29 September 2010
EMA/638290/2010 - Corr[1]

Monthly Report

Committee for Medicinal Products for Human Use (CHMP)

20-23 September 2010

The Committee noted the following changes in the membership of the CHMP:

- Dr Jens Heisterberg as CHMP member from Denmark, replacing Dr Jens Ersbøll in this role. Dr Heisterberg also takes on the role of CHMP member on the Committee for Advanced Therapies (CAT). Dr Ersboll has been appointed as CHMP alternate.
- Dr Kateřina Kubáčková as the new alternate from the Czech Republic.
- Dr Carine de Beaufort as the new alternate from Luxembourg. Dr de Beaufort will also take on the role of CHMP representative on the PDCO.
- Dr Nela Vilceanu as the new alternate from Romania, replacing Dr Roxana Mustata in this role. Dr Vilceanu will also take on the role of CHMP representative (alternate) on the PDCO.

Centralised procedure

Suspension of rosiglitazone-containing medicines recommended

Finalising a review[2] of the rosiglitazone-containing anti-diabetes medicines **Avandia** (rosiglitazone), **Avaglim** (rosiglitazone / glimepiride), and **Avandamet** (rosiglitazone / metformin), the Committee recommended by consensus the suspension of their marketing authorisations. These medicines will stop being available in Europe within the next few months. Patients who are currently taking these medicines should make an appointment with their doctor to discuss suitable alternative treatments. Patients are advised not to stop their medication without speaking to their doctor.

The review was initiated following the availability of new studies questioning the cardiovascular safety of the medicine.

[1] The document has been revised to correct information on opinions for 5-year renewal applications contained in Annex 1 (page 11).
[2] The review of Avandia, Avandamet and Avaglim was conducted under Article 20 of Regulation (EC) No 726/2004.

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More information about this review is available in a separate press release and a question-and-answer document.

Update on the review of Pandemrix

The Committee reviewed[3] all available data on the suspected link between narcolepsy and **Pandemrix**, an (H1N1)v influenza vaccine, from GlaxoSmithKline Biologicals S.A. The Committee concluded that the available evidence is insufficient to determine whether there is any link between Pandemrix and reports of narcolepsy, and that further studies are necessary to fully understand this issue.

The Committee agreed that, at present, the benefit-risk balance of Pandemrix continues to be positive and that while the review is still ongoing, there is no need for Europe-wide restrictions on use.

More information about this review is available in a separate press release.

Initial applications for marketing authorisation

New medicinal products

The Committee adopted five positive opinions by consensus recommending the granting of a marketing authorisation for:

- **Aflunov** and **Prepandemic influenza vaccine (H5N1) Novartis** (prepandemic influenza vaccine (H5N1) (surface antigen, inactivated, adjuvanted)), from Novartis Vaccines and Diagnostics S.r.l., intended for immunisation against H5N1 subtype of influenza A virus. The review for Aflunov and Prepandemic influenza vaccine (H5N1) Novartis began on 23 December 2009 with an active review time of 210 days. The Aflunov application was a resubmission of an application that was withdrawn by the applicant on 13 June 2008[4], because at that time the company could not meet the Committee's request for additional clinical data, as required by the prepandemic guideline.
- **Brilique** and **Possia** (ticagrelor), from AstraZeneca AB, intended, in co-administration with acetylsalicylic acid, for the prevention of atherothrombotic events in adult patients with acute coronary syndromes. The review for Brilique began on 18 November 2009 with an active review time of 206 days. The review for Possia began on 26 May 2010 with an active review time of 86 days.
- **TOBI Podhaler** (tobramycin), an orphan medicine from Novartis Europharm Ltd, intended for the suppressive therapy of chronic pulmonary infection due to *Pseudomonas aeruginosa* in adults and children aged 6 years and older with cystic fibrosis. The review for TOBI Podhaler began on 23 December 2009 with an active review time of 210 days.

The summaries of opinion for the above mentioned medicines, including their full indication, can be found here.

[3] The review of Pandemrix is being conducted under Article 20 of Regulation (EC) No 726/2004.
[4] On 16 August 2008, the European Medicines Agency published a press release informing of the withdrawal of the marketing authorisation application for the pre-pandemic vaccine Aflunov.

Negative opinion for a new medicine adopted

The Committee adopted a negative opinion by majority, recommending that **Movectro** (cladribine), from Merck Serono Europe Ltd, should not be granted a marketing authorisation. Movectro was intended for the treatment of multiple sclerosis.

More information about Movectro is available in a question-and-answer document.

Generic medicinal products

The Committee adopted a positive opinion by consensus recommending the granting of marketing authorisation for the following generic medicine:

- **Leflunomide ratiopharm** (leflunomide), from ratiopharm GmbH, for the treatment of adult patients with active rheumatoid arthritis. Leflunomide ratiopharm is a generic of Arava.

The summary of opinion for the above mentioned medicine, including the full indication, can be found here.

Withdrawals

The European Medicines Agency has been formally notified by Novartis Europharm Ltd of its decision to withdraw its application for a centralised marketing authorisation for the medicine **Rasival** (aliskiren/valsartan), 150/160 mg and 300/320 mg film-coated tablets. This medicine was intended to be used for the treatment of essential hypertension as a substitution therapy in adults whose blood pressure is adequately controlled with aliskiren and valsartan, given as single components concurrently, at the same dose level as in the combination. A separate press release and a question-and-answer document with more information are available.

The European Medicines Agency (EMA) has been formally notified by Warner Chilcott UK Ltd of its decision to withdraw its application for an extension of indication for the centrally authorised medicine **Intrinsa** (testosterone) transdermal patch. On 10 August 2009, Procter & Gamble Pharmaceuticals UK Ltd submitted an application to extend the marketing authorisation for Intrinsa to include the treatment of hypoactive sexual desire disorder in menopausal women. At the time of withdrawal, the application was under review by the CHMP. A separate press release with more information is available.

Post-authorisation procedures

Extensions of indications and other recommendations

The Committee gave three positive opinions by consensus for applications for extension of the therapeutic indications, adding new treatment options for medicines that are already authorised in the European Union:

- **Mabthera** (rituximab), from Roche Registration Ltd, to include the treatment of follicular lymphoma patients responding to induction therapy.
- **Tasigna** (nilotinib), from Novartis Europharm Ltd, to include the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive chronic myelogenous leukaemia in the chronic phase.

- **Invega** (paliperidone), from Janssen-Cilag International N.V, to include the treatment of psychotic or manic symptoms of schizoaffective disorder. Effect on depressive symptoms has not been demonstrated.

Variation for Rotarix adopted

The CHMP adopted a positive opinion by consensus recommending a variation to the terms of the marketing authorisation for the medicinal product **Rotarix** (rotavirus vaccine, live). The update concerns sections 4.3 and 4.8 of the SmPC to include severe combined innunodeficiency (SCID) disoder as a contraindication and to include gastroenteritis with vaccine viral shedding in infants with this condition as an adverse event. The marketing authorisation holder for this medicinal product is GlaxoSmithKline Biologicals S.A.

Summaries of opinion for all above mentioned medicines, including their full indication, can be found here.

Additional safety information

The CHMP adopted a positive opinion by consensus for a type II worksharing variation for **Rasilez**, **Riprazo**, **Sprimeo** (aliskiren) and **Rasilez HCT** (aliskiren/hydrochlorothiazide) from Novartis Europharm Ltd, all indicated for the treatment of essential hypertension. This variation concerns an update of section 4.3 of the Summary of Product Characteristics (SmPC) to add a contraindication for the concomitant use of aliskiren and itraconazole, and section 4.5 of the SmPC to add information regarding this interaction following the publication of a study in healthy subjects. The Package Leaflet has been updated accordingly.

Following the assessment of the 5th Periodic Safety Update Report (PSUR), the CHMP adopted amendments by consensus to section 4.4 of the SmPC of **Revlimid** (lenalidomide) from Celgene Europe Limited, with respect to arterial thromboembolic events and risk of thromboembolic events. In patients with multiple myeloma, the combination of lenalidomide with dexamethasone is associated with an increased risk of venous and arterial thromboembolism (predominantly deep vein thrombosis, pulmonary embolism, myocardial infarction and cerebrovascular event). Patients with known risk factors for thromboembolism – including prior thrombosis –should be closely monitored.

The CHMP recommended amendments to the product information for **Ebixa** (memantine hydrochloride) from H. Lundbeck A/S and **Axura** (memantine hydrochloride) from Merz Pharma GmbH + Co. KGaA by consensus, both indicated for the treatment of Alzheimer Disease. Both marketing authorisation holders had been requested to submit a type II variation following reported cases of administration errors due to the change of the dosing device from a dropper to a pump device. The variation introduces clarification on the changed dosing device throughout the product information. The Committee agreed on a Healthcare Profession Communication letter (DHPC).

Other information on the centralised procedure

Lists of Questions

The Committee adopted eight Lists of Questions on initial applications (including four under the mandatory scope, and four under the optional scope as per Regulation (EC) No. 726/2004), together with one List of Questions in accordance with Article 58 of Regulation (EC) No 726/2004.

Detailed information on the centralised procedure

Monthly figures related to the centralised procedure activities are published independently on the Agency's website within two weeks following the end of the CHMP meeting and can be found here. The overview of opinions for annual re-assessments and renewals is provided 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 July 2010 is provided in **Annex 2**.

Name Review Group (NRG)

Statistical information on the outcome of the checking of acceptability of proposed invented names for medicinal products processed through the centralised procedure is provided in **Annex 3**.

Referral procedures

Suspension of Octagam and associated names recommended

Finalising a review[5] of **Octagam and associated names** (human normal immunoglobulin), the Committee recommended by consensus the suspension of the marketing authorisations, and a recall of Octagam and associated names currently on the market in Europe. As the medicine will no longer be available, the Agency recommended that doctors should stop using this medicine and should switch their patients to the most appropriate alternative treatment.

Octagam and associated names is an intravenous solution used to strengthen the body's immune system to lower the risk of infection in patients with a weakened immune system.

The review was initiated following an unexpected increase in reports of thromboembolic events, including stroke, myocardial infarction and pulmonary embolism in patients receiving the medicine. This increase is thought to be related to problems with the medicine's manufacturing process.

More information about this review is available in a separate press release and a question-and-answer document.

Review of RotaTeq concluded

The Committee finalised a review[6] of the oral vaccine **RotaTeq**, from Sanofi Pasteur MSD, following the detection of porcine circovirus (PCV) DNA fragments. The Committee concluded by consensus that the presence of very low levels of viral DNA fragments in the vaccine does not present a risk to public health and that the vaccine continues to have a positive benefit-risk balance.

More information about the review of Rotateq is available in a separate press release and a question-and-answer document.

Arbitrations concluded

The Committee completed arbitration procedures initiated because of disagreement among EU Member States regarding the authorisation of

- **Galantamine Stada** (galantamine), from Alfred E. Tiefenbacher GmbH & Co KG. This medicine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer

[5] The review of Octagam was conducted under Article 107 of Directive 2001/83/EC, as amended.
[6] The review of RotaTeq was conducted under Article 20 of Regulation (EC) No 726/2004.

type. This procedure was initiated[7] because of concerns that this medicine was not bioequivalent to the reference product, and that this could thus result in suboptimal dosing. The Committee concluded that bioequivalence with the reference product has not been shown and that the benefit-risk balance of this medicine is negative, and recommended by majority that marketing authorisations should not be granted.

- **Prevora** (chlorhexidine diacetate), from CHX Technologies Europe Ltd. This procedure was initiated[8] because of concerns that the results from the main study with Prevora were not sufficient to support the proposed indication. The Committee concluded that, based on evaluation of the newly available data from a Phase IIIB controlled study, the benefit-risk balance of this medicine in the prevention of coronal and root caries in adult patients at high-risk of dental caries was positive and recommended by consensus that marketing authorisations should be granted.

Question-and-answer documents with more information about this arbitration procedure can be found here.

Harmonisation referral concluded

The Committee recommended by consensus harmonisation of the prescribing information for **Lipitor** and associated names (atorvastatin), from Pfizer and associated companies. This medicine is authorised to treat hypercholesterolaemia and to prevent cardiovascular disease. The review was initiated[9] because of differences in the summaries of product characteristics, labelling and package leaflets in the countries where the product is marketed.

A question-and-answer document with more information about the referral can be found here.

Review of benefits and risks of Avastin started

The Committee has started a review[10] of the benefits and risks of **Avastin** (bevacizumab), in view of the results of a study conducted by the marketing authorisation holder, Roche Registration Ltd. The study was submitted in support of an application of Avastin in the treatment of breast cancer in combination with anthracycline-based or capecitabine cytotoxic chemotherapy.

In comparison to results of previous studies, this study points to inconsistencies between different trials relevant for the currently approved breast cancer indication, particularly in terms of efficacy.

The review of Avastin has been initiated to assess the new data and their impact on the benefit-risk balance of Avastin as regards the indication 'combination treatment with paclitaxel or docetaxel as first line treatment of patients with metastatic breast cancer'.

[7] The review of Galantamin Stada was conducted under Article 29(4) of Directive 2001/83/EC, as amended.
[8] The review of Prevora was conducted under Article 29(4) of Directive 2001/83/EC, as amended.
[9] The harmonisation referral on Lipitor was conducted under Article 30 of Directive 2001/83/EC, as amended.
[10] The review of Avastin is being conducted in the context of a formal review under Article 20 of Regulation (EC) No 726/2004. The Committee will make recommendations on whether the marketing authorisation for Avastin should be maintained, changed, suspended or revoked.
Avastin was first authorised in 2005 for first line treatment of metastatic colon or rectum cancer in combination with fluoropyrimidine-based chemotherapy. Subsequently the therapeutic indication had been extended to include the first-line treatment of metastatic breast cancer in combination with paclitaxel or docetaxel.

Review of bisphosphonates[11] started

The Committee has begun looking at the possible increased risk of atypical stress fractures in patients taking **bisphosphonate-containing medicines** for the treatment and prevention of bone disorders. This follows the review of published literature and post-marketing reports, suggesting that atypical stress factures may be a class effect of bisphosphonates.

A warning about atypical stress fractures of the proximal femoral shaft has been included in the product information for alendronate-containing medicines across Europe, since a review in 2008.

The CHMP will now review all available data thoroughly, including published data, non-clinical and clinical data and post-marketing reports, to clarify whether atypical stress fractures are a class effect of bisphosphonates, and will assess their impact on the balance of risks and benefits of these medicines.

Review of isotretinoin started

The Committee started a referral procedure[12] for **isotretinoin** 10 mg and 20 mg capsules, from Ranbaxy Limited. The procedure was initiated because of disagreements regarding the bioequivalence data available for the product.

Review of Femara started

The Committee started[13] a harmonisation procedure for **Femara** (letrozole), a hormonal therapy used in the treatment of cancer, from Novartis group of companies and associated companies. The review was triggered by the European Commission, due to the need of harmonisation of the SmPCs across various Members States.

Re-examination Procedures under Article 32(4) of Directive 2001/83/EC started

The CHMP has been formally requested by Cephalon Inc to re-examine the opinion, adopted during the CHMP meeting on 19-22 July 2010, on a referral procedure under Article 31 of Directive 2001/83/EC, as amended, for **modafinil-containing medicinal products**, recommending the restriction of the therapeutic indication and other changes to the summary of product characteristics. Modafinil is a wakefulness promoting agent.

The CHMP has been formally requested by Mundipharma Research Limited to re-examine the opinion, adopted during the CHMP meeting on 19-22 July 2010, on a referral procedure under Article 31 of Directive 2001/83/EC, as amended, for **modified-release oral opioid products** in level III of the World Health Organization (WHO) scale for the management of pain, recommending the suspension of formulations using polymethacrylate-triethylcitrate controlled release systems and the harmonisation of warnings regarding concomitant use with alcohol in the remaining formulations. Modified-release oral opioids of the WHO level III scale for the management of pain are strong painkillers used to treat pain that has not been controlled with other medicines.

[11] Bisphosphonates include alendronate, clodronate, etidronate, ibandronate, neridronate, pamidronate, risedronate, tiludronate and zoledronate.
The review of nationally authorised bisphosphonates is being conducted in the context of a formal review under Article 31 of Directive 2001/83/EC, as amended. The Committee will make recommendations on whether the marketing authorisations for bisphosphonates should be maintained, changed, suspended or revoked.
[12] The review of isotretinoin is being conducted under Article 29 of Directive 2001/83/EC, as amended.
[13] The review of Femara is being started under Article 30 of Directive 2001/83/EC, as amended.

Mutual-recognition and decentralised procedures - Human

The CHMP noted the report from the 54rd CMDh (Co-ordination Group for Mutual Recognition and Decentralised procedures-Human) held on 20-23 September 2010. For further details, please see the relevant press release on the CMDh website under the heading Press Releases: http://www.hma.eu/

CHMP working parties

The CHMP was informed of the outcome of the discussions of the Scientific Advice Working Party (SAWP) meeting, which was held on 31 August and 1-2 September 2010. For further details, please see **Annex 4**.

Documents prepared by the CHMP Working Parties adopted during the September 2010 CHMP meeting are listed in **Annex 5**.

Upcoming meetings following the September 2010 CHMP plenary meeting

- The 70th meeting of the CHMP will be held at the Agency on 18-21 October 2010.
- The Name Review Group meeting was held at the Agency on 28 September 2010.
- The 55th CMDh (Co-ordination Group for Mutual Recognition and Decentralised Procedures) will be held at the Agency on 18-19 October 2010.

Organisational matters

The main topics addressed during the September 2010 CHMP meeting related to:

- The adoption of new core members and election of chairpersons for the following Temporary Working Parties (WPs) and Drafting Groups (DGs): Blood Products Working Party, Pharmacogenomics Working Party, Working Party on Similar Biological Medicinal Products, Vaccine Working Party, Cardiovascular Working Party, Central Nervous System Working Party, Infectious Diseases Working Party, Oncology Working Party, Pharmacokinetics Working Party, Biostatistics Working Party, Rheumatology/Immunology Working Party, Gastroenterology Drafting Group, Respiratory Drafting Group, Urology Drafting Group and Radiopharmaceuticals Drafting Group. This followed the restructure of the Working Parties' system as announced in the Monthly Reports from May and July 2010 and the establishment of new Temporary WPs and DGs, of which some were previously Standing WPs and others were newly established following the transformation of the Efficacy Working Party. The new compositions of the Working Parties and Drafting Groups will be published on the EMA website shortly.
- The adoption of revised Assessment Report Templates.
- The re-organisation of the CHMP plenary meeting and the ORGAM meeting from October 2010. The ORGAM discussions will be taken out of the CHMP plenary to allow more time for scientific discussion on product related issues during the CHMP week. The ORGAM will be scheduled as a separate meeting on the Monday before the CHMP plenary and will be conducted as a web conference.

Procedural Announcement

Change of contact email address for Product and Application Business Support section (PA-BUS) as part of the re-structuring process undertaken at the Agency in 2009

From 1 October 2010 all correspondence relating to any of the issues below should be sent to pa-bus@ema.europa.eu

- Applications for pre-submission meeting for an initial marketing authorisation application of a centralised procedure.
- Non- procedural product related notifications and general correspondence (change of contact details, etc).
- Intent to submit a Marketing authorisation application form.
- Change of submission date or submission withdrawal of a Marketing Authorisation Application.

And any other general product related queries or requests.

Previous e-mail address used for the purposes above (h-cig2@ema.europa.eu or h-cig2@emea.europa.eu) will be discontinued as of 1 October 2010.

eCTD submission requirements

The European Medicines Agency is repeatedly receiving the Letter of Undertakings (LoU) in paper format, however:

"Any submissions made in the context of a Centralised Application Procedure and the subsequent maintenance of the lifecycle of the application (e.g. initial applications (including ASMF, PMF), supplementary information, variations, renewals, Follow-Up Measures (FUMs), Periodic Safety Update Reports (PSURs), Notifications etc) are covered by eCTD requirement "

Applicants are advised that if due to short procedural timelines the LoU is submitted within a Eudralink message, they are obliged to follow this up with an eCTD sequence.

From 15 October 2010 any paper submission of Letter of Undertaking (as normal correspondence) will therefore not be considered as valid submission.

Additionally, the European Medicines Agency isreceiving a high number of duplicate applications with eCTD sequences that were submitted previously and already processed and validated. This is causing disruption to the product's lifecycle as the Electronic Review System detects an already included sequence.

Applicants are therefore asked to reflect any amendment to an existing sequence in a new sequence number and to refrain from sending such duplicates as they will not be processed. Only technically invalid sequence numbers can be re-allocated.

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

Annex 1 to CHMP Monthly Report September 2010

Opinions for annual re-assessment applications		
Name of medicinal product (INN) MAH	**Outcome**	**Comments**
Atriance *(nelarabine), Glaxo Group Ltd.*	Positive Opinion	Marketing Authorisation remains under exceptional circumstances
Velcade *(bortezomib), Janssen-Cilag International N.V.*	Positive Opinion	Marketing Authorisation remains under exceptional circumstances
Aldurazyme *(laronidase), Genzyme Europe B.V.*	Positive Opinion	Marketing Authorisation remains under exceptional circumstances

Opinion for renewals of conditional MA's		
Name of medicinal product (INN) MAH	**Outcome**	**Comments**
Diacomit *(stiripentol), Biocodex*	Positive Opinion	N/A
Vectibix *(panitumumab), Amgen Europe B.V.*	Positive Opinion	N/A

Opinions for 5-Year Renewal applications		
Name of medicinal product (INN) MAH	**Outcome**	**Comments**
Aptivus *(tipranavir), Boehringer Ingelheim International GmbH*	Positive Opinion	Recommending additional renewal[14]
Cubicin *(daptomycin), Novartis Europharm*	Positive Opinion	Unlimited validity
Kiovig *(human normal immunoglobulin (ivig)), Baxter AG*	Positive Opinion	Unlimited validity
Neupro *(rotigotine), Schwarz Pharma Ltd.*	Positive Opinion	Unlimited validity
NeuroBloc *(botulinum toxin type b), Eisai Ltd.*	Positive Opinion	Unlimited validity
Trizivir *(abacavir / lamivudine / zidovudine), ViiV Healthcare UK Limited*	Positive Opinion	Unlimited validity

[14] In the July 2010 CHMP Monthly Report it has mistakenly been published as unlimited validity.

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Annex 2 to CHMP Monthly Report September 2010

Medicinal products granted a community marketing authorisation under the centralised procedure since the July 2010 CHMP Monthly Report

Invented name	**Ozurdex**
INN	dexamethasone
Marketing Authorisation Holder	Allergan Pharmaceuticals Ireland
Proposed ATC code	S01BA01
Indication	Treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO)
CHMP Opinion date	20.05.2010
Marketing Authorisation Date	27.07.2010

Invented name	**Leflunomide medac**
INN	leflunomide
Marketing Authorisation Holder	medac Gesellschaft für klinische Spezialpräparate mbH
Proposed ATC code	L04AA13
Indication	Treatment of adult patients with active rheumatoid arthritis as a "disease-modifying antirheumatic drug" (DMARD).
CHMP Opinion date	20.05.2010
Marketing Authorisation Date	27.07.2010

Invented name	**VPRIV**
INN	velaglucerase alfa
Marketing Authorisation Holder	Shire Pharmaceuticals Ireland Limited
Proposed ATC code	A16AB10
Indication	long-term enzyme replacement therapy (ERT) in patients with type 1 Gaucher disease.
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	26.08.2010

Invented name	**PecFent**
INN	fentanyl
Marketing Authorisation Holder	Archimedes Development Ltd
Proposed ATC code	N02A-B03
Indication	Management of breakthrough pain (BTP) in adults who are already receiving maintenance opioid therapy for chronic cancer pain. Breakthrough pain is a transitory exacerbation of pain that occurs on a background of otherwise controlled persistent pain.
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	31.08.2010

Invented name	**Rapiscan**
INN	regadenoson
Marketing Authorisation Holder	Gilead Sciences International Limited
Proposed ATC code	C01EB21
Indication	This medicinal product is for diagnostic use only. Rapiscan is a selective coronary vasodilator for use as a pharmacological stress agent for radionuclide myocardial perfusion imaging (MPI) in adult patients unable to undergo adequate exercise stress.
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	06.09.2010

Invented name	**Sycrest**
INN	asenapine
Marketing Authorisation Holder	N.V. Organon
Proposed ATC code	N05AH05
Indication	Treatment of moderate to severe manic episodes associated with bipolar I disorder in adults
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	01.09.2010

Invented name	**Brinavess**
INN	vernakalant hydrochloride
Marketing Authorisation Holder	Merck Sharp & Dohme Limited
Proposed ATC code	C01BG11
Indication	Rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	01.09.2010

Invented name	**Ibandronic Acid Teva**
INN	ibandronic acid
Marketing Authorisation Holder	Teva Pharma B.V.
Proposed ATC code	M05BA06
Indication	Prevention of skeletal events (pathological fractures, bone complications requiring radiotherapy or surgery) in patients with breast cancer and bone metastases
CHMP Opinion date	24.06.2010
Marketing Authorisation Date	17.09.2010

Annex 3 to CHMP Monthly Report September 2010

Name Review Group (NRG)

	NRG meeting 26 Jan 2010		NRG meeting 23 Mar 2010		NRG meeting 26 May 2010		NRG meeting 27 Jul 2010		NRG meeting 6 Oct 2010		NRG meeting 23 Nov 2010		2010	
	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected
Proposed invented names	*25*	35	48	46	35	41	50	69					**158**	**191**
Justification for retention of invented name *	*1*	*6*	2	4	3	3	2	4					**8**	**17**

*In case of objections to the proposed invented name(s), the applicant may justify the retention of the proposed invented name using the relevant justification form available on the EMEA website.

	NRG meeting 26 Jan 2010		NRG meeting 23 Mar 2010		NRG meeting 25 May 2010		NRG meeting 27 Jul 2009		NRG meeting 6 Oct 2009		NRG meeting 23 Nov 2009		2010	
Objections	Accepted	Rejected	Accepted	Rejecte	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected	Accepted	Rejected
Total number of objections raised	83	32	102	45	98	69	139	85					**422**	**231**
Criterion - Safety concerns														
Similarity with other Invented name	73	21	90	31	90	62	98	59					**351**	**173**
Conveys misleading therapeutic/pharmaceutical connotations	1	0	1	1	0	0	8	2					**10**	**3**
Misleading with respect to composition	0	0	0	1	0	0	6	0					**6**	**1**
Criterion - INN concerns														
Similarity with INN	5	3	6	8	5	3	4	3					**20**	**17**
Inclusion of INN stem	3	6	3	1	2	3	2	6					**10**	**16**
Criterion - Other public health concerns														
Unacceptable qualifiers	0	1	0	2	0	0	5	2					**5**	**5**
Conveys a promotional message	0	1	1	4	0	0	10	9					**11**	**14**
Appears offensive or has a bad connotation	0	0	1	1	0	0	3	1					**4**	**2**
Similarity between name of individual active substance and fixed combinations and/or between fixed combinations	1	0	0	0	0	0	1	1					**2**	**1**
Similarity between name of prodrug and related active substance	0	0	0	0	0	0	0	0					**0**	**0**

See *Guideline on the Acceptability of Names for Human Medicinal Products Processed through the Centralised Procedure (CPMP/328/98 Rev. 5)* for detailed explanations of criteria used.

Annex 4 to CHMP Monthly Report September 2010

Pre-authorisation: scientific advice and protocol assistance
EMA centralised procedures

	1995 - 2009	2010	Overall total
Scientific Advice	1134	168	1302
Follow-up to Scientific Advice	232	66	298
Protocol Assistance	245	39	284
Follow-up to Protocol Assistance	109	17	126
	1720	**290**	**2010**

FDA Parallel Scientific Advice	2006 - 2009	2010	Overall total
Completed	7	2	9
Ongoing	0	1	1
Foreseen	0	1	1
	7	**4**	**11**

Outcome of the September 2010 CHMP meeting in relation to scientific advice procedures

Final scientific advice procedures

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Treatment of type 1 diabetes.	*x*						*x*	
Biological	Treatment of type 2 diabetes.	*x*				*x*	*x*	*x*	
Chemical	Treatment of type 2 diabetes.			*x*			*x*		
Chemical	Prevention of post-operative ileus.	*x*						*x*	
Chemical	Treatment of colorectal cancer.	*x*					*x*	*x*	

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharmaceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Biological	Treatment and prevention of gout flares.			*x*				*x*	
Chemical	Treatment of metastatic breast cancer, advanced ovarian cancer, progressive multiple myeloma, AIDS-related Kaposi's sarcoma.	*x*				*x*	*x*	*x*	
Chemical	Treatment of metastatic breast cancer, advanced ovarian cancer, progressive multiple myeloma, AIDS-related Kaposi's sarcoma.	*x*				*x*	*x*	*x*	
Chemical	Treatment of pancreatic cancer.		*x*			*x*	*x*	*x*	*x*
Biological	Treatment of relapsing-remitting multiple sclerosis.			*x*				*x*	
Chemical	Treatment of recurrent head and neck cancer.	*x*					*x*	*x*	
Chemical	Treatment of acute myeloid leukaemia.		*x*			*x*	*x*	*x*	*x*
Chemical	Treatment of soft-tissue sarcoma.	*x*						*x*	
Biological	Treatment of high-risk HPV- associated cervical intraepithelial neoplasia 1 and 2.	*x*				*x*	*x*	*x*	
Chemical	Treatment of deep vein thrombosis and pulmonary embolism.			*x*				*x*	
Biological	Treatment of thrombotic thrombocytopenic purpura.		*x*			*x*	*x*	*x*	
Chemical	Treatment of acute coronary syndrome, myocardial infarction and coronary artery disease.	*x*				*x*			
Chemical	Prevention of atherothrombotic events.	*x*					*x*	*x*	

Substance	Intended indications(s)	Type of request				Topic			
		New		Follow-up		Pharma ceutical	Pre-clinical	Clinical	Significant Benefit
		SA	PA	SA	PA				
Chemical	Treatment of pulmonary arterial hypertension and chronic thromboembolic pulmonary hypertension.		*x*					*x*	
Chemical	Treatment of systemic sclerosis.				*x*			*x*	
Chemical	Treatment of plaque psoriasis.	*x*					*x*	*x*	
Advanced therapy	Treatment of stress urinary incontinence.	*x*				*x*	*x*	*x*	
Chemical	Treatment of osteoarthritis.	*x*				*x*	*x*		
Chemical	Treatment of severe pain.	*x*				*x*		*x*	
Chemical	Treatment of diabetic or peripheral neuropathic pain.	*x*						*x*	
Chemical	Treatment of COPD.	*x*				*x*	*x*	*x*	
Chemical	Treatment of COPD.			*x*				*x*	
Chemical	Treatment of COPD.	*x*				*x*	*x*		
Chemical	Treatment of geographic atrophy secondary to age-related macular degeneration.	*x*					*x*	*x*	
Chemical	Diagnostic use in acute pancreatitis.			*x*				*x*	

SA: scientific advice
PA: protocol assistance

The above-mentioned 19 Scientific Advice letters, 4 Protocol Assistance letters, 6 Follow-up Scientific Advice and 1 Follow-up Protocol Assistance letters were adopted at the 20 - 23 September 2010 CHMP meeting.

New requests for scientific advice procedures

The Committee accepted 35 new Requests for which the procedure started at the SAWP meeting held on 31 August – 02 September 2010. The new requests are divided as follows: 20 Initial Scientific Advice, 11 Follow-up Scientific Advice, 1 Initial Protocol Assistance and 3 Follow-up Protocol Assistance.

Annex 5 to CHMP Monthly Report September 2010

Documents prepared by the CHMP Working Parties adopted during the September2010 CHMP meeting

Quality Working Party (QWP)

Reference number	Document	Status [15]
EMA/CHMP/CVMP/QWP/536336/2010	QWP work programme for 2011	**adopted**
EMA/574767/2010	Reflection paper on the pharmaceutical development of intravenous medicinal products containing active substances solubilised in micellar systems (non-polymeric surfactants)	**adopted**

Safety Working Party (SWP)

Reference number	Document	Status [15]
EMA/CHMP/234921/2010	SWP work programme for 2011	**adopted**
CPMP/SWP/1042/99 Rev 1 corr	Guideline on Repeated Dose Toxicity • Overview of comments	**adopted**
EMA/CHMP/SWP/431994/2007 Revision 3	Questions & Answers on the Limits of Genotoxic Impurities	**adopted**

[15] Adopted or release for consultation documents can be found at the European Medicines Agency website (under "Document library-Public Consultations" or under "Regulatory-Human Medicines").