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# Guideline on the format and content of applications for designation as orphan medicinal products and on the transfer of designations from one sponsor to another, 9 July 2007

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**Guideline on the format and content of applications for designation as orphan medicinal products and on the transfer of designations from one sponsor to another**

## Introduction

This guideline is intended to provide supplementary advice on how to compile the documents that should be provided by sponsors in an application for orphan medicinal product designation. It is intended to expand on the legal texts mentioned in the section "legal basis" below, but where the legal texts are in themselves sufficiently descriptive, the relevant extracts have been provided for ease of reference. This guideline is intended to form the basis for the format and content of a submission for designation, and should be followed unless otherwise justified. This guideline will be regularly updated to include more detailed explanation and examples.

Section G of this guideline also provides advice to sponsors wishing to transfer the designation of an orphan medicinal product and/or to change the name or address of a sponsor.

## Legal Basis

Article 5.3 paragraphs 3 and 11 respectively of Regulation 141/2000[1] on Orphan Medicinal Products require the Commission in consultation with the Member States, the Agency and interested parties to draw up detailed guidelines on the required format and content of applications for designation of medicinal products as orphan medicinal products and on the form in which applications for transfer of designation to another sponsor shall be made. Article 4 of the same Regulation states that one of the tasks of the Committee for Orphan Medicinal Products is to assist the Commission in drawing up detailed guidelines. Commission regulation (EC) No 847/2000 of 27 April 2000[2] sets out, *inter alia*, the provisions for implementing the criteria for designation of a medicinal product as an orphan medicinal product and is intended to be supported further by guidance as referred to in Article 5.3 of Regulation 141/2000. Commision Communication (2003/C 178/02) of 29 July 2003[3] sets out the Commission's interpretations on certain matters relating to the implementation of the designation and marketing exclusivity provisions.

The present guideline is intended to fulfil the obligations laid down in Article 5.3 and 5.11 of Regulation 141/2000.

## Scope

The scope of this guideline is to describe the format and content of the applications that sponsors should submit to the EMEA for designation of medicinal products as orphan medicinal products.

Each application for orphan medicinal product designation for a medicinal product shall be submitted to the EMEA using the form and table of contents provided in the Annex and containing the information described in this guideline.

This guideline also describes the information required by the EMEA to transfer the sponsorship of an orphan medicinal product designation.

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1 OJ n° L 18 of 22.01.2000
2 OJ n° L 103 of 28.04.2000
3 OJ n° C 178 of 29.07.2003

**Definitions**

The definitions laid down in Directive 2001/83/EC, Regulation 141/2000 and Commission Regulation 847/2000 are applicable.

The following additional definitions are applicable in the context of this guideline:

(a) Condition: any deviation(s) from the normal structure or function of the body, as manifested by a characteristic set of signs and symptoms (typically a recognised distinct disease or a syndrome).

(b) Orphan Condition: the condition as defined above that meets the criteria defined in Art. 3 of Regulation (EC) No 141/2000.

(c) Orphan Indication: the proposed indication for the purpose of orphan designation. This specifies if the medicinal product which is the subject of the designation application is intended for diagnosis, prevention or treatment of the Orphan Condition.

(d) Therapeutic Indication: the proposed indication for the marketing authorisation, based on the sponsor's expectations at the time of the orphan designation application. The granted therapeutic indication at the time of marketing authorisation will be the result of the assessment of the quality, safety and efficacy data submitted with the marketing application and may be different to the one proposed at the time of orphan designation application.

**Timing of submissions**

A sponsor applying for designation of a medicinal product as an orphan medicinal product shall apply for designation at any stage of the development of the medicinal product before the application for marketing authorisation is made. This means that if a marketing authorisation application for the same medicinal product (and submitted by the same sponsor) has already been submitted in any Member State within the Community or centrally through the EMEA, whether or not the marketing authorisation has been granted, that this medicinal product is no longer eligible for designation for an orphan indication that is the same as the proposed therapeutic indication in the MAA.

Where possible, sponsors should notify the EMEA of their intention to submit an application at least two months prior to the planned submission date. This notification should take the form of a letter, fax or email, to the EMEA, and should include: the name of the medicinal product, the proposed orphan indication, the name and address of the sponsor and the planned submission date for the designation application. Sponsors are strongly encouraged to request a pre-submission meeting with the EMEA prior to filing. Such meetings are free of charge.

In order to synchronise evaluation of applications for orphan designation with the meetings of the Committee for Orphan Medicinal Products (COMP), deadlines for submission of applications have been fixed and are published on the web-site of the EMEA.

A sponsor may apply for designation of a medicinal product as an orphan medicinal product for an already approved medicinal product provided the orphan designation concerns an unapproved therapeutic indication. In this case, at the time of application for a marketing authorisation, the marketing authorisation holder shall apply for a separate marketing authorisation (with a different tradename) which will cover only the orphan indication(s).

More than one sponsor may apply for designation as an orphan medicinal product for the same medicinal product intended to diagnose, prevent or treat the same or a different condition, provided that a complete application for designation as laid down in this guideline is submitted by each sponsor.

**Language**

The full application should normally be submitted in English. If the bibliographical references submitted are not in English, a summary in English should be included where possible.

At the time the application is made, the following elements should be translated in the official languages of the European Union plus Icelandic and Norwegian:

- the name of the product (INN)
- the proposed orphan indication.

**Documentation to be supplied**

The application should be signed and dated by the sponsor indicating that the documentation provided is complete and accurate.

If more than one indication is applied for the same product, separate applications should be submitted for each orphan indication. In this regard, 'treatment' and 'prevention' of the same condition are considered as two separate indications and should be the subject of two separate applications for orphan designation.

A sponsor shall submit to the EMEA one original (signed and dated) paper version of the complete application for designation including full copies of bibliographical references part of the application. The original paper version should be bound, preferably in ring binders.

Sponsors are requested to submit two copies of the application in electronic form (saved on CD-Rom):

- application form and sections A-E of the application in a word-processable format
- translation of the name of the product and the proposed orphan indication (as mentioned above) into the official languages of the European Union, plus Icelandic and Norwegian, to be provided in a word-processable format
- where possible a complete copy of the bibliography.

Where a sponsor has used an electronic reference manager, it is recommended that the reference library is provided in the electronic submission.

Upon completion of validation the EMEA will provide the full application to Members of the COMP by electronic means.

**Information to be included in the application form (Annex):**

Section I and III of the application form provided in the Annex contain a series of tick boxes which should be completed as appropriate by the applicant. When completing section II, the following information should be included:

1. Name of the active substance

The active substance should be declared by its recommended International Non-proprietary Name (INN), accompanied by its salt or hydrate form if relevant. If the 'recommended' INN is not available the 'proposed' INN should be provided. If no INN exists, the European Pharmacopoeia name should be used or if the substance is not in the pharmacopoeia, the usual common name should be used. In the absence of a common name, the exact scientific designation should be given. Company or laboratory codes are not to be used. Substances not having an exact scientific designation should be described by a statement of how and from what they were prepared, supplemented where appropriate by any relevant details.

Where the active ingredient is of herbal origin, the declaration of the active substance should be in accordance with the Note for Guidance on *Quality of Herbal Medicinal Products.*

2. Proposed indication and ATC code

The sponsor should submit details of the proposed orphan indication for which designation is being applied for, specifying whether the medicinal product is for diagnosis, prevention or treatment of the condition. It should be noted that the proposed orphan indication, which is requested here, may be broader than the proposed therapeutic indication (see definitions above).

Where an ATC code has been assigned, this should be included.

If more than one indication is applied for the same product, separate applications should be submitted for each orphan indication.

3. Proposed details of the medicinal product (if available)

Details of the proposed tradename, the strength (quantitative particulars of active ingredient), pharmaceutical form and route of administration for the orphan medicinal product should be provided where possible. For products that are in the early stages of development it may not be possible to complete this section.

4. Name or corporate name and permanent address of the sponsor and contact person

The name or corporate name and permanent address of the sponsor shall be provided.

The sponsor must be established in the Community, and must provide documentation indicating its permanent address in the Community[4]. The sponsor may be an individual or a company. For sponsors whose main business is operated from outside of the Community, the address of those premises and a contact name should be provided.

A contract research organisation can be the sponsor of an orphan medicinal product as long as it is established in the Community, as required in Regulation (EC) 141/2000. Where the sponsor is not the person or company responsible for the research and development of the medicinal product, details of the person or company responsible should also be provided.

The person authorised to communicate with the EMEA on behalf of the sponsor during the designation procedure, and after designation if different, should be provided. The sponsor's contact point (telephone/fax/e-mail, in the Community) should be indicated to respond to queries arising from patients, health professionals or other interested parties in the post-designation period should they arise.

5. Name of the manufacturer of the active substance and medicinal product

The name(s) and address(es) of the manufacturer(s) and site(s) of manufacture of the active substance(s) and of the medicinal product (if available) should be provided. For products that are in the early stages of development it may not be possible to complete the section on the finished product manufacturing site.

**Information to be included in the remainder of the application:**

The table of contents and check-list provided as part of the application form in the Annex can be used as a guide to complete the documentation submitted in an application for designation. In each section a review of the relevant scientific literature should be included, supported and cross-referenced to published references. The following information should be provided:

[4] Where reference is made to the Community, this should be read as including the EU Member States and Iceland, Liechtenstein and Norway.

## A. Description of the condition

1. Details of the condition

Details of the condition that the medicinal product is intended to diagnose, prevent or treat should be provided. This information should provide a clear description of the disease or condition in question and should be based on published references, where possible, or textbooks. Details of the causes and symptoms should be provided.

2. Proposed orphan indication

The sponsor should submit details of the proposed orphan indication for which designation is applied.

Where an ATC code has been assigned, this should be included.

The orphan indication should define the target condition or disease distinguishing between treatment, primary prevention, secondary prevention and diagnostic indications. The orphan indication may comprise a broader population than the population defined by the proposed therapeutic indication and should thus be the population on which the prevalence is estimated.

Sponsors should note that the indication applied for may be modified during the designation process. In addition, a designated orphan indication is without prejudice to the final therapeutic indication included in the terms of the marketing authorisation.

3. Medical Plausibility

This section should be completed for all applications with details of the rationale for the use of the medicinal product in the proposed orphan indication. This should include a description of the medicinal product and a discussion of its mechanism of action, as far as it is known. It should be noted that to support the rationale for the development of the product in the proposed condition some preliminary preclinical or clinical data are generally required.

In addition, for applications where the proposed orphan indication refers to a subset of a particular condition, a justification of the medical plausibility for restricting the use of the medicinal product in the sub-set should be submitted in this section. The methods or criteria used to delineate this population subset should also be described.

The following points should be taking into account when considering the definition of condition. These points address, in particular, what constitutes a valid condition as opposed to what would be considered as invalid subsets within a condition and how these elements are linked to existing treatment(s), significant benefit of new treatments and to the proposed therapeutic indication(s).

General requirements

(a) The characteristics defining a distinct condition should determine a group of patients in whom development of a medicinal product is plausible, based on the pathogenesis of the condition and pharmacodynamic evidence and assumptions.

(b) Recognised distinct medical entities would generally be considered as valid conditions. Such entities would generally be defined in terms of their specific characteristics, e.g. pathophysiological, histopathological, clinical characteristics.

(c) Different degrees of severity or stages of a disease would generally not be considered as distinct conditions.

The fact that a subset of patients exists in whom the medicinal product is expected to show a favourable benefit/risk (as defined in the proposed therapeutic indication) would generally not be sufficient to define a distinct condition.

Special considerations

(a) Considering the above general requirements, convincing arguments would need to be presented to justify the medical plausibility of any proposed subset and the rationale for excluding the larger population. A subset of a disease which, when considered as a whole, has a prevalence greater than 5 in 10 000, could be considered a valid condition if patients in that subset present distinct and unique evaluable characteristic(s) with a plausible link to the condition and if such characteristics are essential for the medicinal product to carry out its action. In particular, the pathophysiological characteristics associated with this subset should be closely linked to the pharmacological action of the medicinal product in such a way that the absence of these characteristics will render the product ineffective in the rest of the population.

(b) Patients may be affected by more than one condition. Generally the intersection of two (or more) concomitant conditions would not be considered as a valid condition. However, it could be acceptable, if such intersection resulted in a certain new evaluable characteristic essential for the pharmacological effect and the medical outcome.

(c) Exceptionally, the need for a particular treatment modality (regardless of underlying diseases) can be considered as a valid criterion to define a distinct condition.

4. Justification of the life-threatening or debilitating nature of the condition

(a) For applications submitted in accordance with Article 3(1)(a) paragraph 1 of Regulation 141/2000, a statement justifying the life-threatening or chronically debilitating nature of the condition supported by scientific or medical references should be provided.

(b) For applications submitted in accordance with Article 3(1)(a) paragraph 2 of Regulation 141/2000, a statement justifying the life-threatening or seriously debilitating or serious and chronic nature of the condition supported by scientific or medical references should be provided.

## B. Prevalence of the condition[5]

Where designation according to Article 3(1) (a) paragraph 1 of Regulation 141/2000 is sought, information on the prevalence of the condition or disease in the Community should be provided in accordance with the requirements laid down by Commission Regulation (EC) No 847/2000. Prevalence (i.e. the number of persons with a disease or condition at a specified instant in time in a given population) affected by the condition in the European Community[6] at the time of designation application, should be calculated for the condition as applied for in the designation application.

Sponsors are advised to consult the Points to Consider document on 'Calculation and Reporting of the Prevalence of a Condition for Orphan Designation (COMP/436/01)' prior to completing this section of the application.

1. Prevalence of the orphan disease or condition in the Community

*1.1. Reference documentation*

The documentation should include a comprehensive review of authoritative references which demonstrate that the disease or condition for which the medicinal product would be administered, affects not more than five in 10,000 persons in the Community. This documentation should, as far as possible, clearly illustrate the prevalence of the condition in the Community (in as many Member States as possible) and should include a conclusion on the estimated prevalence per 10,000 persons in the Community at the time the application for designation is made, taking into account the points raised in section A2 of this document.

For medicinal products intended for diagnosis or prevention of a condition, the prevalence calculation should be based on the population to which the product is expected to be administered on an annual basis.

The sponsor should clearly explain how the estimated prevalence has been calculated, indicating the methods and results for identifying source data/documentation and calculating the prevalence. Studies should be summarised in tabular format including all relevant information such as definition and size of the study population and case definition etc.

If up-to-date references are not available, the sponsor should provide a clear basis for the assumption that the disease or condition will meet the orphan prevalence criteria.

*1.2 Information from databases on rare diseases*

The methods and results for identifying databases on rare diseases should be described. Information from relevant databases in the Community should be provided, if available. Where an existing database refers to the prevalence of the disease or condition in one Member State, an explanation as to why it is plausible to extrapolate this data to other Member States should be provided taking into account possible ethnic and/or cultural differences.

In the absence of epidemiological data or databases in the Community, reference may be made to epidemiological data and databases available in third countries, provided an explanation of the extrapolation to the Community population is made.

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5 The word "condition" is used in the text of the regulation. This is intended to ensure that the regulation applies also to treatments for conditions which are not classical diseases, in particular genetic disorders.

6 For the purposes of orphan designation the number of persons affected in the Community should be calculated based on the population of the Member States of the European Union plus Iceland, Liechtenstein and Norway.

2. Prevalence and incidence of the condition in the Community

Where designation according to Article 3(1) (a) paragraph 2, is sought, information on the prevalence and incidence in the Community of the condition at the time at which the application for designation is made should be provided for information purposes.

3. Information on participation in other Community projects

Where a disease or condition has been considered within the framework of other Community activities on rare diseases, this information shall be provided.

In the case of diseases or conditions included in projects financially supported by the Community in order to improve information on rare diseases foreseen by Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) a relevant extract from this information, including in particular, details of the prevalence of the disease or condition in question, shall be provided.

In the case of research projects supported by Community framework programmes, a brief summary of the project of no more than one page, together with the relevant dates shall be provided. Information on such research projects is accessible through the Community Research & Development Information Service (CORDIS) web-site (www.cordis.lu).

## C. Potential for return on investment

In the case of applications for designation which are based on Article 3(1) (a) paragraph 2 of Regulation (EC) No 141/2000, i.e. where, without incentives, it is unlikely that the marketing of the medicinal product in the Community would generate sufficient return to justify the necessary investment, the documentation provided should be in accordance with Article 2.2 of Commission Regulation (EC) No 847/2000.

The documentation submitted by the sponsor shall include data on all costs, under the sub-headings listed below, that the sponsor has incurred or expects to incur in the course of developing and marketing the medicinal product.

These costs shall include, but are not limited to, pre-clinical studies, clinical studies, formulation studies, stability studies, literature searches, meetings with regulatory authorities, costs of supplying the medicinal product, preparation of the application for designation. The documentation provided shall indicate the number of studies or investigations performed in each case, the duration and timing of each study or activity, the number of patients or animals involved in each study or activity, and the number of man-hours involved.

In cases where the medicinal product is already authorised for any indication or where the medicinal product is under investigation for one or more other indications, a clear explanation of and justification for the method that is used to apportion the development costs among the various indications shall be provided.

1. Grants and tax incentives

The documentation provided shall include details of any grants, tax incentives or other cost recovery provisions received either within the Community or in third countries.

2. Past and future development costs

The sponsor shall provide data on all costs incurred in course of developing the medicinal product. In addition, a statement of and justification for all development costs that the sponsor expects to incur after the submission of the application for designation shall be provided.

In cases where the medicinal product is already authorised for any indication or where the medicinal product is under investigation for one or more other indications, a clear explanation of and justification for the method that is used to apportion the development costs among the various indications shall be provided.

3. Production and marketing costs

A statement of and justification for all production and marketing costs that the sponsor has incurred in the past and expects to incur during the first 10 years that the medicinal product is authorised shall be provided.

4. Expected revenues

An estimate and justification for the expected revenues from sales of the medicinal product in the Community during the first 10 years after authorisation.

5. Certification by registered accountant

The sponsor is required to ensure that all cost and revenue data are determined in accordance with generally accepted accounting practices and that it is certified by a registered accountant in the Community. A signed statement to this effect should be included.

## D. Existence of other methods of diagnosis, prevention or treatment

In accordance with Article 3.1(b) of Regulation (EC) No 141/2000 and Article 2.3 of Commission Regulation 847/2000, it is the responsibility of the sponsor to establish that there exists no satisfactory method of diagnosis, prevention or treatment of the condition in question, or if such method exists that the medicinal product will be of significant benefit to those affected by that condition.

Please note that, in the Application form, Section D.1 (Details of any existing diagnosis, prevention or treatment methods) must be filled in for all applications for designation. Conversely, Section D.2 (Justification as to why the methods are not considered satisfactory) and section D.3 (Justification of significant benefit) are mutually exclusive and only one of them should be filled in.

1. Details of any existing diagnosis, prevention or treatment methods

In accordance with article 2.3(a) of Commission Regulation EC 847/2000 in case of existing medicinal products for the diagnosis, prevention or treatment of an Orphan Condition, justification should be provided either as to why the existing methods are not considered satisfactory **or** for the assumption that the new medicinal product seeking designation will be of significant benefit to those affected by the condition.

In order to complete this part of the application, the sponsor should review available diagnosis, prevention or treatment methods in the Community, making reference to scientific and medical literature or other relevant information. If no other methods currently exist, this should be stated.

Commonly used methods of diagnosis, prevention or treatment that are not subject to marketing authorisation (e.g., surgery) could be considered satisfactory if there is consensus among clinicians in the particular field as to the value of such treatment(s).

In the case of authorised medicinal products, this review should include those authorised nationally in at least one Member State (national or mutual recognition procedures) or by the Community (centralised procedure). An overview table of all authorised medicinal products should be included in this section. Details provided should include: tradename(s), Member State(s) where authorised, holder of the authorisation, and the authorised indication. For medical devices, the: tradename(s) and the approved use(s) should be provided. Where medicinal products authorised in the proposed orphan indication exist they would be viewed as 'satisfactory methods' and the sponsor would be required to argue 'significant benefit'.

The sponsor should include in his review, as far as possible, other approaches to diagnosing, preventing or treating the disease or condition in question, such as surgical interventions, radiological techniques, diet, physical means, etc. and other methods specific and non-specific which are commonly used in the Community. The review should make reference to scientific and medical literature or any other relevant information.

Commonly used methods of diagnosis, prevention or treatment that are not subject to marketing authorisation (e.g. surgery, medical devices) may be considered satisfactory methods if there is scientific evidence as to the value of such method(s). The assessment as to whether a particular method may be considered satisfactory shall take into account the experience with the method in question, documented results, and other factors including whether or not the method is invasive and/or requires hospitalisation.

In the case of medical devices which come within the scope of Directive 93/42/EEC, this should include all medical devices placed on the market according to this Directive or in the case of active implantable medical devices which come within the scope of Directive 90/385/EEC, medical devices which are placed on the market or put into service in accordance with this Directive.

2. Justification as to why methods are not satisfactory

The sponsor should provide justification as to why the methods reviewed are not considered satisfactory. This may be based on either clinical information or on scientific literature. It should be noted that, where medicinal products authorised in the proposed orphan indication exist they would be viewed as 'satisfactory methods' and the sponsor would be required to argue 'significant benefit'. If this section is completed, it is not necessary to complete section D3 regarding justification of significant benefit and vice versa.

3. Justification of significant benefit

Alternatively, and in particular where there already exist authorised medicinal products or medical devices, the sponsor should provide justification for the assumption that the medicinal product for which designation is sought will be of significant benefit to those affected by the condition. This justification should make reference to appropriate scientific literature or the results of comparative studies, whether of a definitive or preliminary nature. If this section is completed, it is not necessary to complete section D2 regarding justification as to why methods are not considered satisfactory and vice versa.

'Significant Benefit' is defined in Article 3 of Commission Regulation EC 847/2000: a new treatment would generally be of "significant benefit" if it provides a clinically relevant advantage or a major contribution to patient care. At the time of designation, significant benefit should be based on well justified assumptions. Assumptions of potential benefit(s) should be plausible and where possible based on sound pharmacological principles. Preclinical data and preliminary clinical information may

be added as supportive evidence. In general a demonstration of potentially greater efficacy, an improved safety profile, and/or more favourable pharmacokinetic properties than existing methods may be considered to support the notion of significant benefit. Other compliance-promoting features or evidence to show fewer interactions with food or other medicinal products, where these are relevant may also be considered.

At the time the application for marketing authorisation is reviewed, sponsors of designated orphan medicinal products will be required to demonstrate significant benefit over currently authorised methods in order to maintain orphan status.

When assessing whether an orphan medicinal product will be of 'significant benefit', the COMP may take into account its potential availability to patients. A medicinal product that is authorised in all Member States may constitute a significant benefit as compared to a product that is authorised in a limited number of Member States only. Further information and examples are available in the Communication from the European Commission (2003/C 178/02 of 29 July 2003[7]).

## E. Description of the stage of development

1. Summary of the development of the product

The applicant should describe the current development status of the orphan medicinal product within the Community, e.g. preliminary research, brief details of pharmaceutical development, pre-clinical investigation, clinical investigation, final preparation of a marketing authorisation dossier, etc. Details of the proposed development plans in the orphan indication should be provided. Information on any proposed developments in other indications should be supplied. This information should be supplied in the form of an "investigator brochure" style summary. The full study reports of non-clinical and clinical studies undertaken need not be provided unless requested.

This section should also include information on whether the sponsor intends to apply to the EMEA for protocol assistance and/or for fee exemptions with respect to applications for marketing authorisation. Expected dates for the application for protocol assistance and submission of the marketing authorisation application should be provided if known.

2. Details of current regulatory status and marketing history

A summary of the world-wide regulatory status and marketing history of the medicinal product should be provided. This should include, for example, clinical trials and marketing application status, details of the indications for which the medicinal product is approved in third countries; previous applications for marketing authorisation; and any adverse regulatory actions that have been taken against the medicinal product in any country.

This section should also include details of whether orphan status has been applied for or granted in other countries with respect to the medicinal product. If orphan status has been granted elsewhere, it is useful to append a copy of the decision on orphan designation to the application.

## F. Bibliography

This section should contain all published references referred to in section A to D above and should be submitted together with the application but as a separate volume(s). Where information is printed out from a web-site the date that the web-site has been accessed should be noted.

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7 OJ n° C 178 of 29.07.2003

The preferred format for cross-referencing published literature in Section A-E of the application is by the lead author and year e.g (Smith *et al*, 2002).

## G. Transfer of the Orphan designation to another sponsor and change in the name of the Sponsor and/or the address of the Sponsor

1. Transfer of the Orphan designation to another sponsor

Transfer of the designation of an orphan medicinal product is possible in accordance with Article 5(11), Regulation (EC) No 141/2000.

The sponsor should submit an application to the EMEA accompanied by the following documentation:

- A copy of the Commission Decision on the designation.
- Identification (name and address) of the sponsor of the designation to be transferred and the identification (name and address) of the sponsor to whom the transfer is to be granted.
- A document certifying that a complete and up-to-date designation application has been made available to or has been transferred to the person to whom the transfer is to be granted. This document has to be adequately authenticated by the signature of the sponsor of the designation to be transferred and by that of the legal or natural person to whom transfer is to be granted.
- Proof that the sponsor to whom the designation is to be transferred is established in the EEA
- Without prejudice to the final decision, a document stating the date of which the person to whom the transfer is to be granted can actually take over the responsibility for and the rights of the designation for the medicinal product concerned from the existing sponsor (date of implementation of the transfer). The document has to be adequately authenticated by the signature of the sponsor of the designation to be transferred and by that of the legal or natural person to whom the transfer is to be granted.

The EMEA will not be in a position to provide an opinion on the transfer should the documentation provided be incomplete or unsatisfactory.

For each transfer of designation a separate application is required.

Within 30 days of the submission of the required documentation as listed above, the EMEA shall adopt an opinion, signed by the Executive Director of the EMEA, which would be sent to the existing sponsor, the person to whom the transfer is to be granted and to the Commission.

In the case of agreement to the transfer, the Commission shall amend the decision granting the designation as an orphan medicinal product. The transfer is accepted from the date of notification of the amended Commission Decision.

2. Change in the name of the Sponsor and/or the address of the Sponsor

A change in the name or address of an existing sponsor does not require a new legal act, provided that the sponsor remains the same person or legal entity.

The sponsor should submit a signed letter to the EMEA with copy to the European Commission, DG Enterprise. The letter should clearly indicate the new name and/or address details and should also state, in the case of a change in the name, that the identity of the company remains the same. A copy of the certificate of incorporation for the change in name should be attached to the letter.

This information shall be maintained by the EMEA and the European Commission. In the case of a change in the name, the community register or orphan medicinal products shall be updated accordingly.