e.g. a change to a timetable or a change in the Lead Authority, if applicable) will be applied at the level of the concerned procedure and not at a product or procedure type level.
  - Where delays are reported the arrangements described for CAPs and EMA procedures in Annex 1, for NAPs-human medicines in Annex 2, and for NAPs-veterinary medicines in Annex 3 apply.

### 5.2. Specific measures relating to signal management

The principles for prioritisation for the EMRN are as follows:

- **Signal management of COVID-19 related active substances** and any important safety signals requiring urgent attention should be given first priority.
- **For non-COVID-19 related signals** the following principles apply:
  - Should prioritisation of signal management activities for non-COVID-19 active substances become necessary, the prioritisation will take into account the potential impact on public/animal health and/or the benefit-risk balance.
  - Any changes that are necessary (e.g. a change to a timetable or a change in the Lead Authority, if applicable) will be applied at the level of the concerned procedure and not at a product type or procedure type level.
  - Where delays are reported the arrangements described for CAPs and EMA procedures in Annex 1 and for NAPs-human medicines in Annex 2 apply.

---

<sup>3</sup> PSUR procedures for medicinal products used for the treatment of COVID-19 and for vaccines against COVID-19 (both new products and changes to existing products), products needed in the general treatment of COVID-19 patients (incl. crucial products in the ICU setting)

### **5.3. Specific measures relating to Post-Authorisation Safety Studies (PASS)**

The principles for prioritisation for the EMRN are as follows:

- **PASS procedures for COVID-19 related medicinal products<sup>4</sup>** should be given 1st priority.
- **For non-COVID-19 related PASS** the following principles apply:
  - Should prioritisation of PASS activities for non-COVID-19 medicinal products become necessary, the prioritisation will take into account the potential impact on public health and/ or the benefit-risk balance.
  - Any changes that are necessary (e.g. a change to a timetable or a change in the Lead Authority, if applicable) will be applied at the level of the concerned procedure and not at a product type or procedure type level.
  - Where delays are reported the arrangements described for CAPs and MA procedures in Annex 1 and for NAPs-human medicines in Annex 2 apply.

## **6. Specific measures relating to inspections**

The following specific measures apply to inspections in the second phase of the EMRN COVID-19 BCP:

- For ongoing inspection requests the rapporteurs, inspectors, national competent authorities and EMA, as applicable, will explore alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.).
- For upcoming inspection requests a risk-based approach will be introduced, as follows:
  - New triggered/preapproval inspections will continue but rapporteurs, inspectors, national competent authorities and EMA, as applicable, will explore alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.) on a case by case basis.
  - New requests for routine/planned on-site inspections are postponed if the level of safety risks is not acceptable for Inspectors and Member States, unless an alternative solution is identified.
- New routine/planned inspection requests will restart as soon as the level of safety risks is acceptable for Inspectors and Member States or a suitable alternative solution is identified.

The Inspectors Working Groups are involved in developing alternative solutions and options such as guidance on distant assessments/remote inspections.

## **7. Specific aspects of requests by applicants/Marketing Authorisation Holders (MAHs) for delays in submissions**

In addition to the principles for the handling of regulatory procedures by the Regulatory Authorities also requests for delays made by pharmaceutical companies need to be addressed.

Requests for delay in the submission of responses to questions will be handled in the following way:

---

<sup>4</sup> Medicinal products used for the treatment of COVID-19 and vaccines against COVID-19 (both new products and changes to existing products), products needed in the general treatment of COVID-19 patients (incl. crucial products in the ICU setting)

- Requests for delays in submission of COVID-19 related responses as part of a COVID-19 related procedure will not be accepted, except duly justified for short delays.
- For non-COVID-19 procedures:
  - Requests for delays in submission of responses as part of safety related changes/ applications to address quality defects will not be accepted except duly justified for short delays.
  - For any other submission of responses for any other non-COVID-19 related procedure delay will be accepted if duly justified.

Requests for delays in responding to questions in relation to PSURs will be handled as follows:

- **For COVID-19 related PSURs** requests for delays will not be accepted.
- **For non-COVID-19 related PSURs** requests for delays will not be accepted, except duly justified for short delays *taking into account the potential impact on public health and/ or the benefit-risk balance.*

Requests for delays in responding to questions in relation to signals will be handled as follows:

- **For COVID-19 related signals** requests for delays will not be accepted.
- **For non-COVID-19 related signals** delays will not be accepted, except duly justified for short delays taking into account the potential impact on public/animal health and/or the benefit-risk balance.

Requests for delays in responding to questions in procedure in relation to imposed PASS will be handled as follows:

- For PASS relating to **COVID-19 product** requests for delays will not be accepted.
- For **non-COVID-19 related PASS procedures** requests for delays will not be accepted, except duly justified for short delays taking into account the potential impact on public health and/or the benefit-risk balance.

For any delay to submission of responses the revised start of the procedure will be dependent on the availability of the already appointed Lead Authority(ies) and the assessment team, and might lead to the change in Lead Authority(ies)

A delay in submission of planned applications might lead to a change in Lead Authority or a re-appointment of the Lead Authority(ies).

## 8. Regulatory guidance for applicants and MAHs

The EC, the Coordination group for Mutual recognition and Decentralised procedures – human (“CMDh”) and EMA have developed a Question and Answer document ([question-and-answer \(Q & A\) document to provide guidance to stakeholders](#)) on adaptations to the regulatory framework to address challenges arising from the COVID-19 pandemic, and which was published. Subsequently, a veterinary version of the Q&A document was elaborated by the EC and the Coordination group for Mutual recognition and Decentralised procedures – veterinary (“CMDv”) and EMA, and published (<https://www.ema.europa.eu/en/news/regulatory-flexibility-ensure-availability-veterinary-medicines-during-covid-19-pandemic>).

The Q&A document outlines areas where regulatory flexibility is possible to address some of the constraints MAHs may be faced with in the context of COVID-19. The measures introduced cover different areas of the regulation of medicines such as MA and regulatory procedures, manufacturing

and importation of active pharmaceutical ingredients (APIs) and finished products, quality variations and labelling and packaging requirements with flexibility to facilitate the movement of medicinal products within the EU. Some of the measures described are reserved for crucial medicines for use in COVID-19 patients.

The documents, both human and veterinary, will be revised to address new questions and to adjust the content thereof to the evolution of the pandemic.

## **9. Monitoring of the implementation**

The situation will be continuously monitored at EMA Committees', CMDh and CMDv level to inform decision-making either in terms of adjustments to be introduced in phase 2 or to move to phase 3 if the situation deteriorates. Such decisions will be taken at the level of the EMRN.

## **10. Communication**

To facilitate the streamlining of information between each NCA and EMA in case of anticipated delays in the work to be performed by the Rapporteur(s) a Single Point of Contact ( SPOC) will be established within each NCA.

Transparency to stakeholders is very important and the EMRN COVID-19 BCP will be published on the websites of HMA, CMDh, CMDv and EMA. Updates and further information will be given if a new phase of the BCP is invoked or additional mitigating measures have been agreed.

## Annex 1

COVID-19 BCP measures specific to the European Medicines Agency, for CAPs and EMA procedures for NAPs

No longer valid

# 1. Introduction

The European Medicines Agency (EMA) will follow the general principles as set out in the European Medicines Regulatory Network (EMRN) COVID-19 Business Continuity Plan (BCP), section 4 (Phases of the EMRN COVID-19 BCP). This annex describes how these general principles will be implemented for EMA procedures for CAPs and, as applicable, NAPs. In particular, detailed information is provided how EMA will apply the arrangements for the non-COVID-19 procedures where delays are reported as referred to in section 4.2.

## 2. Application of the general principles

### 2.1. General considerations

Translating phase 2 of the EMRN COVID-19 BCP as described in section 4.2. into the practices of applications submitted in accordance with the centralised procedure results in the following:

- Under no circumstances can **COVID-19 related procedures**<sup>[1]</sup> be delayed – they should always be given 1st priority. For authorised products this means that if the already appointed Rapporteur(s) is (are) not able to perform the assessment, then (a) new Rapporteur(s) will be appointed on a temporary basis for the particular procedure. For application for new products the appointment of (a) Rapporteur(s) will be based on the already existing criteria such as the availability of the necessary expertise, but in addition the availability of the necessary capacity (including at assessor level) to take on the procedure without delay is an important prerequisite.
- **For the non-COVID-19 procedures**, any changes that are necessary (e.g. a change to a timetable or a change in Rapporteur) will be applied at the level of the concerned procedure and not at a product type or procedure type level.
- **For the non-COVID-19 procedures where delays are reported** the following **decision tree** is followed:
  - First, use utmost flexibility within the overall timetable without extending the overall timeframe for the procedure.
  - If this is not feasible, replace on a temporary basis the Rapporteur with the (Co)-Rapporteur to finalise the particular procedure where a delay has been reported; or in case the Co-Rapporteur is normally not involved in the procedure, ask the Co-Rapporteur nevertheless to take over (on condition that the necessary assessment team is available). In case such temporary replacement is not possible, go to the next step.
  - If the temporary replacement of the Rapporteur by the Co-Rapporteur is not feasible, extend the overall timetable by 1-3 months on condition that the involved assessment team remains available.If this is not feasible, appoint another Rapporteur on a temporary basis for any procedure relating to the concerned authorised medicine, or permanently re-appoint the Rapporteur for planned submissions of applications for initial marketing authorisations.

---

<sup>[1]</sup> i.e. procedures relating to treatment of COVID-19 and vaccines against COVID-19 (both new products and changes to existing products), procedures relating to products needed in the general treatment of COVID-19 patients (incl. crucial products in the intensive care unit (ICU) setting) and procedures to minimise shortages due to COVID-19

In addition, the following should be noted:

- Requests for a delay will only be considered if the (Co-)Rapporteur provides comprehensive justifications regarding the specific and unforeseeable circumstances that prevent from respecting the procedural timelines.
- Following the receipt of a duly justified request, EMA in consultation with the affected (Co-)Rapporteur, will decide on a solution at a procedure level compatible with the criteria detailed in this annex. Such solution should not affect the quality of the scientific assessment
- If, following the decision tree, the solution is to apply a delay, 3 conditions have to be fulfilled: (1) the other mitigating measures as described in the decision tree are not successful (2) the requested delay does not exceed 3 months, and (3) the European Commission (EC) can agree with the requested delay.
- Where possible, the Multinational Assessment Team (MNAT) concept will be applied
- Changes to timetables, in principle, should not affect the applicant's/marketing authorisation holder's (MAH) time frame foreseen in the legislation to answer to requests from the Committees, unless an explicit agreement has been obtained for the modification concerned.

## **2.2. Initial applications, line extensions and extensions of indications (Type II variations, 90 day procedures) with both Rapporteur and Co-Rapporteur involved in the procedure**

Before the intended submission date as indicated by the applicant/MAH, EMA will liaise with the (Co-)Rapporteurs for the procedure to enquire whether they anticipate difficulties in adhering to the proposed timetable for assessment.

In case a delay is reported before the start of procedure the length of the delay and the procedure can give rise to three scenarios:

1. The procedure is COVID-19 related.

Since under no circumstance COVID-19 related procedures can be delayed and in certain cases may even need to be shortened a new (Co-)Rapporteur or a MNAT for the already appointed (Co-)Rapporteur (initial application only)/ another temporary (Co-)Rapporteur (line extensions and extensions of indications) having the capacity and expertise (including at assessor level) to take over the procedure without delay will be appointed.

2. The procedure is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

A revised timetable will be adopted to allow for the delay without extending the overall legal timeframe.

3. The procedure is non-COVID-19 related and the length of the anticipated delay cannot be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe or, if not feasible (length of delay more than 3 months and/or the assessment team is not available), to re-appoint (Co-)Rapporteurs or to form a MNAT for the already appointed (Co-)Rapporteur (initial applications only) or to temporarily re-assign another (Co-)Rapporteur for the procedure (line extensions and extensions of indications).

Delays being reported during the procedure that can be accommodated within the overall procedure timeframe without extending it, but would only affect the respective phase of the overall procedure, will result in a revised timetable for the affected phase of the process.

When the procedural steps foresee circulation of a joint assessment report (e.g. after Day 80 for initial applications), the unaffected (Co)-Rapporteur should take the lead in preparing the joint report, provided that the affected (Co)-Rapporteur is in a position to endorse the joint report.

Delays whereby the individual (Co)-Rapporteur's assessment report (e.g. before Day 80 for initial applications) or the Joint Rapporteurs' assessment report are not available in time to allow CxMP adoption of a List of Questions, List of Outstanding Issues or Request for Supplemental information will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, another Rapporteur will be appointed on a temporary basis for line extensions and extensions of indications and a Rapporteur will be re-appointed for planned submissions of applications for initial marketing authorisations.

### **2.3. Initial applications, line extensions, renewals and annual re-assessments with only the Rapporteur involved in the procedure**

Before the intended submission date as indicated by the applicant/MAH (initial applications and line extensions) or the expected submission date (renewals and annual re-assessments), EMA will liaise with the (Co)-Rapporteur for the procedure to enquire whether difficulties in adhering to the proposed timetable for assessment are anticipated.

In case a delay is reported before the start of the procedure, the length of the delay and the procedure can give rise to four scenarios:

1. The initial marketing authorisation application is COVID-19 related.

Since under no circumstances COVID-19 related procedures can be delayed and in certain cases may even need to be shortened, a new (Co)-Rapporteur or a MNAT for the already appointed (Co)-Rapporteur (initial applications only)/ another temporary (Co)-Rapporteur (line extensions, renewals and annual reassessments) having the capacity and expertise (including at assessor level) to take over the procedure without delay will be appointed.

2. The line extension application is COVID-19 related.

EMA will enquire whether the Co-Rapporteur (if nominated) has the capacity (including at assessor level) to take over the procedure. If not, another temporary Rapporteur will be appointed for the line extension application.

3. The procedure is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

A revised timetable will be adopted to allow for the delay without extending the overall legal timeframe.

The procedure is non-COVID-19 related and the length of the anticipated delays cannot be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe up to 3 months or, if not feasible (length of delay more than 3 months and/or the assessment team is not available), to re-appoint Rapporteurs or to form a MNAT for the already

appointed (Co)-Rapporteur (initial applications only) or to temporarily re-assign another Rapporteur to the procedure (line extensions, renewals and annual re-assessments).

Delays being reported during the procedure that can be accommodated within the overall procedure timeframe without extending it but would only affect the respective phase of the overall procedure, will result in a revised timetable for the affected phase of the process.

Delays whereby the individual (Co)-Rapporteur's assessment report (e.g. before Day 80 for initial applications) is not available in time to allow CxMP adoption of a List of Questions, List of Outstanding Issues or Request for Supplementary information will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, another Rapporteur will be appointed on a temporary basis for line extensions, renewals and annual re-assessments and a Rapporteur will be re-appointed for planned submissions of applications for initial marketing authorisations.

#### **2.4. Type II and Type IB variations with only the Rapporteur involved in the procedure**

EMA is not usually informed about planned submission dates for variations (excluding extensions of indications or other changes to the authorised therapeutic indication) and is therefore not able to liaise with the Rapporteur in advance of the submission but will do so at the time of submission.

Upon receipt of the variation application EMA will liaise with the Rapporteur for the product concerned to enquire whether difficulties in adhering to the proposed timetable for assessment are anticipated.

In case a delay is anticipated, the length of the delay and the procedure can give rise to three scenarios:

1. The application is COVID-19 related.

Since under no circumstances COVID-19 related procedures can be delayed and in certain cases may even need to be shortened, EMA will enquire whether the Co-Rapporteur has the capacity (including at assessor level) to take over the procedure. If not, another temporary Rapporteur will be appointed without delay for the variation application.

2. The procedure is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

A revised timetable will be adopted to allow for the delay without extending the overall legal timeframe.

3. The procedure is non-COVID-19 related and the length of the anticipated delays can not be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe or, if not feasible (length of delay more than 3 months and/or the assessment team is not available), to appoint a temporary Rapporteur for the procedure concerned.

Delays being reported during the procedure but before Day 36 (60 day procedures)/ Day 17 (30 day procedures)/ Day 20 (Type IB) that are of such a duration that it can be accommodated within the overall procedure timeframe without extending it but would only affect the respective phase of the overall procedure, will result in a revised timetable for the affected phase of the process.

Delays whereby the Rapporteur's assessment report is not available in time to allow CxMP adoption of a Request for Supplementary information or the opinion will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, the Co-Rapporteur (if already nominated and available) will be appointed on a temporary basis or if not feasible another Rapporteur will be temporarily appointed for the procedure.

## **2.5. Referrals**

The following applies to:

- Referrals according to Article 107i of Directive 2001/83/EC or Article 78 of Directive 2001/82/EC
- Referrals according to Article 20 of Regulation (EC) 726/2004 or Article 45 of Regulation (EC) 726/2004
- Referrals according to Article 31 of Directive 2001/83/EC or Article 35 of Directive 2001/82/EC
- Article 13 referrals according to Regulation (EC) No 1234/2008
- Referrals according to Article 29(4) of Directive 2001/83/EC or Article 33(4) of Directive 2001/82/EC
- Referrals according to Article 30 of Directive 2001/83/EC or Article 34 of Directive 2001/82/EC.

At the time of appointment of the Rapporteur(s) for a referral EMA will enquire whether the Rapporteur(s) to be appointed anticipate difficulties in adhering to the proposed timetable for assessment. If delays are expected, then another Rapporteur is appointed.

Delays being reported during the procedure that are of such a duration that it can be accommodated within the overall procedure timeframe without extending it but would only affect the respective phase of the overall procedure, will result in a revised timetable for the affected phase of the process.

When the procedural steps foresee circulation of a joint assessment report, the unaffected (Co)-Rapporteur should take the lead in preparing the joint report, provided that the affected (Co)-Rapporteur is in a position to endorse the joint report.

Delays whereby the individual Rapporteur's assessment report is not available in time to allow adoption of a List of Questions, List of Outstanding Issues or the opinion will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, another Rapporteur will be appointed for procedure.

## **2.6 PSURs and PSUSAs (human medicinal products)**

EMA will liaise with the PRAC Rapporteur or Lead Member State (LMS), as applicable for the procedure before the expected submission date to enquire whether difficulties in adhering to the proposed timetable for assessment are anticipated.

In case a delay is reported before the start of the procedure, the length of the delay and the procedure can give rise to three scenarios:

1. The PSUR is COVID-19 related.

Since under no circumstances COVID-19 related procedures can be delayed the PRAC Co-Rapporteur (if available) will be assigned to the procedure or a new PRAC Rapporteur having the capacity and expertise (including at assessor level) to take over the procedure without delay will be appointed.

2. The PSUR is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

The delay will be accommodated within the timetable without extending the overall legal timeframe.

3. The PSUR is non-COVID-19 related and the length of the anticipated delays can not be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe up to 3 months or, if not feasible (length of delay more than 3 months and/or assessors are not available), to assign the procedure to the PRAC Co-Rapporteur if possible (i.e. unless no PRAC Co-Rapporteur has been appointed or the PSUR is for NAPs only), or to temporarily appoint a new PRAC Rapporteur or LMS, as applicable, for the procedure.

Delays being reported during the procedure that can be accommodated within the overall procedure timeframe without extending it but would only affect the respective phase of the overall procedure, will be accommodated within the overall timeframe of the process.

Delays whereby the PRAC Rapporteur's or LMS's assessment report is not available in time to allow the PRAC to adopt a Recommendation will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, either the PRAC Co-Rapporteur (if available) or another Rapporteur or LMS, as applicable, will be appointed on a temporary basis for the procedure.

## **2.7 PSURs (veterinary medicinal products)**

When delays in the assessment of PSURs for NAPs are anticipated or occurring, Rapporteurs and Co-Rapporteurs are asked to contact the EMA secretariat directly ([VetPhV@ema.europa.eu](mailto:VetPhV@ema.europa.eu)).

Arrangements will be sought, depending on the legal time frame and an assessment of the estimated risk to animal and/or public health due to a delayed assessment of a PSUR. The signal management activity for the same product as a potentially delayed PSUR is already aligned and occurs prior to the data lock point for the PSUR, and will, therefore, provide insight for assessing the potential risk of a delay.

## **2.8 Signal detection/validation/confirmation (human medicinal products)**

If a Rapporteur or a Lead MS is not able to fulfil the tasks in relation to signal detection/validation/confirmation for a product or a group of products a new temporary Lead MS (to take the lead on behalf of all MSs and perform monitoring of EudraVigilance data, validation and confirmation for the CAP) or Rapporteur (to perform confirmation for the CAP) will be appointed through a call for volunteers for the length of time that the initially appointed Lead MS or Rapporteur is unable to fulfil his tasks.

In case of no volunteer for a Lead MS, the monitoring of EudraVigilance data will have to be carried out by all MSs and validation and confirmation by the Lead MS who detected and validated a new signal.

## **2.9 Signal analysis and assessment (human medicinal products)**

EMA will liaise with the PRAC Rapporteur for the procedure before the start of procedure to enquire whether difficulties in adhering to the proposed timetable for assessment are anticipated.

In case a delay is reported before the start of the procedure, the length of the delay and the procedure can give rise to three scenarios:

1. The signal is COVID-19 related.

Since under no circumstances COVID-19 related procedures can be delayed the procedure will be re-assigned to a new PRAC Rapporteur having the capacity and expertise (including that assessors level) to take over the procedure without delay.

2. The signal is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

The delay will be accommodated within the timetable without extending the overall legal timeframe.

3. The signal is non-COVID-19 related and the length of the anticipated delays can not be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe up to 3 months or, if not feasible (length of delay more than 3 months and/or assessors are not available), to re-appoint a new PRAC Rapporteur for the procedure.

Delays being reported during the procedure that cannot be accommodated within the overall procedure timeframe without extending it but would only affect a respective phase of the overall procedure, will be accommodated within the overall timeframe of the process.

Delays whereby the PRAC Rapporteur's assessment report is not available in time to allow the PRAC to adopt a Recommendation will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, another PRAC Rapporteur will be appointed on a temporary basis for the procedure.

## **2.10 Signal management (veterinary medicinal products)**

Signal management currently covers centrally authorised veterinary medicinal products, and the discussions are aligned with the CVMP Pharmacovigilance Working Party (PhVWP-V). When delays in the assessment are anticipated or would occur the EMA Secretariat ([VetPhV@ema.europa.eu](mailto:VetPhV@ema.europa.eu)) should be contacted. While there is no explicit legal basis at present for signal management for veterinary medicinal products, delays are being handled by postponing the discussion to the next meeting of the PhVWP-V.

## **2.11 Imposed Post-Authorisation Safety Studies (PASS)**

EMA is not usually informed about planned submission dates for imposed PASS protocols and results and is, therefore, not able to liaise with the PRAC Rapporteur in advance of the submission but will do so at the time of submission.

Upon receipt of the PASS EMA will liaise with the PRAC Rapporteur for the product concerned to enquire whether difficulties in adhering to the proposed timetable for assessment are anticipated.

In case a delay is anticipated, the length of the delay and the procedure can give rise to three scenarios:

1. The application is COVID-19 related.

Since under no circumstances COVID-19 related procedures can be delayed and in certain cases may even need to be shortened, EMA will enquire whether the PRAC Co-Rapporteur has the capacity (including at assessor level) to take over the procedure. If not, another temporary PRAC Rapporteur will be appointed without delay for the procedure.

2. The procedure is non-COVID-19 related and the length of the anticipated delays can be accommodated within the timetable.

A revised timetable will be adopted to allow for the delay without extending the overall legal timeframe.

3. The procedure is non-COVID-19 related and the length of the anticipated delays can not be accommodated within the timetable.

In such exceptional cases, it may be necessary to extend the timetable beyond the overall legal timeframe or, if not feasible (length of delay more than 3 months and/or the assessment team is not available), to appoint the PRAC Co-Rapporteur (if possible) or a temporary Rapporteur for the procedure concerned.

Delays being reported during the procedure that are of such a duration that it can be accommodated within the overall procedure timeframe without extending it, but these would only affect the respective phase of the overall procedure, will result in a revised timetable for the affected phase of the process.

Delays whereby the PRAC Rapporteur's assessment report is not available in time to allow the PRAC to adopt a Recommendation will result in a revised timetable which will extend the overall timetable beyond the legal timeframe for the time strictly necessary (no more than 3 months).

In case the delay would exceed 3 months, the PRAC Co-Rapporteur (if possible) will be appointed on a temporary basis or if not feasible another Rapporteur will be temporarily appointed for the procedure.

## **2.12 Inspections**

For inspections coordinated by EMA the following measures will apply:

For ongoing inspection requests when conduct of an on-site inspection is not deemed possible, the Rapporteurs, inspectors and EMA will explore alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.) in advance of discussion at CxMP level.

For upcoming inspection requests a risk-based approach will be introduced, as follows:

- New EMA requests for triggered/preapproval inspections will continue but rapporteurs, inspectors and EMA will explore alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.) on a case by case basis.
- New EMA requests for routine/planned on-site inspections are postponed until the safety risks decrease to an acceptable level that allows to conduct an on-site inspection, unless an alternative solution has been identified.

New routine/planned inspection requests will restart as soon as feasible.

The Inspectors Working Groups are involved in developing alternative solutions and options such as guidance on distant assessments/remote inspections.

### **3. Communication with (Co-)Rapporteurs, scientific committees, the EC and the applicant/MAH**

Any change in (Co)-Rapporteurs will be adopted by the CHMP<sup>[1]</sup>, CVMP or PRAC and EMA will inform the applicant/MAH accordingly.

The Rapporteur(s) experiencing delays will inform EMA of the delay. The Rapporteur(s) and EMA will jointly decide on the action to be taken.

Significantly revised timetables, regardless of whether they change the overall timeframe for the procedure or not, will be circulated to the CxMP for adoption where necessary and subsequently sent to the applicant/MAH.

The EC will be asked in advance for their agreement on the revised timetables which extend the procedure beyond the overall legal timeframe. The EC will be sent a list on a regular basis of all timetables that have been revised including those that do not extend the procedure beyond the overall legal timeframe.

In addition to asking the (Co)-Rapporteurs prior to the start of the procedure EMA will survey the (Co)-Rapporteurs at 2 monthly intervals as to any expected delays in the upcoming procedures for which a planned submission date is known as well as for the ongoing procedures. EMA will survey the applicants/MAHs at 3 monthly intervals as to any expected delays in upcoming applications. Both surveys will serve to inform the EMRN about the extent of the impact on the regulatory procedures as well as about the timing of the upcoming workload.

### **4. Documentation of delays and consequential changes**

For each delay reported EMA will keep a log of the justification provided by the Rapporteur(s) and the decision taken.

Revision of timetables will be recorded in the minutes of the relevant Committee meeting and in the assessment report of the procedure. In case the procedure has been extended beyond the overall legal timeframe it will also be reflected in the opinion.

---

<sup>[1]</sup> In case of ATMPs also CAT Rapporteurs

## Annex 2

COVID-19 BCP measures specific to CMDh and human NAPs

No longer valid

# Phases of the CMDh COVID-19 BCP

## First Phase CMDh COVID-19 BCP

In accordance with the agreements adopted by the CMDh for the management of exceptional situations prior to the COVID-19 pandemic, the authorisation of medicinal products will continue to be facilitated through the MRP/RUP Zero Day procedures at the request of the MSs. Likewise, the evaluation of products that have been identified as essential for any CMS will be accelerated, as far as possible.

## Second Phase CMDh COVID-19 BCP

### ***2.1 Prioritisation and expedited authorisation of new medications or relevant modifications in the context of the pandemic***

Regulatory procedures for products considered as critical or directly linked to the COVID-19 outbreak will be prioritised and expedited, as possible.

The CMDh has agreed to perform expedited MRP or RUP procedures via a fast-track timetable (shortened TT) or even in a 0-Day procedure (approved after validation) in order to ensure the granting of a marketing authorisation of relevant products in all the MSs, who need these medicinal products. The same applies to variations concerning the extension of indication for the treatment of COVID-19.

The choice of the procedure depends on the criticality of the product as well as the decision of the RMS and the proposed new CMS.

### ***2.2 Possibility of delaying or stopping non COVID-19 related regulatory procedures***

In certain cases, for non COVID-19 related products, the RMS, in consultation with the CMSs, may decide to delay the procedure start or re-start, if this is in the interest of the applicant and/or the RMS/CMSs.

Furthermore, it is exceptionally agreed for DCP/MRP/RUP, renewal and type II variation procedures to allow a "freezing" (holding the timetable at the same procedure Day and restarting it as soon as the response is received or as soon as the RMS AR is finalised) or "rolling back" (bring the procedure back to validation phase or back to clock stop with the usual timeframe of handling responses in the clock stop) of the procedure timetable due to unexpected and COVID-19-related capacity issues within the MS, or when it is not possible for applicants to submit responses due to the COVID-19 pandemic.

### ***2.3 Possible modifications in the reference membership of procedures***

As a last option to the aforementioned adjustments in the timelines of the procedures, the CMDh could consider the need to carry out temporary changes in the reference membership to cover exceptional needs of specific procedures. This could be of particular relevance in the case of COVID-19 related products.

As these changes are temporary, they will not imply a formal RMS change, but rather the temporary contribution of some other CMS to lead the evaluation until the completion of the procedures. In this sense, the following options might be valued:

- Replacement of the RMS on a temporary basis with another CMS to finalise the particular procedure where a delay has been reported.
- Replacement of the RMS on a temporary basis for planned submissions of variations relating to the concerned authorised medicine.

In this context of pandemic, it might be recommended to consider the switch of the intended RMS for specific new marketing authorisation applications, and this will be a joint decision of the former assigned RMS, the applicant, and the proposed new RMS.

#### **2.4. Specific measures relating to pharmacovigilance aspects for NPs**

The management of PSURs/PSUSAs, signals and PASS during this pandemic period will be exactly the same regardless of the authorization route of the involved medicinal products. Therefore, the prioritization principles detailed in the common part of this document will apply. Likewise, the criterion of case management in the different scenarios will also be common for CAPs and NAPs.

#### **2.5 Inspections**

The measures for conducting remote inspections will be assessed and agreed at EU level with the involvement of Inspectors Working Groups with regards to the general principles and will be applied in the same way by the network.

### **Third Phase CMDh COVID-19 BCP**

The EMRN will decide the need to introduce additional mitigation measures for this third phase. The CMDh will provide additional recommendations for this third phase, if appropriate.

**NOTE:** All the details of the decisions taken by the CMDh for the exceptional handling of regulatory procedures in the context of the COVID-19 pandemic are available on the CMDh website. CMDh Procedural guidance during COVID-19 pandemic. <https://www.hma.eu/621.html>

## Annex 3

COVID-19 BCP measures specific to the CMDv and veterinary NAPs

No longer valid

The CMDv proposed BCP measures for MR/DC procedures based on the scenario elaborated by EMA and HMA. In terms of MR/DC procedures the following should be understood: marketing authorisation procedures, variations (including worksharing applications) renewals and also surveillance (pharmacovigilance). At every stage of a pandemic the safe use of VMPs has to be ensured. Urgent safety issues have to be identified.

The CMDv has also proposed a communication tool for NCAs to inform the network on any issue encountered. It is important that the network is kept informed when a RMS/CMS or an applicant will have delays in sending awaited documents. Each NCA should declare when it considers that its situation has evolved and that a change in status need to be communicated to the network whenever the status in procedures, RMS or CMS.

## First phase

In phase 1 of the EMRN COVID-19 BCP, NCAs are able to continue to fulfil normal regulatory and surveillance tasks for MRP/DCP (evaluation and monitoring tasks) and CMDv tasks.

## Second phase

In the second phase of the EMRN COVID-19 BCP one or more NCA(s) report difficulties in fulfilling normal regulatory and surveillance tasks and, therefore, a first step of prioritisation needs to be applied. Surveillance in order to identify urgent safety issues should prevail.

It should be necessary to prioritise the assessment of some procedures depending on several criteria linked to the nature of the procedure and the product concerned. In this case, the RMS, in consultation with the CMSs, may decide to delay the procedure start or restart, if this is in the interest of the applicant and/or the RMS/CMSs. Furthermore, it is exceptionally agreed for DCP/MRP/RUP, renewal and type II variation procedures to allow a freezing (holding the timetable at the same procedure Day and restarting it as soon as the responses receive (or as soon as the RMS AR is finalised) of the procedure timetable due to unexpected and COVID-19 related capacity issues within the RMS, or when it is not possible for applicants to submit responses due to the COVID-19 pandemic. The applicant should inform the RMS timely enough of a necessary interruption of the procedure and justify that the reason for not being able to respond is related to the pandemic.

To solve availability issues linked to the COVID-19 situation, the CMDv has agreed to perform accelerated repeat up procedure via a fast-track timetable (shortened TT). This kind of procedure is possible provided that RMS, new CMS and MAH agreed on it.

## Third phase

The third phase of the EMRN COVID-19 BCP is triggered when the majority of NCAs or the EMA are experiencing increasing difficulties in fulfilling the tasks as set out in the aforementioned phase 2 despite the level of prioritisation already applied, and, therefore, additional mitigating measures are needed.

The need to introduce any additional mitigating measures and to move to phase 3 will be decided on by the EMRN taking into account the outcome of regular reviews.

See also the [CMDv website](#) for more information.

## **PSURs (veterinary medicinal products)**

When delays in the assessment of PSURs for NAPs are anticipated or occurring, the RMS or P-RMS should inform the CMS or P-CMS via an e-mail sent to list-v-cmd-psur, specifying if possible the date at which the assessment report is expected to be circulated.

## **Inspections**

For inspections not coordinated by EMA the following measures will apply:

For ongoing inspection requests the inspectors from the supervisory authority will explore alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.).

For upcoming inspection requests a risk-based approach will be introduced, as follows:

- New requests for triggered/preapproval inspections will continue while alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.) will be explored on a case by case basis.
- New requests for routine/planned on-site inspections could be postponed until the safety risks decrease to an acceptable level that allows to conduct an on-site inspection or alternative solutions and options (remote inspections, deferred reporting, information from trusted authorities, clock stop, etc.) will be explored on a case by case basis.

New routine/planned inspection requests will restart as soon as possible.

The measures for conducting remote inspections will be assessed and agreed at EU level with the involvement of Inspectors Working Groups with regards to the general principles and will be applied in the same way by the network.