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Human Medicines Research and Development Support Division

Report to the European Commission

on companies and products that have benefited from any of the rewards and incentives in the Paediatric Regulation[1] and on the companies that have failed to comply with any of the obligations in this regulation

Year 2016

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Product Development Scientific Support Department
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[1] REGULATION (EC) No 1901/2006 of the EUROPEAN PARLIAMENT AND OF THE COUNCIL on medicinal products for paediatric use (Regulation (EC) No 1901/2006 Regulation (EC) No 1902/2006)

Table of contents

Table of figures and tables

Acronyms, abbreviations

CHMP	Committee for Medicinal Products for Human Use
CMDh	Coordination Group for Mutual Recognition and Decentralised Procedure – Human
EC	European Commission
EMA, the Agency	European Medicines Agency
FDA	U.S. Food and Drug Administration
HIV	Human Immunodeficiency Virus
HMA	Heads of Medicines Agencies
INN	International non-proprietary name
MA	Marketing authorisation
MAH	Marketing authorisation holder(s)
MS	Member States
NCA	National Competent Authorities
NPO	National patent offices
PA	Protocol assistance
Paediatric Regulation	REGULATION (EC) No 1901/2006 of the EUROPEAN PARLIAMENT AND OF THE COUNCIL on medicinal products for paediatric use
PDCO	Paediatric Committee
PedRA	Paediatric Records Application
PIP	Paediatric investigation plan(s)
PSP	Pediatric Study Plan
PUMA	Paediatric use marketing authorisation
SA	CHMP scientific advice
SAWP	Scientific Advice Working Party
SmPC	Summary of product characteristics
SPC	Supplementary protection certificate

1. Introduction

1.1. Scope of the report

REGULATION (EC) No 1901/2006 of the European Parliament and of the Council on medicinal products for paediatric use (Paediatric Regulation) entered into force on 26 January 2007.

Article 50(1) states*:*

"On the basis of a report from the Agency, and at least on an annual basis, the Commission shall make public a list of the companies and of the products that have benefited from any of the rewards and incentives in this Regulation and the companies that have failed to comply with any of the obligations in this Regulation. The Member States shall provide this information to the Agency."

This report covers year 2016 and lists the companies benefiting from and infringing the regulation.

1.2. Data collection and methodology

In October 2016, the Agency invited all Member States (MS) including Norway and Iceland to contribute to the preparation of this report. The guidance regarding the collection of data is provided in Annex I.

The Agency also contacted the national patent offices (NPO) of each MS with regards to the medicinal products that had obtained a six-month extension of the supplementary protection certificate (SPC) in 2016. This year information was only requested for granted supplementary protection certificate in contrast to previous years when pending certificates were also reported.

The Agency received contributions from 23 out of 28 (82%) MS and from 24 out of 28 (86%) NPOs, see Annex II.

Since 2013, most of the data for EMA procedures are reported using automated analyses generated from the Agency's databases. As a consequence, some figures for years up to 2012 may be marginally different from those presented in the previous annual reports. These differences do not affect the conclusions.

In March 2017, companies identified as potentially infringing the Paediatric Regulation in 2016 were given an opportunity to provide comments on the finding before publication of the identified infringement. All information received by 31 March 2017 was considered for finalisation of this report.

2. Companies and products that have benefited from the rewards and incentives in the regulation

2.1. Scientific advice

2.1.1. Advice from the EMA

In accordance with Article 26 of the Paediatric Regulation, the Agency provides free scientific advice (SA) on any question related to paediatric development. The advice is prepared by the Scientific Advice Working Party (SAWP) and is adopted by the Committee for Medicinal Products for Human Use (CHMP). For the requests on paediatric development, members of the paediatric committee (PDCO) routinely contribute as experts to the provision of scientific advice through the SA procedures (Table 1).

The number of SA procedures including paediatric questions has been increasing steadily from the implementation of the Paediatric Regulation. In 2016, 24% of the requests for scientific advice or protocol assistance were of paediatric relevance, which is an increase compared to previous years (21% in 2015, 20% in 2014, 16% in 2013,). The majority (97%) of SA procedures with paediatric development involved a PDCO member as an expert.

Table 1 - Scientific advice (SA) and protocol assistance (PA), incl. follow-ups (by the EMA, SAWP and CHMP, p/a 2009-2016)

	2009	2010	2011	2012	2013	2014	2015	2016
Total no. of advice (SA and PA)	388	400	433	420	473	551	510	582
No. of SA/PA/qualification of biomarker procedures that included questions on paediatric development	74	80	57	91	96	97	109	142
Paediatric-only or mixed advice that involved PDCO members as experts	68	80	55	91	93	88	97	138

Source: EMA databases.

2.1.2. Advice from the National Competent Authorities

In 2016, a total of 56 either mixed adult-paediatric or paediatric only scientific advices were reported as being provided by member states (Table 2).

Table 2 - Number of national scientific advice provided by MS in 2015 and 2016

Member state	2015			2016		
	Paed. only	Mixed	Total	Paed. only	Mixed	Total
Austria	1	1	**2**	0	1	**1**
Belgium	1	4	**5**	1	3	**4**
Bulgaria	0	0	**0**	N/A	N/A	N/A
Croatia	N/A	N/A	N/A	0	0	**0**
Cyprus	0	0	**0**	0	0	**0**
Czech Republic	0	0	**0**	0	0	**0**
Denmark	0	1	**1**	1	1	**2**
Estonia	0	0	**0**	0	0	**0**

Finland	0	2	**2**	0	2	**2**
France	N/A	N/A	N/A	1	2	**3**
Germany	6	12	**18**	3	16	**19**
Hungary	0	0	**0**	N/A	N/A	N/A
Ireland	N/A	N/A	N/A	0	0	**0**
Italy	2	1	**3**	0	2	**2**
Latvia	0	0	**0**	0	0	**0**
Lithuania	0	1	**1**	0	1	**1**
Luxembourg	N/A	N/A	N/A	N/A	N/A	N/A
Malta	N/A	N/A	N/A	N/A	N/A	N/A
Poland	0	0	**0**	N/A	N/A	N/A
Portugal	0	0	**0**	0	0	**0**
Romania	0	0	**0**	0	0	**0**
Slovakia	N/A	N/A	N/A	N/A	N/A	N/A
Slovenia	0	0	**0**	0	0	**0**
Spain	0	3	**3**	0	7	**7**
Sweden	0	0	**0**	0	0	**0**
The Netherlands	N/A	N/A	N/A	N/A	N/A	N/A
United Kingdom	4	9	**13**	2	13	**15**
Total of advices	**14**	**34**	**48**	**8**	**48**	**56**

Note: N/A i.e. no data was received from MS.

2.2. Rewards

2.2.1. Extensions of the supplementary protection certificate

Extensions of the supplementary protection certificate are granted by National Patent Offices (NPO) therefore the data provided in this report relies on the information provided by these offices (see also Annex II). This report provides data only for SPC extensions that have been granted, unlike in previous years when pending SPC extensions were also reported. Furthermore, products may be mentioned in annual reports of several years because SPC expiration (and therefore extension) may not be simultaneous in all EU countries, and therefore a product may obtain SPC extension in different years according to the country.

In 2016, 19 active substances benefited from the six-month extension (see Table 3).

Table 3 - List of companies/products receiving six-month extension in 2016

Company	**Invented name(s)**	**INN**	**SPC extension granted in 2016**
Bristol-Myers Squibb Pharma EEIG	Orencia	Abatacept	Cyprus
Genzyme Corporation	Cholestagel	Colesevelam	Denmark Germany Ireland Italy Spain Sweden
Wyeth Europa	Enbrel	Etanercept	Cyprus

Company	Invented name(s)	INN	SPC extension granted in 2016
Merck Sharp & Dohme	Ezetrol and associated names	Ezetimibe	Czech Republic Finland Germany Greece Ireland Spain
Novo Nordisk A	Levemir	Insulin detemir	Belgium Finland Greece Ireland Lithuania Luxemburg Netherlands Romania Spain
J. Uriach y Compañía, S.A.	Rupafin	Rupatadine	Czech Republic Germany Greece Ireland Luxemburg Slovakia
Actelion Registration Ltd	TRACLEER	Bosentan	Austria Cyprus Germany Greece Slovakia
Roche Registration Limited	Valcyte	Valganciclovir	Belgium Czech Republic Germany Hungary
Bristol-Myers Squibb Pharma EEIG	Baraclude	Entecavir	Cyprus
Alcon Ltd	Travatan	Travoprost	Austria Greece Ireland Italy Luxemburg Spain
Sanofi Pasteur MSD	Gardasil	Vaccine against human papillomavirus	Cyprus Denmark France Germany Greece Ireland Italy Netherlands Sweden

Company	Invented name(s)	INN	SPC extension granted in 2016
Wyeth/Pfizer Limited	Tygacil	Tigecycline	Belgium Czech Republic Germany Greece Luxemburg Slovakia Spain
Les Laboratoires Servier	Corlentor/ Procoralan	Ivabradine	Belgium Germany Greece Ireland Luxemburg Netherlands Spain
AstraZeneca AB	Crestor and associated names	Rosuvastatin	Cyprus Belgium Greece Spain
AbbVie Ltd	Humira	Adalimumab	Greece Romania Slovakia
GSK	Menveo	Meningococcal Group A, C, W-135 and Y Conjugate Vaccine	Cyprus Denmark France Ireland Italy Luxemburg Netherlands Spain Sweden
Novartis	Certican/Afinitor	Everolimus	Cyprus Denmark Finland Germany Italy Sweden
MSD	Emend	Aprepitant	Cyprus Belgium Denmark Ireland Slovenia Sweden
Astellas	Vesicare and associated names	Solifenacin	Italy

2.2.2. Orphan market exclusivity extension

In 2016, two orphan medicinal products have benefited from a two-year extension of their respective market exclusivity: Strimvelis by GlaxoSmithKline for the treatment of patients with severe combined immunodeficiency due to adenosine deaminase deficiency (ADA-SCID), for whom no suitable human leukocyte antigen-matched related stem cell donor is available; and Vpriv by Shire Pharmaceuticals for long-term enzyme replacement therapy (ERT) in patients with type 1 Gaucher disease.

2.3. Paediatric use marketing authorisation

One new PUMA was authorised in 2016: Sialanar (glycopyrronium bromide) by Proveca for the symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with chronic neurological disorders.

2.4. Placing on the market

During 2016, the Agency continued maintaining the "*Register of deadlines to put a medicinal product on the market*" (Article 33 of the Paediatric Regulation), established in 2012. It lists the two-year deadlines by which MAHs have to place their medicinal products on the market following completion of an agreed paediatric investigation plan (PIP) and obtaining a paediatric indication. The register includes information on the fulfilment of this requirement. This information is either provided voluntarily by MAHs or following requests by the Agency after expiration of the deadline.

3. Failure to comply with the obligations set out in the Paediatric Regulation

3.1. Submission of PIP and waiver applications to the PDCO

Article 16 of the Paediatric Regulation requires pharmaceutical companies to submit applications for a PIP and/or a waiver no later than upon completion of the human pharmacokinetic (PK) studies in adults specified in Section 5.2.3 of Part I of Annex I to Directive 2001/83/EC, except when duly justified.

Late submissions of PIP/waiver are reported since 2010 (Table 4) for applications with a delay greater than six months. From 2014 only those considered by the PDCO as not justified are reported.

Table 4 - Time lag six months or longer between completion of adult PK studies and submission of PIP or waiver applications (procedures with EMA decision)

Procedure	2010	2011	2012	2013	2014	2015	2016
PIPs (% of total)	65 (74%)	44 (59%)	34 (39%)	18 (20%)	12* (13%)	7* (10%)	20* (23%)
Full waivers (% of total)	26 (59%)	13 (42%)	11 (23%)	6 (11%)	4* (8%)	4* (8%)	14* (27%)

Source: EMA Paediatric database.

The list of unjustified late submissions of PIPs is presented in Annex III.

3.2. Completion of PIPs

The EMA decisions on PDCO opinions include the expected date of PIP completion.

For the analysis of timely completion, the PIPs with an expected completion date until 30 June 2016 were reviewed. This cut-off date was chosen to account for the fact that applicants must submit the completed study reports within six months of completion (Art. 46), and studies (and PIPs) completed after June 2016 may not have been subjected to a compliance check.

In total, 210 PIPs were scheduled to finish by 30 June 2016. Of those, 124 PIPs (59%) have been completed. Of the remaining 86 that have not been completed, 30 (14%) have not provided a justification. The detailed list is provided in Annex IV.

Annual reports on deferrals

Out of the 199 annual reports on deferred measures due in 2016, the Agency did not receive 8 (4%).

The list of companies not submitting one or more annual reports is included in Table 5.

Table 5 - List of companies not submitting annual reports on deferred measures

Company	2010	2011	2012	2013	2014	2015	2016
Aastrom Biosciences DK Aps						1	
Actelion Registration Ltd							1
Aegerion Pharmaceuticals							1
AMAG Pharmaceuticals, Inc.						1	
Amgen Europe B.V.				1			
Bristol-Myers Squibb/AstraZeneca	1						
Clinigen Healthcare Ltd							1
Clinuvel (UK) Limited						1	
Eisai Ltd.		1					1
Eli Lilly and Company	1						
Forest Laboratories Limited					1	1	
Genzyme Europe B.V.		1					
GlaxoSmithKline	2	1					
Janssen-Cilag International N.V.		1				1	
Kowa Pharmaceutical Europe Company Ltd		1	1	4			
Merck Sharp & Dohme (Europe) Inc.	1	2	1	2			
Novartis (Europharm Limited, Vaccines and diagnostics)	1		2	1			
Novo Nordisk A/S		1	1	2			
N.V. Organon							1
Nycomed Danmark ApS							1
Omrix Biopharmaceuticals SA				1		1	
Pfizer Limited	1	2					
Pharmaxis Pharmaceuticals Limited						1	
Roche Registration Limited	1	1	1	1		1	
Seqirus S.r.l.							1
Sigma-Tau SpA			1	1		1	
Takeda Global Research and Dev. Centre (Europe) Ltd			1			1	
Teva Pharma GmbH							1
Theravance, Inc.			1	1			
Totals	**8**	**11**	**9**	**14**	**1**	**11**	**8**

The complete list of annual reports that were not received is to be found in Annex V.

Annex I. Guidance to Member States regarding collection of data

Guidance to Member states on compilation of data

- The information should cover the period from 1 January 2016 to 31 December 2016
- All confidential information should be highlighted; such information will be removed prior to the publication of the report
- You are kindly requested to complete the attached spread sheet and word document. Please try to answer all questions as accurately as possible. Of note, the spread sheet has been simplified for 2016.
- **No data is required on medicines authorised under the following legal basis: generic, biosimilar, hybrid, well-established use, homeopathic or traditional herbal medicines.**
- **New in 2016: For those medicines authorised via DC or MR procedures, please report only those where your MS was the RMS. The RMS is requested to provide the list of CMS involved in that procedure (column included in the spread sheet).**

Spread sheet

Part 1 – Marketing Authorisations, Variations, line extensions

According to the Article 23 of the Paediatric Regulation, the competent authority responsible for granting marketing authorisation shall verify whether an application for marketing authorisation or variation complies with the requirements laid down in Articles 7 and 8 and whether an application submitted pursuant to Article 30 complies with the agreed paediatric investigation plan.

In this sheet of the provided Excel table, we are looking for information on the statement on compliance with the paediatric investigation plan (PIP) included in a Marketing Authorisation (MA) for new medicinal products granted in 2016 either through national (N) or decentralised (DC) or mutual recognition procedure (MRP) for which you were the reference member state.

For each procedure (initial MA, line extension or variation with compliance statement) granted in 2016 please provide the following information:

The international non-proprietary name (**INN**) in English **or** in your national language if the INN is not available in English;

The **invented name** of the medicinal product;

The name of the Marketing Authorisation Holder (**MAH**);

Specify if the initial marketing authorisation (**MA)** was granted either through *national* (N), *decentralised* (DCP) or *mutual recognition procedure* (MRP); If the procedure is a DCP or MRP, please report only if you are the RMS;

Please provide the list of CMS involved in the DCP or MRP procedure;

The **type of the reported procedure** (*Initial MA*, *Line extension* or *variation of the MA*);

If a **statement on compliance** of the completed PIP has been issued;

In which **sections of the SmPC** paediatric information was added or amended. In the columns related to section 4.1 please include wording of the new paediatric indication or the new wording relating to the extension of the paediatric indication. All other sections include drop down menus.

If a **statement on full *waiver*** (meaning waiver in all paediatric subsets) **or *deferral*** has been included in the SmPC (section 5.1)

Part 2 - Scientific advice

In this specific sheet of the provided Excel table, we are looking for information on Scientific Advices given at national level between 1 January 2016 and 31 December 2016. Please do not list any Scientific Advices given by the European Medicines Agency.

For each National Scientific Advice, please list or specify:

The international non-proprietary name (**INN**) in English **or** in your national language only if the INN is not available in English;

The **invented name** of the medicinal product;

The name of the **pharmaceutical company requesting** this Scientific Advice;

The **therapeutic area** of the concerned medicinal product;

If this Scientific Advice was for a **paediatric development only** (*paediatric only scientific advice*) or **for adult and paediatric developments** (*mixed scientific advice*);

Word document

Part 3 – Benefits and Infringements

Please complete the attached word document using the boxes provided.

Annex II. List of National Competent Authorities and National Patent Offices that have replied to the request for information

Member State	National Competent Authorities	National Patent Office
Austria	x	x
Belgium	x	x
Bulgaria		x
Croatia	x	
Cyprus	x	x
Czech Republic	x	x
Denmark	x	x
Estonia	x	x
Finland	x	x
France	x	x
Germany	x	x
Greece	x	x
Hungary	x	x
Ireland	x	x
Italy	x	x
Latvia	x	x
Lithuania	x	x
Luxembourg		x
Malta		x
The Netherlands		x
Poland		
Portugal	x	
Romania	x	x
Slovakia	x	x
Slovenia	x	x
Spain	x	x
Sweden	x	x
United Kingdom	x	
Iceland		
Norway		

Annex III. List of non-justified late submissions of applications for PIPs or waivers

This list includes only applications for which a decision on a PIP or waiver has been adopted by the European Medicines Agency in 2016; applications that have been withdrawn or whose discussion is ongoing are not listed.

The number of months of delay is automatically calculated from the date of the completion of PK studies in adults as declared by the applicant in the application for a PIP or request for full waiver.

The below table shows the 2016 agreed PIPs or waivers submitted with a significant delay, and for which no justification or a justification which was considered by the PDCO as not acceptable, was provided. The timing of submission should not be later than the end of healthy subject or patient PK, which can coincide with the initial tolerability studies, or the initiation of the adult phase-II studies (proof-of-concept studies). In cases where a phase II study in adults is already completed by the time of the PIP submission, the submission is in principle considered delayed unless justified. Further information on the timing of a PIP application can be found on the EMA website.

Company	**Substance**	**PDCO opinion on**	**Delay (in months)**
ACADIA Pharmaceuticals Inc.	pimavanserin	PIP	108
ACE Pharmaceuticals BV	Levamisole (hydrochloride)	PIP	N/A
ALK Abelló A/S	Ragweed pollen extract (Ambrosia artemisiifolia)	PIP	N/A
Bayer Pharma AG	copanlisib dihydrochloride	PIP	27
BioCryst UK Ltd. (c/o Morgan Lewis & Bockius)	Peramivir	PIP	87
Chiesi Farmaceutici SpA	synthetic surfactant protein B analogue / synthetic surfactant protein C analogue / 1-palmitoyl-2-oleoyl-sn-glycero-3-phosphoglycerol sodium salt / dipalmitoylphosphatidylcholine	PIP	N/A
Daiichi Sankyo Europe GmbH	Quizartinib	PIP	39
Eli Lilly and Company Limited	Galcanezumab (LY2951742)	PIP	22
GlaxoSmithKline Trading Services Limited	Autologous CD34+ enriched cell fraction that contains CD34+ cells transduced with lentiviral vector that encodes for the human ARSA cDNA sequence	PIP	N/A
GlaxoSmithKline Trading Services Limited	Autologous CD34+ enriched cell fraction that contains CD34+ cells transduced with lentiviral vector that encodes for the human Wiskott Aldrich Syndrome (WAS) cDNA sequence	PIP	N/A
Janssen Cilag International NV	guselkumab	PIP	53

Company	Substance	PDCO opinion on	Delay (in months)
Legacy Healthcare	KEOC liquid extract ethanolic 30 per cent (w/w) of Allium cepa L. (fresh bulb) and Citrus lemon (L.) Burm. (fresh fruit), Paullinia cupana Kunth, Theobroma cacao L.	PIP	N/A
Merck Sharp & Dohme (Europe), Inc.	(1R,2S,5R)-7-oxo-2-(piperidin-1-ium-4-ylcarbamoyl)-1,6-diazabicyclo[3.2.1]octan-6-yl sulfate hydrate / cilastatin sodium / imipinem monohydrate	PIP	10
Pfizer Limited	Humanised monoclonal antibody against myostatin	PIP	8
Seqirus S.r.l.	Influenza virus surface antigens	PIP	N/A
Shionogi Limited	Naldemedine Tosylate	PIP	74
St. Renatus, LLC	Tetracaine hydrochloride / Oxymetazoline hydrochloride	PIP	59
TETEC AG	Autologous cartilage derived cultured chondrocytes	PIP	N/A
Ultragenyx Pharmaceutical Inc.	Human recombinant IgG1 monoclonal antibody targeting fibroblast growth factor 23 (FGF23)	PIP	22
Aerie Pharmaceuticals Ireland, Ltd.	Netarsudil	Waiver	41
FARMALIDER, S.A.	Tramadol / Ibuprofen	Waiver	30
Florentin Artner	Fluoroestradiol (18F)	Waiver	N/A
Innocoll	Gentamicin sulphate	Waiver	86
Inovio Pharmaceuticals Inc.	DNA plasmid encoding HPV type 18 consensus E6 and E7 proteins (pGX3002) / DNA plasmid encoding HPV type 16 consensus E6 and E7 proteins (pGX3001)	Waiver	58
Janssen-Cilag International N.V	Imetelstat	Waiver	12
Lukács és Társa Gyógyszerkereskedelmi Bt.	Sulfamethoxazole / Miconazole / Azithromycin (monohydrate) / dihydrate	Waiver	13
MEDDAY SAS	biotin	Waiver	N/A
Proteo Biotech AG	Tiprelestat	Waiver	117
Quark Pharmaceuticals Inc.	Synthetic double-stranded siRNA oligonucleotide directed against p53 mRNA (QPI-1002)	Waiver	68
RadioMedic s.r.o.	18F fluoromisonidazole	Waiver	23
Shionogi Limited	Lusutrombopag	Waiver	97
Shire Pharmaceuticals Ireland Limited	lifitegrast	Waiver	89

Note: N/A i.e. a date for the completion of PK studies in adults was not provided by the applicant, but the application was considered delayed based on the advanced development programme (further than the beginning of phase 2).

Annex IV. List of PIPs not completed by the agreed date until 30 June 2016

It should be noted that this list does not specify if the development of the medicinal product has been discontinued or not, as the EMA may not have been informed by the sponsor accordingly. For the purpose of this analysis, a PIP is considered completed if there has been a positive compliance check by the EMA/PDCO, or reported by a NCA.

Substance(s)	Invented name	Company	Procedure number (latest)
Azithromycin	Azytinn	Only for children pharmaceuticals	EMEA-001298-PIP01-12
Azithromycin monohydrate		Ixodes AG, Zürih	EMEA-001145-PIP01-10
Bromocriptine mesilate	Cycloset	VeroScience EU Ltd	EMEA-000487-PIP01-08
Budesonide		Neurosis Consortium	EMEA-001120-PIP01-10
Chimeric monoclonal antibody to GD2		United Therapeutics Europe Limited	EMEA-001285-PIP01-12-M01
Chimeric monoclonal anti-Shiga toxin (Stx) antibodies cαStx1 and cαStx2	Shigamabs	Albany Regulatory Consulting Limited	EMEA-001134-PIP01-11
Cholic acid		FGK Representative Service GmbH	EMEA-000651-PIP01-09-M02
Clevidipine	Cleviprex 0.5 mg/ml emulsion for injection	Chiesi Farmaceutici S.p.A	EMEA-000282-PIP01-08-M02
Cyclophosphamide		KEOCYT SAS	EMEA-000530-PIP02-11
Drosperinone	SLINDA	LABORATIORIOS LEÓN FARMA, S.A.	EMEA-001495-PIP01-13-M01
Estetrol & Levonorgestrel		Estetra S.A.	EMEA-001513-PIP01-13
Fentanyl citrate		EPMC PHARMA SPRL	EMEA-000712-PIP01-09
Furosemide		PonsPharma Inc.	EMEA-000982-PIP01-10
Glibenclamide	GLIBENTEK	AMMTeK	EMEA-001324-PIP01-12-M01
Glucose (monohydrate)		Cblaya & Mhuguet S.L.	EMEA-000221-PIP01-08
Grass Pollen Preparation		Allergopharma J. Ganzer KG	EMEA-000337-PIP01-08
Human normal immunoglobulin		LFB Biotechnologies	EMEA-001290-PIP01-12
Mercaptopurine monohydrate		Nova Laboratories Limited	EMEA-000350-PIP01-08
Methoxyflurane	Penthrox	ORION Clinical Services	EMEA-000334-PIP01-08-M02
Misoprostol	Angusta dispersible tablet	Azanta Danmark A/S	EMEA-001601-PIP01-13
Paracetamol, Eur. Ph.		Baxter World Trade SA/NV	EMEA-000130-PIP01-07

Substance(s)	Invented name	Company	Procedure number (latest)
Prednisolone m-sulphobenzoate	Asapred	Disphar International B.V.	EMEA-001406-PIP01-12
Risperidone	Risperidone	Wockhardt UK Ltd	EMEA-001034-PIP01-10
Secretin	Safinea	Repligen Europe Limited	EMEA-001069-PIP01-10
Sodium bituminosulphonate / Clindamycin phosphate	Ichthoseptal N	Ichthyol - GesellschafT Cordes, Hermanni & Co. (GmbH & Co.) KG	EMEA-000532-PIP01-09
Split influenza virus, inactivated containing antigen equivalent to A/California/7/2009 (H1N1)-like strain (A/California/7/2009 (NYMC X-179A)), adjuvanted	Humenza (INN: Pandemic Influenza vaccine (H1N1) (split virion, inactivated, adjuvanted))	Sanofi Pasteur SA	EMEA-000669-PIP01-09-M01
Thrombin alfa		Bayer HealthCare AG	EMEA-000163-PIP01-07
TGplPTH1-34		Kuros Biosurgery International AG	EMEA-000044-PIP01-07

Annex V. List of due annual reports on deferred measures that have not been submitted in 2016

Procedure number	Invented name	Substance	Company name	Original MA Date	Annual report due date
EMEA-000142-PIP02-09	NexoBrid	Partially purified bromelain	Teva Pharma GmbH	18/12/2012	18/12/2016
EMEA-000228-PIP01-08	Sycrest	asenapine maleate	N.V. Organon	01/09/2010	01/09/2016
EMEA-000239-PIP01-08	VIBATIV	Telavancin	Clinigen Healthcare Ltd	02/09/2011	02/09/2016
EMEA-000482-PIP01-08	Revestive	Teduglutide	Nycomed Danmark ApS	30/08/2012	30/08/2016
EMEA-000599-PIP01-09	Focetria and associated names, Aflunov and associated names	Influenza virus surface antigens (haemagglutinin and neuraminidase) * of H5N1 strain * propagated in eggs	Seqirus S.r.l.	19/10/2009	19/10/2016
EMEA-001032-PIP01-10	Opsumit	Macitentan	Actelion Registration Ltd	20/12/2013	20/12/2016
EMEA-001119-PIP02-12	Lenvima, Kisplyx	Lenvatinib	Eisai Europe Limited	28/05/2015	28/05/2016
EMEA-001124-PIP01-10	Lojuxta	Lomitapide	Aegerion Pharmaceuticals	31/07/2013	31/07/2016