



European Medicines Agency  
*Evaluation of Medicines for Human Use*

London, 28<sup>th</sup> September 2007  
EMA/427480/2007

**COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE  
SEPTEMBER 2007 PLENARY MEETING  
MONTHLY REPORT**

The Committee for Medicinal Products for Human Use (CHMP) held its September plenary meeting from 17-20 September 2007.

**CENTRALISED PROCEDURE**

**Initial applications for marketing authorisation**

The CHMP adopted six positive opinions by consensus on initial marketing authorisation, one of which related to a generic of a centrally authorised product and one to an ‘informed consent’ application:

- **Cyanokit** (hydroxocobalamin), from Merck Santé s.a.s., for the treatment of known or suspected cyanide poisoning. EMA review began on 27 December 2006 with an active review time of 177 days.
- **Eucreas** (vildagliptin / metformin hydrochloride), from Novartis Europharm Limited, for the treatment of type 2 diabetes mellitus. EMA review began on 24 January 2007 with an active review time of 177 days.
- **Tasigna** (nilotinib), from Novartis Europharm Limited, for the treatment of Philadelphia chromosome positive chronic myelogenous leukaemia (CML). Tasigna is the **43<sup>rd</sup> orphan medicinal** product to receive a positive opinion. EMA review began on 25 October 2006 with an active review time of 200 days.
- **Torisel** (temsirolimus), from Wyeth Europa Ltd, for the first-line treatment of renal cell carcinoma. Torisel is the **44<sup>th</sup> orphan medicinal product** to receive a positive opinion. EMA review began on 25 October 2006 with an active review time of 203 days.

**Positive opinion for a generic medicinal product**

The CHMP adopted a positive opinion for **Olanzapine Neopharma** (olanzapine), from Neopharma Ltd, for the treatment of schizophrenia and moderate to severe manic episode. The reference product for Olanzapine Neopharma is Zyprexa, from Eli Lilly Nederland B.V., which is already authorised in the European Union (EU), in the applied indications. EMA review began on 25 October 2006 with an active review time of 205 days.

**Positive opinion for ‘informed consent’ application**

The CHMP adopted a positive opinion for **Pioglitazone / metformin hydrochloride** Takeda 15 mg/850 mg film-coated tablets (Pioglitazone / metformin hydrochloride), from Takeda Europe R&D Centre Ltd, for which an ‘informed consent’ application was submitted, intended for treatment of type 2 diabetes mellitus patients, particularly overweight patients, who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone. This type of application requires that reference is made to an authorised medicinal product and that the marketing authorisation holder of this reference product has given consent to the use of the dossier in the application procedure.

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## Negative opinion

The CHMP adopted a negative opinion by majority recommending the refusal of a marketing authorisation for **Mylotarg** (gemtuzumab ozogamicin), from Wyeth Europa Limited. Mylotarg was intended to be used for the re-induction treatment of CD33-positive acute myeloid leukaemia patients in first relapse who are not candidates for other intensive re-induction chemotherapy regimens (e.g. high-dose ARA-C). EMEA review began on 28 December 2005 with an active review time of 200 days. A separate [question-and-answer document](#) explaining the grounds for the negative opinion for Mylotarg is available on the EMEA website.

Summaries of opinion for these medicinal products are available on the EMEA website <http://www.emea.europa.eu/htms/human/opinion/opinion.htm>. Further information will be included in the European Public Assessment Report (EPAR) once the European Commission has granted final approval.

## Re-examination procedure under Article 9(2) of Regulation (EC) No. 726/2004

- Following the re-examination of the negative opinion adopted on 24 May 2007, the CHMP adopted a final positive opinion by majority with specific obligations for **Vectibix** (panitumumab), from Amgen, intended as monotherapy for the treatment of patients with EGFR expressing metastatic colorectal carcinoma with non-mutated (wild-type) KRAS after failure of fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy regimens. The CHMP recommended a 'Conditional Approval' for Vectibix, since there is more information to come about the medicine, in particular its safety and efficacy in patients according to their KRAS status. A separate [question-and-answer document](#) with more information about the re-examination procedure is available on the EMEA website.
- The European Medicines Agency has been formally requested by Elan Pharma, to re-examine the negative opinion for **Natalizumab Elan Pharma 300 mg** (natalizumab) adopted during the CHMP meeting on 16-19 July 2007.

## Post-authorisation procedures

### Lifting of suspension for Viracept recommended

The CHMP recommended the lifting of the suspension of the marketing authorisation for **Viracept** (nelfinavir, as nelfinavir mesilate), from Roche, and the re-introduction of the medicine onto the market in the European Union.

A separate [press release](#) and a [question-and-answer document](#) with more detailed information are available on the EMEA website.

### Extensions of indication and other recommendations

The CHMP gave seven positive opinions by consensus on applications for extensions of indication, adding new treatment options for the following previously approved medicines:

- **Combivir** (lamivudine/zidovudine), from GlaxoSmithKline, to extend the indication to paediatric patients and to replace film coated tablets by scored film coated tablets. Combivir is currently authorised for use in adults and adolescents (over 12 years of age) as part of a combination treatment for HIV infection.
- **Lamivudine/Zidovudine GSK** (lamivudine/zidovudine), from GSK, to extend the indication to paediatric patients and to replace film coated tablets by scored film coated tablets. Lamivudine/Zidovudine GSK is currently authorised for use in adults and adolescents (over 12 years of age) as part of a combination treatment for HIV infection. The opinion is given in accordance with Article 58 of Regulation (EC) No 726/2004, which allows the CHMP, in the context of cooperation with the World Health Organization (WHO), to adopt scientific opinions on medicinal products intended exclusively for markets outside the EU.

- **Nexavar** (sorafenib), from Bayer Healthcare AG, to extend the indication to include treatment of patients with hepatocellular carcinoma. Nexavar is currently indicated for the treatment of patients with advanced renal cell carcinoma who have failed prior interferon-alpha or interleukin-2 based therapy or are considered unsuitable for such therapy.
- **Pegintron** and **ViraferonPeg** (peginterferon alfa-2b), from SP Europe, to extend the indication in combination with ribavirin to adult patients who have failed previous treatment with interferon alpha (pegylated or nonpegylated) and ribavirin combination therapy or interferon alpha monotherapy. Peginterferon alfa-2b is currently indicated for the treatment of adult patients with chronic hepatitis C. In this indication peginterferon alfa-2b can be used in combination with ribavirin or in monotherapy.
- **Rebetol** (ribavirin), from SP Europe, to extend the indication in combination with peginterferon alfa-2b to adult patients who have failed previous treatment with interferon alpha (pegylated or nonpegylated) and ribavirin combination therapy or interferon alpha monotherapy. Rebetol is currently indicated for the treatment of chronic hepatitis C and must only be used as part of a combination regimen with peginterferon alfa-2b in adults or with interferon alfa-2b in adults and children.
- **Remicade** (infliximab), from Centocor B.V., to change the indication for ankylosing spondylitis to include patients who have responded inadequately to conventional therapy, regardless of their HLA-B27 status or serological markers level. Remicade is currently indicated for treatment of rheumatoid arthritis, Crohn's disease, ulcerative colitis, ankylosing spondylitis, psoriatic arthritis and psoriasis.

#### Negative opinion for Nutropin AQ

The CHMP adopted a negative opinion by majority, recommending the refusal of an extension of indication for **Nutropin AQ** (somatropin), from Ipsen Ltd. The indication applied for related to the inclusion of treatment of children with severe “idiopathic” short stature (ISS) not explained by growth hormone deficiency (GHD) or other medical conditions and with a predicted adult height at least 1 standard deviation score (SDS) below the target height.

A separate [question-and-answer document](#) explaining the grounds for the negative opinion for the extension of indication is available on the EMEA website.

#### Changes to contraindications

The Committee recommended a new contraindication for **Viracept** (nelfinavir mesilate), from Roche Registration Ltd, saying that Viracept should not be co-administered with omeprazole due to a reduction in exposure to nelfinavir and its active metabolite M8. This may lead to a loss of virologic response and possible resistance to Viracept.

The adoption of the contraindication is not related to the recommendation to lift the suspension of the marketing authorisation for Viracept (see above).

The CHMP recommended the removal of the contraindication for **Competact** (pioglitazone / metformin) and **Tandemact** (pioglitazone / glimepiride) from Takeda Europe R&D Centre Ltd, regarding the concurrent administration with insulin. Competact is currently authorised for the treatment of type 2 diabetes mellitus patients, particularly overweight patients, who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone. Tandemact is currently indicated for the treatment of patients with type 2 diabetes mellitus who show intolerance to metformin or for whom metformin is contraindicated and who are already treated with a combination of pioglitazone and glimepiride.

Summaries of opinions for all mentioned products, including their full indication, can be found [here](#).

## OTHER INFORMATION ON THE CENTRALISED PROCEDURE

### Lists of Questions

The Committee adopted nine Lists of Questions on initial applications (five under the mandatory scope including two duplicate licences, and four under the optional scope) and five Lists of Questions on “line extensions” applications (in accordance with Annex II of Commission Regulation (EC) No. 1085/2003).

### Detailed information on the centralised procedure

An overview of centralised procedures since 1995 is given in **Annex 1**. The post-authorisation centralised procedures finalised during this meeting are summarised in **Annex 2**. The list of medicinal products for which marketing authorisations have been granted by the European Commission since the CHMP plenary meeting in July 2007 is provided in **Annex 3**.

### 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 July 2007 CHMP plenary meeting are provided in **Annex 4**.

## REFERRAL PROCEDURES

### Referral procedure concluded

The CHMP finalised a referral procedure under Article 29 of the Community code on human medicinal products (Directive 2001/83/EC as amended) for **Bicaluplex 150mg tablet** (Bicalutamide) and associated names, from Ingers Industrial Solutions s.r.o., indicated either alone or as adjuvant to radical prostatectomy or radiotherapy in patients with locally advanced prostate cancer at high risk of disease progression. The procedure was initiated due to concerns raised by Germany that a positive benefit-risk balance of this product had not been proven. The CHMP concluded that the benefits of Bicaluplex outweigh its risks and recommended the granting of the marketing authorisation for Bicaluplex. Review procedures under Article 29 are normally initiated because of disagreement among the Member States in the context of the mutual recognition procedure related to a potential serious risk to public health.

### Referral procedures started

The CHMP started a referral procedure under Article 29 of the Community code on human medicinal products (Directive 2001/83/EC as amended), for **Oracea** (doxycycline), from FGK Representative Service GmbH, intended to reduce inflammatory lesions in patients with rosacea.

The CHMP began two referrals under Article 30 of the Community code on human medicinal products (Directive 2001/83/EC as amended). This type of procedure is initiated with a view to harmonising product information for medicinal products authorised at Member State level. The three products concerned are:

- **Singulair** 4mg chewable tablets and oral granules, from Merck Sharp & Dohme Inc., intended for the treatment and prophylaxis of asthma.
- **Risperdal** and **Risperdal Consta** and associated names (risperidone), from Janssen-Cilag, intended for the treatment of schizophrenia, manic episodes associated with bipolar disorder, behavioural and psychological disturbances in patients with dementia, disruptive behaviour disorders and autistic disorders.

The CHMP started a referral procedure for oral formulation of **norfloxacin-containing medicinal products** in the treatment of acute or chronic complicated pyelonephritis due to susceptible organisms. The referral procedure was initiated by Belgium under Article 31 of the Community code on human

medicinal products (Directive 2001/83/EC as amended) to re-assess the balance of benefits and risks of these medicinal products in the treatment of acute or chronic complicated pyelonephritis due to susceptible organisms. Referrals under Article 31 are initiated in cases involving the interests of the Community or concerns relating to the protection of public health.

The CHMP started to review the benefits and risks of all **Etoricoxib-containing medicinal products** because of concerns over cardiovascular safety when used in the long-term treatment of ankylosing spondylitis and rheumatoid arthritis. A review was initiated, under Article 6(12) of Commission Regulation EC No 1084/2003, for **Arcoxia** (etoricoxib), from Merck Sharp & Dohme Limited, because of disagreement between Member States on the safety of an extension of the indication of Arcoxia to include symptomatic treatment of ankylosing spondylitis in the context of the mutual recognition procedure variation.

Furthermore a review under Article 31 of Directive 2001/83/EC for all Etoricoxib-containing medicinal products in the long-term treatment of ankylosing spondylitis and rheumatoid arthritis was initiated because the safety issue raised by France was considered to be of Community interest to protect public health.

The CHMP also started referral procedures for generic medicinal products containing **Cetirizine dihydrochloride** because of concerns over their bioequivalence. The procedures were initiated by the Netherlands under Article 36 of the Community code on human medicinal products (Directive 2001/83/EC as amended) for the following products and associated names: Cetirizine dihydrochloride-Apex 10mg, Cetirizine dihydrochloride Copyfarm 10mg, Cetirizine dihydrochloride Dermapharm 10mg and Cetirizine dihydrochloride Nordic Drugs 10mg film-coated tablets. Article 36 procedures are initiated where a Member State considers that there are public health issues relating to a product that may require further regulatory action.

### **Review procedures under Article 107**

The CHMP finalised a procedure under Article 107, initiated as a result of the evaluation of pharmacovigilance data, for systemic formulations of **nimesulide**-containing medicinal products, intended for the treatment of acute pain, the symptoms of painful osteoarthritis and primary dysmenorrhoea, following the suspension of the marketing authorisation in Ireland, due to concerns over serious liver problems. The CHMP concluded by majority that the benefit-risk of nimesulide remains positive and recommended the maintenance of the marketing authorisation subject to a restricted use.

A separate [press release](#) and a [question-and-answer document](#) with more detailed information are available on the EMEA website.

The CHMP initiated two procedures under Article 107 for:

- **Carisoprodol**, intended for the treatment of several types of pain further to the plan to withdraw the product from the Norwegian market in May 2008 due to risks of intoxication, psychomotor impairment, addiction and misuse due to off-label prescribing.
- **Silomat** (clobutinol), from Boehringer Ingelheim, used for the treatment of cough, further to the decision by Germany to suspend all clobutinol-containing medicinal products in Germany on 31 August 2007 due to an increased risk of cardiac arrhythmia associated with clobutinol.

### **MUTUAL RECOGNITION AND DECENTRALISED PROCEDURES - HUMAN**

The CHMP noted the report from the 21<sup>st</sup> CMD(h) (Co-ordination Group for Mutual Recognition and Decentralised procedures-Human) held on 17-19 September 2007. For further details, please see the relevant press release on the CMD(h) 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 29-31 August 2007. For further details, please see **Annex 5**.

Documents prepared by the CHMP Working Parties adopted during the September 2007 CHMP meeting are listed in **Annex 6**.

### **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 7**.

### **UPCOMING MEETINGS FOLLOWING THE SEPTEMBER 2007 CHMP PLENARY MEETING**

- The 37<sup>th</sup> meeting of the CHMP will be held at the EMEA on 15-18 October 2007.
- The next Name Review Group meeting will be held at the EMEA on 15<sup>th</sup> October 2007.
- The 22<sup>nd</sup> CMD(h) (Co-ordination Group for Mutual Recognition and Decentralised Procedures) will be held at the EMEA on 15-17 October 2007.

### **ORGANISATIONAL MATTERS**

The main topics addressed during the September 2007 CHMP meeting related to:

- The appointment of Dr. Sol Ruiz (Spain) as the new Vice-Chair of the Biologics Working Party.
- The appointment of Dr. Christian Schneider (Germany) as the new Chair of the Biosimilar Working Party.
- The appointment of Dr. Paula-Anneli Salmikangas (Finland) as the new Chair of the Working Party on Cell-based Products.
- The appointment of Dr. Tomas Salmonson as the new ICH representative following the resignation of Dr. Eric Abadie.
- The appointment of Dr. Mair Powell (United Kingdom) to be the CHMP representative on the European Centre for Disease Prevention and Control / EMEA project plan for a gap analysis on the unmet medical need for antibiotics.
- A call for nomination of one CHMP member to be appointed on the Committee for Orphan Medicinal Products following the departure of Dr. Dunne (United Kingdom).
- The adoption of the various Work Programmes for all existing Working Parties.
- The adoption of the guideline on scientific aspects and working definitions for the mandatory scope of the centralised Procedure (EMA/121944/2007) for a 2-month public consultation.
- Discussion on compassionate use programs across the different Member States with the aim to provide a European overview of all the various programs to be published on the EMA website in the near future.
- Discussion on the EMA Policy on appropriate coordination between the Scientific Committees of the Agency (EMA/124704/2005 Rev 1).
- Discussion on the European Commission Pharmacovigilance legislative proposals focusing on the various changes to be introduced in the EU Pharmacovigilance system. Further public consultation in this area will take place in the near future.
- Follow-on discussion with regards to Article 107 procedure.
- Follow-on discussion on the next 2-year Work Programme for the European Risk Management Strategy.
- The draft Programme for the Pharmacokinetics Assessor training meeting in Lisbon on 23<sup>rd</sup> October 2007.
- The agenda of a Workshop/Training Session organised by the Gene Therapy Working Party that will be held on the 6-7<sup>th</sup> December 2007.

- The agenda of an EMEA Workshop on Naming, Labelling and Pack design of insulin containing medicinal products to be held on 19<sup>th</sup> November 2007.
- The agenda for the Workshop on Adaptive Designs to be held on Friday 14<sup>th</sup> December 2007 at the EMEA.
- Discussion on the draft agenda of the Informal CHMP meeting to be held in Lisbon on the 25-26<sup>th</sup> October 2007.
- Discussion on the involvement of CHMP Members/Experts on the European Commission / WHO project on “Improvement of Regulation aspects to facilitate access to medicines and other healthcare commodities in Africa” with the EMEA collaboration / participation and the various phases part of this project.
- The adoption of procedures for coordinating GCP inspections requested by the EMEA (INS/GCP/1) and for reporting of GCP inspections requested by the EMEA (INS/GCP/4).

## **PROCEDURAL ANNOUNCEMENT**

The EMEA will shortly publish updated submission dates for all types of applications, detailing the various steps in the evaluation procedures.

Applicants are advised to take these dates into account when planning any upcoming submissions and responses to list of questions/requests for supplementary information.

In addition, MAHs are reminded that renewal applications have to be submitted at least 6 months before expiry of the marketing authorisation, independent of subsequent procedural starting dates.

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

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



# ANNEX 1 TO CHMP MONTHLY REPORT SEPTEMBER 2007

## PRE-AUTHORISATION: MARKETING AUTHORISATION APPLICATIONS

Activity	2007								1995 onwards
	Optional Scope				Mandatory scope			Total	Overall total
	NAS	Significant innovation	Interest of Patients	Generics	Biotech	Indications	Orphans		
Applications for MA submitted	33	5	0	4	16	7	5	70	645
Positive opinions	15	3	0	3	11	6	5	43	422
Negative opinions <sup>1</sup>	0	0	0	0	2	1	0	3	15
Withdrawals prior to opinion	3	1	0	0	4	0	2	10	113
Marketing authorisation granted by the Commission	21	1	0	0	9	5	8	44	409

## PRE-AUTHORISATION: SCIENTIFIC SERVICES

Activity (submissions)	2007	1995 onwards
Compassionate use applications	0	0
Art. 58 applications	1	4
Consultation for medical devices <sup>2</sup>	1	3
PMF (Click <a href="#">here</a> for a list of PMF certifications)	2	11
VAMF	0	0

<sup>1</sup> In case of Re-examination under Art. 9(2) of Regulation (EC) No. 726/2004, the opinion will not be counted twice.

<sup>2</sup> Consultation in accordance with Council Directive 93/42/EEC concerning medical devices as amended by Directive 2000/70/EC as regards medical devices incorporating stable derivatives of human blood or plasma and Directive 2001/104/EC

**ANNEX 1 TO CHMP MONTHLY REPORT SEPTEMBER 2007 (cont)**

**OUTCOME OF THE SEPTEMBER 2007  
CHMP MEETING IN RELATION TO ACCELERATED ASSESMENT PROCEDURES**

Substance	Intended indications(s)	Accelerated Assessment Requests	
		Accepted	Rejected
Chemical	N/A	N/A	N/A
Biological	Treatment of children and adolescents with relapsed high-grade brain glioma		X

## ANNEX 2 TO CHMP MONTHLY REPORT SEPTEMBER 2007

### POST-AUTHORISATION: TYPE I AND II VARIATIONS, ANNEX II, RENEWALS AND ANNUAL RE-ASSESSMENT APPLICATIONS

Activity	2007	Overall total 1995 onwards
Type I Variations (positive notifications)	725	4921
Type II Variations (positive opinions)	593	3455
Type II Variations (negative opinions)	1	9
Annex II Applications (positive opinions)	25	167
Annual Re-assessment (positive opinions)	18	-
Opinion for renewals of conditional MA's (positive opinions)	0	0
5 Year Renewals (positive opinions)	43	-

Opinions for Type II Variation applications	
Number of Opinions	Outcome
8 Extensions of indication	8 Positive opinions
60 SPC changes	60 Positive opinions
39 Quality changes	39 Positive opinions

Opinions for Annual Re-Assessment applications		
Name of Medicinal Product (INN) MAH	Outcome	Comments
N/A	N/A	N/A

**ANNEX 2 TO CHMP MONTHLY REPORT SEPTEMBER 2007 (cont)**

<b>Opinion for renewals of conditional MA's</b>		
<b>Name of Medicinal Product (INN) MAH</b>	<b>Outcome</b>	<b>Comments</b>
N/A	N/A	N/A

<b>Opinions for 5-Year Renewal applications</b>		
<b>Name of Medicinal Product (INN) MAH</b>	<b>Outcome</b>	<b>Comments</b>
<b>Helicobacter Test INFAI</b> (13C-urea) INFAI	Positive Opinion adopted	Unlimited validity

### ANNEX 3 TO CHMP MONTHLY REPORT SEPTEMBER 2007

#### MEDICINAL PRODUCTS GRANTED A COMMUNITY MARKETING AUTHORISATION UNDER THE CENTRALISED PROCEDURE SINCE THE JULY 2007 CHMP MONTHLY REPORT

<b>Invented Name</b>	Increlex
<b>INN</b>	mecasermin
<b>Marketing Authorisation Holder</b>	Tercica Europe Ltd
<b>Proposed ATC code</b>	H01AC03
<b>Indication</b>	For the long-term treatment of growth failure in children and adolescents with severe primary insulin-like growth factor-1 deficiency (Primary IGFD). Severe Primary IGFD is defined by: height standard deviation score $\leq -3.0$ and basal IGF-1 levels below the 2.5th percentile for age and gender and GH sufficiency. Exclusion of secondary forms of IGF-1 deficiency, such as malnutrition, hypothyroidism, or chronic treatment with pharmacologic doses of anti-inflammatory steroids. Severe Primary IGFD includes patients with mutations in the GH receptor (GHR), post-GHR signaling pathway, and IGF-1 gene defects; they are not GH deficient, and therefore, they cannot be expected to respond adequately to exogenous GH treatment. It is recommended to confirm the diagnosis by conducting an IGF-1 generation test.
<b>CHMP Opinion date</b>	04.06.2007
<b>Marketing Authorisation Date</b>	03.08.2007

<b>Invented Name</b>	Cervarix
<b>INN</b>	Human Papilloma Virus-16 and Human Papilloma Virus-18 L1 proteins
<b>Marketing Authorisation Holder</b>	GlaxoSmithKline Biologicals S.A
<b>Proposed ATC code</b>	J07BM02
<b>Indication</b>	CERVARIX is indicated for the prevention of high-grade cervical intraepithelial neoplasia (CIN grades 2 and 3) and cervical cancer causally related to Human Papillomavirus (HPV) types 16 and 18. The indication is based on demonstration of efficacy in women aged 15-25 years following vaccination with Cervarix and on the immunogenicity of the vaccine in girls and women aged 10-25 years. See section 5.1 for information on the evidence that supports the efficacy of Cervarix in prevention of CIN grades 2 and 3 associated with HPV-16 and/or HPV-18. The use of Cervarix should be in accordance with official recommendations.
<b>CHMP Opinion date</b>	19.07.2007
<b>Marketing Authorisation Date</b>	20.09.2007

<b>Invented Name</b>	Binocrit
<b>INN</b>	epoetin alfa
<b>Marketing Authorisation Holder</b>	Sandoz GmbH
<b>Proposed ATC code</b>	B03XA01
<b>Indication</b>	Treatment of anaemia associated with chronic renal failure in paediatric and adult patients on haemodialysis and adult patients on peritoneal dialysis (See section 4.4). Treatment of severe anaemia of renal origin accompanied by clinical symptoms in adult patients with renal insufficiency not yet undergoing dialysis (See section 4.4). Treatment of anaemia and reduction of transfusion requirements in adult patients receiving chemotherapy for solid tumours, malignant lymphoma or multiple myeloma, and at risk of transfusion as assessed by the patient's general status (e.g. cardiovascular status, pre-existing anaemia at the start of chemotherapy). Binocrit can be used to reduce exposure to allogeneic blood transfusions in adult non-iron deficient patients prior to major elective orthopaedic surgery, having a high perceived risk for transfusion complications. Use should be restricted to patients with moderate anaemia (e.g. Hb 10 - 13 g/dl) who do not have an autologous predonation programme available and with an expected blood loss of 900 to 1800 ml.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	28.08.2007

<b>Invented Name</b>	Epoetin alfa Hexal
<b>Common Name</b>	epoetin alfa
<b>Marketing Authorisation Holder</b>	Hexal Biotech Forschungs GmbH
<b>Proposed ATC code</b>	B03XA01
<b>Indication</b>	Treatment of anaemia associated with chronic renal failure in paediatric and adult patients on haemodialysis and adult patients on peritoneal dialysis (See section 4.4). Treatment of severe anaemia of renal origin accompanied by clinical symptoms in adult patients with renal insufficiency not yet undergoing dialysis (See section 4.4). Treatment of anaemia and reduction of transfusion requirements in adult patients receiving chemotherapy for solid tumours, malignant lymphoma or multiple myeloma, and at risk of transfusion as assessed by the patient's general status (e.g. cardiovascular status, pre-existing anaemia at the start of chemotherapy). Binocrit can be used to reduce exposure to allogeneic blood transfusions in adult non-iron deficient patients prior to major elective orthopaedic surgery, having a high perceived risk for transfusion complications. Use should be restricted to patients with moderate anaemia (e.g. Hb 10 - 13 g/dl) who do not have an autologous predonation programme available and with an expected blood loss of 900 to 1800 ml.

<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	28.08.2007

<b>Invented Name</b>	Abseamed
<b>Common Name</b>	epoetin alfa
<b>Marketing Authorisation Holder</b>	Medice Arzneimittel Pütter GmbH & Co.
<b>Proposed ATC code</b>	B03XA01
<b>Indication</b>	Treatment of anaemia associated with chronic renal failure in paediatric and adult patients on haemodialysis and adult patients on peritoneal dialysis (See section 4.4). Treatment of severe anaemia of renal origin accompanied by clinical symptoms in adult patients with renal insufficiency not yet undergoing dialysis (See section 4.4). Treatment of anaemia and reduction of transfusion requirements in adult patients receiving chemotherapy for solid tumours, malignant lymphoma or multiple myeloma, and at risk of transfusion as assessed by the patient's general status (e.g. cardiovascular status, pre-existing anaemia at the start of chemotherapy). Binocrit can be used to reduce exposure to allogeneic blood transfusions in adult non-iron deficient patients prior to major elective orthopaedic surgery, having a high perceived risk for transfusion complications. Use should be restricted to patients with moderate anaemia (e.g. Hb 10 - 13 g/dl) who do not have an autologous predonation programme available and with an expected blood loss of 900 to 1800 ml.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	28.08.2007

<b>Invented Name</b>	Gliolan
<b>Common Name</b>	5-aminolevulinic acid hydrochloride (5-ALA HCl).
<b>Marketing Authorisation Holder</b>	Medac Gesellschaft für klinische Spezialpräparate mbH
<b>Proposed ATC code</b>	L01XD04
<b>Indication</b>	Gliolan is indicated for visualisation of malignant tissue during surgery for malignant glioma (WHO grade III and IV).
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	07.09.2007

<b>Invented Name</b>	Atriance
<b>Common Name</b>	nelarabine
<b>Marketing Authorisation Holder</b>	Glaxo Group Limited

<b>Proposed ATC code</b>	L01BB07
<b>Indication</b>	Nelarabine is indicated for the treatment of patients with T-cell acute lymphoblastic leukaemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) whose disease has not responded to or has relapsed following treatment with at least two chemotherapy regimens. Due to the small patient populations in these disease settings, the information to support these indications is based on limited data.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

<b>Invented Name</b>	Aerinaze
<b>Common Name</b>	desloratadine/pseudoephedrine sulphate
<b>Marketing Authorisation Holder</b>	Schering-Plough Europe
<b>Proposed ATC code</b>	R06A X27/R01BA52
<b>Indication</b>	Symptomatic treatment of seasonal allergic rhinitis when accompanied by nasal congestion.
<b>CHMP Opinion date</b>	24.05.2007
<b>Marketing Authorisation Date</b>	30.07.2007

<b>Invented Name</b>	Yondelis
<b>Common Name</b>	trabectedin
<b>Marketing Authorisation Holder</b>	Pharma Mar S.A
<b>Proposed ATC code</b>	L01CX01
<b>Indication</b>	Yondelis is indicated for the treatment of patients with advanced soft tissue sarcoma, after failure of anthracyclines and ifosfamide, or who are unsuited to receive these agents. Efficacy data are based mainly on liposarcoma and leiomyosarcoma patients.
<b>CHMP Opinion date</b>	19.07.2007
<b>Marketing Authorisation Date</b>	17.09.2007

<b>Invented Name</b>	Rasilez
<b>Common Name</b>	aliskiren
<b>Marketing Authorisation Holder</b>	Novartis Europharm Ltd
<b>Proposed ATC code</b>	C09XA02
<b>Indication</b>	Treatment of essential hypertension.



<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

<b>Invented Name</b>	Ecalta
<b>Common Name</b>	anidulafungin
<b>Marketing Authorisation Holder</b>	Pfizer Limited
<b>Proposed ATC code</b>	JO2AX06
<b>Indication</b>	Treatment of invasive candidiasis in adult non-neutropenic patients. ECALTA has been studied primarily in patients with candidaemia and only in a limited number of patients with deep tissue Candida infections or with abscess-forming disease (see section 4.4 and section 5.1).
<b>CHMP Opinion date</b>	19.07.2007
<b>Marketing Authorisation Date</b>	20.09.2007

<b>Invented Name</b>	Celsentri
<b>Common Name</b>	maraviroc
<b>Marketing Authorisation Holder</b>	Pfizer Limited
<b>Proposed ATC code</b>	J05AX09
<b>Indication</b>	CELSENTRI, in combination with other antiretroviral medicinal products, is indicated for treatment-experienced adult patients infected with only CCR5-tropic HIV-1 detectable (see section 4.2). This indication is based on safety and efficacy data from two double-blind, placebo-controlled trials in treatment-experienced patients (see section 5.1).
<b>CHMP Opinion date</b>	19.07.2007
<b>Marketing Authorisation Date</b>	18.09.2007

<b>Invented Name</b>	Enviage
<b>Common Name</b>	aliskiren
<b>Marketing Authorisation Holder</b>	Novartis Europharm Ltd
<b>Proposed ATC code</b>	C09XA02
<b>Indication</b>	Treatment of essential hypertension.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

<b>Invented Name</b>	Primeo
<b>Common Name</b>	aliskiren
<b>Marketing Authorisation Holder</b>	Novartis Europharm Ltd
<b>Proposed ATC code</b>	C09XA02
<b>Indication</b>	Treatment of essential hypertension.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

<b>Invented Name</b>	Tektuma
<b>Common Name</b>	aliskiren
<b>Marketing Authorisation Holder</b>	Novartis Europharm Ltd
<b>Proposed ATC code</b>	C09XA02
<b>Indication</b>	Treatment of essential hypertension.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

<b>Invented Name</b>	Riprazo
<b>Common Name</b>	aliskiren
<b>Marketing Authorisation Holder</b>	Novartis Europharm Ltd
<b>Proposed ATC code</b>	C09XA02
<b>Indication</b>	Treatment of essential hypertension.
<b>CHMP Opinion date</b>	21.06.2007
<b>Marketing Authorisation Date</b>	22.08.2007

## ANNEX 4 TO CHMP MONTHLY REPORT SEPTEMBER 2007

### OVERVIEW OF DESIGNATED ORPHAN MEDICINAL PRODUCTS THAT HAVE BEEN THE SUBJECT OF A CENTRALISED APPLICATION FOR MARKETING AUTHORISATION: UPDATE SINCE THE JULY 2007 CHMP MEETING

Active substance	Sponsor/applicant	EU Designation Number & Date of Orphan Designation	Designated Orphan Indication
Icatibant acetate (Firazyr)	Jerini AG	EU/3/03/ 13317/02/2003	Treatment of angioedema
Idebenone (Sovrima)	Santhera Pharmaceuticals (Deutschland AG)	EU/3/04/ 18308/03/2004	Treatment of Friedreich's ataxia
Ciclosporin (Vekacia)	Novagali Pharma SA	EU/3/06/ 36006/04/2006	Treatment of vernal keratoconjunctivitis

# ANNEX 5 TO CHMP MONTHLY REPORT SEPTEMBER 2007

## PRE-AUTHORISATION: SCIENTIFIC ADVICE AND PROTOCOL ASSISTANCE EMEA CENTRALISED PROCEDURES

	1995 - 2006	2007	Overall Total
Scientific Advice	718	112	830
Follow-up to Scientific Advice	127	29	156
Protocol Assistance	157	32	189
Follow-up to Protocol Assistance	40	19	59
	<b>1042</b>	<b>192</b>	<b>1234</b>

## OUTCOME OF THE SEPTEMBER 2007 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				
Chemical	Treatment of patients with Ascites induced by liver cirrhosis	X					X	X	
Chemical	Treatment of paediatric reflux and adult gastroparesis and gastric motility disorder	X					X	X	
Biological	Treatment of Diarrhea, Irritable Bowel Disease, Crohn's Disease and Ulcerative Colitis	X				X	X	X	

Substance	Intended indications(s)	Type of Request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Chemical	Adjunct treatment for reduction of weight, elevated TC, LDL-C, Apo B and TG levels, and to increase HDL-C in overweight patients with primary hypercholesterolemia and mixed dyslipidemia	X					X	X	
Chemical	Treatment of Diabetic Nephropathy in Type 2 Diabetes Mellitus	X						X	
Chemical	Treatment of Non-Small Cell Lung Cancer	X						X	
Chemical	Treatment of Small Cell Lung Cancer	X				X	X	X	
Chemical	Treatment of Philadelphia Chromosome Positive Chronic Myeloid Leukemia	X						X	
Chemical	Treatment of Acute Myeloid Leukemia		X			X	X	X	X
Chemical	Treatment of Myelodysplastic Syndromes				X	X	X		
Biological	Treatment of GvHD following hematopoietic stem cell transplantation				X			X	X
Biological	Treatment of Colorectal Cancer	X				X	X	X	
Biological	Treatment of Stage IV Melanoma	X						X	
Chemical	Treatment of Renal Cell Carcinoma				X			X	X
Chemical	Treatment of Neuroblastoma	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	Reduction of the frequency of serious infections in patients with chronic granulomatous disease (CGD) or severe malignant osteopetrosis	X				X			
Biological	Treatment of Rheumatoid Arthritis	X				X			
Chemical	Treatment of Discoid Lupus Erythematosis and Subacute Cutaneous Lupus Erythematosis	X					X	X	
Chemical	Treatment of Congenital Venous Malformations				X		X		
Chemical	Conversion of Atrial Fibrillation to Sinus Rhythm	X						X	
Biological	Treatment of Severe Sepsis and Septic Shock			X				X	
Chemical	Treatment of Invasive Aspergillosis	X					X	X	
Biological	Prevention of Japanese Encephalitis				X			X	
Chemical	Treatment of HIV-1 infection	X						X	
Chemical	Treatment of Urge Incontinence and/or Increased Urinary Frequency And Urgency in patients with Overactive Bladder Syndrome	X						X	
Chemical	Treatment of Sarcopenia	X						X	
Biological	Treatment of Rheumatoid Arthritis			X				X	
Chemical	Treatment of Alzheimer's disease			X				X	

Substance	Intended indications(s)	Type of Request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Chemical	Treatment of Acute Migraine with or without Aura			X			X	X	
Biological	Treatment of Alzheimer's disease	X						X	
Chemical	Treatment of Excessive Daytime Sleepiness	X						X	
Chemical	Treatment of ADHD	X						X	
Chemical	Treatment of Acute Ischemic Stroke	X				X	X	X	
Chemical	Prevention of Bronchopulmonary Dysplasia				X		X		
Chemical	Treatment of Adrenal Insufficiency		X					X	X

SA: Scientific Advice  
PA: Protocol Assistance

The above-mentioned 23 Scientific Advice letters, 2 Protocol Assistance letters, 4 Follow-up Scientific Advice letters and 6 Follow-up Protocol Assistance letters were adopted at the 17-20 September CHMP meeting.

### New requests for Scientific Advice Procedures

The Committee accepted 27 new Requests for which the procedure started at the SAWP meeting held on 29-31 August 2007. The new requests are divided as follows: 19 Initial Scientific Advice, 4 Follow-up Scientific Advice, 3 Protocol Assistance and 1 Follow-up Protocol Assistance.

## ANNEX 6 TO CHMP MONTHLY REPORT SEPTEMBER 2007

### DOCUMENTS PREPARED BY THE CHMP WORKING PARTIES ADOPTED DURING THE SEPTEMBER 2007 CHMP MEETING

#### BIOLOGICS WORKING PARTY (BWP)

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/BWP/314781/2007	Draft Guideline on allergen products: Production and quality issues	Adopted for 6-month public consultation
EMA/CHMP/BWP/280096/2007	BWP Work Programme	Adopted

#### BLOOD PRODUCTS WORKING PARTY (BPWP)

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/BPWP/319619/2005	Guideline on the Core SPC for Human anti-D immunoglobulin for intravenous use	Adopted
EMA/CHMP/BPWP/74960/2007	Overview of comments received on the Core SPC for Human anti-D immunoglobulin for intravenous use	
CPMP/BPWG/575/99 rev. 1	Guideline on the Clinical investigation of Human anti-D immunoglobulin for intravenous and/or intramuscular use	Adopted
EMA/CHMP/BPWP/72096/2007	Overview of comments received on Draft Guideline on the clinical investigation of human anti-D immunoglobulin for intravenous and/or intramuscular use	
EMA/CHMP/BPWP/574/99 rev. 1	Guideline on the Core SPC for Human Anti-D Immunoglobulin for intramuscular use	Adopted
EMA/CHMP/BPWP/72151/2007	Overview of comments received on the Core SPC for Human Anti-D Immunoglobulin for intramuscular use	
EMA/CHMP/BPWP/246657/2007	BPWP Work programme 2008	Adopted

#### VACCINE WORKING PARTY (VWP)

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/VWP/365093/2007	VWP Work Programme 2008	Adopted

<sup>3</sup> Adopted or release for consultation documents can be found at the EMA website (under “What’s new-recent publications” or under Human Medicines-Guidance documents”).



**GENE WORKING PARTY (GTWP)**

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/GTWP/19731/2007	GTWP Work Plan for 2008-2009	Adopted

**WORKING PARTY ON SIMILAR BIOLOGICAL (BIOSIMILAR) MEDICINAL PRODUCTS (BMWP)**

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/BMWP/33347/2007	BMWP Work Plan for 2008	Adopted

**CHMP PHARMACOGENETICS WORKING PARTY (PgWP)**

Reference number	Document	Status <sup>3</sup>
EMA/259556/2007	PgWP Work Program for 2008	Adopted

**WORKING PARTY on Cell-Based Products (CPWP)**

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/CPWP/252230/2007	CPWP Work Plan 2007-2008	Adopted

**QUALITY WORKING PARTY (QWP)**

Reference number	Document	Status <sup>3</sup>
EMA/CHMP/QWP/306970/2007	Guideline on Radiopharmaceuticals	Adopted for 6-month public consultation
EMA/CPMP/QWP/1719/00 Rev 1	Revised Guideline on Medicinal Gases	Adopted for 6-month public consultation
CPMP/QWP/609/96/Rev 2	Guideline on Declaration of Storage Conditions	Adopted
EMA/CHMP/CVMP/QWP/382580/2007	QWP Work Program 2008	Adopted

**SAFETY WORKING PARTY (SWP)**

Reference number	Document	Status <sup>3</sup>
EMA/193180/2007	SWP Work Program for 2008	Adopted

## **EFFICACY WORKING PARTY (EWP)**

<b>Reference number</b>	<b>Document</b>	<b>Status<sup>3</sup></b>
CHMP/EWP/358650/06	Guideline on the Development of medicinal products for the treatment of post-traumatic stress disorder	Adopted for 6-month public consultation
CHMP/EWP/256059/2007	EWP Work Plan for 2008	Adopted
EMA/CHMP/EWP/423744/2007	ICH Concept paper on Revision of the Studies in Support of Special Populations	Adopted

## **PHARMACOVIGILANCE WORKING PARTY (PhVWP)**

<b>Reference number</b>	<b>Document</b>	<b>Status<sup>3</sup></b>
EMA/407364/2007	PhVWP Work Programme for 2008	Adopted

## **PAEDIATRIC WORKING PARTY (PEG)<sup>4</sup>**

<b>Reference number</b>	<b>Document</b>	<b>Status<sup>4</sup></b>
EMA/267484/2007	Guideline on the investigation of medicinal products in the term and preterm neonates	Adopted for 6-month public consultation

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<sup>4</sup> This document was prepared by the Paediatric Working Party which has ceased to exist and the Paediatric Committee is now in full operation.

# ANNEX 7 TO CHMP MONTHLY REPORT SEPTEMBER 2007

## INVENTED NAME REVIEW GROUP (NRG)

	September 2007		2007	
	Accepted	Rejected	Accepted	Rejected
Proposed invented names <sup>1</sup>	7	15	86	107
Justification for retention of invented name * <sup>2</sup>	2	5	17	24

\*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.

<sup>1</sup>One justification for retention of a proposed invented name has been postponed to the October NRG meeting

<sup>2</sup>Two proposed invented name requests have been postponed to the October NRG meeting

	September 2007		2007	
	Accepted	Rejected	Accepted	Rejected
Total number of objections raised	25	24	213	163
<b>Criterion - Safety concerns</b>				
Similarity with other Invented name	23	14	171	120
Conveys misleading therapeutic/pharmaceutical connotations	0	1	7	1
Misleading with respect to composition	0	0	6	0
<b>Criterion - INN concerns</b>				
Similarity with INN	1	4	7	11
Inclusion of INN stem	0	1	0	6
<b>Criterion - Other public health concerns</b>				
Unacceptable qualifiers	0	0	6	3
Conveys a promotional message	1	3	11	19
Appears offensive or has a bad connotation	0	1	0	3
Similarity between name of individual active substance and fixed combinations and/or between fixed combinations	0	0	5	0
Similarity between name of prodrug and related active substance	0	0	0	0

See Guideline on the Acceptability of Invented names for human medicinal products processed through the Centralised procedure (CPMP/328/98) for detailed explanations of criteria used.