

**RECOMMENDATIONS FOR IMPLEMENTING COMMISSION DECISIONS  
FOLLOWING AN ARTICLE 29 APPLICATION  
UNDER THE PAEDIATRIC REGULATION**

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## **BACKGROUND**

### **Article 29 procedure (Paediatric Regulation)**

1. Article 29 of the Paediatric Regulation (1901/2006/EC as amended) allows submission of an application referred to in Article 8 using the referral procedures set out in Articles 32, 33 and 34 of Directive 2001/83/EC (referred to as ‘the Directive’ hereinafter). The text is reproduced below:

*In the case of medicinal products authorised under Directive 2001/83/EC, an application as referred to in Article 8 of this Regulation may be submitted, in accordance with the procedure laid down in Articles 32, 33 and 34 of Directive 2001/83/EC, for authorisation of a new indication, including the extension of an authorisation for use in the paediatric population, a new pharmaceutical form or a new route of administration.*

*That application shall comply with the requirement laid down in point (a) of Article 7(1).*

*The procedure shall be limited to the assessment of the specific sections of the summary of product characteristics to be varied.*

2. To be eligible for this procedure the medicinal product must be
  - authorised in the Community through national, mutual recognition or decentralised procedure, and
  - protected by either a Supplementary Protection Certificate (SPC) or by a patent which qualifies for an SPC
3. Such an application must concern the authorisation of
  - new indications, including paediatric indications or
  - a new pharmaceutical form or
  - a new route of administration
4. The application must be accompanied by results of studies and information in compliance with an agreed paediatric investigation plan (PIP). The procedure is limited to the evaluation of the paediatric data including, if relevant, supportive adult data.
5. Therefore applications could be either extensions to existing authorisations leading to the grant of a new marketing authorisation (MA) or a variation to an existing MA in the case of new indications.

6. The Article 29 application is submitted to the EMEA and all CHMP members allowing all Member States to have access to the data package.
7. The Commission Decision on the Article 29 is applicable to all Member States and must be implemented in all Member States where the medicinal product is authorised (no opt-out).
8. The reward can only be obtained when the MA has been 'varied' in accordance with the Commission Decision in all Member States of the EU.
9. Applicants may not use the Article 29 procedure as a route into obtaining a new Directive Article 8(3) marketing authorisation (MA) where one does not already exist in a Member State. Applicants may therefore wish to consider options such as the MRP repeat use procedure to obtain any additional MAs necessary to be eligible for the reward.
10. The reward can only be obtained in those Member States where the Supplementary Protection Certificate can be extended.

### **CHMP referral procedure**

11. The Article 29 application is submitted directly to the EMEA and the CHMP members in accordance with procedural guidance detailed by the EMEA. This includes an initial eligibility request and the application is subject to a validation phase to ensure that the requirements of Article 29 are met. The application shall be accompanied by either the variation or extension application form as appropriate and the necessary supporting data for the new paediatric use. A supporting quality dossier will be included for a new pharmaceutical form.
12. The CHMP opinion will be issued within 60 days following the receipt of a valid application. This time period is not extendable but there is the possibility of a clock-stop. It will be followed by a Commission Decision. The timescale for Member States to implement the Commission Decision, whether it requires grant of an authorisation, or amendment of the current MA, is within 30 days of the notification.

### **Existing national procedures for implementing Commission Decisions**

13. Section 6 of Chapter 7 of NtA sets out the existing procedures adopted by individual MS. They mostly assume an update (variation) of an MA is required rather than grant of a new MA.
14. The document on CMD(h) recommendation for MR procedures after finalisation of an arbitration procedure is also relevant to the outcome of a paediatric Art 29 application particularly with respect to the appointment of an RMS. One of the aims of the Paediatric regulation is to make medicines for children equally available in all MS and therefore appointment of an RMS is desirable to maintain harmonisation of the SmPC with respect to paediatric use. It is noted that purely national MAs are not brought into MRP by the issuance of a Commission Decision resulting from an Art 29 paediatric application.

15. The guideline on the categorisation of extension applications vs variation applications (NtA Volume 2C) will apply as the basis for the Article 29 application, but it is noted that individual MS will apply national practice (as stated in point 13 above) when it comes to implementation. Recommendations should therefore facilitate either amendment of a current MA or grant of a new MA.
16. It is desirable that MS reach a common agreement on procedures for implementing Commission Decisions following an Article 29 (Paediatric Regulation) application, in keeping with the philosophy of equal access for the population across the EU. The usual timescales for line extensions (210 days) to authorise new pharmaceutical forms and routes of administration or for variations to add indications (120 days) are not compatible with the need to implement the Commission Decision within 30 days.
17. The following recommendations are based on current procedures for implementing Commission Decisions and address the requirements for the different categories of applications bulleted in paragraph 3 above. New pharmaceutical forms and routes of administration usually will require line extension applications whereas new indications are usually achieved by variation.

### **Recommendations**

18. ***Line extensions for new pharmaceutical forms and routes of administration*** (where relevant) It is recommended that the following principles are adopted for Commission decisions which result in the grant of a new MA:

- (i) For products not already subject to MR or DC procedures, the MA holder chooses an RMS – it is strongly recommended that an existing RMS is chosen, if there is one, for products in the same range with authorisations held by the same MA holder. *The choice of the RMS shall be made after the CHMP opinion is adopted and before the Commission decision is forwarded to the MS concerned. If the MAH does not use his right to choose the RMS, the Rapporteur will refer the matter to the CMD(h).* The wording in italics is the same as that used in the recommendation for MRP after finalisation of an arbitration procedure. Other more detailed aspects of the procedure can also reflect this guidance by analogy.
- (ii) The MA holder submits an application with the supporting information to all relevant MS. This consists of:
- A cover letter
  - Copy of the application form sent to EMEA
  - Commission Decision and the national translations of the SmPC, PL and labelling
  - Mock-ups of the PL and labelling in the national language
  - If required by MS, the data which accompanied the original application to CHMP
  - Relevant fee.

There is no need for further assessment, other than checking the submitted national translated SmPC, PL and labelling (if relevant). The quality dossier, if required to support the Article 29 paediatric application, will have been assessed as part of the CHMP procedure. Provided the supporting information package is complete, national competent authorities will grant the application within 30 days.

(iii) Fees are a matter for national decision

- 19. *Variations to add new indications (where relevant)*** In these cases, existing procedures and best practice can be used to update the affected authorisations using national procedures as detailed in Chapter 7 of NtA. Supporting information should be submitted by the MAH as detailed in point 18(ii) above. Again there is no need for additional assessment other than checking the submitted national translated SmPC, PL and labelling (if relevant). Provided the supporting information package is complete, national competent authorities will approve the variation within 30 days.
- 20.** MA holders should consider maintaining harmonisation of purely national MAs with respect to paediatric use by agreement of a single RMS.
- 21.** Finally, Member States should consider the impact of the Commission Decision on the Article 29 paediatric application on other products on their markets including purely national authorisations and request updates from the MA holder if relevant and legitimate (subject to patent issues).