European Medicines Agency
Post-authorisation Evaluation of Medicines for Human Use

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OVERVIEW OF COMMENTS RECEIVED ON QUESTIONS AND ANSWERS ON NOTIFICATION TO THE EMEA OF ACTUAL MARKETING AND CESSATION OF PLACING ON THE MARKET FOR CENTRALLY AUTHORISED MEDICINAL PRODUCTS

Table 1: Organisations that commented on the draft Guideline as released for consultation

	Organisation
1	Global Drug Safety and Pharmacovigilance group of Chiron
2	Roche Registration Limited
3	Grand Public Association of the European Self-Medication Industry (AESGP)
4	European Generic Medicines Association (EGA)
5	European Federation of Pharmaceutical Industries and Associations (EFPIA)
6	IFAH-Europe (representing the European Animal Health Industry)
7	Merck Sharp & Dohme (Europe) Inc.

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Table 2: Discussion of comments

GENERAL COMMENTS - OVERVIEW	Outcome
We have a number of major concerns on this draft guideline, and would recommend that a more pragmatic approach is taken on a number of critical points. We recognise the new obligations for MAHs as set out in Regulation 726/2004 and believe that it is possible to fulfil the legal requirements set out in the Regulation and institute a workable, pragmatic and useful notification system. However, we are concerned that if the relevant provisions are implemented as currently set out in the draft guidance, the MAH will have to fulfil unnecessary and burdensome requirements that will not contribute to promoting or protecting Public Health. We believe that the definitions set out in the draft guideline for 'actual marketing/placing on the market' and 'cessation of placing on the market' should be modified to reduce the possibility of unnecessary notifications, and to focus the need for notifications on situations where there is a real potential for impact on the patient. Furthermore, the guideline should recognise that the cessation of supply of a medicinal product for which there is no medically acceptable alternative would have far more serious implications for public health than disruption of supply of a product for which there is a medically acceptable alternative.	As per the legislation, the MAH should inform the Agency of actual marketing for the various presentations per Member States as well as cessation of the product. See outcomes in sections 4 and 5 and amendments in the revised version of the Q&A document.
This draft guidance raises very significant concerns that as a result of the definitions proposed in Section 4, the threshold for notification of a potential cessation of supply by the MAH has been set far too low. The consequence of this will be that a huge number of unnecessary notifications to the competent authorities (consuming Agency and industry resources), while at the same time making it more difficult to identify occasions where there is a real potential for impact on the patient. We believe that an approach should be considered which focuses on the impact of a disruption of supply to the patient. For example, we believe that the definitions set out in the draft guideline for 'cessation of placing on the market' should provide greater focus on the need for notifications in situations where there is a real potential for impact on the patient (e.g. the cessation of supply of a medicinal product for which there is no medically acceptable alternative). The proposal to publish information provided in EVMPD under the currently proposed definitions also raises very significant concerns as this information may well not represent the true picture of the availability of the product to the patient (and may therefore cause unnecessary alarm and confusion).	See outcomes in sections 4 and 5 and amendments in the revised version of the Q&A document. See outcomes in section 6.

It is suggested that the two guidance documents (i.e. EMEA/180078/2005 and EMEA/180079/2005) are combined into one; this would be more user friendly and avoid duplication.	Two guidance documents have been set up separately as referring to the implementation of two separate provisions. Moreover, in the future, these two guidance documents will be integrated in the EMEA post-authorisation guidance.
We have a number of major concerns with this draft guideline, and would recommend that a more pragmatic approach is taken on a number of critical points. We recognise the new obligations for MAHs as set out in Regulation 726/2004/EC and believe that it is possible to fulfil the legal requirements set out in the Regulation and institute a workable, pragmatic and useful notification system. However, we are concerned that if the relevant provisions are implemented as currently set out in the draft guidance, the MAH will have to fulfil unnecessary and burdensome requirements that will not contribute to promoting or protecting Public Health. Indeed we are concerned that the definitions as currently set out in the draft guidance will lead to a huge number of unnecessary notifications to the competent authorities. This is due to the reality of the logistical processes routinely used by pharmaceutical companies to release product into the supply chain, and the very low threshold for notifications that is set by the definitions in the draft guideline. In particular, we believe that the definitions set out in the draft guideline for 'cessation of placing on the market' should focus on the need for notifications in situations where there is a real potential for impact on the patient (e.g. the cessation of supply of a medicinal product for which there is no medically acceptable alternative).	See outcomes in sections 4 and 5 and amendments in the revised version of the Q&A document.
The draft guideline proposes that MAH provide notification of the actual marketing of Centralised products per presentation per Member State. It is recommended that this notification be made within 30 days from the actual date of release. We believe that these requirements are unreasonable and unnecessary, for the following reasons: • *No clear basis in the legislation* Article 13(4) of Regulation (EC) No 726/2004 imposes no requirement for the timing of the notification of actual marketing: it is simply required that MAH "inform the Agency of the dates". It should be acceptable, therefore, for the MAH to provide this information periodically, and not "as soon as" each presentation is launched. In addition, Article 13(4) requires that the MAH inform the Agency "taking into account the various presentations authorised". This does not necessarily mean that information on each individual presentation must be provided.	See amendments in the revised Q&A document for the reporting modalities until availability of the electronic system. See outcomes in section 5.1.

• *Level of detail is not required for the "sunset clause"* The EMEA's paper states that the information is required to "facilitate the tracking of this information by the EMEA for the purpose of the so-called "sunset clause". The EMEA's Q&A on application of the "sunset clause" (EMEA/180079/2005, 13 October 2005) makes it clear that the MA for all presentations in a Centralised MA "family" (i.e. same core EU MA number) remains valid if at least one presentation is placed on the market in the Community. Based on this position, therefore, the EMEA should only require notification of the actual marketing of the first presentation in the first EEA Member State.	Requirements have been established referring to two different provisions which laid down a different threshold of information to report and monitor. However, it is acknowledged that the detailed information reported as per the Article 13(4) of Regulation (EC) No 726/2004 will be the basis for monitoring the so-called "sunset clause". We do not endorse the restricted interpretation of "taking into account the various presentations authorised" to notify only the first presentation in the first EEA Member State. Indeed, the marketing of the first presentation in the first EEA Member State is specifically called in other articles of the legislation "initial placing on the Community market" which is not the case here.
• *Information on marketing already provided by other mean* PSURs already include information on the marketing status of products in each Member State. Given the increased frequency with which PSURs will soon be provided to competent authorities, it seems reasonable that the EMEA be informed of the dates of actual marketing via PSURs.	This approach of marketing status reporting in line with the PSUR-cycle will be followed until availability of an electronic reporting system which will allow then after a more up-to-date reporting.
• *Additional bureaucracy with no additional benefit* The provision of information per presentation per Member State will require significant resources in MAH, especially as many MAH will not already maintain this information in a single database. It will also duplicate other methods of reporting similar information (e.g. via PSURs) or other sources of information on the availability of medicinal products (e.g. national formularies or pricing/reimbursement lists). We can see no additional benefit to companies, regulators, prescribers or patients in providing the proposed level of detail by an additional route.	Future electronic reporting through a particular functionality within EVMPD (EudraVigilance Medicinal Product Dictionnary) should allow several persons/affiliates from the MAH to report the information directly.
In light of the above comments, we propose that, at most, MAH be required to inform the EMEA of the actual marketing of Centralised products per product per Member State (consistent with the EMEA's proposal for an interim measure). To facilitate the monitoring of the "sunset clause", the actual marketing of the first presentation in the first Member State could be notified within 30 days. Subsequent launches in additional Member States may be notified periodically via PSURs.	This approach for the initial and subsequent marketing reporting will be followed until availability of an electronic reporting system which will allow then after a more up-to-date reporting.

It is considered useful to comment to this guidance on the human sector, as the veterinary one will probably follow it. Some concerns regarding the administrative burden related to this have already been mentioned in response to "Questions and answers on the application of the so-called 'sunset clause' to centrally authorised medicinal products" (EMEA/180079/2005), and these comments are equally applicable to this document.	For the medicinal products for Veterinary use, specific version of these Q&A documents will be provided in the near future.

SPECIFIC COMMENTS ON TEXT

1. Introduction

Section	Comment and Rationale	Outcome
	We understand the need for data on the actual marketing and cessation of marketing to be supplied to, and collected by, EMEA so that the "sunset clause" can be operated effectively. The concern expressed by our GDSP group is the means of collection/transmission of the information. It is not very clear yet how the extension to the EudraVigilance database will operate, but we are certain that our current in-house drug safety database is unable to store the type of information that is being requested, and it would, I am advised, be extremely difficult to modify it to allow compliance. Hence it would not seem feasible for there to be a direct electronic transfer of this information from our database to the EudraVigilance database.	The EMEA has selected the EVMPD because the companies are already using this database to provide medicinal product information to the EMEA. The EVMPD is used by the EudraVigilance and EudraCT applications. The EVMPD will be modified in order to capture the data that allow the implementation of these provisions. EVweb is a web interface that has been made available to companies that cannot use their in-house system to send the medicinal product information.
	We are far away from an established system were this way of reporting can be used. Thus, it should be clearly stated that hard copies and e-mails are possible to be used. When electronic reporting via EVMPD will become feasible the documents can still be amended.	For the reporting until availability of the electronic system, a template will be provided by the EMEA – see the revised Q&A document for further details on the reporting modalities.

4.1 What is the meaning of 'actual marketing' / 'placing on the market'?		
Section	**Comment and Rationale**	**Outcome**
	We strongly feel that for the information collected after November 20, 2005 the definition of placing on the market should allow for more flexibility. For example, the "release into the distribution chain" should also be defined as date of delivery to local EU subsidiaries. We therefore propose to update section 4.1 "…i.e. out of the direct control of the Marketing Authorisation Holder (e.g. date of delivery to local EU subsidiaries, wholesaler, hospital"…This recommendation is made after careful evaluation of internal information systems and that this would be the only practical method for an organization of the size of the company to report the requested information.	Considering the different scenario that can be faced as per the comments received, examples have been removed in order to avoid confusion and just the definition as given in the chapter 1 of the NTA has been retained.
	This defines 'the release into the distribution chain' as "out of the direct control of the MAH (e.g. wholesaler, hospital for patient in case of direct request …)". We believe that this does not characterise the term appropriately. It does not take into account the supply chain and safety stock systems operated by most pharmaceutical companies. We believe that the focus should be on the unavailability of a product to the patient, which results in their medical needs not being met, rather than a disruption to the supply chain. The burden of responsibility should be placed on the MAH to ensure that the Agency is notified of an out of stock situation which would result in an impact on the patient. We recommend to revise the definition of 'release into the distribution chain' in order to better reflect what happens in practice within the supply chain.	The definition proposed is based on the one discussed and agreed within the Notice To Applicants group. Please refer to the revised Chapter 1 of the NTA, section 2.4.2. In addition, see outcome in section 4.2.
	This defines 'the release into the distribution chain' as "out of the direct control of the MAH (e.g. wholesaler, hospital for patient in case of direct request, ….)". We believe that this is an overly simplistic approach to defining release into the distribution chain. It does not take into account the supply chain and safety stock systems operated by most pharmaceutical companies. It also implies that a MAH does not have any control of distribution from the wholesaler onwards, which is not the case in situations, for example, where a wholesaler operates a 'bonded' warehouse on behalf of the MAH; nor does it take into account situations where there is a large stock in a wholesaler's warehouse. We recommend a radical rethink on the definition of 'release into the distribution chain' to reflect what happens in practice within the supply chain.	See outcome above.

	For the veterinary versions of these documents it should be noted that veterinarians have, in contrary to human doctors, the right of dispensation (this is at least the situation in several EU countries). Thus, veterinarians must be seen as part of distribution chain. Furthermore, in national legislation quite often the definition is found that product is placed on the market if stock released for sale is available in the warehouse of the manufacturer. Also the situation of IVMPs that could be subject to official batch release have to be taken into consideration, because official release could take considerable time.	See outcome above.
	Definition of placing on the market (release into distribution chain) and cessation of placing on the market (by analogy) - there is no definition of 'on the market' - so if product cannot be released - out of stock - then EMEA must be notified 2 months before! - should define 'on the market' as company actively manufacturing and supplying product to a market, to allow for short-term interruptions.	See clarifications given on cessation in the revised Q&A document.

4.2 What is the meaning of "cessation of placing on the market"?

Section	Comment and Rationale	Outcome
	We agree with the definition that the date of cessation shall be the date of last release into the distribution chain, where there is a permanent cessation of supply. However, this definition has less relevance to a temporary cessation of distribution because after the shipment of a product, there is in theory a temporary cessation of distribution of supply until the next order. Hence for temporary cessation, we believe that this should be defined as a prolonged period of inability to supply, which is likely to prevent supply of a medicinal product, or suitable alternative, to patients. We strongly recommend that the text is amended to reflect this point.	The general definition has been agreed within the NTA group and is therefore maintained but clarification is added as follows "cessation of release into the distribution chain *with the consequence that the concerned product is no longer available for the supply to the patients*". None availability of the product should be understood as the concerned product not available for supply to the patient although there are alternative treatments. Regarding reporting of temporary cessation, comments have been taken into consideration, please refer to clarifications given on cessation in section 5 of the revised Q&A document.
	We agree with the definition that the date of cessation shall be the date of last release into the distribution chain, where there is a permanent cessation of supply. However, this definition has less relevance to a temporary cessation of distribution because after shipment of a product, there is in theory a temporary cessation of distribution of supply until the next order. Hence for temporary cessation we believe that this should be defined as a prolonged period of inability to supply, which is likely to prevent supply of a	See outcome above.

	medicinal product to patients. In such cases the burden of responsibility should be placed on the MAH to ensure that the Agency is notified of an out of stock situation which would result in an impact on the patient. Clearly, it would make no sense to require notification of 'out of stock' situations for products where the MAH routinely maintains less than 2 months supply of stock, and there is an extremely low risk of any impact on the patient. We believe that an element of pragmatism should be applied here, and that the text should be amended to reflect this point.	
	If the sunset clause period is calculated only on the basis of the last date of release into a distribution channel, it will not take into consideration the specificity of products with large batch sizes and long shelf-lives (5-years). These products might well only be released into the supply chain once every five years. The EMEA must remember that multiple suppliers exist for generic products and that the volumes for each company are therefore much smaller. One batch may last for the entire shelf life. A similar problem can arise for so called niche products designed to treat limited patient populations but which have a relatively long shelf life. The best date for calculating the sunset clause is, therefore, the date from which a product is no longer available for supply to wholesalers and hence to the patient. In contrast to niche products, for frequently used products with numerous batches released to various markets, the MAH will be obliged to inform the EMEA about each and every batch release. A more reasonable and administratively less burdensome approach would be to inform the EMEA periodically that a given medicinal product has been placed on the market rather than immediately upon the release of every batch. This information will be available to the EMEA via PSUR anyway. (Xref 6.1.2)	See outcome above. A general definition of "cessation of placing on the market" has been agreed within the NTA group. Moreover, there should be no confusion between the frequency of release into the distribution chain and the definition of cessation which is related to the last release into the distribution chain when the stock is going to be out to supply the patient. Regarding reporting of cessation, clarifications on cessation reporting are provided in section 5 of the revised Q&A document.

5.1 What information should be reported to the Agency on the medicinal product marketing status?

Section	Comment and Rationale	Outcome
	For generic medicinal products the start of the three-year period should be calculated from the date when the generic can be placed on the market. Taking into consideration any period of market exclusivity or other protection rules which must be respected.	This comment is rather related to the Sunset clause Q&A. See outcome in the overview of comments on the Q&A "on the application of the so-called "sunset clause" to the centrally authorised medicinal products" (EMEA/180079/2005), section 6.1.1.

	Although the information about market exclusivity is available to the EMEA, the information regarding other protection rules has to be provided by the MAH of the generic medicinal product. We suggest that the period for informing the EMEA of other protection rules not allowing the marketing of generic should be 60 days from the date of granting the MA.	
5.1.1	For the purpose of this document it would be good, if the EMEA can clarify the definition of presentation. The current EMEA definition of presentation includes the pack sizes as well. We believe that it is not relevant for the purpose of the information required by this document to collect the information for each pack size. It will additionally decrease the practicality of collecting this information.	For consistency with the EMEA definition of a presentation, "various presentations" as mentioned in the Article 13(4) of Regulation (EC) No 726/2004 shall be understood for the centrally authorised medicinal products as pack-size. This interpretation is in line with the interpretation given that a marketing authorisation will remain valid for the purpose of the sunset clause if at least one pack-size whatever is the strength and pharmaceutical form is available within the Community market.
5.1.1	We recognise that the Regulation states (Art 13.4) "taking into account the various presentations authorised". However, in terms of focussing on patients needs it may sometimes be important to highlight a supply issue with a particular strength. We believe that this should refer to "dosage form/strength" rather than "presentation*"*.	See outcome above.
5.1.1	As mentioned above, we believe the need to inform the Agency of the actual marketing of a medicinal product per presentation and per Member State is both unnecessary and burdensome and is not consistent with the concept of 'global marketing authorisation' under the Centralised Procedure. Moreover, we feel that the above position, as stated in the Question and Answer document, is not the correct interpretation of Article 13(4) of Regulation (EC) No 726/2004. We believe that by informing the Agency that one presentation of a particular authorised product has been released into the distribution chain of a particular Member State the company would fulfil the requirement laid out in Article 13(4). This interpretation is also consistent with the need to have at least one presentation of a particular product on the market, in at least one Member State, in order to comply with the "sunset clause" provision.	There is no link in the legislation between the actual marketing reporting in accordance with Article 13(4) of the Regulation and the concept of the global marketing authorisation referred to in Article 6(1) of Directive 2001/83/EC as amended. There is no cross-reference neither in the legislation nor in the NTA chapter 1 between the concept of the global marketing authorisation and the requirements/criteria defined for avoiding application of the sunset clause provision for a specific centrally authorised medicinal product. As defined in the revised chapter 1 of the NTA, the concept of the global marketing authorisation is a broader notion than the requirements defined for the marketing authorisation of a specific centrally authorised medicinal product to remain valid. It has to be mentioned that the notion of actual marketing/cessation notification and sunset clause monitoring are introduced in two separate provisions of the Regulation and with a different threshold of application. Furthermore, we do not endorse the restricted interpretation of "taking into account the various presentations authorised" to notify only the <u>first</u> presentation in the <u>first</u> EEA Member State. Indeed, the marketing of the <u>first</u> presentation in the <u>first</u> EEA Member State is specifically called in other articles of the legislation "initial placing on the Community market" which is not the case here.
5.1.1	***Comment:*** For the centralized products, it is sufficient to have one presentation on market in one country to avoid sunset clause - so then why is it necessary to	

	report date of placing each presentation on market in each country? Reporting at this level will be very resource-heavy for no reason. It is a centralized procedure so it should be seen as "central". ***Proposal:*** Delete the requirement to report data per presentation, as this is over-burdensome. It should only be necessary to report that one presentation is on the market.	See outcome above.
5.1.1	It may be beneficial to have the Guidance expressly state here that no actual sales figures are required to be submitted pursuant to this provision of the regulation, but only whether a certain presentation has been placed onto the market in a certain Member State and if so on what exact date.	Valid comment. This Q&A document only focuses on the two first paragraphs of the Article 13(4) of the Regulation and in the context of the requirements set up in this guidance document, the actual sales figures to report are not addressed. However, as per the third paragraph of this article, the MAH shall provide the volume of sales and of prescriptions upon request to the Agency in the context of pharmacovigilance. This is clarified in the revised Q&A document in sections 1 and 2.
5.1.2	***Comment:*** The requirement to report "any" temporary cessation of the presence on the market should be refined in order to avoid reporting any temporary out of stock situations or stock delays, such as delays caused by official control authority batch release of vaccines. ***Proposal:*** amend to read: "Therefore, Marketing Authorisation Holders have to inform the Agency of: - the initial marketing of each presentation per Member State, - any temporary or permanent cessation in placing on the market of a presentation per Member State, <u>excluding temporary out of stock situations less than 12 months,</u> - any subsequent re-marketing of a presentation in a Member State." ***Comment:*** We appreciate that a differentiation is made between between intended and non-intended interruption of being on the market. If cessation is due to cases of 'force majeure', the MAH should not be the victim of this. The same applies for suspension of the licence until additional trials have been performed to comply with new legislation.	See clarifications provided in the revised Q&A document regarding temporary cessation reporting.
5.1.3	It should be pointed out that it would be very difficult to provide an exact date for cessation in placing on the market. We recommend that the date should be given to the nearest week or month, as appropriate.	We agreed that Day/Month/Year might be difficult to report. Therefore, If MAHs experience difficulties in identifying the exact date, the cessation date should still be defined as D/M/Y, mentioning the last day of the nearest week or month for the purpose of the sunset clause monitoring.

5.1.3	The date format as Day/Month/Year is too precise for the vet sector in contrary to the human sector where such information already exists in databases (linked to the reimbursement of the products in particular). Some products are for seasonal use and are manufactured one per annum on a campaign basis. Therefore we suggest for vet products an annual return of market status for each product, listing where market releases were made during a year. Where there has been no release of product during the year, the date of last release should be supplied (month and year). Alternatively, the PSUR provides information on the sales which can be extended to provide the return to the competent authority.	See outcome above.

5.2 When to report to the Agency?

Section	Comment and Rationale	Outcome
5.2.1	We welcome the pragmatic proposal for a 30-day timeline for reporting.	Acknowledged.
5.2.2 a)	This requires the MAH to notify the Agency (EMEA), unless there are exceptional circumstances, no less than 2 months before the interruption in the placing on the market of the product. We would suggest replacing the last sentence of the paragraph by the following statement: ***"****However, when the 2-month period cannot be respected, the MAH shall inform the Agency as soon as the interruption is anticipated or known."*	Please see amendments about the reporting modalities in section 5 of the revised Q&A document for further details on the modalities to report cessation.
5.2.2 a)	We believe that there is a need for pragmatism and flexibility in the implementation of the requirement for 2 months prior notification of cessation of supply. Therefore we welcome the inclusion of the following statement: ***"****However, when the 2-month period cannot be respected, the MAH shall inform the Agency as soon as the interruption is anticipated or known."* The section states that an applicant should inform the EMEA at the earliest possible opportunity when it proposes to cease marketing a product with the minimum notice period being two months. Therefore, we assume, at some point, that the EMEA would require an actual date. However, if the MAH were thinking of ceasing marketing a product several months beforehand, but did not have an exact date in mind, we assume that the MAH could give EMEA a provisional date and then subsequently follow it up with an exact date, as long as this is done two months before the exact date. The Question and Answer document does not state this, so we feel it would be	Valid comment. Please see amendments in the revised Q&A document.

	useful to have this assumption confirmed or rejected by the EMEA.	
5.2.2 b)	We are concerned by the statement that the term "exceptional circumstances" should be interpreted restrictively. We recommend that this sentence is deleted. We suggest that to the examples of "*force majeure*" cases for out of stock be also added "*any ingredient of the medicinal product including packaging materials*". The sentence would read: "*This includes cases of 'force majeure' (e.g. burning down of manufacturing site, natural disaster, major manufacturing difficulties, out of stock of active substance* **or any ingredient of the medicinal product including packaging material**, *urgent safety and quality concerns…), as well as the cases referred to in article 20 of the Regulation (EC) No 726/2004 and article 107(2) of the Directive 2001/83/EC as amended concerning urgent provisional measures, and articles 116 and 117 of the Directive 2001/83/EC as amended concerning suspension".* In the fifth paragraph we suggest that the sentence be modified to read as follows "*However, when the 2-month notice period cannot be respected, the MAH shall inform the Agency as soon as the interruption is ~~anticipated~~* **considered likely** *or known*". In the final paragraph, the liaison process should be clearly defined to avoid an absence of harmonisation between the different EMEA Project Team Leaders.	Agreed. This sentence is deleted. Amendment endorsed. Amendment accepted. To avoid any confusion, this statement is deleted.
5.2.2 b)	We are concerned by the statement that the term "exceptional circumstances" should be interpreted restrictively. We recommend that this sentence be deleted.	Agreed. This sentence is deleted.
5.2.2 b)	There is no reason to interpret 'exceptional cases' restrictively! As already mentioned under GENERAL there might be several (also commercial!) situations where a registration is needed, but a product is not placed on the market (e.g. need for a free sale certificate). Consequently we request that the following are added to "exceptional circumstances" where sunset clause does not apply (in all the below-mentioned cases, there is no quality issue with the product): • countries where there is no marketing but where a licence is necessary for the exportation of the product. • countries where marketing is forbidden but a licence should be available in case of disease outbreak (for instance foot and mouth disease) when there can't be any marketing because of company's internal legal reasons (contracts with tollers, merges…)	The term "exceptional circumstances" is used in the context of the Article 13(4) of the Regulation whereas the comment is rather related to exemptions to application of the sunset clause. Please see outcome above and outcomes in the overview of comments on the Q&A "on the application of the so-called "sunset clause" to the centrally authorised medicinal products" (EMEA/180079/2005), section 5.

5.3 What is the reporting format to the Agency?		
Section	**Comment and Rationale**	**Outcome**
General Principle	We question the need to instigate two separate methods of reporting (electronic and paper) in the situation where there may be a public health issue associated with a cessation of supply. Could there not be some form of alerting mechanism for the EMEA PTL built into the electronic system? Clarification is needed on the process for informing the PTL, as well as Rapporteur and CHMP involvement.	With the future electronic reporting, a written reporting will also be foreseen in case of cessation related to a potential public health concern as more detailed information than the date of the cessation have to be provided and the appropriate procedures already established (e.g. for product defect, pharmacovigilance issues, etc) should be followed without prejudice.
	In order to make best use of information and reduce (duplication of) administration it should not be necessary to report the same information twice. E.g. in case of cessation due to a quality defect it is the responsibility of the agency to distribute this information properly and do not ask for double reporting	See outcome above.
Interim period	We welcome the pragmatic approach to reporting in the interim period. However, we would welcome clarification on how the EMEA will track/record the information on the marketing status of CAPs in the interim period. The draft guidance states 'Until availability of the EVMPD extension, the MAHs should inform the EMEA of the marketing status of their medicinal product at the overall product level as 'marketed' or 'not marketed'. (We understand at the EU level, not at Member States level). This is not in line with the EMEA 'Practical considerations on the impact of the New Pharmaceutical legislation on the marketing authorisation application via the CP and the centrally authorized Medicinal Products', where it is mentioned that for products already approved, the MAH will have to provide the EMEA with the current marketing status of all various presentations per Member States as a general requirement, with no reference to the interim period during which we can only provide the marketing status at the overall product level and at the EU level. These "EMEA practical considerations" should be revised for consistency with the Q&A document.	A template will be provided by the EMEA for the reporting according to the modalities detailed in the revised Q&A document. Valid comment - The EMEA 'Practical considerations on the impact of the New Pharmaceutical legislation on the marketing authorisation application via the CP and the centrally authorized Medicinal Products' is amended to maintain consistency.
Interim period	We do understand from the last paragraph in this section that the new definition of placing on the market will not be applied retrospectively for centrally authorized products. This should be clarified better in the document	Please refer to section 3 where it is mentioned that this provision applies to existing products as of 20 November 2005.

6. Does the EMEA Intend to publish information about marketing status of the medicinal products?		
Section	**Comment and Rationale**	**Outcome**
	We are concerned that the data on the availability of a product on the market may reach the patient without adequate explanation of what this might mean for them. For example, merely providing dates of "release into the distribution chain" and "cessation of release into the distribution chain" as currently proposed, may not give the Healthcare Professional or the patient a real picture of the availability of the product to the patient (see comments on Section 4. above). Very careful consideration must be given as to how this information is made available to the public to avoid confusion or distress to patients, or misunderstandings in the market place.	No dates will be given to the public. The information will be made public as "marketed" / "not marketed". The information will be made public when the particular reporting functionality within EVMPD will be available. This will be based on the data provided in EVMPD which will be directly entered by MAHs.
	We are concerned that the data on the availability of a product on the market may reach the patient without adequate explanation of what this might mean for them. For example, merely providing dates of "release into the distribution chain" and "cessation of release into the distribution chain" as currently proposed, may not give the Healthcare Professional or the patient a real picture of the availability of the product to the patient (see comments on Section 4 above). Very careful consideration must be given as to how this information is made available to the public to avoid confusion or distress to patients, or misunderstandings in the market place. It is important that the MAH be able to review/comment/approve the consolidated information before release to the public	See outcome above