



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

05 July 2011  
EMA/CHMP/426905/2011  
Patient Health Protection

## Monthly Report

---

# Committee for Medicinal Products for Human Use (CHMP)

## 20 – 23 June 2011

### Centralised procedure

#### *Initial applications for marketing authorisation*

#### New medicines

The Committee adopted three positive opinions by consensus and one positive opinion by majority (Eurartesim) recommending the granting of marketing authorisations for the following new medicines:

- **Buccolam** (midazolam), from ViroPharma SPRL, intended for the treatment of prolonged, acute, convulsive seizures in paediatric patients from the age of 3 months to 18 years. The review for Buccolam began on 22 September 2010 with an active review time of 210 days. This is the first CHMP recommendation for a paediatric-use marketing authorisation (PUMA).
- **Eurartesim** (dihydroartemisinin/piperaquine phosphate), from Sigma-tau Industrie Farmaceutiche Riunite S.p.A., intended for the treatment of uncomplicated *Plasmodium falciparum* malaria. The review for Eurartesim began on 22 July 2009 with an active review time of 210 days. This is the first CHMP recommendation for an anti-malaria medicine.

More information about these opinions is available in separate [press releases](#) on the Agency's website.

- **Trajenta** (linagliptin), from Boehringer Ingelheim International GmbH, intended for the treatment of type 2 diabetes mellitus to improve glycaemic control in adults. The review for Trajenta began on 21 July 2010 with an active review time of 210 days.
- **Votubia** (everolimus), an orphan medicine from Novartis Europharm Ltd, intended for the treatment of patients aged 3 years and older with subependymal giant-cell astrocytoma (SEGA) associated with tuberous sclerosis complex. The review of Votubia began on 18 August 2010 with an active time of 210 days.



The CHMP recommended the granting of a conditional marketing authorisation for Votubia, which means that further evidence on the medicinal product is awaited. In the case of Votubia this relates to the submission of the final results from pivotal phase III study and the long-term follow-up on the efficacy and safety in SEGA patients. The European Medicines Agency will review new information within one year and update the product information as necessary.

## Positive opinions for 'informed consent' applications adopted

The Committee adopted positive opinions by consensus for **Entacapone Orion** (entacapone) and **Levodopa/Carbidopa/Entacapone Orion** (levodopa/carbidopa/entacapone), both from Orion Corporation, intended for the treatment of adult patients with Parkinson's disease and end-of-dose motor fluctuations.

For both medicines 'informed consent' applications were submitted. This type of application requires reference to be made to an authorised medicine and the marketing authorisation holder of this reference product to give consent to the use of its original dossier in the application procedure. The reference product for Entacapone Orion is Comtess. The reference product for Levodopa/Carbidopa/Entacapone Orion is Stalevo.

*The summaries of opinion for all medicines, including their full therapeutic indications, can be found [here](#).*

## Negative opinions for new medicines adopted

The Committee adopted one negative opinion by consensus and one negative opinion by majority (Bronchitol) recommending that marketing authorisations should not be granted for the following orphan medicines:

- **Bronchitol** (mannitol), from Pharmaxis Pharmaceuticals Ltd, intended for the treatment of adult patients with cystic fibrosis.
- **Luveniq** (voclosporin), from Lux Biosciences GmbH, intended for the treatment of chronic non-infectious uveitis.

*More information about these opinions is available in separate [question-and-answer](#) documents on the Agency's website.*

## Negative opinion for advanced therapy medicine adopted

The Committee adopted by majority a negative opinion for the orphan medicine **Glybera** (alipogene tiparvovec), from Amsterdam Molecular Therapeutics B.V. On the basis of the opinion of the Committee for Advanced Therapies (CAT), the CHMP recommended not granting a marketing authorisation for this product. Glybera is a gene-therapy product using an adeno-associated viral vector intended for the treatment of adult patients diagnosed with lipoprotein lipase deficiency demonstrating hyperchylomicronaemia or having a history of acute pancreatitis.

*More information about this opinion is available in a separate [question-and-answer](#) document on the Agency's website.*

## ***Post-authorisation procedures***

### **Positive opinions for extension of therapeutic indications adopted**

The Committee adopted positive opinions by consensus for the following applications for extension of the therapeutic indications. This adds new treatment options for the following medicines that are already authorised in the EU:

- **Kiovig** (human normal immunoglobulin), from Baxter AG, to include the treatment of multifocal motor neuropathy.
- **Retacrit** (epoetin zeta), from Hospira UK Ltd, to include the reduction of allogeneic blood transfusions in adult non-iron-deficient patients prior to major elective orthopaedic surgery.
- **Synflorix** (pneumococcal polysaccharide conjugate vaccine (absorbed)), from GlaxoSmithKline Biologicals S.A., to increase the upper age limit for children from 2 to 5 years of age.

*The summaries of opinion for all medicines, including their full therapeutic indications, can be found [here](#).*

### **Re-examination for Vectibix concluded**

Following re-examination of its previous negative opinion, the Committee adopted by majority a final positive opinion, recommending the extension of indication for **Vectibix** (panitumumab), from Amgen Europe B.V., to include the use of panitumumab in combination with specific chemotherapy in patients with wild-type *KRAS* metastatic carcinoma of the colon or rectum.

*More information about this re-examination procedure is available in a separate [question-and-answer](#) document on the Agency's website.*

### **Additional safety information**

The CHMP adopted by consensus amendments to sections 4.4, 4.6 and 4.8 of the SmPC of **Avastin** (bevacizumab) from Roche Registration Ltd. Those sections were amended with information on ovarian failure observed in NSABP C-08 study. The package leaflet has been updated accordingly. In addition to this, the wording on congestive heart failure (CHF) in section 4.8 of the SmPC has been revised to include an increased incidence of CHF with a cumulative doxorubicin dose greater than 300 mg/m<sup>2</sup> observed in BO20603 study.

The CHMP adopted by consensus amendments to sections 4.3 of the SmPC of **Mycamine** (micafungin) from Astellas Pharma Europe B.V. to include the contraindication for hypersensitivity to other echinocandins. Sections 4.4 and 4.8 were also updated with the inclusion of bullous skin adverse reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis. In addition, the adverse event, disseminated intravascular coagulation, was added in section 4.8. The package leaflet was updated accordingly.

## **Other information on the centralised procedure**

### ***Lists of Questions***

The Committee adopted nine Lists of Questions on initial applications under the optional scope as per Regulation (EC) No. 726/2004.

## ***Detailed information on the centralised procedure***

Monthly figures related to the centralised procedure activities are published independently on the Agency's website within two weeks following the end of the CHMP meeting and can be found [here](#). The overview of opinions for annual re-assessments and renewals is provided in **Annex 1**. The list of medicinal products for which marketing authorisations have been granted by the European Commission since the CHMP plenary meeting in May is provided in **Annex 2**.

## ***Applications for marketing authorisation for orphan medicinal products***

Details of those orphan medicinal products that have been subject of a centralised application for marketing authorisation since the May 2011 CHMP plenary meeting are provided in **Annex 3**.

## ***Name Review Group (NRG)***

Statistical information on the outcome of the checking of acceptability of proposed invented names for medicinal products processed through the centralised procedure is provided in **Annex 4**.

## **Referral procedures**

### **Review of pioglitazone-containing medicines<sup>1</sup>**

The Committee is currently reviewing results from pharmacoepidemiological studies, non-clinical and clinical data and post-marketing reports on **pioglitazone-containing medicines** and the occurrence of bladder cancer to assess their impact on the balance of benefits and risks of these medicines. The CHMP will finalize its review in July 2011 and make recommendations on the future use of these medicines.

*More information about this review is available in a separate [press release](#) on the Agency's website.*

### **Review of systemic nimesulide-containing medicines concluded<sup>2</sup>**

The Committee concluded by majority that the benefits of systemic **nimesulide-containing medicines** continue to outweigh their risks in the treatment of patients with acute pain and primary dysmenorrhoea. However, these medicines should no longer be used for the symptomatic treatment of osteoarthritis.

*More information about this review is available in a separate [press release](#) and a [question-and-answer document](#) on the Agency's website.*

### **Review of dexrazoxane-containing medicines concluded<sup>3</sup>**

The Committee recommended by majority restricting the use of **dexrazoxane-containing medicines** to adult patients with advanced or metastatic breast cancer who have already received a certain amount of the anthracyclines doxorubicin and epirubicin to treat their cancer. The Committee also recommended that this medicine should not be used in children.

---

<sup>1</sup> The review of pioglitazone-containing medicines is being conducted in the context of a formal review under Article 20 of Regulation (EC) No 726/2004.

<sup>2</sup> The review of nimesulide-containing medicines was conducted in the context of a formal review under Article 31 of Directive 2001/83/EC, as amended.

<sup>3</sup> The review of dexrazoxane-containing medicines was conducted in the context of a formal review under Article 31 of Directive 2001/83/EC, as amended.

More information about this review is available in a separate [press release](#) and a [question-and-answer document](#) on the Agency's website.

## Harmonisation referral concluded<sup>4</sup>

The Committee recommended by consensus harmonisation of the prescribing information for the antifungal medicine **Diflucan** (fluconazole), from Pfizer group of companies.

This medicine is used to treat various fungal infections, including mucosal and invasive candidiasis, genital candidiasis, cryptococcal meningitis, dermatomycosis, coccidioidomycosis and onychomycosis.

This review was initiated because of differences in the summaries of product characteristics, labelling and package leaflets in the EU Member States where this product is marketed.

More information about this review is available in a separate [question-and-answer document](#) on the Agency's website.

## Review of Novosis Goserelin, Goserelin Cell Pharm, Novimp and associated names concluded<sup>5</sup>

The Committee completed a review of the clinical studies performed in support of the marketing authorisation applications for the hybrid medicines **Novosis Goserelin, Goserelin Cell Pharm, Novimp** and associated names (goserelin, 3.6 mg implant). The Committee concluded that the bioanalytical studies could not be relied upon, because they were not conducted in accordance with good clinical practice (GCP) requirements. Therefore, the therapeutic equivalence of these medicines to the reference medicine, Zoladex, has not been demonstrated. As such the benefit-risk balance for these hybrid products was by consensus considered to be negative. The marketing authorisations should therefore be suspended in all EU Member States until the companies provide new, GCP-compliant, studies showing therapeutic equivalence.

Goserelin is used to treat patients with advanced prostate cancer where an endocrine treatment is indicated.

More information about this review is available in a separate [question-and-answer document](#) on the Agency's website.

## Review procedure for anti-tuberculosis medicines in children started<sup>6</sup>

The Committee has begun looking at dosing recommendations of the anti-tuberculosis medicines **isoniazide, rifampicine, pyrazinamide, ethambutol** and **rifabutin** in children.

This review was triggered by France following the publication of pharmacokinetic data on these anti-tuberculosis medicines in children, which showed that the current treatment recommendations across the EU are no longer accurate. This issue had already been recognised by the World Health Organization (WHO) which had recommended changes to the current dosing regimen of first-line anti-tuberculosis medicines and recommended an increase of the dosing of the anti-tuberculosis medicines in children.

---

<sup>4</sup> The harmonisation referral on Diflucan was conducted under Article 30 of Directive 2001/83/EC, as amended.

<sup>5</sup> The review of Novosis Goserelin, Goserelin Cell Pharm, Novimp and associated names was conducted in the context of a formal review, initiated by Germany on 16 March 2011, under Article 36 of Directive 2001/83/EC, as amended. Novosis Goserelin, Goserelin Cell Pharm, Novimp and associated names are authorised via the decentralised procedure and are marketed by Acino AG and Cell Pharm GmbH in the Reference Member State, Germany.

<sup>6</sup> The review on anti-tuberculosis medicines is being conducted in the context of a formal review under Article 5(3) of Regulation (EC) No 726/2004.

The Committee will now review all of the available literature and give an opinion on the optimal dosing regimen for paediatric patients in the EU, taking account of the current WHO recommendation.

## **Review on manufacturing process for vaccines concluded<sup>7</sup>**

The Committee completed a review to advise Member States on the handling of a manufacturing process issue identified with vaccines marketed by GlaxoSmithKline and Novartis. The vaccines concerned are used to protect against diseases such as diphtheria, tetanus or pertussis.

The Committee concluded that the root cause for the manufacturing issue was identified, corrective actions were implemented and that this did not have a negative impact on the vaccines concerned.

*More information about this review is available in a separate question-and-answer document on the Agency's website.*

## **Review of Dexamethasone Alapis 0.4mg/ml oral solution started<sup>8</sup>**

The Committee started a referral procedure for **Dexamethasone Alapis 0.4mg/ml oral solution** (dexamethasone), from Alapis S.A. The procedure was initiated because of disagreements regarding the scientific evidence provided by the applicant to prove the safety and efficacy of the medicinal product in the applied strength and indications.

## **Review of Priorix started<sup>9</sup>**

The Committee started a referral procedure for **Priorix** (measles, combinations with mumps and rubella, live attenuated) powder and solvent for solution for injection, from GlaxoSmithKline group of companies. The review was triggered by the marketing authorisation holder due to the need of harmonisation of the SmPCs across various Member States.

## **Mutual-recognition and decentralised procedures - Human**

The CHMP noted the report from the 63<sup>rd</sup> CMDh (Co-ordination Group for Mutual Recognition and Decentralised procedures-Human) held on 20-22 June 2011. For further details, please see the relevant press release on the CMDh website under the heading Press Releases: <http://www.hma.eu/>

## **CHMP working parties**

The CHMP was informed of the outcome of the discussions of the Scientific Advice Working Party (SAWP) meeting, which was held on 23-25 May 2011. For further details, please see **Annex 5**.

Documents adopted during the June 2011 CHMP meeting are listed in **Annex 6**.

---

<sup>7</sup> The review on manufacturing process for vaccines was conducted in the context of a formal review under Article 5(3) of Regulation (EC) No 726/2004.

<sup>8</sup> The review of Dexamethasone Alapis 0.4mg/ml oral solution is being conducted in the context of a formal review under Article 29(4) of Directive 2001/83/EC, as amended.

<sup>9</sup> The review of Priorix is being conducted in the context of a formal review, initiated by the MAH under Article 30 of Directive 2001/83/EC, as amended.

## Upcoming meetings following the June 2011 CHMP plenary meeting

- The 79<sup>th</sup> meeting of the CHMP will be held at the Agency on 18-21 July 2011.
- The Name Review Group meeting was held at the Agency on 28 June 2011.
- The 64<sup>th</sup> CMDh (Co-ordination Group for Mutual Recognition and Decentralised Procedures) will be held at the Agency on 18-20 July 2011.

## Organisational matters

The main topics addressed during the June 2011 CHMP meeting related to:

- The appointment of Dr Helder Mota-Filipe as the new Portuguese alternate replacing Prof Cristina Sampaio.
- The election of Dr Jean-Louis Robert as Chair and Ms Diana van Riet-Nales as Vice-Chair of the Quality Working Party.
- The new version of the Draft Reflection Paper on ethical and GCP aspects of clinical trials conducted in third countries EMA/396613/2011 was presented for information. The new version of the document reflects comments received during the consultation phase (May 2010 - September 2010) and during the International Workshop held by the Agency on 6-7 September 2010 as part of the consultation phase. This draft was discussed as part of the post-consultation revision process and a final document is expected to be published in the autumn.
- The presentation of IMI-PROTECT (Innovative Medicines Initiative - Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium) Work Package 5 (WP5) relating to the benefit-risk integration and representation. The overall objective of PROTECT is to strengthen the monitoring of the benefit-risk of medicines in Europe. In order to achieve this overall goal, the WP5 is focused on methods development by integrating data on benefits and risks from clinical trials, observational studies and spontaneous reports, including both the underpinning modeling and the presentation of the results, with a particular emphasis on graphical methods.

## Procedural Announcement

### **Information for all applicants and marketing authorisation holders on new proceedings for post-authorisation measures**

In the context of an ongoing quality of opinion exercise initiated in collaboration with the European Commission, the Agency through its Scientific Committees is classifying any post-authorisation measures into their appropriate legal framework as either *Conditions in Annex II* (Obligations or Specific Obligations to fulfil post-authorisation measures), or as *Additional Pharmacovigilance Activities in the Pharmacovigilance Plan* of the Risk Management Plan, or as *Recommendations* for further development.

As a consequence, the practice of a Letter of Undertaking, in which all such measures (formerly follow-up measures, FUMs) were summarised, will be phased out. Conditions and the obligation to fulfil the additional Pharmacovigilance Activities will be reflected in Annex II of the relevant CHMP Opinion/Commission Decisions and all other remaining recommendations identified during the assessment will be reflected in a cumulative letter to be signed by the applicant. As a consequence, procedural templates are being updated to reflect these changes.

This new system of classification will be phased in step-by-step. The first procedures affected are initial marketing authorisation application opinions as of June 2011. Other post-authorisation procedures will be following at a later date.

Applicants and marketing authorisation holders should contact their Product Team Leader in case of further questions.

### **NRG Position Paper on the re-use of invented names of medicinal products**

Since 1995 to date, the NRG/CHMP has reviewed more than 3100 invented names that are currently held in the NRG database.

In line with the NRG Position Paper on the Re-use of invented names of medicinal products (EMA/648795/2009), which comes into force on 1 January 2012, the following process will apply:

- *all names accepted before 31 December 2008 will be removed from the database; if a name is to be considered for future products, a new submission of request to the NRG is necessary,*
- *all names approved after 1 January 2009 are accepted for 3 years and rules stated in the above-mentioned position paper are to be followed.*

### **Publication of New Submission deadlines and Procedural Timetables for opinions up to December 2015**

The Submission deadlines and Procedural timetables with targeted opinion for the period January 2013 to December 2015 will be published on the Agency's website during the week commencing on 4 July 2011.

Noël Wathion  
Head of Unit  
Patient Health Protection, Tel. +44(0)20 74 18 85 92

This CHMP Monthly Report and other documents are available on the Internet at the following address:

<http://www.ema.europa.eu>



## Annex 1 to CHMP Monthly Report June 2011

### Opinions for annual re-assessment applications

Name of medicinal product (INN) MAH	Outcome	Comments
N/A		

### Opinion for renewals of conditional Marketing Authorisation

Name of medicinal product (INN) MAH	Outcome	Comments
<b>Cayston</b> (aztreonam), Gilead Sciences International Ltd.	Positive Opinion	Marketing Authorisation conditional approval lifted

### Opinions for 5-Year Renewal applications

Name of medicinal product (INN) MAH	Outcome	Comments
<b>Luminy</b> (perflutren), Lantheus MI UK Ltd.	Positive Opinion	Recommending additional renewal
<b>Cancidas</b> (Caspofungin), Merck Sharp & Dohme Ltd.	Positive Opinion	Unlimited validity

### Accelerated Assessment Procedures

Substance (Chemical/Biological)	Intended Indication(s)	Accelerated Assessment Requests	
		Accepted	Rejected
Chemical	Tuberculosis		X

## Annex 2 to CHMP Monthly Report June 2011

### *Medicinal products granted a community marketing authorisation under the centralised procedure since the May 2011 CHMP Monthly Report*

Invented name	<b>Yellox</b>
INN	bromfenac
Marketing Authorisation Holder	Croma Pharma GmbH
Proposed ATC code	S01BC11
Indication	Treatment of postoperative ocular inflammation following cataract extraction in adults.
CHMP Opinion date	17/03/2011
Marketing Authorisation Date	18/05/2011

Invented name	<b>Eliquis</b>
INN	apixaban
Marketing Authorisation Holder	Bristol-Myers Squibb/Pfizer EEIG
Proposed ATC code	Not yet assigned
Indication	Prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery.
CHMP Opinion date	17/03/2011
Marketing Authorisation Date	18/05/2011

Invented name	<b>Cinryze</b>
INN	c1 inhibitor, human
Marketing Authorisation Holder	ViroPharma SPRL
Proposed ATC code	B02AB03
Indication	Treatment and pre-procedure prevention of angioedema attacks in adults and adolescents with hereditary angioedema (HAE).
CHMP Opinion date	17/03/2011
Marketing Authorisation Date	15/06/2011

Invented name	<b>Rivastigmine Actavis</b>
INN	rivastigmine
Marketing Authorisation Holder	Actavis Group PTC ehf.
Proposed ATC code	N06DA03
Indication	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease.
CHMP Opinion date	14/04/2011
Marketing Authorisation Date	16/06/2011

Invented name	<b>Bydureon</b>
INN	exenatide
Marketing Authorisation Holder	Eli Lilly Nederland B.V.
Proposed ATC code	A10BX04
Indication	Treatment of type 2 diabetes mellitus in combination with <ul style="list-style-type: none"> <li>• Metformin</li> <li>• Sulphonylurea</li> <li>• Thiazolidinedione</li> <li>• Metformin and sulphonylurea</li> <li>• Metformin and thiazolidinedione</li> </ul> in adults who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies.
CHMP Opinion date	14/04/2011
Marketing Authorisation Date	17/06/2011

Invented name	<b>Nulojix</b>
INN	belatacept
Marketing Authorisation Holder	Bristol-Myers Squibb Pharma EEIG
Proposed ATC code	L04AA28
Indication	Prophylaxis of graft rejection in adults receiving a renal transplant. It is recommended to add an interleukin (IL)-2 receptor antagonist for induction therapy to this belatacept-based regimen.
CHMP Opinion date	14/04/2011
Marketing Authorisation Date	17/06/2011

## Annex 3 to CHMP Monthly Report June 2011

### *Overview of designated orphan medicinal products that have been the subject of a centralised application for marketing authorisation:*

Update since the May 2011 CHMP meeting

Active substance	Invented name	Sponsor/applicant	EU designation number	Designated orphan indication
Decitabine	Dacogen	Janssen-Cilag International NV	EU/3/06/370	Treatment of acute myeloid leukaemia
Defibrotide	Defitelio	Gentium S.p.A.	EU/3/04/211	Prevention of hepatic veno-occlusive disease
Defibrotide	Defitelio	Gentium S.p.A.	EU/3/04/212	Treatment of hepatic veno-occlusive disease
Recombinant human factor XIII (composed of two A subunits)	NovoThirteen	Novo Nordisk A/S	EU/3/03/179	Treatment of hereditary factor XIII deficiency

## Annex 4 to CHMP Monthly Report June 2011

### NAME REVIEW GROUP (NRG)

	NRG meeting 25 Jan 2011		NRG meeting 22 March 2011		NRG meeting 24 May 2011		NRG meeting 28 June 2011		NRG meeting 22 Sept 2011		NRG meeting 17 Nov 2011		2011			
	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected		
Proposed invented names	34	68	56	50	59	41									<b>149</b>	<b>159</b>
Justification for retention of invented name *	0	2	4	6	2	4									<b>6</b>	<b>12</b>

\*In case of objections to the proposed invented name(s), the applicant may justify the retention of the proposed invented name using the relevant justification form available on the EMEA website.

	NRG meeting 25 Jan 2011		NRG meeting 22 March 2011		NRG meeting 24 May 2011		NRG meeting 28 June 2011		NRG meeting 22 Sept 2011		NRG meeting 17 Nov 2011		2011			
	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected		
<b>Objections</b>																
Total number of objections raised	155	90	102	91	94	63									<b>351</b>	<b>244</b>
<b>Criterion - Safety concerns</b>																
Similarity with other Invented name	125	73	82	74	48	53									<b>255</b>	<b>200</b>
Conveys misleading therapeutic/pharmaceutical connotations	2	3	0	1	1	0									<b>3</b>	<b>4</b>
Misleading with respect to composition	3	1	5	5	6	0									<b>14</b>	<b>6</b>
<b>Criterion - INN concerns</b>																
Similarity with INN	8	6	5	2	4	1									<b>17</b>	<b>9</b>
Inclusion of INN stem	5	3	3	2	3	0									<b>11</b>	<b>5</b>
<b>Criterion - Other public health concerns</b>																
Unacceptable qualifiers	1	0	3	2	2	0									<b>6</b>	<b>2</b>
Conveys a promotional message	1	0	2	5	0	8									<b>3</b>	<b>13</b>
Appears offensive or has a bad connotation	1	0	2	0	1	0									<b>4</b>	<b>0</b>
Similarity between name of individual active substance and fixed combinations and/or between fixed combinations	0	0	0	0	2	1									<b>2</b>	<b>1</b>
Similarity between name of prodrug and related active substance	0	0	0	0	0	0									<b>0</b>	<b>0</b>

See *Guideline on the Acceptability of Names for Human Medicinal Products Processed through the Centralised Procedure (CPMP/328/98 Rev. 5)* for detailed explanations of criteria used.

## Annex 5 to CHMP Monthly Report June 2011

### *Pre-authorisation: scientific advice and protocol assistance EMA centralised procedures*

	1995 - 2010	2011	Overall total
Scientific Advice	1368	134	1502
Follow-up to Scientific Advice	320	39	359
Protocol Assistance	297	26	323
Follow-up to Protocol Assistance	133	13	146
	<b>2118</b>	<b>212</b>	<b>2330</b>

FDA Parallel Scientific Advice	2006 - 2010	2011	Overall total
Completed	9	5	14
Ongoing	0	0	0
Foreseen	0	3	3
	<b>9</b>	<b>8</b>	<b>17</b>

### *Outcome of the June 2011 CHMP meeting in relation to scientific advice procedures*

#### Final scientific advice procedures

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Treatment of diabetes mellitus.	x					x	x	
Chemical	Treatment of type-2 diabetes mellitus.	x					x	x	
Biological	Treatment of exocrine pancreatic insufficiency.			x				x	
Chemical	Symptomatic treatment of rheumatoid arthritis, ankylosing spondylitis and osteoarthritis at risk of developing NSAID associated gastric ulcers, duodenal ulcers and gastroduodenal lesions.	x					x	x	
Chemical	Treatment of type II diabetes mellitus.	x				x	x	x	
Chemical	Treatment of FLT3-ID positive acute myeloid leukaemia.		x					x	

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharma ceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Treatment of colorectal cancer and head and neck cancer.	x				x		x	
Chemical	Treatment of advanced ovarian cancer, AIDS related Kaposi's sarcoma, metastatic breast cancer and progressive multiple myeloma.	x				x	x	x	
Biological	Treatment of Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, moderate to severe plaque psoriasis.			x				x	
Chemical	Adjunctive treatment of tuberous sclerosis complex-associated refractory focal-onset seizures.		x					x	
Chemical	Prophylaxis of organ rejection in patients receiving allogeneic renal transplants.	x					x	x	
Chemical/ Biological	Treatment of EGFRVIII-expressing glioblastoma.	x						x	
Chemical/ Biological	Treatment of HER2-positive breast cancer.			x		x			
Biological	Treatment of Primary Biliary Cirrhosis.	x						x	
Biological	Treatment of type 1 diabetes mellitus.	x					x	x	
Chemical	Treatment of chronic iron overload requiring chelation therapy.		x				x	x	x
Chemical	Prevention of acute hyperuricaemia.	x						x	
Advanced therapy	Treatment of Severe Combined Immunodeficiency.	x				x	x		
Biological	Treatment and prevention of bleeding episodes in haemophilia.	x				x	x	x	
Chemical	Treatment of pulmonary arterial hypertension.				x			x	
Chemical	Treatment of primary hypercholesterolaemia or mixed dyslipidaemia.			x			x	x	

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Advanced therapy	Treatment of chronic heart failure symptoms.			x				x	
Chemical	Treatment of heart disease (Congestive Heart Failure) in children.	x					x	x	
Chemical	Treatment of hypertension in children.	x					x	x	
Chemical	Treatment of heart disease (Congestive Heart Failure) in children.	x					x	x	
Chemical	Treatment of hypertension in children.	x					x	x	
Chemical	Treatment of chronic hepatitis C.	x					x	x	
Chemical	Treatment of active tuberculosis.				x		x	x	
Chemical	Treatment of Fragile X syndrome.	x				x	x	x	
Chemical	Treatment of Treatment Resistant Depression (TRD).	x						x	
Innovative	Treatment of acute moderate to severe post-operative pain.	x				x	x	x	
Biological	Treatment of chronic inflammatory demyelinating polyneuropathy.			x				x	
Chemical	Treatment of Chronic Obstructive Pulmonary Disease (COPD).			x		x		x	
Chemical	Treatment of paediatric asthma.	x					x	x	
Chemical	Treatment of COPD and asthma.			x				x	
Chemical	Treatment of paediatric asthma.	x				x			
Chemical	Treatment of COPD.	x					x	x	
Biological	Treatment of macular edema.			x				x	
Advanced therapy	Treatment of corneal lesions due to ocular burn.				x	x	x	x	
Chemical	Treatment of allergic conjunctivitis.	x						x	
Chemical	Treatment of diabetic macular oedema.	x						x	
Chemical	Prevention of scarring following glaucoma filtration surgery.		x				x	x	



Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Treatment of multinodular goitre.			x				x	
Chemical	A targeted contrast agent for diagnostic MRI for the detection of lesions of the liver suspected to be due to metastatic disease.			x			x	x	

**SA: scientific advice**

**PA: protocol assistance**

The above-mentioned 26 Scientific Advice letters, 4 Protocol Assistance letters, 11 Follow-up Scientific Advice and 3 Follow-up Protocol Assistance letters were adopted at the 20 – 23 June 2011 CHMP meeting.

### **New requests for scientific advice procedures**

The Committee accepted 39 new Requests for which the procedure started at the SAWP meeting held on 23 – 26 May 2011. The new requests are divided as follows: 31 Initial Scientific Advice, 5 Follow-up Scientific Advice, 1 Initial Protocol Assistance and 2 Follow-up Protocol Assistance.

## Annex 6 to CHMP Monthly Report June 2011

### *Documents adopted during the June 2011 CHMP meeting*

#### **Biologics Working Party (BWP)**

Reference number	Document	Status <sup>10</sup>
EMA/CHMP/BWP/303353/2010	Revision of CHMP position statement on Creutzfeldt-Jakob disease and plasma-derived and urine-derived medicinal products • Comments received (EMA/CHMP/782508/2010)	<b>Adopted</b>
EMA/CHMP/CAT/BWP/353632/2010	CHMP/CAT position statement on Creutzfeldt-Jakob disease and advanced therapy medicinal products • Comments received (EMA/CHMP/782739/2010)	<b>Adopted</b>

#### **Cardiovascular Working Party (CVS WP)**

Reference number	Document	Status <sup>10</sup>
EMA/114599/2011	Concept paper on the need for revision of the guideline on clinical investigation of medicinal products for prophylaxis of high intra- and post-operative venous thromboembolic risk	<b>3-month public consultation</b>

#### **Central Nervous System Working Party (CNS WP)**

Reference number	Document	Status <sup>10</sup>
EMA/CHMP/CNSWP/236981/2011	Concept paper on the need for a guideline on the treatment of Duchenne and Becker muscular dystrophy	<b>3-month public consultation</b>
EMA/CHMP/CNSWP/257565/2011	Concept paper on the need for revision of guideline on clinical investigation of medicinal products for the treatment of multiple sclerosis	<b>3-month public consultation</b>

#### **Pharmacogenomics Working Party (PGWP)**

Reference number	Document	Status <sup>10</sup>
EMA/446337/2011	Reflection paper on methodological issues associated with pharmacogenomic biomarkers in relation to clinical development and patient selection	<b>6-month public consultation</b>

<sup>10</sup> Adopted or released for consultation documents can be found at the European Medicines Agency website (under "Document library-Public Consultations" or under "Regulatory-Human Medicines").

## Quality Working Party (QWP)

Reference number	Document	Status <sup>10</sup>
EMA/CHMP/CVMP/QWP/441071/2011	Revised guideline on stability testing for applications for variations to a marketing authorisation	<b>6-month public consultation</b> Publication of this revised guideline is subject to adoption by CVMP foreseen in July 2011.
EMA/CHMP/CVMP/QWP/443059/2011	Question/answer on active substance definition	<b>Adopted</b> Publication of this Q/A is subject to adoption by CVMP foreseen in July 2011.
EMA/CHMP/CVMP/QWP/443067/2011	Question/answer on reduced testing of starting material	<b>Adopted</b> Publication of this Q/A is subject to adoption by CVMP foreseen in July 2011.
EMA/CHMP/CVMP/QWP/443068/2011	Question/answer on appearance of tablets of different strengths	<b>Adopted</b> Publication of this Q/A is subject to adoption by CVMP foreseen in July 2011.