

**CO-ORDINATION GROUP FOR MUTUAL RECOGNITION AND
DECENTRALISED PROCEDURES – HUMAN (CMDh)**

WORKPLAN 2010

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INTRODUCTION

The Coordination Group for Mutual Recognition and Decentralised procedures–Human (CMDh) was set up under the revised EU pharmaceutical legislation for the examination of any question relating to the marketing authorisation of a medicinal product in two or more Member States, in accordance with the mutual recognition procedure (MRP) or the new decentralised procedure (DCP). The CMDh started its activities in November 2005.

The tasks and functioning of the group have been outlined in the Rules of Procedures, which were adopted by the Group and endorsed by the European Commission. A proposal for the revision of the Rules of Procedures is foreseen in 2010 to include new responsibilities of the CMDh.

CMDh members are nominated for a period of 3 years, which is renewable. The group completed its first 3 year term in October 2008. Elections for the position of chairperson were held in the November meeting in 2008 and Ms Truus Janse-de Hoog was elected for a new 3 years term.

The CMDh decided to evaluate the functioning of the group after its first 3 year term. A questionnaire on the functioning of the CMDh was sent to the members and interested parties.

One of the recommendations of the questionnaire was to appoint alternate members of the CMDh. The CMDh included the concept of alternates in the revised Rules of Procedure and agreed to publish the names of alternate members as well on the website.

Interested parties have raised their concerns on the availability of resources at the National Competent Authorities and the difficulties to find a RMS and book a ‘time slot’ for a new DCP.

In 2008, HMA has set up a Taskforce on MRP/DCP resources to discuss how this can be improved. CMDh members have been participating in this Taskforce and contributing, where possible. In 2009, the CMDh started several initiatives after discussion in the Taskforce: a common RMS request form was agreed and published on the CMDh website. Furthermore it was agreed to start a pilot phase with a feedback form on the assessment report of the RMS. In 2010, the CMDh will continue to contribute to the HMA Taskforce on resources.

In 2009, 1658 procedures were started (326 MRP and 1332 DCP) and 1682 procedures were finalised (378 MRP and 1304 DCP) compared to 1899 and 1144 in 2008 respectively.. It is expected that in 2010 the same number of applications for DCP and MRP will be submitted as in 2009. In order to plan resources at national level it is important to have more information in advance of numbers of applications and especially to anticipate on large numbers of applications for the same active substance when data exclusivity period has expired.

The percentage of applications referred to CMDh and CHMP in 2009 was lower than in 2008 (2.3% compared to 7.2%). In 2009, 26% of the referrals handled by CMDh were referred to CHMP against 23% in 2008.

New developments in 2009 were that the EC informed the CMDh that no referrals could be started in a DCP when the RMS is negative, but one or more CMS are positive. In these cases the CMDh proposed to start the discussion at the CMDh level before day 210.

PRIORITIES 2010

For 2009, the CMDh agreed on priorities in the work plan.

Some of the priorities from 2009 are maintained for 2010 others are considered as continuing/ongoing activities in 2010.

For 2010, the following priorities have been defined:

- 1) Active participation of all members of the group:
In order to create general consensus in the agreements reached and avoid repetition of discussions on the same topics, all CMDh members are encouraged to participate in scientific and regulatory discussions, also in applications in which they are not involved as RMS and CMS.
- 2) Active participation of all Member States in Worksharing procedures:
Worksharing is a way to make the best use of available resources and avoids duplication in assessment of the same set of data. Worksharing has been agreed in the assessment of PSUR data, Paediatric data submitted in accordance with Art 45 and 46 of Paediatric regulation. It is included in the Variation Regulation No 1234/2008/EC as an option for industry to request a Worksharing procedure for the same change in products approved in Mutual recognition/decentralised procedures and/or centralised procedures.
- 3) To contribute to a successful implementation of the Variation Regulation from the start of operation:
The Variation subgroup will continue to meet and will discuss questions on implementation and requests for clarification. Where MSs have different interpretations on the legislation advice will be sought from EC in order to implement the new procedures in a harmonised way. Recommendations on classification of an unforeseen Variation requested to the CMDh according Art 5 of the Regulation will be delivered in the agreed timelines in close cooperation with CMDv and the European Medicines Agency.
- 4) Discuss how a 'Risk based assessment' can be implemented in MRP/DCP and for type II variations and contribute to a truly mutual recognition by elimination of parallel assessment by CMSs in cooperation with HMA Taskforce on Resources MRP/DCP.
- 5) Continuous improvement of the Decentralised procedure; reduction in delays with the start of the procedure, more transparency on the timelines during the clock stop and faster implementation of the national step of the procedure.
- 6) To prepare for the new tasks of CMDh proposed in the new legislative proposals 'Strategy to better Public Health by strengthening and rationalising EU Pharmacovigilance' and improve its functioning, the CMDh has set up a new Working Group to discuss the future of CMDh. The mandate of the WG is to make an analysis of the scope for CMDh in the future taking into account existing tasks and the extended responsibilities foreseen in coming Pharmacovigilance legislation; to present to the CMDh ideas on how the work of CMDh could be improved and adapted to future legislation which after CMDh discussions should be presented to the HMA.
- 7) Implementation of e-CTD in MRP and DCP; CMDh will work in close cooperation with HMA and TIGes to promote the use of e-CTD in MRP and DCP and continue to discuss with industry how electronic only submissions for these procedures can be facilitated.

- 8) Implement the use of Vitero (virtual product discussions) to enhance expert participation and improve participation of experts in Break-out discussions. Furthermore it will save resources by reducing travelling time for the experts involved. Therefore Vitero will also be used from time to time for other Subgroup meetings in addition to the normal meetings.
- 9) Further discussion on the development of CTS and cooperation with HMA in order to ensure that CTS is ready to support new developments in electronic communication and exchange of information between all Members states on applications in DCP and MRP.
- 10) Improvement of MRI-product Index:
The lay-out and format of the product index will be improved to provide more and better information on all products approved in MRP/DCP and Art 30 referrals. The procedure to attach the SPC, PL and public assessment report should be simplified.

CONTINUING/ONGOING ACTIVITIES IN 2010

- 1) Increase transparency on discussions held in the CMDh on legal and scientific issues in accordance with the Agency's and HMA transparency policy and discuss which procedures are needed to facilitate a harmonised approach between Member States in the handling of request for disclosure of documents.
- 2) Reduction of national requirements:
After the successful work of the validation Subgroup to reduce and harmonise national requirements, HMA has been asked to reconsider the remaining national requirements.
- 3) CMDh will increase interactions with CMDv in order to address issues of common interest and harmonise positions especially on legal interpretations. This should be achieved by frequent exchange of information and regular joint meetings with the use of Vitero.

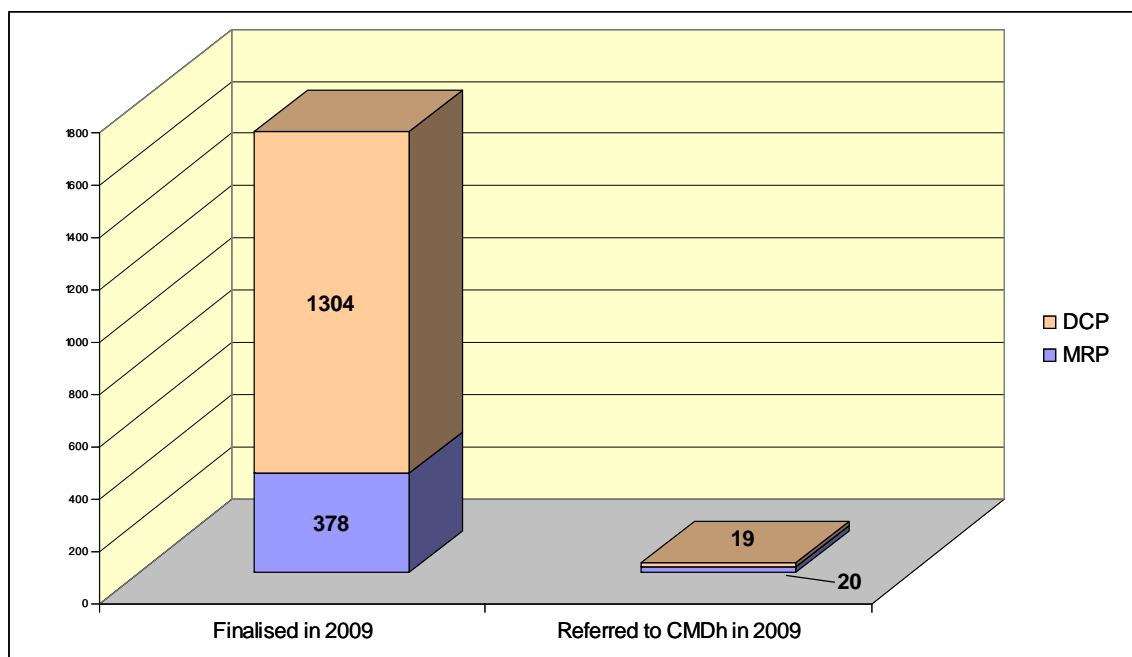
ORGANISATIONAL MATTERS

The meeting calendar and relevant procedure dates have been published on CMDh website.

The Secretariat is keeping track of the expiry dates, whilst the Member States are responsible for sending in renewals or new nominations in time.

REFERRALS

Finalised MR/DC Procedures vs. MR/DC Procedures referred to the CMDh in 2009:



Especially in the Decentralised procedure, discussions in the CMDh could start earlier around the clock stop. This will allow all the Member States to give their views in the scientific discussions earlier and discuss potential options to come to consensus. The RMS can organise Vitero meetings or teleconferences to discuss different views between CMSs and RMSs earlier in the procedure.

It is important that the CMDh will continue to be a platform for scientific discussions, if there are different views between the Member States. The CMDh should also discuss different standards in assessment and stimulate harmonised interpretation of Guidelines. Cooperation with the CHMP Working parties (Quality, Safety, Efficacy, and Pharmacokinetic Sub-group) has been successful in answering general questions and giving further clarification on Guidelines. This cooperation is very important in developing a harmonised approach also between different procedures (CP, MRP, and DCP) and keeping informed on new developments that are considered to be 'state of the art'. This will help to avoid future referrals, but also to agree on common standards in assessment of dossiers.

COOPERATION WITH THE EUROPEAN MEDICINES AGENCY

Harmonisation in assessment of generic applications

With the implementation of the Variation Regulation Worksharing procedures between centrally authorised products and products approved in MRP/DCP will be possible.

Interaction with the CHMP working parties (QWP, EWP -including PK subgroup- and SWP) is considered important to have a harmonised approach in the assessment of dossiers.

CMDh WORKING PARTIES/WORKING GROUPS

The following permanent or ad hoc Working groups are in place:

CTS Working Group (Hum+Vet)

The CTS Working group will start using Vitero for every other meeting.

A proposal for HMA will be prepared to discuss CTS business case and readiness for the future.

SPC harmonisation

A new list of products for SPC harmonisation in 2010 will be sent to the European Commission. An overview is published on the CMDh website reflecting ongoing and finalised Article 30 referrals with a link to the Commission opinion. CMDh will mention finalised referrals in their press release and encourage harmonisation of SPCs of products with the same active substance that are already on the market.

Joint CMDh-PhVWP Working Group

The agreed procedure on Interactions on safety warnings agreed in PhVWP and CMDh will be followed. The CMDh and PhVWP will continue to have joint meetings every 2 months.

The group will continue to work together and focus on fast and simple procedures for implementation of safety information in SPC and PL.

The ongoing project of synchronisation of PSUR submissions and work sharing will be followed and CMDh members will participate in the PSUR Taskforce.

CMDh-EMA Sub-group on Paediatrics

All paediatric data, submitted in accordance with Art 45 and 46 of the Paediatric Regulation, will be assessed in an EU Work sharing procedure. In 2010, 4 waves of substances in the Art 45 procedure are planned. The CMDh has started a discussion on how to come to a fair distribution of Workload in Paediatric Worksharing. If appropriate, meetings with interested parties can be arranged.

CMDh-GCP Inspectors

The Group will monitor a pilot with annual programme on routine GCP inspections of CROs most often used in the conduct of Bioequivalence trials included in the MAA for generic products in MRP and DCP.

Joint Subgroup on Variations

The subgroup will continue to work together with CMDv and the Agency in order to come with harmonised proposals for Recommendations on unforeseen variations and Work sharing procedure.

The Variation subgroup will continue to meet and will discuss questions on implementation and requests for clarification. Where MSs have different interpretations on the legislation advice will be sought from EC in order to implement the new procedures in a harmonised way.

Future of CMDh

The Working Party on the future of CMDh will discuss the future scope of the CMDh. The mandate of the Working Party is making an analysis of the scope of CMDh in the future taking into account existing tasks and the extended responsibilities foreseen in the coming pharmacovigilance legislation. Further to present to the CMDh ideas on how the work of CMDh could be improved and adapted to future legislation, the aim of the Working party is to have a report ready at the end of 2010 and to present it to HMA

HMA/CMDh Taskforce on availability of Resources at NCAs for MRP and DCP

CMDh will actively contribute to the work of the Taskforce and discuss the practical and operational issues of the work of the Taskforce. The following activities have been initiated: a common request form for RMS, a feedback form to provide the RMS feedback on the assessment report and to avoid parallel assessment of the dossier. New activities are collection of information on expected number of applications and potential blockbusters, increase transparency on national booking systems and monitoring proposals for improvement in the Decentralised procedure.

THE SECRETARIAT

The support of the CMDh Secretariat is extremely important for the functioning of CMDh. It includes amongst others, organisation of the meetings, drafting Agenda and Minutes, follow-up of actions, coordination of referrals and liaison with other committees and Working Parties.