21 June 2022
EMA/CMDh/609105/2022
Human Medicines Division

Coordination Group for Mutual Recognition and Decentralised Procedures - Human (CMDh)

Minutes for the meeting on 17-19 May 2022

Chair: Kora Doorduyn-van der Stoep – Vice-Chair: Susanne Winterscheid

Health and safety information

In accordance with the Agency's health and safety policy, delegates are to be briefed on health, safety and emergency information and procedures prior to the start of the meeting.

Disclaimers

Some of the information contained in this set of minutes is considered commercially confidential or sensitive and therefore not disclosed. Ongoing procedures discussed by the CMDh are considered confidential.

Of note, this set of minutes is a working document primarily designed for CMDh members and the work the Committee undertakes.

Note on access to documents

Some documents mentioned in this set of minutes cannot be released at present following a request for access to documents within the framework of 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 Agency policy on access to documents (EMA/729522/2016).

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Table of contents

1. Introduction

1.1. Welcome and declarations of interest of members, alternates and experts

In accordance with the Agency's policy on handling of declarations of interests of scientific Committees' members and experts, based on the declarations of interest submitted by the Committee members, alternates and experts and based on the topics in the agenda of the current meeting, the Committee Secretariat announced the restricted involvement of some meeting participants in upcoming discussions as included in the pre-meeting list of participants and restrictions.

Participants in this meeting were asked to declare any changes, omissions, or errors to their declared interests and/or additional restrictions concerning the matters for discussion. No new or additional interests or restrictions were declared.

Discussions, deliberations and voting took place in full respect of the restricted involvement of Committee members and experts in line with the relevant provisions of the Rules of Procedure and as included in the list of participants. All decisions taken at this meeting were made in the presence of a quorum of members.

The Chairperson opened the meeting by welcoming all participants. Due to the current coronavirus (COVID-19) outbreak, and the associated EMA Business Continuity Plan (BCP), the meeting was held in hybrid format, i.e. CMDh members participated in person and via WebEx.

1.2. CMDh membership

The CMDh welcomed Daniela Elena Popa as new alternate for Romania.

1.3. Adoption of draft agenda

The agenda of the meeting was adopted with the following topic under A.O.B:

- *Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information*.

1.4. Adoption of the minutes

The minutes of the April 2022 meeting, including the comments received and discussed at the meeting, were adopted and will be published on the CMDh website (**Action: EMA**).

2. Organisational issues/Reports from other meetings

2.1. CMDh Working Groups/Working Parties/Task Force

2.1.1. CMDh/EMA Working Party on Paediatric Regulation / WP Chair (NO)

Public PdARs for paed. studies acc. Art. 45

The PAR on Varilrix (live attenuated varicella virus (OKA strain)) was adopted by the CMDh and will be published on the CMDh website (**Action: EMA**).

Public PdARs for paed. studies acc. Art. 46N

None

Art. 46 worksharing

Rapporteurs were appointed for the Art. 46 submissions.

2.1.2. Working Party on Pharmacovigilance Procedures Worksharing / WP Chair (IT)

The WP Chair reported from the May WP meeting including feedback from the HaRP group.

The WP discussed among others the update of the EURD list and continued the discussions on the proposal to optimise/rationalise the CMDh LoSC excel list. MSs were invited to send comments on the 4th wave of HaRP ARs in case RMPs were not included (**Action: MSs**)

The WP discussed the RSI (Reference Safety Information) proposal from MfE. Further discussion is expected in the CZ CMDh Presidency meeting.

2.1.3. Multilingual Packaging Working Group / WG Chair (IE)

The WG Chair gave an update to the progress of the pilot on procedures and on the EU reduced harmonised text.

The CMDh discussed the content and agreed to circulate a survey to IPs to request feedback on the experience with the MLP and the pilots.

The CMDh was updated on the work undertaken, the WG priorities for 2022 and the ongoing discussions.

2.1.4. Working Party on Variation Regulation / WP chair (DE)

The WP Chair reported from the May WP meeting held in the margins of CMDv.

The CMDh agreed an update of its Q&As on Variations and of the examples for acceptable and not acceptable groupings for MRP/DCP products to clarify that a type II variation application to update the dossier in preparation of a Repeat Use Procedure or MRP or before submission of a duplicate application, may include new or updated documentation for the medical device confirming compliance with relevant general safety and performance requirements set out in the Medical Device Regulation (EU) 2017/745.

The document on grouping examples has also been updated to remove references relevant for veterinary medicinal products only.

The CMDh agreed to the following WP proposals to improve the WS procedures which only include quality changes of type IB or groupings with type IB as the highest type of change:

- the assessment report can be reduced to the minimum necessary information. In these cases it is also possible not to use the type II AR template at all but to just include the relevant information in an email.

- the timetable for type IB variations can be followed (30-30-30 days), however, in specific cases the reference authority can extend this to the 60 days type II timetable if needed.

The CMDh agreed to the proposals and adopted and update on the Chapter 7 of the BPG on WS including reflecting the new practice accordingly.

The CMDh agree to publish the BPG only when CTS is updated to include a 30-day IB timetable for these WS.

The use of shortened assessment reports can already be applied.

2.1.5. Working Group on ASMF Procedures / WG Chair (NL)

The WG discussed among others the updates of the repository, the update of the user guide and the Q&As. The Q&As will be circulated to CMDh and tabled for adoption in June (**Action: Chair ASMF**).

2.2. Meeting with Interested Parties / Chair

The CMDh discussed the presentations in preparation of the meeting with Interested Parties and the feedback to be given during the meeting.

The topics discussed included, amongst others, multilingual labelling, resources, (shortened) renewals, repeat-use procedures, shortages (also in relation to the EMA's new mandate) and electronic product information.

2.3. Brexit / SE

Following the publication in the Official Journal of the European Union on 20 April 2022 of the Directive (EU) 2022/642 of 12 April 2022, amending Directives 2001/20/EC and 2001/83/EC as regards derogations from certain obligations concerning certain medicinal products for human use made available in the UK(NI), IE, CY and MT, the CMDh has discussed and agreed updates of its practical guidance (PG) documents for procedures related to Brexit and on the implementation of the IE/NI Protocol. The updates reflect the changes that came into effect with the new legislation for products for human use approved via MRP/DCP. The updated documents will be published on the CMDh website (**Action: EMA**).

The CMDh discussed how to handle UK(GB) sites in procedures without UK(NI), IE, CY and MT as CMS, that should have been deleted by end of 2021, via a submission of a type IA variation. The CMDh noted the previous agreement, that MAHs that still have UK(GB) sites mentioned in the dossier in addition to EU sites, e.g. alternative batch release or batch control sites (except for procedures where IE, CY, MT and/or UK(NI) are CMS and have granted an exemption for their markets), should remove these alternative sites from the MA, using the respective variation procedure type IA, category A.7. The CMDh highlighted that this should be done immediately for all procedures not including IE, CY, MT and/or UK(NI) as CMS, as the timeframe for submission of these variations had already expired on 31 December 2021. As previously agreed, further regulatory activity might be possible on a national level in case these variation submissions are further delayed.

2.4. French Presidency meeting / FR

The minutes from the French presidency meeting were adopted.

The CMDh was informed about the upcoming Czech presidency meeting to be held on 17-19 October. CMDh will have a joint meeting with PRAC.

2.5. Multi-Annual Workplan / Chair

The MAWP topic leaders presented the outcome following the review of the comments received during the public consultation. The CMDh agreed the respective updates on the topics/actions. The topic leaders will circulate an updated version of the document following the discussion at CMDh. A consolidated version will be prepared for discussion next month, to ensure that the comments are reflected consistently across the document (**Action: CMDh Chair/EMA**).

2.6. HMA meeting / Chair

The Chair reported from the HMA meeting held on 4-6 May 2022.

2.7. EU Pharmaceutical Strategy / Chair

Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information.

3. General items

3.1. CMDh guidance documents

3.1.1. Template for request for MRP/RUP / DK

Following the discussion in April, the CMDh discussed the best approach on how to update the template for request for MRP/RUP. It was agreed to develop a form similar to the AR template for repeat use MRPs in which the MAH has to provide information that can easily be transferred into the AR. The aim is to avoid that MAHs have to provide the same information in separate documents and that the RMS has to copy-paste it to the AR itself. It was noted that some MSs request MAHs to provide a pre-filled eAF. A possible combination of both approaches can be discussed in June. MSs were asked to provide comments on the proposal sent by DE for further discussion in June (**Action: MSs**).

3.1.2. DCP overview AR templates / NL

The CMDh discussed an update of the DCP overview assessment report template. The update was triggered by inconsistencies between the D70 and D120 template, which have been aligned. Several options were discussed. In the end, it was agreed to combine the D70 and D120 templates into one template that should be used throughout the assessment procedure. The instructions have been updated to give guidance to assessors at D70 and D120, respectively. Two versions of the template will be made available, one including instructions and one "empty" version without instructions (but still including standard wording for specific issues). MSs were asked to provide final comments on the update template until 24 May 2022 (**Action: MSs**).

The updated template will then be published on the CMDh website (**Action: EMA**).

3.2. Variations

3.2.1. Requests for worksharing procedures on Variations

The MSs chosen by the CMDh, based on the recommendations of MAHs, agreed to be reference authorities for the procedures.

3.2.2. Requests for recommendations on unforeseen Variation under Art. 5 of Variation Regulation

None

3.2.3. Submission of parallel national variations instead of worksharing / BE

In May 2021, following the submission of parallel national variations by a MAH to implement the outcome of a signal assessment, the CMDh had requested the MAH to withdraw the national variations and to submit them as variation worksharing in all concerned MSs instead (including those MSs where the variation was already approved) to avoid duplication of work and to ensure a harmonised outcome.

The CMDh was informed that the MAH did not follow the CMDh request, at least in some MSs. This might be due to a MAH transfer that has taken place after the CMDh request and insufficient communication between new and old MAH during the transfer.

The CMDh has been informed that in the meantime the issue was addressed during a recently finalised PSUSA and has been implemented in a harmonised manner. There is no need for immediate CMDh follow-up, but the CMDh will keep monitoring the situation and will request variations worksharing submissions, in case the new MAH submits parallel national variations again.

3.3. GMP

None

3.4. GCP

None

3.5. SmPC harmonisation / Chair

Following the discussion in April and after consultation with EMA and CHMP, the CMDh decided not to go ahead with the preparation of a list of products for SmPC harmonisation in 2022 due to the current workload and limited resources in the network. Additionally, no urgent candidates have been identified so far.

In case urgent cases for SmPC harmonisation are identified, a referral can be triggered individually by MSs directly under Art. 30, as needed.

The CMDh will review the situation again in 2023.

3.6. Proposal for inclusion of information on disposal in the PI for topical medicinal products containing diclofenac / DE

Following publications in Germany defending that the entry of diclofenac into the wastewater system can be significantly reduced when the hands are cleaned in a systemic way by using a paper towel in advance of washing them, after the use of diclofenac containing topical medicinal products, DE proposed to include relevant information on the disposal in the product information of national and EU procedures for these products. It was discussed that the same approach could also be considered for other NSAIDs presented in topical formulations.

It was noted that some products in the EU already have some information in the PI in this regard, but the wording is not harmonised. There was also a discussion in which section of the SmPC the information should be placed (4.2, 4.9, 5.3. and/or 6.6).

The CMDh agreed to consult NcWP on the proposed approach, i.e. a proven significant reduction of an active substance into the wastewater system would be a general criterium for all topical (NSAID) formulations to include this warning in the SmPC/PL. The SmPC advisory group could be consulted by NcWP, as needed, on the most appropriate location for the information. A question to NcWP will be circulated for written agreement (**Action: DE**).

3.7. TiO2 (E171) used as excipient / EMA, DE

The CMDh was informed about meetings on titanium dioxide between EMA, HMA, EC and industry representatives and between QWP and Interested Parties.

Among others, industry raised concerns on the tight timeframe to find suitable replacements for titanium dioxide. It was noted that a close collaboration and exchange of information between industry and regulators is needed in the coming years.

The CMDh was informed that the draft Q&A document, presented to CMDh in April, was also shared with industry representatives for comments. The comments will be further discussed and an updated version of the Q&As will be presented to CMDh for adoption in June.

4. Generic/hybrid marketing authorisations

4.1. Bioequivalence study with UK Reference Medicinal Product / DE

The CMDh discussed a procedure for which BE studies against a UK RefMP have been submitted. The studies were completed after the end of the transition period. They were conducted after the initially submitted *in vitro* studies were considered not sufficient.

The CMDh agreed with the RMS that BE studies against a UK RefMP, completed after the end of the transition period cannot be accepted. This is in line with the published guidance on Brexit.

4.2. Marketing authorisation applications for generics of Tecfidera (dimethylfumarate) / EMA

The CMDh was informed that the EC decision on the extension of indication application for Tecfidera was finalised and published with a note referring to the judgment of the General Court in case T-611/18, which is currently under appeal. Based on the ad-hoc CHMP

assessment, that concluded that it cannot be established that monoethyl fumarate salts (MEF) exerts a clinically relevant therapeutic contribution within Fumaderm and the Judgment of the General Court of 5 May 2021 in Case T-611/18 it was determined that Tecfidera does not benefit from an independent global marketing authorisation and thus an additional year of marketing protection in accordance with Article 14(11) of Regulation (EC) No 726/2004 was not granted. EC decisions on three generics MAs submitted through the centralised procedure have also been finalised and published.

A letter from the MAH of Tecfidera (Biogen), outlining their legal arguments, was shared with MSs for information to take into account in the ongoing generic applications. It was noted that generic applicants need to justify in their applications why they consider that Tecfidera and Fumaderm belong to the same GMA.

4.3. Use of bioequivalence tool in assessment of bioequivalence studies / DK

DK informed the CMDh that for DK RMS procedures they are considering starting a pilot under which they would ask applicants to submit BE study data in a different format at the time of submission useful for the assessment of bioequivalence studies. It was confirmed by the other MS that submission of data in a different format would not cause any problems.

There was general support in the CMDh for the pilot and it was suggested that other MSs could also join it. It was agreed that the pilot should be discussed in the GCP Inspectors WG/CMDh WP. BSWP could also be consulted.

Further discussion on the pilot may follow, as needed.

4.4. Environmental risk assessment in generics / SK

The CMDh was informed of the feedback from MSs on questions related to requests for environmental risk assessment (ERA) for generics.

All MSs that replied confirmed that the submission of ERA is requested for generics as part of the MAA. Most MSs accept a justification of absence of ERA studies due to a lack of expected increase in the environment. Also, most of the MSs accept the submission of ERA studies as a post-authorisation commitment, in case these were not submitted during the MAA and considered needed.

5. Referrals

5.1. Referrals to CMDh (pursuant to Art. 29(1) of Directive 2001/83/EC or Art. 13 of Regulation (EC) No 1234/2008)

5.1.1. Art. 29/13 referrals for discussion at CMDh

5.1.1.1. Rambis (PL/H/0758/001-006/DC) / PL

The RMS gave an overview of the Art. 29 referral on Rambis (PL/H/0758/001-006/DC). The referral concerned an Art. 10b application for hard capsules containing ramipril and bisoprolol fumarate.

A referral was triggered as the objecting CMS considered that insufficient data has been provided to support a positive benefit-risk for the new fixed-dose combination (FDC) in a substitution scenario, based on the FDC guideline, for the relevant contribution of each active substance and for the added therapeutic efficacy (or improved safety) of the FDC medicinal product.

The RMS was of the view that the totality of data provided is sufficient to grant a MA.

There was an oral explanation with the applicant who presented their responses to the questions raised.

There was a trend vote in the CMDh with a majority in agreement with the position of the RMS to conclude the procedure positively.

The RMS will circulate a proposal for agreement after the CMDh meeting.

[*Post-meeting note: The procedure was referred to CHMP.*]

5.1.2. List of questions

None

5.2. Referrals to PRAC (pursuant to Art. 31 or 107i of Directive 2001/83/EC)

5.2.1. Referral timetables

Tabled for information.

5.2.2. Started referral procedures at PRAC

None

5.2.3. Information on ongoing referral procedures

5.2.3.1. Amfepramone (Art. 31)

Tabled for information.

5.2.3.2. Terlipressin (Art. 31)

Tabled for information.

5.2.4. PRAC recommendations for CMDh position

None

5.3. Outcome of referrals to CHMP

None

5.4. Other topics related to referrals

5.4.1. Presence of nitrosamine impurities in human medicinal products containing chemically synthesised active pharmaceutical ingredients / Chair, EMA

The CMDh discussed and agreed a template for the nitrosamine risk evaluation to be used in marketing authorisation applications by the applicants to document that the risk evaluation has been performed based on the current scientific knowledge and the latest version of the Q&As' for MAHs/applicants on the CHMP Opinion for the Article 5(3) of Regulation (EC) No 726/2004 referral on nitrosamine impurities in human medicinal products.

Applicants are requested to complete the template and to add it to the documentation in Module 3.2.P.5.6. The template supplements the risk evaluation but does not replace a thorough assessment by the applicant. It is expected that by confirming the evaluation with "yes" in the template, it is assured that all risk factors are sufficiently addressed in the risk evaluation itself.

The template can be used immediately but will become mandatory for new DCP MA applications submitted as of 1 July 2022. RMSs may also request the submission of the template for ongoing MA applications, as needed.

The CMDh practical guidance for MAHs of nationally authorised products (incl. MRP/DCP) in relation to the Art. 5(3) referral on nitrosamines has been updated accordingly to reflect the use of the template.

The CMDh also discussed and agreed an update of the template for the notification of step 2 confirmatory testing outcome: confirmation of nitrosamine detected. It is made clearer in the template for MAHs to indicate cases where a new nitrosamine is identified. MAHs should also indicate a preferred lead Member State in such a scenario.

The new and updated documents will be published on the CMDh website (**Action: EMA**).

The CMDh received a report from the NIOG meeting, the NIOG meeting with industry and from the NISG meeting.

The CMDh was informed of an update of the EMA/CMDh Q&A document. Q10 has been updated to include the newly agreed AIs, a paragraph about acceptability of AMES tests and control options for genotoxic APIs. A new Q20 was added to describe the regulatory steps taken by authorities following the identification of an N-nitrosamine exceeding the AI. The CMDh agreed upon the updated Q&As. The Q&As will be published on the EMA website after adoption at PROM in June.

5.4.1.1.

Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information.

5.4.1.2.

Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information.

5.4.1.3.

Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information.

5.4.1.4.

Information related to this section cannot be released at the present time as it is deemed to contain commercially confidential information.

6. Pharmacovigilance

6.1. Report from the May 2022 PRAC meeting

The EMA reported from the PRAC meeting held from 2 to 5 May 2022.

The CMDh noted the PRAC advice on generic applications of canagliflozin. The MAH of the RefMP Invokana is conducting two non-clinical studies (ongoing) and a drug utilisation study (planned), which have been requested as category 3 PASS in the RMP.

PRAC considered that for generics of canagliflozin the routine pharmacovigilance activities are sufficient. The non-clinical studies which are already ongoing, are mechanistic in nature, and they are not warranted to be conducted by generic MAHs as it is considered sufficient that the originator MAH undertakes these studies.

Regarding the DUS, it is considered to be representative even if undertaken by the originator company only. Thus, the exception to request additional studies for a generic product, as outlined in GVP V rev 2, is not applicable in this case.

The PRAC advice also triggered a minor revision of the GVP module that will be discussed and published in due time.

6.2. Periodic Safety Update Reports (PSUR)

6.2.1. PRAC recommendations on PSUSAs for CMDh position[1]

6.2.1.1. Alfentanil - PSUSA/00000082/202109

The CMDh, having considered the PSUR on the basis of the PRAC recommendation and the PRAC assessment report, agreed by consensus on the variation of the marketing authorisations of medicinal products containing alfentanil.

6.2.2. Information on PRAC recommendations for PSUSAs for maintenance

None

[1] Subject to adoption via written procedure in advance of the meeting. For discussion/adoption at the plenary if comments are received during written procedure.

6.2.3. Information on PRAC recommendations for PSUSAs for CAPs/NAPs or CAPs

6.2.3.1. Dapagliflozin - EMEA/H/C/PSUSA/00010029/202110

In the framework of the PSUSA on dapagliflozin, the PRAC considered that the drug-drug interaction with lithium would also be relevant to be included in products containing lithium (excluding diagnostic medicinal products) in order to inform that co-administration of dapagliflozin with lithium may lead to decreased lithium concentrations which may lead to a reduction in effectiveness of lithium.

The product information for the product containing lithium should be amended as such:

SmPC section 4.5
Interactions which decrease serum lithium concentrations:
Co-administration of the following drugs with lithium may lead to decreased lithium concentrations and a risk of loss of efficacy:

- **dapagliflozin**
- …

Package Leaflet, section 2:
These medicines may decrease the amount of lithium in your body meaning it will not work as well:

- **dapagliflozin (used to treat diabetes or heart failure or chronic kidney disease)**
- **…**

6.2.4. Outcomes of informal PSUR work sharing procedures / Chair

None

6.2.5. PSUSA Lead Member State appointment

The CMDh appointed the lead Member States for single assessment of PSURs for NAPs to be started until June 2023. The appointed lead member states will be published in the EURD list.

6.2.6. PSUSA Follow-up procedures

6.2.6.1. Hydroxychloroquine - DK/H/PSUFU/00001693/202104 / DK

The CMDh agreed to a request of the LMS to extend the submission deadline for the PSUFU on hydroxychloroquine (DK/H/PSUFU/00001693/202104) from end of June 2022 to end of August 2022. The LMS will inform the concerned MAHs accordingly (**Action: DK**).

6.2.7. Revision of CMDh position on PSUSA

6.2.7.1. Estradiol (except cream/balm/emulsion for application in female genital area) - PSUSA/00010440/202108 / NL

Following the adoption of the CMDh position on the PSUSA on estradiol (except cream/balm/emulsion for application in female genital area) in April 2022, the LMS proposed a revision of the CMDh position to delete information on a warning for pets included in the PI.

This is in line with previous CMDh discussions on (non-)inclusion of warning for pets in the PI of human medicinal products (see CMDh minutes of December 2019, topic 3.9).

The CMDh agreed by consensus to revise the CMDh position accordingly.

6.3. Results of post-authorisation safety studies (PASS) imposed in the MA (in accordance with Art. 107q)[2]

6.3.1. PRAC recommendations on PASS results for CMDh position

None

6.4. Lists

6.4.1. Union Reference Date list

The CMDh noted the update of the Union Reference Date list.

6.4.2. List of medicinal products under additional monitoring

The CMDh noted the update of the list of medicinal products under additional monitoring.

6.5. Information from Member States on actions for nationally authorised products related to safety

None

6.6. Other topics related to pharmacovigilance

6.6.1. Project on RMP publications / EMA

The EMA informed the CMDh that, with the aim to further increase transparency of safety information, the EMA is preparing to publish RMPs of newly authorised CAPs (new active substance; Art. 8(3), class products of the new active substance, and its fixed-dose combinations) on the EMA website. In a second phase also often released RMPs for existing CAPs will be published. Industry will be informed of the new approach in the general platform meeting in June.

6.6.2. Requests from MHRA to MAHs for PI updates following safety reviews - Topical Steroid Withdrawal reactions (TSW) / DE

With reference to the CMDh discussions in September 2021 and February 2022 about the handling of variations to update the PI following safety reviews by the MHRA, the CMDh agreed to advise MAHs as follows:

1. Generics are advised to await the update of the RefMP and to follow the wording implemented for the RefMP.

[2] Subject to adoption via written procedure in advance of the meeting. For discussion/adoption at the plenary if comments are received during written procedure.

2. An MHRA review cannot be considered as agreed by an EU/EEA authority, so any deviations from a (harmonised) agreed product information in the EU will have to be duly justified within a type II variation procedure.

3. In such type II variation, mere reference to the MHRA public assessment report, without further discussion of the literature and the available case reports, is insufficient. Any type II variations submitted in this context needs to be justified with further data.

4. If no additional data is submitted, the variations have to be refused.

These are general CMDh recommendations for all safety updates related to MHRA safety reviews, but also related to the recent MHRA publication for topical medicinal products containing corticosteroids related to Topical Steroid Withdrawal reactions (TSW).

7. Break-out sessions and CMDh scientific input to applications

7.1. Voquily (SE/H/1995/01/DC) / SE

SE informed the CMDh about the break-out session held for Voquily (SE/H/1995/01/DC). PSRPH has been raised on the Art. 10a application as the submitted bibliographic data was considered insufficient to show well-established use of melatonin in the paediatric indication. Agreement could be reached based on additional data provided by the applicant. The procedure was closed positively.

7.2. Fingolimod Cipla 0,5 mg Hartkapseln (DE/H/7020/001/DC) / DE

DE informed the CMDh about the break-out session held for Fingolimod Cipla 0,5 mg Hartkapseln (DE/H/7020/001/DC). Major objections have been raised on the Art. 10(1) application with regard to the analytical method used for the measurement of the BE study samples. No agreement could be reached and the procedure was finalised with a negative outcome.

7.3. Budesonid Liconsa, DOC, Laboratorios Liconsa (SE/H/2138, 2219-2220/01/DC) / SE

SE informed the CMDh about the break-out session held for Budesonid Liconsa, DOC, Laboratorios Liconsa (SE/H/2138, 2219-2220/01/DC). PSRPH has been raised on the Art. 10(3) applications due to differences in the SmPC of the RefMP between the RMS and the CMS. Agreement could be reached based on the SmPC of the RefMP in the RMS, including comments from the CMS and adaptations to clinical practice. The procedure was finalised positively.

7.4. Sitagliptin Aurobindo (NL/H/5414+5415/001-003/DC) / NL

NL informed the CMDh about the break-out session held for Sitagliptin Aurobindo (NL/H/5414+5415/001-003/DC). Major objections have been raised on the Art. 10(1) application due to the detection of a new nitrosamine (N-Nitroso Triazolopyrazine) for which no AI limit had yet been established. As an AI limit was agreed shortly before the end of the procedure, which could be met by the applicant, the RMS issued a positive AR and an automated referral was triggered.

[*Post-meeting note: The automated referral could be withdrawn following confirmation from all CMSs. The procedure was finalised positively*.]

8. Miscellaneous

8.1. Report from the May CMDv meeting

The report from the May CMDv meeting was tabled for information.

8.2. May 2022 CMDh Press Release

The CMDh press release will be circulated for written agreement (**Action: EMA**).

8.3. A.O.B.

8.3.1. Break-out sessions - Foscarnet Tillomed 24 mg/ml infuusioneste / FI

FI informed the CMDh about the break-out session held for Foscarnet Tillomed 24 mg/ml infuusioneste (FI/H/1080/001/DC). PSRPH has been raised on the Art. 10(1) application (Art. 10(3) in the RMS) with regard to the use of the "wrong" RefMP.

The RMS has assessed the PI of generic/hybrid product based on a UK European RefMP (ERP), while in the AF the DE ERP was mentioned. On request of the RMS, the applicant changed the ERP in the AF during the procedure from the DE to the UK product.

The CMDh agreed that a change of the RefMP is not possible during the procedure and the original RefMP should still be used. In addition, it was noted that a UK ERP can no longer be used after the transition period, if an EU ERP is available. The RMS was advised to finalise the procedure with the DE ERP. In case there are concerns on the wording of the PI, these could be addressed in a variation after the closure of the procedure.

[Post-meeting note: The MO was withdrawn after the common texts had been aligned with the agreed ERP. The procedure was positively concluded on D210.]

9. Other topics and dates for next meeting

9.1. Draft meeting schedule and draft time schedule for referrals

The meeting schedule for June 2022 was tabled for information.

☞ More information about acronyms and abbreviations used in this document can be found on the CMDh website: http://www.hma.eu/457.html

List of participants

List of participants including any restrictions with respect to involvement of members / alternates / experts following evaluation of declared interests for the 17-19 May 2022 meeting.

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Kora Doorduyn-van der Stoep	Chair	Netherlands	No interests declared	
Jascha Johann Hörnisch	Member	Austria	No interests declared	
Sophie Colyn	Member	Belgium	No interests declared	
Lyudmil Antonov	Member	Bulgaria	No interests declared	
Teodor Nikolov	Alternate	Bulgaria	No interests declared	
Sabina Uzeirbegović	Member	Croatia	No interests declared	
Gorana Perina Lakoš	Alternate	Croatia	No interests declared	
Emilia Mavrokordatou	Member	Cyprus	No interests declared	
Natasa Kiza	Alternate	Cyprus	No interests declared	
Jitka Vokrouhlická	Member	Czechia	No interests declared	
Zuzana Fliegerová	Alternate	Czechia	No interests declared	
Katrin Damkjær Madsen	Member	Denmark	No interests declared	
Anne Kristine Hejlesen	Alternate	Denmark	No restrictions applicable to this meeting	
Heili Tikk	Alternate	Estonia	No interests declared	
Tea Linhola	Member	Finland	No interests declared	
Glenn Lastennet	Member	France	No interests declared	
Mathilde Geynet-Kovacs	Alternate	France	No interests declared	
Susanne Winterscheid	Member	Germany	No interests declared	
Wiebke Hoppensack	Alternate	Germany	No interests declared	
Eleftheria Nikolaidi	Member	Greece	No interests declared	
Stavroula Mamoucha	Alternate	Greece	No interests declared	
Magdolna Nemeth	Member	Hungary	No interests declared	
Orn Gudmundsson	Member	Iceland	No interests declared	
Nicole Kavanagh	Member	Ireland	No interests declared	
Laura Galatti	Member	Italy	No interests declared	
Marco Franceschin	Alternate	Italy	No interests declared	
Iveta Eglite	Alternate	Latvia	No interests declared	
Kristina Povilaitienė	Member	Lithuania	No interests declared	
Neringa Kalinauskaitė	Alternate	Lithuania	No interests declared	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Mylene Ferrier	Member	Luxembourg	No restrictions applicable to this meeting	
Helen Vella	Member	Malta	No interests declared	
Paula Cardona Xuereb	Alternate	Malta	No interests declared	
Priscilla Schoondermark	Member	Netherlands	No interests declared	
Nicole Visser	Alternate	Netherlands	No interests declared	
Suzanne Gordon	Member	Norway	No restrictions applicable to this meeting	
Nina Malvik	Alternate	Norway	No interests declared	
Andrzej Czeslawski	Member	Poland	No interests declared	
Pawel Pawlowski	Alternate	Poland	No interests declared	
Marta Marcelino	Member	Portugal	No interests declared	
Rui Pedro da Costa Vilar	Alternate	Portugal	No interests declared	
Cristian Dan Georgescu	Member	Romania	No interests declared	
Daniela Elena Popa	Alternate	Romania	No interests declared	
Miroslava Petrikova	Member	Slovakia	No interests declared	
Petra Docolomanska	Alternate	Slovakia	No interests declared	
Marjeta Jordan	Member	Slovenia	No interests declared	
Veronica Garcia Morales	Member	Spain	No interests declared	
Elisa Sulleiro	Alternate	Spain	No participation in final deliberations and voting on:	6.2.3.1. Dapagliflozin - EMEA/H/C/PSUSA/00010029/202110
Christin Olofsson	Member	Sweden	No interests declared	
Adam Andersson	Alternate	Sweden	No interests declared	
Dino Soumpasis	Chair of CTS WG	Germany	No interests declared	
Maria Luisa Casini	Chair of the PhV WS WP	Italy	No interests declared	
Nienke Rodenhuis	Chair of ASMF WG	Netherlands	No interests declared	
Siri Wang	Chair of CMDh WP on Paediatric Regulation	Norway	No interests declared	
Ad hoc experts* and a representative from the European Commission attended the meeting				

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Meeting run with support from relevant EMA staff				

* Experts were evaluated against the agenda topics or activities they participated in.