EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

19 October 2011

EMA/814628/2011

Mrs Patricia Brunko
European Commission
DG SANCO C5 - Health Strategy
Health and Consumer Protection Directorate General
232 Rue Belliard
B232 8/135
1049 Bruxelles
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Dear Mrs Brunko, Dear Patricia,

RE: Public consultation paper – Review of the Variations Regulation

The Agency welcomes your proposal to review the Variations Regulation (EC) No. 1234/2008 to extend the scope of the Variations Regulation to purely national marketing authorisations and would, hereby, like to provide you with its position on the consultation topics.

Do not hesitate to contact us, should you wish to discuss any of the comments.

Yours sincerely,

and kind regards

Andreas

Andreas Pott

Acting Executive Director

Cc: Mrs. Truus Janse-de Hoog (CMDh Chairperson), Mrs. Esther Werner (CMDv Chairperson), Mrs. Maria-Angeles Figuerola, Ms R. Salvador Roldan

Encl: EMA position on Public consultation paper – Review of Commission Regulation (EC) No 1234/2008

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European Medicines Agency position on Public consultation paper – Review of Commission Regulation (EC) No 1234/2008

The Agency welcomes the European Commission's proposal to review the Variations Regulation (EC) No. 1234/2008, to extend the application of the Variations Regulation to purely national marketing authorisations and to have harmonised rules for variations to medicinal products authorised via the centralised procedure, mutual recognition, decentralised and national procedure whilst observing the principles of the Better Regulation initiative.

Consultation topics:

2.1 Extension to purely national marketing authorisations

iv) Worksharing procedure

Consultation items no. 1 and 2:

On the basis of the experience gained with the use of worksharing procedures, the Agency is of the view that there is no need to introduce a pre-requisite for harmonisation of dossiers of medicinal products in order to be able to benefit from worksharing procedure.

The only condition which is considered critical to ensure that the worksharing avoids duplication of work in the evaluation of variations to several marketing authorisations is that the same change(s) applies to the different medicinal products concerned, with either no or limited need for assessment of a potential product specific impact, as described in the Communication from the Commission – Guideline on the operation of the procedures laid down in Chapters II, III and IV of Commission Regulation (EC) No 1234/2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (2009/C 323/04).

The Agency considers that the introduction of such requirement would not be consistent with the implementation of this provision in the centralised procedure (CP) and mutual recognition procedure (MRP) and would create different requirements for purely national marketing authorisations included in worksharing vis-à-vis worksharing including CP and MRP.

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This would also result in a restriction of the medicinal products which could benefit from worksharing and thus not fully achieve the aim of avoiding duplication of assessment, where possible.

The Agency would, therefore, propose not to introduce additional restrictions to include variations to purely national marketing authorisations in a worksharing procedure, provided that the same change(s) will apply to the different medicinal products concerned, with either no or limited need for assessment of a potential product specific impact.

2.2 Focusing public resources on the procedures with most impact on public health

i) Deadlines for the adoption of the Commission Decision adjusted to the public health implications

Consultation item no. 3:

The Agency supports the principle that the deadline for adoption of decisions by Competent Authorities or the European Commission should be driven by public health considerations and, therefore, variations with a significant impact from public health should be adopted within a shorter deadline.

Up until now, the deadline for adoption of decisions by Competent Authorities and for implementation of variations has been derived from the classification type of variations as Type IA, IB, II or extension, which aims to reflect the impact of the change on the quality, safety or efficacy of the medicinal product concerned.

If the current rules are changed to reflect public health considerations, the Agency is of the view that the same principle should apply to the deadlines for adoption of decisions amending marketing authorisations for medicinal products authorised via the centralised, mutual recognition, decentralised and national procedure. This is in line with the overall aim of subjecting variations to all types of marketing authorisations to harmonised rules.

Consultation item no. 4:

The Agency would propose to consider, as a basis to define variations with significant public health implications, changes to the following items in the summary of product characteristics: therapeutic indications, posology, contra-indications, warnings, target species and withdrawal periods, referred to in Article 2.8 of the Variations Regulation - definition of urgent safety restriction. This proposal is consistent with the changes to the product information identified in Article 107i(e) of Directive 2001/83/EC amended by Directive 2010/84/EC as the basis for the initiation of the urgent union procedure.

The Agency is of the view that if the concept of 'variations with significant public health implications' is introduced in the Variations Regulation and linked to the timeframe for the decision making process and implementation of variation, this concept should be defined in the Variations Regulation, in order to ensure clarity to Marketing Authorisation Holders and a consistent interpretation of 'variations with significant public health implications' by Competent Authorities.

Consultation item no. 5:

The Agency supports the principle to extend the current system that allows holders to implement certain variations prior to the adoption of the Commission Decision.

In terms of transparency, the Agency would propose to continue to publish the product information for those variations that can be implemented by the Marketing Authorisation Holder prior to the adoption of the Commission Decision, upon receipt of a favourable opinion by the Agency. This will ensure that Health care professionals and the public have access to up to date product information for centrally authorised medicinal products.

Consultation item no. 6:

The Agency acknowledges that whilst Article 24 of the Variations Regulation stipulates the timeframes as to when a variation may be implemented by the MAH, it does not include any information as to when the variation must be implemented, with the exception of urgent safety restrictions and variations which are related to safety issues, which shall be implemented within a timeframe agreed by the holder and the relevant authority/Commission.

The Agency would support the introduction of a deadline for the implementation of changes to product information significant from a public health standpoint.

ii) More stable "Summary of Product Characteristics"

Consultation item no. 7:

The Agency is of the view that the current legal framework for medicinal products requires Marketing Authorisation Holders to submit to Competent Authorities, by means of the appropriate variation application, information that entails the amendment to the contents of the particulars and documents referred to in Article 1 of the Variations Regulation, regardless of the respective public health implications.

Moreover, the Agency does not consider that there is yet a problem of proliferation of small changes to the product information of centrally authorised medicinal products, as the average number of safety and efficacy variations to medicinal products for human use submitted in 2010 was 1.2 variations per centrally authorised medicinal product for human use. This excludes administrative and quality changes affecting the product information of centrally authorised medicinal products for human use.

2.3 Addressing some workability concerns identified

Consultation item no. 8:

The Agency is not in favour of introducing in the Variations Regulation an extended timeframe for the assessment of 'complex grouped applications', as this would require defining this term in order to ensure clarity to MAHs on the applicable timeframes for review of variation applications and a consistent interpretation by Competent Authorities.

In addition, the current legal framework provides the possibility, for major variations of Type II, to extend the timeframe for review of the variation application.

2.4. Procedure for the authorisation of human influenza vaccines in a pandemic setting

Consultation item no. 9:

Based on the experience acquired during the 2009 (H1N1)v pandemic outbreak, the Agency would propose to consider unlinking the registration of the pandemic variation as referred in Article 21 from

the declaration of an official pandemic situation by the World Health Organisation (WHO) in order to register and permit earlier availability of the pandemic vaccines when the pandemic situation is recognised. This would potentially save time where a pandemic strain has been identified but an official pandemic situation has not been declared yet.

The Agency would also propose to consider the possibility of defining a dedicated framework for handling variations during an emergency situation, where the current variation system, even accelerated, may not be appropriate to authorise emergency changes.

This framework could be based for instance on an application of the urgent safety restriction (USR) system to substantial changes other than safety.

In addition, the Commission may wish to consider the possibility of combining several opinions adopted in a short period of time in a single Commission Decision, in order to decrease the number of Decisions adopted in a short period of time, provided that the implementation of the change(s) is not significantly delayed or does not lead to public health concerns.