ENTR/ /2007

COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels,
COM(2007) XXX

DRAFT

COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT

Report on the experience acquired as a result of the application of the provisions of Chapter 2a of Directive 2001/83/EC (introduced by Directive 2004/24/EC) on specific provisions applicable to traditional herbal medicinal products

Document on the basis of article 16i of Directive 2001/83/EC

TABLE OF CONTENTS

1. INTRODUCTION

In order to overcome difficulties encountered by Member States in applying in the same way the pharmaceutical legislation to herbal medicinal products, specific provisions have been introduced in the Community code relating to medicinal products for human use for traditional herbal medicinal products.

According to Articles 16a to 16i of Directive 2001/83/EC, introduced by Directive 2004/24/EC, a specific registration procedure by the Member States is foreseen for herbal medicinal products fulfilling the criteria of a traditional herbal medicinal product. Herbal medicinal products are defined as any medicinal product, exclusively containing as active ingredients one or more herbal substances or one or more herbal preparations, or one or more such herbal substances in combination with one or more such herbal preparations.

This registration procedure is intended for herbal medicinal products with a long tradition, which do not fulfil the requirements for a marketing authorisation, in particular those requirements whereby an applicant can demonstrate by detailed references to published scientific literature that the constituent or the constituents of the medicinal products has or have a well-established medicinal use with recognised efficacy and an acceptable level of safety (so called “well established use”).

The simplified procedure allows the registration of herbal medicinal products without requiring particulars and documents on tests and trials on safety and efficacy, provided that there is sufficient evidence of the medicinal use of the product throughout a period of at least 30 years, including at least 15 years in the Community.

The application for a simplified registration procedure will be accompanied by bibliographical or expert evidence to the effect that the medicinal product in question or a corresponding product has been in medicinal use throughout a period of at least 30 years preceding the date of the application, including at least 15 years within the Community.

With regard to the manufacturing of these products and their quality, applications for registration of traditional herbal medicinal products have to fulfil the same requirements as applications for a marketing authorisation. Results of pharmaceutical (physico-chemical, biological or microbiological) tests must be submitted to demonstrate the quality of the traditional herbal medicinal product.

However, the long tradition makes it possible to suppress the need for clinical data, in so far as the efficacy of the medicinal product is plausible on the basis of its long-standing use and experience as testified by bibliographic or expert evidence.

Applicants must substantiate the safety of the medicinal product by the means of a bibliographic review of safety data together with an expert report, complemented by any necessary data, which the Member State’s competent authority may request.

Claimed indications must be exclusively appropriate to traditional herbal medicinal products, which by virtue of their composition and purpose, are intended and designed for use without the supervision of a medical practitioner for diagnostic purposes or for prescription or monitoring of treatment.

In view of the particularities of herbal medicinal products, a Committee for Herbal Medicinal Products (HMPC) has been established at the EMEA.

With a view to further facilitating the registration of certain traditional herbal medicinal products in the EU, a list of herbal substances, preparations and combinations thereof for use in traditional herbal medicinal products will be established by the Commission following a proposal by the HMPC. The Community list shall encompass herbal substances that have been in medicinal use for a sufficiently long time and hence are considered not to be harmful under normal conditions of use.

Applicants may refer to the list regarding the safety and the efficacy of the traditional herbal medicinal product; however they would still need to demonstrate the quality of the medicinal products they seek to register.

In order to promote harmonisation, Member States will recognize registration of traditional herbal medicinal products based on Community monographs or consisting of substances preparation or combinations contained in the list.

Community herbal monographs for the application of both the traditional use and well-established use provisions will also be established by the HMPC to serve as a basis for simplified registration or bibliographical marketing authorisation applications.

The vast majority of medicinal products with a sufficiently long and coherent tradition are based on herbal substances. Hence, when establishing this new simplified registration procedure, it seemed appropriate to limit its scope in a first step to traditional herbal medicinal products. It seemed also appropriate to evaluate in due course the application of this new procedure, together with an assessment of the possible extension of the scope of traditional-use registration to other categories of medicinal products.

This document has been prepared in consultation with the European Medicines Agency, the HMPC and *[has been]* submitted for consultation to the Member States and interested parties. As major source of information, the Commission has welcomed the HMPC report of 31 October 2006 (Doc.Ref.EMEA/HMPC/187219/2006) presenting the views of the EMEA and the HMPC on the application of the provisions of chapter 2a of Directive 2001/83/EC on traditional herbal medicinal products.

2. EXPERIENCE ACQUIRED ON THE SIMPLIFIED REGISTRATION PROCEDURE

2.1. Applications in Member States

On 31 March 2007, 79 applications had been introduced in 12 Member States. Eight products had been authorised in three Member States. Regarding four applications, the simplified registration application has been withdrawn in one Member State before the final outcome of the procedure. 68 applications are currently being processed. The number of applications is very unevenly distributed among Member States. In some Member States more than 20 applications have been introduced and 16 are currently under assessment. In most Member States however, at this stage, no or very few applications have been introduced.

2.2. Referrals to the HMPC

Directive 2004/24/EC amending Directive 2001/83/EC introduced several provisions allowing referring to the HMPC for an opinion certain matters relating to herbal medicinal products. These procedures will be referred to as "referrals" in this report and include:

- An optional referral on the adequacy of the evidence of the long standing use of traditional herbal medicinal products for which there is no established Community herbal monograph and that are not included in the Community list or for which the HMPC has not prepared a monograph and which are subject to long standing use (Article 16c (1) (c) of Directive 2001/83/EC);

- A mandatory referral of traditional herbal medicinal products for which there is no established Community herbal monograph and that are not included in the Community list or for which the HMPC has not prepared a monograph and which have been used in the Community for less than 15 years (Article 16c(4) of Directive 2001/83/EC);

- Referrals of traditional herbal medicinal products for which a Community herbal monograph exists or where the herbal substance, preparation or combination thereof has been included in the Community list in the frame of the mutual recognition or decentralised procedure (Article 16h (c) of Directive 2001/83/EC);

- Opinion on other medicinal products containing herbal substances when they are referred to the European Medicine Agency in the frame of the mutual recognition or decentralised procedure (Article 16h (d) of Directive 2001/83/EC).

No referral has been made to the HMPC at this stage.

3. HERBAL MEDICINAL PRODUCTS COMMITTEE (HMPC)

3.1. Subcommittees and working parties

The HMPC has established three temporary working parties:

- HMPC Organisational Matters Drafting Group (ORGAM Group)

- HMPC Quality Drafting Group (Quality Group)

- HMPC Safety and Efficacy Drafting Groups (S&E Group)

The ORGAM Group has prepared a number of templates and guidance documents aiming at facilitating implementation of tasks laid down in the Directive. The ORGAM Group's work is expected to continue throughout 2007.

The Quality Group has produced a number of guidance documents relating to quality aspects of herbal medicinal products and has also been involved in ensuring coordination of guidelines for human medicines at the Agency level, with particular emphasis on coordination with the Joint CHMP/CVMP Quality Working Party. It is expected that the Quality Group will have fulfilled the objective of preparing key guidance documents in the area of quality of herbal medicinal products during 2007.

The Safety and Efficacy Group has developed a number of guidance documents relating to safety and efficacy of herbal medicinal products and has also prepared a number of draft Community herbal monographs and Community list entries. In March 2006, the Safety and Efficacy Group was replaced by a permanent "Working Party on Community monographs and Community list" (MLWP). The core task of the MLWP is to carry out assessments underpinning draft monographs and list entries as well as to prepare these documents.

3.2. Published documents

3.2.1. Guidance documents

The HMPC drafted several guidance documents which include:

- Structure of the list of herbal substances, preparations and combinations thereof (EMEA/HMPC/100824/2005)
- Template for a Community herbal monograph (EMEA/HMPC/107436/2005)
- Assessment report template for the development of community monographs and for inclusion of herbal substance(s), preparation(s) or combinations thereof in the list (EMEA/HMPC/418902/2005)

3.2.2. Entries to the Community list of Article 16f of Directive 2001/83/EC

Public consultation by the European Medicines Agency has been closed on the following draft entries to the Community list:

- Foeniculi amari fructus (bitter fennel fruit)
- Foeniculi dulcis fructus (sweet fennel fruit)
- Linum semen (linseed)
- Valerianae radix (valerian root)

Once the HMPC will have adopted a proposal for an entry to the Community list, it will be transmitted to the European Commission. The European Commission may propose the adoption of the draft entry on the list after having received the opinion of the Standing Committee on Medicinal Products for Human Use.

3.2.3. Community herbal monographs of Article 16h(3) of Directive 2001/83/EC

Following public consultation, the following Community herbal monographs have been adopted by the HMPC:

- Aloe barbadensis (barbados aloes)
- Aloe capensis (cape aloes)
- Frangulae cortex (frangula bark)
- Linum semen (linseed)

– Plantaginis ovatae seminis tegumentum (ispaghula husk)

– Plantaginis ovatae semen (ispaghula seed)

– Psyllii semen (psyllium seed)

– Sennae fructus (senna pods)

– Sennae folium (senna leaf)

– Valerianae radix (valerian root)

In addition, the following draft Community herbal monographs have been adopted by the HMPC for release for public consultation:

– Ecchinacea purpurea (purple coneflower herb)

– Rhamni purshianae cortex (cascara)

– Primulae flos (primula flower)

– Primulae radix (primula root)

– Passiflorae herba (passion flower)

– Anisi fructus (aniseed)

– Anisi aetheroleum (anise oil)

– Foeniculi amari fructus (bitter fennel fruit)

– Foeniculi amari fructus aetheroleum (bitter fennel oil)

– Foeniculi dulcis fructus (sweet fennel fruit)

3.3. Experience of the HMPC

In its contribution to the European Commission for the purpose of preparing this report, the HMPC has stated that drafting a proposal for an entry to the Community list or Community monographs requires significant resources since this implies performing literature searches, collecting and compiling comprehensive literature. Moreover, the monographs adopted by the HMPC need to be periodically updated through a procedure to be put in place for retrieving and evaluating new data from the literature. The systematic revision and updating processes are essential in order to prevent Community monographs from becoming outdated. The HMPC has stated that it does not have sufficient resources to fulfil these tasks.

4. ASSESSMENT OF THE APPLICATION OF CHAPTER II A OF DIRECTIVE 2001/83/EC

4.1. State of play

By 31 March 2007, the situation can be summarised as follows.

Directive 2004/24/EC had to be transposed by 30 October 2005. By 31 March 2007, Directive 2004/24/EC had been fully transposed in 21 Member States. Six Member States have still not transposed Directive 2004/24/EC and infringement procedures have been initiated by the European Commission where necessary.

The HMPC has been established and its members have been appointed. It has regular meetings and several working parties have been established.

Ten monographs have been adopted and published and another ten are in the process of public consultation. According to the HMPC, the full operation of the Directive would require the publication of appreciatively 200-300 monographs.

No draft entry on the list has been adopted by the HMPC so far.

4.2. Genotoxicity data issue

Pursuant to Article 16c (d) of Directive 2001/83/EC, the application for simplified registration shall be accompanied by a bibliographic review of safety data together with an expert report. In addition, the competent authority may ask, upon additional request, for data necessary for assessing the safety of the medicinal products.

The introduction of the simplified registration procedure was based on the assumption that safety and efficacy could be adequately substantiated through long standing use without requiring additional testing and having to submit systematic documentation on all points of Annex I of Directive 2001/83/EC regarding safety. If an application relates to a herbal substance, a preparation or a combination contained in the list, the data relating to safety do not need to be provided and the competent authority cannot ask for additional data.

In its guideline on non-clinical documentation for herbal medicinal products in application for marketing authorisation (bibliographical and mixed applications) and in applications for simplified registrations, the HMPC is of the view that the genotoxic potential of herbal preparation should always be assessed. The guideline further states that genotoxic data are available for many active substances, however their quality is often inadequate for safety assessment and that when an adequate assessment cannot be made, further genotoxicity testing is required.

Similarly, in its report, the HMPC identified major issues concerning availability and quality of genotoxicity data for herbal substances while developing the first series of draft list entries. The HMPC is of the view that if relevant questions related to the availability of genotoxicity data remain unanswered, the adoption of a positive opinion on a Community list entry is not possible. In order to provide these data, further genotoxicity testing would have to be conducted.

In order to ensure a successful application of the Directive, the issues relating to genotoxicity demand careful scientific and legal consideration. As stated in the HMPC report, the systematic request for genotoxicity data has not enabled to adopt entries on the list since these data are generally not available. It has probably also contributed to the small number of applications received so far. On the other hand, the request for genotoxicity data when assessing traditional herbal medicinal products should be triggered on a case by case basis when there is a specific concern for safety, as provided for by the relevant provisions in the legislation. This ensures the protection of public health whilst enabling the registration as

traditional herbal medicinal products of products. A more restrictive approach would create the risk that the products concerned end up being marketed under another classification (and not as medicinal products), without the necessary quality, safety and efficacy controls applicable under pharmaceutical legislation.

5. EXTENSION OF TRADITIONAL-USE REGISTRATION TO OTHER CATEGORIES OF MEDICINAL PRODUCTS

5.1. Current situation

Directive 2004/24/EC intended to address the specific situation of traditional herbal medicinal products. In order to gain experience, the scope of the Directive was deliberately limited in scope to these products. However, other products may face similar situation and have a long tradition as medicinal products but do not fulfil the requirements of a full marketing authorisation or a well established use authorisation. The consequence is that these medicinal products may not able to obtain a marketing authorisation as medicinal products in the Member States.

The above applies to several traditions which include the following:

Anthroposophic medicine has had a long tradition in Europe for decades. Anthroposophic medicine has a global therapeutic approach in order to embrace the individual as a whole taking into consideration the personality of the patient as well as its body. Anthroposophic medicinal products are designed to stimulate the patient's powers of self healing. Anthroposophic medicine use mineral, vegetable, metal and animal-based raw material in the production of medicinal products. They can be used in every dosage forms and way of administration including external, internal and parenteral way of administration. Anthroposophic methods of preparation are dissolution and crystallisation of mineral salts, extraction of whole vegetable extracts, succussion of fluids, succusion of solids, maceration, fermentation, steeping and brewing, distillation, melting and condensation toasting, carbonisation, incineration.[1]

Anthroposophic medicinal products may have a long tradition. Some anthroposophic medicinal products may be eligible for the simplified registration procedure for homeopathic medicinal products or under the simplified registration procedure for traditional herbal medicinal products. However, some anthroposophic medicinal products do not fulfil the required conditions for eligibility to these registration procedures.

Traditional medicines from other parts of the world include Ayurveda (traditional Indian medicine) and Chinese traditional medicine. These systems of medicine have existed for centuries in other parts of the world and have their own specific remedies. Some of these remedies could qualify as traditional herbal medicinal products but other traditional medicinal products do not qualify for the simplified registration procedure.

Ayurveda literally means science of life in Sanskrit. It is not only a medical system but a way of life which aims at a holistic management of health and diseases. It considers a human being in totality and takes into consideration his relationship with the environment.

---

[1] Anthroposophic Medicines, their origin, production and application, Medical Section of the School of Spiritual Science, 4143 Dornarch, Switzerland

Ayurvedic medicinal products include drugs of plant, animal and mineral origin. A very large proportion are products with herbal ingredients only. The remaining products include ingredients of mineral or animal origin. The substances included in the products are described in the monographs of the Ayurveda Pharmacopoeia. Most of the products contain multiple combinations of various ingredients and these are described in the Ayurveda Formulary which includes approximately 400 formulae. [2]

The composition of Ayurvedic pharmaceutical products can be summarised as follows:[3]

Plants	90-95%
Minerals	1-2%
Metals	1-2%
Animal	1-2%
Marine Products	1-2%

A variety of dosage forms/presentations of Ayurvedic Formulations are used ranging from more food like presentations e.g. expressed juice, jams, fermented liquids, clarified butter to more pharmaceutical forms e.g. tablets, syrups, eye drops, etc.. There is no significant use of parenteral formulations with a predominance of non-invasive techniques. [4]

Within the Ayurvedic tradition no particular distinction is made as regards the legal classification (prescription or non-prescription) within the range of potential product types to be used in treating patients. Approximately half of the products could be considered as non prescription products since they would not require intervention of Ayurvedic practitioners. The remainder of these products can be classified as "classical Ayurveda products", comprising both standardised and customised formulations. These typically are prescribed by practitioners following examination and diagnosis of the patient and their administration is followed up throughout use normally in healthcare settings.[5]

Traditional Chinese medicine theory asserts that processes of the human body are interrelated and in constant interaction with the environment. Signs of disharmony help the traditional Chinese medicine practitioner to understand, treat and prevent illness and disease. Traditional Chinese medicine is largely based on the philosophical concept that the human body is a small universe with a set of complete and sophisticated interconnected systems, and that those systems usually work in balance to maintain the healthy function of the human body. Diagnosis and treatment are conducted with reference to these concepts. Traditional Chinese medicinal products are often combination products from herbal origin but also from animal, mineral and metal origin.[6]

---

2 Mission Report Facts Finding Mission of the European Commission to India 15-18 January 2007

3 Mission Report Facts Finding Mission of the European Commission to India 15-18 January 2007

4 Mission Report Facts Finding Mission of the European Commission to India 15-18 January 2007

5 Mission Report Facts Finding Mission of the European Commission to India 15-18 January 2007

6 International traditional Chinese medicine program for cooperation in science and technology, Ministry of Science and Technology, People's Republic of China and various contacts with the Chinese delegation and Chinese medicine practitioners

The major reasons why the above mentioned products may not be able to obtain a marketing authorisation or a simplified registration under the Community current legal framework are due to the following factors:

– Composition of the product

Directive 2001/83/EC requires traditional herbal medicinal products to be composed **exclusively** of herbal substances or preparations with the exception of ancillary action of vitamins and minerals. Some traditional products are mostly but not exclusively composed of herbal substances. They may include as well mineral components, animal products, metal products or herbal constituents.

– Route of administration

Traditional herbal medicinal products must be administrated orally, externally or via inhalation. According to the public statement of the HMPC on the interpretation of the term “external use” for use in the field of traditional herbal medicinal products, the term "external" means oral, nasal, rectal, vaginal, ocular or auricular. The route of administration of certain medicinal products in other traditions can also be by injection.

– Unsupervised use and indications

According to Directive 2004/24/EC, traditional herbal medicinal products must be intended and designed for use without the supervision of a medical practitioner. This would include minor disorders or symptoms that are benign. Some traditional medicinal products however do not fulfil these criteria and are not suitable for administration without the supervision of a qualified practitioner. Traditional medicinal products with therapeutic indications that involve diseases such as cancer, psychiatric diseases, infectious diseases such as hepatitis or influenza, cardiovascular or metabolic diseases such as diabetes are not suitable for administration without the supervision of a medical practitioner. Also, in some traditions, the therapy is integrated in a global approach and is part of a general diagnostic posed by a duly qualified practitioner. However, this does not necessarily mean that certain of the products used could not be considered, under Community pharmaceutical legislation, as non-prescription products.

– Proof of the traditional use in the Community

The traditional use of traditional herbal medicinal products is demonstrated by bibliographic and expert evidence that the medicinal product in question or a corresponding product has been in medicinal use throughout a period of at least 30 years including at least 15 years within the Community. The rationale behind this requirement was that it appeared very difficult to verify whether information on use outside the Community provides a reliable basis to conclude on the efficacy and especially on the safety of the product. It proves difficult for traditional medicinal products from other parts of the world to meet this requirement for a minimal period of use of 15 years within the Community market. In such a case, the product must be referred to the HMPC for an opinion which shall assess whether all other conditions for simplified registration as set out in article 16a are met. This situation can prevent access to the European market of some traditional herbal medicinal products from third countries.

5.2. Consideration of the extension of the scope of the simplified registration procedure

The rationale behind the actual simplified registration procedure is to enable products which have been in long standing traditional medicinal use to be registered according to a simplified procedure **because their safety and efficacy can be deduced from their long standing use in the specified conditions of use**. The long tradition of the medicinal product enables to waive requirement for clinical trials, insofar as the efficacy of the medicinal product is plausible on the basis of the long-term use and experience. Preclinical tests do not seem necessary either, where the medicinal product on the basis of the information on its traditional use proves not to be harmful in specified conditions of use.

The vast majority of medicinal products with a sufficiently long and coherent tradition are based on herbal substances. It therefore seemed appropriate to limit the scope of the simplified registration in a first step to traditional herbal medicinal products. There are several conditions that have to be fulfilled to be eligible for the registration under the simplified registration procedure regarding the duration of use, the route of administration, the posology and the unsupervised use. The entirety of these conditions guarantees that only traditional herbal medicinal products have access to the simplified registration procedure, where it is appropriate and justified to depart from strict requirements of Chapter I of Title III of Directive 2001/83/EC.

The purpose of this report is to evaluate whether there are other medicinal products which could fulfil the conditions for simplified registration and to which the simplified registration procedure could be extended. Hence the purpose is not to modify the existing conditions for simplified registration. In view of the different elements mentioned above, the following conclusions can be drawn regarding the extension of the scope:

– Composition of the product

Registration of traditional use could be enlarged to encompass substances that are not herbal substances but which also have a long standing tradition with well documented safety and some evidence of efficacy or of pharmacological effects. These substances can be used on their own or in association with herbal products. This should include substances from animal origin including micro organisms, mineral origin, metallic origin, nutrients and herbal constituents. These substances should be assessed under the same conditions and procedure as herbal medicinal products and their long standing use would have to be documented under the same conditions as traditional herbal products. In particular, the same requirements concerning quality, safety and efficacy as established in Directive 2004/24/EC should apply to other traditional medicinal products.

As already provided in Directive 2004/24/EC, in order to substantiate quality, the applicant would have to provide the same particulars and documents as for an application under Chapter I of Title III of Directive 2001/83/EC, including the results of physico-chemical, biological or microbiological tests. Hence, the same requirements would apply as for any marketing authorisation. In particular, for products from animal origin, the relevant provisions of Module 3 of Directive 2003/63/EC shall apply, including specific measures concerning the prevention of the transmission of animal spongiform encephalopathy. For starting material from animal origin, the history and origin of starting material shall be described and documented.

As already provided for in Directive 2004/24/EC, as far as the safety of the product is concerned, the applicant will have to prove a well documented traditional useaccording to existing rules with relevant proof of safety of this product. In case of doubt on the safety of the traditional use, additional data can be required by the competent authority or the simplified registration should not be granted.

As already provided in Directive 2004/24/EC, as far as the efficacy is concerned, the applicant will have to document the pharmacological effects or the plausibility of efficacy on the basis of long term use and experience. If the pharmacological effects or the plausibility of efficacy cannot be demonstrated, the simplified registration should not be granted.

– Route of administration

The traditional use registration is limited to certain routes of administration because these are the safest ways of administration. In addition, since the simplified registration procedure is intended for products which by virtue of their purpose are intended to be used without the supervision of a medical practitioner, it is not appropriate to extend the route of administration to other forms which would generally require the supervision of a practitioner. Injection products can be marketed via a normal marketing authorisation procedure.

– Unsupervised use and indications

Since the simplified registration does not require clinical trials on safety and efficacy as it is a lighter procedure than the marketing authorisation procedure, it appears appropriate to limit the scope of this simplified registration to products aimed at minor diseases that can be treated without the intervention of a practitioner. Hence, it does not appear appropriate to include medicinal products which would require a medical supervision in the scope of a simplified registration procedure.

– Proof of longstanding use in a third country

In the simplified registration procedure, the applicants needs to prove that the medicinal product in question or a corresponding product has been in medicinal use throughout a period of at least 30 years preceding the date of the application, including at least 15 years within the Community. The requirement for a minimum of 15 years of traditional use in the Community was introduced as it was considered more difficult to gather information on traditional use especially concerning the safety data on a product from other parts of the world, since the pharmacovigilance systems vary widely across the world.

More experience with this requirement has to be gathered with a view to assessing the necessity of the requirement for 15 years of use in the Community. Pending this assessment the requirement should be maintained.

– Procedure

The current procedure for assessment of the traditional medicinal products would remain unchanged. This means that the assessment would be performed by the national competent authorities which would have to evaluate whether all the conditions for simplified registration, including the documented safe use are fulfilled. As already foreseen in Article 16c(c) of Directive 2001/83/EC, an optional referral for an opinion to the HMPC on the adequacy of the long standing use would be possible. An extension of the scope of the simplified registration

procedure should thus not lead to an unduly high increase of the workload of the HMPC after an initial phase.

6. CONCLUSION

Directive 2004/24/EC was intended to address the specific situation of medicinal products which, despite their long tradition of use, do not fulfil the requirements for marketing authorisation contained in the Community pharmaceutical legislation. With the introduction of a simplified registration procedure with specific requirements, the Directive was aimed at allowing maintenance of these products on the market under harmonised conditions and to ensure the protection of public health by making such products subject to the necessary guarantees of quality, safety and efficacy. The Directive considered it appropriate to limit the scope of the simplified registration in a first step to traditional herbal medicinal products.

It is difficult to assess the application of the simplified registration procedure only after 18 months of implementation. In some Member States there have been a significant number of applications**.** In other Member States, there are no or very few applications. The drafting of a Community list and of Community monographs could enhance the process of simplified registration. A thorough assessment of the functioning of the Directive would only be possible within another few years.

The issue of genotoxicity data needs careful consideration from a scientific and legal point of view. The requirement for genotoxicity data should not create an obstacle to the use of the simplified registration by the economic operators and lead to the placing on the market of some products under another qualification which would not necessarily offer the same guarantees of quality, safety and efficacy. Such a result would be contrary to the public health and harmonisation objectives of Directive 2001/83/EC and Directive 2004/24/EC. In order to overcome this difficulty, a case by case decision, when specific concerns for safety exist, appears to be a proportionate and balanced approach and to follow from the terms of the Directive.

As regards the possible extension of the scope of the Directive, any such extension should be based on the furtherance of the objectives of Directive 2004/24/EC, i.e. to provide for harmonised rules for the placing on the market of certain medicinal products with a long tradition of use but which do not generally satisfy the requirements for marketing authorisation of the pharmaceutical *acquis*, while ensuring the protection of public health by introducing specific requirements for the proof of quality, safety and efficacy.

In this regard, the European Commission is of the view that the extension of the simplified registration procedure to other products than herbal substances with a long tradition of safe use could be considered. On the other hand, they key requirements of the simplified registration procedure based on public health considerations, such as the limitation to products with 15 years use in the Community, to certain routes of administration and to products which do not need the supervision of a medical practitioner, should be maintained. For certain of these requirements, more experience is needed before any change to the system could be proposed. In any event, the Commission continues to be dedicated to working towards mutual recognition of authorisations under the existing legal framework.

The extension proposed would enable certain anthroposophic, Ayurvedic and traditional Chinese medicinal products, as well as traditional products of a long standing tradition in the

European Union such as honey, royal jelly, propolis or fish oils, to be eligible to benefit from a simplified registration procedure with a view to their placing on the market as traditional medicinal products. Many of these products are present in the Community market, and their inclusion under the simplified registration procedure will introduce harmonisation in a sector where differences as regards classification and placing on the market currently exist between the Member States and will increase the protection of public health since the quality, safety and efficacy of the products concerned will be assessed during the simplified registration procedure.