Better regulation of veterinary pharmaceuticals: how to put in place a simpler legal framework, safeguarding public and animal health while increasing the competitiveness of companies

1. ABOUT THE CONSULTATION

1.1. What is the purpose of this consultation?

In the context of co-decision procedure concerning the proposal for a Regulation on residue limits of pharmaceutical products in foodstuffs the Commission made the following declaration:

"The Commission is aware of concerns expressed by citizens, veterinarians, Member States and the animal health industry as regards the directive laying down the rules for the authorization of veterinary medicinal products, in particular the importance of addressing existing problems linked to the availability of veterinary medicinal products and the use of medicinal products in species for which they are not authorized and any disproportionate regulatory burden hampering innovation, whilst ensuring a high level of consumer safety with respect to food or animal origin. The Commission points out that those positive steps are being taken in this direction such as the simplification of the rules on variations of veterinary medicinal products and this review of the legislation on maximum residue limits in food. In addition, in order to address the objectives of consumer safety and animal health protection, competitiveness of the veterinary industry including SMEs and reduction of administrative burden, the Commission will present in 2010 an assessment of the problems in the application of the veterinary medicinal products directive with a view to making, where appropriate, legal proposals.

By means of this public consultation, the Directorate General for Health and Consumers (DG Health and Consumers) intends to consult all stakeholders on their views on the strengths and weaknesses of the current legal framework for veterinary medicinal products and how it could be improved. Your comments will help DG Health and Consumers to draft the impact assessment on a revision of the veterinary legal framework and, where appropriate, to draft proposals to change the legal framework. It is emphasised that the public consultation relates to the current legal framework for veterinary medicinal products. Therefore the scope of the public consultation includes Directive 2001/82/EC, Regulation (EC) No 726/2004 and all other legislation directly relating to veterinary medicines. Veterinary medicines cover also biologicals, for example vaccines.

It is important that any contribution should be supported, where possible, by detailed evidence. In particular, we would like to receive as many quantitative data, studies and evaluations as possible which will allow us to better describe the current situation and to analyse the impact of potential changes. However, if you have only descriptive information this can still be very useful to us.

It needs to be emphasised that the purpose of this consultation paper is not to outline detailed legal amendments. The paper provides a basis for discussion on key issues and key items where a need and/or possible amendments of the legal framework have already been identified by stakeholders (see sections 3 and 4). However, stakeholders are asked to comment on all issues related to the current legal framework for veterinary medicinal products, and to submit any general or detailed comment or proposal to change the legal framework. We would especially like to specially invite contributions from stakeholders on the key issues set out in this consultation paper.

The consultation paper is structured as follows:
• Section 1 relates to the consultation (explaining how and by when to submit consultation responses and the next steps).
• Section 2 provides a brief guide to the legal framework for veterinary medicinal products, as well as a summary of strengths and weaknesses of the current framework as pointed out by stakeholders.
• Section 3 sets out the main objectives and options for a review of the legal framework in relation to the Commission’s declaration.
• Section 4 presents the key issues where possible amendments of the legal framework have been already identified by stakeholders.
• Section 5 relates to the general information as requested of submitting parties.

Through this public consultation, DG Health and Consumers is committed to ensure that all stakeholders can make their views known on this important issue.

This document does not represent an official position of the European Commission. Based on the results of the public consultation, among others, DG Health and Consumers will prepare a report of the impact assessment on a revision of the veterinary legal framework.

1.2. Who is consulted?

Contributions are invited from all stakeholders and interested parties dealing with medicines for veterinary use. Stakeholders who are not established within the European Union are likewise invited to comment. Comments from Small and Medium-sized Enterprises (SMEs) involved in the pharmaceutical sector are especially welcomed.

1.3. How can I contribute?

Submitting parties should indicate whether they are a citizen (name, telephone number, email address, Member State / country), non-business organisation, business organisation, enterprise or a public authority. In the case of a business organisation or enterprise, please indicate the type of stakeholder (farmer, veterinarian, manufacturer, wholesaler, pharmaceutical industry, importer, researcher, other) and which countries your enterprise or organisation covers. In the case of business organisation or enterprise, please indicate the yearly turnover and number of employees in order to determine whether your business organisation or enterprise falls within the Community definition of a small and medium-sized enterprise (i.e., <50m EUR yearly turnover and, cumulatively, <250 employees).
An acknowledgement of receipt will be issued for each contribution received, within five working days.
Contributions will be made publicly available on the ‘Pharmaceuticals’ website of the Commission2 once the consultation period is over. If you do not wish your contribution to be made public, please indicate this clearly and specifically in your submission. In this case, only an indication of the contributor will be disclosed.
Professional organisations are invited to register in the Commission’s Register for Interest Representatives (http://ec.europa.eu/transparency/regrin/) set up as part of the European Transparency Initiative in order to provide the Commission and the public at large with information about the objectives, funding and structures of interest representatives.

1.4. What will happen next?

All contributions will be carefully analysed. A summary of the outcome of the consultation will be published on the ‘Pharmaceuticals’ website of the European Commission and also sent directly to all contributors. The results of the consultation will be utilised for the impact assessment report on a revision of the legal framework for veterinary medicinal products.
For regularly updated information on the next steps of the impact assessment exercise, please consult the webpage of SANCO Pharmaceuticals.
2 LEGAL FRAMEWORK FOR VETERINARY MEDICINAL PRODUCTS: A BRIEF DESCRIPTION AND THE PERCEIVED STRENGTHS AND WEAKNESSES

2.1 Context

Within the European Union veterinary medicinal products are regulated by legislation throughout their entire lifetime on the basis of scientific expertise. The primary objective of this legislation is to protect public and animal health on the basis of scientific evaluation. A secondary objective is the completion of the internal market for pharmaceutical products. In order to ensure the quality, safety and efficacy of medicines, a veterinary medicinal product may only be placed on the market in the Community when a marketing authorisation has been issued. Throughout the lifetime of veterinary medicinal products, animal health companies are subject to harmonised pharmacovigilance requirements to monitor adverse reactions to a medicine and/or new side effects. The legal framework provides a special, simplified registration procedure for homeopathic medicinal products. This procedure takes into account the particular characteristics of homeopathic products, such as the very low level of active substances they contain and the difficulty of applying to them the conventional statistical methods. Comments are welcome on this specific procedure for homeopathic products.

For almost 20 years, veterinary medicinal products in the EU were regulated under Directive 81/851/EEC and Directive 81/852/EEC. In 1990, Regulation (EC) No 2377/1990 entered into force, introducing the concept of maximum residue limits. The Directive 81/851/EEC and Directive 81/852/EEC were supplemented in 1993 by Regulation (EEC) No 2309/93, which established the European Medicines Evaluation Agency (EMEA) and the centralised Community procedure for both human and veterinary medicines. The Directive 81/851/EEC and Directive 81/852/EEC were merged in the Community code of Directive 2001/82/EC which provided the legal environment for the authorisation, manufacturing, marketing, distribution and use of veterinary medicinal products. A major revision of this framework was carried out in 2004 by Regulation (EC) No 726/2004 and Directive 2004/28/EC. Subsequently, parts of the legal environment were further amended: this included the data to be submitted in order to obtain marketing authorisation for a veterinary medicinal product and the procedure for amendments in relation to authorised products. The Commission also decided to assist small and medium-sized enterprises in promoting innovation and the development of new veterinary products. A last major revision was introduced in 2009 by Regulation (EC) No 470/2009 replacing Regulation (EC) No 2377/1990 on maximum residue limits. This new regulation was developed with a view to increasing the availability of veterinary medical products.

The EU regulatory legal frameworks for veterinary and human medicines have developed in parallel over the years and have much in common. This provides a number of advantages in terms of ease of understanding and adoption, interpretation and case-law. However, the nature or the needs of the veterinary context may require a different approach to be adopted than for human medicines. For example, for veterinary medicines administered to food producing animals the regulatory environment must ensure that residues of veterinary medicines do not pose a risk to consumers.

The spread of antimicrobial resistance is a major threat to both public health and animal health. This issue is currently being debated at various levels. Any result that has relevance for this review should be introduced in the process for implementing the Commission’s declaration. In the public consultation this horizontal issue is included as part of several key issues.

2.2 General strengths and weaknesses of the legal framework as perceived by stakeholders

The regulatory framework is considered to have helped to enhance the quality, efficacy and safety of the medicines to animals, consumers of foodstuffs, users of medicines and the environment. It has also played an essential role in establishing consumer confidence in veterinary pharmaceutical products and making progress towards a single market for veterinary medicines.
However, the framework is perceived by stakeholders to have become complex with its mixture of
centralised, decentralised and national authorisations procedures and responsibilities plus the
consequent increase in the time, cost and uncertainty of developing new veterinary medicinal
products. Companies indicate that they spend considerable sums of money to keep existing
products on the market and continue to raise concerns over unnecessary regulatory burdens, e.g.
those which are caused by requirements and conditions in the legal framework that are seen as
unnecessary or - while a harmonised regulatory environment exists for the authorisation and
placing on the market of veterinary medicinal products - divergences in the implementation of
Community legislation by Member States.
Companies also point out that there are not enough incentives in place for extending the scope of
existing medicinal products on the market and also for developing new products. The general view
is that the regulatory framework has not delivered the positive impact on the availability of
authorised veterinary medicinal products where possible and as required. The problem is
particularly striking where the market is small and the expected return on investment for
companies is low. First, small markets exist for those disease conditions which are rarely
encountered. Second, small markets exist for those species where the number of animals, birds,
fish or insects (bees) is comparatively small and insufficient in the EU or in specific geographical
areas to justify the costs for the development and authorisation of veterinarian medicines. Other
terms often used to describe these small markets are “minor species” and “minor uses”. For some
specific animal species and diseases the possibilities of treatment with authorised medicines are
limited. This poses significant problems for animal owners, farmers, producers of aquatic food and
veterinarians. For producers of foodstuffs, the risks of the production process increase.
Veterinarians are faced with situations where there is no authorised veterinary medicine available
and they may consider resorting to off-label use of medicines in order to treat the disease. The
shortage of authorised medicines may also have implications for public health either through the
inability to control zoonotic diseases in animals, through the off-label use of veterinary medicines
or the use of illegal substances with the attendant risks of exposing consumers to potentially
harmful drug residues in foodstuffs.
Another issue is the incorrect functioning of the internal market. For most of the authorised
veterinary medicinal products marketing authorisations seem to have been granted by national
authorities, and the existing mechanism for recognizing the assessment of veterinary medicinal
products by other Member States (mutual recognition procedure) has been only partially
successful. Delays are identified by stakeholders in the assessment process due to shortcoming and
backlogs in national approval systems and discrepancies are perceived with regard to the national
implementation of the EU regulatory framework in the individual Member States. Therefore,
despite the review of the legislation in 2004 and other initiatives undertaken, in practice a
genuine single market for veterinary medicinal products does not seems to be a reality. Lastly,
stakeholders raised concerns that the particular characteristics of the veterinary sector are not
sufficiently integrated in the framework and that it does not contain enough incentives to
stimulate innovation, in particular incentives to stimulate the development of new veterinary
medicinal products.
3 SCOPE, MAIN OBJECTIVES AND OPTIONS OF A REVISION OF THE LEGAL FRAMEWORK FOR VETERINARY MEDICINAL PRODUCTS

The Commission’s declaration (see paragraph 1.1) states that an assessment has to be provided of the problems in the application of the veterinary medicinal products directive. The scope of this public consultation and the review will be the regulatory framework (the veterinary directive and all other relevant regulatory documents) concerning veterinary medicinal products. This will enable the Commission with the possibility to receive the information and to make, where appropriate, legal proposals for addressing the concerns expressed by citizens, non-governmental organizations, veterinarians, enterprises active in the food chain, Member States, the animal health industry and other interested parties in relation to the legal framework for veterinary medicinal products.

The objectives of the review of the legal framework are, without compromising public and animal health, as follows: (1) to increase the availability of veterinary medicinal products, (2) to decrease administrative burden and (3) to improve the functioning of the internal market for veterinary medicinal products. The policy options are structured into three demarcation fields: specific features of the veterinary sector, administrative burden and single market (see table 1). It should be noted that a combination of various options will be probably required in order to adequately address the weaknesses and problems of the current legal framework (see paragraph 2.2).

Table 1. Policy options

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<td>1.2. Streamlining and harmonising off-label use</td>
<td>2.2 Rationalisation and simplification of requirements and conditions in the production, marketing and use of veterinary medicines</td>
<td>2.3 To align national requirements and conditions and administrative provisions, while allowing national/regional flexibility in duly justified cases</td>
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<td>1.3 Better prepared for new needs</td>
<td>3.2 Revising the system for new market authorisations</td>
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<td>1.4 Broaden list of animal species for which specific conditions apply concerning the authorisation of veterinary medicinal products</td>
<td>3.2.1 Each competent authority decides for the whole EU-territory: each authorisation of a veterinary medicine, regardless of the procedure and the competent authority that issues it, will be valid throughout the EU</td>
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<td>1.5 Better incentives for the veterinary pharmaceutical industry to develop veterinary medicines for small</td>
<td>3.2.2 Centralised authorisation: one competent authority will have the competence to issue authorisations for all types of veterinary medicinal products valid throughout the EU</td>
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<td>3.2.3 Voluntary automatic recognition: Some Member States can decide to automatically recognise decisions of competent authorities in other Member States</td>
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<td>3.2.4 Best use of current procedures</td>
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<td>2.5 Better use of modern information technology</td>
<td>3.3 Free movement of existing, authorised products in the EU</td>
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<td>1.6 Intellectual property tailored to veterinary sector</td>
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<td>1.7 Assistance to undertakings that will apply for market authorisation and produce veterinary products for small markets</td>
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On the basis of these objectives and options DG Health and Consumers is preparing an assessment of the possible impacts. This includes an analysis of the likely impacts of the main options and an examination of possible synergies and trade-offs. The results of the public consultation, as indicated earlier, will be carefully considered and included in the report of the impact assessment.
4 KEY ISSUES TO BE DISCUSSED

It is important to emphasise the difference between key issues and the three demarcation fields as included in Part Three of this public consultation. The demarcation fields are used to structure the policy options. The key issues in this fourth part of the public consultation are subjects on which the Commission specifically invites interested parties to provide a contribution and which may fall within the scope of one or more policy options as included in Table 1. Therefore, the information provided in the contribution could be applied for more than one policy option.

2. See SANCO pharmaceuticals website
10. Council Conclusions on Antimicrobial Resistance (AMR) adopted during the 2867th Employment, Social Policy, Health and Consumer Affairs Council meeting on 10 June 2008 at the EU-US summit of 3 November 2009 was agreed to establish an EU-US transatlantic taskforce on urgent antimicrobial resistance issues focused on appropriate therapeutic use of antimicrobial drugs in the medicinal and veterinary communities, prevention of both healthcare- and community-associated drug-resistant infections, and strategies for improving the pipeline of new antimicrobial drugs, which could be better addressed by intensified cooperation between us. Joint opinion on antimicrobial resistance (AMR) focused on zoonotic infections (ECDC, EFSA, EMEA, SCENIHR) 2009
Analysis of the baseline survey on the prevalence of methicillin resistant Staphylococcus aureus (MRSA) in holdings with breeding pigs, in the EU, 2008. (EFSA) 2009
Staff working paper of the services of the Commission a on antimicrobial resistance (18 November 2009)
Assessment of the Public Health significance of methicillin resistant Staphylococcus aureus (MRSA) in animals and foods (EFSA) 2009
Reflection paper on MRSA in food producing and companion animals in the EU (EMEA) 2009
Revised reflection paper on the use of 3rd and 4th generation cephalosporins in food-producing
animals in the EU (EMEA) 2009
The opinion of the EFSA BIOHAZ Panel on food-borne antimicrobial resistance as a biological hazard (EFSA) 2008
Public Statement on the use of (fluoro)quinolones in food-producing animals in the EU: Development of resistance and impact on human and animal health (EMEA) 2007

4.1 Key issue N° 1: Data exclusivity

4.1.1 The issue

Regulatory authorities require pharmaceutical companies to submit extensive data establishing the safety, quality and efficacy of a new drug before they approve it for sale. These data are the result of many years of research and clinical trials and are expensive to produce. In the current legal framework an applicant shall not be required to provide the results of a safety and residue test or of the pre-clinical and clinical trials if it can be demonstrated that the medicinal product is a generic of a reference medicinal product. Therefore, a generic company can rely on the data of a reference medicinal product (original product) for the marketing authorisation. However, tests assessing the potential risks posed by medicinal product for the environment also have to be provided by the generic applicant.

When a company has a medicine containing an active substance that is authorised, any additional species, pharmaceutical form or different route of administration subsequently authorised for that company for a product containing that active substance belongs to the same global marketing authorisation. The period of exclusivity (including the extension of this period to another food-producing species) begins with the first authorisation. Thus, the period of exclusivity for any additional investment is directly linked to the granting of the initial authorisation. Currently the term of exclusivity is ten years (13 years in the case of medicinal products for fish or bees). The ten-year period is extended by one year for each extension of the marketing authorisation to another food-producing species (with a maximum of 13 years). This extension to another food-producing species has to take place within the five years following the granting of the initial marketing authorisation. As indicated above, the term of exclusivity is currently 13 years in the case of medicinal products for fish or bees. For other minor food-producing species it was expected that veterinary medicinal products would be derived from existing medicinal products for major food-producing species, and consequently an additional year of exclusivity was included in the legal framework.

Data exclusivity as provided by pharmaceutical legislation is one way to reward successful product research and development. In general the patent system is regarded the primary mechanism to reward and protect innovation, and the pharmaceutical sector relies heavily on patents to protect inventions. Stakeholders point out that the current framework of data exclusivity does not provide sufficient incentives for innovation in the animal health sector. In particular it has been pointed out that the current additional period of data exclusivity for each extension of the authorisation to another food-producing species does not provide a sufficient return on investment. Although the investment in an additional species may be smaller than for the first species, the commercial target market of the additional species will also be smaller and thus it would take longer to obtain a return on investment.

National marketing authorisations of veterinary medicinal products with the same active pharmaceutical ingredient have often different terms in Member States. Companies can choose which reference products to depend on. This implies that the Summary of Product Characteristics (SPC) for a generic product being marketed in Member States may differ significantly from the originator product already authorised in a given Member State.

4.1.2 Consequences

Data exclusivity prevents originator companies from having to face competition from generics during the period of exclusivity and gives an opportunity to benefit financially from the innovation. This provides an incentive for innovation, for example to develop products for small markets. Generic medicines contain well-known substances. Therefore applicants can depend for the marketing authorisation partially on existing data and there is no need to repeat (animal) testing and trials. It could be argued that competition of generics should be promoted for the interest of the users of medicines in obtaining low price medicinal products. On the other hand data exclusivity provides companies an incentive for innovation. The issue is to balance the goal of improving access to low-cost veterinary medicinal products while preserving sufficient incentives needed for innovation. An exclusivity period that is too long might involve unnecessary
high costs for medicines, while too short a period might involve an inappropriate incentive for innovation and consequently lead to less development of new medicines. For older reference products the existing data may not be fulfilling the expectations of recent evaluation standards. This means that Member States may have to authorise a generic product on another basis than the current original one. This situation could result in harmonisation across Member States of the SPC of the generic but also in disharmony within a given Member State between the generic SPC and the SPC of the original product. Some interested parties consider that this situation may create a risk that veterinary products not being used appropriately and, consequently, it may have an impact on animal or public health. It must be emphasised, however, that the reference veterinary medicinal products have been assessed in the past and were found to be safe and efficacious at the time.

4.1.3 Options to address this issue

Exclusivity conditions could be adjusted to provide the appropriate incentives. This could be done across the board in order to provide a better incentive for innovation or specifically for small markets. Longer periods of exclusivity could be provided in the case of markets for which there is no reasonable expectation of the pharmaceutical companies recovering research and development costs.

Tests assessing the potential risks posed by medicinal products for the environment must also be provided by the generic applicant. Potential environmental risks posed by medicinal products mostly apply to a range of authorised products. Therefore it could be efficient to generate these data as part of a non-individual approach and the use of a monograph\(^\text{15}\) system could be evaluated. Another option could be to no longer differentiate between the tests for environmental risks and other data. This would imply that for all data the same data exclusivity rules would apply.

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11. Article 13 of Directive 2001/82/EC specifies that the applicant for marketing authorisation shall not be required to provide the results of safety and residue tests or of the pre-clinical and clinical trials if he can demonstrate that the medicinal product is a generic of a reference medicinal product which is or has been authorised under Article 5 for not less than eight years in a Member State of the Community.

12. See Article 12 (3) (j) of Directive 2001/82/EC for this information requirement.

13. For further details it is recommended to consult Notice to Applicants Veterinary Medicinal Products Volume 6c, Guidance on the Assessment of environmental risks of veterinary medicinal products.

14. Patent protection gives the innovator an exclusive right to the commercial exploitation of the invention for a certain period of time. In Europe, patent protection may be obtained for up to 20 years.

15. A monographs provide a harmonised approach to the scientific assessment of medicinal product in the EU, and the Member States shall take them into account when they examine an application relating to a product for which a Community monograph has been established.
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Do you have quantitative or qualitative data showing the impact of the current data exclusivity period on innovation (yes, no)? If so, please provide estimate of impact? *(optional)*

- [ ] Yes
- [x] No

If so, please provide estimate of impact. *(optional)*

Do you have data on effective protection periods of originator products calculated from the authorisation of the originator until the first authorisation of a generic? *(compulsory)*

- [ ] Yes
- [x] No

If so, please provide data. *(optional)*

Despite having no quantitative data, we have received comments from applicants that the current level of data protection is disproportionate to the investment required to add additional species or indications to existing products. Basically there is insufficient time to get a return on this level of investment.

Do you agree that generic companies provide for a competitive market within the veterinary pharmaceutical industry that is reflected in the pricing structure of veterinary medicines which is passed on to the end user? *(optional)*

- [ ] No opinion
- [ ] Strongly disagree
- [x] Agree
- [ ] Strongly agree

Do you consider that the current data exclusivity period in the legal framework strikes the appropriate balance between innovation and competition? *(optional)*

- [ ] No opinion
- [x] Very unsatisfactory
- [ ] Unsatisfactory
- [ ] Satisfactory
- [ ] Very satisfactory

Please substantiate your reply. *(optional)*

The application of the global MA concept is not appropriate for the veterinary sector, as a consequence of this is the failure to recognise and protect that investment required to obtain indications for use in different species. The lack of data protection for substantial new data e.g. to support a new species or new indication, is the main problem. These data may be generated by pioneer or generic companies and equally their data should be protected. The current system in particular provides insufficient incentives for innovative products to be extended or developed for minor species. This was recognised by the generics representatives at the Madrid Conference (May...
Would you agree to increase the general period of data protection of 10 years? (optional)

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Do you consider the current additional data exclusivity period of one year for each extension of the authorisation to another food-producing species appropriate? (optional)

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Please substantiate your reply. (optional)
The data requirements for this type of extension are substantial (new clinical studies, target species safety studies, new residue depletion studies and potentially further ERA / data). Extension into minor food species in particular e.g. goats, turkeys requires far better data exclusivity and each new species should attract its own period of data protection.

Do you consider that in data protection rules there are particular burdens in relation to the features of SMEs? (optional)

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If so, please provide proposals for amendments. (optional)

Would you be in favour of major product developments (for example extending the authorisation to additional animal species, new formulations of the substance) being subject to their own period of exclusivity (i.e. not being part of the global marketing authorisation for the product containing that active substance)? (optional)

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Do you consider the current general market exclusivity period of 13 years for fish and bees appropriate? (optional)
As the 13 year period applies from date of initial authorisation, it does not provide sufficient protection when a company decides late in their development/marketing programme to generate data to support use in bees/fish. Care should be taken to avoid creating an opportunity for abuse of the extended data protection period by, for example, introducing small adjustments to the formulation (e.g. flavourings) which do not really represent innovation.

Should the data exclusivity period of 13 years for bees and fish be extended to other species? (optional)

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If so, please indicate the species which in your opinion require the same approach as bees and fish. Please substantiate your reply, in particular providing the reasons to include new types of species. (optional)

All minor species should benefit from a similar level of data protection to fish and bees. However the current 13 year period of data protection from initial authorisation is insufficient if minor species or indications are added several years after the initial authorisation is granted. Biological products require special consideration regarding data protection. Data protection for these products is not viewed in the same way as pharmaceuticals - in terms of minor species - but more in terms of minor markets. Appropriate means of dealing with data protection for these products must be established.

Would you be in favour of amending the condition that only in a time period of five years following the granting of the initial marketing authorisation an extension of the period of market exclusivity can be obtained? (optional)

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Should specific intellectual property incentives be developed for small markets? (optional)

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If so, how would you define small markets? (optional)
Do you have concrete proposals (to amend the legal framework) concerning intellectual property rights? (optional)

The legislation should be amended to enable major product developments, e.g. new species, new formulation or different route of administration, to be separated out from the global marketing authorisation so that they are subject to their own data protection period (additional guidelines on what constitutes a major product development would need to be prepared). In the case of a new species, the marketing authorisation holder could still be free to choose whether to include that new species within the existing presentation, in which case there is no additional protection period, or to have it marketed as a new product that attracts protection. An extended period of data protection should be applied to all minor species, not just bees and fish.

Do you agree that generics increase the availability of veterinary medicines (e.g. in smaller Member States in which the original product was not marketed)? (optional)

☐ No opinion
☐ Strongly disagree
☒ Agree
☐ Strongly agree

Do you have data to substantiate that generics improve availability of veterinary medicinal products? (optional)

Generic products have increased the availability of VMPs in the UK from two aspects. Firstly, the use of the European Reference Product has resulted in authorisations being issued in the UK where they do not have local reference products authorised. Secondly, following the principle of accepting the SPC of the reference product, this has resulted in generic products being authorised with SPCs with additional indications, and sometimes species, over and above that of the local reference product. A table summarising this information in respect of applications submitted under mutual recognition and decentralised procedures which have ended in 2008 and 2009 will be sent separately to this questionnaire.

Do you think an applicant should be allowed to use the data in relation the potential risks posed by medicinal product for the environment (like for the results of safety and residue test or of the pre-clinical and clinical trials)? (optional)

☒ Yes
☐ No
☐ Do not know

Would you favour a monograph system for environmental risks? (optional)

☐ Favour not at all
☐ Favour not
☒ Favour somewhat
☐ Favour clearly
☐ Favour very much
☐ Do not know

Generic veterinary products may be based on reference products that have been on the market for a long time, and the approval of these reference products will have taken place not according to
current requirements. Do you consider that generic veterinary products based on these "old" reference products could pose a risk for public or animal health? (optional)

- Yes
- No
- Do not know

Do you have concrete proposals (to amend the legal framework) in relation to generics? (optional)

The UK offers the following suggestions on how to authorise generic products: Too much emphasis is currently placed on setting legislation and case law around generics in the human sector which has a completely different set of market drivers with the resultant rulings not appropriate for the veterinary sector. This has led to the situation where Regulatory Authorities are expected to approve generic products even where the reference product has insufficient data to demonstrate it is safe and efficacious which in turn does pose a risk to public or animal health. More specifically:

- There is strong evidence from recent referrals that some MAs that (in theory) have been authorised according to Directive EC/2001/82 as amended do not have sufficient critical supporting data for some of the indicated species e.g. residues, dose determination for antimicrobials.  
- It has been reported at CMDv that a number of member States did not conduct the review of old VMPs to the standard that was expected. The VMD have examined in detail the challenges in the area of generics and the following are our recommendations for pharmaceutical products following this analysis: Reference products and generic products must be fully interchangeable (for example same dose, indications, withdrawal periods) as this is the expectation by clinicians; generics should be labelled as such.  
- Products should be automatically eligible to be used as Reference products if they have been authorised after 1 October 2005 using a dossier following the “full” legal base. It is expected that for such authorisations appropriate supporting data will exist.  
- Other products may be eligible to be used as Reference products as long as the country who authorised the Reference product and the countries being asked to authorise the generic product are content to do so. As part of this voluntary process the country who authorised the reference product has to confirm, via a brief assessment report covering all areas of the dossier, that the benefit/risk balance is favourable.  
- Generic hybrid applications which facilitate new dosage forms or strengths should be enabled and whilst they should benefit from appropriate data protection they should not attract unlimited data protection.  
- Where a change is made to a reference product, the corresponding change must be made to any generics. This is important for safety reasons but it is also important to ensure interchangeability is maintained.  
- Where the residues depletion data for a proposed product and a reference product are significantly different implying that different withdrawal periods are necessary the proposed product should not be approved as a generic.  

Pros/Cons of generic authorisation system for biological products: The current generics authorisation system raises a number of concerns in relation to biological products due to their complex nature. It has been clarified that it is necessary to demonstrate bioequivalence for such products to be considered generic, otherwise the criteria of Annex 1 apply. The Pros and Cons of the current generics system as it relates to biological products are outlined below.  

Pro: Providing biosimilarity can be demonstrated, this could lead to wider availability of cheaper biological veterinary medicinal products  
- It should be possible to demonstrate bioequivalence for vaccines made from proteins or peptides,  
- If cross-reference can be made to reference medicinal products this could potentially reduce the numbers of experimental animals used in pre-licensing clinical studies.  

Cons: The unique nature of vaccines produced by conventional methods which means they are derived from specific proprietary manufacturing processes using unique seed stocks effectively makes it virtually impossible for generic manufacturers to reproduce the products without the co-operation of the manufacturer of the reference product. Even comparatively small differences in production methodology can have significant effects on the quality, safety or efficacy of the vaccine. For example, this was seen recently for a European centrally authorised vaccine where a change in the chemical used to adjust pH resulted in a lack of stability. In other cases, a change in medium composition could result in significant changes to the antigenic profile of the vaccine.  
- If a generic manufacturer wished to try to demonstrate biosimilarity with another manufacturer’s product then it will almost certainly need to generate a significant amount of safety and efficacy data, possibly even more than would be needed to authorise a new vaccine because of the need to compare it with the reference product. This would negate any perceived possibility for reducing...
animal usage. • This effectively means that only the manufacturer of the reference product will be likely to apply for a generic of a conventional vaccine and this puts generics manufacturers at a disadvantage, which is not the intent of the current legislation. • There is already a suitable route for a manufacturer to authorise an additional presentation of an existing authorised product, via informed consent. The ability to apply for a generic authorisation therefore gives no advantage to the manufacturer of the reference product other than to try to hide the existing safety and efficacy information from regulators. • If regulatory authorities do not have access to the full safety and efficacy data for a vaccine they may not be satisfied that this has been adequately addressed for the reference product. Attempting to obtain authorisations by this route is therefore likely to lead to a significant increase in the number of class referrals, increasing the workload for regulators and manufacturers alike.
4.2 Key issue N° 2: Authorisation procedure

4.2.1 The issue

There are several procedures for authorisation in the EU. The centralised procedure results in a single marketing authorisation (called a 'Community marketing authorisation') that is valid across the EU; the European Medicines Agency (EMA) is responsible for the scientific assessment of the application. The centralised procedure is compulsory for certain categories of medicines (for example medicines derived from biotechnology processes). National marketing authorisations result in a marketing authorisation only for the Member State concerned or they can be valid for several Member States under a mutual recognition procedure or a decentralised procedure. In these procedures the marketing authorization in one Member State will be recognised by the other Member States. The applicant must submit an application in all Member States concerned. Scientific assessment and management decisions are made by national authorities.

Although there is a harmonised regulatory environment in the EU for the authorisation and placing on the market of veterinary medicinal products, differences between Member States in interpreting the legislative framework for veterinary medicinal products, as well as the existence of numerous national requirements for authorisation, result in a situation where enterprises are confronted by different rules and interpretations in different countries. However, animals treated with veterinary medicines and their foodstuffs can move unhindered within the internal market even if the veterinary products themselves cannot. It should also be noted that the authorisation systems have become very complex. It is important to note that during the last 8 years the decentralised procedure appears to have become more attractive for companies, as there has been a substantial increase in the number of applications for this procedure. In general, interest in a centralised procedure is limited. This is probably due to the fact that, for the most part, the animal health industry is not interested in launching its product on all national European markets. Thus, the various, parallel authorisation procedures seem to cater for specific needs of companies by offering various routes to obtain marketing authorisation.

Under the current legal framework the authorisation of a medicine shall be refused if it is clear that the balance of risks and benefits is unfavourable. A risk is defined as any risk relating to the quality, safety and efficacy of the veterinary medicinal product as regards animal or human health. However, the current legislation does not lay down any requirement to perform a risk-benefit assessment which also takes into consideration the indirect risks related to the development of antimicrobial resistance. Neither does the legal framework contain a clear basis for refusing a marketing application and/or certain indications where authorisation of an antimicrobial might pose an indirect risk to animal or human health, such as risks relating to the development and/or the prevalence of antimicrobial resistance. Nor does the legal framework provide a specific legal basis to restrict the use of certain antimicrobials in veterinary medicines which are critical in human medicine.

4.2.2 Consequences

Enterprises consider the authorisation procedure as time consuming and involving a high administrative burden, which leads to relatively high costs. The procedure is also considered unpredictable in some cases. This may deter companies from investing in innovation. The different opinions of competent authorities on whether a marketing authorisation can be granted, or on the details of the marketing authorisation, also create a barrier to the free movement of veterinary products within the Community.

4.2.3 Options to address this issue

The authorisation system could be amended in order to achieve a genuine internal market for veterinary medicinal products. A more centralised risk assessment and authorisation procedure could streamline and increase efficiency and predictability, and speed up decision making. The resources gained could be invested in improving the quality of the system.

More or less centralised systems of authorisation and levels of co-operation will be assessed in the assessment:

- The first option is an optimal use of the current authorisation procedures for veterinary medicinal products at national and Community level (option 1: best use of current procedures). Competent authorities could put in place a system of enhanced co-operation with the aim of pooling the existing resources better at EU level, for example by points of excellence, pooling the best available expertise in the EU, assessing and/or authorising products for several Member States (assessment and authorisation of the application could be carried out by different bodies). Given that this option would make use of current
authorisation procedures, each concerned Member State would have to give prior confirmation of its agreement to participate in this procedure.

- Each authorisation of a veterinary medicinal product, regardless of the procedure under which the medicine has been authorised and regardless of the authority involved, will be valid throughout the EU (option 2: each authority decides for all). This could apply to all products authorised after a specified date.

- Some Member States can decide to work together more and, by giving up the possibility to object to a decision, to automatically recognise a decision of another Member State (option 3: voluntary automatic recognition). The decision of the competent authority of one Member State will be valid and binding on the territory of the Member State(s) that co-operate within this structure.

- One body in the EU will authorize all types of veterinary medicinal products in the EU by means of a single authorisation procedure. The outcome would be binding on all Member States (option 4: centralised system); in this option a specific body would assess all future applications starting from a specified date.

The options are not mutually exclusive, as some of their features could be combined to create a new option. DG Health and Consumers is aware that the options provisionally selected take account of a limited series of factors and that they do not exhaust the full range of political choices that could be offered to the Commission. However, DG Health and Consumers takes the view that the three options selected represent the main political choices. Stakeholders are invited not only to evaluate the options, but also to enrich them and help to assess their feasibility and possible impact. In their replies stakeholders could refer to the effects of the option concerning efficiency, effectiveness, predictability, administrative burden and time-to-approval.

How do you rank your satisfaction with the current authorisation procedures? (optional)

☐ No opinion
☐ Very dissatisfied
☐ Dissatisfied
☒ Satisfied
☐ Very satisfied

How do you rank your satisfaction with the current centralised procedure? (optional)

☐ No opinion
☐ Very dissatisfied
☒ Dissatisfied
☐ Satisfied
☐ Very satisfied
### How do you rank your satisfaction with the current decentralised and mutual recognition procedure? (optional)

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<td>☐ Very dissatisfied</td>
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<td>☐ Satisfied</td>
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<td>☒ Satisfied</td>
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<td>☐ Very satisfied</td>
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### What are your criteria for selecting the reference Member State in the decentralised procedure? (optional)

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<td>☐ Previous favourable experience</td>
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<td>☐ Reputation for efficiency</td>
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<td>☐ Reputation for scientific expertise</td>
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<td>☐ Geographical location</td>
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### What are in your opinion the advantages, strengths, flaws and weakness of the current range of procedures for the authorisation of veterinary medicines? (optional)

**Advantages/Strengths:**
- Range of procedures provides choice for a diverse industry.
- There is a need to have decentralised and centralised authorisation routes as animal health diseases and priorities are not uniform across the EU.
- All procedures rely upon experts drawn from MS, for all scientific work and these assessors have strong links to their national vet healthcare systems.
- All procedures enable MS to contribute to the decision making.
- MS who wish to act as RMS in MRP/DCP can do so – i.e. work can be done by those with resource to cope with the work at that moment in time.
- DCP enables wider participation of RMS / CMS and this helps to foster trust between MS.

**Weaknesses/Flaws:**
- Historically, there has been too much repetition in assessment [MRP/DCP], but there is strong evidence that this is improving through experience and trust between MS.
- Centralised procedure - depending on the dossier complexity it can be costly to the MS to be Rap/co-Rap. Also, it is a very cumbersome procedure and EMA involvement adds an extra layer of bureaucracy.
- DCP: There is no opportunity for referral in this procedure, where RMS reaches a negative benefit:risk evaluation even if other CMSs reach a positive conclusion.
- Labelling and translation costs for centralised procedures/products are high, making centralised procedure unviable for products with smaller markets.
- MRP for old products can be problematic where the underlying data do not meet current standards.
- There can be inconsistency of approach in different MS. This could be addressed by Centres of Excellence if this concept is introduced through legislation.
- In all procedures there is no possibility to adapt decisions in special cases e.g. antimicrobials.
- The inflexibility in the centralised procedure particularly, especially when evidence that is not a part of the procedure seems to be ignored (antimicrobials)

### Would you favour extending the scope of the Community procedure (extending the type of products that could be authorised by the Community procedure)? (optional)

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Do you think a conditional authorisation, similar to the one included in the legal framework for human medicines, would help to mitigate the availability problem? (optional)

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<td>Do not know</td>
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<td>No opinion</td>
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<td>Strongly disagree</td>
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Do you consider that there is a need for several authorisation procedures in the EU? (optional)

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<td>Yes</td>
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<td>No</td>
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Do you consider that several authorisation procedures will cater more effectively for the needs of industry and the range of different circumstances in Europe? (optional)

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<td>No opinion</td>
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<td>Strongly disagree</td>
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<td>Agree</td>
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Do you consider it necessary that the number of authorisation procedures should be simplified by reducing it to only one? (optional)

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<tr>
<td>No opinion</td>
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<td>Strongly disagree</td>
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<td>Agree</td>
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Which of the above options described in paragraph 4.2.3 would you prefer? Would you prefer another option? Please explain your choice and try to specify in particular which economic, social and environmental effects you expect from your choice, giving as much as possible quantitative information as possible. (optional)

The UK supports simplification of the authorisation system in principle. However not all veterinary medicinal products are appropriate for every territory due to wide variations in farming practices, environment, animal population and species; to have an authorisation that is automatically valid in all Member States may compromise human or animal health in a particular territory. It is important that MS are responsible for their animal/human health needs so it is essential to have procedures where they can choose whether or not to engage, as appropriate, on a risk basis. Therefore we reject the 2nd or 4th options which would compromise this element of choice. There are elements within both of the other two options that are attractive and that could achieve our preference - an authorisation procedure that can ensure that the right expertise and appropriate resources are used for the assessment of all veterinary medicines applications. The UK’s view is that there should be two elements to the European authorisations system - if there is one procedure for a product to be automatically authorised across the EU there should be a voluntary element enabling Member States to choose whether or not to market that product in their territory.
What, in your experience, are the necessary conditions for a successful authorisation procedure, and what are the main obstacles? (optional)

Conditions:
- Correct resource/science expertise should be available
- There should be predictable timelines.
- The level of Fees should be reasonable and not act as a disincentive to application, but permit the deployment of appropriate resources to deal with the application.
- The procedure should stimulate trust between MS and co-operation with companies.
- The procedure should allow rationalised labelling and packaging - e.g. allow the MS to decide on language used in the product literature for the product marketed in their country.
- Scientists assessing the data must have knowledge of the target species and the disease to be controlled or prevented. This must have direct relevance to their country (ensuring the necessary level of interest in the outcome and expertise).
- Individual MS must be able to take into consideration national animal health situation and must be able to interact with the authorisation process if the medicinal product is intended to be marketed in their country. The MS should be able to decide this and also be able to decide on the level of the assessment that they perform according to the potential risks posed by the product. - Companies must not be forced to market a product in a territory if they do not wish to do so (as for example if they do not have presence in a country they may not have the necessary infrastructure for dealing with pharmacovigilance, batch recalls etc). - The assessment must be led by one country and must include the active involvement of at least one other country (reliance on a single country’s decision for a European authorisation cannot be supported).
- The procedure should allow those countries who wish to follow the decisions taken by other MS to do so.

What could be done to improve the current authorisation procedures? (optional)

- Consider if MRP is still required.
- Reduce time for updating the assessment report before MRP.
- Allow greater cross-MS work so that they could form assessment teams.
- With regard to Renewal at 5 years (links to question 38): • The system of renewal is appropriate while the current Article 78 procedure persists. The current procedure makes any change to an MA arising from pharmacovigilance the subject of a referral. Renewal is consequently a convenient opportunity to make changes in a reasonable way.
- However, the 1st renewal should be better aligned with PSUR requirements - we propose a 4-year interval instead of 5, and that renewal data should be restricted to PSUR data and review of the SPC, with SPC changes being made only where they can be justified. Any breaches of the proposals cited above represent potential obstacles to a successful authorisation procedure.

Do you consider that there are parts in the authorisation procedures in particular burdensome for SMEs? (optional)

☐ Yes
☐ No
☒ Do not know

If yes, specify why. (optional)

Would you favour including in the legal framework a requirement to perform a risk-benefit assessment which also takes into account indirect risks related to the use of the veterinary medicine, for example the development of antimicrobial resistance? (optional)

☐ Favour not at all
☐ Favour not
☐ Favour somewhat
☒ Favour clearly
☐ Favour very much
☐ Do not know
The first marketing authorisation is valid for five years (Article 28 of Directive 2001/82/EC) and the authorisation may be renewed on the basis of a re-evaluation. Do you consider this system of renewal appropriate if an effective pharmacovigilance system and variations system existed for veterinary medicinal products? (optional)

<table>
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<tr>
<th>No opinion</th>
<th>Strongly disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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Would you favour including in the legal framework a clear basis for restricting a marketing application and/or providing certain indications in cases where authorisation of the specific veterinary medicine would pose an indirect risk to animal or human health? (optional)

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<th>Favour not at all</th>
<th>Favour not</th>
<th>Favour somewhat</th>
<th>Favour clearly</th>
<th>Favour very much</th>
<th>Do not know</th>
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Would you favour that the legal framework provides a specific legal basis to restrict the use of antimicrobials which are critical for human medicine? (optional)

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<th>Favour not at all</th>
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<th>Favour very much</th>
<th>Do not know</th>
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4.3 Key issue N° 3: Packaging and labelling

4.3.1 The issue
Packaging and labelling requirements provide information to users and improve consumer protection. However, the costs to meet the requirements, particularly in terms of additional national requirements, may lead to a reduction in the range of products authorised for species and indications in smaller markets. Stakeholders take the view that the necessary costs to develop national packaging and labelling constitute a substantial obstacle to the development of products.

4.3.2 Consequences
There appears to be considerable scope for reducing the administrative burden related to packaging and labelling and thereby contributing to the objectives of this review.

4.3.3 Options to address this issue
One possible option could be to consider packaging and labelling requirements as being the responsibility of the marketing authorisation holder. Also the potential to simplify the requirements could be assessed, for example by taking the view that language requirements are the responsibility of the Member States, who would therefore decide on the languages to be used in their country. Finally, the quantity of compulsory key information could be reduced by optimal use of abbreviations, pictograms and leaflets and references to information available on line.

16. Information that would not fit on the immediate label and outer carton could be put in the leaflet; pictograms could clarify text instructions and provide a way to reduce or to replace text in multilingual labels.

Do you consider EU - packaging and labelling requirements essential in terms of providing appropriate information to the users of veterinary medicines? (optional)

☐ Not essential at all
☐ Not essential
☐ Somewhat essential
☒ Clearly essential
☐ Very much essential
☐ Don't know

Would you be in favour of fewer packaging and labelling requirements, or none at all, in the EU legal framework? (optional)

☐ Favour not at all
☐ Favour not
☐ Favour somewhat
☒ Favour clearly
☐ Favour very much
☐ Do not know
Would you favour Member States being allowed to decide which language is to be used for labelling and packaging? *(optional)*

- [ ] Favour not at all
- [ ] Favour not
- [ ] Favour somewhat
- [x] Favour clearly
- [ ] Favour very much
- [ ] Do not know

Can you agree to have specific requirements for small packs (small packaging would include ampoules, blister packs and other immediate packs of relative small size), e.g. information being given on the outer packaging of small packs? *(optional)*

- [ ] No opinion
- [ ] Strongly disagree
- [ ] Agree
- [x] Strongly agree

Would you be in favour of reducing the information on the label as much as possible and to making it easier for labels to be used in a number of Member States? *(optional)*

- [ ] Favour not at all
- [ ] Favour not
- [ ] Favour somewhat
- [x] Favour clearly
- [ ] Favour very much
- [ ] Do not know

Do you have any concrete proposals to amend the legal framework? *(optional)*

We consider that the labelling requirements should be reviewed. In particular we propose that information placed on packaging and labels should be rationalised to provide relevant information to the product user. For example, more information could be placed on the package insert and less on the label. Information on the label should allow the possibility to use multi-lingual labels with a minimum amount of information, most of which may not need translating (e.g. name of product, manufacturer, exp, lot, MA number), provided that full information is provided in the official language(s) in the leaflet. In summary, the UK’s view is that significant regulatory simplification could be achieved through more flexible requirements for labelling and packaging. We propose to remove some or all of the detail from the legislation, currently in Article 58, and place it within guidance. The emphasis should be on providing the minimum information that the end-user requires to be able to use the product safely and effectively. The Member states should be allowed to choose the languages they wish to have in the packaging and labelling.
4.4 Key issue N° 4: Pharmacovigilance and monitoring

4.4.1 The issue

Pharmacovigilance is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem. The existing legal framework for veterinary pharmacovigilance mirrors human pharmacovigilance. This has led to equally complex requirements in both veterinary and human pharmacovigilance. Stakeholders generally consider that veterinary pharmacovigilance is too heavy and burdensome. They point out that, when the current requirements were established, it was assumed that the needs for human patients applied equally to veterinary medicines and, consequently, no specific consideration was given to the actual needs and expectations of veterinarians and animal owners. However, it is important to stress that stakeholders do not question the need for adequate surveillance. Furthermore, stakeholders report a lack of harmony in the implementation of the EU legal framework for pharmacovigilance in Member States. At the moment no monitoring system exists that delivers standardized and reliable data on usage of antimicrobials in food-producing species and companion animals in the EU.

4.4.2 Consequences

Pharmacovigilance that is too heavy and burdensome is just as damaging as an unnecessary administrative burden.

No comparable and reliable data are available on usage of antimicrobials in food-producing species and companion animals in the EU. Reliable data would provide a tool for risk profiling, risk-benefit analysis and to assess the impact of measures taken in relation to the prudent use of antimicrobials.

4.4.3 Options to address this issue

There appears to be to considerable scope for reducing the administrative burden related to veterinary pharmacovigilance. The question is how to simplify the pharmacovigilance without compromising adequate surveillance. For this it seems required that the fundamental principles and needs underlying the requirements for conducting veterinary pharmacovigilance must be reconsidered. At the end of 2008 the Commission submitted proposals for legislation on pharmacovigilance17. Their aim is to strengthen and rationalize the EU pharmacovigilance system for human medicinal products but they do not cover the veterinary sector. Aspects of these Commission proposals could be used to improve the veterinary pharmacovigilance system. However, first of all it appears necessary to evaluate whether the needs and expectations relating to the safety of veterinary medicines should differ from those of human medicines, and - if so - how this should be reflected in the veterinary pharmacovigilance rules. Two specific aspects of the Commission proposal in relation to pharmacovigilance for human medicines are highlighted. Directive 2001/82/EC requires that a detailed description of the pharmacovigilance system is provided in the marketing authorisation dossier. By introducing the concept of a "pharmacovigilance master file" it would be possible to avoid the duplication of much of the information that is common to all products from the same company, because it would allow the applicant to provide the common information of the pharmacovigilance dossier once only.

A decision could be taken to limit reporting to serious adverse reactions and also to restrict the submission of Periodic Safety Update Reports (PSURs) to serious situations (and to abolish the periodic submission of PSURs).

A general legal base could be introduced in the legal framework to enable EU harmonised systems for data collection on the sales and uses of veterinary medicinal products to be set up in the Member States.

Do you consider that the needs and expectations concerning the safety level of veterinary pharmacovigilance could be different for human pharmacovigilance? (optional)

- No opinion
- Strongly disagree
- Agree
- Strongly agree

If so, please substantiate your reply. (optional)

The UK considers that what is appropriate for human medicines is not necessarily appropriate for veterinary medicines. However, we agree that elements of the new human Pharmacovigilance legislation could be applicable to the veterinary sector. The value placed on human versus animal life does differ, and there are more dimensions to safety in the case of veterinary medicines (user, consumer, environment) than regarding human medicines, due to the wide range of target species. Another factor that has an impact on the safety of veterinary medicines is the extensive off-label use that occurs in the veterinary sector because of lack of authorised VMPs. Veterinary pharmacovigilance needs to take this into account.

Which measures would you like to propose to amend veterinary pharmacovigilance? (optional)

We agree that there is scope to reduce administrative burdens related to veterinary pharmacovigilance. The UK proposes the following: • Introduction of a Pharmacovigilance master file • Pharmacovigilance inspection: this is the responsibility of MS in the country where the Phv QP is located and requires Mutual Recognition Agreements (MRA) of Phvg master file assessments. • To retain PSURs for serious + non-serious SARs or require non-serious reporting via same process as serious ones with a longer timetable. • To include provision for no PSURs if the product is deemed low risk (e.g. has been placed on market for many years with good safety profile). We also propose the possibility of legislation permitting the authorities to require MA holders to provide information on the development of resistance to their antimicrobials.

Would you favour the introduction of a masterfile for pharmacovigilance or any other means of reducing the regulatory burden of authorisation holders? (optional)

- Favour not at all
- Favour not
- Favour somewhat
- Favour clearly
- Favour very much
- Do not know

Do you think that there are particular problems in the legislation for pharmacovigilance for SMEs? (optional)

- Yes
- No
- Do not know

Would you favour the introduction of a specific legal base for establishing harmonised systems for data collection on the sales and use of medicines in the EU? (optional)

- Favour not at all
- Favour not
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4.5 Key issue N° 5: The distribution channel

4.5.1 The issue
Member States made use of the latitude for national implementation in the legal framework with regard to the veterinary pharmaceutical supply chain. This resulted in divergent requirements for operators in Europe. Some stakeholders indicate that, in order to build a genuine single market for veterinary medicinal products, it is not sufficient to harmonise the authorisation of veterinary medicines. The conditions for companies and practitioners to operate in the whole pharmaceutical supply chain (manufacturers, importers, wholesalers, distributors, retailers, veterinarians and farmers) should also be standardised and harmonised in the EU as well. For example, different rules exist in Member States for the prescription of veterinary medicines. This leads to different standards as regards the use of medicines. In the context of the control of residues in food of animal origin the way in which veterinary medicines are being used is an important issue. According to some stakeholders the legal framework should also be updated to include new methods of distribution such as electronic prescription, internet trade, internet pharmacies and mail order selling. It is also questioned whether the current legal framework is properly designed to respond to the situation of parallel imports.

Counterfeit medicines may present a threat to animal health through lack of therapeutic effect and/or through inherent toxicity. The most harmful consequences of counterfeit veterinary medicinal products on human health could be the non-respect of maximum residue limits of veterinary substances in foodstuffs and the occurrence of toxic materials in the counterfeit medicines in foodstuffs. The discovery of counterfeit medicines damages also the image of industry that complies with the rules. At EU level no specific rules exist on counterfeiting of veterinary medicinal products. In 2008 the Commission adopted a proposal to amend Directive 2001/83/EC for medicinal products for human use as regards the prevention of the entry into the legal supply chain of medicinal products which are falsified in relation to their identity, history or source, which foresees specific measures to address the increased risk in the legal supply chain.

4.5.2 Consequences
Stakeholders indicate that a genuine single market for veterinary medicinal products will not develop as long the conditions for companies to operate in the pharmaceutical supply chain of veterinary medicines would not be better standardised and better harmonised. For example, Article 70 of Directive 2001/82/EC allows veterinarians to provide services in another Member State on a very restrictive basis. However, these cross-border veterinarian activities are regulated both by divergent rules of the Member State in which his veterinarian practice is situated and the host Member State in which he is active at that moment, resulting in a complex and unclear legal environment.

Counterfeiting is difficult to detect, to investigate and to quantify. No specific statistics exist on the level of counterfeit veterinary products on the European market. Therefore it is unknown whether counterfeiting provides a real risk for animal or public health. What is known is that counterfeiting of medicines occurs worldwide and the problem is not confined to human medicines as also instances of counterfeited veterinary medicinal products are recorded in Europe, China and the U.S.A.

Parallel trading could encourage trade and help strengthen competition. However, the current legal situation for parallel trade may affect the whole EU authorisation system as it provides a way, in addition to the relevant authorisation procedures, of placing a product on the market that is less expensive for companies. Some interested parties question whether the parallel trade system provides sufficient guarantees on the quality, efficacy and safety of the medicine than the planned authorisation procedures and they point out that parallel trade can result in a less effective pharmacovigilance system.

4.5.3 Options to address this issue
The legal framework could help to standardise the requirements for operators in the distribution chain. For example, harmonisation to the full extent of the prescription status could improve the functioning of the EU system of food control and at the same time contribute to the realisation of a common market in veterinary medicines. Also cross-border activities of veterinarian practitioners could be facilitated compared to the current system laid down in Article 70 of the Directive 2001/82/EC. Regulators, companies and consumers should have confidence in the effective functioning of the veterinary supply chain in Europe. The comprehensive approach for veterinary medicines of the EU, including a risk-based inspection system, should also better tie in with the European rules for foodstuffs and feed.
18. Parallel import is the practice of importing into and then the marketing in one Member State from another and it allows distributors to capitalise on price differences between Member States. It is accepted by the European Court of Justice as a way to market pharmaceutical products in EU. A parallel-import marketing authorisation is needed to be able to market a parallel-imported product (this does not apply to products with a Community Marketing Authorisation).

19. According to the World Health Organisation, a counterfeit medicine is “a medicine, which is deliberately ad fraudulently mislabelled with respect to identity and/or source”. Counterfeiting includes medicines with wrong ingredients, incorrect quantities of active ingredients, and/or products with fake packaging. It can apply to both branded and generic products.


Do you consider that there is a need to standardise and harmonise the conditions for operators in the EU distribution channel? (optional)

- No opinion
- Strongly disagree
- Agree
- Strongly agree

If so, would you favour standardisation by amending the European legal framework? (optional)

- Favour not at all
- Favour not
- Favour somewhat
- Favour clearly
- Favour very much
- Do not know

Would you be in favour of the prescription of medicines being standardised in the EU? (optional)

- Favour not at all
- Favour not
- Favour somewhat
- Favour clearly
- Favour very much
- Do not know

Do you consider that cross-border activities, for example involving veterinarians active in two Member States, are hampered by the current rules? (optional)

- Yes
- No
- Do not know
Do you agree that counterfeit medicines have penetrated the veterinary supply chain? (optional)

- [ ] No opinion
- [x] Strongly disagree
- [x] Agree
- [ ] Strongly agree

If so, do you consider that there are risks to public health from the penetration of counterfeit medicines into the veterinary supply chain? (optional)

- [ ] No opinion
- [ ] Strongly disagree
- [ ] Agree
- [x] Strongly agree

Should the issues of internet trade, mail order selling or parallel import be addressed in the revision of the legal framework for veterinary medicines? (optional)

- [ ] No opinion
- [ ] Strongly disagree
- [ ] Agree
- [ ] Strongly agree

Do you consider that the legal framework should be supplemented with specific requirements on internet trade, mail order selling or parallel import? (optional)

- [ ] Yes
- [x] No
- [ ] Do not know

If so, do you have any proposals? (optional)

With regard to internet retailing and mail order, the VMD’s view is that this should remain a national concern. Our answers reflect the UK’s strong objection to proposals to remove national controls on the area of medicine distribution. This is because we feel that MSs have different retail distribution channels in response to their own particular needs. With regard to Parallel Imports we do support more specific regulation in relation to the following: • Parallel imports should only be allowed in the MS if they are identical or therapeutically the same as the veterinary medicine already authorised in the MS • No circumventing of the Mutual Recognition Procedure • Need for systems for MAH to detect recalls etc. in exporting country i.e. a clear obligation for pharmacovigilance • The active substance in the imported product and the product authorised in the MS should be from a common origin i.e. produced by the same manufacturer to the same quality specifications

Do you consider counterfeiting of veterinary medicinal products to be a problem for animal health and/or public health EU? (optional)

- [ ] No opinion
- [ ] Strongly disagree
- [x] Agree
- [ ] Strongly agree
If so, what do you consider to be the most important stages where counterfeit veterinary medicinal products enter the production and distribution chain of veterinary medicinal products or human medicines? (optional)

We expect them to be the same as for human medicines, with the highest risks linked to those products from third country origin and those which attract very high unit prices, in particular those intended for use in food-species. Not all types of veterinary medicines will be at risk of counterfeiting and any new proposals should be tailored to those that are considered high risk.

Do you have qualitative or quantitative data on counterfeit veterinary medicinal products? (optional)

- Yes
- No

If yes, please provide data. (optional)

Do you think that legislative measures are necessary to tackle counterfeit veterinary medicinal products? (optional)

- Yes
- No
- Do not know
4.6 Key issue N° 6: The use of drugs not in accordance with the summary of the product characteristics (off-label use)

4.6.1 The issue
According to Articles 10 and 11 of Directive 2001/82/EC Member States shall ensure that, where there is no authorised veterinary medicinal product in a Member State for a condition affecting an animal species, measures exist that would allow a veterinarian, by way of exception, and where it is necessary in order to avoid unacceptable suffering of the animal, to use medicines off-label within strict limits (this procedure is called “cascade”). These limits include the restriction that the medicine must be administered by the veterinarian or given under his/her personal responsibility and that the veterinarian specifies an appropriate withdrawal period. The veterinarian shall also keep adequate records of the off-label use. For food-producing species, the legal framework specifies the minimum period necessary between the last administration of veterinary medicinal product to animals and the production of foodstuffs from such animals for off-label use (“a minimum withdrawal period”). This withdrawal period is standard for all types of foodstuffs. Off-label use - which is an exception to the principle that authorised veterinary medicines have to be used to treat animals for a specific disease - seems to be applied very frequently in Europe. Moreover, the conditions for the application of Articles 10 and 11 in the Member States also appear to differ in the EU. The question is whether the current off-label use could be simplified and whether it should be adapted in order to lower the risks for human and animal health.

The current legal framework does not contain a basis to restrict the off-label use of antimicrobials which are critical in human medicine or where their use would constitute an indirect risk to public health.

4.6.2 Consequences
There are not enough authorised medicinal products available to treat diseases occurring in animals, particularly in the case of minor species. Due to this deficiency, the off-label use of products is a frequent occurrence. The extent to which and the manner in which the “cascade” has been implemented across the EU also differs and has therefore led to disharmony on EU market for the use of veterinary medicines.

As stated earlier Directive 2001/82/EC allows a veterinarian to use a product that is authorised in another Member State where there is none available in the veterinarians Member State. However, this has led, in some cases, to a situation where products for which an authorisation in a Member State has not been accepted, are being used there legally by the “cascade”.

The current legal framework does not provide for the possibility of excluding certain antimicrobials for off-label use which are critical in human medicines. Therefore it is the responsibility of the veterinarian to ensure that off-label use is applied in an appropriate way, also taking into consideration the potential risks it may create for public and animal health.

For some food species, stakeholders consider the specified minimum withdrawal periods to be too long in relation to the (economical) life expectancy of the treated animals. Moreover, for pharmacologically active substances for which the scientific committee concluded that it is not necessary to establish a maximum residue limit in order to protect human health (see Article 14 of Regulation (EC) No 470/2009), the minimum withdrawal periods also apply where the cascade is used”.

4.6.3 Options to address this issue
The legal framework could be amended in order to have a clarified and simplified legal framework for the treatment of animals in the absence of authorised medicinal products.

For off-label use a withdrawal period could be introduced that is more closely geared to the type of foodstuff, animal species and medicinal product.

23. See Article 11(2) of Directive 2001/82/EC

Is the above an accurate description of the situation? (optional)

☒ Yes
☐ No
What is your appraisal of the situation? (optional)

The UK considers that the cascade provisions do take into consideration animal welfare and medicine availability but can be improved to take into account farming practices, so that, for example, the statutory withdrawal period is not so long as to render the use of the product impossible. We recognise however that food safety is paramount and the withdrawal period for a product used under the cascade in a food producing animal should be adequate to ensure freedom from harmful residues in foodstuffs.

Do you consider that off-label use of medicines is too common in the EU? (optional)

- No opinion
- Strongly disagree
- Agree
- Strongly agree

Please substantiate your reply (optional)

We are not sure if off label use of medicines is “too” common but the lack of availability of authorised medicines is a known problem in the EU - and the use of the cascade alleviates the problem to a certain degree. The UK’s view is that the use of the cascade should be made more flexible. The spirit of the prescribing cascade in the current directive 2001/82 is that the cascade may be followed for clinical reasons, but not for economic reasons. However, it is clear that prices can also influence the decision of a veterinary surgeon to use human medicines instead of veterinary medicines when treating small animals, for example. Pet owners are becoming increasingly aware of the disparity between the cost of human and veterinary medicines and are now very likely to challenge a veterinary surgeon in the UK if they know a human equivalent medicine is cheaper. We receive many queries from veterinary surgeons and even members of the public questioning the use of the cascade and arguing that they will need to put down a pet because of the price of veterinary medicines. They also challenge why using a cheaper authorised human medicine is illegal because there is an authorised veterinary medicine. Regarding the use of cascade in food producing animals, we consider that husbandry methods and scientific data should be taken into consideration when setting up the withdrawal period for a product used under the cascade. Whilst the legislation should allow the prescribing cascade, an EU guidance document should set out what this means in practical terms.

Do you have quantitative or qualitative data on off-label use? (optional)

- Yes
- No

If so, please provide. (optional)

We cannot provide a complete picture of off-label use in the UK, but we do have some information on the extent to which veterinary surgeons have to rely on veterinary medicines imported from the EU for use under the cascade in the UK. Our records show that between 31/05/2008 and 25/04/2010 VMD approved 6486 applications for the importation into the UK of veterinary medicines that are authorised in other Member States, for use in accordance with the cascade. The vast majority of these treatments were for companion animals, e.g. injectable allergen products, that are not available in the UK. We feel that the ability to approve the restricted use of imported veterinary medicines is a useful method of addressing lack of availability of products within a Member State.

Are you aware of different national procedures or interpretations of the legal framework? (optional)

Do you consider the off-label use a potential hazard for animal and /or public health? (optional)
| ☒ Yes |
| ☐ No |
| ☐ Do not know |

Would you consider it appropriate to exclude certain medicines from off-label use? (optional)

| ☐ No opinion |
| ☒ Strongly disagree |
| ☐ Agree |
| ☐ Strongly agree |

Please give reasons for your answer. (optional)

We consider that there are intrinsic risks regarding the use of medicines off label as no data have been submitted in support of this use. The decision regarding administration of a product under the cascade is entirely based on benefit:risk. However, having exclusions introduced to the legislation on the use of products under the cascade goes against the principle of a veterinary surgeon being able to make their own assessment case by case, based on the clinical need of a particular animal or herd. This issue would therefore require careful thought and any decisions on what to exclude must be scientifically based. For example, tighter controls on the off-label use of certain antimicrobials may be appropriate.

Would you favour more or less restrictive conditions for off-label use in order to increase the availability of veterinary medicinal products? (optional)

| ☐ Favour not at all |
| ☐ Favour not |
| ☒ Favour somewhat |
| ☐ Favour clearly |
| ☐ Favour very much |
| ☐ Do not know |

Do you have concrete proposals (to amend the legal framework) concerning off-label use? (optional)

We offer the following suggestions:

- We suggest that the legislation should refer to the prescribing cascade in general terms and an EU guidance document should set out what this means in practical terms (including standard withdrawal periods).
- Introduction of a more science-based approach to standard withdrawal periods (as proposed by CVMP) and/or give veterinary surgeons responsibility to determine the withdrawal period in the field. For example, we support special treatment of products with zero withdrawal periods e.g. 1 day when used in a different species.
- The requirement to use an authorised veterinary product from another MS should be before the option to use a human medicine authorised in the MS, unless urgent treatment is required.
- The use of autogenous vaccines should be included within the cascade provisions as well as the use of products which by virtue of the EU/national legislation (article 4.2) are the subject of an exemption from holding a Marketing Authorisation (e.g. use in cage birds, aquarium).
- To allow, under certain circumstances, prescription of products under the cascade by professionals other than veterinary surgeons (e.g. in case of treatments for bees).
4.7 Key issue N° 7: Harmonisation of already authorised veterinary products

4.7.1 The issue
Once a marketing authorisation has been granted, new requirements may be implemented by means of amendments to the legal framework. Therefore, over time, marketing authorisations for the same product may differ from one Member State to another. Also, the competent authorities of the Member States may have adopted divergent decisions for the same product under the same rules. Directive 2001/82/EC provides a mechanism, the so-called referral procedure, to promote the harmonisation of veterinary medicinal products that are authorised in the Community. This referral culminates in a scientific opinion from the Committee for Medicinal Products for Veterinary Use (CVMP) which the Commission will use as a basis to draft a single decision. Member States are required to either grant, maintain, suspend, or withdraw the marketing authorisation, or vary the terms of authorisation as necessary to comply with the Commission decision. Stakeholders have indicated that the referral procedure has not lead to sufficient harmonisation of the veterinary medicinal products market in the Community.

4.7.2 Consequences
Marketing authorisations may exist with different conditions in the EU for the same veterinary product. This may lead to a public health concern and/or an animal health concern; it may complicate the functioning of authorisation procedures and may impose an additional administrative burden on enterprises. Since referral procedures demand of the CVMP a substantial part of its available capacity, this will impact on the Committee’s other essential activities. Harmonization presents a risk in terms of availability, as the data relating to old products may not be sufficient according to current standards. In most cases it is not economically feasible for pharmaceutical companies to conduct additional studies to update the dossier and, as a result, products disappear. Over the short term harmonisation means an increase in additional administrative burden. This should be weighed against the reduced additional burden for marketing authorisation holders in the future.

4.7.3 Options to address this issue
A voluntary or compulsory procedure could be developed to harmonise veterinary medicinal products that are already authorised in the Community. It is noted that old products have been assessed and authorised in the past, and there is experience of the use of these veterinary medicinal products and periodic safety reports were submitted. It has to be discussed whether “old products” should be assessed on the current data requirements. Another option could be to have free circulation of the already authorised products in the EU if there is no evidence of any negative effects of these medicines.

Do you agree with the description of the issue? (optional)
- Yes
- No

Do you consider it necessary to update and to harmonise already authorised medicines? (optional)
- No opinion
- Strongly disagree
- Agree
- Strongly agree

Please explain your position, and try to specify it in particular with type of data should be requested for this update of already authorised medicines. (optional)
We support the risk-based harmonisation of some authorised medicines. Certain authorised medicines do need to be harmonised, for example because of wide disparity in withdrawal periods across the community for the same product. However, it is recognised that achieving
harmonisation is a lengthy, resource intensive process for regulators and industry and therefore
the selection of products for harmonisation must be risk based. The UK would not support the
mandatory harmonisation of all authorised products or an annual SPC harmonisation exercise, as
used in the human sector. Instead a different approach will be required. Referral mechanisms do
currently exist but these have certain flaws. For example, only Article 34 leads to full SPC
harmonisation, but then this relates only to a specific product for a specific MAH and in some cases
has only extended to the safety and efficacy elements of the SPC, the quality elements may still
differ and the underlying quality data are not harmonised in any way. A simplified process for full
SPC harmonisation could be envisaged relying on the provision of summary data/or expert
summaries from MAH, with MS having the option to see the underlying data. One country could
lead on the assessment with other contributing to the decision on the final SPC. It would be
important for the whole network to engage in this work.

If a procedure were established to update and to harmonise already authorised medicines, would
you consider it appropriate to apply the procedure differently according to the public health risks
involved or to other criteria (e.g. to prioritize the harmonisation of products with high public health
concern)? (optional)

- Yes
- No

Please substantiate your position. (optional)

A formal process for harmonisation may not be necessary; any new procedure should not increase
administrative burdens disproportionately. Whether a formal or informal process is introduced a
risk-based approach is needed. We should not aim to harmonise all veterinary medicines. We
consider that high risk medicines and good candidates to harmonisation are those indicated for
food producing animals, and antibiotics critical in human use. NCAs should have a justified reason
for requiring harmonisation, as the process should not be routine. It is not desirable that the CVMP
should force the unnecessary harmonisation of all medicines as this would amount to huge new
administrative burdens on the industry and could result in well-established products being lost
from the market.

If a procedure were established to update and to harmonise already authorised medicines, would
you prefer a compulsory approach? (optional)

- No opinion
- Strongly disagree
- Agree
- Strongly agree
4.8 Key issue N° 8: New needs and new challenges

4.8.1 The issue

There are many serious animal diseases on the borders of the EU. A rise in the level of international trade and travel has increased the threat from previously unknown diseases in Europe. Climate change may further enhance the probability of accidental introduction of diseases in the EU. There is also the possibility that vectors of diseases will move into new habitats and spread beyond their existing areas. Therefore new animal health challenges have emerged and will continue to emerge. Last decades the emergence of for example Bovine Spongiform Encephalopathy (BSE), Foot and Mouth disease (FMD) and Classical Swine Fever has reminded us of the economic and social impacts animal diseases can have. Effective disease control requires a fast and effective response to a disease outbreak and alternative approaches which can supplement existing methods are needed. The current legal framework already provides some tools to respond to new needs and challenges. Pursuant to Article 7 of Directive 2001/82/EC a Member State may authorise the marketing or administration to animals of veterinary medicinal products which have been authorised by another Member State. Article 8 of Directive 2001/82/EC provides the possibility, in the event of serious epizootic diseases, to allow the use of immunological veterinary medicinal products without a marketing authorisation in the absence of a suitable medicinal product. Whilst authorisation at EU level against transboundary diseases is the preferred option, experience has shown that in the event of disease emergencies Member States have made use of the legal provisions to allow use of products at national level. Authorisation of products at EU-level has been much slower, which has often led to the veterinary medicines being authorised too late to be of widespread use.

New technologies, therapies and medicines for animals are emerging. They offer new opportunities for treating or preventing animal diseases. Some of these new developments may be complex and have a new technical specificity, and therefore lie at the border of being a veterinary medicinal products or another type of product (e.g. medical devices). The current veterinary legal framework does not have specific provisions for advanced therapies as is the case in human medicines.

The issue is whether the legal framework can respond appropriately to new needs and new challenges.

4.8.2 Consequences

If the legal framework is not properly designed to respond effectively to new veterinary needs and challenges, this would pose significant problems in term of ensuring a fast and effective response to outbreaks of new diseases. In order to exploit the results of research, and to support its development, the regulatory requirements and environment should evolve in parallel with advances in technology.

4.8.3 Options to address this issue

The legal framework and environment could be better designed to respond effectively to new veterinary needs, new circumstances and new technologies. However, it is unclear whether there is a real need to change the legal framework.

Can you specify the new veterinary needs and challenges to which the legal framework may have difficulties in responding effectively? (optional)

We consider the following areas challenging. They require some regulation but this should not be so prescriptive that regulation would hinder medical progress in the veterinary field: • The collection, processing and supply of blood and blood products for non-food animals. • The collection, processing and supply of stem cell products. • Veterinary devices and diagnostics, tissue transplants - this field is rapidly advancing with the development of new techniques in small animal surgery; increasingly there are bespoke devices being manufactured that do not fall under the remit of other legislative controls.

Do you agree that there are difficulties in the assessment of medicines developed or produced by new technologies? (optional)

☐ No opinion
☐ Strongly disagree
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**Should this issue of new needs and new challenges be addressed in the review? (optional)**

- [ ] No opinion
- [ ] Strongly disagree
- [x] Agree
- [ ] Strongly agree

**Do you have proposals how the need to authorise veterinary medicinal products urgently in the event of an emergency can be better balanced against the need for an appropriate benefit-risk assessment of the use of these products (for which companies have to provide extensive data)? (optional)**

In the UK we already have procedures for the granting of ‘Provisional Marketing Authorisations’ in accordance with Article 26(3) of the Directive. The following is taken from our published guidance: Neither Community nor UK law define “exceptional circumstances” although the Directive provides that such authorisations may only be granted for “objective and verifiable reasons”. The facility may be useful when there is no suitable authorised medicine available to treat a particular disease or to treat a new disease in the UK. A new disease could either be one that has not previously been recorded in the UK, or an existing disease whose pattern has changed to such an extent that existing remedies have ceased to be effective. These authorisations are applicable where there is no fully authorised veterinary medicine in the UK available to prevent or treat a particular condition. These authorisations are issued whilst a company continues to generate the full supporting data required to obtain a Marketing Authorisation. Data gaps may exist in any section of the dossier i.e. quality, safety and efficacy, but these must not be critical to the safety of the product and it must be possible to mitigate any risks to an acceptable level. Provisional Marketing Authorisations are usually applied for and issued in order to address an urgent situation, for example as a result of a new disease or because the nature of an existing disease has changed. These authorisations are intended to exist only in the short term and are expired when the corresponding Marketing Authorisation is issued. We propose to maintain the legal basis for this procedure, which should be available at national level to attend the urgent needs of a MS. Limiting use of this procedure to Centralised level would delay response to a disease outbreak.

**Do you have concrete proposals (to amend the legal framework) in relation to new needs and challenges? (optional)**

We offer the following suggestions:

- **Regulation of stem Cell centres:** The UK has introduced an authorisation scheme that covers the premises in the UK used to store, process and manufacture cultures of equine mesenchymal stem cell products and lists the Qualified Person (QP) responsible for the production and release of the product and the QP responsible for pharmacovigilance. A list of stem cell derived products and the treatments, for which they are supplied, is included in the terms of the authorisation. The authorisation covers only multipotent equine stem cells derived from horses or cells derived from the umbilical cord of newborn foals. The authorisation does not cover stem cells derived from embryonic tissues. Equine stem cells may only be supplied to a veterinary surgeon for administration by him or under his responsibility in accordance with a prescription.

- **Regulation of Blood Banks for non food animals:** The UK has an authorisation procedure for applicants who wish to collect and store blood for use in non-food producing animals and place it on the market to meet unforeseen or exceptional needs. Applicants may apply for a Non-Food Animal Blood Bank Authorisation (NFABBA) in respect of their premises. The VMD considers that the separation into its constituent parts i.e. plasma, red cells, cryo-precipitate and cryo-supernatant by physical means within a single closed system, is acceptable under this scheme. Any other means of production of blood products should only be done via a full manufacturing/marketing authorisation. A NFABBA will be valid continuously subject to satisfactory re-inspection every two years. A variation to the terms of the authorisation must be granted before any change may be made to them. Blood may only be supplied to a veterinary surgeon for administration by him or under his responsibility. The authorisation holder is
responsible for pharmacovigilance reporting to the VMD. • Diagnostic kits and devices If these products are manufactured specifically for veterinary use they should be produced to agreed standards. A proportionate system of regulation should be explored which will ensure safety and quality of the products without leading to the significant loss of medical devices. The lack of regulation of this market can be a significant barrier to the export of veterinary devices. • Clarification on what is a veterinary medicinal product There can sometimes be a lack of clarity of whether a product should be controlled as a medicine or not (for example, nutraceuticals, herbals, food-based treatments, honey bandages for treatment of wounds, even maggots). A number of MS have systems where companies can obtain decisions on whether or not a product needs a MA but an EU wide scheme would have the benefit of ensuring consistent decisions.
5. General information on submitting parties

Please give name, telephone number, e-mail address, Member State / country (optional)
Veterinary Medicines Directorate - Surrey

Please indicate to what category you belong as submitting party: (compulsory)
- [ ] Citizen
- [ ] Non-business organisation
- [ ] Business organisation / enterprise
- [x] A public authority

In case of a business organisation or enterprise, please indicate the type of stakeholder: (compulsory)
- [ ] Farmer
- [ ] Veterinarian
- [ ] Manufacturer
- [ ] Wholesaler
- [ ] Pharmaceutical industry
- [ ] Importer
- [ ] Researcher
- [ ] Other

We thank you for your kind co-operation.