

**BEST PRACTICE GUIDE
EU WORK SHARING PROCEDURE
IN THE ASSESSMENT OF PAEDIATRIC DATA**

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INTRODUCTION

Most of the studies, conducted in the paediatric population, are a result of the new FDA approach and the study reports are submitted to the FDA for review. Public assessment reports are available on their website (see www.fda.gov/cder/pediatric/summaryreview.htm).

At the HMA-hum meeting 30 November 2004 in Amsterdam a proposal from the MEB for Work sharing in the assessment of these data was accepted. The main principle is that two Member States assess the data and prepare an assessment report for the other Member States. The timetable of the 90-day type II variation procedure should be followed without official procedure numbers.

A list of products selected for the ‘first wave’ assessment with assigned rapporteurs and co-rapporteurs has been endorsed at the MRFG meeting 22 May 2005. After this ‘first wave’ of products, a ‘second wave’ was agreed at the March 2006 CMD(h) meeting.

On 26th April 2005 a meeting with assessors was organised to agree on a harmonised approach in the assessment of the data.

A so called paediatric assessment report template has been prepared.

In this Best Practice Guide a short overview of the procedure and actions of rapporteurs, co-rapporteurs and other Member States has been prepared. If possible, reference is made to existing guidelines and BPGs.

GENERAL RECOMMENDATIONS

Companies are requested to submit the same set of data with a proposal for the SPC to all EEA Member States. The aim is to achieve a harmonised decision between all MSs in the Work sharing procedure.

In the procedure products approved in MRP and nationally approved products are included. For products approved in MRP different situations are possible: the product can be approved in all EEA countries, the product can be approved via MRP in some Member States and by national procedures in other Member states. There will also be products that are approved only in a number of EEA Member States.

Therefore it is recommended to finalise the discussion at EU level first in the Work sharing procedure. After agreement, generally a text will be proposed for inclusion in the SPC. At that stage different routes will be followed to finalise the procedure:

- For products approved in MRP a type II variation procedure including all CMSs will be started. As there is already agreement on the SPC this can be a procedure with a 30 day timetable
- For products approved nationally the NCA's have to follow national procedures to update the SPC.
- In specific cases an extension application may be necessary.

Fees are a national decision. Some Members States have decided on a fee waiver in this Work sharing procedure.

INTERNAL COMMUNICATION

It has been agreed to use the MRFG mailbox for circulation of timetables, assessment reports and comments. As these products can not be identified by MRP number it is important to refer always to the '*EU Work sharing project assessment of Paediatric data*' together with the *name of the active substance*, so that information can be easily recognised by all MSs.

Marketing Authorisation Holders are advised to contact national Agencies for required number of copies, electronic format, etc.

CONTENT OF APPLICATIONS

In the letter to the Marketing Authorisation Holders the following information shall be requested:

- all data, including published information, quality, non-clinical and clinical relevant for the paediatric assessment should be submitted
- The study reports can be submitted in the same format as to the FDA
- A short critical expert overview should be added clarifying the context of the data, FDA outcome and relevance for EU situation
- A list of all studies including information on whether they have been submitted to MS in other procedures (PSURs)
- A SPC proposal or justification that changes are not necessary
- Relevant PSUR data

There is no need to reformat the data into CTD format.

Electronic format of the data is preferred, but it should be checked with individual Member States.

Public assessment reports

It has been agreed to prepare a public assessment report after finalisation of the procedure. This will be published on CMD(h) website. It is recommended to follow the format of the reports already published by MHRA on their website.

It is recommended to follow the procedure that has been agreed in MRFG for the preparation of public assessment reports.

Information in SPCs of generic medicinal products

The aim of the Work sharing procedure is to make the information on the use of medicines available for all health professionals and patients (or parents).

Therefore it is strongly recommended that the same information on the use in children is included in all SPCs of generic medicinal products (same active substances, same strength and pharmaceutical form). This should be done within 90 days of the update of SPC of the reference product.

FLOW-CHART PAEDIATRIC ASSESSMENT PROCEDURE

Actions by rapporteur/co-rapporteur

- 10 Working days Validate the application
rapporteur and co-rapporteur decide on timetable
- Day 0 Rapporteur informs applicant and MSs of start date and timetable
Circulate timetable via MRFG mailbox
- By Day 70 Rapporteur and co-rapporteur circulate preliminary paediatric assessment report (PPdAR) to MSs via MRFG mailbox
- By Day 85 Receive contribution from other MSs for inclusion in final PdAR or supplementary information request; rapporteur and co-rapporteur prepare together list of questions. Rapporteur writes initial version, send it to co-rapporteur for comments.
- By Day 89 Rapporteur sends one request for supplementary information as appropriate (clock stop)
Rapporteur informs MSs of request to Applicant
- Consider response from Applicant. Rapporteur assesses the response to the issues raised (except for the questions of the co-rapporteur. Co-rapporteur assesses their own questions). Discussions and agreement of the rapporteur and co-rapporteur on the final PdAR.
Rapporteur takes the lead in the discussion with MSs and considers whether a break out may be needed. Timetable set (as before) for a breakout to be possible at Day 105. Rapporteur contacts EMEA (CMD(h)) secretariat if needed to book a room.
- By Day 90 (Clock on) Rapporteur circulates finalised PdAR to MSs with draft decision and give the MSs a set timeframe to respond for deciding whether a breakout has to take place.
- Around Day 105 Hold break-out meeting (when needed) preferably to coincide with CMD(h) meeting, in case discussion is required between Member States to come to harmonised decision
- By Day 115 Receive confirmation from MSs of acceptance/non-acceptance of PdAR decision. Rapporteur discusses with co-rapporteur and with MSs if needed
- By Day 120 Rapporteur finalises the procedure and notifies MSs and applicant of final position.
Rapporteur request the MAH to submit a Type II variation (or extension of application if appropriate) to implement the proposal and amend the marketing authorisation as necessary

By Day 180

Rapporteur prepares public paediatric assessment report in accordance with standard procedure agreed in MRFG.
The public assessment report will be published on CMD(h) website.

In the exceptional situation where no agreement can be achieved between the Member States following discussions in this procedure:

For products approved in the MRP discussions can continue in the following Type II variation (or extension of application if appropriate). For nationally approved products it is a national decision how to update the SPC.

ACTIONS BY OTHER MEMBER STATES

- 10 Working days	Receive application No formal validation procedure, check receipt of application Wait until rapporteur and co-rapporteur circulate timetable via MRFG mailbox
Day 0	Start date
By Day 70	Receive preliminary paediatric assessment reports (PPdAR) to MSs via MRFG mailbox
By Day 85	Send comments on PPdAR to rapporteur and co-rapporteur
By Day 89	Clock stop Receive response from Applicant
By Day 90 Clock on	Receive finalised PdAR
Around Day 105	Break-out meeting preferably to coincide with CMD(h) meeting, in case discussion is required between Member States to come to harmonised decision
By Day 115	Send confirmation to rapporteur/co-rapporteur of acceptance/non-acceptance of PdAR decision
By Day 120	Agreement between MSs Receive final notification from rapporteur/co-rapporteur Implement the decision and amend the marketing authorisation as necessary via additional Type II variation (or extension of application if appropriate)

For more information on procedure of Type II variations reference is made to Notice to Applicants, Vol 2A, Chapter 5

EXPLANATION TO FLOW-CHART

Validation

When the data are submitted rapporteur and co-rapporteur should contact each other to decide on a timetable. This proposal should be circulated. Please indicate in all correspondence the contact persons with e-mail addresses to facilitate fast communication.

There is no formal validation procedure in CTS. If MSs have not received the documentation they should contact the applicant. Please be aware that this is not a formal type II variation, but the data have been submitted on request of HMA. If the requested documentation is received the procedure should start. Fees are a national decision.

MSs should contact the rapporteur if they have major problems with the submitted file, but in general it is recommended not to delay the start of the procedure.

Assessment reports

It is recommended to apply the same principles as used in major type II variations in the centralised procedure. A template for paediatric applications is circulated.

Both rapporteur and co-rapporteur prepare assessment reports on day 70. Comments from MSs should be sent to both rapporteur and co-rapporteur with a copy to the applicant.

The list of questions is prepared in cooperation with rapporteur and co-rapporteur.

Break-out meeting

A break-out session can be requested if considered necessary to come to a harmonised view. Reference is made to the BPG of CMD(h) on break-out sessions.

Finalisation of the procedure

By day 120 in the procedure the rapporteur finalises the assessment report and notifies MS and applicant of the final position.

Most procedures are finalised with a proposal for updating the SPC with information on the use in children.

The MAH is requested to submit, within 60 days, a type II variation (or extension of application, if appropriate) to implement this proposal via national or MRP procedures.

CMD(h) has agreed to publish in their press release the names of the products for which the Work sharing procedure is finalised.