20 February 2014
EMA/CHMP/59462/2014
Procedure Management and Business Support Division

Committee for Medicinal Products for Human Use (CHMP)

Minutes of the 20-23 January 2014 meeting

Chair: Tomas Salmonson – Vice-chair: Pierre Demolis

Note on access to documents

Some documents mentioned in the agenda/minutes cannot be released at present following a request for access to documents under Regulation (EC) No 1049/2001 as they are subject to on-going procedures for which a final decision has not yet been adopted. They will become public when adopted or considered public according to the principles stated in the Agency policy on access to documents (EMA/127362/2006).

Some of the information contained in these minutes is considered commercially confidential or sensitive and therefore not disclosed. With regards to therapeutic indications listed against products it must be noted that these may not reflect the full wording proposed by applicants and may also vary during the course of the review. The procedures discussed by the CHMP are on-going and therefore certain aspects of them are considered confidential. Additional details on some of these procedures is published in the CHMP meeting highlights once the procedures are finalised and start of referrals are also available. For orphan medicinal products and products that received an opinion at this meeting, the product name and applicant details are published as this information is already publicly available. Of note, this set of minutes is a working document primarily designed for CHMP members and the work the Committee undertakes.

Further information with relevant explanatory notes can be found at the end of this document.

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AGENDA (EMA/CHMP/805419/2013) and Annex to CHMP agenda of the CHMP plenary session to be held 20-23 January 2014	The agenda and annex were adopted.
TIMESCHEDULE of the CHMP plenary session to be held 20-23 January 2014	The timeschedule was adopted.
MINUTES (EMA/CHMP/723655/2013) of the CHMP plenary session held 16-19 December 2013	The minutes of the CHMP plenary session held 16-19 December 2013 were adopted.
LIST of participants and restrictions in relation to declarations of interests applicable to the items of the agenda for the CHMP plenary session to be held 20-23 January 2014.	The list of participants was noted - see section 21
CONFLICT OF INTERESTS	In accordance with the Agency's revised policy and procedure on the handling of conflicts of interests, participants in this meeting were asked to declare any conflict of interests on the matters for discussion (in particular any changes, omissions or errors to the already declared interests). Discussions, deliberations and voting took place in full respect of the restricted involvement of Scientific Committee members and, where relevant, experts attending the plenary meeting, as announced by the Scientific Committee Secretariat at the start of meeting (see section 21). All decisions taken at this meeting were made in presence of a quorum of members – i.e. 22 or more members were present in the room.
Draft Agenda of 17-20 February 2014 CHMP meeting	The draft agenda was noted.

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1 ORAL EXPLANATIONS

1.1 Pre-authorisation Procedure Oral Explanations

(EMEA/H/C/002751)

(umeclidinium bromide/vilanterol), (treatment to of chronic obstructive pulmonary disease (COPD))

List of Outstanding Issues adopted in November 2013, September 2013.

List of Questions adopted in May 2013. See also (EMEA/H/C/003754)

An Oral Explanation was held on Tuesday 21 January 2014 at 9.00.

The opinion is scheduled for February 2014.

(EMEA/H/C/003754)

(umeclidinium bromide/vilanterol) (treatment to of chronic obstructive pulmonary disease (COPD))

List of Outstanding Issues adopted in November 2013, September 2013.

List of Questions adopted in May 2013.

See also (EMEA/H/C/002751)

An Oral Explanation was held on Tuesday 21 January 2014 at 9.00.

The opinion is scheduled for February 2014.

Folcepri (EMEA/H/C/002570), Orphan

Applicant: Endocyte Europe, B.V., (etarfolatide), (indicated for single photon emission computed tomography (SPECT) imaging)

List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.

The Committee agreed that no Oral Explanation was needed at this time. See also section 2.2 List of Outstanding Issues.

Neocepri (EMEA/H/C/002773), Orphan
Applicant: Endocyte Europe, B.V., (folic acid), (indicated for the enhancement of Folcepri single photon emission computed tomography (SPECT) image quality)

List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee agreed that no Oral Explanation was needed at this time. See also section 2.2 List of Outstanding Issues.

Vynfinit (EMEA/H/C/002571), Orphan
Applicant: Endocyte Europe, B.V., (vintafolide), (treatment of platinum resistant ovarian cancer (PROC))
List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee agreed that no Oral Explanation was needed at this time. See also section 2.2 List of Outstanding Issues.

1.2 Re-examination Procedure Oral Explanation

No items

1.3 Post-authorisation Procedure Oral explanation

No items

1.4 Referral Procedures Oral Explanations

Protelos (EMEA/H/A-20/1371/C/000560/0039)
(Strontium Ranelate), Les Laboratoires Servier, Rapporteur: Bengt Ljungberg, Co-Rapporteur: Andrea Laslop, (treatment of osteoporosis)
The Committee discussed the PRAC outcome reached at their January 2014 meeting.
An Oral explanation was held on Wednesday 22 January 2014 at 9:00.
See also Osseor (EMEA/H/A-20/1371/C/000561/0034)
For further details see also 12.1 Procedure for Centrally Authorised products under Article 20 Council Regulation (EC) No 726/2004.

Osseor (EMEA/H/A-20/1371/C/000561/0034)
(Strontium Ranelate), Les Laboratoires Servier, Rapporteur: Bengt Ljungberg, Co-Rapporteur: Andrea Laslop, (treatment of osteoporosis)
The Committee discussed the PRAC outcome reached at their January 2014 meeting.
An Oral explanation was held on Wednesday 22 January 2014 at 09:00.
See also Protelos (EMEA/H/A-20/1371/C/000560/0039)
For further details see also 12.1 Procedure for Centrally Authorised products under Article 20 Council Regulation (EC) No 726/2004.

2 NEW APPLICATIONS

2.1 Opinions – New full applications

Adempas (EMEA/H/C/002737), Orphan
Applicant: Bayer Pharma AG, (riociguat), (treatment of chronic thromboembolic pulmonary

hypertension (CTEPH) and Pulmonary arterial hypertension (PAH))
New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted in November 2013. List of Questions adopted in June 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by consensus, together with the CHMP assessment report and translation timetable.
Furthermore, the CHMP considered that riociguat is a new active substance, as claimed by the applicant.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was agreed as medicinal product subject to restricted medical prescription.
The summary of opinion was circulated for information.
The CHMP adopted the revised similarity assessment report, concluding that riociguat is not considered similar to Volibris, Revatio, Ventavis, and Opsumit in the treatment of PAH as it is a new active substance which is structurally different and has a different mode of action from currently authorized medicinal products in the same therapeutic indication.

Bemfola (EMEA/H/C/002615)
Applicant: Finox Biotech AG, (follitropin alfa), (treatment of infertility)
Similar biological application (Article 10(4) of Directive No 2001/83/EC)
List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by consensus, together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was agreed as medicinal product subject to medical prescription.
The summary of opinion was circulated for information.
The Committee adopted the BWP Report.

Cholic Acid FGK (EMEA/H/C/002081), Orphan
(CHOLIC ACID), Applicant: FGK Representative Service GmbH (treatment of inborn errors of primary bile acid synthesis),
The CHMP adopted a revised positive opinion recommending the granting of a marketing authorisation by consensus under exceptional circumstances together with the revised assessment report and translation timetable.
The revised summary of opinion was circulated for information. The CHMP considered necessary to revise its content and consequently the CHMP assessment report was also revised in order to provide more accurate information on the approach taken for the review of the cholic acid FGK application and the steps that led to the adoption of a positive opinion in the treatment of CTX, AMACR and CYP7A1 deficiencies.

Eperzan (EMEA/H/C/002735)
Applicant: GlaxoSmithKline Trading Services, (albiglutide), (treatment of type 2 diabetes mellitus)
New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted in November 2013. List of Questions adopted in July 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by

consensus, together with the CHMP assessment report and translation timetable.
Furthermore, the CHMP considered that albiglutide is a new active substance, as claimed by the applicant.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was agreed as medicinal product subject to medical prescription.
The summary of opinion was circulated for information.
The Committee adopted the BWP Report.

Hemoprostol (EMEA/H/W/002652)
Applicant: Linepharma France, (misoprostol), (indicated in women of childbearing age for treatment of Post Partum Haemorrhage due to uterine atony in situations where intravenous oxytocin is not available)
Article 58 of Regulation (EC) No 726/2004 (by analogy to Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted in October 2013, May 2013. List of Questions adopted in December 2012.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion under Article 58 of Regulation (EC) No 726/2004 by consensus, together with the CHMP assessment report.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was recommended as medicinal product subject to medical prescription. It is ultimately the responsibility of the National Regulatory Authorities to decide on the adequate supply status. This medicinal product is exclusively intended for markets outside the European Union.
The summary of opinion was circulated for information.

Latuda (EMEA/H/C/002713)
Applicant: Takeda Global Research and Development Centre (Europe), (lurasidone), (treatment of schizophrenia)
New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted in December 2013, July 2013. List of Questions adopted in February 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by consensus, together with the CHMP assessment report and translation timetable.
Furthermore, the CHMP considered that lurasidone hydrochloride is a new active substance, as claimed by the applicant.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was agreed as medicinal product subject to medical prescription.
The summary of opinion was circulated for information.

Masiviera (EMEA/H/C/002659), Orphan
Applicant: AB Science, (masitinib), (treatment of non resectable locally advanced or metastatic pancreatic cancer)
New active substance (Article 8(3) of Directive No 2001/83/EC)
Oral explanation was held in December 2013. List of Outstanding Issues adopted in September 2013. List of Questions adopted in January 2013.
The Committee concluded that the main concerns in this application related to the results of the main

study with Masiviera which did not show effectiveness in the overall group of patients with advanced or metastatic pancreatic cancer. Although the applicant presented analyses suggesting that there was a benefit in a subgroup of patients with certain genetic changes associated with more aggressive disease, and in a subgroup of patients with pain, the study was not designed to show benefit in these smaller groups, and the Committee considered that further study would be needed to demonstrate such a benefit. In addition, Masiviera was associated with significant toxicity. Furthermore, the CHMP had concerns about the quality of the product, in particular about the impurities to which patients might be exposed and about whether commercial batches of the medicine would have the same quality as those used for the studies. The CHMP was of the view that the benefits of Masiviera did not outweigh its risks.
The Committee adopted a negative opinion recommending the refusal of granting of the conditional marketing authorisation by consensus, together with the assessment report.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The refusal question-and-answer document was circulated for information.
***Post meeting note**: Letter from the applicant dated 24th January 2014 requesting re-examination of the negative opinion and consultation of the SAG Oncology.*

Nerventra (EMEA/H/C/002546)
Applicant: Teva Pharma GmbH, (laquinimod), (treatment of multiple sclerosis)
New active substance (Article 8(3) of Directive No 2001/83/EC)
Oral explanation was held in December 2013. List of Outstanding Issues adopted in November 2013, July 2013. List of Questions adopted in November 2012.
The Committee concluded that the main concerns in this application related to results from animal studies showing a higher occurrence of cancers after long-term exposure to the medicine and noted that a similar long-term cancer risk could not be excluded in humans, especially when considering that the way the medicine works in the body was unclear. There was also a possible risk (again from animal studies) of effects on the unborn baby when the medicine was taken by pregnant women. The CHMP noted that the risk could not be excluded with current data and that animal studies suggest that any harmful effects may be delayed and only seen later on in the child's life. In addition, the Committee was not convinced about the effectiveness of the applicant's proposed measures to prevent pregnancies in women who would take the medicine. Although the medicine was shown to slow the worsening of disability, the medicine's effect on relapses was modest. The CHMP was of the view that the benefits of Nerventra did not outweigh the potential risks.
The Committee adopted a negative opinion recommending the refusal of granting of the marketing authorisation by consensus, together with the assessment report.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The refusal question-and-answer document was circulated for information.
***Post meeting note**: Letter from the applicant dated 4th February 2014 requesting re-examination of the negative opinion.*

Rivastigmine 3M (EMEA/H/C/003824)
Applicant: 3M Health Care Ltd, (rivastigmine), Generic of Exelon, (treatment of Alzheimer's dementia)
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by consensus, together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.

The legal status was agreed as medicinal product subject to restricted medical prescription.
The summary of opinion was circulated for information.

Reasanz (EMEA/H/C/002817)

Applicant: Novartis Europharm Ltd, (serelaxin), (treatment of acute heart failure)
Oral explanation was held in December 2013. List of Outstanding Issues adopted in October 2013. List of Questions adopted in May 2013.
The Committee concluded that the main concerns in this application related to the fact that study results did not demonstrate a benefit for short-term relief of dyspnoea over up to 24 hours, and although some benefit was shown over 5 days it was not clear how this was of clinical relevance. Furthermore, the Committee had concerns about the way the effectiveness of the medicine in the study that had been analysed. The results included calculated values for a number of patients who had died or had required additional treatment for worsening symptoms and whose actual data were not used. In addition, the CHMP questioned whether differences in the background treatment given to patients in the two study groups may have influenced the results. Since only one main study was included in the application, further studies would be needed to confirm the effectiveness of Reasanz in the treatment of acute heart failure. Although the safety of Reasanz seemed acceptable, in view of the uncertainties about the benefits of treatment, the CHMP was of the view that the benefits of Reasanz did not outweigh its risks.
The Committee adopted a negative opinion by consensus, together with the assessment report.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The refusal question-and-answer document was circulated for information.
***Post meeting note**: Letter from the applicant dated 28th January 2014 requesting re-examination of the negative opinion.*

Translarna (EMEA/H/C/002720), Orphan

Applicant: PTC Therapeutics Limited, (ataluren), (treatment of Duchenne muscular dystrophy)
Oral explanation held in December 2013. List of Outstanding Issues adopted in September 2013. List of Questions adopted in March 2013.
After discussion an orientation was sought on the benefit/risk of the product.
The Committee concluded that the main concerns in this application related to the fact that the main study failed to show that patients taking Translarna could walk in six minutes a greater distance than patients taking placebo. Although the applicant performed additional analyses of the data, the CHMP considered that these were insufficient to provide enough evidence of effectiveness. When other measures of effectiveness were considered, including those directly linked to patients' daily activities, these provided only limited supportive evidence of the beneficial effects of Translarna. Finally, insufficient data had been provided to determine how the medicine works in the body and how its effects change with the dose. The CHMP was of the view that the benefits of Translarna did not outweigh its risks.
The Committee adopted a negative opinion by majority, together with the assessment report.
The refusal question-and-answer document was circulated for information.
Post meeting note: *Letter from the applicant dated 28th January 2014 requesting re-examination of the negative opinion*

Zoledronic acid Teva Generics (EMEA/H/C/002805)

Applicant: Teva Generics B.V, (zoledronic acid), Generic of Aclasta, Zometa, (treatment of

osteoporosis and Paget's disease of the bone)
Generic application (Article 10(1) of Directive No 2001/83/EC)
List of Questions adopted in October 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion recommending the granting of a marketing authorisation by consensus, together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The legal status was agreed as medicinal product subject to restricted medical prescription.
The summary of opinion was circulated for information.

2.2 Day 180 List of outstanding issues – New full applications

(EMEA/H/C/002809)
(umeclidinium bromide), (treatment of symptoms in adult patients with chronic obstructive pulmonary disease (COPD))
List of Questions adopted in September 2013.
The Committee was reminded of the status of this application and its remaining outstanding issues
The Committee adopted a List of Outstanding Issues with a specific timetable.

(EMEA/H/C/002603)
(hepatitis b surface antigen), (indicated for active immunisation of adults against hepatitis B virus (HBV) infection)
List of Questions adopted in December 2012.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee adopted a List of Outstanding Issues with a specific timetable.
The CHMP agreed to the applicant's request for an additional extension of the clockstop with a specific timetable.
The Committee adopted the BWP Report.

SCENESSE (EMEA/H/C/002548), Orphan (afamelanotide), Applicant: Clinuvel (UK) Limited, (treatment of phototoxicity in adult patients with erythropoietic protoporphyria (EPP)
List of Outstanding Issues adopted in March 2013.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee adopted a 2nd List of Outstanding Issues with a specific timetable.

(EMEA/H/C/002777)
(SIMEPREVIR), (treatment of chronic hepatitis C (CHC) genotype 1 or genotype 4 infection)
List of questions adopted in September 2013.The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee agreed the consult the Pharmacogenomics Working Party with regards to the pharmacogenomics related wording in the proposed SmPC to ensure consistency with recently published PG guidelines.
The Committee adopted a List of Outstanding Issues with a specific timetable.

Folcepri (EMEA/H/C/002570), Orphan
Applicant: Endocyte Europe, B.V., (etarfolatide), (indicated for single photon emission computed

tomography (SPECT) imaging)
List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee adopted a 2nd List of Outstanding Issues with a specific timetable.

Neocepri (EMEA/H/C/002773), Orphan
Applicant: Endocyte Europe, B.V., (folic acid), (indicated for the enhancement of Folcepri single photon emission computed tomography (SPECT) image quality)
List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee adopted a 2nd List of Outstanding Issues with a specific timetable.

Vynfinit (EMEA/H/C/002571), Orphan
Applicant: Endocyte Europe, B.V., (vintafolide), (treatment of platinum resistant ovarian cancer (PROC))
List of Outstanding Issues adopted in November 2013. List of Questions adopted in March 2013.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The Committee adopted a 2nd List of Outstanding Issues with a specific timetable.

2.3 Day 120 List of Questions – New full applications

CYRAMZA (EMEA/H/C/002829), Orphan
Applicant: Eli Lilly Nederland B.V., (ramucirumab), (treatment of gastric cancer)
The Committee discussed the issues identified in this application
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions .
The Committee adopted the BWP Report.

(EMEA/H/C/002810)
(naloxegol), (treatment of adult patients 18 years and older with opioid-induced constipation (OIC) including patients with inadequate response to laxatives.)
The Committee discussed the issues identified in this application
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.

Olaparib AstraZeneca AB (EMEA/H/C/003726), Orphan
Applicant: AstraZeneca AB, (olaparib), (treatment of ovarian cancer)
The Committee discussed the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.

(EMEA/H/C/003702)
(phenylephrine hydrochloride /ketorolac trometamol), (maintenance of intraoperative mydriasis, prevention of intraoperative miosis and reduction of acute postoperative ocular pain in intraocular lens

replacement in adults).
The Committee discussed the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.

SYLVANT (EMEA/H/C/003708), Orphan
Applicant: Janssen-Cilag International NV, (siltuximab), (treatment of multicentric Castleman's disease)
The Committee discussed the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.
The Committee adopted the BWP Report.

2.4 Update on on-going new applications for Centralised Procedures

Corluxin (EMEA/H/C/002830), Orphan, (mifepristone), Applicant: FGK Representative Service GmbH, (treatment of signs and symptoms of endogenous Cushing's syndrome in adults)
The CHMP adopted the assessment report of similarity .

Cerdelga (EMEA/H/C/003724), Orphan
(ELIGLUSTAT), Applicant: Genzyme Europe BV, (treatment of Gaucher disease type 1)
The Committee agreed to consult Pharmacogenomics Working Party with regards to the company's intention to potentially exclude poor metabolizers and ultra-rapid (ultra-extensive) metabolizers from treatment based on genotyping.

KETOCONAZOLE AID-SCFM (EMEA/H/C/003800), Orphan,
(ketoconazole), Applicant: Agenzia Industrie Difesa-stabilimento Chimico Farmaceutico Militare, (treatment of Cushing's syndrome)
The CHMP noted the specific timetable for the assessment of similarity of Ketoconazole AID-SCFM.

Imbruvica (EMEA/H/C/003791) Orphan
Applicant: Janssen-Cilag International NV, (ibrutinib), (treatment of mantle cell lymphoma, chronic lymphocytic leukaemia, small lymphocytic lymphoma)
The CHMP adopted the assessment report of similarity of Imbruvica.

(EMEA/H/C/003843)
(idelalisib), (treatment of patients with relapsed chronic lymphocytic leukaemia (CLL) and refractory indolent non-Hodgkin lymphoma (iNHL))
The CHMP agreed to postpone the adoption of the Assessment Report of similarity of Idelalisib Gilead Sciences International Ltd to February 2014.

(EMEA/H/C/002085)
(tilmanocept), (used in the delineation and localisation of lymph nodes)
List of Outstanding Issues adopted in December 2013, October 2013. List of Questions adopted in May 2013.

The CHMP did not agree to the request by the applicant for an extension of clock stop to respond to the List of Outstanding Issues adopted in December 2013, as it was considered that the issues could not be addressed in the requested time extension. However the CHMP agreed for a shorter extension of the clock stop with a specific timetable.

Neofordex (EMEA/H/C/002418), Orphan
(Dexamethasone Acetate), LABORATOIRES CTRS - BOULOGNE BILLANCOURT,
The CHMP agreed to the request by the applicant for an extension of clock stop to respond to the List of Outstanding Issues adopted in November 2013, with a specific timetable.

Mekinist (EMEA/H/C/002643)
(trametinib), (treatment of unresectable or metastatic melanoma with a BRAF V600 mutation)
List of Outstanding Issues adopted in November 2013.
List of Questions adopted in June 2013.
The CHMP agreed to the request by the applicant for an extension of clock stop to respond to the List of Outstanding Issues adopted in November 2014, with a specific timetable.

2.5 Products in the Decision Making Phase

Tecfidera (EMEA/H/C/002601)
(Dimethyl Fumarate), Biogen Idec Ltd., Rapporteur: Martina Weise, Co-Rapporteur: Robert James Hemmings, (treatment of multiple sclerosis)
Positive opinion adopted in November 2013

3 EXTENSION OF MARKETING AUTHORISATION ACCORDING TO ANNEX I OF REG. 1234/2008

3.1 Extension of marketing authorisation according to Annex I of Reg. 1234/2008; Opinions

Mabthera (EMEA/H/C/000165/X/0083)
MAH: Roche Registration Ltd, (rituximab), Rapporteur: Jens Ersbøll, PRAC Rapporteur: Doris Stenver, "Line extension to add subcutaneous route of administration: Mabthera 1400 mg solution for subcutaneous injection."
List of Outstanding Issues adopted in November 2013.
List of Questions adopted in May 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion by consensus, together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.

3.2 Extension of marketing authorisation according to Annex I of Reg. 1234/2008; Day 180 List of outstanding issues

No items

3.3 Extension of marketing authorisation according to Annex I of Reg. 1234/2008; Day 120 List of Questions

Noxafil (EMEA/H/C/000610/X/0033)

MAH: Merck Sharp & Dohme Limited, (posaconazole), Rapporteur: Rafe Suvarna, PRAC Rapporteur: Julia Dunne, "Line extension to Noxafil 18mg/ml concentrate for solution for infusion"
The Committee discussed the issues identified in this application.
The Committee adopted a List of Outstanding Issues Questions with specific timetable.

3.4 Update on on-going Extension application according to Annex I of Reg. 1234/2008

Halaven (EMEA/H/C/002084/II/0011)

MAH: Eisai Europe Ltd., (eribulin), Rapporteur: Bengt Ljungberg, Co-Rapporteur: Jens Ersbøll, Extension of the indication of Halaven 0.44 mg/ml solution for injection to earlier lines of metastatic breast cancer. Changes have been made to SmPC sections 4.1, 4.8, and 5.1. The Package leaflet has been updated accordingly. Furthermore the product information has been updated in line with the latest version of QRD template (version 9). Request for Supplementary Information adopted in July and December 2013.
The CHMP agreed to the request by the MAH for an extension of clock stop to respond to the Request for Supplementary Information adopted in December 2013 with a specific timetable.

3.5 Extension application according to Annex I of Reg. 1234/2008- Products in the Decision Making Phase

RoActemra (EMEA/H/C/000955/X/0030)

MAH: Roche Registration Ltd, (tocilizumab), Rapporteur: Jan Mueller-Berghaus, Co-Rapporteur: Agnes Gyurasics, PRAC Rapporteur: Brigitte Keller-Stanislawski, PRAC Co-Rapporteur: Julia Pallos, Extension application to register a new route of administration "subcutaneous" use, a new pharmaceutical form "solution for injection", a new strength "162 mg" and two new presentations "pre-filled pen" and "pre-filled syringe".
Positive Opinion adopted by consensus on 19 December 2013.
The CHMP addressed the letter from the MAH dated 20 December 2013.
The CHMP adopted a List of Questions with a specific timetable.

4 TYPE II VARIATIONS - Extension of indication procedures

4.1 Opinions or Requests for Supplementary information - Type II variation; Extension of indication

Arzerra (EMEA/H/C/001131/II/0023), Orphan

MAH: Glaxo Group Ltd, (ofatumumab), Rapporteur: Jens Ersbøll, Co-Rapporteur: Ingunn Hagen Westgaard, PRAC Rapporteur: Doris Stenver, "Extension of indication to the first line treatment of chronic lymphocytic leukaemia in combination with alkylator-based regimens in patients not eligible for fludarabine-based therapy. As a result, sections 2, 4.1, 4.2, 4.4, 4.5, 4.8, 5.1, 5.2 and 6.6 of the SmPC were proposed to be updated. The Package Leaflet was proposed to be updated accordingly. Editorial changes to sections 4.7 and 6.3 of the SmPC were also proposed."
The Committee was reminded of the status of this application and its identified issues which related mainly to the acceptability of the broad indication, especially the available data on the combination of

ofatumumab and bendamustine.
The Committee adopted a Request for Supplementary Information with a specific timetable.

Kalydeco (EMEA/H/C/002494/II/0009), Orphan
MAH: Vertex Pharmaceuticals (U.K.) Ltd., (ivacaftor), Rapporteur: Concepcion Prieto Yerro, Co-Rapporteur: Melinda Sobor, PRAC Rapporteur: Miguel-Angel Macia, "Update of sections 4.1, 4.2, 4.4, 4.8, 5.1 and 5.2 of the SmPC to extend the indication of Kalydeco in the treatment of cystic fibrosis to patients aged 6 years and older who have other gating (class III) mutation in the CFTR gene than G551D. The Package Leaflet is updated accordingly."
The Committee discussed the issues identified in this application which related to the claimed indication and whether the clinical data could be extrapolated to all non-G551D gating mutations.
The Committee adopted a Request for Supplementary Information with a specific timetable.

Nexavar (EMEA/H/C/000690/II/0035), Orphan
MAH: Bayer Pharma AG, (sorafenib), Rapporteur: Bengt Ljungberg, Co-Rapporteur: Dinah Duarte, PRAC Rapporteur: Ulla Wändel Liminga, "Extension of indication to include treatment of differentiated thyroid carcinoma. As a consequence sections 4.1, 4.2, 4.4, 4.8, 5.1 and 5.2 of the SmPC have been updated. The Package Leaflet is updated accordingly. The product information is also revised in line with QRD version 9.0. In addition the MAH took the opportunity to update the details of the local representatives in the package leaflet."
Request for Supplementary Information adopted in October 2013.
The Committee was reminded of the status of this application and its identified issues which related to the substantial toxicity for this chronic treatment. Indeed further attempts should be made to identify the group of patients in which the benefit/risk balance can be considered positive, taking into account factors such as disease symptoms, objective signs of progression and factors predictive of relevant toxicity. Subgroup analysis should be provided accordingly.
The Committee adopted a 2nd Request for Supplementary Information with a specific timetable.

NovoThirteen (EMEA/H/C/002284/II/0002)
MAH: Novo Nordisk A/S, (catridecacog), Rapporteur: Joseph Emmerich, Co-Rapporteur: Jan Mueller-Berghaus, PRAC Rapporteur: Evelyne Falip, , "Extension of indication to include the treatment of bleeding in children with congenital factor XIII A-subunit deficiency below 6 years of age. As a consequence, sections 4.1, 4.2, 4.8, 5.1, 5.2 and 6.6 of the SmPC have been updated. The Package Leaflet is updated in accordance. Furthermore, the PI is being brought in line with the latest QRD template version 9.0."
Request for Supplementary Information adopted in December 2013, September 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion by consensus together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian CHMP members were in agreement with the CHMP recommendation.

Pradaxa (EMEA/H/C/000829/II/0048/G)
MAH: Boehringer Ingelheim International GmbH, (dabigatran etexilate), Rapporteur: Jens Heisterberg, Co-Rapporteur: Pierre Demolis, "Extension of indications to two new related indications:
• Treatment of acute deep vein thrombosis (DVT) and/or pulmonary embolism (PE) and prevention of related death (a VTEt)

• Prevention of recurrent deep vein thrombosis (DVT) and/or pulmonary embolism (PE) and related death (s VTEp)"
Request for Supplementary Information adopted in September 2013.
The Committee was reminded of the status of this application and its identified issues which related to discrepancies in efficacy results in two clinical studies. The CHMP discussed the results of the "a VTEt" studies (RECOVER, RECOVER II) as compared to less positive results of the active controlled "s VTEp" study (REMEDY). It was agreed to recommend to further study the posology in the subgroups of patients over 75 years of age and with moderate renal impairment, and the use of the medicinal product in active cancer patients.
The Committee adopted a 2nd Request for Supplementary Information.
The CHMP agreed to the request from the MAH for an extension to the clock stop to respond to the Request for Supplementary Information adopted in September 2013 with a specific timetable.

Stelara (EMEA/H/C/000958/II/0037)
MAH: Janssen-Cilag International N.V., (ustekinumab), Rapporteur: Greg Markey, Co-Rapporteur: David Lyons, PRAC Rapporteur: Julie Williams, "Extension of indication in the treatment of moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including ciclosporin, methotrexate or psoralen and ultraviolet A."
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion by consensus together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian CHMP members were in agreement with the CHMP recommendation.
The summary of opinion was circulated for information.

Tresiba (EMEA/H/C/002498/II/0006)
MAH: Novo Nordisk A/S, (insulin degludec), Rapporteur: Kristina Dunder, PRAC Rapporteur: Qun-Ying Yue, "The MAH proposed the update of sections 4.2 and 5.1 of the SmPC in order to include guidance for prescribers on the use of Tresiba in combination with GLP-1 receptor agonists. The Package Leaflet was proposed to be updated accordingly. Furthermore, the MAH proposed this opportunity to bring the PI in line with the latest QRD template version 9 and to include some editorial changes. This variation application contains an updated RMP. The requested variation proposed amendments to the SmPC, Annex II, Labelling and Package Leaflet."
The Committee discussed the issues identified in this application which related to clarifications on clinical aspects.
The Committee adopted a Request for Supplementary Information with a specific timetable.

Victoza (EMEA/H/C/001026/II/0023)
MAH: Novo Nordisk A/S, (liraglutide), Rapporteur: Pieter de Graeff, "Proposed updates of the SmPC sections 4.1, 4.2, 4.4, 4.7, 4.8 and 5.1 in order include information on the use of liraglutide in combination with basal insulin. The Package Leaflet is proposed to be updated accordingly."
The Committee discussed the issues identified in this application which related to clarifications on clinical aspects.
The Committee adopted a Request for Supplementary Information with a specific timetable.

Xolair (EMEA/H/C/000606/II/0048)
MAH: Novartis Europharm Ltd, (omalizumab), Rapporteur: Bengt Ljungberg, Co-Rapporteur: Arantxa Sancho-Lopez, PRAC Rapporteur: Qun-Ying Yue, "Extension of indication to include the treatment of chronic spontaneous urticaria."
Request for Supplementary Information adopted in October 2013.
The Committee confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive Opinion by consensus together with the CHMP assessment report and translation timetable.
The Icelandic and Norwegian CHMP members were in agreement with the CHMP recommendation.
The summary of opinion was circulated for information.

4.2 Update on on-going Type II variation - Extension of indications

Avastin (EMEA/H/C/000582/II/0059)
(BEVACIZUMAB), Applicant: Roche Registration Ltd, Rapporteur: Jens Ersbøll, Co-Rapporteur: Ingunn Hagen Westgaard, PRAC Rapporteur: Doris Stenver, , Update of section 4.1 of the SmPC in order to extend the indication of Avastin in combination with radiotherapy and temozolomide for the treatment of adult patients with newly diagnosed glioblastoma. Related changes were proposed to SmPC sections 4.2, 4.5, 4.8 and 5.1. The Package Leaflet was proposed to be updated accordingly. Furthermore, the MAH took the opportunity to make some editorial changes in the SmPC and the PL". Request for Supplementary Information adopted in June and November 2013.
The CHMP agreed to the request by the MAH for an extension of clock stop to respond to the Request for Supplementary Information adopted in November 2013 with a specific timetable.

5 ANCILLARY MEDICINAL SUBSTANCES IN MEDICAL DEVICES

5.1 Opinions/ List of outstanding issues / List of Questions

(EMEA/H/D/003740)
(human serum albumin), (to scavenge embryotoxic components generated during embryo development and to facilitate embryo and gamete manipulation in IVF media)
The Committee discussed the issues identified in this application which related to the quality and composition of the product.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.
The Committee adopted the BWP Report.

(EMEA/H/D/002831)
((substance to be reviewed) insulin-like growth factor-i (igf-i) segment), (hard-to-heal wounds, primarily venous leg ulcers)
The Committee discussed the issues identified in this application, mainly regarding the benefit / risk of the product as well as the quality control. Furthermore the members discussed some procedural aspects relating to the CE mark classification.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions.
The Committee adopted the BWP Report.

6 RE-EXAMINATION PROCEDURE (NEW APPLICATIONS) UNDER ARTICLE 9(2) OF REGULATION No 726/2004

Masican (EMEA/H/C/002670), Orphan
(MASITINIB), Applicant: AB Science, (treatment of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST))New active substance (Article 8(3) of Directive No 2001/83/EC). Negative Opinion adopted in November 2013.
The CHMP noted the grounds for re-examination and the call for nomination for experts for the SAG Oncology.
The CHMP adopted the specific timetable.

7 RE-EXAMINATION PROCEDURE (TYPE II VARIATIONS) UNDER ARTICLE 6(9) OF COMMISSION REGULATION EC NO 1085/2003

No items

8 WITHDRAWAL OF APPLICATION

Winfuran (EMEA/H/C/002683), Orphan
Applicant: Toray Europe Limited, (nalfurafine), (treatment of uraemic pruritus)
New active substance (Article 8(3) of Directive No 2001/83/EC).
The CHMP noted the letter from the MAH dated 17 January 2014 informing of withdrawal of the application.
The CHMP noted the EMA withdrawal question-and-answer document.

9 PROCEDURE UNDER ARTICLE 83(1) OF REGULATION (EC) 726/2004 (COMPASSIONATE USE)

(H0003892)
(treatment of patients with hepatitis C infection that have previously failed on boceprevir or telaprevir based therapy and that are in urgent medical need for effective treatment)
The CHMP noted the letter from the applicant dated 9 January 2014.
The CHMP recommended the start of the procedure with the current available data for the target population.

10 PRE-SUBMISSION ISSUES

Some items in this section are considered commercially confidential or sensitive and therefore not disclosed.
No items

11 POST-AUTHORISATION ISSUES

Some items in this section are considered commercially confidential or sensitive and therefore not disclosed.
Ceplene (EMEA/H/C/000796/S/0014), Orphan
(HISTAMINE DIHYDROCHLORIDE), Applicant: Meda AB, Rapporteur: David Lyons, PRAC Rapporteur: Almath Spooner, (treatment of myeloid leukaemia), Request for Supplementary Information adopted

in March and April 2013.
The CHMP adopted the opinion by consensus on the annual reassessment for Ceplene remaining under exceptional circumstances and recommended that the MAH follows up on the obligation of the clinical trial specified in Annex II of the Product Information through scientific advice.
The Icelandic and Norwegian CHMP members were in agreement with the CHMP recommendation.

ellaOne (EMEA/H/C/001027/R/0025)
MAH: Laboratoire HRA Pharma, SA, (ulipristal acetate), Rapporteur: Pieter de Graeff, Co-Rapporteur: Kristina Dunder, PRAC Rapporteur: Menno van der Elst, (Emergency contraception within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure), Renewal procedure
List of Outstanding Issues adopted in November and December 2013.
The CHMP adopted an opinion by consensus recommending renewing the product with unlimited validity.
The Icelandic and Norwegian CHMP members were in agreement with the CHMP recommendation.
See also ellaOne II/21 and Article 31 referral on Emergency contraceptives.

ellaOne (EMEA/H/C/001027/II/21)
MAH: Laboratoire HRA Pharma, SA, (ulipristal acetate), Rapporteur: Pieter de Graeff, Co-Rapporteur: Kristina Dunder, PRAC Rapporteur: Menno van der Elst
Change in classification. The marketing authorisation holder proposed a change in the classification for supply of ellaOne from "medicinal product subject to medical prescription" to" medicinal product not subject to medical prescription" in the EU. Request for Supplementary information adopted in April 2013 and November 2013.
The CHMP agreed to revise the 2nd RSI for ellaOne II/021 in view of the referral according to Article 31 of Directive 2001/83/EC on efficacy of emergency contraceptive medicinal products containing levonorgestrel and ulipristal with regard to body weight and BMI.
The CHMP adopted a revised 2nd request for supplementary information with a specific timetable.
See also ellaOne R/25 and Article 31 referral on Emergency contraceptives.

Vfend (EMEA/H/C/000387/II/0097)
(voriconazole), Applicant: Pfizer Limited, Rapporteur: Hans Hillege, Co-Rapporteur: Pierre Demolis, "Update of sections 4.1, 4.2, 4.4, 4.8 and 5.1 to include information pertaining to the proposed new indication in prophylaxis of invasive fungal infections in high risk hematopoietic stem cell transplant recipients. The Package Leaflet is updated accordingly. In addition, the MAH took the opportunity of this variation to update the SmPC, Annex II and PL in line with the latest QRD template".
The CHMP agreed to reschedule the SAG anti-infectives meeting.

Vibativ (EMEA/H/C/001240/II/0006/G), (telavancin), MAH: Clinigen Healthcare Ltd, Rapporteur: Greg Markey, PTL: Evangelos Kotzagiorgis, "- Type II variation (B.II.b.1.z) - To replace Ben Venue Laboratories, Inc., 300 Northfield Road P.O. Box 46568, Bedford, OH 44146, with Hospira Inc., 1776 N. Centennial Dr., McPherson, KS 67460, UNITED STATES of AMERICA as a site responsible for manufacture, primary packaging and stability of the finished product, in response to the article 20 CHMP referral opinion in order to lift the suspension of the marketing authorisation.
- Type IB (B.II.d.2) - to replace the currently registered Ph.Eur. kinetic chromogenic test method for bacterial endotoxins with a different Ph.Eur. gel clot test method for bacterial endotoxins
- Type IA (A.7) - to delete Astellas Pharma Europe BV, Elisabethhof 19, 2325 EW Leiderdorp, The

Netherlands for manufacture and primary
packaging of finished product
- Type IA (A.7) - to delete of Astellas Pharma Europe BV, Hogemaat 2, 7942 JG Meppel, The Netherlands for manufacture of finished product
- Type IA (A.7) - to delete Bactimm BV. Middenkampweg 17, 6545 CH, Nijmegen, The Netherlands for subcontracted testing of finished product
- Type IA (A.7)- Deletion of KNMP/WINAp Laboratorium der Nederlandse Apothekers, Alexanderstraat 11, P.O. Box 30460, 2500 GL Den Haag, The Netherlands for subcontracted testing of finished product
- Type IA(IN) (B.II.b.1.a) - Addition of Biotec Services International Limited, Biotec House, Central Park, Western Avenue, Bridgend Industrial Estate Bridgend, CF31 3RT, United Kingdom for secondary packaging of finished product
- Type IA(IN) (B.II.b.2.c.1) - Addition of Biotec Services International Limited, Biotec House, Central Park, Western Avenue, Bridgend Industrial Estate Bridgend, CF31 3RT, United Kingdom for batch release of finished product
- Type IA(IN) (B.II.b.2.c.2) - Addition of Hospira S.p.A., Via Fosse Ardeatine 2, 20060 Liscate (MI), Italy for batch testing of bulk finished product vials."
Request for Supplementary Information adopted in December 2013.
The CHMP was reminded that the product was suspended following an article 20 referral in February 2012.
The CHMP adopted a positive Opinion by consensus recommending the approval of the variation. Furthermore, the CHMP recommended the lifting of the suspension of the Marketing Authorisation.
The Icelandic and Norwegian CHMP Members were in agreement with the CHMP recommendation.
The Committee agreed to the wording of DHPC letter and communication plan.

alli (EMEA/H/C/000854/II/0042), (orlistat), MAH: Glaxo Group Ltd, Informed Consent of Xenical, Rapporteur: Rafe Suvarna, "Update to the Summary of Product Characteristics following a routine assessment of the Company Core Data sheet.
Amendment of the Product Information sections 4.3 and 4.5 to contraindicate concomitant use of non-prescription orlistat with antiretroviral medications following literature article review suggesting a possible interaction between non-prescription orlistat and efavirenz and provide information in the interaction sections.
The Product Information has also been updated to align to the revised QRD template (version 9) as part of this Type II submission and minor amendments introduced in section 4.8.
In addition, minor amendments and corrections of the local representatives are introduced."
Request for Supplementary Information adopted in October 2013, September 2013.
The CHMP discussed and adopted the PRAC recommendation for interaction between orlistat and HIV.

12 REFERRAL PROCEDURES

12.1 Procedure for Centrally Authorised products under Article 20 Council Regulation (EC) No 726/2004

Protelos (EMEA/H/C/000560)
(Strontium Ranelate), Les Laboratoires Servier, Rapporteur: Bengt Ljungberg, Co-Rapporteur: Andrea Laslop, (treatment of osteoporosis)
PRAC outcome at January 2014 PRAC meeting.
See also Osseor (EMEA/H/C/000561)
See also 1. Oral explanations

The CHMP discussed the PRAC recommendation and noted the position of the majority as well as the divergent position at PRAC. The PRAC chair and PRAC Rapporteur attended the discussion to provide a detailed update to the CHMP members. The CHMP expressed a view by consensus to have an oral explanation during the January Plenary and agreed on the additional issues to be discussed with the MAH in the oral explanation. An oral explanation was held on 22 January 2014 at 09:00. After the oral explanation the CHMP discussed the relevant data. The CHMP highlighted the need for a clear communication to the public and agreed to conclude at the February 2014 Plenary.
The CHMP agreed to the wording of the EMA communication.
The CHMP adopted a List of Outstanding Issues to the MAH with a specific timetable.
List of outstanding issues adopted by CHMP: 23.01.2014, Responses to list of questions by MAH: 31.01.2014, Joint assessment report from CHMP rapporteurs: 07.02.2014, Comments from CHMP: 12.02. 2014, Oral Explanation and/or CHMP opinion: February 2014 CHMP

Osseor (EMEA/H/C/000561)
(Strontium Ranelate), Les Laboratoires Servier, Rapporteur: Bengt Ljungberg, Co-Rapporteur: Andrea Laslop, (treatment of osteoporosis)
PRAC outcome at January 2014 PRAC meeting.
An oral explanation was held on 22 January 2014 at 09:00.
See also Protelos (EMEA/H/C/000560)
See also 1. Oral explanations

12.2 Requests for CHMP Opinion under Article 5(3) and 57 (1)p of Regulation (EC) No 726/2004

No items

12.3 Procedure under Articles 5(2) and 10 of the Regulation (EC) No 726/2004

No items

12.4 Disagreement between Member States on application for medicinal product (Potential serious risk to Public Health) –under Article 29(4) of Directive 2001/83/EC

No items

12.5 Harmonisation - Referral procedure under Article 30 of Directive 2001/83/EC

Rocephin (EMEA/H/A-30/1302)
(ceftriaxone), Roche group of companies, Rapporteur: Greg Markey, Co-Rapporteur: Juris Pokrotnieks,
Rocephin is indicated for the treatment of the infections in adults and children including neonates (from birth) (antibiotic).
List of Outstanding Issues was adopted in July 2012 May and October 2013.
The CHMP adopted an opinion by consensus recommending changes to the SmPCs, labelling and package leaflets. The assessment report was adopted.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The CHMP noted the EMA question-and-answer document.

Article 30 list for SmPC harmonisation to be triggered by the EC in 2014: For adoption
The CHMP noted the List of products identified by CMDh and the agreement letter from the European Commission together with the draft timetables.
Haldol (haloperidol), Janssen-Cilag
Cymevene (ganciclovir), F. Hoffmann-La Roche
Novantrone (mitoxantrone) Meda Pharma

The CHMP appointed the following Rapporteurs:
Haldol (haloperidol), Janssen-Cilag
Rapporteur: Martina Weise
Co-Rapporteur: Ivana Mikacic

Cymevene (ganciclovir), F. Hoffmann-La Roche
Rapporteur: Romaldas Maciulaitis
Co-Rapporteur: Alar Irs

Novantrone (mitoxantrone) Meda Pharma
Rapporteur: Pieter de Graeff
Co-Rapporteur: Robert Hemmings

Amoxil (EMEA/H/A-30/1372)
(amoxicillin), MAH: GlaxoSmithKline**,** Rapporteur: Robert James Hemmings, Co-Rapporteur: Concepcion Prieto Yerro,
List of Questions adopted in July 2013
The CHMP agreed to the request by the MAH for an additional 1-month extension of timeframe to respond to the List of Questions adopted in July 2013, with a specific timetable.
Submission: 04.03.2014, Re-start: 26.03.2014, (Co-)Rapp AR: 10.04.2014, Comments: 15.04.2014, Opinion: April 2014 CHMP

12.6 Community Interests - Referral under Article 31 of Directive 2001/83/EC

Emergency contraceptives (EMEA/H/A-31/1391)

Nationally Authorised Products (NAPs):
emergency contraceptive medicinal products containing levonorgestrel and ulipristal

Centrally Authorised product (CAP):
ellaOne (ulipristal acetate), MAH: Laboratoire HRA Pharma, SA

Influence of body weight and Body mass index (BMI) of women on the efficacy of the emergency contraceptives.
The CHMP noted the letter from the Medical Products Agency in Sweden dated 16 January 2014 notifying of official referral under Article 31 and its grounds.
The CHMP appointed Kristina Dunder as Rapporteur and Pieter de Graeff as Co-Rapporteur.
The CHMP adopted a List of Questions with the following timetable: Notification: 16.01.2014, Start of the procedure (CHMP): January 2014 CHMP, List of questions: 23.01.2014, Submission of responses: 26.03.2014, Re-start of the procedure: 22.04.2014, Rapporteur/co-rapporteur assessment reports circulated to CHMP: 07.05.2014, Comments: 12.05.2014, List of outstanding issues/ CHMP opinion: May 2014 CHMP

The CHMP noted the EMA press release on the start of the referral.
See also ellaOne II/21 and R/25

Agents acting on the renin-angiotensin system (CAP, NAP) (EMEA/H/A-31/1370)
angiotensin receptor blockers (ARBs), angiotensin converting enzyme inhibitors (ACEi), direct renin inhibitors (aliskiren)
Review of the risks of dual blockade of the renin angiotensin system through concomitant use of ARBs, ACEi or aliskiren-containing medicines following notification by Italy of a referral under Article 31 of Directive 2001/83/EC based on pharmacovigilance data
PRAC Rapporteur: Carmela Macchiarulo, PRAC Co-Rapporteurs: Margarida Guimarães, Valerie Strassmann, Tatiana Magálová, Dolores Montero Corominas, Almath Spooner, Menno van der Elst, Julie Williams, Qun-Ying Yue,
The CHMP adopted a list of experts for the SAG CVS.
The CHMP adopted the List of Questions from the PRAC to the SAG-CVS.
The members noted the letter to the MAHs regarding participation to the SAG CVS meeting.

12.7 Re-examination Procedure under Article 32(4) of Directive 2001/83/EC

Estradiol (topical use) (EMEA/H/A-31/1336)
Rapporteur: Martina Weise, Co-Rapporteur: Hubert Leufkens,
Review of the benefit-risk balance of medicinal products containing estradiol for intravaginal administration and administration on the skin of the vulva due to observed high systemic absorption which may lead to safety issues.
The CHMP notes the letter from Dr August Wolff GmbH &Co KG Arzneimittel dated 3 January 2014 requesting a re-examination of Opinion adopted in December 2013.
The CHMP appointed Arantxa Sancho-Lopez) as re-examination Rapporteur and Milena Stain as re-examination Co-Rapporteur. The CHMP noted the draft timetable.
Re-examination – receipt of letter of intent from MAH: On 03.01.2014, Re-examination – receipt of detailed grounds from MAH by: by 08.03.2014, Re-examination – Start of re-examination procedure: 09.03.2014 (TBC), Re-examination – Rapporteur assessment report and Co-Rapporteur assessment report circulated to CHMP: 11.04.2014 (TBC), Re-examination – comments: 15.04.2014 (TBC), Re-examination – Updated Rapporteur assessment report and updated Co-Rapporteur assessment report circulated to CHMP: 18.04.2014 (TBC), Re-examination – Oral explanation/CHMP final opinion: April 2014 CHMP meeting

12.8 Procedure under Article 107(2) of Directive 2001/83/EC

No items

12.9 Disagreement between Member States on Type II variation– Arbitration procedure initiated by MAH under Article 6(13) (EC) No 1084/2003)

No items

12.10 Procedure under Article 29 Regulation (EC) 1901/2006

Crestor and associated names (EMEA/H/A-29-PAE/1378)
MAH: AstraZeneca, (rosuvastatin), Rapporteur: Pieter de Graeff, Co-Rapporteur: Radka Montoniová,
Application to extend the age range of the existing paediatric indication [hypercholesterolaemia (type

IIa including heterozygous familial hypercholesterolaemia) or mixed dyslipidaemia (type IIb) as an adjunct to diet when response to diet and other non-pharmacological treatments is inadequate] from patients aged 10 to 17 to patients aged 6 to 17 years.
The Committee discussed the issues identified in this application.
The CHMP adopted a Request for Supplementary Information with a specific timetable.
Request for Supplementary Information: 23.01.2014, Submission of responses: 15.03.2014, Restart of the procedure: 26.03.2014, Joint Rapporteur and co-rapporteur assessment report circulated to CHMP: 10.04.2014, Comments: 15.04.2014, CHMP opinion: April 2014 CHMP

12.11 Referral under Article 13 Disagreement between Member States on Type II variation– Arbitration procedure initiated by Member State under Article 13 (EC) No 1234/2008)

No items

13 PHARMACOVIGILANCE ISSUES

Summary of recommendations and advice of PRAC meeting held on 6-9 January 2014: **For information**	The Committee noted the report. The members noted the Summary of recommendations and advices of the PRAC meeting.
List of Union Reference Dates and frequency of submission of Periodic Safety Update Reports (EURD list) for January 2014: **For adoption**	The EURD list was adopted.
Early Notification System: January 2014 Early Notification System on Envisaged CHMP Recommendations for Regulatory Action (based on Identified Safety Concerns) Accompanied by Communication to the General Public: **For information**	See individual items
NeoRecormon (EMEA/H/C/000116) MEA 052.1 (Epoetin Beta), Roche Registration Ltd, Rapporteur: Martina Weise, Co-Rapporteur: Pierre Demolis, PRAC Rapporteur: Valerie Strassmann, Evaluation of interim PASS results PRAC updated assessment report: **For discussion**	The CHMP noted the PRAC updated assessment report.

14 INSPECTIONS

14.1 GMP Inspections

	Disclosure of information related to GMP inspections will not be published as it

	undermines the purpose of such inspections.

14.2 GCP Inspections

Request for GCP Inspection - **for adoption**	*Disclosure of information related to GCP inspections will not be published as it undermines the purpose of such inspections.*
GCP Inspection Reports **- for information**	
Request for GCP inspection **- cancellation**	

14.3 Pharmacovigilance Inspections

Request for Pharmacovigilance Inspections: **For adoption**	*Disclosure of information related to Pharmacovigilance inspections will not be published as it undermines the purpose of such inspections.*
Extension of the target date of the PhV Inspection Reports - **for adoption**	

14.4 GLP Inspections

Request for GLP Inspections: **For adoption**	*Disclosure of information related to GLP inspections will not be published as it undermines the purpose of such inspections.*

15 INNOVATION TASK FORCE

15.1 Minutes of ITF: For information

15.2 Briefing meetings (Innovation Task Force)

Disclosure of information related to briefing meetings taking place with applicants cannot be released at present time as deemed to contain commercially confidential information.

15.3 Eligibility to EMA scientific services

No items

15.4 Requests for CHMP Opinion under Article 57 (1)P of Regulation (EC) NO 726/2004

No items

15.5 Nanomedicines activities

No items

16 SCIENTIFIC ADVICE WORKING PARTY (SAWP)

Report from the SAWP meeting held on 7-9 January 2014. Table of conclusions: **For information**	
Scientific advice letters:	*Disclosure of information related to scientific advice letters cannot be released at present time as these contain commercially confidential information.*

17 SATELLITE GROUPS

17.1 Coordination Group for Mutual Recognition and Decentralised Procedures

Report from the Coordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh) on the meeting held on 20-22 January 2014: **For information**	The CHMP noted the report.

18 OTHER COMMITTEES

18.1 Committee for Orphan Medicinal Products (COMP)

Press release of the COMP meeting held on 7-8 January 2014: **For information**	To be sent in the Post-mail.

18.2 Committee for Herbal Medicinal Products (HMPC)

Report from the HMPC meeting held on 11-12 November 2013: **For information**	To be sent in the Post-mail.

18.3 Paediatric Committee (PDCO)

PIPs reaching D30 at January 2014 PDCO: **For information**	To be sent in the Post-mail.
Report from the PDCO meeting held on 15-17 January 2014: **For information**	The CHMP noted the report.

18.4 Committee for Advanced Therapies (CAT)

Table of Decisions of CAT meeting held on 16-17 January 2014: **For information**	The CHMP noted the Table of Decision.

19 INVENTED NAME ISSUES

Table of Decisions of the NRG Written Procedure January 2014: **For adoption**	The CHMP adopted the Table of Decision.

20 ANY OTHER BUSINESS

Expertise identification of Co-opted Member: **For discussion**	Election of CHMP Co-opted member at the February 2014 CHMP meeting. In view of the 3-year mandate expiring for Robert Hemmings, the CHMP is asked to review the current areas of its expertise and agree at this meeting on the additional expertise that might be required. The CHMP agreed the area of expertise required as Medical statistics (clinical-trial methodology/epidemiology). A call for nominations will be circulated after the January Plenary meeting.
Explanatory note on the withdrawal of the note for guidance on harmonisation of requirements for influenza Vaccines (CPMP/BWP/214/96) and of the core SmPC/PL for inactivated seasonal influenza vaccines (CMDh/128/2003/Rev5 and CMDh/129/2008/Rev3) following end of public consultation on 31 October and comments from stakeholders: **For adoption**	The CHMP adopted the explanatory note.
Proposal for a framework to incorporate patients' views during evaluation of benefit-risk by the EMA Scientific Committees: **For discussion**	The presentation outlined different ways of patients' involvement in CHMP work. The CHMP welcomed more involvement of patients and increased transparency and agreed that practicalities of their participation should be clarified as a first step.

Follow up actions on Minutes of the CHMP Informal meeting held in Vilnius (29-30 October 2013): **For discussion** • Topics identified for follow-up • Topic leaders	The CHMP Informal Minutes were adopted and the Action Plan was agreed. Follow-up actions and tasks to be taken forward were discussed. These related to improved collaboration between the PRAC and CHMP especially on Risk Management Plans assessments, quality of assessment reports, defining criteria for triggering revision of guidelines, strengthening ad-hoc expert groups by developing standardised information package to attendees and piloting a new approach to chairing such meetings and finally networking of multinational assessment teams CHMP members were invited to express interest in being sponsor for the identified follow-up actions. Expressions of interest should be sent to CHMPDL@ema.europa.eu.
Presentation on the Move to Churchill Place: **For information**	The CHMP was informed about the move to the new building in Churchill Place in summer 2014. The members welcomed a visit to the new site in July. It was clarified that in addition to the large screens on the side of the large meeting rooms, the Secretariat/chair as well as the industry representatives will have small screens in order to follow the presentations. The members highlighted the need for appropriate luggage storage, preferable lockable. Furthermore the Committee welcomed the new technology using Adobe Connect which makes it possible for national experts to follow the discussion from the national competent authorities. Following the concern expressed that the large screens may not be sufficient to follow the meeting for long time in detail it was emphasised that the experts can either bring a second device or receive a laptop from EMA to follow the presentations via Adobe Connect. A regular update on the process was welcomed by the Committee.
Cardiovascular Working Party Work Programme for 2014: **For adoption**	The Cardiovascular Working Party Work Programme for 2014 was adopted.

Cardiovascular Working Party • Wording of indication for medicinal products for treatment of type 2 diabetes: **for discussion**	The CHMP agreed to the questions to external stakeholders and the proposed way forward. The questions will be included in a reflection paper which will be published on the EMA website for public consultation. Furthermore learnt societies and other stakeholders will be proactively contacted.
Pharmacogonomics Working Party Work Programme for 2014: **For adoption**	The Pharmacogonomics Working Party Work Programme for 2014 was adopted.
Pharmacokinetics Working Party Work Programme for 2014: **For adoption**	The Pharmacokinetics Working Party Work Programme for 2014 was adopted. PKWP – Call for (Re) nomination of experts The composition of the WP will be determined by the CHMP based on the specific expertise and experience with regards to the 2014 PKWP work program. The candidates for the core member positions should be assessors within the European regulatory network with one or more of the following professional qualification: • Clinical pharmacokineticist • Pharmacokineticist with expertise in Population Pharmacokinetics and Physiologically Based Pharmacokinetics • Biopharmaceutical experts • Pharmacokineticist with bioanalytical expertise • Pharmacokineticist with statistical expertise • Expert in the assessment of complex generics • Pharmacokineticist with expertise in metabolism/ drug interaction • Pharmacokineticist with knowledge in paediatric PK (Re)nominations should be sent to PKWP@ema.europa.eu by 18 April 2014. Please include a CV of the candidate(s) nominated.

Gastroenterology Drafting Group Work Programme for 2014: **For adoption**	The Gastroenterology Drafting Group Work Programme for 2014 was adopted. GDG – Call for (Re) nomination of experts The composition of the DG will be determined by the CHMP based on the specific expertise and experience with regards to the 2014 GDG work program. Essential/Mandatory requirement: Qualification as Gastroenterologist or – with other or no (sub-)specialization: long-standing clinical experience in the therapeutic area. or Assessors within the European regulatory network with a long-standing experience in regulatory work with products in the therapeutic area Gastroenterology/Hepatology Desirable profile: Experience in the assessment/approval of new chemical entities (Centralised, Decentralised or National procedures) and experience with EMA and/or National Scientific Advice in the therapeutic area (regulators). Experience in the drafting of guidance documents (e.g. diagnostic or therapeutic clinical guidelines) (clinicians). (Re)nominations should be sent to GastroenterologyDG@ema.europa.eu by 18 April 2014. Please include a CV of the candidate(s) nominated.
Rheumatology-Immunology Working Party Work Programme for 2014: **For adoption**	The Rheumatology-Immunology Working Party Work Programme was adopted.
Urology Drafting Group: **For discussion**	The members noted that no topics have been identified for the inclusion in the Urology WP work programme 2014. The CHMP agreed to retire the Drafting Group until topics are identified.
Safety Working Party Work Programme 2014: **For adoption**	The Safety Working Party Work Programme 2014 was adopted.

Response from the RIWP to the CMDh letter from regarding interpretation of the Guideline on Clinical Investigation of Medical Products Used in the Treatment of Osteoarthritis (CPMP/EWP/784/97 Rev.1) in the context of the Art. 29(1) referral on Chondroitin Altergon (PT/H/0898/001/DC): **For adoption**	The Response was adopted.
General discussion on combination packs - Follow up from ITF reports at December 2013 Plenary • Briefing note: **For discussion** • 2 ITF reports adopted in December: **For information**	Postponed to February 2014 ORGAM
Q&A on Benzyl alcohol (EMA/508188/2013): **For adoption for 3-month public consultation**	The CHMP adopted the Q&A for 3-month public consultation
Q&A on Benzoic acid (EMA/508189/2013): **For adoption for 3-month public consultation**	The CHMP adopted the Q&A for 3-month public consultation
Q&A on Ethanol (EMA/507988/2013)**: For adoption for 3-month public consultation**	The CHMP adopted the Q&A for 3-month public consultation
Update from CHMP sub-group on supply shortages: **For information** • Presentation: **For information** • CHMP briefing note: **For information** •	CHMP sub-group and HMA virtual group on supply shortages – presentation on groups' work and report on the outputs
Guideline on the investigation of subgroups in confirmatory clinical trials (Biostatistics Working Party): **For adoption for a 6-month public consultation**	The Guideline was adopted for a 6-month public consultation.
Proposal to change to the Geriatric Expert Group (GEG) mandate (from 12 to 13 core members) • Revised GEG Mandate, objectives and rules: **For adoption** • Geriatric Expert Group Nominees: **For adoption**	The CHMP requested further clarification on the change to the mandate. Further discussion expected at the February ORGAM.

Reflection paper on Orphan Similarity assessment: **For discussion and adoption**	The Reflection paper on similarity was discussed but the Committee felt that further discussion was required and agreed to consult the SAWP for further clarifications. Further discussion is expected next month.
List of planned workshops across Working Parties: **For discussion**	The CHMP noted the list of planned workshops across Working Parties.
The HMA Task Force on adherence to time tables The TF has participation from SE, UK, DE, DK, NL, IE and EMA. Both human and veterinary medicines are concerned CHMP representative to be appointed.	The CHMP agreed to Kristina Dunder being the CHMP representative.

21 List of participants: *including any restrictions with respect to involvement of members / alternates / experts following evaluation of declared interests for the 20-23 January 2014 meeting.*

CHMP Member	***Country***	***Outcome restriction following evaluation of e-DoI for the meeting***	***Topics on the current Committee Agenda for which restriction applies*** ***Product/*** ***substance***
Andrea Laslop	Austria	Full involvement	
Daniel Brasseur	Belgium	Full involvement	
Mila Vlaskovska	Bulgaria	Full involvement	
Ivana Mikačić	Croatia	Full involvement	
Jens Heisterberg	Denmark	No participation in final deliberations and voting on:	Latuda (previously known as Lurasidone Takeda) (EMEA/H/C/002713) (lurasidone)
			Rivastigmine 3M (EMEA/H/C/003824) (rivastigmine)
Alar Irs	Estonia	Full involvement	
Outi Maki-Ikola	Finland	No participation in discussions, final deliberations and voting on:	Reasanz (previously Serelaxin) (EMEA/H/C/002817)
			Stelara (EMEA/H/C/000958/II/0037) (ustekinumab)
			Crestor and associated names (EMEA/H/A-29/1378)
Pierre Demolis	France	Full involvement	
Harald Enzmann	Germany	Full involvement	
Jan Mueller-Berghaus	Co-opted	Full involvement	
Aikaterini Moraiti	Greece	Full involvement	
Agnes Gyurasics	Hungary	Full involvement	
Kolbeinn Gudmundsson	Iceland	Full involvement	

CHMP Member	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
David Lyons	Ireland	Full involvement	
Romaldas Mačiulaitis	Lithuania	Full involvement	
Jacqueline Genoux-Hames	Luxembourg	Full involvement	
Jean-Louis Robert	Co-opted	Full involvement	
John Joseph Borg	Malta	Full involvement	
Pieter de Graeff	Netherlands	Full involvement	
Hubert Leufkens	Co-opted	Full involvement	
Karsten Bruins Slot	Norway	Full involvement	
Piotr Fiedor	Poland	Full involvement	
Bruno Sepodes	Portugal	Full involvement	
Nela Vilceanu	Romania	Full involvement	
Jan Mazag	Slovakia	Full involvement	
Concepcion Prieto Yerro	Spain	Full involvement	
Sol Ruiz	Co-opted	Full involvement	
Tomas Salmonson	Chair	Full involvement	
Kristina Dunder	Sweden	Full involvement	
Greg Markey	United Kingdom	Full involvement	
Robert James Hemmings	Co-opted	Full involvement	

CHMP Alternate	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
Milena Stain	Austria	Full involvement	
Bart Van der Schueren	Belgium	Full involvement	
Ana Dugonjić	Croatia	Full involvement	
Radka Montoniová	Czech Republic	Full involvement	
Jens Ersbøll	Denmark	Full involvement	
Joseph Emmerich	France	No participation in discussions, final deliberations and voting on:	Emergency contraceptives Art 31 Pradaxa (dabigatran etexilate)
Martina Weise	Germany	Full involvement	
Melinda Sobor	Hungary	Full involvement	
Patrick Salmon	Ireland	Full involvement	
Daniela Melchiorri	Italy	Full involvement	
Natalja Karpova	Latvia	Full involvement	
Johann Lodewijk Hillege	Netherlands	Full involvement	
Ingunn Hagen Westgaard	Norway	Full involvement	
Dinah Duarte	Portugal	Full involvement	
Jana Klimasová	Slovakia	Full involvement	
Nevenka Trsinar	Slovenia	Full involvement	
Arantxa	Spain	Full involvement	

CHMP Alternate	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
Sancho-Lopez			
Bengt Ljungberg	Sweden	Full involvement	
Rafe Suvarna	United Kingdom	Full involvement	

EUROPEAN COMMISSION	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
Dagmar Stara	European Commission	Full involvement	

*CHMP Expert**	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
* Experts were only evaluated against the product they have been invited to talk about.			
Valerie Lescrainier	Belgium	Full involvement	
Marina Feřtek	Czech Republic	Full involvement	
Mette Tranholm	Denmark	Full involvement	
Vincent Gazin	France	Full involvement	
Ljiljana Milosevic-Kapetanovic	France	Full involvement	
Sylvain Gueho France	France	Full involvement	
Sabine Mayrhofer	Germany	Full involvement	
Nithyanandan Nagercoil	United Kingdom	Full involvement	
David Silverman	United Kingdom	Full involvement	

*CHMP Expert by phone**	*Country*	*Outcome restriction following evaluation of e-DoI for the meeting*	*Topics on the current Committee Agenda for which restriction applies* *Product/* *substance*
*Experts were only evaluated against the product they have been invited to talk about.			
Olga Kholmanskikh	Belgium	Full involvement	
Sonja Beken	Belgium	Full involvement	
Jean-Hugues Trouvin	France	Full involvement	
Armin Koch	Germany	Full involvement	
Brigitte Brake	Germany	Full involvement	
Una Kiekstina	Latvia	Full involvement	
Margarida Menezes	Portugal	Full involvement	
Jorge Camarero	Portugal	Full involvement	
Ulla Wändel Liminga	Sweden	Full involvement	
Elina Rönnemaa	Sweden	Full involvement	
Filip Josephson	Sweden	Full involvement	
Nicole Assmann	United Kingdom	Full involvement	
John Johnston	United Kingdom	Full involvement	

Explanatory notes

The notes below give a brief explanation of the main sections and headings in the CHMP agenda and should be read in conjunction with the agenda or the minutes.

Oral explanations *(section 1)*

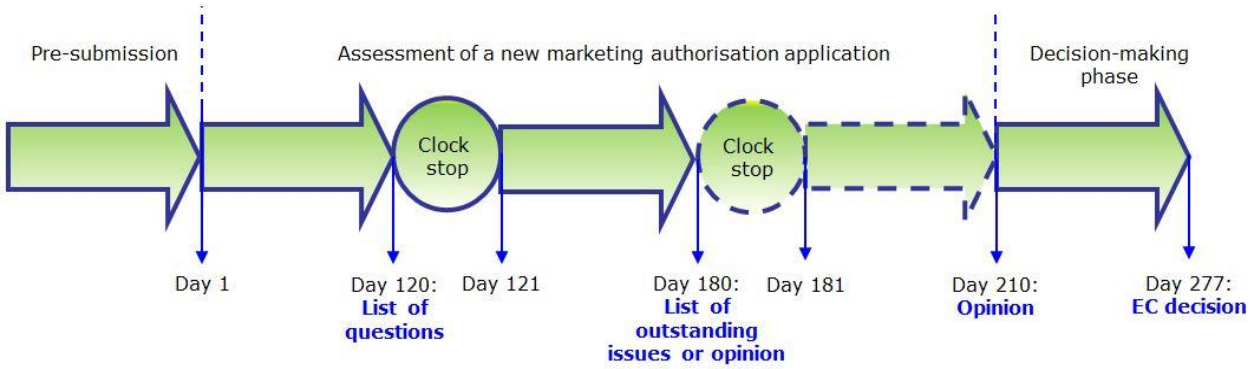
The items listed in this section are those for which marketing authorisation holders (MAHs) or applicants have been invited to the CHMP plenary meeting to address questions raised by the Committee. Oral explanations normally relate to on-going applications (section 2 and 3) or referral procedures (section 12) but can relate to any other issue for which the CHMP would like to discuss with company representatives in person.

New applications *(section 2)*

This section lists applications for marketing authorisations of new medicines that are to be discussed by the Committee.

Section 2.1 is for medicinal products nearing the end of the evaluation and for which the CHMP is expected to adopt an **opinion** at this meeting on whether marketing authorisation should be granted. Once adopted, the CHMP opinion will be forwarded to the European Commission for a final legally binding decision valid throughout the EU.

The other items in the section are listed depending on the stage of the evaluation, which is shown graphically below:



The assessment of an application for a new medicine takes up to 210 'active' days. This active evaluation time is interrupted by at least one 'clock-stop' during which time the applicant prepares the answers to questions from the CHMP. The clock stop happens after day 120 and may also happen after day 180, when the CHMP has adopted a list of questions or outstanding issues to be addressed by the company. Related discussions are listed in the agenda under sections 2.2 (**Day 180 List of outstanding issues**) and 2.3 (**Day 120 list of questions**).

CHMP discussions may also occur at any other stage of the evaluation, and these are listed under section 2.4, **update on ongoing new applications for centralised procedures**.

The assessment leads to an opinion from the CHMP by day 210. Following a CHMP opinion the European Commission takes usually 67 days to issue a legally binding decision (i.e. by day 277 of the procedure). CHMP discussions on products that have received a CHMP opinion and are awaiting a decision are listed under section 2.5, **products in the decision making phase**.

Extension of marketing authorisations according to Annex I of Reg. 1234/2008 *(section 3)*

Extensions of marketing authorisations are applications for the change or addition of new strengths, formulations or routes of administration to existing marketing authorisations. Extension applications follow a 210-day evaluation process, similarly to applications for new medicines (see figure above).

Type II variations - Extension of indication procedures *(section 4)*

Type II variations are applications for a change to the marketing authorisation which requires an update of the product information and which is not covered in section 3. Type II variations include applications for a new use of the medicine (extension of indication), for which the assessment takes up to 90 days. For the applications listed in this section, the CHMP may adopt an opinion or request supplementary information from the applicant.

Ancillary medicinal substances in medical devices *(section 5)*

Although the EMA does not regulate medical devices it can be asked by the relevant authorities (the so-called Notified Bodies) that are responsible for regulating these devices to give a scientific opinion on a medicinal substance contained in a medical device.

Re-examination procedures (new applications) under article 9(2) of regulation no 726/2004 *(section 6)*

This section lists applications for new marketing authorisation for which the applicant has requested a re-examination of the opinion previously issued by the CHMP.

Re-examination procedures *(section 7)*

This section lists applications for type II variations (including extension of indication applications) for which the applicant has requested re-examination of the opinion previously issued by the CHMP.

Withdrawal of application *(section 8)*

Applicants may decide to withdraw applications at any stage during the assessment and a CHMP opinion will therefore not be issued. Withdrawals are included in the agenda for information or discussion, as necessary.

Procedure under article 83(1) of regulation (EC) 726/2004 (compassionate use) *(section 9)*

Compassionate use is a way of making available to patients with an unmet medical need a promising medicine which has not yet been authorised (licensed) for their condition. Upon request, the CHMP provides recommendations to all EU Member States on how to administer, distribute and use certain medicines for compassionate use.

Pre-submission issues *(section 10)*

In some cases the CHMP may discuss a medicine before a formal application for marketing authorisation is submitted. These cases generally refer to requests for an accelerated assessment for medicines that are of major interest for public health or can be considered a therapeutic innovation. In case of an accelerated assessment the assessment timetable is reduced from 210 to 150 days.

Post-authorisation issues *(section 11)*

This section lists other issues concerning authorised medicines that are not covered elsewhere in the agenda. Issues include supply shortages, quality defects, some annual reassessments or renewals or type II variations to marketing authorisations that would require specific discussion at the plenary.

Referral procedures *(section 12)*

This section lists referrals that are ongoing or due to be started at the plenary meeting. A referral is a procedure used to resolve issues such as concerns over the safety or benefit-risk balance of a medicine or a class of medicines. In a referral, the EMA is requested to conduct a scientific assessment of a particular medicine or class of medicines on behalf of the EU. Further information on such procedures can be found here.

Pharmacovigilance issues *(section 13)*

This section lists issues that have been discussed at the previous meeting of the PRAC, the EMA's committee responsible for evaluating and monitoring safety issues for medicines. Feedback is provided by the PRAC. This section also refers to the early notification system, a system used to notify the European regulatory network on proposed EMA communication on safety of medicines.

Inspections Issues *(section 14)*

This section lists inspections that are undertaken for some medicinal products. Inspections are carried out by regulatory agencies to ensure that marketing authorisation holders comply with their obligations. Inspection can relate to good manufacturing practice (GMP), good clinical practice (GCP), good laboratory practice (GLP) or good pharmacovigilance practice (GVP).

Innovation task force *(section 15)*

The Innovation Task Force (ITF) is a body set up to encourage early dialogue with applicants developing innovative medicines. Minutes from the last ITF meeting as well as any related issue that requires discussion with the CHMP are listed in this section of the agenda. Further information on the ITF can be found here.

Scientific advice working party (SAWP) *(section 16)*

This section refers to the monthly report from the CHMP's Scientific Advice Working Party (SAWP) on scientific advice given to companies during the development of medicines. Further general information on SAWP can be found here.

Satellite groups / other committees *(section 17)*

This section refers to the reports from groups and committees making decisions relating to human medicines: the Coordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh), the Committee for Orphan Medicinal Products (COMP), the Committee for Herbal Medicinal Products (HMPC), Paediatric Committee (PDCO), the Committee for Advanced Therapies (CAT) and the Pharmamacovigilance Risk Assessment Committee (PRAC).

Invented name issues *(section 18)*

This section list issues related to invented names proposed by applicants for new medicines. The CHMP has established the Name Review Group (NRG) to perform reviews of the invented names. The group's main role is to consider whether the proposed names could create a public-health concern or potential safety risk. Further information can be found here.