



EUROPEAN COMMISSION  
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Health systems and products  
**Medicinal products – authorisations, EMA**

PHARM 639

**PHARMACEUTICAL COMMITTEE**

**23 October 2013**

**71<sup>st</sup> meeting**

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SUMMARY RECORD

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The Pharmaceutical Committee held its 71<sup>st</sup> meeting on 23 October 2013, in Brussels, chaired by Sabine Jülicher, Head of Unit SANCO D5 - *Medicinal products – authorisations, EMA*.

**Agenda**

➤ **The draft agenda (PHARM 626) was adopted, with an additional item under A.O.B.**

**1. Implementation of Pharmaceutical legislation**

➤ **1a) Identification of biological medicinal products - Implementation of Article 102(e) of Directive 2010/84/EC-International Nonproprietary Names (INN) for biosimilar medicinal products**

The Commission representative (COM) briefly explained that industry stakeholders had contacted the European Commission to seek support for their views on the on-going discussion on INN qualifier for biosimilar medicinal products in the World Health

Organisation (WHO) INN Programme. Some stakeholders had underlined the importance of the INN for the traceability of biological medicinal products and attribution of adverse reaction reports to the correct biological medicinal product.

The majority of the Member States strongly supported the current EU thinking that biosimilar medicinal products should be closely aligned with their reference medicinal products and that an INN qualifier for biosimilar medicinal products would be contrary to such alignment. Several Member States voiced concern that a distinct INN for biosimilar medicinal products could undermine the trust of healthcare professionals and the public in biosimilar medicinal products. The same INN should be used for both the reference medicinal products and the biosimilar medicinal products.

On the traceability of biological medicinal products and attribution of an adverse reaction report to the correct medicinal product Member States, in general, answered that both branded name and INN are reported, that batch number is often reported (frequency seems to vary between Member States) and that it is not problematic to identify the biological medicinal products which are the subject of adverse reaction reports.

The COM committed to report the outcome of the discussion in the WHO INN Programme to the Committee.

➤ **1b) Legal and Regulatory news**

The Committee was informed about new regulatory acts and Commission Guidelines that have been adopted since the last Pharmaceutical Committee held in March 2013.

➤ **1c) Update on the implementation of Directive 2011/62/EU (Falsified Medicines Directive)**

The Falsified Medicines Directive (FMD) had to be transposed and applied by Member States as of 2 January 2013. The Commission is stepping up to the third and final stage of the infringement procedure against the five Member States that still have not notified the transposing national laws.

The Commission also urged the Member States who have not yet notified the details of their respective national systems according to Article 117a of Directive 2001/83/EC to comply with the requirement of the Directive (notification to COM was due by 22 July 2013).

COM presented additional questions and answers as regards the application of various aspects of Directive 2011/62/EU. COM communicated the intention to compile all Q&A into a document that will be published on the Europa website, and asked the Member States to submit any additional question on the application of the FMD in writing.

Two Member States had questions on the interpretation of articles 52b and 16g of Directive 2001/83/EC, respectively, and have submitted them in writing to COM.

COM presented an overview of the state of play for the implementation measures to be taken by the Commission. In particular, COM mentioned progress on the delegated act for Good

Manufacturing Practice (GMP) for active substances, the implementing act on the logo for on-line pharmacies and the guidelines on Good Distribution Practice (GDP) for active substances, which are expected to be adopted in Q1 2014. A revised version of the GDP guidelines - needed to correct a few factual mistakes in the previous version - will be published in early November and will be immediately applicable. With regard to the question of some Member States on the possibility to see their respective translations before the text was adopted, COM replied that the corrections to several linguistic versions of the guidelines were sent to Member States in August, and all comments from Member States had been forwarded to the respective translation units.

The European Medicines Agency (EMA) provided an updated state of play for the implementation measures for which they are responsible, in particular the upgrades to the EudraGMDP database (it now includes GDP data) and the coordination of GMP inspections for active substances.

Finally, concerning the new rules on importation of active substances, COM mentioned that the new legislation smoothly entered into force on 2 July. COM, EMA and the HMA Taskforce on the Falsified Medicines Directive have monitored the implementation of the rules during the summer and no shortages, disruption of trade or other critical situations were reported. Most active substance manufacturers exporting to the EU are now covered by a written confirmation. COM is now following up with third countries on GMP non-compliance of sites covered by written confirmation.

A question was raised on whether shortages might be simply delayed due to stockpiling by industry. COM pointed out that industry did not mention potential risks of future shortages during the monthly meetings with COM on active substances, also known as Active Pharmaceutical Ingredients (API). The COM's work on API was appreciated.

With regard to the update on the equivalence assessment of Brazil, COM mentioned that listing cannot be granted at this time but Brazil will be given the opportunity to provide an action plan to address the shortcomings. COM is planning to perform a second on-site visit in a year time and then take a decision on listing.

### **Question for the MS:**

Do Member States have additional questions they want to raise concerning the application of the Directive 2011/62/EU?

#### **➤ 1d) Update on antimicrobial resistance (AMR)**

COM updated the Member States on past and future activities concerning antimicrobial resistance, including an EMA workshop on "medicine legislation to bring new antibiotics to patients and combat resistance" (London, 8 November) and a conference on the implementation of the Commission's Action Plan on Antimicrobial Resistance (Brussels, 11 December). A progress report on the Action Plan will be published by the European Commission early in 2014.

The importance of preserving the efficacy of the existing antibiotics as an urgent matter at present, rather than developing new ones being important more in the long run due to the gap in pipelines of pharmaceutical companies was expressed.

## **2. Legislative issues**

### **➤ Paediatrics: the Commission report published in June and the 10-year report in 2017**

The Committee was provided with a summary of the main findings of the Commission report on the experience acquired with the Paediatric Regulation. The report points to some important improvements in the paediatric landscape following the adoption of the regulation leading to better and safer research, more medicines for children and more information for parents and healthcare professionals. However, at the same time it is recognised that in view of the development cycles of medicinal products, it will take at least 10 years to gain a full understanding of the impact of the legislation. In addition, the report points to certain issues which have not yet delivered as expected (e.g. Paediatric Use Marketing Authorisation (PUMA) concept) or continue to raise concerns (high number of modification requests, availability of sufficient research facilities in the EU, providing practitioners with new information on evidence-based prescription of medicines for children).

A follow-up report has to be presented by the Commission. It was highlighted that preparatory work for this report has to start soon in order to have key information available in 2017. The European Medicines Agency will support the Commission in collecting data related to public health. In doing so, the EMA depends on the support of national agencies/bodies. The delegates were asked to fully support the EMA (as previously) in this task, in particular by collecting information over the next 2-3 years on the impact of the paediatric regulation within each MS.

Finally, the issue of recruitment difficulties for paediatric trials was highlighted; a problem, which has been reported by sponsors of clinical trials. In the Commission's view Member States are best placed to set up programs or communication strategies to support clinical trials in children participation-wise. This issue may be followed-up in one of the next meetings of the pharmaceutical committee.

## **3. Interpretation of Pharmaceutical legislation**

### **➤ 3a) Recent Judgments of the European Court of Justice**

The Commission called the Committee's attention to some recent rulings of the European Court of Justice and the General Court, especially:

- Case C-535/11, judgment of 11 April 2013
- Case C-109/12, judgment of 3 October 2013

### ➤ **3b) The Judgement of the European Court of Justice on Orphacol**

The COM gave an overview of some of the difficulties in connection with the interpretation of the General Court's ruling on Orphacol and specifically the extrapolation of general conclusions for future cases. COM services noted the special circumstances of the case, specifically the fact that the medicine was intended to treat a very rare disease affecting children, and considered that it may not be prudent to extract general principles beyond the specific facts of the case.

An intervention highlighting the possible difficulties in the application of the medicines rules if applicants rely on this case for applications outside an orphan setting was made. The COM services acknowledged that the risk existed and noted that if a risk to public health materialises (e.g. due to broad application of Article 5 or more systematic recourse to bibliographic applications) appropriate action would be considered.

### ➤ **3c) Off-label use**

Commission services informed that they intend to contract a study on off-label use in order to better understand the dimension of the issue. The delegates were invited to submit their views/points to be addressed in the Terms of Reference of the study.

### ➤ **4d) The Notice to Applicants (NTA) – way forward**

Commission services explained that they would like to have a general discussion on the way forward for the update of the Notice to applicants' documents. It appears that in the context of the last review of Chapter 1 which was published in June, some elements were not included due to divergent views from some Member States. It was therefore discussed and will be further discussed at the 10 of December 2013 meeting, how much consensus should be reached and how to deal with its instances where only one or two Member State(s) has(ve) divergent view. Commission services highlighted that they would prefer to have a common document between COM, EMA and the Member States.

The Commission's intention to increase the frequency of NTA updating was welcomed by the delegates.

## **4. Pharmacovigilance**

The Committee was provided with an update on preparatory works regarding the delegated act on post-authorisation efficacy studies. Since the March meeting of the Pharmaceutical Committee, the Commission has met with experts nominated by Member States and EMA to discuss possible approaches. General agreement was achieved on the way forward and on the situations to be covered by post-authorisation efficacy studies. On the basis of the discussion, the Commission has started the drafting process for the delegated act.

Regarding the provisions on additional monitoring Commission Implementing Regulation (EU) No 198/2013 applies. Since 1 September 2013 the inverted black triangle should be included in the product information of newly authorised products that are subject to additional monitoring. On 1 October 2013 publicity material, including a leaflet and video in all the

official languages, to inform the public on meaning of the inverted black triangle was made available for use by all Member States through the European Commission and the EMA websites.

The pharmacovigilance related legislation obliges the Member States to submit the first report on their pharmacovigilance audits by 20 September 2013. The majority of the Member States had submitted their report, those who had not submitted reports were asked to do so as soon as possible. The Commission explained that an overview of the reports would be prepared and made available at a later date.

## **5. International developments**

### **➤ 5a) International Pharmaceutical Regulators Forum (IPRF)**

Commission services provided information on the decision to establish the International Pharmaceutical Regulators Forum (IPRF) in order to reinforce the role of its predecessor: the Regulators Forum. The IPRF will provide members with an opportunity to leverage the expert scientific knowledge, regulatory and operational experience, on-going technical harmonization work, and information access of other participating regulators. The first goal is to enable all parties to identify new approaches and specific best practices, and develop smart strategies for dealing with the challenges of the globalization of the pharmaceutical industry. The second goal is to provide a global overview of the different regulatory developments at national and international level and enable open sharing of information and ideas among regulatory leaders with hands-on operational responsibilities. This information sharing will allow the forum participants to discuss issues at an actionable level of detail. The third goal is to support international regulatory cooperation in areas which are not covered by existing initiatives.

Several Member States indicated their interest to be more strongly associated with IPRF activities and it was agreed that, considering the recent developments and the type of activities that are likely to be initiated within IPRF, the Commission would propose a mechanism for promoting a more extensive involvement of Member States that will be discussed during the next meeting of the pharmaceutical committee.

### **➤ 5b) Transatlantic Trade and Investment Partnership or TTIP**

The Commission provided a state-of-play of the negotiations for the Transatlantic Trade and Investment Partnership or TTIP (a trade agreement between the European Union and the United States) and in particular of the negotiations related to the sector of medicinal products. The pharmaceutical committee will be kept informed of the negotiations and ad hoc coordination will be organised on specific matters.

## **6. A.O.B.**

### **➤ 6a) Questions on marketing of medicinal products containing kava**

Member States were requested to answer a few questions on marketing of medicinal products containing kava by the end of November 2013 to inform discussions in the African, Caribbean and Pacific-EU Partnership.

➤ **6b) Advertising organic origin of traditional herbal medicinal products**

The COM put forward the collated answers from the Committee to a question on the advertising of organic origin of traditional herbal medicinal products for information.

➤ **6c) Update on the availability of medicinal products study**

SANCO informed the Committee that an external contractor has supplied a draft study report on the subject, with a focus on the application of EU legislation on authorisation of medicines. Conclusions of the study indicate that the main drivers of possible availability issues are not of regulatory nature but are rather linked to economic considerations (e.g. expected profitability of markets, prices of products, etc.). SANCO intends to ask the Committee for written comments in relation to the findings of the study, which, it was clarified, does not represent the position of the Commission. A summary of that feedback will be presented to and further discussed with the Pharmaceutical Committee.

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The next meeting of the Pharmaceutical Committee (human) is planned for **26 March 2014**.