CMDh/257/2012, Rev.18
July 2017

# Q&A - Pharmacovigilance Legislation

Regulation (EU) No 1235/2010 and Directive 2010/84/EU

## Table of contents

### *1. a. As of 21 July 2012, new requirements for marketing authorisation applications have been introduced in Directive 2001/83/EC as amended, e.g. with regard to the requirement of Risk Management Plans (RMP) for all applications. The template for the RMP was published in November 2012. Is it possible to submit an MRP or repeat-use application to (new) CMS after 21 July 2012 without prior amendment of the existing RMP to the new format or prior inclusion of a new RMP (in case no RMP is included in the dossier yet) in the new format? (June 2013)*

No, when submitting an application for an MRP/RUP the dossier needs to contain an RMP. Before submitting the MRP/RUP application to the CMSs you need to submit the appropriate variation application to include an RMP in your dossier (see Q&A 2 on Pharmacovigilance Legislation and Regulation (EU) no 1235/2010 and Directive 2010/84/EU and Q&A 4.12 on Variations).

NB: In case the dossier already contains an RMP in accordance with GVP module V on risk management systems but still in the old format see Q&A 5 on Pharmacovigilance Legislation and Regulation (EU) no 1235/2010 and Directive 2010/84/EU.

### *1. b. On 30 March 2017, EMA published the second revision of the RMP template, which marketing authorisation holders and applicants can use for all RMP submission as of 31 March 2017. When will the use of this revised RMP become mandatory for all RMP submissions (via MRP/DCP)? (July 2017)*

Its use for all RMP submissions becomes mandatory as of 31 March 2018. Marketing authorisation holders and applicants may still use the first revision of the template:

- throughout the initial DCP, for marketing authorisation applications submitted until 30 September 2017 ;
- until 30 March 2018 for all other applications submitted via MRP (including applications for a new Marketing Authorisation via MRP/RUP).

### *2. How should I submit a new RMP or an updated RMP to update my dossier? (May 2017)*

An updated RMP should be submitted as:

- a type IAin variation under classification category C.I.11.a, in case the change concerns the implementation of wording agreed by the competent authority and the conditions included in the variation guideline have been met.
- a type II variation under classification category C.I.11.b, in case the change to the RMP has a significant impact on safety, for definitions see also "CMDh Recommendation on the Summary of the Pharmacovigilance system and risk management plan in the Mutual Recognition and decentralised procedures";
- a type IB variation under classification category C.I.11.z in all other cases.

A new RMP should be submitted as type II variation under classification category C.I.11.b.

In case the new or updated RMP is a consequence of other type II variations, e.g. extension of the indication, the RMP may be submitted as part of this variation application without the necessity of a separate variation category.

In case of type IB variation applications under category C.I.2.a for generic products to include an indication approved for the reference product for which a condition to the Marketing Authorisation (MA) is applicable to provide educational material, the update of the RMP can be submitted as part of this variation application without the necessity of a separate variation category.

In case no RMP is in place for the generic product, the MAH should submit as part of this type IB variation application, an updated module 1.8.2 to include both the key elements for the educational material as agreed for the reference product as well as a confirmation that educational material will be provided after approval by the respective national competent authority (NCA).

The same rules apply for the submission of new or updated core RMPs until further guidance will be published.

If several RMP updates need to be submitted independent from other variations, a single variation application can be submitted with scope "update RMP". All changes to the RMP need to be clearly marked in the submitted updated RMP and mentioned in the application form (under present and proposed).

## *3. Question 3 deleted in March 2017*

## *4. Question 4 deleted in December 2013*

## *5. Question 5 deleted in July 2017*

## *6. Should I submit a variation application to change the name of the MAH on the cover page of the RMP after the transfer of the MAH of a product?*

No, there is no need to submit a variation application after the transfer of a MAH to submit the RMP updated with the new name of the new MAH only.

## *7. Where can I find published information on the PRAC outcome on PSURs for CAPs or for mixed CAPs/NAPs? (January 2016)*

According to Articles 107 g (2) and (3) the EMA will publish information on the outcome of PSURs in the PRAC minutes and – in cases where the product information is changed – on the EPAR page for CAPs. The EC Decision on the PSURs will also be published in the Community Register, but also only in case there are changes to the product information (http://ec.europa.eu/health/documents/community-register/html/index_en.htm).

Independently of whether changes to the product information are needed or not, the outcome of PSURs for mixed CAPs/NAPs and NAPs only, will be published on the EMA website (no link can be provided at this stage). The publication will include the outcome of PSURs for mixed CAPs/NAPs or NAPs for which the evaluation is concluded **as of September 2014**.

Where amendments of the product information are required, a link to the Commission Decision will be provided.

Where there are changes in the product information covered in the PSUR assessment these will be directly applicable for CAPs without the need for a variation. This will not be the case for NAPs included

in the PSUSA procedure for mixed CAP and NAP products. In case a NAP requires an amendment of the product information, a variation according to the *Guidelines on the details of the various categories of variations, on the operation of the procedures laid down in Chapters II, IIa, III and IV of Commission Regulation (EC) No 1234/2008 of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products and on the documentation to be submitted pursuant to those procedures* has to be submitted within 10 days to the relevant NCAs after publication of the PSUR assessment in the EC Community Register. This will usually be a C.I.3 notification. In cases where the wording of the currently approved version of the product information has to be adapted to the EC Decision this will be a Type IB variation.

In cases where the product information changes affect a product that has not been included in the PSUSA assessment (e.g. a generic product) the variation should be submitted within 60 days of publication of the EC Decision.

## *8. How can I apply for the update of the product information after the outcome of a single PSUR procedure?*

*For nationally* authorised products a type IAIN variation C.I.3a) is envisaged. However, if the currently approved version of the product information has to be adapted according to the results of the single PSUR assessment when implemented, this should be submitted as a type IB variation under category C.I.3.z (see also Q/A 3.3 on variations, http://www.hma.eu/20.html).

In case the MAH submitted new data for assessment, the variation type to be submitted should be a type II.

## *9. How can I achieve identical RMPs in different procedures?*

*For different ongoing procedures:*

You should not attempt to achieve identical RMPs without informing the RMS/NCA.

If you have applied for products in the same substance class via different procedures, the need for separate RMPs should be discussed with the RMS/NCA and they may request a RMP that only includes the product in question for their procedure.

*For different already authorised products:*

Should you wish to achieve one identical RMP covering multiple different authorisations, it is recommended to submit a worksharing variation to update the RMP.

## *10. If the PSUSA conclusion should be extended to the other product(s) that were not within the scope of the PSUSA procedure such as different active substance or different combinations of active substances (i.e. in case of a class effect, a new drug-drug interaction or contraindication for concomitant use is added or conclusion on mono product/combination should also be extrapolated to the other combinations/mono products) what is the deadline for implementation and type of the variation to be submitted?*

In some PSUSA procedures it is scientifically justified and beneficial for the consistent safety information across products to extrapolate the outcome to the products **with different active substance or different combinations of active substances that were** not within the scope of the PSUSA procedure. The information about the applicability of the outcome to other products is included

in the "other considerations" section of the PSUR assessment report and as such is then communicated via CMDh Press release/CMDh Minutes - as needed (often with a specific text to be included in the product information). **The deadline for the implementation of the outcome for these products is the same as for the other affected products authorised in accordance with Articles 10(1), 10a, 14 or 16a of Directive 2001/83/EC not involved in the PSUSA procedure itself** (See No 28 EMA Q&As on PSURs), unless otherwise specified. As for the type of the variation to be submitted the same principles apply as for the products in scope of PSUSA (please see Question 8).