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Questions and answers to Stakeholders on the implementation of the Protocol on Ireland/Northern Ireland

Additional practical guidance on the applicable rules in Northern Ireland after the transition period with respect to EMA activities and medicinal products for human and veterinary use within the framework of the centralised procedure

1. Introduction

Since 1 February 2020, the United Kingdom has withdrawn from the European Union and has become a 'third country'. The Withdrawal Agreement provides for a transition period ending on 31 December 2020. Until that date, EU law in its entirety applies to and in the United Kingdom. As from the end of the transition period, the Protocol on Ireland/Northern Ireland ('IE/NI Protocol') applies.

The information provided in this questions and answers document complements the Notice to Stakeholders on the Withdrawal of the United Kingdom and EU rules for medicinal products for human use and veterinary medical products and the EMA Practical guidance for procedures related to Brexit for medicinal products for human and veterinary use within the framework of the centralised procedure.

This practical guidance document only reflects the situation as laid down in legal provisions in force on the date of its publication, and without prejudice to any of the ongoing discussions between the Union and the UK concerning the application of the Union acquis concerning medicinal products in respect of Northern Ireland after the transition period, in light of the particular challenges that small markets historically dependent on medicines supply from or through Great Britain are facing. In this regard it has to be borne in mind that the EMA is not participating in any of the negotiations between the Union and the UK that aim at solving – before the end of 2020 - the particular challenges that small markets face as that historically are dependent on medicines supply from or through Great Britain, notably Northern Ireland.

2. Changes required in the Article 57 database

The European Commission decision of 16/10/2020 (C(2020) 7126 final) foresees that from 1 January 2021 the UK authorities will have partial access to Article 57 database (read access to

[1] Revision 3 updates the response to question 14.3 in light of the Trade And Cooperation Agreement between the EU and UK (in particular, its Annex on Medicinal Products). In addition, a reminder under question 2.1 is added to consider also the guidance in question 2.2.

Official address Domenico Scarlattilaan 6 ● 1083 HS Amsterdam ● The Netherlands
Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us
Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000 An agency of the European Union

information on medicinal products authorised in Northern Ireland recorded in Article 57 Database). The below guidance addresses the changes in article 57 database that will affect marketing authorisation holders.

2.1. What action is required with respect to the Art. 57 database entries for products with a national marketing authorisation in the UK?

Marketing authorisation holders (MAHs) with medicinal product records currently referencing 'United Kingdom (GB)' as the 'Authorisation Country Code' should review their product data in the Article 57 database and, for products that will continue to be authorised by UK with respect to Northern Ireland after 31 December 2020, change the country of authorisation to 'United Kingdom (Northern Ireland)' with the assigned country code 'XI'. The authorised medicinal product (AMP) records should be updated by submitting an eXtended EudraVigilance Medicinal Product Report Message (XEVPRM) with operation type 'Update' for the relevant EV Codes. The authorisation procedure in such records should continue to reference the applicable EU authorisation procedure value.

For any UK nationally authorised medicinal products that will not continue after 31 December 2020 to be authorised with respect to Northern Ireland (but only with respect to the rest of the UK) in general there is no need to make changes to the Art. 57 database entries. From 1 January 2021 in Art. 57 database the United Kingdom will be considered a non-EU/EEA country and the submission and maintenance of records for AMP authorised outside the EEA in the Art. 57 database is voluntary. However, where the organisation has submitted AMP data in the Article 57 database on UK nationally authorised products in order to comply with national level requirements (e.g. parallel importers), or on voluntary basis (herbal and homeopathic medicines, named patient use etc), then the value 'Non-EU authorisation procedure' should be referenced where the country of authorisation remains 'United Kingdom (GB)'.

MAHs will be able to amend their AMPs to change the country of authorisation to 'United Kingdom (Northern Ireland)' starting from 15 December 2020. The review and update of records should preferably be completed before 31 December 2020 and in any case no later than by 31 January 2021. The MAHs should also ensure that the entries are updated earlier in cases where this is necessary to complete certain actions, namely to submit a PSUR (see question 7.1) or have Level 2 access to EudraVigilance (see question 4.3).

MAHs submitting information using EVWEB are reminded that they can perform bulk data operations on their AMPs using the EudraVigilance XEVMPD Bulk Update Manager tool available in the restricted area of the EudraVigilance website. Please refer to the eXtended EudraVigilance Medicinal Product Dictionary (XEVMPD) Bulk Update Manager User manual for related information.

MAHs registered for the submission of AMP information in the Art. 57 database as 'Gateway' users can also generate XEVPRMs using EVWEB (e.g. when updates cannot be completed on time by their Gateway provider for technical reasons). Since the 'Send' button is not available to 'Gateway' users in EVWEB, these XEVPRMs should be submitted as ZIP files via the 'EV Post' functionality available in the restricted area of the EudraVigilance website. Please refer to the eXtended EudraVigilance Medicinal Product Dictionary (XEVMPD) Data-Entry Tool (EVWEB) user manual for related information.

MAHs are reminded that it is their responsibility to ensure that their entries in Art. 57 database are accurate and therefore should make the necessary changes on time. Such changes cannot be made by the EMA.

The need to update the country of authorisation field is without prejudice to other changes that may be required, in particular with regard to establishment requirements (see question 2.2.).

2.2. Should I update the address information in Art. 57 database for entities located in Northern Ireland?

In light of the different requirements applicable to entities in Northern Ireland and entities in the rest of the UK, the address information in Art. 57 database for marketing authorisation holders (MAHs), registration holders, qualified persons for pharmacovigilance (QPPVs) and pharmacovigilance system master files (PSMFs) located in Northern Ireland should be updated to indicate 'United Kingdom (Northern Ireland)' in the country field. Making such changes in Art. 57 database will be possible starting from 15 December 2020. The review and update of affected records should preferably be completed before 31 December 2020 and in any case no later than by 31 January 2021.

The companies are reminded that from 1 January 2021 for medicinal products authorised or registered in the EU/EEA the MAH, registration holder, QPPV and PSMF must be established in the EU/EEA. It will, however, be acceptable for the MAH, QPPV and PSMF established in Northern Ireland to be referenced in those medicinal product records where the authorisation country is specified as *'United Kingdom (Northern Ireland) (XI)'*.

2.3. How can I make changes to the information in Art. 57 database concerning MAH, QPPV or PSMF?

As per information in section 5.5. 'Manage Art 57 QPPV and other user contact details' of the EudraVigilance Registration Manual, QPPV's contact details are managed in the EMA Management Account portal.

The processes on how to amend AMP information in the Article 57 database following a regulatory procedure (e.g. transfer of a marketing authorisation, QPPV change, PSMFL change) are described in the below sections of Chapter 3.II: XEVPRM User Guidance:

- 2.1. Maintenance of a Qualified Person responsible for Pharmacovigilance (QPPV),
- 2.2. Maintenance of a marketing authorisation holder (MAH) organisation entity,
- 2.3. Maintenance of a Pharmacovigilance System Master File Location (PSMFL) entity,
- 2.4.3. Transfer of marketing authorisation.

In line with information stated in the Legal Notice on the Implementation of Article 57(2) of Regulation (EC) No. 726/2004 changes to the QPPV and/or PSMF must be notified via the Article 57 database immediately and no later than 30 calendar days from the date the change applies.

To reflect any changes to the terms of the marketing authorisations following variation, transfer, renewal, suspension, revocation or withdrawal of the marketing authorisation procedure the product information in the Article 57 database must be amended within 30 calendar days from the date of which the amendments have been authorised.

To notify the European medicines regulatory network about any issues complying with pharmacovigilance obligations, MAHs should email phv-noncompliance@ema.europa.eu stating the actions taken to correct the issue and to prevent it from happening again, along with timelines.

3. Fees

3.1. What will be the impact on fee calculations for UK nationally authorised products?

Fee calculations for nationally authorised products in EMA Pharmacovigilance procedures are based on the information in Art. 57 database. From 1 January 2021 national marketing authorisations with respect to Northern Ireland that are granted to MAHs in EU/EEA or Northern Ireland and are correctly

reflected in Art. 57 database (i.e. with 'United Kingdom (Northern Ireland)' as country of authorisation) will be included in the fee calculations for respective EMA procedures.

The MAHs are advised that the Advice note listing the data applicable for the calculation of the fee will be sent for such products only to the qualified persons for pharmacovigilance (QPPVs) that are established in EU/EEA or Northern Ireland, in line with the applicable requirements.

4. Safety reporting into EudraVigilance and access to EudraVigilance data

The European Commission decision of 16/10/2020 (C(2020) 7126 final) foresees that from 1 January 2021 the UK authorities will have partial access to EudraVigilance database (write access via Gateway submissions in relation to individual case safety reports from the Northern Ireland territory). The below guidance addresses the changes in EudraVigilance that will affect marketing authorisation holders and clinical trial sponsors.

4.1. How should I report post authorisation cases occurring in the territory of Northern Ireland for medicinal products for human use?

Information on previously submitted and new cases occurring in the territory of Northern Ireland (hereafter referred to as UK(NI) cases) that are received from 1 January 2021 onwards should be submitted to EudraVigilance in accordance with 15 day (for serious cases) and 90 day (for non-serious cases) compliance timeframes. These cases should be identified by using the country code "XI" in the field primary source country for regulatory purposes (E2B(R3): C.2.r.3 / E2B(R2): A.2.1.3).

For new UK(NI) cases submitted to EudraVigilance from 1 January 2021 onwards, while use of the country code "XI" is required in the field primary source country whenever applicable, in order to support case reporting in different regions, organisations have the option to use the either the country code "XI" or "GB" as the first two characters of the worldwide case ID (E2B(R3): C.1.8.1 / E2B(R2): A.1.10) and the safety report ID (E2B(R3): C.1.1 / E2B(R2): A.1.0.1). For UK(NI) cases that were initially submitted to EudraVigilance before 1 January 2021, the worldwide case ID should not be changed, however, in line with GVP module VI guidance when sending follow-up reports the organisations can change the safety report case ID (E2B(R3): C.1.1 / E2B(R2): A.1.0.1) if needed.

Third country reporting rules apply to cases arising in the rest of the UK from 1 January 2021 and serious cases should continue to be reported using the country code "GB" in the relevant fields. In situations where it is not possible to identify if a UK case has occurred in UK(NI), then the case should be treated as a UK (third country) case.

The UK National competent authority will be responsible for submitting serious and non-serious cases it receives directly from primary source reporters in Northern Ireland to EudraVigilance, therefore the marketing authorisation holders should not retransmit those National Competent Authority UK(NI) cases. However, for the rest of UK cases ("GB" country code), MAHs should report serious National Competent Authority cases in line with third country reporting requirements. UK ("GB" country code) non-serious cases submitted before 1 January 2021 should not be changed to invalid and nullified unless new information provides justification for a nullification in line with GVP module VI requirements. MAHs may also send follow-ups to non-serious in addition to serious versions of UK ("GB" country code) cases sent before 1 January 2021 if new information is received for them.

4.2. How should I report clinical trial cases occurring in the territory of Northern Ireland for medicinal products for human use?

Third country reporting rules apply to all clinical trial SUSAR cases occurring in the UK including Northern Ireland, therefore the country code "GB" should be used for all reportable SUSARs occurring in the UK. Although it is technically possible for organisations to use the country code "XI" for SUSAR cases as well, there is no requirement to do so as the EudraVigilance reporting requirements between Northern Ireland and the rest of UK for clinical trial cases do not differ.

4.3. Will I continue to have access to EudraVigilance data on my UK authorised medicinal product for human use?

The EudraVigilance access policy grants Level 2 access to marketing authorisation holders to individual case safety reports (ICSRs) in EudraVigilance concerning their products that are authorised in the EU. This access is calculated based on the Art. 57 data held in the XEVMPD system on valid EU/EEA marketing authorisations for the respective organisation. From 1 January 2021 products in the XEVMPD that have the Authorisation country code 'United Kingdom (GB)' will be excluded from this calculation and products with the Authorisation country 'United Kingdom (Northern Ireland)' with the assigned country code 'XI' will be included in the calculation for granting Level 2 access to ICSRs.

4.4. How should I report post authorisation cases occurring in the territory of Northern Ireland for veterinary medicinal products?

Information on previously submitted and new cases occurring in the territory of Northern Ireland (hereafter referred to as UK(NI) cases) that are received from 1 January 2021 onwards should be submitted to the UK National competent authority (VMD) in accordance with 15 day (for serious cases) compliance timeframes. These cases should be identified by using the country code "XI". The EudraVigilance Veterinary (EVVET) registrations of UK based MAHs will be maintained, in order to allow creation of the reports using the EVVET Web-application or submission through the Gateway.

Third country reporting rules apply to cases arising in the rest of the UK from 1 January 2021 and serious cases should continue to be reported using the country code "GB" in the relevant fields. In situations where it is not possible to identify if a UK case has occurred in UK(NI), then the case should be treated as a UK (third country) case.

The VMD will be responsible for submitting serious cases it receives from MAHs or directly from primary source reporters in Northern Ireland, to EVVET.

5. EudraCT

5.1. Can sponsors, legal representatives and/or qualified persons of clinical trials be established in Northern Ireland?

Provisions of EU law relating to clinical trials and the European Commission Notice to stakeholders provide for the submission of certain clinical trial information to the EU clinical trials database EudraCT.

The Qualified Person of a clinical trial can be established in Northern Ireland. In case a sponsor is in Northern Ireland, it is mandatory for the sponsor to nominate a legal representative in EU/EEA. A legal representative cannot be established in Northern Ireland and needs to be in an EU/EEA country.

5.2. How can I update the location of the sponsor, legal representative and/or qualified person of my ongoing trial in EudraCT?

The Clinical Trial Application (CTA) form can be modified by sponsors through uploading the CTA XML file of the ongoing trial in the EudraCT application and updating its sections B.1, B.2 and/or D.9.2, as appropriate. The CTA form needs then to be downloaded, saved and sent to all the National Competent Authorities of the EU/EEA member states where the trial is ongoing.

6. Electronic Application Forms

6.1. How does the end of the transition period impact the eAF forms?

In line with changes to other systems, the country value 'United Kingdom' will be removed from the dropdown menus (fields relating to Member State, OMS search, country) of the electronic application form (eAF), where the selection is currently limited to EU/EEA (or EFTA) countries. The term 'United Kingdom (Northern Ireland)' will be made available, where applicable. In some cases, this will depend on whether the eAF in question is used for the centralised procedure, MRP/DCP or a national procedure.

In the country lists containing 3rd countries, in cases where only countries outside the EU/EEA are shown the value 'United Kingdom' will be available and value 'United Kingdom (Northern Ireland)' will not be available. In cases where all world countries are shown, including EU/EEA, then both values 'United Kingdom' and 'United Kingdom (Northern Ireland)' will be available.

6.2. Can I continue using an older version of the eAF where the value United Kingdom is available?

Once the Referential Management System lists are updated, United Kingdom will not be available in the EU/EEA Member State/Country fields even if you decide to use an older version of the forms. The country values are not 'hardcoded' into the form but are rather retrieved from controlled terminology lists.

7. PSUR Repository

The European Commission decision of 16/10/2020 (C(2020) 7126 final) foresees that after 31.12.2020 the UK authorities will continue to have full access to PSUR repository. The below guidance addresses the changes in the PSUR repository that will affect marketing authorisation holders.

7.1. How does the end of the transition period impact the PSUR Repository industry User Interface?

As the products that can be included in the PSUR procedures (irrespective of whether they are part or not of an EU single assessment procedure) are retrieved from the Art. 57 database, only those UK nationally authorised products for which the authorisation country in the Art. 57 entry has been updated to 'United Kingdom (Northern Ireland)' will be available for selection. Those UK nationally authorised products that have not been updated in the Art. 57 database and still refer to authorisation country 'United Kingdom', will not be available for selection in the product lists after 31 December 2020. Therefore, the marketing authorisation holders must update their entries in art. 57 database in line with the new status of the products after 31 December 2020 before submitting a PSUR for an UK nationally authorised product with respect to Northern Ireland, irrespective of whether the PSUR is part or not of an EU single assessment procedure.

The marketing authorisation holders should also note that for PSUR submissions after 31 December 2020 it will no longer be possible to select 'United Kingdom' as the recipient country (this selection is only applicable for submissions that are not part of an EU single assessment procedure). Therefore, submission into the PSUR Repository of PSURs for products authorised in the United Kingdom with respect to Great Britain (which will not be part of EU single assessment procedures) will no longer be possible. However, the Member State dropdown menu will contain value 'United Kingdom (Northern Ireland)' enabling submissions to the PSUR Repository of PSURs for medicinal products authorised nationally in the UK with respect to Northern Ireland even when they are not part of an EU single assessment procedure.

8. EMA's Organisation Management Services

8.1. How does the end of the transition period impact the way organisation data are maintained in OMS?

In line with changes in other EMA IT systems, the ISO code XI representing the term 'United Kingdom (Northern Ireland)' will be made available in Organisation Management Services (OMS). In order to facilitate the different requirements applicable to entities in Northern Ireland and entities in the rest of the United Kingdom, OMS will update its records management policy to differentiate entities with locations in the territory of Northern Ireland from entities with locations in the rest of the United Kingdom.

8.2. What requirements will apply to organisations with locations in the Northern Ireland only and organisations also in other parts of the United Kingdom?

OMS will identify all the organisations will locations in Northern Ireland (based on the postal code starting with "BT") and update the current organisations available in the OMS Dictionary that fulfil the above criteria in accordance with the principles below:

- For Organisations with locations in the Northern Ireland territory only the organisation country code will be updated from UK to XI and they will be maintained as Northern Ireland organisations. The ORG/LOC ID will remain the same for these organisations.
- For organisations with locations in both Northern Ireland territory and in other parts of the United Kingdom, two different organisation records will be maintained:
    - One record as Northern Ireland organisation with all the XI locations.
    - One record as United Kingdom organisation with all the locations in the rest of UK.

    LOC IDs will remain the same, ORG IDs will change.

From 1 January 2021, the above policy will be followed for any new organisation created in the OMS Dictionary. Individual users whose access credentials are affected by the above changes in any way will be contacted by EMA. For any inquiries please contact us through EMA Service Desk portal.

9. Product information

9.1. Shall I indicate a local representative for the Northern Ireland for my centrally authorised product?

For centrally authorised medicinal products, the local representative for the UK has to be replaced with a local representative for the territory of Northern Ireland (i.e. a representative for United Kingdom (Northern Ireland)). Such representative has to be located in the EU/EEA or Northern Ireland.

The marketing authorisation holder should update the product information within 12 months from 1 January 2021 in any upcoming regulatory procedure that affects the Annexes of the MA, as a change to align with the revised QRD Product Information template (an update of the template will be implemented by 31 December 2020). For medicinal products for human use that will have no regulatory procedure affecting the MA annexes by end of 2021, the marketing authorisation holder should submit a dedicated notification under Article 61(3) of Directive 2001/83/EC.

10. Marketing status reporting

10.1. Should I update the marketing status for my centrally authorised medicinal product in the UK?

For a centrally authorised medicinal product only marketed in the United Kingdom on 31 December 2020, but not marketed in the territory of Northern Ireland after that date, the marketing authorisation holder should provide immediately an updated marketing status report according to the process described in the EMA's post-authorisation procedural advice, 'Marketing and cessation notification'. In such cases the calculation of the sunset clause time will start on 1 January 2021.

For products that are marketed on 31 December 2020 in the territory of Northern Ireland and continue to be marketed after that date, no change in marketing status needs to be reported.

For products that are marketed in the United Kingdom and also in an EU/EEA Member State, the update of United Kingdom marketing status to an United Kingdom (Northern Ireland) marketing status is not required immediately and should be done at the next update of the marketing status report (e.g. when marketing status in an EU/EEA country changes).

The marketing authorisation holders should note that the marketing status template will be updated by 31 December 2020 to replace 'United Kingdom' with 'United Kingdom (Northern Ireland)'. From 1 January 2021 the revised marketing status template should be used for reporting the marketing status of centrally authorised medicinal products.

11. Dossier submission

11.1. Should I also submit the application for my centrally authorised product to the UK authorities considering that my MA is or will be valid in the Northern Ireland?

From 1 January 2021, for regulatory procedures concerning centrally authorised medicinal products, in view of the validity of such authorisations in the territory of Northern Ireland, the marketing authorisation holders are advised to also submit the dossier to the UK authorities. With regards to the modalities of such submissions the marketing authorisation holders are advised to contact directly the UK authorities.

12. SME

12.1. Can companies in Northern Ireland benefit from SME incentives?

Companies established in Northern Ireland may benefit from the financial incentives and administrative assistance provided by Commission Regulation (EC) No 2049/2005. However, it should be recalled that incentives related to regulatory activities that are restricted to the entities established in EU/EEA (e.g. marketing authorisation application, maximum residue limit procedure) are not applicable in such case.

13. Orphan designation sponsors

13.1. Can companies in Northern Ireland be the sponsor of an orphan designation?

Companies established in the territory of Northern Ireland can be the sponsors of orphan designation in the pre-authorisation phase and benefit from the respective incentives (e.g. protocol assistance). However, as the applicant for a marketing authorisation application in the centralised procedure has to be established in the EU/EEA, the designation will have to be transferred to an EU/EEA entity before submitting the application for marketing authorisation for an orphan medicinal product.

14. GMP and manufacturing

14.1. Can batch release control, batch release and batch certification be conducted by a manufacturer located in Northern Ireland?

In accordance with Article 51(1) of Directive 2001/83/EC and Article 55(1) of Directive 2001/82/EC, the qualified person of the manufacturing and importation authorisation holder is responsible to certify that each batch of medicinal product intended to be placed on the EU market was manufactured in accordance with EU GMP requirements and the marketing authorisation.

Each batch imported into the EU/EEA has to undergo upon importation a full qualitative analysis, a quantitative analysis of at least all the active substances and all the other tests or checks necessary to ensure the quality of medicinal products in accordance with the requirements of the marketing authorisation.

Based on the provisions of Protocol on Ireland/Northern Ireland, the batch release by an importer/manufacturer established in Northern Ireland will be recognised in the EU/EEA also after 31 December 2020. Similarly, quality control testing for the purpose of release to the market conducted by testing sites established in Northern Ireland will be recognised in the EU/EEA.

Conversely, medicinal products shipped from Great Britain to Northern Ireland after 31 December 2020 will be considered imports and will be subject to the above requirements concerning importation, quality control testing and batch release. However, it should also be noted that medicinal products that have already been placed on the UK market before 1 January 2021 will not be considered imports in such situation, as explained in part B of EC/EMA EC/EMA Notice to Stakeholders on the Withdrawal of the United Kingdom and EU rules for medicinal products for human use and veterinary medical products.

Where packs of medicines are shipped from one part of the internal market (e.g. France) to another part of the internal market (i.e. Ireland) via the 'land bridge', i.e. by using the transit procedure of the Common Transit Convention, these products are not placed on the UK market and hence do not require to be imported, to undergo quality control testing and QP release upon arrival in Ireland. The same applies to medicines shipped from the EU/EEA to Northern Ireland.

14.2. Can Official Control Authority batch release (OCABR) and Official Batch Protocol Review (OBPR) be conducted in Northern Ireland for centrally authorised medicinal products?

For centrally authorised products placed on the market as of the end of the transition period, OCABR in accordance with Article 114 of Directive 2001/83/EC and Article 82 of Directive 2001/82/EC cannot be carried out by an Official Medicines Control Laboratory (OMCL) located in Northern Ireland. OCABR has to be carried out by an OMCL located within the EU.

Similarly, for products placed on the market after the end of the transition period, OBPR in accordance with Article 81 of Directive 2001/82/EC cannot be carried out by a UK Competent Authority located in Northern Ireland.

14.3. How will the manufacturing and import authorisations, GMP certificates and GMP non-compliance statements for sites in Northern Ireland be issued and made available and will the same apply GMP certificates issued by the UK authorities for sites in other locations?

Manufacturing and Import Authorisations (MIA) as well as certificates of good manufacturing practice ("GMP certificates") and GMP non-compliance reports issued by UK Authorities after the end of the transition period for manufacturers located in Northern Ireland will continue to be made available in the EudraGMDP database by the UK competent authorities and will be recognised in the EU/EEA. The European Commission decision of 16/10/2020 (C(2020) 7126 final) foresees that from 1 January 2021 the UK authorities will have partial access to EudraGMDP database (write access via Gateway submissions for information in relation to sites located in Northern Ireland).

GMP certificates issued by UK competent authorities after the end of the transition period for sites located in the rest of UK (i.e. Great Britain) and in other third countries will be considered as GMP compliance information from a third country regulatory authority (please see question 8.2 of EC/EMA Notice to Stakeholders on the Withdrawal of the United Kingdom and EU rules for medicinal products for human use and veterinary medical products) and therefore will no longer be included in EudraGDMP database.

According to Annex on Medicinal Products, included in the Trade And Cooperation Agreement, the EU and the UK shall recognise the outcomes of GMP inspections carried out by the other Party in their territories. As such, the EU will continue to accept GMP documents (e.g. GMP certificates and inspection reports) issued by the UK authorities for sites located in Great Britain for the purpose of confirming GMP compliance in the context of regulatory submission and/importation requirements. The agreement applies to GMP inspections covering manufacture of medicines for human and veterinary use, including biological and immunological products for human and veterinary use, advanced therapy medicinal products, active substances for human and veterinary medicinal products and investigational medicinal products.

The agreement also foresees a possibility to recognise inspections carried out by the UK authorities in other third countries. Therefore, applicants and Marketing Authorisation Holders can continue to submit GMP certificates issued by UK authorities for sites located in third countries as supporting information for regulatory submissions which will be considered as part of the evaluation, as appropriate

Further guidance on the application of this agreement will be published at a later stage.

14.4. How will the wholesale distribution authorisations, GDP certificates and GDP Non-Compliance statements for sites in Northern Ireland be issued and made available?

Wholesale Distribution Authorisations (WDA) as well as certificate of good distribution practice ("GDP certificate") and GDP non-compliance reports issued by UK Authorities after the end of the transition period for wholesalers located in Northern Ireland will continue to be made available in the EudraGMDP database by the UK competent authorities and will be recognised in the EU/EEA. The European Commission decision of 16/10/2020 (C(2020) 7126 final) foresees that from 1 January 2021 the UK authorities will have partial access to EudraGMDP database (write access via Gateway submissions for information in relation to sites located in Northern Ireland).

14.5. *What requirements will apply to sourcing of active substances from Northern Ireland? (medicinal products for human use)*

According to Article 46b(2) of Directive 2001/83/EC, active substances for medicinal products for human use are to only be imported in the EU if, inter alia, the active substances are accompanied by a written confirmation from the competent authority of the exporting third country which, as regards the plant manufacturing that exported active substance, confirms that the standards of good manufacturing practice and control of the plant are equivalent to those in the EU.

After 31 December 2020 shipments of active substances manufactured in Northern Ireland will not need to be accompanied by a written confirmation issued by the UK authorities. However, active substances manufactured in the rest of the UK (i.e. Great Britain) and shipped after 31 December 2020 to Northern Ireland or the EU/EEA will have to be accompanied by a written confirmation issued by the UK authorities.

15. Parallel distribution

15.1. Will my parallel distribution notices with the UK as destination country remain valid?

After 31 December 2020, from the EU pharmaceutical Law perspective parallel distribution notices with the UK as destination country will remain valid only with respect to the territory of Northern Ireland and will be updated accordingly. However, the distributors should also note the restrictions based on the intellectual property laws, which also need to be considered. For further guidance please refer to:

- EC notice to stakeholders on the withdrawal of the UK and EU rules for medicinal products for human use and veterinary medicinal products
- EC notice to stakeholders on exhaustion of intellectual property rights

15.2. Will my parallel distribution notices with the UK as sourcing country remain valid?

After 31 December 2020, from the perspective of the EU pharmaceutical law, the notices with UK as sourcing country remain valid only with respect to the territory of Northern Ireland and will be updated accordingly. However, with respect to sourcing of products in Northern Ireland after 31.12.2020 the distributors should note the restrictions based on intellectual property laws, which also need to be considered. In addition, it should also be noted that based on the separation provisions foreseen in the Withdrawal Agreement medicinal products placed on the UK market by 31 December 2020 may still be subject to parallel distribution into EU/EEA and Northern Ireland.

For further guidance please refer to:

- EC notice to stakeholders on the withdrawal of the UK and EU rules for medicinal products for human use and veterinary medicinal products
- EC notice to stakeholders on exhaustion of intellectual property rights

15.3. Will the parallel distribution notices with the parallel distributor and/or repackaging sites in the UK remain valid?

The parallel distribution notices for distributors located in the territory of Northern Ireland and/or using repackaging sites in Northern Ireland will remain valid also after 31 December 2020. However, the notices for distributors located elsewhere in the UK (i.e. Great Britain) and/or using only repackaging sites in Great Britain will become invalid after 31 December 2020. The distributors should refer to the EMA Guidance on parallel distribution with regards to the options for making necessary changes (where possible) to ensure that the notices remain valid.