

RAPS EURO Convergence 2025 Brussels

1 EU General Pharmaceutical Legislation (GPL) revision

Significant attention was paid to the upcoming reforms and their potential impact on pharmaceutical development and market authorization processes

Impacting the current 20 year old framework,

Understanding these shifts is crucial for future strategies

Amending Variations Regulation (EC)
1234/2008, the new regulation is
applicable from **01.01.2025**.

2 EU Variation Regulatory Reform

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In a nutshell:

- IA annual updates
 - Supergrouping
 - Worksharing procedures mandatory or voluntary
 - Biologicals: risk-based decrease in cat.
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Implementation of “Guidelines on the details of the various categories of variations” expected **Q2 2025**

Expect a 2nd revision once the GPL is revised

From **AI in regulatory** compliance and its use by NCAs to the implications of the **EU AI Act**, the integration of artificial intelligence in our field is rapidly evolving

It's vital to understand both the opportunities and the regulatory hurdles.

Do not miss the boat as the pace of **this change is fast !**

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- EMA and FDA experiences assessing AI models in view of regulatory submissions
 - Use of AI for regulatory decision-making shows great promise, but also carries risks
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3 The Rise of AI in Regulatory

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The new HTA Regulation

It creates synergies between HTA bodies
and regulators through:
**Joint Clinical Assessments (JCA) &
Joint Scientific Consultations (JSC)**

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Is applicable **since January 2025**

It is applicable to medicines and medical
devices/IVDs.

The first step applies to MAAs for a new
cancer medicine or an advanced therapy
medicinal product.

It will cover all new medicinal products in
2030.

The **Critical Medicines Act** has been proposed by the EC in March 2025

5 Medicines Shortages

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The **ESMP platform** of the EMA was launched in Feb 2nd 2025 and becomes mandatory.

It is now necessary for pharmaceutical industries to have a **standardized risk-based approach for shortage prevention** and mitigation plan combining patient criticality and supply chain vulnerabilities.

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