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SCIENCE MEDICINES HEALTH

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EMA procedural advice for medicinal products intended exclusively for markets outside the European Union in the context of co-operation with the World Health Organisation (WHO)

Procedure under Article 58 of Regulation (EC) No 726/2004 (EU-M4all)

Introduction

This document addresses a number of questions that users of EU-M4all may have. It provides an overview of the EMA's position on issues that are typically addressed in pre-submission meetings.

The EMA emphasises the importance of pre-submission meetings with applicants. These meetings are an opportunity for applicants to obtain procedural and regulatory advice to streamline the submission of their application. Together with the guidance in this document, successful pre-submission meetings should enable applicants to submit applications that conform to legal and regulatory requirements and that can be validated speedily. Pre-submission meetings also enable applicants to establish contact with the EMA product team who will be involved with the application as it proceeds.

In addition, applicants are actively encouraged to seek scientific advice as early as possible in the development process.

For further information on the contents of this document or other questions, please send an e-mail to article58@ema.europa.eu.

Instructions for users:

To obtain the information on a certain topic, click on the highlighted keyword. Although the information in this document should answer most queries, each application has its own particularities, so we strongly encourage applicants to request a pre-submission meeting.

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1. What is the aim of the procedure laid down in Article 58 of Regulation (EC) No 726/2004? **Rev. Dec 2024**

Article 58 of Regulation (EC) No 726/2004 (EU-M4all) establishes a mechanism whereby the European Medicines Agency (EMA) may give a scientific opinion, in the context of cooperation with the World Health Organisation (WHO), for the evaluation of certain medicinal products for human use intended exclusively for markets outside the European Union.

Article 58 of the Regulation (EU-M4all) responds to the need to protect and promote public health and to give scientific assistance to non- EU countries in the context of cooperation with WHO whilst at the same time facilitating rapid access by those countries to important new medicinal products.

For this purpose, an application shall be submitted by the applicant to the Agency; the Committee for Medicinal Products for Human Use (CHMP) will, after consulting the World Health Organisation, draw up a scientific opinion. The CHMP scientific opinion assessment report includes elements on quality, safety and efficacy of the medicinal product and will conclude on the benefit-risk balance and conditions of use based on the intended populations and markets.

The application for this procedure does not exclude a future application for a marketing authorisation in the European Union. Eligible products for EU-M4all may also include new formulations, new pharmaceutical forms or routes of administration of medicinal products already authorised in the European Union, fixed-dose combination products and generic products.

References

- [Regulation \(EC\) No 726/2004 of the European Parliament and of the Council](#)

2. What is the EU-M4all?

As of September 2017, the article 58 procedure is now called EU-Medicines4all (EU-M4all). This change is intended to better reflect the global mission to contribute to public health, build capacity and collaborate at international level. To ensure that public health needs are met as a priority, this assessment is done in a collaborative approach with both the World Health Organization (WHO) and national regulatory authorities (NRAs) of countries intending to use the medicine. EU-M4all medicines benefit from the full EMA regulatory toolkit including scientific advice, EMA's PRIME (PRiority MEdicines) scheme and accelerated review, where applicable.

EU-M4all medicines can be included in the WHO Prequalification List through the 'alternative listing procedure' without any further review by the WHO Prequalification Program. The innovative medicines may be eligible for inclusion in WHO treatment guidelines and/or the Expanded Program on Immunization, depending on the available evidence.

3. Which medicinal products are eligible for evaluation under Article 58 of Regulation (EC) No 726/2004?

Medicinal products for human use are eligible for evaluation under Article 58 of Regulation (EC) No 726/2004 if they are intended **exclusively for markets outside the European Union**. Eligible products include medicines that are intended for the prevention or treatment of diseases of major public health interest. They include but are not limited to:

- vaccines that are or could be used in the [WHO Expanded Program on Immunization](#) (EPI);
- vaccines for protection against a WHO 'public health priority disease';
- vaccines that are part of a WHO-managed stockpile for emergency response;
- medicinal products for WHO target diseases such as human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), malaria, tuberculosis, lymphatic filariasis (elephantiasis), trachoma, leishmaniasis, schistosomiasis, African trypanosomiasis (sleeping sickness), onchocerciasis (river blindness), dengue fever, Chagas disease, leprosy and intestinal helminths.

Eligible products may include new formulations, new pharmaceutical forms or routes of administration of medicinal products already authorised in the European Union, fixed-dose combination products and generic products.

Applicants need to request eligibility for evaluation under the EU-M4all for a medicinal product before submitting an application. This request will be evaluated by the EMA's Committee for Medicinal Products for Human Use (CHMP), in collaboration with the WHO.

References

- [Regulation \(EC\) No 726/2004 of the European Parliament and of the Council](#)

4. How will data be exchanged between public authorities in the context of EU-M4all activities?

The procedure laid down in Article 58 of Regulation (EC) No 726/2004 implies an exchange of information and data pertaining to eligibility, scientific advice or evaluation between the competent authorities (e.g. EMA and WHO).

The exchanges of confidential information between competent authorities are covered by confidentiality arrangements.

References

- [WHO confidentiality arrangements](#)

5. How are requests for eligibility submitted? **Rev. Dec 2025**

The eligibility request is made using the [EMA service desk selecting the tab "Business Services", category "Human Regulatory"](#).

The subcategory to be selected is "Pre-submission Phase- Human", followed by the sub-option: "Eligibility Request".

If you do not have an EMA account, please create it via EMA Account Management portal. For further information or guidance about how to create an EMA Account reference the guidance "Create an Ema Account".

This request is free of charge and includes the following information:

- a justification for the product's eligibility for evaluation under the EU-M4all procedure (see question 2). It is recommended that any available epidemiological data on the disease, data on disease burden and a summary of available efficacy or safety data also be submitted;
- a list of the countries in which the applicant intends to market the product;
- a statement that the applicant does not intend to market the medicinal product in the European Economic Area (EEA);
- a draft summary of product characteristics (SmPC) or a product profile including the proposed classification for the supply of the medicinal product;
- a justification or rationale for accelerated assessment, if appropriate.

Once eligibility has been confirmed, an applicant can request a pre-submission meeting in order to obtain guidance on the procedure.

6. How is eligibility assessed?

The eligibility of a product for evaluation under the EU-M4all procedure is assessed on a case-by-case basis by the EMA in consultation with the WHO.

Once the EMA has received a valid eligibility request from the applicant, it is sent for consultation to the WHO.

The EMA's Committee for Medicinal Products for Human Use (CHMP) will confirm eligibility taking into account the WHO's position. The outcome of the eligibility evaluation is sent to the applicant and, if eligibility is refused, the reasons are stated.

7. How long is eligibility valid for? **Rev. Dec 2024**

The validity of the eligibility of a medicinal product for evaluation under the EU-M4all procedure will depend on the underlying information in support of the eligibility request. For cases where the epidemiological situation or environment has changed, the Applicant should request a reconfirmation of the eligibility by the EMA and WHO.

In cases where the eligibility was delivered more than 3 years prior to the application, the applicant may be requested to resubmit the eligibility request. The applicant should also resubmit a request if the underlying conditions have changed in the meantime (e.g. if treatments have been authorised in the meantime or the epidemiological situation has substantially evolved). In order not to delay the nomination of Rapporteurs, and Experts and Observers from target countries nominated by the WHO and which is initiated 7 months before intended submission date, we would advise a re-confirmation request about 9 months prior intended submission date.

The applicant will be notified of the allocated Product Lead (PL) at time of confirmation of eligibility to the EU-M4all procedure. The PL will serve as the main liaison person between the EMA product team, the Rapporteurs and the applicant. The PL, in close co-operation with the other product team members and the Rapporteurs, will ensure that the applicant is kept informed of all aspects related to the EU-M4all procedure evaluation.

8. Does the applicant need to be established in the EEA? **Rev. Jul 2023**

There is no obligation for the applicant to be established in the EEA, i.e. in a Member State of the European Union (EU), Norway, Iceland or Liechtenstein.

9. Can applicants ask for scientific advice? **Rev. Dec 2024**

Yes, applicants are actively encouraged to ask for scientific advice on scientific questions concerning quality, non-clinical and clinical aspects including GCP. Such scientific advice is given by the CHMP's Scientific Advice Working Party (SAWP) and may involve WHO and national regulators from target countries. Questions can also be related to adequacy of pharmacovigilance planning and/or risk minimisation measures to be implemented in the countries where the medicinal product is intended to be authorised.

Applicants can request scientific advice during the initial development of a product, before an application for CHMP scientific opinion or after an opinion has been granted.

In order to streamline regulatory activities based on the EU-M4all procedure experts from WHO or regulatory agencies in target countries may participate in the scientific advice procedure. The documentation provided as part of the scientific advice procedure will be circulated to the concerned experts unless specified otherwise by the applicant.

The timeframe for a standard scientific advice procedure is 40 days. This may be extended to 70 days if there is a need for a face-to-face meeting with the applicant.

Further information on the scientific advice procedure and a template for request for scientific advice are available on the EMA website '[Scientific Advice and Protocol Assistance](#)'.

Applicants may also find it helpful to request a business pipeline meeting to identify, at early stage, any issue impacting the development of the product portfolio and to anticipate scientific and regulatory expertise needed.

With business pipeline meetings, EMA gives applicants the opportunity to present and discuss their pharmaceutical product portfolio with a restricted group of senior Agency staff. Business pipeline meetings on EUM4All provide applicants with the opportunity to discuss early with the EMA their development strategy, to identify the need for specific guidance throughout the procedure, and the EMA's role in supporting the downstream steps after the EU-M4all scientific opinion is issued.

To request a business pipeline meeting, please contact businesspipeline@ema.europa.eu.

10. How much does scientific advice cost? **Rev. Dec 2025**

The standard fees for scientific advice will apply for products to be evaluated under the EU-M4all procedure.

For more information on fees to be paid, applicable reductions and payment process, please refer to the general questions and answers document and related documents for Annex I, Section 13 and Section 1 on the [Fees payable to the European Medicines Agency](#).

References

- [Fees payable to the European Medicines Agency](#)
- [EMA website 'Scientific Advice and Protocol Assistance'](#)

11. Can an applicant apply for small and medium-sized enterprise (SME) status? Rev. Dec 2024

Applicants can apply for status as a small and medium-sized enterprise (SME). The EMA has set up an 'SME office', which offers assistance for SME status applications as well as financial and administrative assistance to registered SMEs. Details on how to register as an SME with the Agency are available on the EMA website '[Supporting SMEs](#)'.

Fee incentives apply to SMEs established in the EU/EEA. If an enterprise is not yet legally established in the EU/EEA, SME incentives can be accessed through an EU/EEA-established SME. Both the regulatory consultancy and the non-EU/EEA-based company have to be assigned the SME status by the EMA SME office for the incentives to apply.

References

- [Regulation \(EC\) No 2049/2005](#)
- EMA website '[Supporting SMEs](#)'
- [Fees payable to the European Medicines Agency](#)

12. Can EU-M4all applications benefit from the orphan medicinal status in the EU?

Orphan medicinal products are intended for the diagnosis, prevention or treatment of life-threatening or very serious conditions that affect no more than 5 in 10,000 people in the European Union. Therefore, for EU-M4all applications intended to be used outside the European Union, the orphan status in the EU does not apply.

13. What is the difference between scientific advice and a CHMP scientific opinion in collaboration with WHO?

Scientific advice is a service whereby an applicant / opinion holder can ask questions to the CHMP regarding pre- and post-marketing development of a medicinal product. This advice can be sought either on the initial development or any subsequent development, in order to raise scientific questions pertaining to the scientific strategy chosen. The scientific advice provided allows the applicant / scientific opinion holder to take into consideration the CHMP views when generating data that later will

become part of an application for or an update of a scientific opinion issued under the EU-M4all procedure.

A scientific opinion under the EU-M4all procedure is adopted by the CHMP, in collaboration with WHO based on the evaluation of an application submitted to the EMA and containing data on the quality, safety and efficacy of the medicinal product to support the licensing by third countries; the CHMP opinion concludes on the benefit-risk balance of the medicinal product applied for.

14. How are pre-submission meetings conducted?

The pre-submission meetings are important steps in the product development and the regulatory process. They relate to the preparation of the submission of the application for a scientific opinion under the EU-M4all procedure. Successful pre-submission meetings should enable applicants to submit applications in conformity with the legal and regulatory requirements, for a subsequent smooth evaluation. These meetings will enable applicants to establish contact with the EMA staff members who will be involved in the evaluation of their medicinal product. For more information, please see the EMA pre-authorisation procedural advice for users of the centralised procedure, Question '[How is a marketing authorisation application pre-submission meeting?](#)'.

References

- '[Pre-submission request form](#)'

15. Do the requirements of the paediatric legislation apply to EU-M4all applications?

As most medicinal products submitted under the EU-M4all procedure are going to be used in children, applicants are encouraged to discuss the development of their products for the paediatric population in a scientific advice procedure. Scientific advice on paediatric questions is free of charge.

However, the requirements of the paediatric legislation (Regulation (EC) No 1901/2006) do not apply to EU-M4all applications. There is no requirement for the Applicant to agree a paediatric investigation plan with the Agency.

References

- [Regulation \(EC\) No 1901/2006](#)

16. What types of application can be submitted under EU-M4all applications?

The following types of application can be submitted under the EU-M4all procedure:

- full applications¹;
- well-established use applications²;

¹ As described in Article 8(3) of Directive 2001/83/EC.

² As described in Article 10a of Directive 2001/83/EC.

- fixed combination applications³;
- informed consent applications⁴;
- generic applications⁵;
- hybrid applications⁶;
- similar biological applications⁷.

The type of application needs to be identified in the application form at the time of submission.

For further information on the different types of application and the related legal requirements see [Notice to Applicants, Volume 2A, Chapter 1, section 5](#).

17. How are dossiers submitted?

For information on the submission requirements and the validation process, please refer to the EMA pre-authorisation procedural advice for users of the centralised procedure, Question [‘How and to whom shall I submit my dossier?’](#).

Applicants should use the specific application form for a scientific opinion under the EU-M4all procedure available at the EMA webpage [‘EU-M4all application form’](#).

18. When to submit my application under the EU-M4all procedure? Should I submit a letter of intent? **Rev. Dec 2024**

Applicants should notify EMA of their intend to submit an application for EU-M4all and the intended submission date. The date of submission should be considered carefully taking into account the published [submission dates](#) and the guidance ‘Best practice guide on measures improving predictability of submissions/responses and adherence to communicated submission/responses deadlines’. For information on when the application should be submitted and the dates of CHMP meetings please refer to the EMA pre-authorisation procedural advice for users of the centralised procedure, Question [‘When should I submit my marketing authorisation application’](#).

References

- [Best practice guide on measures improving predictability of submissions/responses and adherence to communicated submission/responses deadlines](#)
- [EMA pre-authorisation procedural advice for users of the centralised procedure](#)

³ As described in Article 10b of Directive 2001/83/EC.

⁴ As described in Article 10c of Directive 2001/83/EC.

⁵ As described in Article 10(1) of Directive 2001/83/EC.

⁶ As described in Article 10(3) of Directive 2001/83/EC.

⁷As described in Article 10(4) of Directive 2001/83/EC.

19. Do I need an invented name for my medicinal product?

An invented name is not required for products submitted under the EU-M4all procedure and therefore the Name Review Group will not be consulted.

Applicants are recommended to liaise with the local authorities where the medicinal product is intended to be authorised to ensure compliance with the applicable national legislation.

20. Do I need to submit mock-ups and specimens?

Mock-ups or specimens do not need to be submitted *a priori* for EU-M4all applications. Applicants should ensure the adequacy of the information on the labelling and the package leaflet, as well as its readability.

Applicants should liaise with the local authorities where the medicinal product is intended to be authorised to ensure compliance with the applicable national legislation.

21. Do I have to submit samples together with my application?

Samples for testing the proposed medicinal product are not required at the time of submission of the application.

The CHMP may however request the testing of samples of the medicinal product and/or its ingredients during the assessment of the application.

In this case, the (Co-)Rapporteur will specify a test protocol (type of samples, number of samples, number of batches, testing to be performed and methods and specifications to be used) and agree with the Agency which Official Medicines Control Laboratory (OMCL) or other laboratories designated for this purpose by a Member State will carry out the required testing.

Sampling and testing will be co-ordinated by the Agency in collaboration with the European Directorate for the Quality of Medicines and Healthcare (EDQM).

The results of the tests are reported to the Agency, (Co-)Rapporteur and the CHMP for consideration for the finalisation of the CHMP assessment report.

22. Do the QRD templates for product information have to be used?

It is recommended that the product information is submitted in line with the English QRD templates. Only the English product information will be reviewed in the EU-M4all applications.

Applicants should liaise with the local authorities where the medicinal product is intended to be authorised in order to ensure compliance of the product information with the applicable national legislation.

References

- EMA Homepage [‘Quality Review of Documents’](#)

23. Do scientific opinions under the EU-M4all procedure benefit from data or market protection/exclusivity?

Rules on data and market protections for EU marketing authorisations in Regulation (EC) No 726/2004 and Directive 2001/83/EC, as well as rules on market exclusivity foreseen in Regulation (EC) No 141/2000 do not apply to scientific opinions provided under EU-M4all.

24. Should ATC codes and international non-proprietary names agreed by WHO be used?

ATC codes and international non-proprietary names (INNs), when available, should be used in the EU-M4all applications.

25. Can I submit a user testing of the Package Leaflet as part of the EU-M4all application?

Submission of the results of a user testing of the Package Leaflet in the EU-M4all application is recommended to ensure the adequacy and the readability of the design and content of the package leaflet.

Applicants should liaise with the local authorities where the medicinal product is intended to be authorised in order to ensure compliance of the package leaflet with the applicable national requirements.

26. What is the timetable for the validation and the evaluation of applications under the EU-M4all procedure? **Rev. Dec 2024**

The validation process and the evaluation procedure by the CHMP for EU-M4all applications follow by analogy the same steps and timeframes as the centralised marketing authorisation procedure. As the evaluation is conducted in partnership with WHO, the WHO experts will provide input to the procedure. The WHO experts and observers from authorities of target countries nominated by WHO may attend CHMP plenary and any other discussions on the products being assessed.

Details on the validation procedure can be found in the EMA pre-submission guidance Question [‘How and to whom should I submit my dossier?’](#) and Question [‘How are initial Marketing Authorisation Applications validated at the EMA?’](#)

Once the application is validated and provided the Rapporteurs confirmed the reception of the dossier, the EMA will start the procedure at the monthly [starting date published on the EMA website - Procedural timetables](#).

The timetable prepared by the EMA in consultation with the (Co-)Rapporteur is adopted by the CHMP. The EMA ensures that the CHMP scientific opinion is given within 210 days.

The standard timetable for the evaluation of an application for a CHMP scientific opinion is below:

| Day | Action |
|--|--|
| 1 | Start of the procedure |
| 80 | Receipt of the assessment reports from the Rapporteur and Co-Rapporteur by CHMP members and the EMA. EMA sends the assessment reports to the applicant, making it clear that they only set out the preliminary conclusions, that they are sent for information only and that they do not represent the position of the CHMP yet. |
| 94 | PRAC Rapporteur circulates the RMP assessment report, focusing on the prospective planning aspects: pharmacovigilance plan and risk minimisation measures, and proposed RMP list of questions (LoQ). EMA sends also the PRAC Rapporteur AR to the applicant. |
| 100 | (Co-)Rapporteurs, other PRAC and CHMP Committee members, WHO experts and EMA send comments (including peer reviewers). |
| 101-104 (step exceptionally applicable) | PRAC adopts PRAC RMP assessment overview and PRAC Advice for D120 LoQ (PRAC discussion and adoption of advice during the 1st assessment phase is only envisaged for a minority of applications such as ATMP, PUMA or products assessed under accelerated assessment). |
| 115 | Receipt of draft list of questions (including the CHMP recommendation and scientific discussions) from the Rapporteur and Co-Rapporteur, as discussed with the peer reviewers, together with the PRAC RMP assessment overview and PRAC Advice, by CHMP members, WHO Experts, and the EMA. |
| 120 | Adoption of the LoQ, overall conclusions and review of the scientific data by the CHMP. The EMA sends these to the applicants and WHO Experts. At the latest by Day 120, adoption by CHMP of request for GMP/GLP/GCP inspection, if necessary (Inspection procedure starts). |

By analogy to the evaluation of centralised marketing authorisation applications, the same time is allowed for applicants for the clock stop at D120 to respond to the list of questions and list of outstanding issues ([EMA/75401/2006 Rev. 2](#)).

Responses are submitted by the applicant at day 121, including a revised summary of product characteristics (SmPC), labelling and Package Leaflet in English. The clock is restarted.

After receipt of the responses, CHMP adopts a timetable for the evaluation of the responses. The standard timetable is as follows:

| Day | Action |
|-----|---|
| 157 | Receipt of joint response assessment report from the CHMP (Co-)Rapporteurs and PRAC Rapporteur by CHMP, PRAC members and the EMA. EMA sends the joint assessment report to the applicant, WHO Experts, making it clear that it only sets out their preliminary conclusions, that it is sent for information only and that it does not represent the position of CHMP yet. Where applicable, inspection is carried out. EMA/QRD sub-group meeting for the review of English product Information with participation of the applicant (optional) around day 165. |
| 166 | PRAC adopts PRAC assessment overview and PRAC Advice for D180 LoOI. |

| Day | Action |
|--------|---|
| 170 | Deadline for comments on joint assessment report from CHMP members and WHO Experts. The CHMP Rapporteur will integrate the various contributions and views in the draft List of outstanding issues. |
| 180 | CHMP discussion and decision on the need for adoption of a LoOI and/or on whether the applicant will need to attend an oral explanation. Submission of the final inspection report to EMA, Rapporteur and Co-Rapporteur by the inspections team, if applicable. CHMP adopts the LoOI as well as the overall conclusions and review of the scientific data to be sent to the Applicant by the EMA. |
| 181 | Clock is restarted with submission of responses or oral explanation. Oral explanation takes place (if needed). |
| 194 | The CHMP (Co)-Rapporteurs/ PRAC Rapporteur assess the applicant's responses including the RMP aspects in a joint assessment report. A PRAC discussion is not foreseen at this stage. |
| 200 | PRAC and CHMP Committee members, WHO experts and EMA send comments on the assessment report. |
| 204 | The updated AR is circulated to the PRAC and CHMP Committee members, WHO experts and EMA. |
| By 210 | Adoption of CHMP scientific opinion and assessment report. |

The above timetable will be reduced in case of accelerated assessment. Please refer to the EMA pre-submission guidance Question '[Is my product eligible for an accelerated Assessment?](#)' for further details.

After adoption by CHMP, the scientific opinion and its annexes are sent to the stakeholders and a public assessment report on a scientific opinion in co-operation with WHO (EPAR) is prepared within 2 months following the adoption of the scientific opinion under EU-M4all. This public assessment report is published on the EMA website.

27. Can I ask for a re-examination of a scientific opinion?

Rev. Dec 2025

Applicants have the possibility of requesting a re-examination of the CHMP scientific opinion under the EU-M4all procedure.

Within 15 days of receipt of the scientific opinion, the applicant should inform the EMA of its intention to request a re-examination and submit the grounds for the request for re-examination within 60 days of receipt of the opinion. The applicant should also mention if they wish to be heard during an oral explanation.

Within 60 days from the receipt of the grounds for the request for re-examination, the CHMP will evaluate the arguments presented by the applicant and will adopt a final scientific opinion. If necessary, an oral explanation can be held within this 60-day timeframe.

In case of withdrawal of the request for re-examination, the initial CHMP opinion will immediately become the final CHMP opinion.

The start of a re-examination procedure will be mentioned in the CHMP Monthly Report.

At the end of the re-examination procedure, the SmOp /Questions & Answer document of the initial opinion will be revised to reflect the outcome of the re-examination procedure, and will be published at the time of the CHMP press release/CHMP Monthly Report.

28. When and how are the (Co-)Rapporteurs appointed?

Applicants are requested to notify the EMA of their intent to submit and request assignment of (Co-) Rapporteurs 7 months prior to the intended submission date. The (Co-) Rapporteurs appointment procedure will not be initiated prior to this notification of intended submission date.

For details on the procedure to nominate (Co-)Rapporteurs, please refer to the EMA pre-authorisation procedural advice for users of the centralised procedure, Question '[What is the procedure for appointment of CHMP/PRAC/CAT Rapporteurs/Co-Rapporteurs and their assessment teams?](#)'.

References

- [Procedural Advice on CHMP/CAT/PRAC Rapporteur/Co-rapporteur appointment principles, objective criteria and methodology in accordance with Article 62 \(1\) of Regulation \(EC\) NO 726/2004 \(EMA/151751/2010\)](#)
- [CHMP Rules of Procedure \(EMA/CHMP/45110/2007\)](#)

29. How are experts appointed and how are they involved?

For applications evaluated under the EU-M4all procedure, experts and observers nominated by WHO can be involved in the evaluation. The Agency informs applicants of the WHO experts and observers who are appointed at the start of the procedure.

WHO experts and experts nominated by WHO from target countries act as scientific expert reviewers of the rapporteurs' assessment reports and provide specific expertise and input. Their precise tasks and responsibilities in a particular procedure will depend on the specific product, therapeutic area and their areas of expertise. They may, for instance, be asked to comment on assessment reports or provide specific expertise at CHMP or other meetings. Observers nominated by WHO can attend CHMP and other meetings and may be invited to provide input. Experts and observers have no voting rights at the CHMP.

All nominated experts must carry out their tasks and responsibilities in accordance with EMA policies on confidentiality and conflicts of interest (see [EMA Code of Conduct](#)). Prior to their appointment and participation in meetings, all experts are obliged to submit a signed nomination form, a *curriculum vitae*, a public declaration of interests and confidentiality undertaking form. In addition, experts can only participate in discussions on products to the extent defined by their individual level of risk, in accordance with the [EMA policy and procedure on the handling of conflicts of interest](#).

Applicants are responsible for sending a copy of modules 1 and 2 of the dossier to WHO experts and observers who have been appointed, at the start of the procedure. They also need to send them a copy of any other relevant documentation that they produce during the procedure, such as responses to lists of questions or lists of outstanding issues. The EMA is responsible for forwarding the documents circulated and adopted during the evaluation procedure to the appointed WHO experts and observers.

References

- [EMA Code of Conduct](#)

30. Can the evaluation of a medicinal product under the EU-M4all procedure be accelerated? Rev. Dec 2024

Yes, the evaluation of a medicinal product under the EU-M4all procedure can be accelerated upon request of the applicant. Accelerated assessment reduces the timeframe for review of an EU-M4all applications to 150 days or less (compared to standard 210 days). Medicinal products of a major public health interest and in particular from the viewpoint of therapeutic innovation (unmet medical need) are eligible for evaluation under accelerated assessment. Applicants should provide justification and rationale that the medicinal product would offer a major interest from the point of view of public health, in particular from the viewpoint of therapeutic innovation, in the target countries where it is intended to be authorised. They should notify EMA of intention to request accelerated assessment at least 6-7 months before submission, while the request should be submitted as early as possible and at least 2-3 months before submitting the application. The request is assessed by the CHMP in consultation with the WHO if appropriate.

Regarding the timing and the documentation required to support the request for accelerated assessment, applicants are invited to consult the EMA pre-authorisation procedural advice for users of the centralised procedure Question '[is my product eligible for an accelerated assessment?](#)'.

31. Can a scientific opinion be subject to specific obligations under EU-M4all? Rev. Dec 2024

The frameworks of conditional marketing authorisation or a marketing authorisation under exceptional circumstances can be applied by analogy to scientific opinions under the EU-M4all procedure. The applicant should submit as part of the application, a proposal for the appropriate post-authorisation measures (so-called 'specific obligations') within agreed timeframe, together with a justification to its claim.

Conditional EU-M4all scientific opinion

Conditional EU-M4all scientific opinion allows the Committee for Medicinal Products for Human Use (CHMP), for certain medicinal products fulfilling an unmet medical need and in view of their positive risk-benefit balance, to provide a recommendation on use before comprehensive clinical data are available.

Medicinal products for seriously debilitating or life-threatening diseases, emergency situations or orphan medicinal products are eligible for this tool, and should fulfil the following criteria:

- positive risk-benefit balance;
- applicant likely to be able to provide comprehensive data after adoption of the scientific opinion;
- fulfils unmet medical need;
- benefits of immediate availability outweigh the risks due to additional data still being required.

Applicants are advised to discuss as early as possible during development, through scientific advice, about the consideration of the application under conditional EU-M4all scientific opinion. The request

may also be addressed when submitting EU-M4all application. Conditional EU-M4all scientific opinion can also be proposed by the CHMP during assessment of EU-M4all application.

This procedure may allow earlier authorisation of medicines of patients with unmet medical needs, on the basis of less complete data available at the time of submission..

EU-M4all scientific opinion under exceptional circumstances

EU-M4all scientific opinion under exceptional circumstances allows CHMP to evaluate medicinal products in specific diseases where comprehensive clinical data could not be generated.

This tool is available for medicinal products without comprehensive data on efficacy and safety under normal conditions of use, respectively because:

- indications encountered so rarely that the applicant cannot reasonably be expected to provide comprehensive evidence;
- in the present state of scientific knowledge, comprehensive information cannot be provided, or it would be contrary to generally accepted principles of medical ethics to collect such information.

Applicants are advised to discuss as early as possible during development, through scientific advice, about the consideration of the application under EU-M4all scientific opinion under exceptional circumstances. The request may also be addressed when submitting EU-M4all application. EU-M4all scientific opinion under exceptional circumstances can also be proposed by the CHMP during assessment of EU-M4all application. As per analogy with Marketing Authorisation under exceptional circumstances, post-authorisation measures to be implemented in target countries will be adopted to mitigate the uncertainties inherent to the non-comprehensiveness of the dossier.

The following guidelines should be taken into consideration:

- [Guideline on procedures for the granting of a marketing authorisation under exceptional circumstances, pursuant to article 14 \(8\) of regulation \(EC\) no 726/2004](#)
- [Guideline on the scientific application and the practical arrangements necessary to implement commission regulation \(EC\) no 507/2006 on the conditional marketing authorisation for medicinal products for human use falling within the scope of regulation \(EC\) no 726/2004](#)

32. What is the fee for an application under the EU-M4all procedure? Rev. Dec 2025

The fees are payable for pre-submission activities, the assessment of centralised marketing authorisation applications, including re-examination, inspection activities, Type II variations, extensions procedures and request for a certificate. Annual fees and PSURs assessment are not subject to payment for EU-M4All products.

For more information on fees to be paid, applicable fee reductions and payment process, please refer to the general questions and answers document and related document for Annex I, Section 13 on the Fees payable to the European Medicines Agency page.

References

- [Fees payable to the European Medicines Agency](#)

33. Is a pharmacovigilance system and risk management plan needed?

In principle, the same requirements for pharmacovigilance systems and risk management plans (RMPs) apply for applications under the EU-M4all procedure as for centrally authorised products and have to be adapted to the patients and to the health systems of the countries where the medicinal product is intended to be authorised.

Whilst a RMP should be submitted for all applications under the EU-M4all procedure, certain parts or modules of the RMP may be omitted when justified. Applicants are encouraged to contact the EMA prior to submitting an EU-M4all application to discuss RMP related questions.

At any stage, but in particular during the pre-authorisation phase, an applicant/holder may request advice on the development of the pharmacovigilance activities/risk minimisation measures in relation with an EU-M4all scientific opinion through the scientific advice procedure.

Besides, the summary of the pharmacovigilance system needs to be submitted at the time of application in module 1.8.1 and the proposed RMP should be submitted in module 1.8.2.

An updated RMP should be submitted at the request of the European Medicines Agency and/or whenever the risk management system is modified, especially when new information may lead to a significant change to the benefit/risk profile, or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

The scientific opinion holder should inform the EMA of any deviation to the submitted documentation and should provide the reason for such deviations. The CHMP, in collaboration with the WHO, may revise its opinion based on this information.

References

- [Good Pharmacovigilance Practices for medicinal products for human use](#)

34. Should I submit an environmental risk assessment under the EU-M4all procedure? Rev. Jul 2023

For all medicinal products

EU-M4all applications should include an environmental risk assessment (ERA) by analogy to the EU standards for marketing authorisation applications. It is acknowledged that not all the data usually requested to evaluate the potential environmental risks posed by medicinal products in the EU may be relevant in the context of an application outside the EU - in such cases, justification to deviate from the EU standards should be provided. In case an ERA is not required, a justification should be included in the dossier. In addition, in order to minimise environmental exposure, it is recommended that practical instructions for disposal of the unused medicinal product and waste materials are included in the product information, as appropriate. Any relevant information available related to environmental risk (e.g., from the scientific literature or from the applicant's studies) supporting these instructions should be included in the ERA.

Applicants are recommended to liaise with the local authorities where the medicinal product is intended to be authorised in order to discuss any potential environmental impact, any specific arrangements to limit this impact if needed and ensure that the documentation complies with the applicable national legislation.

For medicinal products containing Genetically Modified Organism (GMO)

In case of medicinal products consisting or containing a Genetically Modified Organism (GMO), practical instructions in the product information should be focussed on control measures to avoid or minimise the entry of the GMO contained in medicinal products into the environment by unintended dispersal of the product during administration, by accidental dissemination during product handling, by inappropriate disposal of waste or unused product, or *via* excretion by the patient. Any relevant information from the scientific literature or from the applicant's studies on biodistribution or shedding studies for GMO supporting these instructions should be included in the ERA.

Examples of Risk management strategies to prevent dissemination into the environment could include:

- Control measures during reconstitution (if applicable), handling and administration.
- Personal protective equipment.
- Decontamination/cleaning measures after administration or in the case of accidental spilling (i.e. decontamination /cleaning measures of potentially contaminated materials, surfaces and areas).
- Waste treatment.
- Recommendations given to patients to prevent dissemination (e.g. in case of shedding).

Applicants are recommended to liaise with the local authorities where the medicinal product is intended to be authorised in order to discuss any potential environmental impact, any specific arrangements to limit this impact if needed and ensure that the documentation complies with the applicable national legislation.

References

- [Guideline on the environmental risk assessment of medicinal products for human use \(EMA/CHMP/SWP/4447/00\)](#)
- EMA Homepage '[Quality Review of Documents](#)'

35. What information on manufacturers should be provided in an EU-M4all applications?

In the notification of intention to submit an EU-M4all applications, applicants should mention the names, contact points, addresses and activities of the proposed manufacturers of the active substance(s) ('drug substance') and finished product (drug product'). The sequence of all different manufacturing sites involved should be clearly described in a flowchart.

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All sites involved in the production of the finished product and of the active substance(s) should be described (name and detailed address, including building reference) in section 2.5 of the application

form, together with a description of the steps/activities performed at each site. This information must be consistent with the Module 3. It should include:

2.5.2: any site or contract laboratory used for quality control testing the finished product, including in-process testing sites.

2.5.2: any site responsible for the manufacture of the medicinal product manufacture, including manufacturing sites of any diluent/solvent presented in a separate container but forming part of the medicinal product, immediate and outer packaging.

2.5.3: any site involved in the manufacturing process of each source of active substance, including quality control / in-process testing sites. For biotechnology products, all sites of storage of master and working cell bank and preparation of working cell banks when relevant should be included.

For third country manufacturer(s), information about any previous GMP inspection (with, a copy of the GMP certificate if available) and/or any planned GMP inspection(s) should be provided, including details of the inspection dates, product category inspected and the name(s) of the inspecting competent authorities. Please also include WHO Pre-Qualification inspections, if available).

Documents to be attached to the application form

For all sites in the EEA, other than active substance manufacturers, copies of the 'Manufacturing Authorisation' or the EudraGMDP manufacturing authorisation reference number should be provided.

For all sites, other than active substance manufacturers, located in third countries, a document equivalent of manufacturing authorisation issued by the local competent authorities should be provided. If available, the latest GMP certificate or EudraGMDP certificate reference number should be provided.

A flowchart describing all the main steps involved in the manufacture of the active substance and finished product.

A document (C.V.) identifying the contact person responsible for product defects and recalls including its contact details.

Product defects and recalls

The scientific opinion holder should report forthwith to the competent authorities of the countries where the product is authorised and inform the EMA about any defect in a medicinal product that could result in a recall or abnormal restriction in supply, together with the corrective action(s) proposed. Depending on the quality issue(s), the CHMP may revise the scientific opinion.

36. Do products need to be tested by an Official Medicines Control Laboratory before they are released for sale?

The CHMP may recommend that certain products (such as vaccines, immunological products or medicinal products derived from human blood or human plasma) require testing of individual batches, performed by an independent control laboratory before release on the market(s). Therefore, the scientific opinion holder could be requested to submit samples from each batch of the bulk or medicinal product to an official medicines control laboratory (OMCL). A batch of a medicinal product can be

placed on the market(s) once the OMCL has examined the batch in question and declared it to be compliant with the approved specifications by issuing a certificate of batch compliance.

The CHMP provides as part of the scientific opinion a list of the tests to be carried out by an OMCL.

OMCLs located in the EU are appointed by the European Directorate for the Quality of Medicines (EDQM). The EU OMCL should complete testing within 60 days of having received the sample. If the product is compliant, the EDQM provides a certificate of batch compliance to the applicant, who may then provide it to the local competent authorities where the medicinal product is authorised.

References

- [European Directorate for the Quality of Medicines](#)

37. When is a good manufacturing practice, a good laboratory practice or good clinical practice inspection needed? How are inspections carried out? Rev. Dec 2024

The same principles apply for good manufacturing practice (GMP), good laboratory practice (GLP) and good clinical practice (GCP) inspections for evaluations under the EU-M4all procedure as for the evaluation of a centrally medicinal product.

Clinical trials submitted as part of EU-M4all applications must be conducted in accordance with GCP, independently of the circumstances (e.g. country, population, data collection) under which they are performed. applicants are highly encouraged to share an overview of actual GCP compliance in early discussions such as Scientific Advice and/or pre-submission meetings.

For details, see [EMA website 'GCP inspections'](#).

For applications where the manufacturing site of the drug product is located inside the EEA, the Supervisory Authority is responsible for the inspection. For applications where the manufacturer of the product is located outside the EEA, a Competent Authority within the EEA will be nominated.

In case of request of accelerated assessment, the applicant should submit specific information in order to anticipate and integrate routine GCP and pre-approval GMP inspections into the accelerated assessment procedure. Applicants should refer to the [EMA pre-authorisation guidance](#) 'Is my product eligible for an accelerated Assessment?' for further details on the information to be provided and the related templates.

38. What is the fee for an inspection? Rev. Dec 2025

The same fee as for inspection in the context of a centralised marketing authorisation application is charged.

For more information on fees to be paid, applicable fee reductions and payment process, please refer to the general questions and answers document and related documents for Annex I, Section 13 and Annex IV, Section I on the [Fees payable to the European Medicines Agency](#).

References

- [Fees payable to the European Medicines Agency](#)

39. Can I submit active substance master file(s) (ASMF), vaccine antigen master file (VAMF) or plasma master file (PMF) for EU-M4all applications ?

For active substances that may be subject to an ASMF, applicants may use this possibility in the context of an EU-M4all application. Applicants should include information on their intention to present the equivalent of an EU active substance master file (ASMF) when they send their notification of intention to submit an EU-M4all application.

Applicants should refer to the Guideline on Active Substance Master File Procedure ([CHMP/QWP/227/02](#)) for and the content requirements and the procedure to follow. If an ASMF already exists, the applicant should ensure that the active ingredient manufacturer's (AIM's) restricted part of the ASMF is submitted by the AIM at the same time as the main application.

Please note that the applicant should include a commitment to inform the EMA of any changes in the ASMF either as a separate letter included in Annex 5.11 or within the letter of access provided in Annex 5.11 of the application form.

Additional information can be found in the EMA [Pre-submission guidance Question 'How should I submit an active substance master file \(ASMF\)?'](#) and '[Practical Guidance on the use of the eCTD format for ASMF for Active Substance Master File Holders and Marketing Authorisation Holders](#)'.

The concept of the ASMF does not apply to blood-derived medicinal products and vaccine antigens. In this context, the manufacturer can submit a PMF or a VAMF. If an applicant intends to use existing vaccine antigen master file (VAMF) or plasma master file (PMF) certificates in an application under the EU-M4all procedure, he will need to provide the valid VAMF or PMF certificate of compliance with European Union legislation and accompanying evaluation reports together with the respective VAMF or PMF data.

References

- [Guideline on Active Substance Master File Procedure \(CHMP/QWP/227/02\)](#)

40. What information is needed for medicinal products that contain or use material of animal or human origin in the manufacturing process?

If a medicinal product contains material of animal or human origin or uses it in its manufacture, the applicant should comply with the Part I Module 3.2 (9) "Content: basis and principle" of the Annex I to Directive 2001/83/EC. This requires the applicant to demonstrate that the medicinal product is manufactured in accordance with the [Note for Guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products](#).

This can be achieved by either of the following means:

- submitting certificates of suitability from the European Directorate for the Quality of Medicines (EDQM) in Annex 5.13 of the application form;
- inclusion of scientific data in Module 3.2 of the dossier to establish compliance, together with a review of these data in Module 2.3 (expert reports).

For all applications, table A on Materials of animal origin covered by the Notice for Guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products should be completed and included in Module 3.2.R.

For material from animals that is not covered by the Notice for Guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products and annex I of Directive 2001/83/EC or for materials of ruminant origin used in the establishment of existing master cell banks, applicants are requested to complete table B on 'Other materials of animal origin', and include it in Module 3.2.R.

If an application relates to a medicinal product that contains or uses material of human origin in its manufacture, applicants are requested to complete table C on albumin and other human tissue derived materials and include it in Module 3.2.R.

For adventitious agents, information assessing the risk with respect to potential contamination with adventitious agents, whether they are non-viral or viral, as laid down in guidelines as well as in general monograph and general chapter of the European Pharmacopoeia, shall be provided.

References

- [Note for guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products \(EMA/410/01\)](#)
- [European Medicines Agency's scientific guidelines on biological medicinal products](#)

41. Is a Commission Decision granted after adoption of a scientific opinion under EU-M4all?

There is no Commission Decision granted following the adoption of an opinion under the EU-M4all procedure.

This opinion under the EU-M4all procedure is transmitted to the scientific opinion holder and to the WHO.

42. What is published following a scientific opinion under EU-M4all?

Within 2 months following the adoption of the scientific opinion under the EU-M4all procedure, a public assessment report, similar to the assessment report for centrally authorised medicinal products (EPAR), is published.

The public assessment report for EU-M4all applications reflects the scientific conclusions reached by the CHMP at the end of the evaluation process, with redaction of commercially confidential information.

In addition to the assessment report, EMA publishes a lay-language summary for the public, the product information and a list of all authorised presentations. These documents are available on [the medicines webpage](#), which is updated throughout the life-cycle of the product.

An assessment report and a questions-and-answers document are published following the withdrawal of an application for a scientific opinion or following a negative scientific opinion. More details can be found on the EMA website on Question '[what we publish on medicines and when?](#)'.

All documents related to EU-M4all applications are published in English only.

43. Can the EMA certify scientific opinions under EU-M4all?

The Agency delivers certificates for medicinal products which have been subject to an opinion pursuant to Article 58.

The European Medicines Agency issues certificates within 10 working days (standard procedure) or within 2 working days (urgent procedure) following receipt of a valid application form.

For more information regarding certificates, in particular on the practical details to make a request, please see the [EMA website on 'Certificates of medicinal products'](#).

44. What information do I need to submit after the opinion?

The scientific opinion holder shall keep the scientific opinion up-to-date and submit any corresponding change to the EMA. Any information that may have an impact on the benefit-risk balance of the medicinal product shall be submitted to the EMA forthwith. The holder must also take into account any technical and scientific progress and introduce any changes that may be required to enable the medicinal product to be manufactured and checked by means of generally accepted scientific methods. Any amendment to the opinion needs to be assessed by the EMA in collaboration with the WHO via **variation applications**. By analogy to centralised marketing authorisations, the same procedural elements (notably the categorisation of variations) and the data requirements to support such applications, apply. For further details, the scientific opinion holder should refer to the [EMA post-authorisation guidance](#). Applicants should use the specific application forms available at the EMA webpage '[Article 58 applications: Regulatory and procedural guidance](#)'.

In particular cases, the Scientific Opinion Holder may be requested to submit Post-Authorisation Measures (PAM) to the Agency, the submission must be in accordance with the corresponding procedural details laid down in the [EMA website – Post-Authorisation Measures](#).

In the framework of their confidentiality arrangement, the EMA and WHO can exchange any information relating to medicinal products evaluated under the EU-M4all procedure. The EMA will contact the WHO for any information related to the scientific opinion under the EU-M4all procedure.

It is reminded that the post-authorisation activities related to the scientific opinion under the EU-M4all procedure are without prejudice to the scientific opinion holder's obligations; they shall ensure compliance with the applicable national legislation where the medicinal product is authorised.

45. What are the pharmacovigilance requirements in relation with the EU-M4all Scientific Opinion? **Rev. Dec 2024**

The following pharmacovigilance obligations related to the EU-M4all opinions do not substitute for the requirements (e.g. in terms of reporting of adverse reactions) of the countries where a marketing

authorisation has been granted. The scientific opinion holder shall ensure compliance with national legislation where the medicinal product is authorised.

With regards to its pharmacovigilance requirements at the level of the EMA:

- All reported **serious adverse reactions** should be recorded by the scientific opinion holder and submitted to the EMA within the time frames and format stated in the Module VI 'Management and reporting of adverse reactions to medicinal products' of the Guideline on good pharmacovigilance practices (GVP) and in the other documents available on the [EMA Website - EudraVigilance](#).
- In accordance with Article 28c(1) of Regulation (EC) No 726/2004, the Agency shall make available promptly all suspected adverse reaction reports occurring in the Union to the World Health Organisation. Individual case safety reports might be shared by national countries with the WHO.
- There is no obligation for the Scientific Opinion Holder to ensure that the contact person for pharmacovigilance issues and the Pharmacovigilance System Master File (PSMF) are located within an EU/EEA Member State. The contact person should be easily reachable by the EMA in case of urgent need for communication. Therefore, the residence of the contact person responsible for pharmacovigilance should be in a WHO Member State.
- The PSMF should be located in the WHO Member State where the main pharmacovigilance activities are performed, or at the site where the contact person for pharmacovigilance operates.
- **Periodic safety update reports** (PSURs) for the concerned medicinal products should be submitted in accordance with the frequency stated in the scientific opinion under the EU-M4all procedure. The format of the PSUR shall follow the structure described in the Commission implementing Regulation (EU) No 520/2012. By analogy, the content of the PSUR and the related submission modalities as for centralised marketing authorisations should be the same. Further details can be found in [Module VII 'Periodic safety update report' of the Guideline on good pharmacovigilance practices \(GVP\)](#) and on the [EMA Website – PSUR](#), in particular the ['Questions and Answers on PSURs'](#).
- To perform signal detection on any data sources available to them (e.g. opinion holder's safety database, scientific literature) related to their medicinal products. Should any information that may affect the benefit-risk balance of the medicinal product be made available, the holder should inform the Agency forthwith. By analogy to the centralised marketing authorisations, the holder should follow the requirements for the management of safety signals as described in [Module IX 'Signal management of the Guideline on good pharmacovigilance practices \(GVP\)](#) and on the [EMA website – Signal management](#), in particular the ['Questions and Answers on signal management'](#). The documentation from the CIOMS Working Group VIII on Application of Signal Detection in Pharmacovigilance (CIOMS VIII) can be found on the [Council for International Organizations of Medical Sciences website](#).

The Scientific Opinion Holder may be required to submit to the Agency Post-Authorisation Measures (PAM), such as study protocols. The submission must be in accordance with the corresponding procedural details laid down in the [EMA website – Post-Authorisation Measures](#).

In case of new information that may affect the benefit-risk balance of the medicinal product, the CHMP in consultation with the WHO can revise the scientific opinion on its own initiative.

In the framework of their confidentiality arrangement, the EMA and WHO can exchange any information relating to medicinal products evaluated under the EU-M4all procedure. The EMA will contact the WHO for any information related to the scientific opinion under the EU-M4all procedure.

It is reminded that the post-authorisation activities related to the scientific opinion under the EU-M4all procedure are without prejudice to the Scientific Opinion Holders' obligations; they shall also ensure compliance with the national legislation where the medicinal product is authorised.

References

- [EMA – Post-authorisation guidance](#)
- [EMA - Pharmacovigilance](#)
- [Good Pharmacovigilance Practices for medicinal products for human use](#)

46. What to do in case of product defects or batch recalls?

The scientific opinion holder shall report forthwith any product defect, together with the corrective actions proposed, which may result in significant restriction in supply of the medicinal product or in a batch recall to:

- the competent authorities of the countries where the product is authorised, in accordance with the applicable national legislation.
- the EMA.

Depending on the nature of the issue, CHMP may revise its opinion in collaboration with WHO.

47. Can the scientific opinion under EU-M4all be transferred to another holder?

The scientific opinion under the EU-M4all procedure can be transferred to another scientific opinion holder.

The current (transferor) and the next (transferee) scientific opinion holders need to submit to the EMA a signed declaration (see [cover letter template](#)) stating:

- The name of the medicinal product concerned.
- The identification (name, address, contact person at opinion holder's address, telephone number and email address) of the transferor and the transferee.
- A document certifying that the complete and up-to-date file concerning the medicinal product or a copy of this file has been made available to or has been transferred to the transferee.
- If applicable, the date on which the transferor and the transferee finalise the transitional organisational arrangements and the transferee takes over all responsibilities. This is referred to as the implementation date. The duration of this transitional period should be proportionate to the organisational activities that need to be performed by the transferor and transferee and should not exceed 6 months. The activities performed by the transferor during the transitional period should be described.

The transferee needs to submit a signed declaration ([attachment 1](#)) stating:

- The name and contact details of the person authorised for communication with EMA.

- The name and contact details of the person responsible for quality issues.

The transferee and the responsible for pharmacovigilance need to submit a signed declaration ([attachment 2](#)) stating:

- The name and contact details of the responsible for pharmacovigilance.
- That the transferee has at his disposal a qualified person responsible for pharmacovigilance and the necessary means to fulfil the tasks and responsibilities listed in Title IX of Directive 2001/83/EC by analogy.

Where applicable, an update of the product information and of the summary of the pharmacovigilance system should be submitted in Modules 1.3.1 and 1.8.1

For further details on the procedure, please refer by analogy to Questions '[How and to whom shall I submit my transfer of marketing-authorisation application?](#)' and '[How shall my transfer of marketing authorisation application be handled \(timetable\)?](#)'.

The transferor and transferee are recommended to liaise with the EMA in advance of the submission to streamline the transfer procedure.

48. What should be done when the holder does not intend to maintain the scientific opinion under EU-M4all?

In case the holder does not intends to maintain the scientific opinion under the EU-M4all procedure, the holder should send a letter to the EMA notifying its intention. The holder should include the following information:

- background reason(s);
- countries where a MA was granted based on the EU-M4all opinion and where the product is currently authorised/marketed and estimates for the remaining products on the market (last batch released and expiry date of last batch);
- declaration that the applicant will ensure post-authorisation activities related to the medicinal product administered to patients and the remaining medicinal product on the market if there is no batch recall (e.g. ADR reporting, quality defects reporting)
- list and status of the remaining post-authorisation measures, as well as the ongoing procedures (PSUR, variations...).
- details of the communication plan to inform the public health authorities and other concerned public health actors, as well as the public and healthcare professionals of the concerned countries;
- information on the therapeutic alternatives available, if appropriate

The EMA will update the product-webpage of the medicinal product.

The above is without prejudice to the scientific opinion holder's duty to inform the countries where a marketing authorisation was granted based on the scientific opinion under the EU-M4all procedure and to ensure compliance with national legislation.

49. How long is the EU-M4all scientific opinion valid?

The scientific opinion under the EU-M4all procedure remains valid unless otherwise stated by the Agency on the EMA webpage. EU-M4all products do not undergo a 5-year renewal.

50. Can I submit a parallel application for EU-M4all opinion and Centralised Marketing Authorisation procedure? **Rev. Dec 2024**

The applicant can request for a simultaneous evaluation of applications for EU marketing authorisation through the centralised procedure and for an opinion for EU-M4all.

To meet the criteria for a parallel EU-marketing authorisation application (MAA) and EU-M4all assessment, the active substance(s) of both applications must be identical in both applications and the intended indication(s) must be comparable⁸. Both procedures should be submitted by the same applicant.

For this simultaneous evaluation process, two separate applications are required.

The technical dossier of the intended medicines shall be identical. Differences such as different formulations, pharmaceutical forms, storage conditions or routes of administration should be discussed with the Agency before the submission to determine whether they are compatible with a parallel assessment. Applicants are strongly advised to present their proposal and dossiers content at the EMA pre-submission meeting at least 6-7 months before the intended submission date.

The applicant should identify the differences between the two dossiers with regard to quality, non-clinical and clinical aspects at pre-submission. Any differences in Modules 1-5 should be reflected in their submissions (e.g. with a comparative table annexed to Module 1).

Eligibility for both procedures should be ideally requested at the same time to EMA; EMA recommends providing the eligibility request preferably at the earliest 18 months, and at the latest 7 months, before the EU-MAA/EU-M4all applications are submitted to the EMA.

References

- [Parallel application for EU-M4all and Centralised Marketing Authorisation procedure](#)
- [Pre-submission request form](#)
- [Pre-authorisation guidance](#)
- [Obtaining an EU marketing authorisation](#)
- [Obtaining and maintaining a scientific opinion on an EU-M4all medicine](#)

⁸ Indications may differ slightly to reflect the context of use. If indications differ significantly then the benefits of a 'parallel' assessment are deemed to be minor with significant differences in the non-clinical and clinical parts of the submission. In such cases, it will be more appropriate to conduct two fully independent assessments.

51. Is cross-referencing to other application possible in the parallel application for EU-M4all and EU-MAA? Rev. Dec 2024

No, at time of filing two separate eCTD submissions are required and cross-referencing to the other application is not allowed. It should however be written in the cover letter if the content is the same or highlighting the differences between the two procedures to streamline the assessment. Two separate validations of both applications will be performed before the start of the procedures. Following validation and should the parallel assessment meet the required criteria, both applications should follow the same timetable and be assessed in parallel. It is to be noted that the applications will start with the same timetable, however during the assessment the procedural timetables may differ depending on the assessment.

52. Will EU-M4all and EU-MAA follow the same Accelerated Assessment procedural timetable? Rev. Dec 2024

EU-M4all and the EU MAA will be separated submissions and procedures, and both will start with the same procedural timetable. One single Accelerated Assessment form can be submitted, clearly mentioning both procedures in the application form.

Any request for accelerated assessment should be made at least two to three months before submitting the marketing-authorisation application(s). EMA strongly recommends that applicants request a pre-submission meeting six to seven months before submission to prepare for evaluation under accelerated assessment. The request for a pre-submission meeting should be sent electronically to EMA together with supporting documentation.

References

- [Parallel application for EU-M4all and Centralised Marketing Authorisation procedure](#)
- [Accelerated assessment](#)