Dear Sir or Madam,

Today we would like to inform you about the following topics:

We are at your disposal, should you require assistance or have further questions.

Best regards

The DiaMed Team

1 DISPOSAL INFORMATION TO BE INCLUDED IN GERMAN PACKAGE LEAFLETS

It is important to dispose of unused medicinal products in a way that they do not cause harm to the environment. The active ingredients of a medicinal product may still be active and cause undesired effects to fauna and flora.

Due to the fact that in Germany the disposal of household waste is ruled at municipal level, there is no German-wide, harmonised regulation for disposal of medicinal products. In most cases, however, medicinal products can be disposed of via household waste in the residual waste bin, as this is incinerated and thus no drug residues remain in the environment. An overview of the regional disposal regulations can be found under https://arzneimittelentsorgung.de.

As part of the Federal Strategy on Trace Substances a new wording for disposal instructions has been agreed with the German associations of the pharmaceutical industry which is to be included in the German package leaflets as soon as possible.

Unless due to the special nature of the medicinal product, specific disposal information is already provided for in the marketing authorization, the following text shall be included in the German patient information leaflet for medicinal products within the area of competence of BfArM, in accordance with Section 77 AMG, on the basis of the European requirements (QRD templates):

„Entsorgen Sie Arzneimittel niemals über das Abwasser (z. B. nicht über die Toilette oder das Waschbecken). Fragen Sie in Ihrer Apotheke, wie das Arzneimittel zu entsorgen ist, wenn Sie es nicht mehr verwenden. Sie tragen damit zum Schutz der Umwelt bei. Weitere Informationen finden sie unter www.bfarm.de/arzneimittelentsorgung.“

[Translation*: Never dispose of medicinal products via wastewater (e.v. not down the toilet or the sink). Ask your pharmacist how to dispose of medicines you no longer use. These measures will help protect the environment. Additional information is available under www.bfarm.de/arzneimittelentsorgung.]*

The BfArM will randomly check the topicality of the disposal information in the patient information leaflet and reserves the right to individually impose appropriate conditions in individual cases, if necessary.

In accordance with EU regulatory guidance, DiaMed recommends to use the first upcoming regulatory procedure affecting German Product Information Annexes for implementation of the new wording.

2 ACCESSIBLE PRODUCT INFORMATION TEXTS IN AUSTRIA

Marketing authorization holders for Austrian marketing authorizations, registrations and parallel imports must provide patient information leaflets in an accessible format corresponding to the standard PDF-UA until December 31st, 2020. The BASG recommends to also provide the Summary of Product characteristics (SmPC) in an accessible format in the context of changes to the product information.

As support, the BASG offers templates in accessible format that base on the QRD template on its homepage. The use of these templates is not mandatory, but helpful. The difference to the QRD templates is the new electronic format: The templates provide a respective heading structure and organization of content to enable screen reader users to efficiently navigate through the documents. This electronic structure can be made visible by using the navigation pane (in Tab “View” - “Show” button group - “Navigation Pane” checkbox) in MS Word. Alternate text has to be added for pictures and symbols.

Once content-related text discussion with BASG is finalized with regards to the Word documents, Marketing Authorisation Holders/applicants are required to provide and submit an accessible PDF document.

Source and further information: https://www.basg.gv.at/en/medicines/accessible-patient-information-leaflet/

3 EMA-ACCOUNT-MANAGEMENT

The personal EMA account is the necessary key to numerous EMA systems of the pharmacovigilance and regulatory area (e.g. EudraVigilance, EudraLink, PSUR Repository, SPOR-Data Management Services, Service Desk Portal).

Users with an EMA account profile are required to keep the account active in order to be able to work in the systems at all times.

The following scenarios can automatically disable or even delete the personal EMA account:

The EMA account will **automatically be temporarily disabled** if the user has not logged into his account for **more than 6** months or has logged in five times unsuccessfully.

The EMA account is **automatically deleted** if the user has not logged in with his account for **more than 12 months.**

This means that you have to log in regularly in EMA account to prevent deactivation or deletion. Normally, the EMA informs the user by e-mail 14 days before the deactivation/deletion with the appropriate request to become active. Users should set up a monitoring system to avoid logging out more than 6 months a month, if they use their EMA account rarely

If a temporary deactivation has already occurred, the EMA states in the document "EudraVigilance Registration Frequently Asked Questions" under item 2.11 the following option for the re-activation of the EMA account:

Contact for re-activation via the service desk on the phone number: +31 (0) 88 781 7523 (please note, this number is the current phone number of the EMA in Amsterdam, in the linked document is still the London phone number)

A deleted EMA account requires a new registration at the EMA.

4 DRAFT GUIDELINE ON QUALITY REQUIREMENTS FOR DRUG-DEVICE COMBINATIONS

On 3 June 2019 the EMA has released a draft guideline on the quality requirements for medical devices in human medicines that include a medical device - either as integral part, co-packaged or obtained separately - known as drug-device combinations, for a 3-month public consultation (EMA/CHMP/QWP/BWP/259165/2019).

The guideline addresses the new obligations in Regulation (EU) 2017/745 on medical devices (MDR), in particular the requirements under Article 117. This article foresees that the marketing authorisation application should include a CE certificate or declaration of conformity for the device or, if the device is not CE marked, an opinion from a notified body (NB) on the conformity of the device.

The guideline covers devices that are necessary for the administration, dosing or use of the medicine. It specifies which information about the device needs to be submitted as part of the initial marketing authorisation application and subsequently during the product lifecycle. It also contains a proposed template for the NB opinion on the conformity of the device to the relevant general safety and performance requirements laid down in Regulation (EU) 2017/745.

The public consultation will last until 31 August 2019. Stakeholders are invited to send their comments to QWP@ema.europa.eu using this template.

EMA intends to finalise the guideline before the regulation fully applies on 26 May 2020.

5 REVISED GUIDELINE ON ENVIRONMENTAL RISK ASSESSMENT DRAFTED

In November 2018, EMA has published a revision of the guideline on the environmental risk assessment (ERA) of human medicines for a six-month public consultation. Stakeholders are invited to send their comments by 30 June 2019 to era_dg@ema.europa.eu using a specific template.

The revision of EMA's guideline on ERA introduces a decision tree clarifying when ERA studies are required and provides more detailed technical guidance to applicants to increase the consistency of the assessments.

According to Directive 2001/83/EC, applicants are required to submit an ERA irrespective of the legal basis. Generic medicinal products are therefore not exempted from providing an ERA. Cross reference to the ERA dossier of the originator is permitted with consent from the originator. In contrast, reference to public assessment reports without corresponding study data will not be possible.

The previous exemption for products containing vitamins, electrolytes, amino acids, peptides, proteins, carbohydrates and lipids as active pharmaceutical ingredient(s), vaccines and herbal medicinal products has been omitted.

It will still be possible to close the assessment after phase I assessment (i.e. based on calculations of the Predicted Environmental Concentration PEC in surface water without study data) and the refinement of the fraction of market penetration (F_{pen}). The limit for the $PEC_{SURFACEWATER}$ remains unchanged (0.01 µg/L).

One of the most notable changes introduced in the proposed revision is the introduction of the term 'endocrine active substances' (EAS), to include all compounds that affect development or reproduction. For EAS, the above limit cannot be applied.

Additionally, guidance is provided for the estimation of the exposure of predators to pharmaceuticals through the food chain ('secondary poisoning'), as well as directly through the environment.

The revision also proposes to limit the use of a laboratory test method - the OECD 308 environmental fate test - to certain categories of substances and this will reduce the burden of testing on applicants.