27 February 2015
EMA/CHMP/68245/2015
Procedure Management and Business Support Division

Committee for medicinal products for human use (CHMP)

Minutes of meeting held on 19-22 January 2015

Chair: Tomas Salmonson – Vice-chair: Pierre Demolis

19 January 2015, 13:00 – 18:30, room 2A

20 January 2015, 08:30 – 19:00, room 2A

21 January 2015, 09:00 – 18:30, room 2A

22 January 2015, 08:30 – 11:00, room 2A

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).

Health & 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 agenda is considered commercially confidential 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 are considered confidential. Additional details on some of these procedures will be published in the CHMP meeting highlights once the procedures are finalised and start of referrals will also be available. For orphan medicinal products the applicant details are published as this information is already publicly available.

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Of note, this agenda 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.

For adoption

Agenda (EMA/CHMP/776474/2014 rev.3) and Annex to CHMP agenda of the CHMP plenary session to be held on 19-22 January 2015	The agenda and annex were adopted with amendments.
Timeschedule (EMA/17260/2015 rev.3) of the CHMP plenary session to be held on 19-22 January 2015	The timeschedule was adopted.
Minutes (EMA/CHMP/1402/2015 rev.0) of the CHMP plenary session held on 15-18 December 2014	The Minutes of the CHMP plenary session held 15 – 18 December 2014 were adopted.

For information

Pre-meeting 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 on 19-22 January 2015	*See January 2015 Minutes (to be published post February 2015 CHMP meeting)* The pre-meeting list was noted.
Draft Agenda of CHMP meeting to be held on 23-26 February 2015.	The draft agenda was noted.

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1. Oral explanations

1.1. Pre-authorisation procedure oral explanations

No items

1.2. Re-examination procedure oral explanation

No items

1.3. Post-authorisation procedure oral explanation

No items

1.4. Referral procedure oral explanation

GVK Biosciences (EMEA/H/A-31/1408)
Rapporteur: Harald Enzmann, Co-Rapporteur: Christian Schneider
Article 31 procedure triggered by the European Commission concerning GVK Biosciences Private Limited (GVK Bio), Swarna Jayanthi commercial complex, Ameerpet, Hyderabad 500 038, India following critical GCP deficiencies reported during an inspection performed by the ANSM (Agency for Medicines and Health Products Safety, France) in May 2014.
Oral explanation held in October 2014. GVK Working Group meeting held on 8-9 December 2014.
No oral explanations were held during the meeting.
See also 12.6. Community Interests - Referral under Article 31 of Directive 2001/83/EC

2. Initial full applications

2.1. Initial full applications; Opinions

Dutrebis (EMEA/H/C/003823), (lamivudine / raltegravir), Applicant: Merck Sharp & Dohme Limited, (treatment of human immunodeficiency virus (HIV-1))
Fixed combination application (Article 10b of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 20.11.2014. List of Questions adopted on 24.07.2014
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.

Ikervis (EMEA/H/C/002066), (ciclosporin), Applicant: Santen SAS, (treatment of severe keratitis in adult patients with dry eye disease)
Known active substance (Article 8(3) of Directive No 2001/83/EC)
An Oral explanation was held in December 2014. List of Outstanding Issues adopted on 25.09.2014. List of Questions adopted on 25.04.2014.

The members discussed the outcome of the clinical studies in terms of efficacy and the clinical relevance of the observed effect. The majority confirmed that all issues previously identified in this application had been addressed.
The Committee adopted a positive opinion by majority (27 positive out of 33 votes) recommending the granting of a marketing authorisation by consensus together with the CHMP assessment report and translation timetable.
The Icelandic Member was in agreement with the CHMP recommendation. The Norwegian Member was not in agreement with the CHMP recommendation.
The divergent position (Concepcion Prieto Yerro, Kristina Dunder, Jens Heisterberg, Juris Pokrotnieks, Andrea Laslop, Sol Ruiz, Karsten Bruins-Slot) was appended to the opinion.
The legal status was agreed as medicinal product subject to restricted medical prescription.
The Committee noted the letter of recommendation dated 21.01.2015.
The summary of opinion was circulated for information.

Kengrexal (EMEA/H/C/003773), (cangrelor), Applicant: The Medicines Company UK Ltd, (inhibitor indicated for the reduction of thrombotic cardiovascular events.
Kengrexal is a P2Y12 platelet inhibitor indicated for the reduction of thrombotic cardiovascular events (including stent thrombosis) in adult patients with coronary artery disease undergoing percutaneous coronary intervention (PCI).
During the pre-operative period when oral P2Y12 therapy is interrupted due to surgery ('Bridging') Kengrexal is also indicated to maintain P2Y12 inhibition in adult patients with acute coronary syndromes or in patients with stents who are at increased risk for thrombotic events (such as stent thrombosis) when oral P2Y12 therapy is interrupted due to surgery ('Bridging').)
New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 25.09.2014.
List of Questions adopted on 25.04.2014.
The CHMP noted the report from the SAG CVS. The SAG concluded that cangrelor is a suitable alternative for the existing antiplatelet agents, especially in situations where an ad hoc PCI would be considered in patients who have not yet received double anti-platelet therapy. According to SAG, IV administration and fast offset of action can be useful in selected patients. Benefit of cangrelor was considered modest, mainly a reduction of peri-procedural MI and stent thrombosis with an acceptable bleeding risk (cave tamponade). Major differences in medical practice exist in Europe in particular for the treatment of patients with stable angina regarding use of clopidogrel as pre-loading dose prior to PCI intervention. The experts agreed that, for patients already pretreated with an oral P2Y12 inhibitor, there is no place for cangrelor.
The members discussed the proposed indication, which restricts the use of cangrelor in clinical practice.
The Committee adopted a positive opinion by majority (30 positive out of 31 votes) recommending the granting of a marketing authorisation together with the CHMP assessment report and translation timetable.
Furthermore, the CHMP considered that cangrelor is a new active substance as claimed by the applicant.
The Icelandic and Norwegian Members were in agreement with the CHMP recommendation.
The divergent position (Concepcion Prieto Yerro) was appended to the opinion.
The legal status was agreed as medicinal product subject to restricted medical prescription.
The summary of opinion was circulated for information.

Orbactiv (EMEA/H/C/003785), (oritavancin), Applicant: The Medicines Company UK Ltd, (treatment of acute bacterial skin and skin structure infections (ABSSSI))

New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 20.11.2014.
List of Questions adopted on 26.06.2014.
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 oritavancin 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.

Raplixa (EMEA/H/C/002807), (human fibrinogen / human thrombin), Applicant: ProFibrix BV,, (supportive treatment where standard surgical techniques are insufficient for improvement of haemostasis)
Known active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 20.11.2014. List of Questions adopted on 20.03.2014.
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 Committee noted the letter of recommendation dated 14.01.2015.
The summary of opinion was circulated for information.
The Committee adopted the BWP Report.

Saxenda (EMEA/H/C/003780), (liraglutide), Applicant: Novo Nordisk A/S, (treatment of obesity)
Known active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 23.10.2014. An Oral explanation was held in December 2014.
List of Questions adopted on 22.05.2014.
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.

Sivextro (EMEA/H/C/002846), (tedizolid phosphate), Applicant: Cubist Pharmaceuticals, (treatment of acute bacterial skin and skin structure infections (ABSSSI))
New active substance (Article 8(3) of Directive No 2001/83/EC)
List of Outstanding Issues adopted on 20.11.2014. List of Questions adopted on 26.06.2014.
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 tedizolid phosphate 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

2.2. Initial full applications; Day 180 List of outstanding issues

(EMEA/H/C/003728), (netupitant / palonosetron), (prevention of chemotherapy-induced nausea and vomiting (CINV))
List of Questions adopted on 22.05.2014.
The Committee was reminded of the status of this application and its remaining outstanding issues,
The CHMP adopted a list of Outstanding Issues with a specific timetable.

(EMEA/H/C/002629), (edoxaban), (prevention of stroke; embolism and treatment of venous thromboembolism)
List of Outstanding Issues adopted on 20.11.2014. List of Questions adopted on 26.06.2014.
The Committee was reminded of the status of this application and its remaining outstanding issues,
The CHMP adopted 2nd List of Outstanding Issues with a specific timetable.

(EMEA/H/C/002800), Orphan, (dinutuximab), Applicant: United Therapeutics Europe Ltd, (treatment of neuroblastoma, treatment of high-risk neuroblastoma)
List of Questions adopted on 25.04.2014.
The Committee was reminded of the status of this application and its remaining outstanding issues, .
The CHMP adopted a list of Outstanding Issues.
The CHMP agreed to the request for an extension to the clock stop with a specific timetable.
The Committee adopted the BWP Report.

2.3. Initial full applications; Day 120 List of Questions

(EMEA/H/C/003960), (cobimetinib), (treatment of metastatic melanoma)
The Committee noted the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

(EMEA/H/C/003769), Orphan, (mercaptamine hydrochloride), Applicant: Orphan Europe S.A.R.L., (treatment of cystinosis)
The Committee noted the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

(EMEA/H/C/003981), (duloxetine), (treatment of major depressive disorder, diabetic peripheral neuropathic pain and generalised anxiety disorder)
The Committee noted the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

(EMEA/H/C/004009), (duloxetine), (treatment in adults of major depressive disorder, diabetic peripheral neuropathic pain and generalised anxiety disorder.)
The Committee noted the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

(EMEA/H/C/003935), (duloxetine), (treatment of depressive disorder, diabetic neuropathic pain, anxiety disorder)

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

(EMEA/H/C/003766), (evolocumab), (Hypercholesterolaemia and mixed dyslipidaemia and Homozygous familial hypercholesterolaemia)
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions
The Committee adopted the BWP report.

(EMEA/H/C/002771), ATMP, (talimogene laherparepvec), (treatment of adults with melanoma that is regionally or distantly metastatic)
The Committee noted the issues identified in this application. The members were updated on discussions at the CAT.
The Committee agreed to the CAT recommendation and scientific discussion together with the List of Questions with amendments.
The CHMP was reminded of the timetable as adopted by CAT.
The Committee adopted the BWP report.

(EMEA/H/C/002715), (fentanyl), (treatment of acute moderate to severe post-operative pain)
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/003727), Orphan, (lenvatinib), Applicant: Eisai Ltd, (treatment of papillary thyroid cancer, treatment of follicular thyroid cancer)
The Committee noted the issues identified in this application.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

(EMEA/H/C/003840), (nivolumab), (treatment of cancer after prior chemotherapy)
The Committee noted 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/003985), (nivolumab), (treatment of advanced (unresectable or metastatic) melanoma in adults)
The Committee noted 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 initial full applications for Centralised procedure

(EMEA/H/C/004008), (aripiprazole), (treatment of schizophrenia and treatment and prevention of manic episodes in bipolar I disorder)
List of Questions adopted on 20.11.2014.
The CHMP agreed to the request by the applicant for an extension to the clock stop to respond to the Day 120 List of Questions adopted in November 2014.

(EMEA/H/C/003852), (human papillomavirus vaccine [types 6, 11, 16, 18, 31, 33, 45, 52, 58] (recombinant, adsorbed)), (treatment of HPV diseases)
List of Outstanding Issues adopted on 18.12.2014. List of Questions adopted on 24.07.2014.
The CHMP agreed to the request by the applicant for an extension to the clock stop to respond to the Day 180 List of Outstanding Issues adopted in December 2014.

(EMEA/H/C/004038), Orphan, (mercaptamine hydrochloride), Applicant: Lucane Pharma, (treatment of corneal cystine deposits)
The CHMP adopted the CHMP Assessment Report on similarity.

(EMEA/H/W/002300), (p. falciparum circumsporozoite protein fused with hepatitis b surface antigen (rts), and combined with hepatitis b surface antigen (s) in the form of non-infectious virus-like particles (vlps) produced in yeast cells (saccharomyces cerevisiae) by recombinant dna technology), (indicated for active immunisation against malaria)
The Committee agreed to the request from the applicant for an extension of clock stop to respond to the Day 120 List of Questions adopted in November 2014.

(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 (ILR) in adults)
List of Outstanding Issues adopted on 22.05.2014.
List of Questions adopted on 23.01.2014.
The Committee agreed to the request from the applicant for an extension of clock stop.

(EMEA/H/C/003789), (pegaspargase), (indicated as combination therapy in acute lymphoblastic leukaemia (ALL))
The CHMP agreed to the request by the applicant for an extension to the clock stop to respond to the Day 120 List of Questions adopted in November 2014.

(EMEA/H/C/002784), (sufentanil), (indicated for the management pain)
List of questions adopted on 20.11.2014.
The Committee agreed to the request from the applicant for an extension of the clock stop to respond to the Day 120 list of questions adopted in November 2014.

2.5. Products in the Decision Making Phase

Vantobra (EMEA/H/C/002633) (Tobramycin), Applicant: PARI Pharma GmbH, (Management of chronic pulmonary infection due to *Pseudomonas aeruginosa* in patients aged 6 years and older with cystic fibrosis (CF)). Hybrid application (Article 10(3) of Directive No 2001/83/EC). CHMP adopted an opinion for this medicinal product on 2 June 2014. Oral explanation was held in December 2014.

The CHMP adopted the revised similarity assessment report, revised CHMP assessment report, revised CHMP opinion and the derogation assessment report by consensus.
The Committee readopted a positive opinion by consensus 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.

3. Extension of marketing authorisation according to Annex I of Commission Regulation (EC) No 1234/2008

3.1. Extension of marketing authorisation according to Annex I of Commission Regulation (EC) No 1234/2008; Opinions

Ibandronic acid Accord (EMEA/H/C/002638/X/0006), (ibandronic acid), MAH: Accord Healthcare Ltd, Generic, Generic of Bondronat, Rapporteur: Alar Irs, "To add a new strength/potency and a new pharmaceutical form 3 mg solution for injection."
List of Outstanding Issues adopted on 20.11.2014. List of Questions adopted on 26.06.2014.
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 Commission Regulation (EC) No 1234/2008; Day 180 List of outstanding issues

Optisulin (EMEA/H/C/000309/X/0079/G), (insulin glargine), MAH: Sanofi-aventis Deutschland GmbH, Duplicate, Duplicate of Lantus, Rapporteur: Pieter de Graeff, Co-Rapporteur: Kristina Dunder, PRAC Rapporteur: Menno van der Elst, "To extend MA of Optisulin to register additional strength 300 U/ml, grouped with type IA variation to vary the invented name from Optisulin to Toujeo"
List of Questions adopted on 25.09.2014.
The Committee was reminded of the status of this application and its remaining outstanding issues.
The PRAC RMP AR was discussed in the PRAC meeting of January 2015. There were 8 outstanding issues with regard to the RMP. The PRAC decided that educational material for healthcare professionals is considered necessary which should only focus on the bio-inequivalence of the old 100 U/ml formulation with the new 300 U/ml formulation after subcutaneous administration of single equal doses to healthy subjects. The educational material should address the risk(s) of 'Medication error' when switching between the 100U/ml and 300U/ml without dose adjustment and also the switch from 300 U/ml to 100 U/ml should be covered in the educational material.
The CHMP adopted a List of Outstanding Issues with a specific timetable.

3.3. Extension of marketing authorisation according to Annex I of Commission Regulation (EC) No 1234/2008; Day 120 List of Questions

Suboxone (EMEA/H/C/000697/X/0029), (buprenorphine / naloxone), MAH: RB Pharmaceuticals Ltd., Rapporteur: Martina Weise, "Line extension application to add 12mg/3mg and 16mg/4mg sublingual tablets."

The Committee noted the issues identified in this application, which were related to the benefit-risk assessment (high dose strengths could increase the misuse of high doses of buprenorphine). Concern was also expressed regarding the possible medication errors. In order to alert the prescribing physician the SmPC section 4.2 will be updated about the dosing recommendation.
The Committee adopted the CHMP recommendation and scientific discussion together with the List of Questions

3.4. Update on on-going extension application according to Annex I of Commission Regulation (EC) No 1234/2008

Mabthera (EMEA/H/C/000165/X/0101/G), (rituximab), MAH: Roche Registration Ltd, Rapporteur: Christian Schneider, Co-Rapporteur: Pieter de Graeff, PRAC Rapporteur: Doris Stenver, , "Grouping of:
Line extension to add a new strength 1600 mg solution for subcutaneous injection.
Type II variation to update the product information of the existing strengths as a consequence to the line extension application Type II variation to update the RMP"
The CHMP adopted a revised timetable for the assessment of similarity.

4. Type II variations - Extension of indication procedures according to Annex I of Commission Regulation (EC) No 1234/2008

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

Abraxane (EMEA/H/C/000778/II/0067), (paclitaxel), MAH: Celgene Europe Limited, Rapporteur: Pieter de Graeff, Co-Rapporteur: Ingunn Hagen Westgaard, PRAC Rapporteur: Sabine Straus, "Extension of Indication to add a new indication for Abraxane in combination with carboplatin for the first-line treatment of non-small cell lung cancer (NSCLC) in adult patients who are not candidates for potentially curative surgery and/or radiation therapy. Consequently the MAH proposes to update sections 4.1, 4.2, 4.4, 4.5, 4.8 and 5.1 of the SmpC and to update the Package Leaflet accordingly.
An updated RMP version 14.0 has been provided as part of the application."
Request for Supplementary Information adopted on 25.09.2014.
The Committee discussed the issues identified in this application, especially on the inclusion of a wording in the SmPC on a recommendation to flush the intravenous line with sodium chloride to ensure administration of the complete dose.
The CHMP noted the letter from the MAH dated 21 January 2015 .
The CHMP agreed to include in sections 4.2 and 6.6 of the SmPC a recommendation on infusion line flushing.
The Committee confirmed that all issues previously identified in this application had been resolved.
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 recommendations.
The summary of opinion was circulated for information.

Aloxi (EMEA/H/C/000563/II/0038), (palonosetron), MAH: Helsinn Birex Pharmaceuticals Ltd., Rapporteur: Patrick Salmon, Co-Rapporteur: Arantxa Sancho-Lopez, PRAC Rapporteur: Almath Spooner, "Extension of the therapeutic indication for paediatric patients 1 month of age and older for the prevention of nausea and vomiting associated with moderately and highly emetogenic cancer chemotherapy for the IV formulation, based on the paediatric studies PALO-10-14 and PALO-10-20 and update of sections 5.1 and 5.2 of the Aloxi Oral formulation to reflect those studies. The MAH took the opportunity of this variation to update the Aloxi product information annexes in line with Version 9 of the QRD template."
Request for Supplementary Information adopted on 18.12.2014, 25.09.2014.
The Committee discussed the issues identified in this application and confirmed that all issues previously identified in this application had been resolved.
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 recommendations.
The summary of opinion was circulated for information.

Avastin (EMEA/H/C/000582/II/0072), (bevacizumab), MAH: Roche Registration Ltd, Rapporteur: Christian Schneider, Co-Rapporteur: Ingunn Hagen Westgaard, PRAC Rapporteur: Doris Stenver, "Extension of indication for the use of Avastin in combination with paclitaxel and cisplatin or paclitaxel and topotecan in patient with persistent, recurrent, or metastatic carcinoma of the cervix. Consequently, sections 4.1, 4.2, 4.4, 4.8 and 5.1 of the SmPC and the Package Leaflet are proposed to be updated."
Request for Supplementary Information adopted on 25.09.2014.
The Committee noted the issues identified in this application. All three major objections and a majority of other concerns previously posed in the first RSI were considered resolved. Comments received from members supported the positive opinion. Other concerning issues were mainly related to the updates of the SmPC.
The Committee adopted a 2nd Request for Supplementary Information with a specific timetable.

Eylea (EMEA/H/C/002392/II/0013), (aflibercept), MAH: Bayer Pharma AG, Rapporteur: Pierre Demolis, Co-Rapporteur: Robert James Hemmings, PRAC Rapporteur: Arnaud Batz, "Update of the product information to introduce the new indication of treatment of visual impairment due to macular oedema following branch retinal vein occlusion (BRVO). New clinical data was introduced to SmPC sections 4.1, 4.2, 4.4, 4.8, 5.1 and 5.2. The PL was updated accordingly. Furthermore, minor corrections and editorial changes have been introduced to the PI. Annex II was updated mainly to amend the due date of the study in patients with wet age-related macular degeneration."
Request for Supplementary Information adopted on 25.09.2014.
The Committee discussed the issues identified in this application.
The Committee confirmed that all issues previously identified in this application had been resolved.
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.

Jakavi (EMEA/H/C/002464/II/0016), Orphan, (ruxolitinib), MAH: Novartis Europharm Ltd, Rapporteur: Filip Josephson, Co-Rapporteur: Robert James Hemmings, PRAC Rapporteur: Ulla Wändel Liminga, "Extension of Indication to add treatment of adult patients with polycythaemia vera resistant to or intolerant of hydroxyurea. As a result, the MAH proposes to update sections 4.1, 4.2, 4.4, 4.8, 5.1 and 5.2 of the SmPC. The Package Leaflet is proposed to be updated accordingly. In addition, the MAH took the opportunity to implement imnor editorial changes in the SmPC. An updated RMP version 4.0 has been provided as part of the application."
Request for Supplementary Information adopted on 25.09.2014.
The Committee discussed the issues identified in this application and confirmed that all issues previously identified in this application had been resolved.
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 recommendations.
The Committee noted the letter of recommendation dated 21.01.2015.
The summary of opinion was circulated for information.

Prevenar 13 (EMEA/H/C/001104/II/0111), (pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)), MAH: Pfizer Limited, Rapporteur: Kristina Dunder, Co-Rapporteur: Daniel Brasseur, PRAC Rapporteur: Qun-Ying Yue, "Extension of Indication to add "pneumonia" to the authorised indication for adults (≥18 years of age), based on data from the recently completed Community–Acquired Pneumonia Immunization Trial in Adults
(CAPiTA), which studied the efficacy of Prevenar 13 in preventing vaccine-serotype pneumococcal community-acquired pneumonia (CAP) and vaccine-serotype invasive pneumococcal disease (IPD) in adults aged 65 years and older. As a consequence the MAH proposes to update sections 4.1, 4.8 and 5.1 of the SmPC and to update the Package Leaflet accordingly.
The provision of the CAPiTA study addresses MEA 045."
Request for Supplementary Information adopted on 23.10.2014.
The Committee discussed the issues identified in this application and confirmed that all issues previously identified in this application had been resolved.
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 recommendations.
The summary of opinion was circulated for information.

Stelara (EMEA/H/C/000958/II/0042), (ustekinumab), MAH: Janssen-Cilag International N.V., Rapporteur: Greg Markey, Co-Rapporteur: David Lyons, PRAC Rapporteur: Julie Williams, "Extension of Indication to add treatment of moderate to severe plaque psoriasis in paediatric patients from the age of 12 years and older, who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies. As a consequence SmPC sections 4.1, 4.2, 4.8, 5.1, 5.2 and 6.6 have been updated and the Package Leaflet has been updated accordingly. A revised RMP version 12 was provided as part of the application."
The Committee discussed the issues identified in this application mainly focusing on the different wording for the indication for adolescents and adults.
The Committee adopted a Request for Supplementary Information with a specific timetable.

TachoSil (EMEA/H/C/000505/II/0057), (human thrombin / human fibrinogen), MAH: Takeda Austria GmbH, Rapporteur: Jan Mueller-Berghaus, Co-Rapporteur: Greg Markey, PRAC Rapporteur: Brigitte Keller-Stanislawski, "Extension of indication for the use of Tachosil as suture line sealing in dura mater closure. As a consequence, sections 4.1, 4.2, 4.4, 4.8, and 5.1 of the SmPC and the Package leaflet are updated. The MAH also took the opportunity to make minor editorial corrections to the product information."
The Committee discussed the issues identified in this application, which mainly related to the efficacy results from the clinical trial and whether they could be considered significant.
The Committee adopted a Request for Supplementary Information with a specific timetable.

4.2. Update on on-going type II variation; extension of indications

Teysuno (EMEA/H/C/001242/II/0018), (tegafur / gimeracil / oteracil), MAH: Nordic Group B.V., Rapporteur: Pieter de Graeff, PRAC Rapporteur: Sabine Straus, "Update of sections 4.1, 4.2 and 5.1 of the SmPC in order to add combination therapy of Teysuno with oxaliplatin (with or without epirubicin) with consequential updates to sections 4.3, 4.4, 4.5, 4.6, 4.8. The Package Leaflet is updated accordingly.
In addition, the MAH took the opportunity to update the list of local representatives in the Package Leaflet and to bring the PI in line with the latest QRD template version 9.0."
Request for Supplementary Information adopted on 23.10.2014.
The Committee noted the letter from the MAH dated 7 January 2015 informing of the decision to withdraw the type II variation. Questions-and-answers document was published on the withdrawal.

Rienso (EMEA/H/C/002215/II/0008), (ferumoxytol), MAH: Takeda Pharma A/S, Rapporteur: Harald Enzmann, Co-Rapporteur: Romaldas Mačiulaitis, PRAC Rapporteur: Martin Huber, "Extension of indication: all cause iron deficiency anaemia when oral therapy is ineffective or inappropriate or where there is a need for rapid iron repletion
As a consequence, sections 4.1, 4.2 , 4.4, 4.8 and 5.1 of the SmPC were proposed to be updated. The Package Leaflet was proposed to be updated accordingly. The MAH took the opportunity to propose minor editorial changes to the SmPC and to propose the update of the Product Information in line with the latest version of the QRD template (9.0)"
Request for Supplementary Information adopted on 20.11.2014, 26.06.2014, 25.04.2014, 24.10.2013.
The Committee noted the letter from the MAH dated 19 January 2015 informing of the decision to withdraw the type II variation.

5. Ancillary medicinal substances in medical devices

5.1. Ancillary medicinal substances in medical devices - Opinions/ List of outstanding issues / List of Questions

(EMEA/H/D/002831), ((substance to be reviewed) insulin-like growth factor-i (igf-i) segment), (hard-to-heal wounds,primarily venous leg ulcers)
List of Outstanding Issues adopted on 25.09.2014.
List of Questions adopted on 23.01.2014. The CHMP agreed to the request by the applicant for an extension to the clock stop to respond to the Day 180 List of Outstanding Issues adopted in September 2014 .

6. Re-examination procedure (new applications) under Article 9(2) of Regulation no 726/2004

No items

7. Re-examination procedure (Type II variations) under Article 16 of Commission Regulation (EC) No 1234/2008 and 9(2) of Regulation (EC) No 726/2004

No items

8. Withdrawal of full initial application

No items

9. Procedure under Article 83(1) of Regulation (EC) 726/2004 (Compassionate Use)

No items

10. Pre-submission issues

Some items in this section are considered commercially confidential or sensitive and therefore not disclosed.

11. Post-authorisation issues

Some items in this section are considered commercially confidential or sensitive and therefore not disclosed.

Aranesp (EMEA/H/C/000332/II/0130), (darbepoetin alfa), MAH: Amgen Europe B.V., Rapporteur: Martina Weise, Co-Rapporteur: Daniel Brasseur, PRAC Rapporteur: Valerie Strassmann, "This is a proposed type II variation for Aranesp (darbepoetin alfa) following the availability of study 20050256 conducted in paediatric patients and submitted here after under an Article 46 procedure. The scope of this variation includes revisions to the Summary of Product Characteristics to incorporate dosing recommendations for paediatric patients from 1 to < 11 years of age in section 4.2 and include updates to section 4.8, 5.1 and 5.2 to reflect the available data in the paediatric population. Consequential changes in the PIL are also proposed. This variation does not involve modification of the indication for the use of darbepoetin alfa which is already indicated for the treatment of symptomatic anaemia associated with chronic renal failure (CRF) in paediatric patients. There are no proposals for a new route of administration or new pharmaceutical forms in this variation.
This variation also aims at closing the PAM LEG067 related to PK data in paediatric patients < 6 years. Additional changes to the product information relate to updated QRD implementation, label alignement

with requirement from EMA and typographical corrections."
Request for Supplementary Information adopted on 20.11.2014.
The CHMP adopted the updated request for supplementary information.

M-M-RVAXPRO (EMEA/H/C/000604/II/0063), (measles, mumps and rubella vaccine (live)(MMR)), MAH: Sanofi Pasteur MSD SNC, Rapporteur: Jan Mueller-Berghaus, "Update of section 4.8 of the SmPC in order to include "Transverse myelitis"."
Request for Supplementary Information adopted on 25.09.2014.
The Committee was reminded of the status of this application and its remaining outstanding issues. The Committee discussed the response from MAH about the availability of reliable data for association of transverse myelitis and natural MMR infection. The MAH also claimed that there are no studies available to support causal relationship of MMR vaccination to transverse myelitis. The CHMP considered the association likely to be coincidental and did not support the proposed SmPC changes. The CHMP adopted a negative opinion by consensus together with the CHMP assessment report via written procedure on 29th January 2015. The Icelandic and Norwegian Members were in agreement with the CHMP recommendation. The EMA question and answer document was circulated for information.

12. Referral procedures

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

No items

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

Medicinal products under development for the treatment of Ebola (EMEA/H/A-5(3)/1410)
The updated interim report for publication was adopted by the Committee.

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

MERISONE 50 mg and 150 mg film coated tablets and MYOSON 50 mg and 150 mg film coated tablet (EMEA/H/A-29/1411) (tolperisone) Meditop Pharmaceutical Co.Ltd. ,
RMS: HU, CMS: DE, NL, BE, LU, Mutual recognition procedures: HU/H/0373/001-002/MR and HU/H/0377/001-002/MR
Scope: The lack of bioequivalence studies to evaluate the food effect of Merisone/Myosone. As tolperisone is recommended to be taken with food (as in the originator product), bioequivalence should be demonstrated under fed conditions.
The CHMP discussed the impact of food on the bioavailability of tolperisone, and possible involvement of the PKWP.

The CHMP noted the letter from the National Institute for Quality and Organisational Development in Healthcare and Medicines, National Institute of Pharmacy in Hungary notifying the CHMP of an official referral under Article 29(4) and its grounds.
The CHMP appointed Agnes Gyurasics as Rapporteur and Johann Lodewijk Hillege as Co-rapporteur for this procedure.
The Committee adopted a list of questions with a specific timetable.
The CHMP agreed to consult the PKWP and adopted a list of questions to this group.
Start of procedure (CHMP): January 2015
List of Questions: 22.01.2015
Submission of responses: 20.02.2015
Re-start of the procedure 24.02.2015
Rapporteur/co-rapporteur assessment reports circulated to CHMP: 11.03.2015
Comments: 16.03.2015
List of outstanding issues/CHMP opinion: March 2015 CHMP

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

Ikorel / Dancor and associated names (EMEA/H/A-30/1380)
(nicorandil), Sanofi-Aventis group of companies and associated companies / Merck group of companies and associated companies, Rapporteur: Joseph Emmerich, Co-Rapporteur: Pieter de Graeff,
Ikorel / Dancor was included in the list of products for SmPC harmonisation, drawn up by the CMDh, in accordance with Article 30(2) of Directive 2001/83/EC.
The Committee noted the change of the Rapporteur from Pierre Demolis to Joseph Emmerich.
The CHMP adopted a 2nd List of Outstanding Issues with a specific timetable.
List of outstanding issues: 22.01.2015
Submission of responses: 20.02.2015
Re-start of the procedure: 02.03.2015
Joint assessment report circulated to CHMP: 11.03.2015
Comments: 16.03.2015
List of outstanding issues or CHMP opinion: March 2015 CHMP

Haldol and associated names (EMEA/H/A-30/1393) (haloperidol), Janssen-Cilag Group of companies and associated companies
Rapporteur: Martina Weise, Co-Rapporteur: Ivana Mikacic,
The Committee adopted a revised assessment timetable:
Responses to the LoQ: 05.01.2015
Re-start of the procedure: 27.01.2015
Assessment report: 11.03.2015
CHMP comments: 16.03.2015
CHMP discussion: March 2015 CHMP

Haldol decanoate and associated names (EMEA/H/A-30/1405) (haloperidol) Janssen-Cilag Group of companies and associated companies
Rapporteur: Martina Weise, Co-Rapporteur: Ivana Mikacic,
The Committee adopted a revised assessment timetable:
Responses to the LoQ: 05.01.2015
Re-start of the procedure: 27.01.2015
Assessment report: 11.03.2015

CHMP comments: 16.03.2015
CHMP discussion: March 2015 CHMP

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

GVK Biosciences (EMEA/H/A-31/1408)
Rapporteur: Harald Enzmann, Co-Rapporteur: Christian Schneider,
Article 31 procedure triggered by the European Commission concerning GVK Biosciences Private Limited (GVK Bio), Swarna Jayanthi commercial complex, Ameerpet, Hyderabad 500 038, India following critical GCP deficiencies reported during an inspection performed by the ANSM (Agency for Medicines and Health Products Safety, France) in May 2014. Oral explanation held in October 2014. GVK Working Group meeting held on 8-9 December 2014. No oral explanations were held.

The rapporteurs made a joint presentation and the Committee discussed the position presented by the rapporteurs.

The Committee Members were asked to provide short update on national actions in their countries.

The Committee adopted an opinion by consensus recommending:

- The **suspension** of the marketing authorisations of medicinal products for which bioequivalence data or justification was not submitted or was considered insufficient by the CHMP to establish bioequivalence vis-à-vis the EU reference medicinal product (Annex IB of the Opinion).

  (1) Some of these medicinal products may be considered critical by the individual Member States based on the evaluation of the criticality criteria set out in the opinion. Where on the basis of these criteria the relevant national competent authorities of the Member States consider that a medicinal product is critical, the suspension of the concerned marketing authorisation(s) may be deferred by the period for which the medicinal product is considered critical. This period of deferral shall not exceed twenty-four months from the Commission Decision. Should during this period the Member State(s) consider a medicinal product not critical anymore, the suspension of the concerned marketing authorisation(s) shall apply.

  (2) A medicinal product listed in Annex IB may be considered critical by the Member State(s) based on the evaluation of the potential unmet medical need, considering the availability of suitable alternative medicinal products in the respective Member State(s) and, as appropriate, the nature of the disease to be treated.

  (3) For these medicinal products considered critical by Member State(s), the marketing authorisations holders shall submit a bioequivalence study conducted vis-à-vis the EU Reference Medicinal Product within 12 months from the Commission Decision.

  (4) Suspension of the MAs should be lifted when bioequivalence to an EU Reference Medicinal Product has been established.

- The **maintenance** of the marketing authorisations for medicinal products of Annex IA with established bioequivalence vis-à-vis the EU reference medicinal product.

The CHMP assessment report was adopted by CHMP.

The Icelandic and Norwegian members were in agreement with the CHMP recommendation.

The Committee discussed the content of the public health communication. It was agreed that a question-and-answer document will also be circulated to the network.

Gadolinium containing contrast agents, Gd-Cas (EMEA/H/A-31/1097),
Rapporteur: Rafe Suvarna, Co-Rapporteur: Pieter de Graeff, ,
Discussion on the AKI (acute kidney injury) to be added to the labelling of Optimark & update on the availability on the bone study results.
The CHMP discussed the PRAC recommendation to update SmPC for the high Nephrogenic Systemic Fibrosis (NSF) risk Gd-CAs (Omniscan, Optimark, Magnevist). MAH's proposal to update the SmPC is related to achieving consistency with the US product information. The CHMP noted the difficulties in recruiting patients with severe renal impairment, or with exposure to multiple doses of GdCAs. Protocol amendments to modify the requirement to recruit patients to the most challenging sub-groups, and to relax some of the inclusion criteria to improve the rate of recruitment may be needed in order to get useful information within a reasonable period of time. CHMP considered asking PRAC advice on possible protocol amendments.
The CHMP adopted the PRAC recommendation, to amend SmPC for Optimark sections 4.2, 4.3 and 4.4 adding a specific contraindication in acute kidney injury. The MAH will be requested to submit a variation within 60 days.

12.7. The CHMP adopted a list of questions to enquire the MAH with regards the progress of the bone study and its results. MAH should respond within 60 days.Re-examination Procedure under Article 32(4) of Directive 2001/83/EC

No items

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

No items

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 2015: **For**	The Committee noted the report. The members noted the Summary of

information	recommendations and advices of the PRAC meeting.
Update on the Pharmacovigilance programme and the revised implementation governance: **For information**	The members noted the Update on the Pharmacovigilance programme and the revised implementation governance
List of Union Reference Dates and frequency of submission of Periodic Safety Update Reports (EURD list) for January 2015: **For adoption**	The EURD list was adopted.
Early Notification System: January 2015 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
Rienso PSUR (EMEA/H/C/002215/PSUV/0015) (with RMP version 3.3)(ferumoxytol), MAH: Takeda Pharma A/S, Rapporteur: Harald Enzmann, Co-Rapporteur: Romaldas Mačiulaitis, PRAC Rapporteur: Martin Huber, "PSUR 4 Period covered: 31.12.13 - 30.06.14 RMP v. 3.3"	The Committee discussed the PRAC recommendation to amend the product information (in particular the wording of the new warning on the outcome of severe hypersensitivity reactions in elderly patients or with co-morbidities) as well as the conditions to the marketing authorisation and other risk minimisation measures which had been adopted by the PRAC by majority during their January 2015 meeting. The Committee adopted a positive opinion based on the PRAC recommendation recommending the variation of the Marketing Authorisation by majority (22 positive out of 32), including in addition a clarification on the adequately powered study to further investigate the risk of hypersensitivity reactions comparing ferumoxytol with iron sucrose, requested as part of the previous PSUR which should not be exclusively conducted in EU chronic kidney disease (CKD) patients but should include EU CKD patients. The Icelandic and Norwegian members were in agreement with the CHMP recommendation. The divergent position (Agnes Gyurasics, Concepcion Prieto Yerro, Daniel Brasseur, Daniella Melchiorri, Harald Enzmann, Ivana Mikacic, Jan Mueller-Berghaus, Nevenka Trsinar, Pierre Demolis, Sol Ruiz) was appended to the opinion.

14. Inspections

14.1. GMP inspections

Request for GMP inspections: **For adoption**	*Disclosure of information related to GMP inspections will not be published as it undermines the purpose of such inspections.*
EMA GMP re-inspection programme for 2015: **For adoption**	The CHMP adopted the GMP re-inspection programme for 2015.
PMF Inspection Schedule for 2015: **For adoption**	The CHMP adopted the PMF Inspection Schedule for 2015.

14.2. GCP inspections

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

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.*

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 Innovation Task Force: 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. Requests for CHMP Opinion under Article 57(1)J and (1)P of Regulation (EC) No 726/2004

Request from EC for EMA scientific Opinion under Art. 57 (1)P of Regulation (EC) No 726/2004 • Draft report: **For comments**	The CHMP noted the draft report and adopted a specific timetable.
Request from EDQM for EMA scientific Opinion under Art. 57 (1)J of Regulation (EC) No 726/2004 • Timetable: **For adoption**	The CHMP appointed as the CHMP coordinator and adopted a specific timetable.

15.4. Nanomedicines activities

No items

16. Scientific Advice Working Party (SAWP)

Report from the SAWP meeting held on 6-9 January 2015. Table of conclusions: **For information**	The CHMP noted the report.
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 19-21 January 2015: **For information**	The CHMP noted the report.
PKWP opinion on acceptance of bioequivalence: **For adoption**	The CHMP adopted the PKWP opinion.

18. Other Committees

18.1. Committee for Orphan Medicinal Products (COMP)

Press release of the COMP meeting held on 7-8 January 2015: **For information**	To be sent in the Post-mail.

18.2. Committee for Herbal Medicinal Products (HMPC)

Not applicable

18.3. Paediatric Committee (PDCO)

PIPs reaching D30 at January 2015 PDCO: **For information**	To be sent in the Post-mail.
Report from the PDCO meeting held on held on 14-16 January 2015: **For information**	The CHMP noted the report.

18.4. Committee for Advanced Therapies (CAT)

Table of Decisions of CAT meeting held on 15-16 January 2015: **For information**	The CHMP noted the Table of Decision.

19. Invented name issues

Not applicable

20. Any other business

Report from Alzheimer's disease EMA workshop: **For discussion**	The report from Alzheimer's disease workshop was presented . "Discussion paper on the clinical investigation of medicines for the treatment of Alzheimer's disease and other dementias" will be updated based on the workshop and its discussions.
Appointment of CHMP representatives to the CAT: The Co-opted members Sol Ruiz and Jean-Louis Robert need to propose their CAT alternates. • CV of Marcos Timón: **For information** • CV Guy Berchem: **For information**	The CHMP appointed Marcos Timón as alternate of Sol Ruiz at the CAT. Guy Berchem was appointed as alternate of Jean-Louis Robert at the CAT.

Working Parties work plans: **For adoption** • BPWP work plan for 2015 – postponed to February • VWP work plan for 2015 – postponed to February • PCWP work plan for 2015 • HCPWP work plan for 2015 • BWP work plan for 2015 • ONCWP work plan for 2015 • CNSWP work plan for 2015 • QWP work plan for 2015 • RIWP work plan for 2015 • Gastroenterology drafting group work plan for 2015 • CVS WP work plan 2015 • BMWP work plan 2015 • PGWP work plan 2015 • PKWP work plan 2015 • SWP work plan 2015 • Excipients drafting group work plan 2015 • Radiopharmaceutical drafting group work plan 2015 • IDWP work plan for 2015 • JEG 3Rs work plan for 2015	The BPWP and VWP work plans were postponed to the February CHMP Plenary. The CHMP noted the other work plans for 2015 and adopted them by consensus.
• Nomination of Mrs Eva Kolouchava (CZ) as an expert to the Safety Working Party •	The CHMP noted the Czech nomination.
Joint CHMP/CAT/COMP Presidency meeting in Rome. • Minutes of the meeting: **For adoption**	The members noted the minutes from the joint CHMP/CAT/COMP meeting under the Italian Presidency.
Nomination of Karin Weisser as an observer to PKWP: **For endorsement**	The CHMP noted the nomination.
Nomination of Andreas Brandt as on observer to the Biostatistics Working Party: **For endorsement**	The CHMP noted the nomination.
PKWP position paper on specific questions: 1. Evaluation of orally inhaled medicinal products: **For adoption** 2. Clarifications on the "Evaluation of the pharmacokinetics of medicinal products in patients with impaired hepatic function" guideline: **For adoption**	The CHMP adopted the PKWP position paper.
Update on Ebola epidemiology in Africa: For discussion	The members noted the update on Ebola epidemiology in Africa.
Workshop on Lifecycle management to be held 28-29 October 2014: **For information**	The CHMP noted the proposal for a workshop on

	Lifecycle management. The Committee supported the lifecycle management workshop in general but will await the outcome of the ICH discussion and agree in June 2015 on the date and agenda.
Guidance on meetings with Applicants on the responses to questions received from EMA Scientific Committees during the evaluation within the centralised procedure	The CHMP noted the presentationon the guidance on meetings with applicants, which had already been adopted by the CAT and PRAC. The comment was made that the meetings should be joint meetings with the Rapporteur and Co-Rapporteur also considering other ways of clarification. The guidance will be published on the EMA website shortly.
Revised framework of interaction with patients and consumers	The new framework had been adopted by the EMA Management Board in December 2014. CHMP was informed about the updated framework of interaction with patients and consumers. One of the objectives of the revised framework is to increase the involvement of patients in the benefit/risk evaluation as well as measuring the impact of patients' involvement. The CHMP welcomed the revised framework and requested support by EMA to identify appropriate procedures for patient involvement. Furthermore the members discussed patient preference data and how the Committee could increase their competency in this area. The CHMP will be updated regularly on the progress.
Information about CHMP/CAT meeting under Latvian Presidency	The Presidency meeting will be held in Ljubljana, Slovenia, 26th-28th May 2015.

21. List of participants

including any restrictions with respect to involvement of members / alternates / experts following evaluation of declared interests for the 19-22 January 2015 meeting.

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Tomas Salmonson	Chair	Sweden	Full involvement	
Andrea Laslop	Member	Austria	Full involvement	
Milena Stain	Alternate	Austria	Full involvement	
Daniel Brasseur	Member	Belgium	Full involvement	
Bart Van der Schueren	Alternate	Belgium	Full involvement	
Mila Vlaskovska	Member	Bulgaria	Full involvement	
Ivana Mikačić	Member	Croatia	Full involvement	
Panayiotis Triantafyllis	Member	Cyprus	Full involvement	
Ondřej Slanař	Member	Czech Republic	No participation in discussions, final deliberations and voting on:	- 12.6 Community Interests Referral under Article 31 of Directive 2001/83/EC: GVK Biosciences (EMEA/H/A-31/1408)
			No participation in final deliberations and voting on:	- (EMEA/H/C/003935), (duloxetine) - (EMEA/H/C/003766), (evolocumab) - (EMEA/H/C/003981), (duloxetine) - (EMEA/H/C/004009), (duloxetine) - Dutrebis (EMEA/H/C/003823), (lamivudine / raltegravir) - Stelara (EMEA/H/C/000958/II/0042), (ustekinumab)
Jens Heisterberg	Member	Denmark	No participation in final deliberations and voting on:	- 12.6 Community Interests Referral under Article 31 of Directive 2001/83/EC: GVK Biosciences (EMEA/H/A-31/1408)
Christian Schneider	Alternate	Denmark	Full involvement	
Alar Irs	Member	Estonia	Full involvement	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Outi Mäki-Ikola	Member	Finland	No participation in final deliberations and voting on:	- Rienso (EMEA/H/C/002215/II/0008), (ferumoxytol) - Rienso PSUR (EMEA/H/C/002215/PSUV/0015) - Stelara (EMEA/H/C/000958/II/0042), (ustekinumab) - (EMEA/H/C/003766) - (EMEA/H/C/002771), (talimogene laherparepvec) - 12.6 Community Interests Referral under Article 31 of Directive 2001/83/EC: GVK Biosciences (EMEA/H/A-31/1408)
Pierre Demolis	Member (Vice-Chair)	France	Full involvement	
Joseph Emmerich	Alternate	France	No participation in final deliberations and voting on:	- (EMEA/H/C/002629), (edoxaban) - 12.6 Community Interests Referral under Article 31 of Directive 2001/83/EC: GVK Biosciences (EMEA/H/A-31/1408)
Harald Enzmann	Member	Germany	Full involvement	
Martina Weise	Alternate	Germany	Full involvement	
Dimitrios Kouvelas	Member	Greece	Full involvement	
Agnes Gyurasics	Member	Hungary	Full involvement	
Kolbeinn Gudmundsson	Member	Iceland	Full involvement	
David Lyons	Member	Ireland	Full involvement	
Patrick Salmon	Alternate	Ireland	Full involvement	
Daniela Melchiorri	Member	Italy	Full involvement	
Juris Pokrotnieks	Member	Latvia	No participation in final deliberations and voting on:	- 12.6 Community Interests Referral under Article 31 of Directive 2001/83/EC: GVK Biosciences (EMEA/H/A-31/1408)
Natalja Karpova	Alternate	Latvia	Full involvement	
Rugile Pilviniene	Alternate	Lithuania	Full involvement	
Jacqueline Genoux-Hames	Member	Luxembourg	Full involvement	
John Joseph Borg	Member	Malta	Full involvement	
Pieter de Graeff	Member	Netherlands	Full involvement	
Johann Lodewijk	Alternate	Netherlands	Full involvement	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Hillege				
Karsten Bruins Slot	Member	Norway	Full involvement	
Piotr Fiedor	Member	Poland	Full involvement	
Bruno Sepodes	Member	Portugal	Full involvement	
Dinah Duarte	Alternate	Portugal	Full involvement	
Nela Vilceanu	Member	Romania	Full involvement	
Jan Mazag	Member	Slovakia	Full involvement	
Nevenka Tršinar	Alternate	Slovenia	Full involvement	
Concepcion Prieto Yerro	Member	Spain	Full involvement	
Arantxa Sancho-Lopez	Alternate	Spain	Full involvement	
Kristina Dunder	Member	Sweden	Full involvement	
Filip Josephson	Alternate	Sweden	Full involvement	
Greg Markey	Member	United Kingdom	Full involvement	
Rafe Suvarna	Alternate	United Kingdom	Full involvement	
Robert James Hemmings	Co-opted member	United Kingdom	Full involvement	
Hubert Leufkens	Co-opted member	Netherlands	Full involvement	
Jan Mueller-Berghaus	Co-opted member	Germany	Full involvement	
Jean-Louis Robert	Co-opted member	Luxembourg	Full involvement	
Sol Ruiz	Co-opted member	Spain	Full involvement	
Vincent Gazin	Expert - in person*	France	Full involvement	
Mette Madsen	Expert - in person*	Denmark	Full involvement	
Sabine Mayrhofer	Expert - in person*	Germany	Full involvement	
Valerie Lescrainier	Expert - in person*	Belgium	Full involvement	
Patricia Diaz Ramos	Expert - in person*	Spain	Full involvement	
Madli Pintson	Expert - in person*	Estonia	Full involvement	
Priscilla Schoondermark	Expert - in person*	Netherlands	Full involvement	
Ondřej Vodička	Expert - in person*	Czech Republic	Full involvement	
Henrike Potthast	Expert - in person*	Germany	Full involvement	
Ivana Pankuchova	Expert - in person*	Slovakia	Full involvement	
Antonio Gomez-Outes	Expert - via telephone*	Spain	Full involvement	
Jorge Camarero Jiménez	Expert - via telephone*	Spain	Full involvement	
June Munro	Expert - via	United Kingdom	Full involvement	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Raine	telephone*			
Vahid Taravati	Expert - via telephone*	Germany	Full involvement	
Thomas Grüger	Expert - via telephone*	Germany	Full involvement	
Sinan B. Sarac	Expert - via telephone*	Denmark	Full involvement	
Clemens Mittmann	Expert - via telephone*	Germany	Full involvement	
Andreas Brandt	Expert - via telephone*	Germany	Full involvement	
Frederike Lentz	Expert - via telephone*	Germany	Full involvement	
Nils Lilienthal	Expert - via telephone*	Germany	Full involvement	
Brian Aylward	Expert - via telephone*	Ireland	Full involvement	
Alfredo García-Arieta	Expert - via telephone*	Spain	Full involvement	
Martijn Scholten	Expert - via telephone*	Netherlands	Full involvement	
Illiana Meurs	Expert - via telephone*	Netherlands	Full involvement	
Amany El Gazayerly	Expert - via telephone*	Netherlands	Full involvement	
Frank Holtkamp	Expert - via telephone*	Netherlands	Full involvement	
Michael Udell	Expert - via telephone*	United Kingdom	Full involvement	
Olli Tenhunen	Expert - via telephone	Finland	Full involvement	
Karl Broich	Expert - via telephone	Germany	Full involvement	
A representative from the European Commission attended the meeting				
Meeting run with support from relevant EMA staff				

* Experts were only evaluated against the product(s) they have been invited to talk about.

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)*

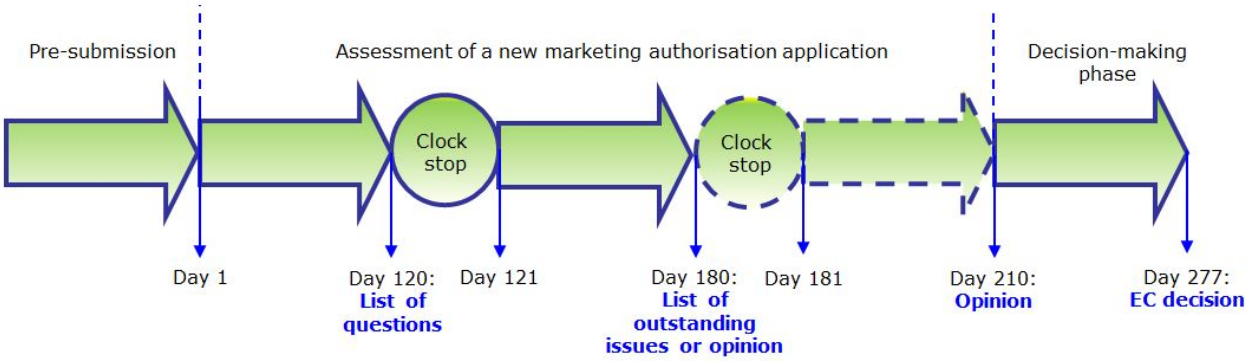
The items listed in this section are those for which marketing authorisation holders (MAHs) or applicants have been invited to the CHMP plenary meeting to address questions raised by the Committee. Oral explanations normally relate to on-going applications (section 2 and 3) or referral procedures (section 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.