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Review Article

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Dossier submission in the UK after Brexit

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Abstract

The withdrawal of the United Kingdom (UK) from the European Union (EU), commonly known as Brexit, occurred on January 31, 2020, triggering a transition period until December 31, 2020, during which the UK and EU negotiated their future relationship. Brexit has brought significant changes to regulatory frameworks, particularly in the pharmaceutical sector. This article examines the transition of dossier submission procedures in the UK following Brexit, focusing on the implications for marketing authorizations (MAs) and pharmacovigilance. The Medicines and Healthcare Products Regulatory Agency (MHRA) transitioned to an independent regulatory body, establishing new guidelines for pharmaceutical companies seeking MAs in the UK. Key changes in marketing authorization routes include the conversion of centrally authorized products (CAPs) to UK MAs, the introduction of the Decentralized and Mutual Recognition Reliance Procedure (MRDCRP), and the implementation of a 150-day assessment timeline for national procedures.

This article compares dossier requirements before and after Brexit in the UK and highlights pharmacovigilance requirements post-Brexit, emphasizing adjustments to reporting obligations, Qualified Person for Pharmacovigilance (QPPV) responsibilities, and the establishment of UK-specific Pharmacovigilance System Master Files (PSMFs). Additionally, it addresses the dossier Module 1 administrative information requirements to provide a comprehensive overview of the changes in regulatory procedures in the UK pharmaceutical sector following Brexit.

Overall, the article aims to serve as a valuable resource for industry professionals, regulatory experts, and other stakeholders seeking clarity on the regulatory changes and their implications for pharmaceutical products in the UK following Brexit.

Keywords: Brexit, Transition period, Marketing authorization, Medicines and Healthcare Products Regulatory Agency (MHRA), Decentralized and Mutual Recognition Reliance Procedure (MRDCRP), National procedure, pharmacovigilance, Qualified Person, Pharmacovigilance, Pharmacovigilance System Master Files (PSMFs), Qualified Person for Pharmacovigilance (QPPV), PSUR

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1. Introduction

Brexit: Brexit was the withdrawal of the United Kingdom (UK) from the European Union (EU).

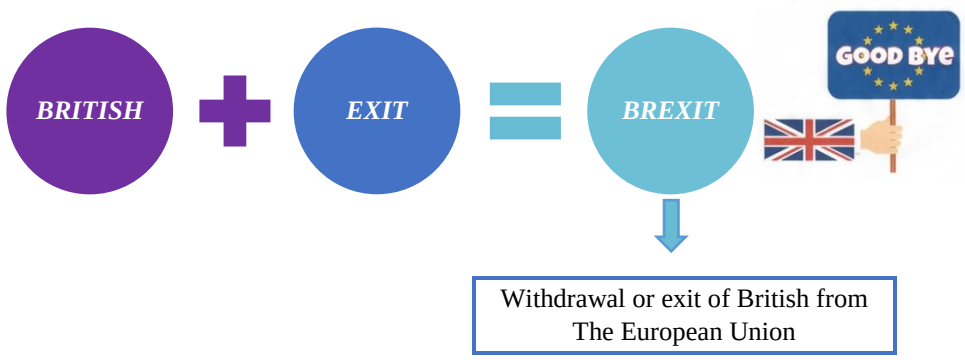


Figure 1. Withdrawal or exit of British from The European Union

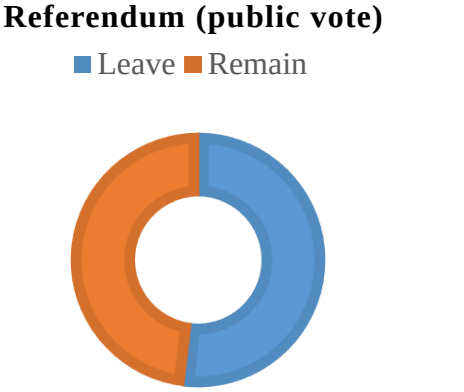
- The United Kingdom became a member of the European Union (EU) after joining the

European Communities (EC) on January 1, 1973. (1)

- Throughout its membership, Eurosceptic sentiments existed in the UK, leading to occasional debates but no referendums on leaving the EU. (1)
- The rise of the UK Independence Party (UKIP) and pressure from Eurosceptics led Prime Minister David Cameron to promise a referendum if re-elected in 2015. (1)
- On June 23, 2016, a referendum was held, and 51.89 % of voters supported leaving the EU and 48.11 %supported staying in EU. David Cameron resigned as prime minister. (1)
- Scotland and Northern Ireland voted against Brexit, and every region of England and Wales voted in support of it, except London. (1)

Table 1. Voting Result

Choice	Votes	%
Leave	**17,410,742**	**51.89%**
Remain	**16,141,241**	**48.11%**
Valid votes	33,551,983	99.92%
Invalid or blank votes	25,359	0.08%
Total votes	**33,577,342**	**100.00%**
Registered voters/turnout	46,500,001	72.21%



- On March 29, 2017, Prime Minister Theresa May announced the British government's decision to resign from the European Union, triggering Brexit discussions. The withdrawal was effective at 23:00 GMT on January 31, 2020. Initiated a transition period lasting until December 31, 2020. During the transition period, the UK and EU engaged in negotiations to define their future relationship. (2)

2. Brexit Background (3)

- The EU Referendum in 2016 initiated the UK's formal process of withdrawing from the EU.
- From May 2017, the European Medicines Agency (EMA) collaborated with EU member states to minimized Brexit's impact on medicine supply, advising companies on how to apply for and implement the necessary changes and encouraging them to plan and act early.
- In parallel, the EMA and the EU member states reassigned the UK's portfolio of more than 370 centrally authorized medicines to rapporteurs and co-rapporteurs from two of the remaining EU member states, Iceland and Norway.
- Before the UK's exit from the EU, the **Medicines and Healthcare Products Regulatory Agency (MHRA)** was **part of the** International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use **(ICH)** under the EU system.
- Now the MHRA is the Independent Regulatory Agency for Medicines and medical devices in the UK.
- The MHRA collaborated closely with the UK government to determine the best approaches for the regulation of medicines and medical devices within the UK.
- From 2019, only national submissions accepted in Great Britain. MHRA portal registration now mandatory for subsequent submissions.

- The MHRA portal is not new, it not a novel creation due to Brexit, it already existed to support national procedures.
- Post-Brexit, the UK no longer has access to EU authorization routes (Centralize Procedure- CP, Mutual recognition Procedure - MRP, or Decentralization Procedure- DCP). While most EU member states have their own portals to support national procedures, they can opt for streamlined centralized or mutually recognized procedures, potentially reducing administrative complexities.
- MHRA is the sole decision-maker for UK authorization, except for Northern Ireland's European procedure-related decisions. This means that the MHRA-issued MAs for novel products valid only in Great Britain (England, Wales, and Scotland).
- The UK formally exited the EU on January 31, 2020. A transition period began on 1 February 2020 and was due to end on 31 December 2020.
- Throughout the transition period, Pharmaceutical companies can continue their activities in the UK until the end of the year.
- Companies must make necessary changes by 31 December 2020 to ensure their authorized medicines comply with EU law and can remain on the EU market. Qualified Persons for Pharmacovigilance (QPPVs), Pharmacovigilance system master files (PSMFs), and Batch release and Quality control testing sites can still be based in the UK until the end of 2020.
- Marketing authorization holders/applicants can still be established in the UK during this period.
- During this period, the UK withdrew from participating in EU institutions, including the European Medicines Agency (EMA), but the EU pharmaceutical law remained in effect in the UK.
- During the transition, the UK government amended the Human Medicines Regulations 2012 (HMRs) through the Human Medicines (Amendment etc.) (EU Exit) Regulations in 2019 and 2020.
- Drafted during the transition, the EU–UK Trade and Cooperation Agreement was ratified by the European Parliament in late April 2021. It came into effect on January 1, 2021.
- Any EU legislation doesn't automatically apply in the UK, impacting regulatory frameworks. For instance, the new EU Clinical Trials Regulation wasn't automatically integrated into UK legislation after the transition.
- Since 1 January 2021, EU pharmaceutical law is no longer in effect in the UK, except for Northern Ireland, based on the Protocol on Ireland/Northern Ireland.
- The protocol is part of the withdrawal agreement between the EU and UK that establishment the term of the UK's withdrawal from EU (Figure 1). (3)

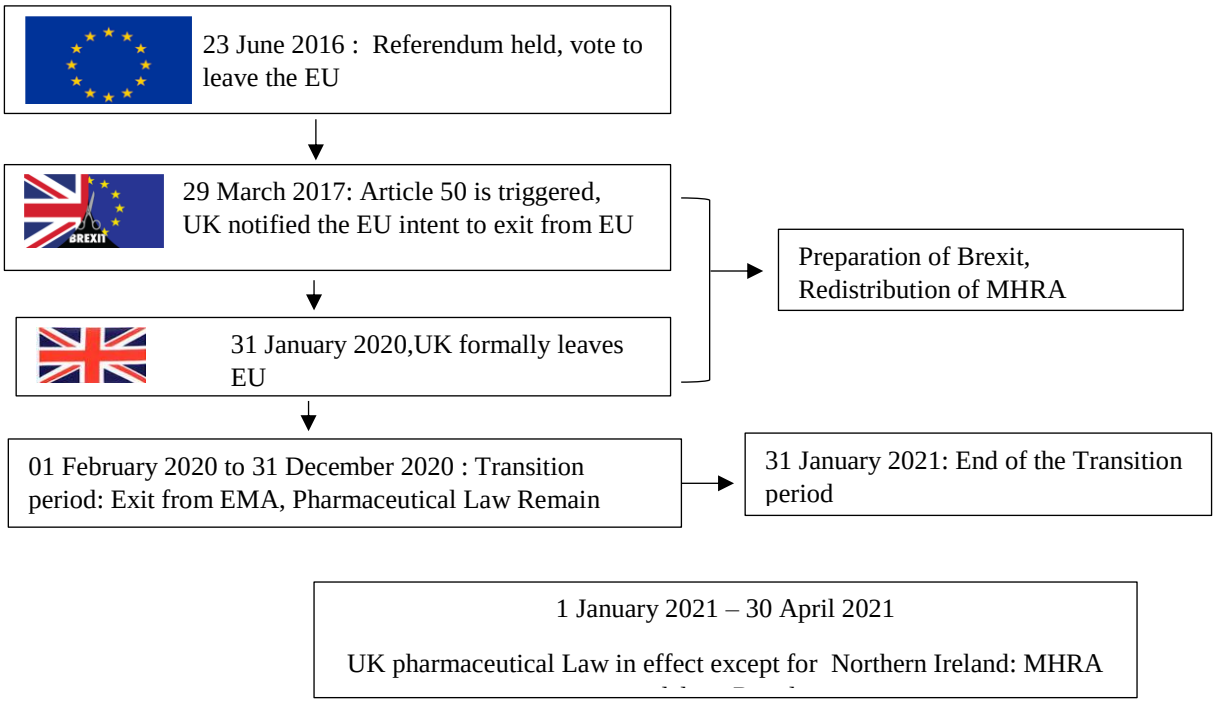


Figure 2. Timeline of Brexit

3. Regulatory Impact of Brexit

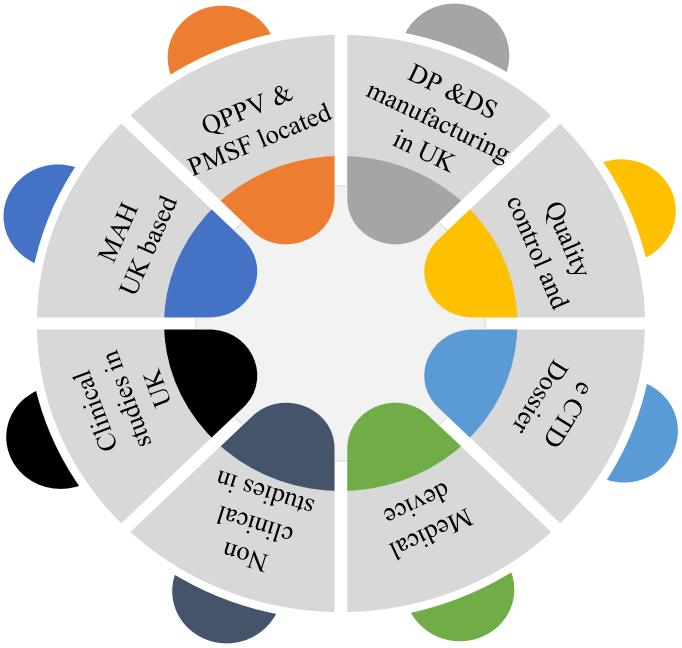


Figure 3. Regulatory Impact of Brexit

The consequences of Brexit on the manufacturing of medicinal products for the EU market are multifaceted and require careful consideration by pharmaceutical companies. Here's an overview of the key points:

Manufacturing Site in the UK: UK-based manufacturing sites need to obtain GMP certification from an EEA competent authority or a country under a mutual recognition agreement. Inspections for GMP compliance will be scheduled by the EEA competent authority. Additionally, an authorized importation site in the EEA must be designated for drug products manufactured in the UK.

Quality Control and Batch Release: Medicinal products imported into the EEA must undergo comprehensive quality control testing within the EEA. The Qualified Person (QP) responsible for certifying batch compliance with EU GMP standards must be located within the EEA.

Pharmacovigilance System Master File (PSMF): The PSMF must be situated within the EU, requiring relocation if currently in the UK. Changes to the PSMF location can be updated through the Article 57 database.

Qualified Person for Pharmacovigilance (QPPV) Requirements: QPPVs must reside and carry out tasks within an EU Member State. Transitioning QPPVs from the UK to the EU or appointing new EU-based QPPVs is necessary.

Impact on GLP Status of Non-Clinical Studies: GLP-compliant non-clinical studies conducted in the UK remain unaffected by Brexit. Data generated in OECD countries, including the UK, is accepted in other OECD Member Countries.

Consideration for Clinical Trials Conducted in the UK Post-Brexit: Marketing authorization applications involving clinical trials outside the EU must confirm compliance with ethical requirements. A risk-based approach to GCP inspections and requirements for IMP certification within the EEA are necessary. (4)

Table 2. Comparison table of before Brexit and after Brexit

Regulatory Aspect	Before Brexit	After Brexit
Regulatory Authority	The MHRA was part of the ICH under the EU system.	MHRA is the Independent Regulatory Agency

EU Pharmaceutical Law	Accepted	No longer applicable in UK except for northern Ireland
Marketing Authorization	EU-based MAHs accepted	MAH will no change if register office is located in any EU member state If register office is not located in EU countries than shift MA to third holder
Dossier submission portal	EU e- submission Portal	MHRA portal
Product Registration process	Centralized Decentralized and Mutual Recognition	Decentralized and Mutual recognition *reliance* procedure (MRDCRP) 150 days assessment National procedure
Orphan drug Designation	Same	
Paediatric Investigation Plan (PIP)		
Packaging and Labelling regulation		
Pharmacovigilance system	Aligned with EU requirements Submission to Eudravigilance for EU countries	Separate UK pharmacovigilance system Submission to MHRA Gateway and ICSR Submissions portal
Pharmacovigilance Reporting	Same	
Qualified person for pharmacovigilance (QPPV)	Qualified Person (QP) could be based in any EU/EEA country	QP must be based in the UK
Reference Member State (RMS)	Used in DCP and MRP procedures	No longer applicable in the UK
Batch release and quality control	Batch testing could be conducted in any EU/EEA country	Batch testing must be conducted in the UK
Manufacturing Site	EU GMP Certification	Continued adherence to EU GMP standards
Local representative	Could be based in any EU member state	Required to have a legal representative in the UK

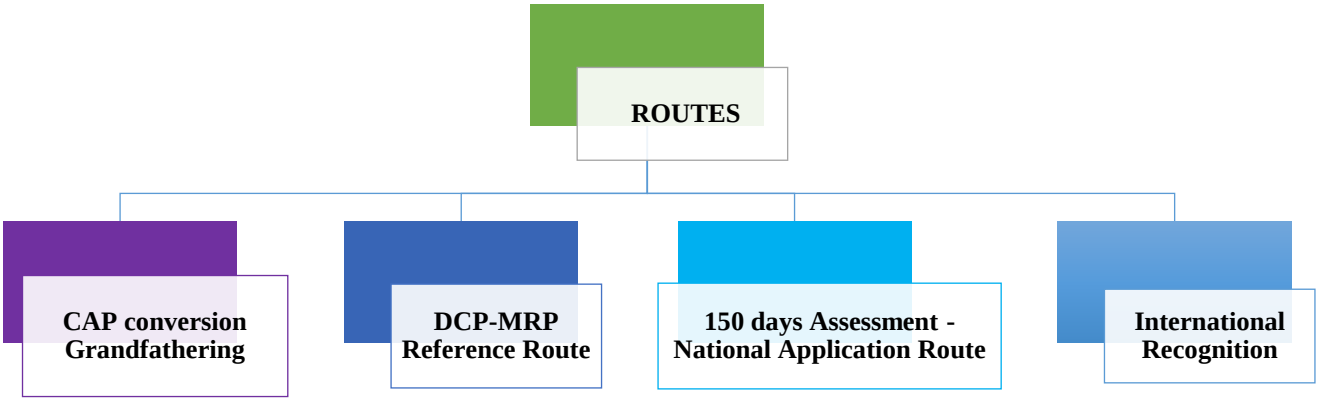


Figure 4. Route of Product Registration

Table 3. Summary of Impact to Existing EU Market Authorizations

Centrally Authorized Product Conversion	MR/DCP reliance procedure
• All existing CAP MAs will Automatically be Converted into UK MAs effective in Great Britain (Only) And issued with a United Kingdom MAs Number on 1 January 2021 ("Grand fathering")	• The MHRA has the authority to consider MAs that were granted in EU Member States (or Iceland, Liechtenstein, Norway) through the decentralized or mutual recognition procedures. • This consideration is to allow the MHRA to evaluate, if appropriate and, grant a MAs for the same medicinal product in the United Kingdom or Great Britain (England, Scotland, and Wales).

• PL number required if unavailable than obtained PLGB number • Format: XXXYYY	• Products with national authorizations in EU member state (or Iceland, Liechtenstein, and Norway) are not eligible for the MRDCRP. • This guidance is valid for Established Medicines applications submitted before 1 January 2024 only. For submissions after 1 January 2024 please refer to International Recognition Procedure.

Table 4. National Procedure & International Recognition Procedure

MAA	150 days assessment National Procedure	International Recognition Procedure
Application	Totally new procedure only for high-quality applications to market a medicine in the United Kingdom, Great Britain or Northern Ireland	ECDRP replaced by IRP from 1 January 2024 Incorporate of MRDCRP included under IRP umbrella
Eligibility	New active substances and biosimilar products or existing active substances	**Applicants with authorizations from specified RRs eligible for IRP** **Types of MAAs Eligible for IRP** • Regulation 50: chemical and biological new active substances and known active substances. • Regulation 51, 51A and 51B: generic applications • Regulation 52, 52A and 52B: hybrid applications • Regulation 53, 53A and 53B: biosimilar applications • Regulation 55: new fixed combination product applications **Post-Authorisation Procedures:** Line extensions, variations, and renewals are eligible for IRP
Applicant Eligibility		• Applicant Must be established in UK • Ideally the same company or part of the same legal group as the Marketing Authorization Holder (MAH) of the Reference Regulator (RR) procedure • Third-party applications possible if legal obligations can be met and assured
		Eligibility form (initial Form) • Completed online eligibility form to be submitted 6 weeks before the planned MAA submission • Email: Recognition@mhra.gov.uk at least 6 weeks before intended submission date • PL number required • PL number obtained through MHRA OR PLNumberAllocation@mhra.gov.uk
		• Submit with MAA application if suitable for Recognition A or B according to completed form. • Notify MHRA of intention to submit NAS at least 6 weeks MAA submission date • Submit form directly to Recognition@mhra.gov.uk • No contact expected from MHRA prior to submission • Submit form along with MAA application
How to Apply	Email:presubmission@mhra.gov.uk before submission, stating intended date and UK/Northern Ireland submission. Request pre-submission meeting 90 days before	• If IRP application is unsuitable, submit MAA via national • route if MHRA requirements are met. • application with new active substance. • pre-submission meeting required for IRP applications. **IR submission** • Submit all RR documents in English. • Certified translation required for non-English documents. • Applicant responsible for providing requested documentation.

	submission for UK PIP compliance check. MHRA arranges pre-submission meeting.	• All document provide in Module 1 • A pre-submission meeting (PSM) is not required for IRP applications.
Assessment	Run in two Phase • Phase I: completed after 80 days and clock stop period of 60 days • Phase II: Requests for extension up to 60 days may be granted. • Phase II begins upon receipt of applicant's responses • MHRA provides decision on approvability by day 150. • If orphan status not agreed, appeal process must be completed before MA grant.	**Timeline for two recognition A & B** Recognition A: 60-day timetable • RR approval within the previous 2 years • CHMP positive opinion or MRDC positive end of procedure outcome • Same manufacturing process approved by RR • Evidence of compliance with Good Manufacturing Practice (GMP) at the time of IR • Timetable runs to 60 days from validation. • No clock stop unless major objection are unsolved Recognition B: 110-day timetable • RR approval within the previous 10 years • CHMP positive opinion or MRDC positive end of procedure outcome • Exceptional circumstances may allow approvals older than 10 years. Document depends which country select as reference regulator see below Table: Reference regulator Document List

4. Dossier Content Change: MODULE 1 ADMINISTRATIVE PART

Table 5. Module 1 Content changes comparison

CTD	REQUIREMENT	BEFORE BREXIT	AFTER BREXIT
1.0	Cover Letter	Based on DCP procedure	Based on national procedure
1.1	Comprehensive table of content	Same	
1.2	Application Form	EU approved template	MHRA approved template
1.3	Product Information	EU based product information	UK based Product information
1.3.1	Summary of Product Characteristics, Labelling and Package Leaflet	Generally similar EU-wide regulations	Adherence to UK-specific regulations
1.3.2	Mock-up	EU specific product	UK specific product
1.3.3	Specimen		
1.3.4	Consultation with Target Patient Groups	Same No specific change	
1.3.5	Product Information already approved in the Member States		
1.3.6	Braille		
1.4	Information about the Experts		
1.4.1	Quality		
1.4.2	Non-clinical		
1.4.3	Clinical		
1.5	Specific Requirements for different types of applications	EU specific information should be captured	UK specific information should be captured
1.5.1	Information for bibliographical applications		
1.5.2	Information for Generic, "Hybrid" or Bio-similar Applications		
1.5.3	(Extended) Data/Market Exclusivity		
1.5.4	Exceptional Circumstances		
1.5.5	Conditional Marketing Authorization		

Table 6.1 Reference regulator Document List

European Medicines Agency (EMA)	**EU Member States MR/DC requirements**	**EU Member states National requirements**
Centralised procedure assessment reports (where applicable)	All assessment reports including quality, non-clinical, clinical and risk management plan	
Day 80 (Co)-Rapporteur Quality, Non-Clinical, Clinical, and Overview Assessment Reports	Questions from the regulator to the Applicant/ MAH (and responses)	
Day 94 PRAC Assessment Report	Final product information	
Day 120 CHMP List of Questions	Approval letter	
Day 150 Joint Quality, Non-Clinical, Clinical, and Overview Assessment Reports, updated PRAC Assessment Report	Summaries of meetings with Reference member state (RMS) and concerned member states (CMS) including scientific or pre-submission advice, where relevant	Summaries of meetings with the Member State competent authorities (including scientific or pre-submission advice, where relevant)
Day 180 CHMP List of Outstanding Issues	RMS positive End of Procedure letter	
Final CHMP Assessment Report		
Final product information		
Post marketing review(s)		
Summaries of meetings with the EMA and/or Rapporteurs (including scientific or pre-submission advice, where relevant)		
Any other questions from the regulator to the Applicant/MAH (and responses)		
CHMP Summary of Opinion		

Table. 6.2 Reference regulator Document List

Japan	Health Canada	Singapore	Australia	Switzerland	USFDA
Discussion documents, questions from PMDA and answers provided, and Finalised Minutes from Scientific Consultation Meetings (if applicable)	Screening: Screening Report	HSA assessment of responses to questions	All assessment reports including quality, non-clinical, clinical and risk management plan.		• Medical, • Chemistry, • Pharmacology, • Statical, • Non clinical, • Clinical Pharmacology biopharmaceutical Review required review required
Outcome of Orphan designation, priority or SAKIGAKE determination (if relevant)	Clinical Review: Pharmaceutical Safety and Efficacy Assessment Report (PSEAR)	Risk management plan assessment where applicable) required	Questions from the regulator to the Applicant/MAH (and answers)		Risk assessment and risk mitigation Required
• Bioequivalence: Comprehensive Summary – Bioequivalence (CS-BE) and Manager's Memo **Not required** • Biostatistics: Biostatistics Consult Report (if applicable) **Not required**	Summaries of meetings with Health Canada (including scientific or pre-submission advice, where relevant)	Summaries of meetings with HSA (including scientific or pre-submission advice, where relevant) required	Summaries of meetings with TGA (including scientific and pre-submission advice, where relevant) required	Summaries of meetings with SwissMedic (including scientific and pre-submission advice, where relevant) required	Summaries of meetings with the US FDA required and Summary review required
Un-redacted English Translated Review Report consisting of: Review Report 1 Review Report 2 Review Result	• Quality: Quality Evaluation Summary (QES) and Manager's Memo • Non-clinical report	Final Quality, Non-clinical and Clinical reports and summaries, where applicable	Final Quality, Non-clinical and Clinical reports and summaries, where applicable: Not required		Administrative document and correspondence required
Final product Information required					**Final FDA label required**
Approval letter Required					
Questions from the regulator to the Applicant/MAH (and answers) **Not required**	Questions from the regulator to the Applicant/MAH (and answers) **required**				
Post marketing review required	Final manager's and executive summary	Post marketing review required			
Report on the Deliberation Results	Bioequivalence: Comprehensive Summary – Bioequivalence (CS-BE) and Manager's Memo required	• Bioequivalence: Comprehensive Summary – Bioequivalence (CS-BE) and Manager's Memo **Not required** • Biostatistics: Biostatistics Consult Report (if applicable) **Not required**			Office director memo, where relevant required
Copies of questions and answers exchanged between Sponsor and PMDA	Biostatistics: Biostatistics Consult Report (if applicable) required				Cross discipline team leader review required

Table 7. Pharmacovigilance System, QMS, Product Benefit Risk

Pharmacovigilance System	Quality Management System	Product Benefit Risk
• PSMF	• Procedures	• Signal Detection Reports
• Compliance metrics	• Corrective/Preventative Action Reports	• Periodic Safety Reports
• Pharmacovigilance vendor contracts	• Audit Schedules & Reports	• Risk Management Plans
• Distributor/Licence Partner Safety Agreements	• Agency Inspection Reports	• Post-Authorisation Safety Study Protocols/Reports
• Safety Database Validation & Operational Status		• Signal Detection Reports

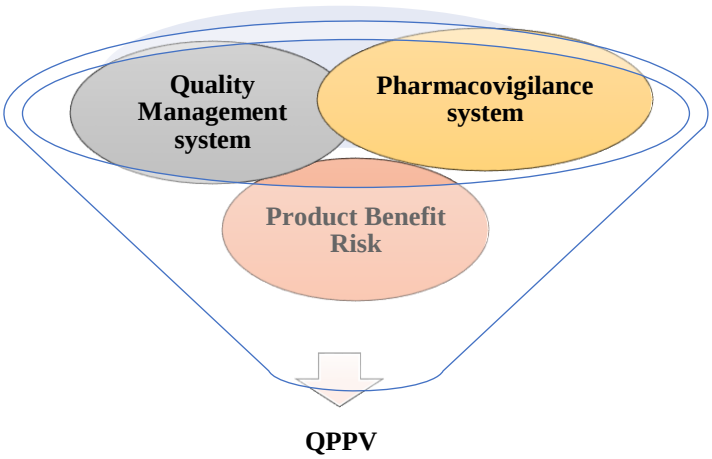


Figure 5. QPPV System

5. Pharmacovigilance Changes in UK After Brexit

- Starting from January 1, 2021, the UK has implemented new Pharmacovigilance guidelines established by the MHRA
- The PV system in the UK has been adjusted to comply with EU legislation and guidelines, ensuring that it meets the standards set by European regulations.
- License holders of medicines authorized nationally in the UK must submit PV reports to the MHRA, following specific UK requirements.
- These reports include:
  - UK and Non-UK Individual Case Safety Reports(ICSRs)
  - Periodic Safety Update Reports (PSURs)
  - Risk Management Plans (RMP)
  - Post Authorization Safety Studies (PASS) protocol and Final Study Report
- The MHRA evaluates these documents based on:
  - How well they reflect UK clinical practices
  - Their contribution to supporting patient safety within the UK. (9, 10)

Exception and Modification to GvP

The EU GVP modules are still applicable in the UK, but the MHRA has issued a guidance note outlining exceptions and modifications. However, the MHRA has issued a guidance note outlining exceptions and modifications to the EU GVP. The responsibilities of Marketing Authorization Holders (MAHs) outlined in the guideline modules are largely unchanged, but references to EMA, PRAC, and EU Member States are omitted. The purpose of this guidance is to provide clarity on how the EU GVP should be applied within the UK. The approach involves reviewing a specific EU GVP Module and cross-referencing this guidance document to identify any aspects that are no longer applicable or have been altered. (11)

UK QPPV

From 01-Jan-2021 onwards, can be located and operated anywhere in the UK or the EU/EEA, consistent with pre-Brexit arrangements. If the UK QPPV is **not based in the UK**, a **UK national contact person (UK NCP) /the local contact person** (UK LCPPV) for PV must be **appointed and nominated by** MHRA from the 01-Jan-2022. (11)

UK national contact person (UK NCP) /Local contact person(UK LCPPV) Requirement and responsibility

- Must reside and operate within the UK.

- Must report into the UK/EU QPPV. The UK QPPV does not need to be the NCP's line manager, but the relationship should be clear on the organogram.
- Must have permanent access to the UK PSMF.
- Must have access to adverse event reports for UK authorized products.
- This does not mean having direct access to the global safety database but to have the ability to request outputs from the database.
- Must have knowledge of UK pharmacovigilance requirements.
- Must be able to facilitate responses to MHRA pharmacovigilance queries and inspections. Not necessary to be able to answer the queries but to act as a post-box for the UK/EU QPPV.
- Must be notified to the MHRA via the MHRA Submissions Portal.
- Does not require a deputy except for extended periods of absence (greater than one months
- It is also recommended that the UK QPPV and/or UK NCP are up to date with:

GVP guidance including the MHRA exceptions and modifications guidance, HMR Regulations, MHRA legislation. (11)

Conditions where UK-based QPPV must require:

- UK-only MAs
- Not converted from CAPs
- No, NIs or PLGBs linked to a DCP or MRP
- UK-only MAH

EU-based UK QPPV, usually the EU QPPV, and UK NCP
UK NCP fulfils only the minimal obligations as defined in the UK Human Medicines Regulations 2019 No 775

Or
UK NCP fulfils minimal obligations plus additional activities delegated by the UK/EU QPPV:

- UK MAs linked to an EU procedure
- MAA with Great Britain Grandfathered
- GBs linked to a DCP or MRP
- UK MAH with EU affiliates

UK PSMF

UK PSMF is required for all UK national licenses. The UK PSMF can largely be the same as EU PSMF, but it needs to have the UK PSMF number, UK location, and contain information about how the UK specific aspects of the pharmacovigilance aspects are dealt with. The license holder is required to provide the UK PSMF to the MHRA on their request. (9)

Minimum Requirements for the UK PSMF Document:

- Ensure access to a computer with an Internet connection located in the UK, allowing access to the PSMF and UK ICSRs.
- Register the UK PSMF with the MHRA:

a. Obtain a PSMF number through the MHRA Submissions portal (instructions provided below).

- Organization Registration and Access:

a. Applicant's organization must be registered in the MHRA Submissions Portal.

b. Ensure you have access to your organization within the portal.

- Content and Format:

The UK PSMF should mirror the EU document, with the following modifications:

- The cover page must display the UK PSMF number.
- Section 1 on organizational structure should be tailored to the UK, including the UK QPPV.
- Describe how the pharmacovigilance (PV) system is applied specifically to UK authorized products.
- Annexes should include only information relevant to UK authorized products. (9)

To obtain the UK PSMF number through the MHRA submission portal, follow these steps:

- Make sure Applicant have the 5-digit code and the UK address of the company/companies for creating the PSMF number.
- Access the MHRA Submissions portal and navigate to the 'Human Medicines' section.
- Locate the option for 'Obtain UKPSMF Number.'
- Fill out the MHRA UK Pharmacovigilance Master File (UKPSMF) Number Request form with the required information. (9,10)

6. Conclusion

Since the UK voted to leave the EU on 23 June 2016, there have been significant changes to the political landscape. The proposed new regulatory framework in the UK retains many features closely aligned with the EU system. However, the MHRA has announced several changes and the UK has implemented new routes for Marketing Authorization, providing a faster approval process for drugs. As result, it is crucial for Sponsors to be fully aware of these new requirements. Drug developers are also advised to maintain a flexible approach to their existing or new UK product development programs, as further guidance and information are expected to be released.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

References

1. Wikipedia contributors. Brexit [Internet]. Wikipedia; 2020 Jan [updated 2022 Mar 29; cited 2024 Apr 11]. Available from: https://en.wikipedia.org/wiki/Brexit
2. Regulatory Affairs Professionals Society. The UK Regulatory Landscape Post-Brexit [Internet]. Regulatory Affairs Professionals Society; 2021 May [cited 2024 Apr 13]. Available from: https://www.raps.org/News-and-Articles/News-Articles/2021/5/The-UK-regulatory-landscape-post-Brexit
3. Certara. Medicines and Medical Devices Post-Brexit [Internet]. Certara; 2023 Feb [cited 2024 Apr 10]. Available from: https://www.certara.com/app/uploads/2023/02/WP_Medicines-and-Medical-Devices-Post-Brexit-final.pdf
4. Voisin Consulting Life Sciences. How to Overcome the Regulatory Challenges Due to Brexit [Internet]. Voisin Consulting Life Sciences; [cited 2024 Apr 12]. Available from: https://www.slideshare.net/VoisinConsultingLifeSciences/how-to-overcome-the-regulatory-challenges-due-to-brexit-238479331
5. European Medicines Agency. Practical Guidance on Procedures Related to Brexit for Medicinal Products for Human and Veterinary Use within the Framework of the Centralised Procedure [Internet]. European Medicines Agency; 2020 Mar 16 [cited 2024 Apr 12]. Available from: https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/practical-guidance-procedures-related-brexit-medicinal-products-human-and-veterinary-use-within-framework-centralised-procedure_en.pdf
6. UK Government. Decentralised and Mutual Recognition Reliance Procedure for Marketing Authorisations [Internet]. UK Government; 2021 Jan 4 [cited 2024 Apr 12]. Available from: https://www.gov.uk/guidance/decentralised-and-mutual-recognition-reliance-procedure-for-marketing-authorisations
7. UK Government. Established Medicines Marketing Authorisation Application Process Changes [Internet]. UK Government; 2024 Feb 28 [cited 2024 Apr 10]. Available from: https://www.gov.uk/guidance/established-medicines-marketing-authorisation-application-process-changes
8. UK Government. International Recognition Procedure [Internet]. UK Government; 2024 [cited 2024 Apr 11]. Available from: https://www.gov.uk/government/publications/international-recognition-procedure/international-recognition-procedure
9. SlideShare. Post-Brexit Pharmacovigilance in UK [Internet]. SlideShare; 2024 [cited 2024 Apr 11]. Available from: https://www.slideshare.net/slideshow/postbrexit-pharmacovigilance-in-uk/250211521
10. UK Government. Guidance on Pharmacovigilance Procedures [Internet]. UK Government; 2022 Oct 28 [cited 2024 Apr 5]. Available from: https://www.gov.uk/government/publications/guidance-on-pharmacovigilance-procedures
11. Pharmaceutical Information & Pharmacovigilance Association. Pharmacovigilance [Internet]. pipaonline; 2024 [cited 2024 Apr 11]. Available from: https://pipaonline.org/pharmacovigilance/