Swedish comments on the "Concept paper on the "Introduction of fees to be charged by the EMA for Pharmacovigilance" (dated 18 06 2012).

Consultation item n°1: Do you agree with the proposed fee for single assessment of PSURs? If not, please explain and/or suggest alternative.

It seems reasonable to state that the amount of work involved for a single assessment of PSUR could be comparable with the amount of work in a type II variation. However, it is questioned if the amount of work will be less during the first two years (when half the full fee is proposed), as new safety issues are most likely discovered during this period. The outcome of a (single assessment) PSUR will result in immediate update of the product information without a subsequent type II variation. This will lead to a reduction of the number of type II variations submitted and it is thus foreseen that the revenue for NCA and EMA will be reduced. It is therefore proposed to consider a single fee for each PSUR rather than the fee differentiation suggested in the concept paper.

It is also possible that MAHs for generics, who in general do not have to submit PSURs according to the new legislation, will question the national annual fees, claiming that the NCAs do not assess PSURs for their products any longer. Such argumentation could also lead to reduced revenue for NCAs.

A general remark through all consultation issues is the lack of information regarding the proportion of fee dedicated to the PRAC-Rapp / NCA.

The total economic effect from the proposed PSUR fee is difficult to overview from a NCA perspective. However, it is anticipated that it will lead to a reduction in revenue for the national authorities.

Consultation item n°2: Do you consider relevant the concept of grouping as proposed? If not, please explain and/or suggest alternative.

The *principle* of grouping is acceptable; however it is difficult to see it applied in practice. Worksharing for the NCAs assessment of PSURs have worked well for substances within the same MAH but to share a PSUR between MAHs with the same substance is very seldom the fact. If grouping is applied it is proposed that a text regarding how the potential fee from MAHs with non-CAP original could be included in the fee for a single assessment. The proportion of the basic fee that will be paid to PRAC-Rapp/NCAs should also be clarified. It is evident that also NCAs will have certain administrative issues related to grouping.

Consultation item n°3: Do you agree with the proposed fee for the assessment of PASSes? If not, please explain and/or suggest alternative.

It is agreed that the work load of a PASS assessment could be comparable to a type II variation. However, PASS often involves recruiting subjects over many years and a final study report could be expected 8-10 years after initiation. During this time, assessment of the protocol and assessments of interim analyses are anticipated, for which there will be no charge in the present proposal (the fee will only be paid at the end of the process). It could therefore be discussed to divide the fee in start/interim/final analysis fees. A compromise could be that half of the fee was paid following assessment of the protocol and the rest after finalisation.

Consultation item n°4: Do you consider relevant the concept of grouping as proposed? If not, please explain and/or suggest alternative.

The principle of grouping is acceptable, but it is proposed that the text is completed with information regarding how the potential fee from MAHs with non-CAP original that could be included in a single assessment. -Information is also needed on the proportion of the basic fee that will be paid to PRAC-Rapp/NCAs. It is evident that also NCAs will have certain administrative issues related to grouping.

Consultation item n°5: Do you agree with the proposed fee for the assessment of pharmacovigilance referrals? If not, please explain and/or suggest alternative.

It is agreed that the workload of a referral could vary between the workload of a type II variation and a full application such as a NCE.

From a NCA perspective it is foreseen that the change in the legislation, where the label change agreed within a central assessment of pharmacovigilance referrals will not need to be implemented via a type II variation, will reduce the number of national type II variations from MAH for generics. This will result in reduced revenue for the NCA.

Consultation item n°6: Do you agree with the concept of grouping as proposed? If not, please explain and/or suggest alternative.

It is foreseen that NCAs as well will have increased administration workload proportional to the number of included MAH, and should thus also receive part of the grouping fee.

Consultation item n°7: Do you agree with the proposed pharmacovigilance service fee? If not, please explain and/or suggest alternative.

No. It is foreseen that if the MAHs will be charged by EMA for increased pharmacovigilance activities, the companies will start a discussion of reducing the national fees. For instance, it will not be possible to justify a fee for PSUR and a maintained annual fee, which currently covers also PSUR assessments at least in Sweden. We do not consider it appropriate for EMA to charge a service fee for non-CAPs, both from a principal point of view and the level of the fee. It is preferred that EMA cover the over head costs via the already existing annual fee.

Consultation item n°8: Do you agree with the proposed approach for fee reductions for SMEs as regards the pharmacovigilance procedures at EU level (point 3.5.1)? If not, please explain why and provide suggestions how this could be improved.

No. Reducing the fees with 50% for SMEs seems arbitrary and it is difficult to interpret the effect for NCAs. Nevertheless, this will likely affect the fees for SMEs also for non-CAPs and thus at the NCA level in the future. The concept of SMEs is not appropriate for this kind of activities. It is not obvious that an SME always have a need for reduction of fees in the post-market phase. We agree that the concept should be used in scientific advice and activities before approval. The Swedish concept of having a possibility to reduce fees for MAHs with "non-profitable" products that are needed in the national health system to provide patients with adequate care would be a better solution.

Consultation item n°9: Do you agree with the proposed approach with regard to the pharmacovigilance service fee for SMEs (point 3.5.2)?

No. See above.

Consultation item n°10: What other aspects would you like to raise? Do you have additional comments?

Many new tasks are not covered in the concept paper. There is a need for clarification if e.g. EU Pharmacovigilance inspections should be subject to specific fees or included in an annual fee. Our proposal is that the NCAs performing the inspection also charge fees directly to the MAHs subject to inspection. In addition it is unclear what should be part of the actual fee concerning audit/inspections of post-authorisation activities. Also, the situation where a MS is the supervisory authority for PSMF is not mentioned. Similarly it is not clear what will happen with fees if signal detection leads to an evaluation by PRAC. Who will get paid for this work?