29 March 2019
EMA/CMDh/898971/2018

Report from the CMDh meeting held on 26-28 March 2019

Brexit preparedness

European Council adopts decision extending the period under 'Article 50'

Following the European Council meeting on 22 March 2019, the date for UK's withdrawal from the EU has been extended beyond 30 March 2019.

Under the European Council decision and as the withdrawal agreement has not been approved by the United Kingdom by 29 March 2019, the extension will be until 12 April 2019. The UK will indicate a way forward before 12 April 2019, for consideration by the European Council.

The decision makes clear that the UK remains a Member State for the duration of the extension, with all the rights and obligations set out in the treaties and under EU law.

All pharmaceutical companies in the EU are reminded to continue their preparedness for the UK's withdrawal.

Based on the European Council decision, the deadline of 29 March 2019 referred to in Brexit related guidance should be understood to be replaced by 12 April 2019 until further notice.

For more information, see:

- European Council decision taken in agreement with the United Kingdom, extending the period under Article 50(3)TEU
- European Commission: Brexit preparedness activities

Questions & answers on EU actions to prevent medicine shortages due to Brexit

The CMDh notes the publication by the EMA of a Q&A document for patients, healthcare professionals and the general public on the preparatory work that European Union authorities are doing to prevent medicine shortages due to the United Kingdom's withdrawal from the EU. The CMDh has been consulted in the drafting of the document and fully supports the content of the Q&As. A link to the document has been provided from the CMDh website under "Brexit".

Variations for change of the batch control site

The CMDh noted that MAHs have submitted type IB variations under category B.II.b.2.a for the change of batch control sites, when the method transfer is not yet completed (which is a condition that is not fulfilled for the corresponding type IA variation), to comply with EU legislation after Brexit. The CMDh

reminds MAHs that the submission of this change as a type IB variation (instead of type IA) due to the incomplete method transfer is not acceptable. This change can only be submitted when all conditions are fulfilled and can then be submitted as a type IA notification (category B.II.b.2.a). In the meantime, MAHs are made aware of the possibility to apply for an exemption to rely on quality control testing performed in the United Kingdom as communicated in the February 2019 CMDh press release and published in the CMDh practical guidance for procedures related to Brexit for medicinal products for human use approved via MRP/DCP (http://www.hma.eu/535.html).

Implementation of outcome of Art. 31 referral on angiotensin-II-receptor antagonists (sartans) containing a tetrazole group

Following the Art. 31 referral on angiotensin-II-receptor antagonists (sartans) containing a tetrazole group MAHs have to implement the following conditions at the time of the EC decision:

1. For all N-nitrosamines the MAHs must ensure a control strategy is in place in drug substance batches used for their drug products.
2. For NDMA and NDEA the MAH must introduce the transitional specification limits for the drug substance.

Within two years after the EC decision a limit for NDMA and NDEA of maximum 0.03 ppm should be implemented.

Furthermore, a risk assessment for the potential risk of formation of N-nitrosamines has to be performed.

The following procedure should be followed by the MAHs:

➔ **For existing marketing authorisations**

1. MAHs have to submit a type IAIN C.I.11.a variation to include the new conditions in the marketing authorisations within 10 days after publication of the Commission Decision.

2. To ensure a control strategy based on a risk assessment for all nitrosamines

MAHs have to request and review the risk assessment from the drug substance manufacturer

- ➔ In case the risk assessment results in no necessary changes in the manufacturing process and control of the manufacturing process, it is necessary to submit a variation type IAIN under category C.I.11.a in order to lift the condition.
- ➔ In case the risk assessment results require a change in the control strategy of the manufacturing process of the active substance or intermediates, a type IB variation application (B.I.a.4.f) should be filed by the MAH for drug substances based on an updated ASMF or full data presented in Module 3.2.S. CEP holders should file a variation application at EDQM. For drug substances based on a CEP, the updated CEP should be filed by the MAH via type IA (B.III.1) variation application.
- ➔ In case the risk assessment results require a change of the manufacturing process, a type II variation application (B.I.a.2.b) should be filed by the MAH for the drug substances based on an updated ASMF or full data presented in Module 3.2.S. CEP holders should file a variation application at EDQM. The updated CEP should be filed by the MAH via type IA (B.III.1) variation application.

3. To propose the addition of a testing parameter on NDMA and NDEA into the drug substance specification:

- ➔ Change in the drug substance specification with adaption of the sections 3.2.S.3.2 and 3.2.S.4.1.-5. CEP holders should file a variation application at EDQM. The updated CEP should be filed by the MAH via type IA (B.III.1) variation application and the amended specifications have to be introduced into the dossier by a type IB variation (B.I.b.1.h).
- ➔ Change in the drug substance specification with adaption of the sections 3.2.S.3.2 and 3.2.S.4.1.-5. A type IB variation application (B.I.b.1.h) should be filed by the MAH for drug substances based on an updated ASMF or full data presented in Module 3.2.S.
- ➔ For CEP / ASMF / Module 3.2.S the specification of the drug substance from the drug product manufacturer should be adapted with the following transitional limits:

Drug substance*	Max. daily dose (mg)	NDEA Limit in ng/day	NDEA Limit ppm in API	NDMA Limit in ng/day	NDMA Limit in ppm in API
Valsartan	**320**	**26.5**	**0.082**	**96.0**	**0.300**
Losartan	**150**	**26.5**	**0.177**	**96.0**	**0.640**
Olmesartan	**40**	**26.5**	**0.663**	**96.0**	**2.400**
Irbesartan	**300**	**26.5**	**0.088**	**96.0**	**0.320**
Candesartan	**32**	**26.5**	**0.820**	**96.0**	**3.000**

** These limits are not applicable for batches where more than one of the above N-nitrosamines has been identified simultaneously; such batches should be rejected*

4. Within two years after the Commission Decision the same process for submitting variations as described under step 3 should be performed for introducing the NDMA and NDEA limits of maximum 0.03 ppm unless this has already been introduced with step 3.

5. The conditions as mentioned in the Commission Decision will be implemented by the Member States into the marketing authorisations on the basis of variation as stated in paragraph 1. When the respective variation is submitted to the NCAs and approved, the underlying condition will be lifted automatically. However, companies have to clearly address in the cover letter as well as in the section scope and background in the application form that this variation is submitted in order to lift the respective condition in the MA.

In case that no variation will be submitted as e.g. in case the risk assessment resulted in no necessary changes, the MAH has to submit a variation type IAIN under category C.I.11.a in order to lift the condition. The MAHs should justify the lifting of the condition appropriately in the section on scope and background in the variation application form.

For currently ongoing marketing authorisation application procedures

1. To ensure a control strategy based on a risk assessment

- Before day 106

➔ Risk assessment should be addressed in the module 3 documentation during the current marketing authorisation procedure

- After day 106

➔ A condition is required that a risk assessment will be performed and the changes, if necessary, will be implemented as for already approved products (see above).

2. Proposal of addition of NDMA and NDEA into the drug substance specification

- Before day 106

➔ Addition of the testing parameter on determination of NDMA and NDEA with a limit of maximum 0.03 ppm. Section 3.2.S.4.1.-5. should be adapted accordingly.

- After day 106

➔ Addition of the testing parameter on determination of NDMA and NDEA with a limit of the respective transition period. Section 3.2.S.4.1.-5. should be adapted accordingly. If necessary, a condition stating that description and validation of the analytical method for determination of NDMA and NDEA will be presented by a variation procedure as soon as possible after the marketing authorisation.

CMDh positions following PSUSA procedures for nationally authorised products only

The CMDh, having considered the PSURs on the basis of the PRAC recommendations and the PRAC assessment reports, agreed by consensus on the variations of the marketing authorisations of medicinal products containing the following active substances:

- adapalene
- alprostadil (patency of the ductus arteriosus)
- atorvastatin / ezetimibe
- colchicine
- everolimus (indicated for rejection of transplanted organs)
- montelukast

Further information regarding the above mentioned PSUSA procedures, including information on the implementation, will be published on the EMA website.

Medicinal products containing atorvastatin

During the assessment of the PSUSA on atorvastatin/ezetimibe the PRAC considered that an update of the package leaflet to reflect urine discolouration should also be recommended for medicinal products containing atorvastatin as a single substance and in all other fixed-dose combinations containing atorvastatin. The respective MAHs should submit variations to update section 4 of their package leaflets, as follows:

(new text **underlined and in bold**):

Package Leaflet

4. Possible side effects

Like all medicines, <product name> can cause side effects, although not everybody gets them.

If you experience any of the following serious side effects, stop taking your tablets and tell your doctor immediately or go to the nearest hospital accident and emergency department.

[..]

- muscle weakness, tenderness, **red-brown discolouration of urine** or pain and particularly, if at the same time, you feel unwell or have a high temperature it may be caused by an abnormal muscle breakdown which can be life-threatening and lead to kidney problems

[..]

Valid for all atorvastatin containing medicinal products (including combination products)

Medicinal products containing colchicine

During the assessment of the PSUSA on colchicine the PRAC considered that the PRAC recommendation on the product information of colchicine mono-component products can be also extrapolated to other combinations products containing colchicine that are not subject to the PSUSA. Section 4.8 of the SmPC should be updated to add the adverse reaction "hepatotoxicity" with a frequency not known. The MAHs should submit variations to update section 4.8 of the SmPC and section 4 of the PL, as follows:

new text **underlined and in bold**, deleted text ~~strike through~~:

Summary of Product Characteristics

- Section 4.8

If present, the following adverse reaction should be deleted:

- ~~Hepatic damage~~

The following adverse reaction should be added under the SOC Hepatobiliary disorders with a frequency not known:

- **Hepatotoxicity**

Package Leaflet

- Section 4
- ***Liver damage***

Valid for all colchicine containing medicinal products (including combination products)

Outcome of PSUR Follow-up procedures (PSUFU)

Carbetocin - UK/H/PSUFU/000546/201706

The CMDh adopted the outcome of the PSUFU procedure for carbetocin.

Based on the review of data on safety and efficacy, the CMDh considers that the risk-benefit balance of medicinal products containing the active substance carbetocin remains unchanged and recommends

changes to section 4.8 of the SmPC of medicinal products containing the active substance carbetocin (and the relevant changes to the package leaflet) with regard to cardiac disorders.

The summary assessment report will be published on the CMDh website under "Pharmacovigilance, PSUR, Outcome of PSUFU procedures".

Levonorgestrel - DE/H/PSUFU/00001856/201712/I+II

The CMDh adopted the outcome of two PSUFU procedures for levonorgestrel.

Based on the review of data submitted, the CMDh considers that an RMP update (or RMP for the products for which no current RMP is in place) should be submitted for all levonorgestrel-containing IUDs, within 6 months of finalisation of this PSUFU procedure to reflect the following changes/requirements in relation to additional risk minimisation measures for the following safety concerns: important identified risk of ectopic pregnancy and important potential risk of medication errors. A healthcare professional brochure should be implemented for all levonorgestrel-containing IUDs. A patient reminder card to be delivered with every package should be developed and implemented for all levonorgestrel-containing IUDs. Alternatively, if other measures are already in place at the national level to capture and convey this information to the patients, the requirement to implement the patient reminder card can be waived following agreement with the respective national competent authority.

Updated key elements for the healthcare professional brochure and the patient reminder card will be published in the summary assessment report.

Furthermore, concerning the risk of expulsion of the IUD in obese women, it was considered reasonable to await the assessment of the final data from the post-marketing APEX IUD study (APEX IUD: Study on the Association of Uterine Perforation and Intrauterine Device (IUD) Expulsion With Breastfeeding Status at the Time of IUD Insertion and Postpartum Timing of IUD Insertion in Electronic Medical Record Databases - A Postmarketing Requirement for Mirena) required by FDA, for which the final report is due in December 2019. In this regard, the MAH Bayer was requested to provide a written commitment to submit as part of a type II work-sharing variation the final report of the APEX IUD study and to discuss the need for an update of the product information in relation to any risk factors which could be associated with an increased risk of expulsion of the IUD.

The summary assessment reports will be published on the CMDh website under "Pharmacovigilance, PSUR, Outcome of PSUFU procedures".

Tramadol - UK/H/PSUFU/00003002/201705

The CMDh adopted the outcome of the PSUFU procedure for tramadol.

Based on the review of data submitted, the CMDh considers that the MAH(s) provided satisfactory responses and no changes to the product information or risk management plan with regard to anorgasmia are warranted.

The summary assessment report will be published on the CMDh website under "Pharmacovigilance, PSUR, Outcome of PSUFU procedures".

Follow-up on PSUSA - nitrous oxide, nitrous oxide / oxygen PSUSA/00010572/201706

Following the adoption of the CMDh position on the PSUSA on nitrous oxide, nitrous oxide / oxygen (PSUSA/00010572/201706) in February 2018, it was noted during the implementation that no wording for the implementation of the relevant text in the package leaflet was initially provided. The CMDh agreed that the following text should be implemented in the relevant sections of the package leaflet, unless a similar wording has already been implemented (new text **underlined and in bold**):

2. What you need to know before you use [Product name]

Warnings and precautions:

Talk to your doctor or nurse before you are given [Product name] if you

have or have had drug/medication abuse because there is a higher risk of developing dependence to nitrous oxide if you take it repeatedly. Your doctor will decide whether treatment with [Product name] is possible in your case.

Repeated or long-term use of nitrous oxide may increase the risk of vitamin B12 deficiency which may lead to damage of the bone marrow or the nervous system. Your doctor may initiate blood tests before and after the treatment in order to assess the consequences of the possible vitamin B12 deficiency.

4. Possible side effects

Frequency unknown (frequency cannot be estimated from the available data)

- **Addiction**
- **Effects on nerve function, sensations of numbness and weakness, usually in the legs**

Section for healthcare professionals at the end of the leaflet:
Repeated administration or exposure to nitrous oxide may lead to addiction. Caution should be excercised in healthcare professionals with occupational exposure to nitrous oxide.

Annual update of human influenza vaccines for season 2019/2020

Following the report of the CHMP BWP ad hoc Influenza Working Group, the CMDh agreed that the EU recommendation of the CHMP BWP ad hoc Influenza Working Group including the data requirements/ format for submission of the annual strain update is applicable also for MRP/DCP and purely nationally authorised seasonal influenza vaccines. The EU recommendation of the CHMP BWP ad hoc Influenza Working Group has been published on the EMA website (https://www.ema.europa.eu/en/news/eu-recommendations-20192020-seasonal-flu-vaccine-composition).

NCAs and MAHs are requested to follow the labelling examples (strain descriptions) given in Annex III of the CMDh Best Practice Guide on variations, Chapter 9 on fast track procedure for the annual update of human influenza vaccines, that is equivalent to the labelling guidance for centrally-approved influenza vaccines according to the Guideline on influenza vaccines – submission and procedural requirements.

Template for End of Procedure

The CMDh agreed an update of the template for the End of Procedure. A tick box has been added to inform CMSs that an orphan designation for a condition relating to an indication in the application exists.

The updated template will be published on the CMDh website under "Templates, Assessment Reports, DCP".

Update of CMDh Procedural advice on validation of MR/Repeat-use/DC procedures and CMDh working document on information to be submitted by the Member State of the European Reference Medicinal Product (ERP)

The CMDh has agreed an update of the CMDh Procedural advice on validation of MR/Repeat-use/DC procedures and CMDh working document on information to be submitted by the MS of the ERP to clarify the process of requesting and providing information on the ERP, in case the ERP is not authorised in the RMS. The aim is to optimise the validation period.

The updated documents will be published on the CMDh website under "Procedural guidance, Application for MA" and "Procedural guidance, Generics", respectively.

CMDh/EMA Working Party on Paediatric Regulation

The CMDh agreed wave 41 of the worksharing for the assessment of paediatric studies submitted in accordance with Article 45 of the Paediatric Regulation. The following active substance(s) will be included in wave 41:

- droperidole (NO)
- Hiberix (Haemophilus influenzae type b, conjugate with tetanus protein) (PT)
- Act-Hib (Haemophilus influenzae type b, conjugate with tetanus protein) (PT)

Marketing Authorisation Holders will be requested to submit the paediatric studies to the appointed Rapporteur within one month of the request (i.e. by mid of May 2019).

EU Work-sharing Articles 45 & 46 of the Paediatric Regulation – Public Assessment Reports

The CMDh has agreed on public assessment reports for paediatric studies submitted in accordance with Article 45 of the Paediatric Regulation for:

- quinine & quinidine, cinchonine and cinchonidine
- Tetravac/Tetraxim (diphtheria, tetanus, pertussis (acellular, component) and poliomyelitis vaccine (inactivated) adsorbed)
- Pentavac/Pentaxim (diphtheria, tetanus, pertussis (acellular, component), poliomyelitis (inactivated) and Haemophilus influenzae type b conjugated vaccine (adsorbed))
- Imovax Polio (inactivated poliovirus vaccine)
- disopyramide

which may include recommendations for the text to be included in SmPCs and package leaflets.

Marketing Authorisation Holders of medicinal products with same active substance and pharmaceutical form are requested to include this information in their SmPCs and package leaflets within 90 days of publication of the public assessment reports, in accordance with the Best Practice Guide on Article 45 and 46 - EU work-sharing procedure.

The CMDh has also agreed on public assessment reports for paediatric studies submitted in accordance with Article 46 of the Paediatric Regulation for:

- OctaplasLG (ABO-blood group specific human plasma proteins)
- Tetravac/Tetraxim (diphtheria, tetanus, pertussis (acellular, component) and poliomyelitis vaccine (inactivated) adsorbed)
- Pentavac/Pentaxim (diphtheria, tetanus, pertussis (acellular, component), poliomyelitis (inactivated) and Haemophilus influenzae type b conjugated vaccine (adsorbed))

The public assessment reports will be published on the CMDh website under "Paediatric Regulation, Assessment reports".

Joint CMDh/CMDv Working Party on Variation Regulation

The CMDh and CMDv agreed an update of the mandate of the Joint CMDh/CMDv Working Party on Variation Regulation. In the updated document the rules on the election of the Chair and Vice-Chair and the organisation of the meetings between CMDh and CMDv have been clarified.

The updated document will be published on the CMDh website under "Working Parties/Working Groups, Working Party on Variation Regulation".

Summary of CMDh activities in 2018

The CMDh has agreed to publish on the website, for transparency reasons, a summary of the main activities carried out by the CMDh and its working groups/working parties in 2018. A list of new and revised CMDh documents published by the CMDh in 2018 is included as an Annex to the document. The document will be published on the CMDh website under "About CMDh, CMDh reports".

MRP/DCP statistics in 2018

Statistics regarding new applications in MRP and DCP in 2018 according to the 5-levels of classification of the MRP/DCP Communication Tracking System database will be published on the CMDh website.

The statistics will also include information on variation worksharing procedures, referrals to the CMDh and rapporteurships in paediatric worksharing procedures according to Art. 45 and 46 of the Paediatric Regulation.

NEW APPLICATIONS

Mutual Recognition Procedure

The CMDh noted that 35 Mutual Recognition Procedures were finalised during February 2019 and **no** Mutual Recognition Procedure was referred to CMDh in this period. **No** Mutual Recognition Procedure was referred to CHMP in this period.

Table 1. The status as of 28 February 2019 of procedures under Mutual Recognition

Year	New applications finalised[1]	Referred to CMDh	Agreement reached in the CMDh For procedures referred in		Withdrawn during CMDh referral For procedures referred in		Applications referred to CHMP For procedures referred to CMDh in	
			2018	2019	2018	2019	2018	2019
2019	60	1	0	0	0	0	0	0

24 Mutual Recognition Procedures (regarding **46** products) started in February 2019. The categories of these procedures are as follows:

- **16** abridged applications (including **9** repeat use and **1** multiple procedures);

- **8** known active substance applications (including **5** repeat use procedures);

The Mutual Recognition Procedures started in February 2019 related to the following applications: **4** full dossiers, **15** generic, **1** well-established use, **2** hybrid, **1** fixed combination and **1** herbal traditional use applications.

21 of these procedures consisted of chemical substances, **2** biological (other) **1** herbal substance;

23 of these procedures related to prescription-only medicinal products and **1** procedure related to non-prescription medicinal products in the reference Member State[2].

Table 2. New applications in Mutual Recognition procedure started in February 2019

Member State	Number of times involved in a procedure as RMS	Number of times involved in a procedure as CMS
Austria		4
Belgium	1	3
Bulgaria		
Croatia		1
Cyprus		1
Czech Republic		3
Denmark	5	2
Estonia		
Finland		
France		3
Germany	1	1
Greece		1
Hungary	1	2
Iceland		3
Ireland	1	
Italy		3
Latvia		1

[1] Due to late database updates cumulative yearly figure differs from the monthly figures. Cumulative yearly figure includes late database updates on finalised procedures not captured in the monthly figures published in press releases. The applications referred to CHMP are included in the 'new applications finalised.'
[2] In this category products are classified as prescription-only or Non-prescription (OTC) products as applied for in the RMS, although the legal status is not part of the Decentralised Procedure.

Member State	Number of times involved in a procedure as RMS	Number of times involved in a procedure as CMS
Liechtenstein		
Lithuania		
Luxembourg		3
Malta		2
Netherlands	8	2
Norway		2
Poland	1	3
Portugal		4
Romania		1
Slovak Republic		3
Slovenia		2
Spain		3
Sweden	1	2
United Kingdom	5	

Decentralised Procedure

The CMDh noted that **107** Decentralised procedures with positive outcome and 2 procedures with negative outcome were finalised during February 2019. 8 Decentralised procedures were withdrawn after day 120 in this period. **No** Decentralised Procedure was referred to the CMDh in this period. **No** Decentralised Procedure was referred to the CHMP in this period.

Table 3. The status as of 28 February 2019 of procedures under Decentralised Procedure

Year	New applications finalised[3]	New applications Withdrawn[3] (After day 120)	Referred to CMDh	Agreement reached in the CMDh For procedures referred in		Withdrawn during CMDh referral For procedures referred in		Applications referred to CHMP For procedures referred to CMDh in	
				2018	2019	2018	2019	2018	2019
2019	235	16	1	0	0	0	0	0	0

83 Decentralised Procedures (regarding **167** products) started in February 2019. The categories of these procedures are as follows:

- **54** abridged applications (including **3** multiple applications);
- **27** known active substance applications (including **4** multiple applications);
- **2** extension applications;

The new Decentralised Procedures started in February 2019 related to the following applications: **3** full dossier, **48** generic, **13** well-established use, **16** hybrid, **2** fixed combination and **1** herbal traditional use.

[3] Due to late database updates cumulative yearly figure differs from the monthly figures. Cumulative yearly figure includes late database updates on finalised procedures not captured in the monthly figures published in press releases. The applications referred to CHMP are included in the 'new applications finalised.

82 of these procedures consisted of chemical substances, **1** herbal.

72 of these procedures related to prescription-only medicinal products and **11** procedures related to non-prescription medicinal products in the reference Member State[4].

Table 4. New applications in Decentralised procedure started in February 2019

Member State	Number of times involved in a procedure as RMS	Number of times involved in a procedure as CMS
Austria	8	16
Belgium		15
Bulgaria		10
Croatia		9
Cyprus		4
Czech Republic	5	9
Denmark	5	16
Estonia		6
Finland	2	14
France	1	20
Germany	10	36
Greece		5
Hungary		10
Iceland		8
Ireland	1	8
Italy		28
Latvia	3	6
Liechtenstein		
Lithuania		7
Luxembourg		17
Malta		1
Netherlands	25	11
Norway	3	12
Poland	1	23
Portugal	2	20
Romania		18
Slovak Republic		10
Slovenia		8
Spain	2	25
Sweden	12	16
United Kingdom	3	17

[4] In this category products are classified as prescription-only or Non-prescription (OTC) products as applied for in the RMS, although the legal status is not part of the Decentralised Procedure.

VARIATIONS AND RENEWALS

Mutual Recognition and Decentralised Procedures

The CMDh noted that **689** type IA variations, **505** type IB variations, **86** type II variations and **61** renewals were finalised during February 2019. **No** Type II variations, variations worksharing, or renewal procedures were referred to the CMDh in this period. **No** variation worksharing procedure was referred to the CHMP in this period.

Table 5. The status as of 28 February 2019 of variations and renewals under Mutual Recognition[3]

Year	Type IA variations finalised	Type IB variations finalised	Type II variations finalised	Variation work-sharing[5] finalised	Renewals finalised
2019	1376	1021	157	59	125

2019	Referred to CMDh	Agreement reached in the CMDh (For procedures referred in)		Withdrawn during CMDh referral	Applications referred to CHMP (For procedures referred to CMDh in)	
		2018	2019		2018	2019
Type II	0	0	0	0	0	0
Worksharing	0	0	0	0	0	0
Renewal	0	0	0	0	0	0

Information on the above mentioned issues can be obtained:

Chair of the CMDh
Ms Laura Oliveira Santamaria
Agencia Española del Medicamento y Productos Sanitarios
Parque Empresarial Las Mercedes Edificio 8
C/Campezo 1
ES-28022 MADRID

Phone: + 34 91 8225142
E-mail: loliveira@aemps.es

CMDh Secretariat

E-mail: H-CMDhSecretariat@ema.europa.eu

Or you could visit the CMDh website at: *http://www.hma.eu/cmdh.html*

[5] Finalised work sharing do not include work sharing involving centrally approved products coordinated by EMA