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European Commission
Attn. Mr Peter Arlett
DG Enterprise and Industry
Unit F2 Pharmaceuticals
B-1049 Brussels
Belgium

Dear Peter,

Subject: Co-ordination Group for Mutual Recognition and Decentralised Procedures – human (CMDh) response to the Public Consultation Paper - Strategy to better protect public health by strengthening and rationalising EU Pharmacovigilance

Introduction

The CMDh wishes to thank you for the opportunity to comment on this draft proposal for a Pharmacovigilance Regulation.

We have reviewed the proposal and welcome the initiative to strengthen Pharmacovigilance to better protect public health and we support the Commission's decision to introduce a specific regulation in order to give clearer legal provisions for the actions related to Pharmacovigilance.

CMDh is already involved in many activities related to Pharmacovigilance, such as PSUR worksharing and coordination of implementation of safety warnings in SPCs and believes that this legislation could be an opportunity to give a clearer legal basis to those activities related to pharmacovigilance where we foresee a direct involvement of CMDh.

CMDh in principle welcomes the proposals but is also keen to progress development of the draft legislation in aspects where it can play a direct role in achievement of these objectives.

From discussion within CMDh it is apparent that individual Member States will be responding in detail to the contents of the full Regulation from a national perspective.
Therefore our comments will be focused on those issues that might concern the group as a whole and those parts where we believe that this role of the CMDh could have a place in the legislation.

Specifically:

Pharmacovigilance Committee and decision Making– Role and Communication with CMDh

We welcome the introduction of a PhV Committee with a clear legal basis.

However, in the current proposal the exact role and tasks of this Committee are not completely clarified. There is therefore room for a clearer definition of the mandate of this Committee.

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The clear legal provision to manage serious safety issues with a referral procedure is endorsed by the CMDh, but we believe that this procedure could not cover all the safety related issues that will be dealt with by the PhV Committee. There are, in fact, many minor issues and routine work that might not be dealt with an art. 101k referral and we foresee a role for CMDh in coordinating a timely and harmonised implementation for these minor issues in the MS, in collaboration with the PhV Committee. CMDh has already a practical experience in managing harmonised implementation of safety warnings, in collaboration with the PhVWP and believes that in the process of decision making there still needs to be a balance in the discussion. In this respect, we see in this new regulation an opportunity to set a firm and transparent legal basis to ensure that the implementation of all recommendations from the PhV Committee will take place and this needs to be done with more transparency and with greater strength than is currently explained in the proposal. For this reason, a further clarification is also needed in order to define which issues would not go to 101k.

The existing link between PhVWP and CMDh, has been so far fundamental for the efficient implementation of safety recommendations and this successful collaboration should also be reflected in the legislation. The mandate of both CMDh and PhVWP clearly establish a strong and direct link between the two groups. This link should be maintained in the new legislation and clearly identify those issues for which it should be used. The omission of a specified direct link might cause a gap in the implementation phase and this might jeopardise/question the intent of the legislation for the vast majority of safety issues that are now covered by recommendations of the PhVWP or by the mandate of both groups.

In order to guarantee a good functioning of the process, CMDh believes that the legislation should clearly reflect the possibility to have a direct communication with the Committee, since the legislation gives the CMDh a mandate for any MRP and DCP related issue and the Committee will have a mandate for all medicinal products, national, MRP/DCP and CAP. CMDh should therefore be able to send questions and ask advice, expecting to have a direct feedback.

This communication should not be limited to post-authorisation safety issues only, since the current mandate allows CMDh to ask for feedback on safety issues also during the pre-authorisation phase of MRP/DCP and during the 60 days referrals procedure and we strongly believe that this possibility for CMDh to ask for advice on safety issues for ongoing procedures with a direct communication should be maintained and included in the new legislation.

In order to define this communication, we believe that transparency is a major issue. The way the Committee communicates with stakeholders, including CMDh, should therefore be defined more clearly in the legislation.

Art. 101k referral

We welcome the principles of the proposals which give a firm legal basis to the procedure needed to implement safety warnings. We recognise in fact the current lack of harmonisation and of tools to force Industry to implement these warnings in a timely manner.

For the same reason CMDh believes that the new legislation could be an opportunity to implement a legal basis also for those recommendations that would not go to an Art.101k referral, with strict requirements for Companies to implement these recommendations in the SPC within given deadlines.

In the proposed legislation, in fact, there is only a clear definition on what kind of safety issues would go to Art. 101k referral.
A clearer and transparent definition of those safety issues that would not go to 101k – CHMP is therefore needed.

For example, a restriction of the indication based on major safety issues would clearly need an art. 101k referral to be managed, whilst a change in the indication because this indication no longer corresponds to the state of the art would not need an Art. 101k. Worksharing in class review which ends up in recommendation, and the harmonisation of the remaining part of the SPC after a partial harmonisation on safety sections has taken place are other examples where an Art. 101k would not be necessary. For all these recommendations we see the need of introducing in the legislation a link back to CMDh for implementation.

Furthermore restrictions in indications, contraindications and strengthening of warnings can also be handled via an Urgent Safety Restriction. Further clarification is needed to explain which procedures should be in place as follow up after an urgent safety restriction. When there is agreement between MAH's and authorities to implement safety restrictions in SPC and PL would there always be a need for a Art 101k procedure? This seems a huge additional burden for PV Committee and CHMP.

We would also like to comment on the possible consequences of Art. 101k referral for national products. It is our opinion that it should be clearly specified in the legislation that these MA should not be subsequently transferred to MRP.

We also see a continuing need for those Art. 31 and Art. 36 of Directive 2001/83 referrals, for those issues that are not related to safety issues.

PSURs and other Work Sharing opportunities

We welcome the principles of the proposal which gives a firm legal basis to the worksharing of PSURs and reduces the overall burden for National Competent Authorities and Pharmaceutical Companies. We also support the proposal that the Committee should continue the worksharing that has been put in place by PhVWP and CMDh, and foresee a precise role for the Committee in leading this work.

However, as the PSUR is a condition of the MA this is the responsibility of the RMS in MRP/DCP or the national competent authorities.
With regard to PSUR worksharing lead by the Committee, we also expect an automatic update of the SPC. In this respect, a direct link between CMDh and the Committee for the coordination of the implementation of SPC updates should be put in place and specified in the legislation, for monitoring also the outcome of PSURs, whose cycle would still be required by Competent Authorities. This is of particular importance for those cases where there is a need for immediate action, where CMDh and MS cannot rely on publication only.

Concerning renewals, it is not clear if a PSUR is needed with the renewal in all cases. There could be the need of more clarity on the necessity to have at least the first PSUR at the time of renewal, or a declaration that there is no new information on the product – with a provision that the MA could be lost/revoked if this declaration should be invalid.

In line with better regulation principles we encourage other opportunities for work sharing between member states such as that which already exists on an informal basis for certain class reviews. This could be strengthened in the legislation.

With regard to the PhV System master file, we endorse this proposal, however it could be defined who will be responsible for the management/archive of these master files

Product Information – tools for communication

We agree with the Commission that there is the need to rationalise and improve the communication on safety of medicinal products. However, we think that it is important to have a balance between risk and benefit and we are concerned that the focus on safety issues might have a negative impact for patients and health professionals.

In order to really communicate safety information, it might perhaps be better to think of another tool for communication to HCP which might be more efficient than the SPC and PL. For example, some form of information sheet available for HCP to help them in the prescription with complete information on risk/benefit might be more effective than adding a new section to the SPC - a document which is already perceived as too long, redundant and not easily readable. MS would be happy to participate in any working group necessary to develop this idea.

With respect to implementation, we deem that there could be the risk of a gap between the implementation in the SPC and the implementation in the PL and we believe that this issue should be managed by strengthening the connection between the various parts of the legislation, including the legislation on Variations and on Urgent Safety Restrictions. As concerns safety issues that impact on product information there is already a mention on the implementation timeframe in the proposal for the Variation Regulation, but it could be useful to emphasize in the PhV Regulation the provision to clarify timing of implementation. We believe therefore that the PhV legislation could be further strengthened in order to link with the Variation Regulation.

Transparency

Overall we welcome new provisions for transparency in communication provided we have the appropriate legal tools to manage and implement all new safety warnings including those that are not covered by art. 101k.

Conclusion

We see the proposed new legislation as an important opportunity to maximise the potential role of CMDh in the pre- and post authorisation field of product development and implementation of product information to reflect the latest knowledge of the risk/benefit of the product.

Our points are addressed as high level principles and we would be pleased to discuss detail and expand our views further with you. A meeting at a convenient location involving me and one or two CMDh members could be arranged if that would be helpful.

Yours sincerely

Mrs Truus Janse de-Hoog
Chairperson, CMDh

cc: CMDh members, PhVWP Members, Esther Werner (Chairperson CMD(v)), HMA Management Group