European Medicines Agency
Evaluation of Medicines for Human Use

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COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE
18-21 OCTOBER 2004 PLENARY MEETING
MONTHLY REPORT

The Committee for Medicinal Products for Human Use (CHMP) held its 5th plenary meeting from 18 – 21 October 2004.

Centralised Procedure

The Committee adopted three positive opinions on initial marketing authorisation applications for:

- **Avastin** (bevacizumab), from Roche Registration Ltd, for the treatment of metastatic carcinoma of the colon or rectum. EMEA review began on 22 December 2003, with an active review time of 202 days.
- **Fendrix** (Hepatitis B (rDNA) vaccine (adjuvanted, adsorbed)), from GlaxoSmithKline Biologicals SA, for active immunisation against hepatitis B virus infection for patients with renal insufficiency, from the age of 15 years onwards. EMEA review began on 26 May 2003 with an active review time of 168 days.
- **Quintanrix** (combined vaccine), from GlaxoSmithKline Biologicals SA, for primary vaccination of infants and for booster vaccination of young children against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and invasive disease caused by Haemophilus influenzae type b. EMEA review began on 23 June 2003 with an active review time of 215 days.

Summaries of these opinions, including the full indications for each product, are available on the EMEA web site: http://www.emea.eu.int.

The Committee also adopted the following extensions of indication for medicinal products that are already authorised in the European Union:

- **Intron A and Viraferon** (interferon alfa-2b), Schering-Plough Europe, to extend the use to the treatment of chronic hepatitis C in children over three years in combination with ribavirin. Intron A and Viraferon were first authorised in the European Union on 9 March 2000.
- **Rebetol** (ribavirin), Schering Plough Europe, to extend the use to the treatment of chronic hepatitis C in children over three years in combination with interferon alfa-2b. Rebetol was first authorised in the European Union on 7 May 1999.
- **Vfend** (voriconazole), Pfizer Limited, to extend its use to the treatment of candidemia in non-neutropenic patients. Vfend was first authorised in the European Union on 19 March 2002.

Further information on these extensions will be included in the European Public Assessment Report (EPAR) once the European Commission has granted final approvals.

The Committee also adopted four Lists of Questions on initial applications, and one List of Questions on a "line extension" application (in accordance with Annex II of Commission regulation (EC) No. 1085/2003).

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An overview of centralised procedures since 1995 is given in **Annex 1**. The list of medicinal products for which marketing authorisations have been granted by the European Commission since the CHMP plenary meeting in September 2004 is provided in **Annex 2.** The post-authorisation centralised procedures finalised during this meeting are summarised 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 September 2004 CHMP are provided in **Annex 4**.

Plasma Master File Certification

The CHMP adopted at its October 2004 meeting the Plasma Master File (PMF) Evaluation Report recommending the ZLB Behring GmbH (formerly named Aventis) PMF certification. This will be the first PMF Certificate issued by the EMEA.

Referral procedures

Following the worldwide withdrawal of Vioxx (rofecoxib), the European Medicines Agency has been asked by the European Commission, as a precautionary measure, to conduct a review of COX-2 inhibitor medicines.

The CHMP will look at all aspects of cardiovascular safety of the COX-2 inhibitors celecoxib, etoricoxib, lumiracoxib, parecoxib and valdecoxib, including thrombotic events (e.g. heart attack and stroke) and cardio-renal events (e.g. hypertension, oedema and cardiac failure). A separate press release has been issued and is available on the EMEA website: http://www.emea.eu.int/htms/hotpress/h11790804.htm.

The CHMP also began two Community-wide review procedures under Article 30 of the Community code on human medicines:

- A referral for **Neurontin** (gabapentin) and associated names was initiated by Italy to harmonise the divergent summaries of product characteristics across the European Union, especially with regard to the indications. Gabapentin is authorised in some Member States for treatment of partial epilepsy and neuropathic pain and in others only for the treatment of epilepsy.

- A referral for **Calcium Sandoz Effervescent tablets**, 500 mg and 1000 mg, from Novartis Consumer Health SA was initiated on request of the marketing authorisation holder to harmonise the divergent summaries of product characteristics across the EU.

CHMP Working Parties

The CHMP adopted the outcome of the discussions of the Scientific Advice Working Party (SAWP) meeting, which was held on 11-13 October 2004. For further details, please see **Annex 5**.

Documents prepared by the CHMP Working Parties and Ad Hoc Groups adopted during the February 2004 CHMP meeting are listed in **Annex 6**.

Organisational matters

The main topics addressed during the October 2004 CHMP related to:

- The adoption of the CHMP Rules, revised in the framework of Regulation (EC) 726/2004. A copy of this document will be published on the EMEA website.

- The adoption, by the CHMP, of the revised Mandate and Rules of procedures for the joint CHMP/CVMP Quality Working Party (QWP) in the framework of Regulation (EC) 726/2004. The document will be presented for adoption to the Committee for Veterinary Medicinal Products (CVMP) at its November 2004 meeting. A copy of this document will be subsequently published on the EMEA website.

- The adoption, by the CHMP, of the revised Mandate and Rules of procedures for the CHMP Paediatric Working Party (PEG) in the framework of Regulation (EC) 726/2004. A copy of this document will be published on the EMEA website. The composition of the new PEG will be adopted at the December 2004 CHMP meeting.

- The adoption of the new composition for the Scientific Advice Working Party (SAWP) following the adoption of the revised mandate and Rules of Procedure for the SAWP at the October 2004 CHMP meeting. The SAWP is now composed of 21 members including 3 members from the Committee for Orphan Medicinal Products (COMP). The election of the Chair and Vice Chair of this SAWP will take place at the November 2004 CHMP. This revision is the first step in an in-depth review of the procedure, which was triggered by the recent Regulation (EC) No 726/2004, and is part of the EMEA continuing process improvement.

- A discussion on the non-applicability of the Active Substance Master File (ASMF) concept to biological active substances and the non-applicability of the ASMF concept of open and closed parts to Vaccine Antigen Master File (VAMF) and Plasma Master file (PMF). See also the section on Procedural Announcements.

- The adoption of the guideline on procedural aspects regarding a CHMP scientific opinion in the context of cooperation with the World Health Organisation (WHO) for the evaluation of medicinal products intended exclusively for markets outside the Community. The guideline will be released for consultation for a 3 months period (to January 2005).

- The adoption of the EMEA/CHMP Position Paper "EU Standards of Medicinal Product Registration: Clinical Evaluation of Risk/Benefit -The role of Comparator Studies". This Position Paper will be published on the EMEA website.

- A discussion on the draft European Regulation on conditional marketing authorisations for medicinal products falling within the scope of Regulation (EC) No 726/2004.

- A discussion on the practical implementation of the Confidentiality Arrangements concluded between the EU (EC and EMEA) and the US FDA.

- A presentation on the outcome of the comments received on the EMEA Road Map following the Consultation Exercise.

PROCEDURAL ANNOUNCEMENTS

- **Creation of a new Sector for medical information and re-organisations in the human medicines units management**

The EMEA will create in 2005 a new Sector for Medical Information in accordance with the new EMEA responsibilities introduced by the revised pharmaceutical legislation. A temporary Sector will be established to begin preparations for the Agency's new task.

- Dr Isabelle Moulon was appointed Head of Sector for this temporary sector which will be part of the Post-authorisation Human Medicines Unit.
- Dr Agnès Saint Raymond will be Acting Head of Sector for Safety and Efficacy, in replacement of Dr Isabelle Moulon. This is in addition to her continuing duties as Head of Sector for Scientific Advice and Orphan Drugs.
- Dr Marisa Papaluca Amati continues her responsibilities as Deputy Head of Sector for Safety and Efficacy.
- Dr Spiros Vamvakas was appointed Acting Deputy Head of Sector for Scientific Advice and Orphan Drugs, in co-operation with Dr Agnès Saint Raymond.

These changes became effective on 16 October 2004.

- **Non applicability of the Active Substance Master file (ASMF) concept to biological active substances**

Marketing Authorisation Holders (MAHs) and applicants are advised that the concept of Active Substance Master files, as laid down in Directive 2001/83/EC, as amended, cannot be applied in the context of biological medicinal products.

The characterisation and determination of biological active substances' quality requires not only a combination of physico-chemical and biological testing, but also extensive knowledge of the production process and its control.

The MAH/applicant for a biological medicinal product could therefore not comply with the requirement to 'take responsibility for the medicinal product' without having full and transparent access to these quality-related data. The use of an ASMF would prevent such access, and should therefore not be allowed for biological active substances.

In addition, active substances, which are present in certain medicinal products such as vaccines or cell-therapy medicinal products, do not fit with the concept of a 'well-defined' active substance.

- **Non-applicability of the ASMF concept of open and closed parts to Vaccine Antigen Master file (VAMF) and Plasma Master file (PMF)**

The legislation does not provide for the use of open/closed parts in the Vaccine Antigen Master file (VAMF) and Plasma Master file (PMF). The concept of open (non-confidential) and closed (confidential) parts is specific to the Active Substance Master file.

Regarding the VAMF the legislation specifies that the VAMF holder cannot differ from the MAH/applicant for the concerned medicinal product: there is hence no rationale for an 'open/closed' parts system.

For the PMF the legislation specifies that where the MAH/applicant differs from the holder of the PMF, the PMF shall be made available to the MAH/applicant for submission to the competent authority.

Note: These clarifications apply to authorised products, products under evaluation and in the pre-submission phase. Any MAH/applicant affected by the above should liaise with the EMEA Product Team Leaders to discuss the implementation of this advice.

Mutual Recognition procedure

The CHMP noted the report from the Mutual Recognition Facilitation Group (MRFG) meeting held on 18 November 2004. For further details, please see **Annex 7.**

The 6th meeting of the CHMP will be held from 15-18 November 2004.

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

EMEA CENTRALISED PROCEDURES

	1995 - 2003	2004	Overall Total
Scientific Advice	367	54	421
Follow-up to Scientific Advice	60	6	66
Protocol Assistance	30	22	52
Follow-up to Protocol Assistance	9	2	11

	1995-2003			2004			
	Part A	**Part B**	**Total**	**Part A**	**Part B**	**Total**	
Applications submitted	134	271	405	17	25	42	447
Consultation for Medical Device[1]	0	1	1	0	0	0	1
Withdrawals	22	55	77	0	7	7	84
Positive opinions[2]	99	172	271	8	19	27	298[3]
Negative opinions[4]	2	5	7	0	0	0	7[5]
Marketing authorisations granted by the Commission	91	164	255	7	22	29	284[6]

	1995-2003			2004			Overall Total
	Part A	**Part B**	**Total**	**Part A**	**Part B**	**Total**	
Variations type I	771	1505	2276	58	340	398	2674
Positive opinions, variations type II	583	697	1280	142	121	263	1543
Negative opinions, variations type II	1	6	7	0	0	0	7
Extensions (Annex II applications)	49	56	105	4	7	11	116

[1] 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.
[2] 17 positive opinion corresponding to 17 Orphan Medicinal Products
[3] 298 positive opinions corresponding to 229 substances
[4] In case of appeal, the opinion will not be counted twice
[5] 7 negative opinions corresponding to 6 substances (2 of these negative opinions correspond to 2 Orphan Medicinal Products)
[6] 284 marketing authorisations corresponding to 217 substances

MEDICINAL PRODUCTS GRANTED A COMMUNITY MARKETING AUTHORISATION UNDER THE CENTRALISED PROCEDURE SINCE THE SEPTEMBER 2004 CHMP MONTHLY REPORT

Invented Name	Osseor
INN	strontium ranelate
Marketing Authorisation Holder	Les Laboratoires Servier
ATC code	M05BD01
Indication	Treatment of postmenopausal osteoporosis to reduce the risk of vertebral and hip fractures.
CPMP Opinion date	23.06.2004

Invented Name	Protelos
INN	strontium ranelate
Marketing Authorisation Holder	Les Laboratoires Servier
ATC code	M05BD01
Indication	Treatment of postmenopausal osteoporosis to reduce the risk of vertebral and hip fractures.
CPMP Opinion date	23.06.2004

Invented Name	Wilzin
INN	Zinc acetate
Marketing Authorisation Holder	Orphan Europe SARL
ATC code	A16AX05
Indication	Treatment of patients with Wilson's desease.
CPMP Opinion date	23.06.2004

Invented Name	Raptiva
INN	efalizumab
Marketing Authorisation Holder	Serono Europe Limited
ATC code	D05BX
Indication	Treatment of adult patients with moderate to severe chronic plaque psoriasis who have failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including cyclosporine, methotrexate and PUVA.
CPMP Opinion date	23.06.2004

Invented Name	Angiox
INN	bivalirudin
Marketing Authorisation Holder	The Medicine Company UK Ltd
ATC code	B01A
Indication	Anticoagulant in patients undergoing percutaneous coronary intervention (PCI)
CPMP Opinion date	23.06.2004

Invented Name	Alimta
INN	pemetrexed
Marketing Authorisation Holder	Eli Lilly Nederland B.V.
ATC code	L01BA04
Indication	ALIMTA in combination with cisplatin is indicated for the treatment of chemotherapy naïve patients with unresectable malignant pleural mesothelioma. ALIMTA is indicated as monotherapy for the treatment of patients with locally advanced or metastatic non-small cell lung cancer after prior chemotherapy.
CPMP Opinion date	23.06.2004

Invented Name	Apidra
INN	insulin glulisine
Marketing Authorisation Holder	Aventis Pharma Deutschland GmbH
ATC code	A10AB
Indication	Treatment of diabetes mellitus
CPMP Opinion date	03.06.2004

OUTCOME OF THE OCTOBER 2004 CHMP MEETING IN RELATION TO CENTRALISED APPLICATIONS IN THE POST-AUTHORISATION PHASE

Opinions for Type II Variation applications	
Number of Opinions	**Outcome**
4 Extensions of indication	4 Positive opinions
13 SPC changes	13 Positive opinions
17 Quality changes	17 Positive opinions

Opinions for Annual Re-Assessment applications		
Name of Medicinal Product (INN) **MAH**	**Outcome**	**Comments**
Aldurazyme (laronidase) Genzyme B.V.	Positive Opinion	The Marketing Authorisation will remain under exceptional circumstances
Avonex (interferon beta-1a) Biogen France S.A.	Positive Opinion	The Marketing Authorisation will remain under exceptional circumstances
Benefix (nonacog alfa) Wyeth Europe Ltd	Positive Opinion	The Marketing Authorisation will remain under exceptional circumstances

Opinions for Renewal applications		
Name of Medicinal Product (INN) MAH	**Outcome**	**Comments**
N/A	---	---

OVERVIEW OF DESIGNATED ORPHAN MEDICINAL PRODUCTS THAT HAVE BEEN THE SUBJECT OF A CENTRALISED APPLICATION FOR MARKETING AUTHORISATION: UPDATE SINCE THE SEPTEMBER 2004 CHMP MEETING

Active substance	**Sponsor/applicant**	**EU Designation Number & Date of Orphan Designation**	**Designated Orphan Indication**
2-chloro-9-[2-deoxy-2-fluoro-ß-D-arabinofuranosyl]adenine (Clofarabine-Bioenvision Limited)	Bioenvision Limited	EU/3/01/082 05/02/2002	Treatment of acute lymphoblastic leukaemia
		EU/3/03/141 08/05/2003	Treatment of acute myeloid leukaemia
Azacitidine (Vidaza)	Pharmion Limited	EU/3/01/084 06/02/2002	Treatment of myelodysplastic syndromes

OUTCOME OF THE OCTOBER 2004 CHMP MEETING IN RELATION TO SCIENTIFIC ADVICE PROCEDURES

Substance	Intended indications(s)	Type of Request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Lipoproteine lipase deficiency		X			X	X	X	
Biological	HIV	X						X	
Chemical	Congenital venous malformations		X				X	X	
Biological	Glioblastoma multiforme		X			X	X	X	X
Biological	Rheumatoid Arthritis	X						X	
Chemical	Acute Ischemic Stroke	X					X	X	
Chemical	Acne	X						X	
Chemical	Type II diabetes			X				X	
Biological	Psoriasis			X				X	
Biological	Anemia			X				X	
Biological	Psoriasis	X						X	
Chemical	Chronic Myeloid Leukaemia	X						X	
Chemical	Fibromyalgia	X						X	
Chemical	Chronic HCV infection	X				X		X	

SA: Scientific Advice

PA: Protocol Assistance

The above-mentioned 8 Scientific Advice letters, 3 Follow-up Scientific Advice letters and 3 Protocol Assistance letters were adopted at the 18-21 October 2004 CHMP meeting.
In October 2004, the Committee accepted 5 Initial Scientific Advice Requests, 2Follow-up Scientific Advice Requests and 1 Initial Protocol Assistance Requests.

DOCUMENTS PREPARED BY THE CHMP WORKING PARTIES AND AD HOC GROUPS ADOPTED DURING THE OCTOBER 2004 CHMP MEETING

BIOTECH WORKING PARTY

Reference number	Document	Status
CPMP/BWP/5180/03	Guideline on assessing the risk for virus transmission - New Chapter 6 of the Note for Guidance on Plasma-derived medicinal products	Adopted
BWP/CPMP/5136/03	Guideline on the Investigation of Manufacturing Processes for Plasma-Derived medicinal products with regard to VCJD risk	Adopted
CHMP/BWP/64/04	Concept paper on the need to revise the guideline on production and quality control of monoclonal antibodies (3AB4A, *Revision December 1994*)	Adopted

EFFICACY WORKING PARTY

Reference number	Document	Status
CHMP/EWP/2455/02	Note for Guidance on the Clinical Development of Medicinal Products for the treatment of Allergic Rhino-Conjunctivitis	Adopted
CHMP/EWP/104288/2004	Recommendation on the need for revision of CHMP Note for Guidance on Clinical Trials with Haemopoietic Growth Factors for the prophylaxis of infection following myelosuppressive or myeloablative therapy	Adopted
CHMP/EWP/106094/04	Recommendation on the need for revision of the Note for Guidance on Clinical Investigation of Medicinal Products for the treatment of Multiple Sclerosis	Adopted

BLOOD PRODUCTS WORKING GROUP

Reference number	Document	Status
CPMP/BPWG/3735/02	Core SPC for Human Prothrombin Complex Products	Adopted
CPMP/BWP/278/02 rev.1	Core SPC for Human Plasma Derived von Willebrand Factor - section 4.2	Released for 2 month consultation

Report from the meeting held on 18 October 2004

General Issues

MRFG meeting with interested parties

A meeting between MRFG members and representatives from interested parties (EFPIA, EGA and AESGP) was held in the morning prior to the MRFG plenary session, to discuss the implementation of the new Legislation.

The meeting was mainly focused on the discussion of the timelines for the Decentralised procedure. The MRFG position on the definition of a 'potential serious risk to public health' and the main points regarding the future Co-ordination group were also presented to the interested parties.

MRFG Sub-group meeting on Article 17 and 18 procedures

Following the discussions on the Informal MRFG meeting, held in Scheveningen on 4-5 October, a Sub-group of the MRFG was set up to discuss Article 17 and 18 procedures, for pending applications in new MS on 1 May 2004 and a meeting was held in the morning following the MRFG plenary session.

Companies are reminded that they should update Member States on new marketing authorisations granted after submission of the application.

Harmonisation of the quality part of the dossier following a referral

Marketing Authorisation Holders are strongly advised to decide on a single quality dossier (by submitting a Type 2 variation), to be used for the Mutual Recognition Procedure and to make a proposal for a common renewal date.

For further information, please refer to the MRFG document 'Recommendation for Mutual Recognition procedure after finalization of an arbitration procedure with a positive opinion by the CPMP and a positive decision by the EU-Commission.

http://heads.medagencies.org/mrfg/docs/rec/rec_arbitration.pdf

Numbering of Type IA/IB notifications

Applicants are reminded that the MR-numbers allocated to Type I notifications can only be used once, even if the application is withdrawn.

New Transparency Initiative for Orphan Medicinal Products

The MRFG decided to follow the EMEA initiative to increase the transparency of orphan medicinal products and will make public in the MRFG Press release, as of November 2004, the active substance, the sponsor/applicant and the designated orphan indication for medicinal products that have been subject of a mutual recognition application for marketing authorisation.

Meeting schedule
The next MRFG meeting will be held on 15 November 2004.

Mutual Recognition Monitoring

The MRFG noted that **76** new mutual recognition procedures were finalised during the month of September, as well as **309** type IA variations, **170** type IB variations and **88** type II variations.

The status as of 30th of September of procedures under mutual recognition is as follows:

Year	Procedures from New applications finalised	Procedures from New applications in process	Procedures from Type IA variations finalised	Procedures from Type IB variations finalised	Procedures from Type II variations finalised	Arbitrations referred to CHMP
2004	534	254	2378	1498	794	2 N.A

125 new procedures (regarding **301** products) started in September 2004. The categories of these procedures are as follows:

11 new active substances (first authorisation in the European Community after RMS approval), including **7** multiple applications and **2** repeat use.

19 known active substances (already authorised in at least one member state), including **2** multiple applications and **4** repeat use.

93 abridged applications including **50** multiple applications and **9** repeat use.

2 line extension applications, including **1** repeat use.

The new procedures started related to **25** full dossiers, **80** generics, **7** bibliographic applications, and **13** for different use, route or dose.

The procedures consisted of **120** chemical substances, **1** herbal, **1** biological-vaccine, **2** biological-blood products and **1** biological-other[1].

122 of these procedures were prescription-only medicinal products in the reference Member State and **3** procedures were classified as a 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 September 2004

Reference Member State (number of products involved in the procedure)	Number of CMSs involved in the procedure
AT (2)	6
DE (1)	3
DE (1)	11
DE (3)	8
DE (2)	4
DE (1)	5
DE (2)	25
DK (2)	5
DK (4)	6
DK (1)	2
DK (2)	8
DK (2)	2
DK (2)	1
DK (2)	7
DK (2)	1
DK (1)	2
DK (1)	2
ES (2)	2
ES (2)	3
ES (2)	2
ES (2)	5
ES (2)	1
ES (2)	3
FI (1)	8
FI (1)	4
FI (3)	1
FI (1)	6
FI (3)	1
FI (1)	2
FI (1)	1
FI (1)	4
FI (1)	1
FI (1)	16
FI (4)	15
FI (4)	3
FI (4)	3
FI (4)	1
FI (2)	20
FI (2)	8
FI (2)	1
FI (2)	1
FI (2)	1
FI (2)	1
FI (2)	10
FI (2)	1
FI (2)	1
FI (2)	3
FI (2)	3
FI (2)	3
FI (2)	1
FI (2)	1
FI (2)	4
FI (2)	4
FI (2)	3
FI (2)	13
FI (5)	7
FI (5)	3
FI (5)	4
FI (5)	10
FI (5)	3
FI (5)	10

Reference Member State (number of products involved in the procedure)	Number of CMSs involved in the procedure
FI (5)	1
FI (4)	10
FI (4)	3
FI (4)	2
FI (4)	11
FI (4)	1
FI (4)	9
FI (4)	1
FI (4)	2
FI (1)	2
FI (1)	2
FR (1)	9
FR (1)	10
FR (4)	8
FR (4)	26
FR (4)	16
IE (1)	6
NL (3)	8
NL (3)	8
NL (2)	3
NL (1)	3
NL (1)	1
NL (4)	7
NL (2)	2
NL (4)	6
NL (3)	15
NL (2)	15
NL (2)	1
NL (2)	1
NL (1)	1
NL (2)	1
NL (2)	1
NL (2)	1
NL (2)	1
NL (2)	1
NL (1)	8
NL (1)	4
SE (1)	6
SE (1)	1
SE (2)	2
SE (1)	4
SE (6)	10
SE (3)	1
SE (3)	4
SE (1)	1
SE (1)	1
SE (1)	1
SE (1)	5
SE (1)	4
SE (3)	3
UK (1)	11
UK (3)	15
UK (3)	7
UK (4)	2
UK (4)	1
UK (3)	4
UK (1)	1
UK (3)	24
UK (3)	10
UK (3)	11
UK (3)	16
UK (3)	6
UK (3)	4

Reference Member State (number of products involved in the procedure)	Number of CMSs involved in the procedure
UK (3)	5

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

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

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Or you could visit the ***MRFG web site*** *at the EUROPEAN NATIONAL MEDICINES AUTHORITIES WINDOW:*
http://heads.medagencies.org/