The European Agency for the Evaluation of Medicinal Products
Evaluation of Medicines for Human Use

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PRESS RELEASE

68th MEETING OF THE COMMITTEE FOR PROPRIETARY MEDICINAL PRODUCTS

The Committee for Proprietary Medicinal Products (CPMP) held its 68th plenary meeting from 27 February 2001 to 1 March 2001.

The CPMP welcomed Prof. Josef Suko, the second Austrian CPMP Member and Dr Pieter Neels, the second Belgian CPMP Member.

The CPMP appointed for a three-year term the following Working Party Chairpersons:

- **Dr. Jean-Louis Robert** as Chairperson of the Quality Working Party
- **Prof. Jean-Hugues Trouvin** as Chairperson of the Biotechnology Working Party
- **Prof. Beatriz Silva Lima** as Chairperson of the Safety Working Party
- **Dr Barbara van Zwieten-Boot** as Chairperson of the Efficacy Working Party
- **Dr Fernando García Alonso** as Chairperson of the Pharmacovigilance Working Party
- **Prof. Markku Toivonen** as Chairperson of the Scientific Advice Review Group
- **Dr Manfred Haase** as Chairperson of the Ad-Hoc Working Group on Blood Products

The Committee agreed that the appointment of the remaining CPMP Ad-Hoc Working Group Chairpersons will take place at the March 2001 plenary meeting. Proposals for any Vice-Chairpersons of the respective Working Parties should be discussed within each Working Party allowing appointment at next CPMP plenary meetings.

Furthermore, Dr Eric Abadie, CPMP Vice-Chair, was appointed CPMP representative in the ICH Steering Committee.

The following issues were discussed during the meeting:

Product related issues

Centralised procedures

The pre- and post-authorisation centralised procedures finalised during this meeting are summarised in **Annex 1** and an overview of centralised procedures since 1995 is given in **Annex 2**.

For marketing authorisations granted by the European Commission since the last CPMP plenary meeting in January 2001, see **Annex 3**.

Scientific Advice procedures

The CPMP adopted the outcome of the discussions of the Scientific Advice Review Group meeting which was held on Monday 26 February 2001. For further details, please see **Annex 4**.

During the meeting a discussion took place on the necessary reinforcement of links between the Committee for Orphan Medicinal Products (COMP), the CPMP and its Scientific Advice Review Group in relation to the development of the protocol assistance procedure for orphan medicinal products including future challenges concerning the methodology of clinical trials for small populations.

Referral procedures

Four harmonisation procedures were started under article 11 of Council Directive 75/319/EEC, as amended. The referrals were initiated by the French (3) and Italian (1) National Competent Authorities.

Other product related issues

The Committee discussed preliminary responses received from the MAHs for third-generation oral contraceptives in relation to the ongoing scientific review on cardiovascular risks. It is planned to have oral explanations with the different MAHs prior to the publication of the CPMP position statement. Such oral explanations have been scheduled for the April 2001 CPMP plenary meeting.

The CPMP heard Prof. Daniel Vitecoq, outlining the changes made to the second revision of the *CPMP Points to consider on the Assessment of anti-HIV medicinal products* (CPMP/602/95 rev. 2A). This revision focuses on clinical data requirements for products intended for heavily pre-treated patients or in salvage therapy. The document has been released for external consultation and is expected to be adopted by the CPMP in March 2001.

Non-product related issues

CPMP Working Parties and Ad-Hoc Groups

The joint CPMP/CVMP *Note for guidance on Minimising the risk of transmitting animal spongiform encephalopathy agents via human and veterinary medicinal products* has been published after the CVMP meeting held on 13 to 15 February 2001 (please see http://www.emea.eu.int/pdfs/vet/regaffair/041001en.pdf). The CPMP adopted an explanatory note for medicinal products for human use on the scope of the guideline (see **Annex 5**) and an *EMEA Public Statement on the Evaluation of Bovine Spongiform Encephalopathies* (BSE)-risk via the use of aterials of bovine origin in or during the manufacture of vaccines (see **Annex 6**).

Dr Markku Toivonen reported from the first meeting of the Ad-Hoc Expert Group on comparability of biotechnology products held on 31 January 2001 under his chairmanship. Both pre-clinical and clinical aspects are intended to be considered in the demonstration of comparability of such medicinal products. A second meeting is scheduled to take place on 2 May 2001.

The CPMP agreed to the creation of an Ad-Hoc Expert Group on Radiopharmaceuticals, which will meet for the first time either at the end of March 2001 or beginning of April 2001. The CPMP was also informed of the upcoming Ad Hoc Experts meeting on clinical efficacy of beta-interferons in secondary progressive multiple scelerosis, which will be held on Monday 28 May 2001.

An overview of guidance documents adopted during the meeting or released for consultation to Interested Parties is attached as **Annex 7**.

Organisational Matters

The first CPMP Ad Hoc Group on Organisational Matters was held on 26 February 2001 under the Chairmanship of Dr Daniel Brasseur. During the meeting, a number of areas requiring process improvement were identified together with CPMP sponsors in charge of the development of these areas.

The CPMP was informed of the setting-up of an Ad-Hoc working group on the development of an inspection procedure for requesting and reporting Good Laboratory Practice Inspections for products covered by the centralised system.

EMEA restructuring

Dr Patrick Le Courtois currently EMEA Head of Sector for Scientific Advice and Orphan Drugs has been appointed as Head of Unit for the Pre-authorisation Evaluation of Medicines for Human Use with effect from 1 March 2001. For further details please see separate Press Release: http://www.emea.eu.int/pdfs/general/direct/pr/579601en.pdf).

Mutual Recognition procedure

The CPMP noted the report from the Mutual Recognition Facilitation Group (MRFG) meeting held on 26 February 2001, which is circulated together with this Press Release (see **Annex 8**).

The CPMP was informed of the outcome of the second subgroup meeting on harmonisation of Summary of Product Characteristics (SPCs) which was held on 26 February 2001 under the Chairmanship of Dr Thomas Salmonson.

Next meeting

The 69th plenary meeting of the CPMP will be held from 27 March 2001 until 29 March 2001.

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This Press Release and other documents are available on the Internet at the following address:
http://www.emea.eu.int

OUTCOME OF THE FEBRUARY 2001 CPMP MEETING IN RELATION TO CENTRALISED APPLICATIONS

PRE-AUTHORISATION PHASE

Opinions			
Number of Opinions	**Number of Active Substances**	**Outcome**	**Comments**
3	2 (3 Part A)	Positive by consensus	---

POST-AUTHORISATION PHASE

Opinions for Type I Variation applications following Type II Procedure	
Number of Opinions	**Outcome**
2	Positive by consensus

Opinions for Type II Variation applications	
Number of Opinions	**Outcome**
1 (Extension of Indication)	Positive by consensus
1 (Extension of Indication)	Negative by majority vote
16 (SPC/PL update)	Positive by consensus
5 (Pharmaceutical aspects)	Positive by consensus

Opinions for Renewal applications	
Name of Medicinal Product	**Outcome**
Humalog	Positive by consensus

EMEA CENTRALISED PROCEDURES

	1995-2000			2001			Overall Total
	Part A	**Part B**	**Total**	**Part A**	**Part B**	**Total**	
Scientific Advice	74	122	196	3	11	14	210
Follow-up to scientific advice	15	11	26	2	0	2	28

	1995-2000			2001			Overall Total
	Part A	**Part B**	**Total**	**Part A**	**Part B**	**Total**	
Applications submitted	97	182	279	4	5	9	288
Withdrawals	12	37	49	0	3	3	52
Positive CPMP opinions	64	112	176	4	3	7	183[1]
Negative CPMP opinions[2]	1	3	4	0	1	0	5[3]
Marketing authorisations granted by the Commission	56	95	151	6	9	15	166[4]

	1995-2000			2001			Overall Total
	Part A	**Part B**	**Total**	**Part A**	**Part B**	**Total**	
Variations type I	265	551	816	56	51	107	923
Positive opinions, variations type II	159	224	383	16	19	35	418
Negative opinions, variations type II	0	2	2	0	1	1	3
Extensions (Annex II applications)	34	20	54	0	0	0	54

[1] 183 positive opinions corresponding to 143 substances
[2] In case of appeal the opinion will not be counted twice
[3] 5 negative opinions corresponding to 3 substances
[4] 166 Marketing Authorisations corresponding to 126 substances

Medicinal products granted a Community Marketing Authorisation under the Centralised Procedure since January 2001 Press Release

Brand name	Prandin
INN	replaglinide
Marketing Authorisation Holder	Novo Nordisk
ATC code	A10BX02
Indication	Treatment of Type II diabetes mellitus
CPMP Opinion date	21/09/2000
Date of Commission Decision	29/01/2001

Brand name	Xeloda
INN	capecitabine
Marketing Authorisation Holder	Roche registration Ltd.
ATC code	L01BC
Indication	Treatment of metastatic colorectal cancer
CPMP Opinion date	19/10/2000
Date of Commission Decision	02/02/2001

Brand name	Ovidrelle
INN	choriogonadotropin alfa
Marketing Authorisation Holder	Ares Serono (/Europe) Ltd.
ATC code	G03GA01
Indication	Treatment of women undergoing superovulation prior to assisted reproductive techniques such as in vitro fertilisation (IVF).
CPMP Opinion date	19/10/2000
Date of Commission Decision	02/02/2001

Brand name	Prevenar
INN	Pneumococcal conjuguate vaccine
Marketing Authorisation Holder	Wyeth-Lederle Vaccines S.A.
ATC code	J07AL
Indication	Active immunisation of infants/children against invasive disease, pneumonia and otitis media caused by streptococcus pneumoniae
CPMP Opinion date	19/10/2000
Date of Commission Decision	02/02/2001

Brand name	NutropinAQ
INN	Somatropin
Marketing Authorisation Holder	Schwarz Pharma AG
ATC code	H01AC01
Indication	Treatment of growth failure
CPMP Opinion date	19/10/2000
Date of Commission Decision	16/02/2001

Brand name	Metalyse
INN	tenecteplase
Marketing Authorisation Holder	Boehringer Ingelheim International GmbH
ATC code	B01AD
Indication	Treatment of suspected myocardial infarction
CPMP Opinion date	19/10/2000
Date of Commission Decision	23/02/2001

Brand name	Tenecteplase Boehringer Ingelheim International GmbH
INN	tenecteplase
Marketing Authorisation Holder	Boehringer Ingelheim International GmbH
ATC code	B01AD
Indication	Treatment of suspected myocardial infarction
CPMP Opinion date	19/10/2000
Date of Commission Decision	23/02/2001

Brand name	Fasturtec
INN	raburicase
Marketing Authorisation Holder	Sanofi-Synthelabo
ATC code	V03AF07
Indication	Treatment of tumour induced hyperuricaemia
CPMP Opinion date	16/11/2000
Date of Commission Decision	23/02/2001

OUTCOME OF THE FEBRUARY 2001 CPMP MEETING IN RELATION TO SCIENTIFIC ADVICE PROCEDURES

Substance	Intended indication(s)	Topic				
		Type of Request		Pharmaceutical	Pre-Clinical	Clinical
		New	Follow-up			
Chemical	Treatment of metastatic bone disease of prostate cancer.	**X**				**X**
Chemical	Prevention of myocardial infarction during or after Coronary Artery Bypass Graft (CABG) surgery.	**X**				**X**
Biological	Treatment of patients with relapsed acute myeloid leukaemia.		**X** (Protocol Assistance)			**X**
Chemical	Treatment of Type 2 diabetes mellitus.	**X**				**X**
Biological	Treatment of hepatitis C.		**X**			**X**
Biological	For the prophylaxis of haemolytic disease of the new born RhD incompatibility.	**X**				**X**
Chemical	Treatment of osteoporosis.	**X**				**X**
Chemical	Treatment of dyspepsia characterised by pain centered in the upper abdomen.	**X**				**X**

In addition to the adoption of the above final Scientific Advice letters, the Committee accepted 8 new requests from companies for Scientific Advice of which one is an orphan drug request for protocol assistance.

JOINT CPMP/CVMP NOTE FOR GUIDANCE ON MINIMISING THE RISK OF TRANSMITTING ANIMAL SPONGIFORM ENCEPHALOPATHY AGENTS VIA HUMAN AND VETERINARY MEDICINAL PRODUCTS

EXPLANATORY NOTE FOR MEDICINAL PRODUCTS FOR HUMAN USE ON THE SCOPE OF THE GUIDELINE

Background

Commission Directive 1999/82/EC gives force of law to the CPMP Note for Guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products (CPMP TSE Guideline).

The European legislation requires that for:

- new applications from 1 July 2000 demonstrate compliance with the CPMP TSE Guideline; and
- marketing authorisation holders (MAHs) of already authorised human medicinal products to have demonstrated compliance by 1 March 2001.

Currently, MAHs may choose to use the certificate of suitability as a means of demonstrating compliance for those starting materials that are covered by the European Pharmacopoeia Monograph *Products with risk of transmitting agents of animal spongiform encpehalopathies*, or apply to the relevant competent regulatory authorities for a variation supported by relevant scientific data.

The purpose of this explanatory note is to define more precisely the scope of the guideline and to address areas that may have presented difficulties in terms of their interpretation and application from a scientific viewpoint.

During the January 2001 CPMP meeting and the February 2001 CVMP meeting, the *Joint CPMP/CVMP Note for guidance on minimising the risk of transmitting animal spongiform encephalopathy agents via human or veterinary medicinal products* was adopted. This joint TSE guideline has already come into operation. However, for the time being, this explanatory note only applies to human medicinal products.

a. Scope of the TSE Guideline

The Note for Guidance was first adopted in 1991 by the CPMP to cover materials derived from ruminants such as cattle, sheep and goats for the reasons that such materials are known to naturally contract transmissible spongiform encephalopathy and may potentially infect human beings. The identification of variant form of Creutzfeldt-Jakob Disease (vCJD) in 1995 and the possible association of consumption of infected bovine products and the appearance of vCJD underlines the relevance of control measures laid down in the guideline to the use of ruminant materials especially those derived from bovine sources. The scope of the TSE Guideline should be limited to ruminant derived materials and materials derived from animals which are susceptible to infection with transmissible spongiform encephalopathy through the oral route. For this reason, materials derived from pigs or birds are currently excluded from the scope of this guideline. Materials derived from humans and non-human primates are outside the scope of this guideline. The CPMP/BWP will review the scientific data on an on-going basis as to whether or not the scope should be extended to other animal species that may be capable of transmitting TSEs into humans.

b. Does the Note for guidance cover either ruminant derived materials used in the preparation of established master seed lots or master cell banks?

Master seeds (MSs) or cell banks (MCBs) for application for marketing authorisation lodged after the 1 July 2000, are covered by the guideline. However, MSs and MCBs for already authorised medicinal products such as vaccines, for which the clinical safety and efficacy has been established, are not covered by the guideline. In particular, MSs and MCBs of vaccine antigens, which have already been

approved as a constituent of an authorised mono-component or multi-component vaccine, are outside of the scope of the guideline, even if they are incorporated in marketing authorisation applications lodged after 1 July 2000.

However, the origin and nature of the material used to establish the existing MSs and MCBs should be documented and a risk assessment performed. It is recognised that these MSs and MCBs may have been prepared more than 30 or 40 years ago, using ruminant materials either from low or no detectable infectivity as defined in this guideline or from countries where there were no reported cases of BSE. In some cases, the information on the origin of the materials used may not be available given the passage of time. Furthermore, the ruminant material used in establishing MSs and MCBs is present at low level and is subject to a high dilution factor down-stream (e.g. MSs→WSs→processing→finished product). Since this guideline is intended to minimise TSE risk, taking all these factors into consideration, from a public health protection viewpoint, there is no scientific justification to re-establish such master seeds or master cell-banks. It is potentially more risky re-establishing the master seeds or master cell banks because in so doing, it leads to a new product with unknown clinical safety and efficacy against the background of theoretical risk of using such material.

However, ruminant derived materials used in fermentation/routine production and in the establishment of working seeds and working cell banks should be in full compliance with the TSE guideline. In situations where full compliance of working seeds can not be certified, a commitment should be received from the MAH that they will submit a variation to the authorisation to replace such materials with working seeds produced using starting materials fully compliant with the joint CPMP/CVMP Note for guidance as soon as possible and within a specific timescale agreed with the Competent Authority.

ANNEX 6 to CPMP February 2001
Press Release

London, 28 February 2001
CPMP/BWP/476/01

PUBLIC STATEMENT ON THE EVALUATION OF BOVINE SPONGIFORM ENCEPHALOPATHIES (BSE)- RISK VIA THE USE OF MATERIALS OF BOVINE ORIGIN IN OR DURING THE MANUFACTURE OF VACCINES

Since recognition of BSE in the 1980's, the use of bovine material in the manufacture of medicinal products, including many vaccines, prompted action by European and National regulatory authorities to assure the continued safety of these products. The appearance of new variant Creutzfeldt-Jakob Disease (vCJD) and its association with BSE, underlined the importance of the measures taken and increased concern regarding any potential risk associated with the use of bovine material.

Any bovine-derived material used in the manufacture of a vaccine is regulated according to a Committee for Proprietary Medicinal Products (CPMP) Note for Guidance (NfG) which was adopted in 1991 and came into force in 1992. This NfG has been continuously updated in the light of scientific knowledge[1]. The criteria by which safety is assured involves controlling the geographical source of the animals used, the nature of the tissue used and the method of production. Safe geographical sourcing of animals is based on the latest Organisation Internationale des Epizooties and the European Commission's DG Sanco Scientific Steering Committee classification of countries according to their BSE status[2]. The nature of the tissue used is based on scientific data showing in which parts of the animal BSE infectivity is located whilst other scientific data demonstrates which manufacturing processes can/might inactivate BSE infectivity.

In addition to the above measures, the CPMP and regulatory authorities within member states of the European Union undertake benefit/risk assessments before any medicinal product or vaccine is authorised. These bodies continuously review all medicinal products in the light of scientific progress and will take any additional precautionary measures as appropriate to assure the quality, safety and efficacy of medicinal products. In this context, the CPMP and its experts recently conducted a survey on the use of bovine material in the manufacture of vaccines licensed within the EU to ensure that the sourcing of animals and of tissues used was according to the NfG. There is no evidence to implicate vaccines in the development of vCJD.

Based on the above measures being taken, the CPMP considers that the risk of BSE contamination of vaccines used within the EU to be extremely low, to the point of being theoretical. Nevertheless, in order to combat even a theoretical risk, manufacturers have initiated programmes to replace bovine material of European origin by material of non-European origin.

The CPMP considers, quite strongly, that the benefits of vaccination outweigh any hypothetical risk of BSE contamination. Consequently, on the basis of current scientific evidence and of measures being taken to avoid any possible contamination of vaccines with BSE, the CPMP is of the view that no further action is necessary to protect public health. Vaccines currently in use have an excellent safety record and any undermining of public confidence in vaccination will result in low take-up of vaccines and the risk of spreading damaging or fatal diseases as a result is real.

In the same vein, the US Food and Drug Administration and its Center for Biologics Evaluation and Research, have reached the same conclusion that the risk of transmission of BSE through the use of bovine material during vaccine manufacture is very remote and theoretical (http://www.fda.gov/cber/index.html). They similarly recommend that all children and adults continue to be immunised according to current immunization schedules and that public confidence in vaccines should be maintained.

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1 CPMP/CVMP Note for Guidance for minimising the risk of transmitting animal spongiform encephalopathy agents via human and veterinary medicinal products (February 2001, EMEA/401/01-Final).

2 Both the OIE and the Scientific Steering Committee of DG Sanco of the European Commission have developed and continuously update criteria for classification of a country or zone according to their BSE status. The most recent information can be found on the websites of these organisations: http://www.oie.int and http://europa.eu.int/comm/food/fs/sc/index_en.html. These classifications take into account criteria such as the number and the origin of the BSE cases, the compulsory notification, the ban on feeding of ruminant protein to ruminants, the educational program in place.

DOCUMENTS PREPARED BY THE CPMP WORKING PARTIES AND AD-HOC GROUPS ADOPTED DURING THE FEBRUARY 2001 CPMP MEETING

QUALITY WORKING PARTY

Reference number	Document	Status
CPMP/QWP/848/96 CVMP/598/99	Note for guidance on Process validation	Adopted in February 2001
CPMP/QWP/2934/99	Note for guidance for In-use stability testing of human medicinal products	Adopted in February 2001
CPMP/QWP/160/01	Concept paper on a Note for guidance on the Use of near infrared spectroscopy by the pharmaceutical industry and the data to be forwarded in the part II of the dossier for a marketing authorisation	Adopted in February 2001
CPMP/QWP/158/01 draft	Note for guidance on Quality of water for pharmaceutical use	Released for 6 months' consultation in February 2001
CPMP/QWP/3015/99	Note for guidance on Parametric release	Adopted in February 2001

BIOTECHNOLOGY WORKING PARTY

Reference number	Document	Status
CPMP/BWP/1711/00	Concept paper on a CPMP Points to consider on the Use of transgenic plants in the manufacture of biological medicinal products for human use	Adopted in February 2001
CPMP/BWP/1143/00	Position statement on the Use of tumourigenic cells of human origin for the production of biological and biotechnological medicinal products	Adopted in February 2001

SAFETY WORKING PARTY

Reference number	Document	Status
CPMP/SWP/2145/00	Note for guidance on Non-clinical local tolerance testing of medicinal products	Adopted in February 2001
CPMP/SWP/372/01 draft	Points to consider on the Non-clinical assessment of the carcinogenic potential of insulin analogues	Released for 6 months' consultation in February 2001
CPMP/SWP/398/01 draft	Note for guidance on Photosafety testing	Released for 6 months' consultation in February 2001

DOCUMENTS PREPARED BY THE CPMP WORKING PARTIES AND AD-HOC GROUPS ADOPTED DURING THE FEBRUARY 2001 CPMP MEETING

EFFICACY WORKING PARTY

Reference number	Document	Status
CPMP/EWP/49/01	Concept paper on the Development of an Appendix to the CPMP Note for guidance on the Clinical investigation of medicinal products in the treatment of schizophrenia, on methodology of clinical trials concerning the development of depot preparations of approved medicinal products in schizophrenia.	Adopted in February 2001
CPMP/EWP/18/01	Concept paper on the Development of a CPMP Note for guidance on the Clinical investigation of medicinal products for the treatment of urinary incontinence in women.	Adopted in February 2001

Report from the meeting held on 26 February 2001

The MRFG noted that 10 new mutual recognition procedures were finalised during the month of January 2001, as well as 59 type I and 21 type II variations.

The status as of 31 January 2001 of procedures under mutual recognition is as follows:

Year	Procedures from New applications finalised	Procedures from New applications in process	Procedures from Type I variations finalised	Procedures from Type I variations pending	Procedures from Type II variations finalised	Procedures from Type II variations pending	Arbitrations referred to CPMP
2001	10	76	59	60	21	182	--

18 new procedures (regarding 28 products) started in January 2001. The categories of these procedures are as follows:

3 new active substances (first authorisation in the European Community after RMS approval), including **1** repeat use.

4 known active substances (already authorised in at least one member state), including **1** repeat use and **1** multiple applications.

11 abridged applications including **4** multiple applications and **3** repeat use.

The new procedures started this month relate to 3 full dossiers, 2 fixed combination, 10 generics, 2 informed consent and 1 for different use, route or dose.

The procedures consisted of 18 chemical substances[1].

17 of these procedures were prescription-only medicinal products in the reference Member State and 1 was Non-prescription (including OTC) medicinal product[2].

1. As considered by RMS.
2. In this category products are classified as prescription-only or Non-prescription (OTC) products when the RMS has approved them accordingly, although the legal status is not part of the Mutual Recognition Procedure.

Number of countries involved in the new applications procedures started in January 2001

Reference Member State (number of products involved in the procedure)	Number of CMSs involved in the procedure
DE (2)	9
DE (1)	2
DE (1)	2
DE (3)	7
DK(4)	10
FR (1)	1
NL (1)	1
NL (1)	1
SE (1)	1
SE (1)	2

Reference Member State (number of products involved in the procedure)	Number of CMSs involved in the procedure
SE (1)	16
UK (4)	2
UK (2)	11
UK (1)	14
UK (1)	5
UK (1)	1
UK (1)	2
UK (1)	1

General issues

Subgroup meeting on harmonisation of SPC's

The second subgroup meeting on harmonisation of SPC's was held on 26 February 2001. During the meeting discussions regarding identifying the possible active substances to be harmonised first were continued. Update of the current status of the project will be given to Heads of Agencies meeting on 27 and 28 February 2001.

MR-SPC for influenza vaccines

MRFG adopted the accelerated timetable for type II variations related to the update of MR-SPC, which will be published on the Heads of Agencies Website.

Analysis on withdrawals in the Mutual Recognition procedure

The MRFG adopted the final report on analysis of withdrawals in the MRP that will be published on the Heads of Agencies Website.

Maintenance of harmonisation after Article 11/12 procedure

The MRFG has initiated the preparation of a guidance document on how to maintain harmonisation after Article 11/12 procedures with regard to renewals and variations. Once finalised, this document will be annexed to the recently published "MRFG recommendations for Mutual Recognition Procedure after finalisation of an arbitration procedure with a positive opinion by the CPMP and a positive decision by the European Commission."

Meeting schedule

The next MRFG meeting will be held on 26 March 2001.

All documents mentioned in this press release can be found at the MRFG website at the European Medicines Authorities Windows under the heading SOP.

Information on the above mentioned issues can be obtained by the presiding chair of the MRFG:

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Alternatively, you could visit the **MRFG web site** at the EUROPEAN NATIONAL MEDICINES AUTHORITIES WINDOW:

http://heads.medagencies.org/