

MINUTES

CMD(h) meeting with representatives of Interested Parties

12 November 2007

17.00-19.00, EMEA, Room 2A

Chairperson: Mrs. Truus Janse-de Hoog

The Chair of the CMD(h) welcomed the representatives from AESGP, EFPIA and EGA to the meeting with the CMD(h) and invited the participants to introduce themselves.

1. Agenda of the meeting

The agenda of the meeting was adopted.

2. The revised Decentralised Procedure Standard Operating Procedure

The CMD(h) presented the changes introduced to the revised Decentralised Procedure Standard Operating Procedure (SOP), following the comments received from EGA, EFPIA and Schering-Plough on the public consultation of the draft revised SOP in June 2007.

The following aspects have been clarified in the revised SOP:

- Applicants are advised to seek regulatory advice or prediscuss the application with RMS;
- User consultation may be undertaken during the clock-stop, but not later in the procedure;
- If an application is withdrawn during the validation period, the procedure is considered finalised in that Member State;
- MSs should differentiate between comments on the open and closed part of the ASMF; comments on the closed part of the ASMF should be forwarded to the ASMF Holder by the RMS and the Applicant informed accordingly;
- The RMS should always provide feedback on the draft response and inform the Applicant if a delay in the restart of the procedure is foreseen;
- If an application is withdrawn before the draft assessment report is distributed (i.e. before assessment step II) in a CMS which raised potential serious risk to public health, a CMD(h) referral will not be initiated and the procedure is considered finalised in that Member State;
- The decentralised procedure can be finalised at any time point after day 105 if consensus is reached;
- A reference to EU harmonised birth date on the HMA website has been included in the SOP.

EGA provided a general feedback on the Decentralised procedure and presented their comments on the revised Decentralised Procedure SOP.

EGA considered very useful the recommendation in the SOP for the Applicants to seek regulatory advice or prediscuss the application with RMS at least 2 months before submission, but noted that not all RMSs encouraged this approach.

The CMD(h) mentioned that it would also be possible for the RMS to set up a teleconference or to communicate with the Applicant via email, as a meeting might not always be necessary.

EGA raised concerns with regard to the delays in restarting the clock, following the clock-stop and noted that an harmonised procedure would be useful regarding timings for submission and assessment of draft responses.

The CMD(h) advised Interested Parties to discuss the planning for the clock-stop ahead of submission of the response document and noted that the revised SOP states that the RMS must always provide feedback to the Applicant on the draft response.

3. Report from the activities of the Working Group on Validation issues/National requirements

The CMD(h) gave a report from the activities of the Working group on validation issues and national requirements.

The Working group was set up by the CMD(h) in November 2006, to deal with validation issues and national requirements in the MRP/DCP.

The Working group meets monthly in the margins of the CMD(h) meeting and is attended by 8-14 representatives from National Competent Authorities.

The goals of the Working group are:

- Transparency to Industry and between MSs on validation issues/national requirements;
- To prepare guidance to Industry and MSs which might facilitate validation of applications and smooth the start of procedures;
- To reach a similar understanding between MSs on level of validation;
- To reduce national requirements, when possible;

It was noted that the scope of the Working group has been limited so far to applications for marketing authorisation and that variations and renewals might be considered at a later stage.

The documents currently under discussion by the Working group were mentioned, e.g. template for the cover letter for new applications submitted through the MRP/DCP (agreed at the November CMD(h) meeting), requirements for electronic submissions in MSs and also the future areas to be considered, such as the level of validation by MSs.

Interested Parties were invited to send comments/suggestion for improvement to the attention of the Chair of the Working group (jbo@dkma.dk).

The EGA gave also a presentation on this topic addressing the following key issues of validation:

- Duration of the validation phase;
- Communication of start and end of validation period to be improved;
- Additional requirements by MSs, not addressed in the updated Chapter 7 of the NtA and the need for clear guidance on the nature of originally signed or notarised/legalised documents;
- Different opinions between MSs on certain areas e.g. global marketing authorisation, deviation in indications;
- Validation should only be based on formal aspects.

EFPIA considered that there were still many local requirements, which contributed to complex validation procedures and would welcome improvements on this area.

The CMD(h) and the European Commission asked Interested Parties for information on the additional requirements which are not addressed in the table, dated July 2007, as this table resulted from information provided by each Member State.

The CMD(h) noted that they had no force to change national requirements arising from National Legislation.

The Working group on validation issues/national requirements would discuss the presentations given, for any actions to be taken on the issues raised.

4. Experience with consultation with target patients groups and recommendations for bridging

The CMD(h) informed Interested Parties of the extensive guidance published in the area of consultation with target patient groups and commented on the following aspects:

- Too much emphasis is placed on passing a user test vs. improving the quality of the package leaflet, which should be the goal of consultation with target patient groups;
- The questions should be suitable to address the key messages for safe use of the medicinal product;
- The support of the CMD(h) to the Industry led work-sharing scheme for patient consultation across Europe and the publication of the CMD(h) recommendations for bridging.

Interested Parties were informed that a 2nd Workshop training – User testing and how to review the data, would be held on 22 November 2007 at the EMEA.

EGA presented their experience with consultation with target patient groups and referred to differences in standards:

- Between MRP/DCP, national procedures and variations/renewals;
- Regarding the inclusion of the assessment of user testing in ARs and the lack of information in public assessment reports;
- Regarding the need to retest the PL.

EGA raised specifically the following issues:

- The need for user testing for generics of centrally authorised medicinal products;
- How to deal with user testing in case of Article 31 referral procedures;
- How to deal with deviations to the QRD template arising from the user testing;
- The fact that changes to the style of the package leaflet are requested after a successful user testing.

Interested Parties welcomed the CMD(h) recommendations for bridging – Consultation with target patient groups – meeting the requirements of Article 59(3) without the need for a full test.

EFPIA mentioned that initial experience suggested that Member States require further changes to the package leaflet which can lead to potential disharmony and expressed concern about the level of detail to be disclosed in the public assessment report on User testing.

The CMD(h) informed Interested Parties that they would work with assessors to reach a common agreement on the areas where concerns were raised and acknowledged that there might be a need for further feedback following the workshop training.

The CMD(h) noted that each Marketing Authorisation Holder has to comply with the requirements of Article 59(3).

5. Experience with national implementation following MRP/DCP (new applications, variations, renewals) – Quality of translations

The CMD(h) presented statistical information from 6 MSs regarding the time taken by applicants for submission of translations for new applications, following the conclusion of a MRP/DCP and noted the following:

- The 5 days deadline for submission of translations is not always met by Applicants;
- Poor quality translations increase time for national approval;
- Some MSs establish priorities by the submission of the translations and not by end of procedure date.

The CMD(h) mentioned, as possible solutions from MSs perspective, to send poor quality translations back to the Applicant, to revise only one set of product information for multiple applications and to encourage the use of available databases for review of translations (MedDRA, Standard Terms, Inter-Active Terminology for Europe (IATE)).

The CMD(h) invited Interested Parties to give their views on how to meet the deadline for submission of translations and improve the quality of the product information submitted to Competent Authorities in order to reach a faster approval.

EGA noted that timelines for marketing authorisation for new applications vary considerably, with no relation with the timing of submission of national documents and with the quality of translations submitted.

EGA asked for clarification of what is considered to be the official finalisation date of a variation and when can a variation be implemented, i.e. upon procedure ending or after receipt of the national approval letter.

EGA proposed to comment on the presentation from the CMD(h).

The CMD(h) referred Interested Parties to the CMD(h) Best Practice Guide for the submission and processing of variations in the Mutual Recognition Procedure and mentioned that Type IA and IB variations can be implemented following the completion of the procedure by the RMS. For Type II variations resulting in changes to the product information, the MAH must wait for individual CMS approval before implementing the changes in the particular MS.

EFPIA was of the view that national implementation of safety variations should have priority.

The Chair of the CMD(h) proposed to have further discussions on this issue in the CMD(h) meeting.

6. Member States' resources in the Mutual Recognition and Decentralised Procedures

The CMD(h) gave a presentation on Member States' resources in the Mutual Recognition and Decentralised Procedure, addressing the current situation of MSs acting as RMS in MRP/DCP in 2007.

Whilst the CMD(h) acknowledged that the majority of RMSship is distributed by few MSs, it was noted that some additional MSs are starting to act as RMS, such as CZ, AT, HU, EE, PL, SK.

It was noted that in comparison with 2005 and 2006, MSs have maintained or even increased the resources assigned to the MRP/ DCP.

The following suggestions were proposed to Interested Parties to further improve the use of the network:

- To use more Member States as RMS;
- To avoid double booking by Applicants of time slots for submission of applications;
- To use as RMS the Member State with the highest experience with the reference medicinal product and which has finalised similar applications (MRI-Product Index <http://www.hma.eu/mri.html>);
- To avoid submission of premature applications with long clock-stops;
- To consult with the RMS prior to the submission of the application.

The EGA informed the CMD(h) of the positive feedback on the DCP from Generic Industry as the main user of the procedure.

EGA informed also the CMD(h) of their main concerns regarding the limited availability of resources at the Competent Authorities and of the following proposals to improve the situation:

- The allocation of timeslot to take place no more than 6 months in advance of the submission of the application;
- The need to communicate the levels of expertise of potential RMS widely to the Industry;
- The elimination of parallel full assessment by some CMS, which would free resources and generate greater capacity to assess applications as RMS;
- A more efficient use of existing capacity of the experts' network;
- To further explore the opportunity of Work-sharing.

EFPIA expressed also their concerns with regard to MSs resources in the MRP/DCP.

AESGP referred to delays before submission of an application for marketing authorisation and restart of the clock.

AESGP proposed that Best practice should be shared between NCAs who successfully manage the workload.

The CMD(h) noted the significant increase in the number of procedures.

The Chair informed Interested Parties that the CMD(h) would work with the HMA on how to make best use of existing resources and proposed to have discussions by both parties (National Competent Authorities and Interested Parties) on the best way forward to work together on this issue.

The Chair proposed also to investigate a possible shift of national procedures to European procedures and the possible implications in terms of allocation of resources within NCAs.

Following a comment from Interested Parties, the Chair invited the MSs willing to act as RMS, to make this information public in their national websites.

7. **A.O.B.**

The Chair thanked Interested Parties for the comments received on the CMD(h) documents published for consultation.

The Chair noted that it would be possible to have further meetings on specific request from Interested Parties.

Participants

- CMD(h) Members
- AESGP
 - Christelle Anquez-Traxler
 - Diane Poole
 - Eric Teo
 - Helen Darracott
- EFPIA
 - Isabelle Stöckert
 - Marianne Poulmaire
 - Mauri Fitzgerald
- EGA
 - Beata Stepniewska
 - Caroline Kleinjan
 - Maike Lubomierski
 - Susan De Stasio