



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

## Update of the HMA/EMA Task Force on availability of authorised medicines for human and veterinary use (TF AAM) new structure and composition

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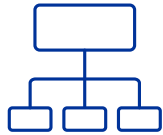
TF AAM meeting with industry associations - 12 September 2022

**Monica Dias**, EMA co-chair  
**Hugues Malonne**, HMA co-chair

An agency of the European Union



# Agenda



New structure and  
composition



Work programme  
to 2025



Updated terms of  
reference



Extension of the  
mandate for 3 years

# Background on the TF AAM



- **Activities on hold** due to COVID-19 business continuity plan
- **Changes in the co-chairs:**
  - Noël Wathion's retirement
  - Kristin Raudsepp's departure from the Estonian Agency



- **New co-chairs appointed:**
  - Monica Dias (EMA co-chair)
  - Hugues Malonne (HMA co-chair)
- **Activities resumed** on 15 December 2021

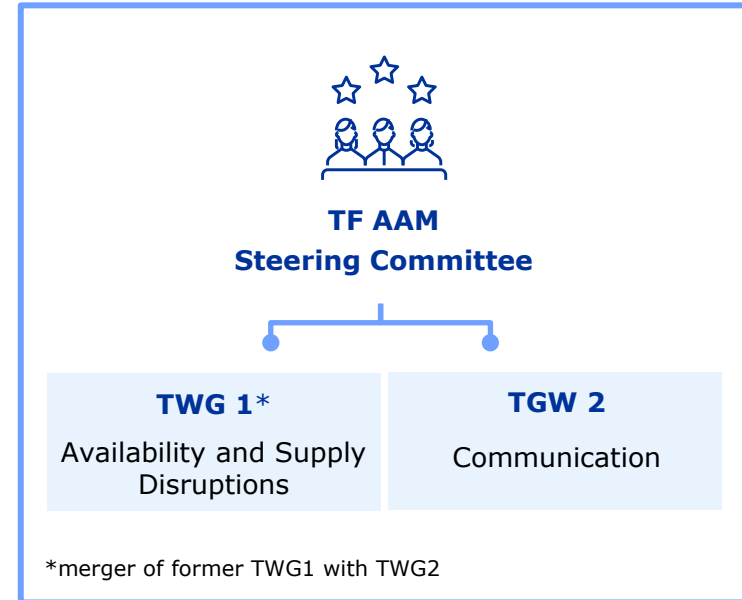
# New structure of the TF AAM

## New structure consisting of 2 thematic working groups (TWG)

Agreement to have a new structure and composition of the TF AAM to ensure alignment of the activities within the EU Regulatory Network:

- European medicines agencies network strategy (EMANS) to 2025
- Joint action on shortages
- EMA extended mandate

The new structure and composition will **streamline processes, foster synergies and will avoid duplication of work within the network**



# New composition of the TF AAM

## STEERING COMMITTEE

### New composition of the Steering Committee

#### New members appointed:

- Lead of theme 1 of the European medicines agencies network strategy
- Lead of Joint action on shortages
- Chairs of the CMDx
- New members appointed from SI, DE-PEI

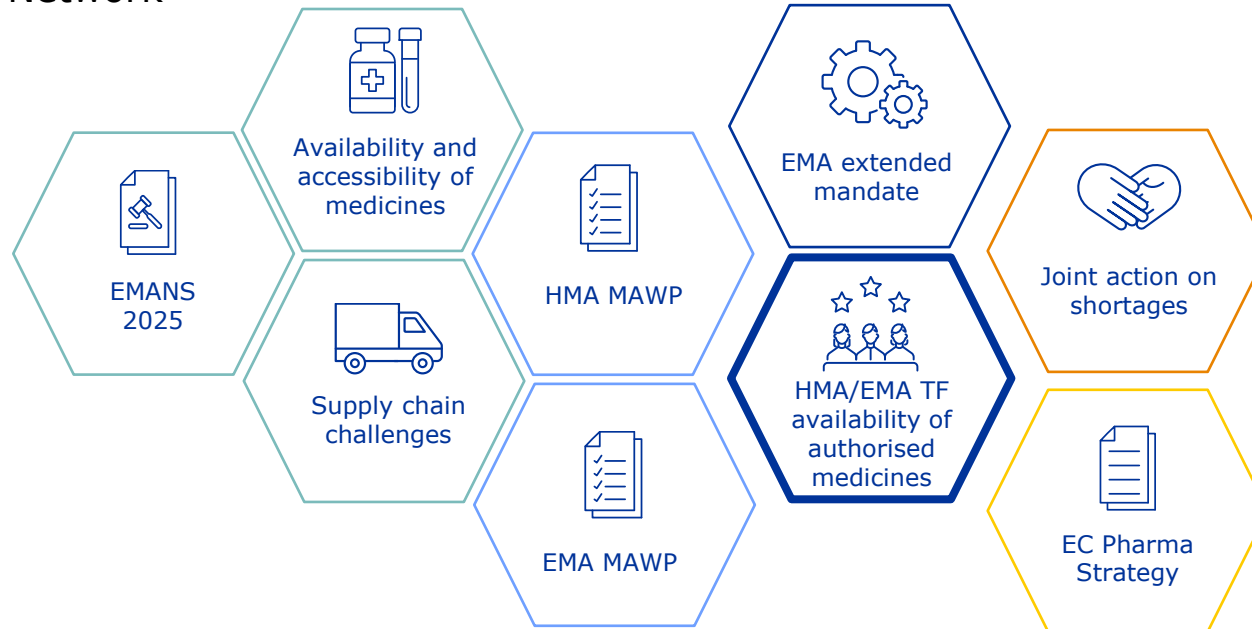


#### Steering Committee Members

- Hugues Malonne, HMA co-chair
- Monica Dias, EMA co-chair
- Maria Lamas, ES
- *Jean-Pierre Orand, FR-ANSES*
- Rui Ivo Santos, PT (EMANS lead theme 5: supply chain challenges)
- Lorraine Nolan, IE (EMANS lead theme 1: availability and accessibility)
- Sylvain Giraud, EC
- Momir Radulović, SI
- Maximilian Ehrhardt, DE-PEI
- Domenico Di Giorgio, IT (lead joint action on shortages)
- Kora Doorduyn, chair of the CMDh
- Laetitia Leletty, chair of the CMDv
- Brendan Cuddy, EMA
- Ivo Classen, EMA
- Darren Scully, IE & Maria Alcaraz, EMA (Co-chairs TWG1)
- Yngvil Knudsen, NO & Juan García, EMA (Co-chairs TWG2)

# Supply and availability landscape and HMA/EMA TF AAM

Supply and availability **Hub** within the  
EU Regulatory Network



# Work programme to 2025

## Work programme adopted

by the Steering Committee, and subsequently by HMA and the EMA Management Board

Work programme **builds on the objectives** described in theme 1 of the European medicines agencies network strategy to 2025 and **includes actions** from:

- HMA multi annual work programme
- EMA Single programming document
- Ongoing actions from previous work programme
- Actions related to availability of medicines assigned to existing working groups within the European Medicines Regulatory Network (e.g. ePI, biosimilars)

**Alignment with Joint Action on shortages and the EC Pharmaceutical Strategy** ensures synergies and avoids duplication of work within the network



### Work Programme

5 Objectives

12 Actions

25 Indicators (KPIs)

# Update of the terms of reference

- Terms of reference of the TF AAM initially drafted in 2016
- Current mandate of the TF AAM ending in December 2022
- Revision necessary in view of the new developments in the area of availability and shortages, the new structure of the TF AAM and the need to extend the mandate for a further 3 years
- Revised terms of reference adopted by the Steering Committee on 29 April 2022 and adopted by HMA via written procedure on 26 May 2022 and by the EMA Management Board on 16 June



## Terms of Reference

- I. Background
- II. Scope
- III. Composition/Membership and Secretariat
- IV. Working approach
- V. Mandate
- VI. Revision of the mandate



# Any questions?

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**See websites for contact details**

**Heads of Medicines Agencies** [www.hma.eu](http://www.hma.eu)  
**European Medicines Agency** [www.ema.europa.eu](http://www.ema.europa.eu)

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## NEW COMPOSITION OF THE TF AAM

# Thematic Working Groups



### Thematic Working Group 1

- Darren Scully, HMA co-chair
- Maria Alcaraz, EMA co-chair
- Martina Unteregger, AT
- Jakub Velík, CZ
- Gabriele Eibenstein, DE-BFARM
- Inke Reimer, DE-BVL
- Juhl Jones Rie Devantier & Lene Margrethe Jacobsen, DK
- Maria Esplugues & Maria Criado, ES
- Ramiro Casimiro, ES-V
- Johanna Linnolahti & Julia Lehtinen, FI
- Carla Maione & Oscar Cruciani, IT
- Kristīne Edolfa-Kalniņa, LV
- Flore Demay, FR-ANSES
- Priscilla Schoondermark, NL
- Andreas Sundgren, NO
- Johan Andersson, SE
- Barbara Razingier, SI
- Janos Kovacs, EMA-V



### Thematic Working Group 2

- Yngvil Knudsen, HMA-co-chair
- Juan García, EMA co-chair
- Klára Brunclíková, CZ
- Alina Hoskins, DE-BVL
- Juhl Jones Rie Devantier, DK
- Lene Margrethe Jacobsen, DK
- Diego Pernas, ES
- Katja Lindgren-Äimänen, FI
- Kim Notenboom, NL



## Update of activities of the TF AAM

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TF AAM meeting with industry associations - 12 September 2022

**Maria Alcaraz**, EMA  
**Inga Abed**, EMA



# TF AAM: Activities to 2025



- TF AAM with mandate extended to 2025
- Two working groups of task force:
  - TWG1- Availability and Supply Disruptions
  - TWG2 – Communication
- Dedicated activities reflected in work programme
- Adopted:
  - Steering Committee on 28 January 2022
  - HMA on 6 May 2022
  - EMA-MB on 16 June 2022
- To be published on EMA/HMA website



## THEMATIC WORKING GROUP 1 (TWG1)

# Availability and supply disruptions: Main activities (I)



## Proposals to change the legislation to improve prevention and management of shortages

- Pharma Strategy
- Draft by TWG1 → adopted by the Steering Committee → HMA consultation
- Proposals sent to the EC on 31<sup>st</sup> March according to the deadline

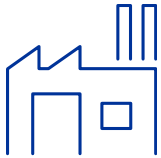
### TWG1

#### Availability and supply disruptions



## THEMATIC WORKING GROUP 1 (TWG1)

# Main activities (II)

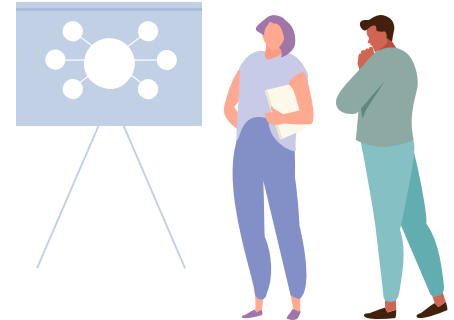


### **Good practice for industry on prevention of shortages of medicinal products for human use**

- Dedicated point on agenda

#### TWG1

#### Availability and supply disruptions



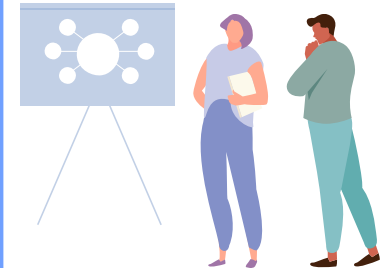
## THEMATIC WORKING GROUP 1 (TWG1)

## Main activities (III)

**Pilot project on implementing the guidance on detection and notification of shortages of medicinal products for MAHs**

- [Guidance on detection and notification of shortages of medicinal products for MAHs adopted by stakeholders](#), consultation with stakeholders and published on 1 July 2019
- Agreement to launch a pilot for the implementation of the guidance
- COVID-19 / activities of the TF AAM on hold
- Survey about availability of shortage reporting template at national level through the Medicines Shortages SPOC Working Party
- Continue the discussion/engagement under the pharma strategy

TWG1  
Availability and  
supply disruptions



## THEMATIC WORKING GROUP 1 (TWG1)

# Main activities (IV)



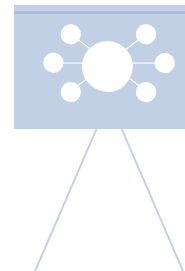
Activities in the field of the **veterinary** sector



Activities to increase **harmonization** within the EEA and with **international** partners

### TWG1

Availability and supply  
disruptions





## THEMATIC WORKING GROUP 2 (TWG2)

# Main activities (I)



### **Commitment to transparency**

- Publish work plan and composition of taskforce
- Regular updates and publications of outcome
- Review practices to enhance communication on supply problems to EU citizens, their representatives and healthcare professionals

### TWG2 Communication



## THEMATIC WORKING GROUP 2 (TWG2)

## Main activities (II)

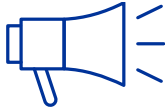
**Good Practice Guidance for patient and healthcare professional organisations on the prevention of shortages**

- [Good Practice Guidance](#) stakeholders (patients and healthcare professionals) consultation → adopted by the Steering Committee in May 2022 → published in July 2022
- In collaboration with stakeholders define metrics and monitor implementation of guidance and review practices
- Explore guidance for veterinary sector

TWG2  
Communication

## THEMATIC WORKING GROUP 2 (TWG2)

# Main activities (III)



### **Communication to the public on medicines' availability issues**

- [Good Practice Guidance for communication to the public on medicines availability issues](#) published in July 2019
- Monitor and analyse implementation of guidance and update as necessary

#### TWG2 Communication



## THEMATIC WORKING GROUP 2 (TWG2)

# Main activities (IV)



### **Multi-Stakeholder Workshop**

March 2023

- Dedicated point agenda

TWG2  
Communication



## THEMATIC WORKING GROUP 2 (TWG2)

# Main activities (V)



Activities in the field of the **veterinary** sector

TWG2  
Communication



# Task force tracking progress of activities

- Implementation of [ePI project](#)
- Electronic formats of veterinary medicinal product information
- Fostering public awareness on approval standards, safety, effectiveness and immunogenicity of biosimilars
- Promotion on use of multi-lingual packs
- Publication of information on marketing status of the EU of centrally authorised medicines

# Any questions?

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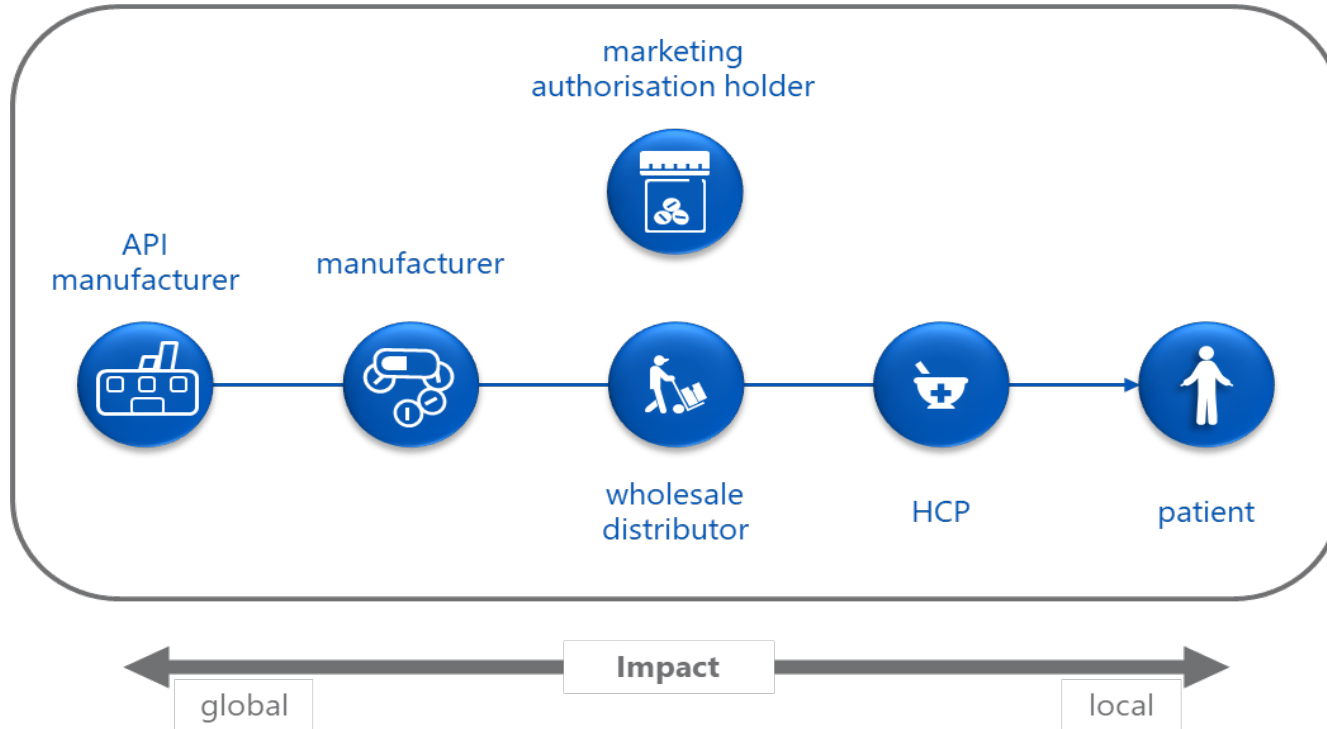
# Good practice guide on prevention and management of shortages of medicines for human use

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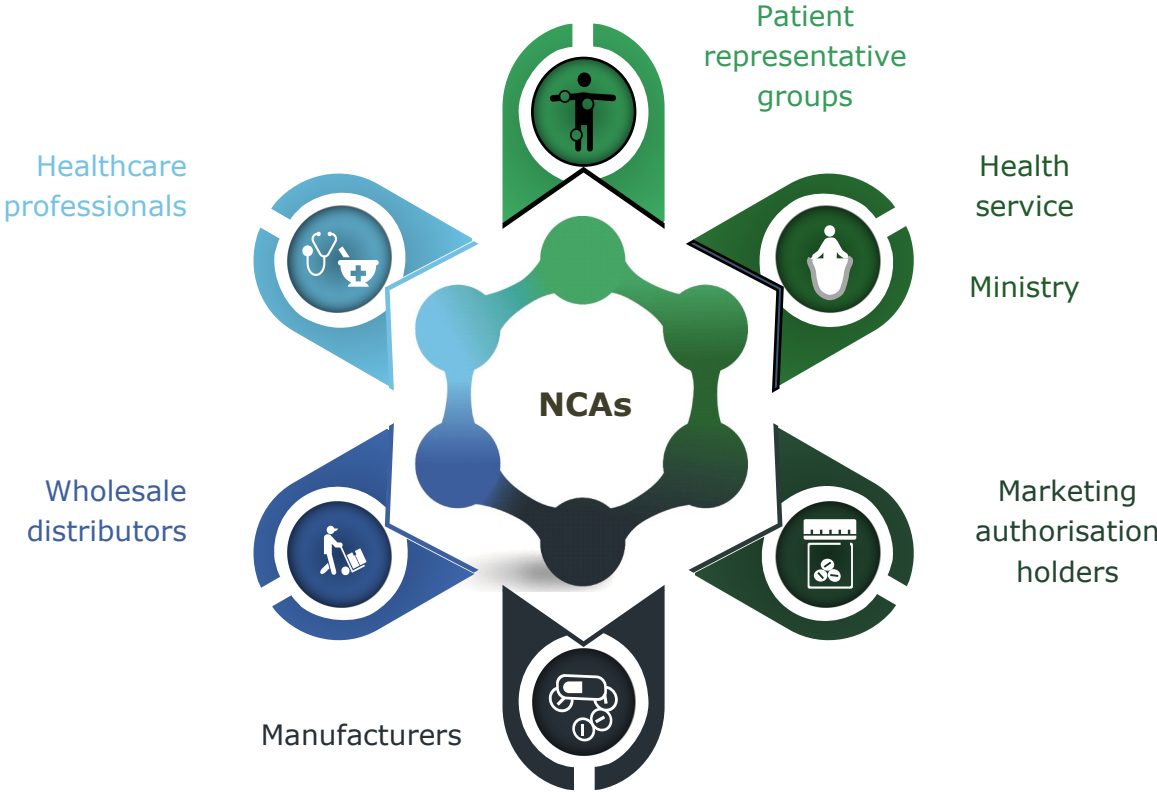
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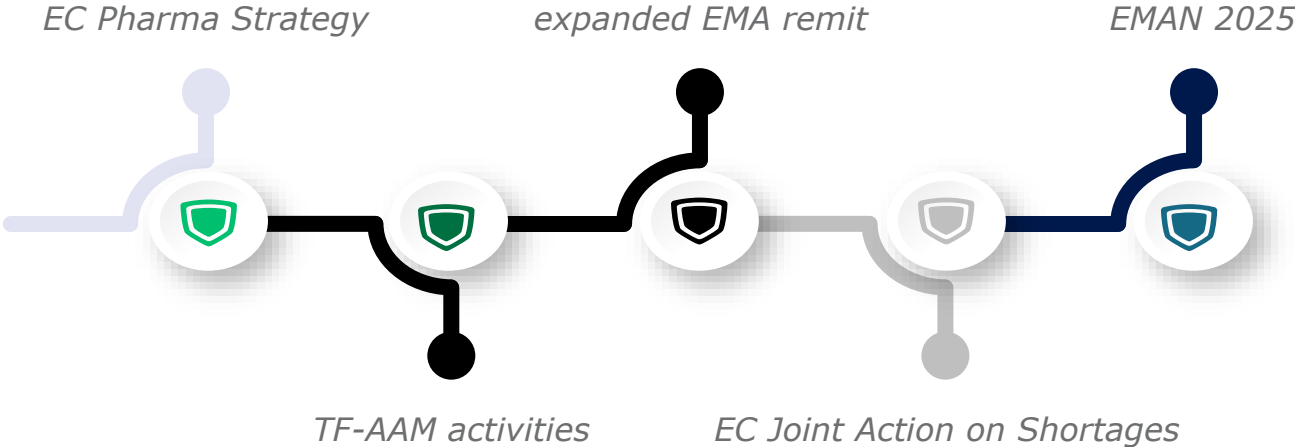
# Context – supply chain



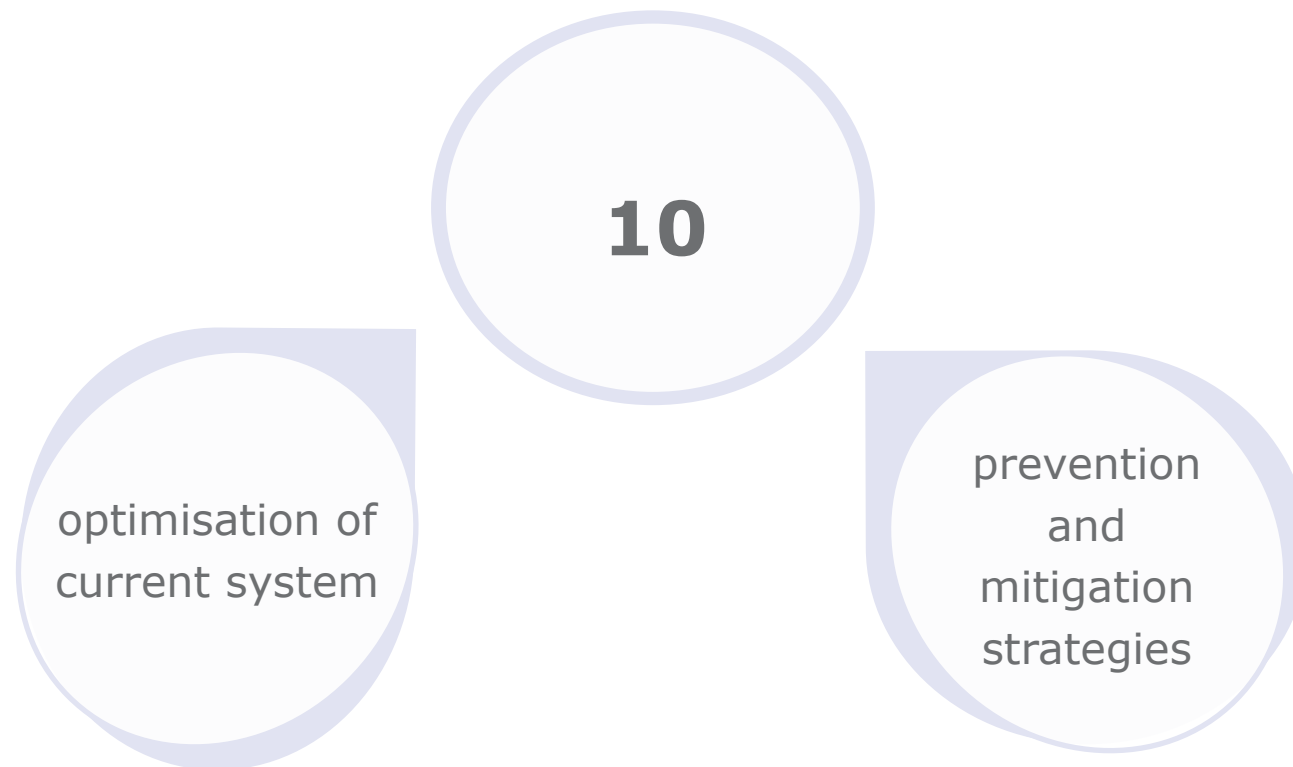
# Context – multiple stakeholders

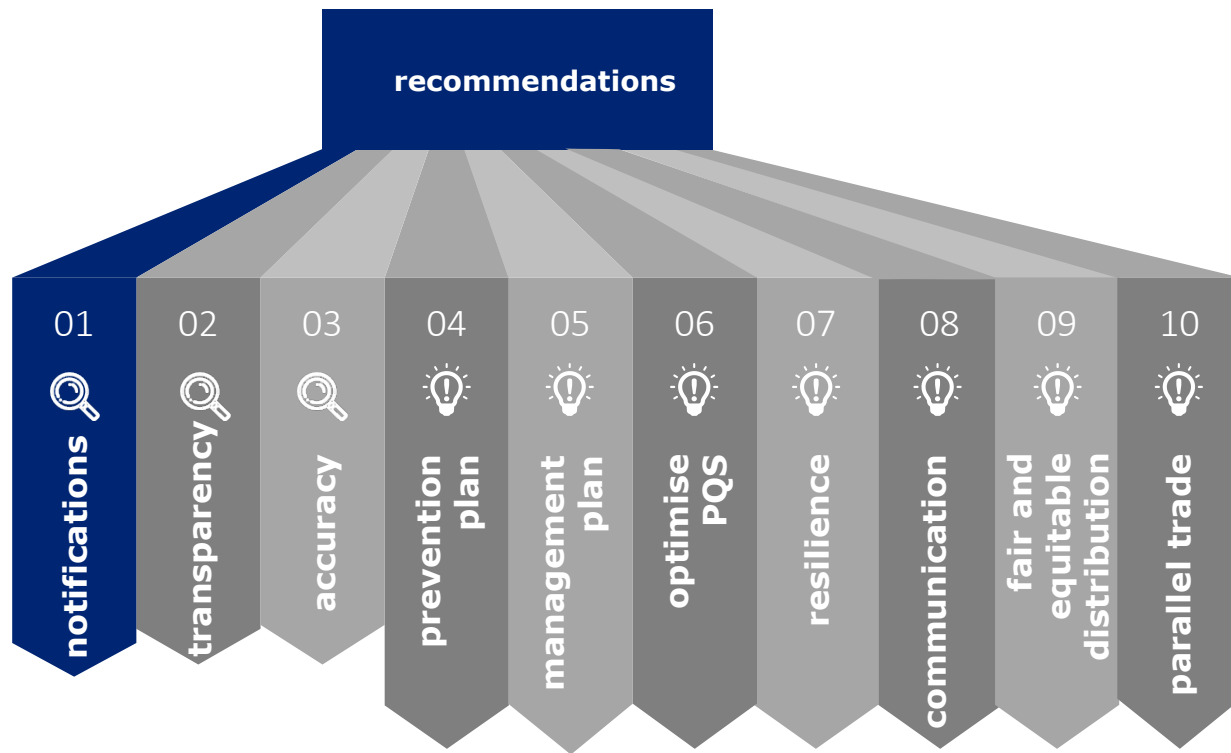


# Context – complementary strategies



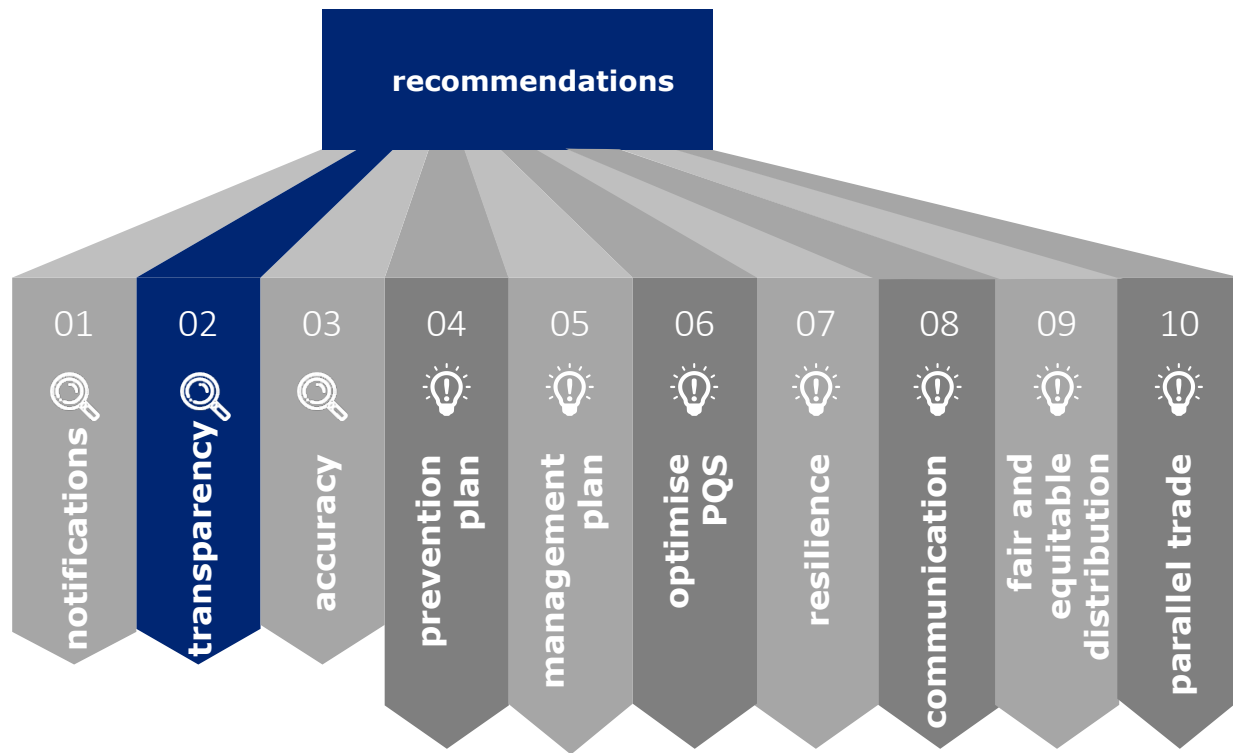
# Shortages – recommendations





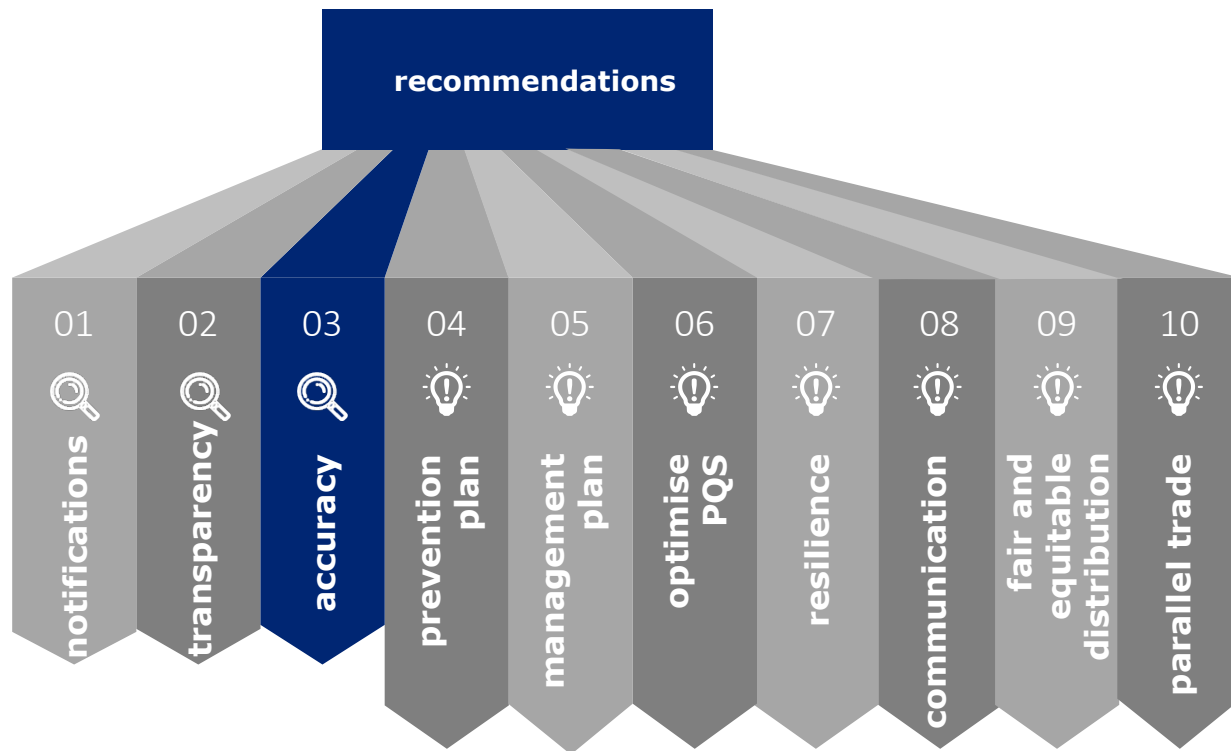
## earlier notifications

- advantages for all
- return of supply notification



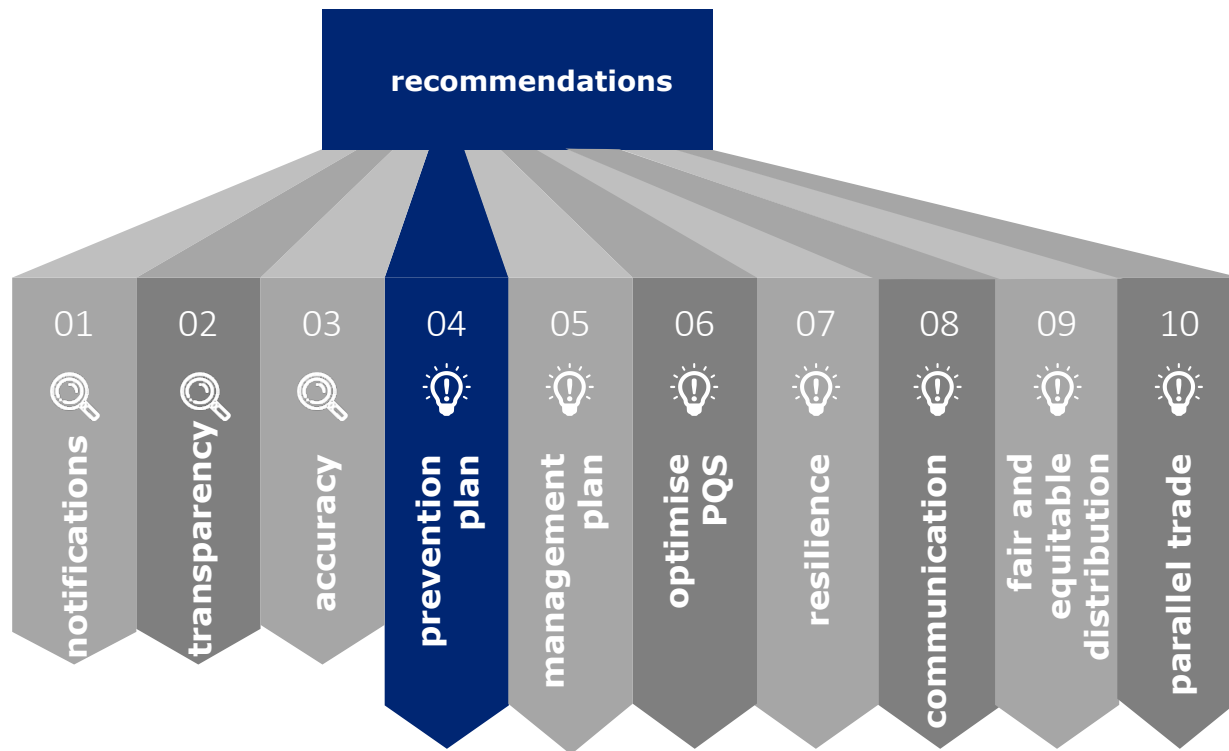
## increased transparency

- knowledge sharing
- communication
- promote international cooperation and information sharing



## increase accuracy

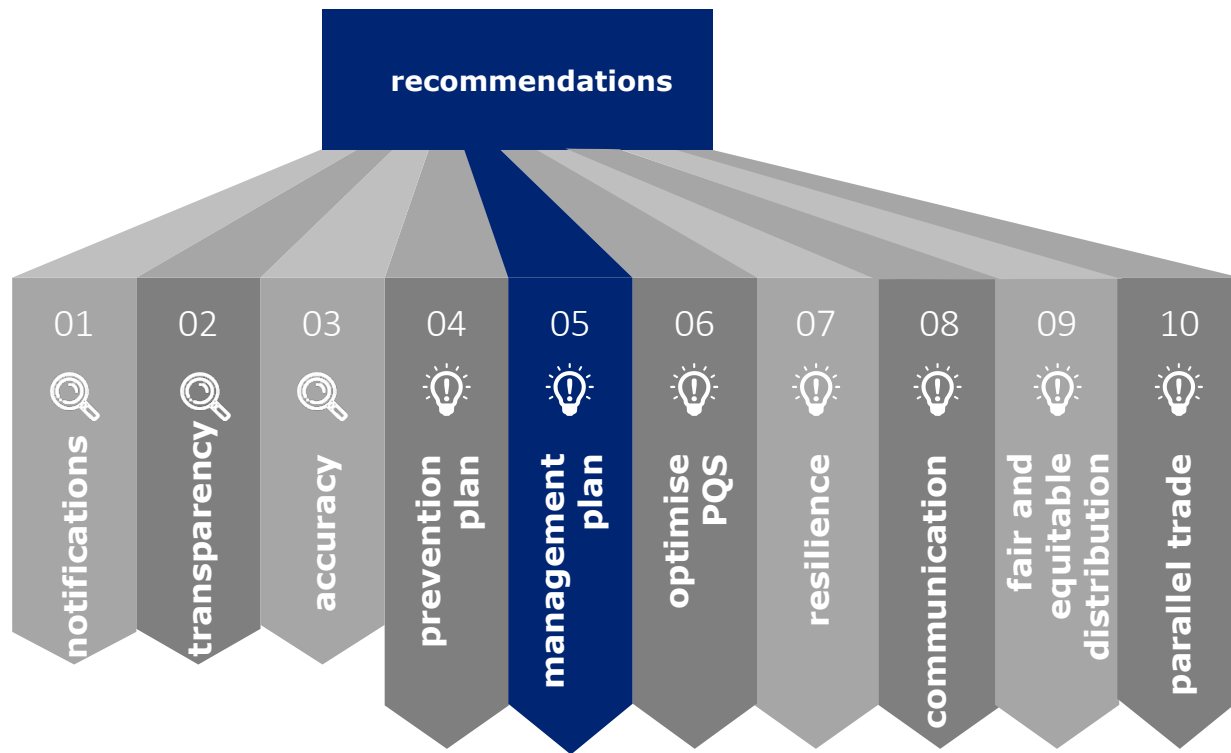
- clarity on cause of shortage (e.g. manufacturing delay)
- how many countries affected?
- accuracy in supply resumption



## shortage prevention plan

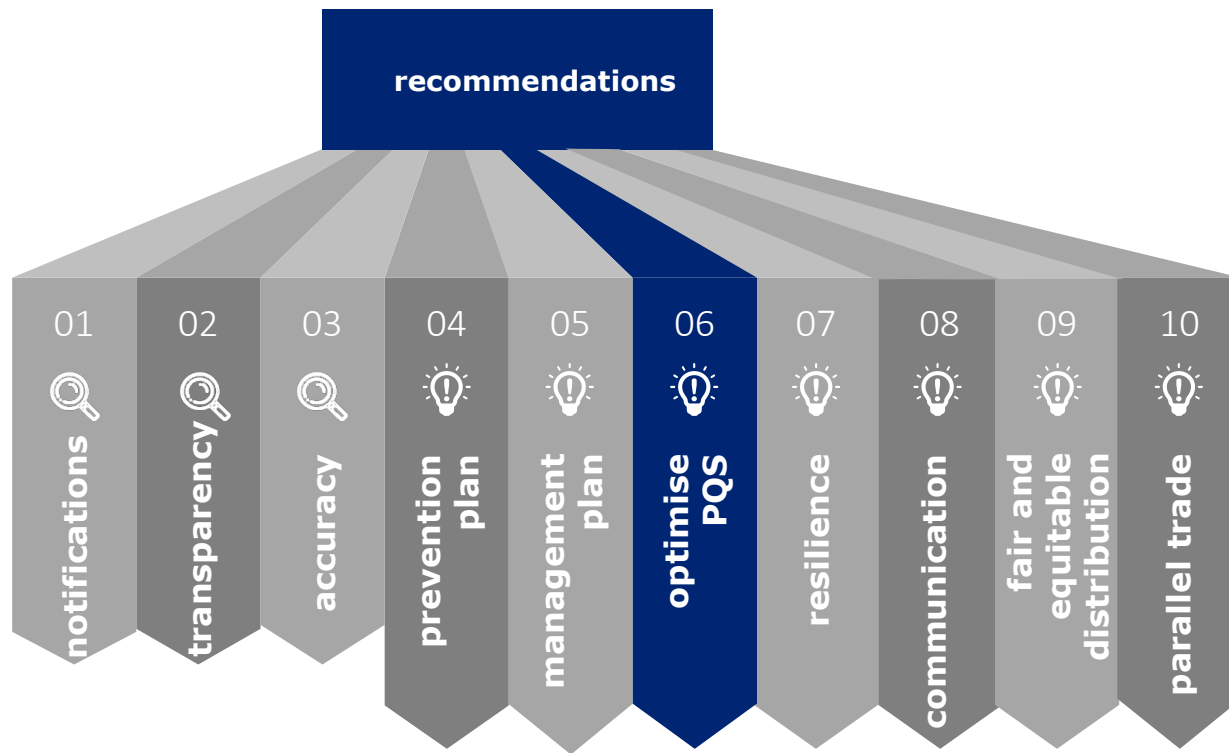
- shortage prevention plans implemented by industry
- promote recommendation at EU level





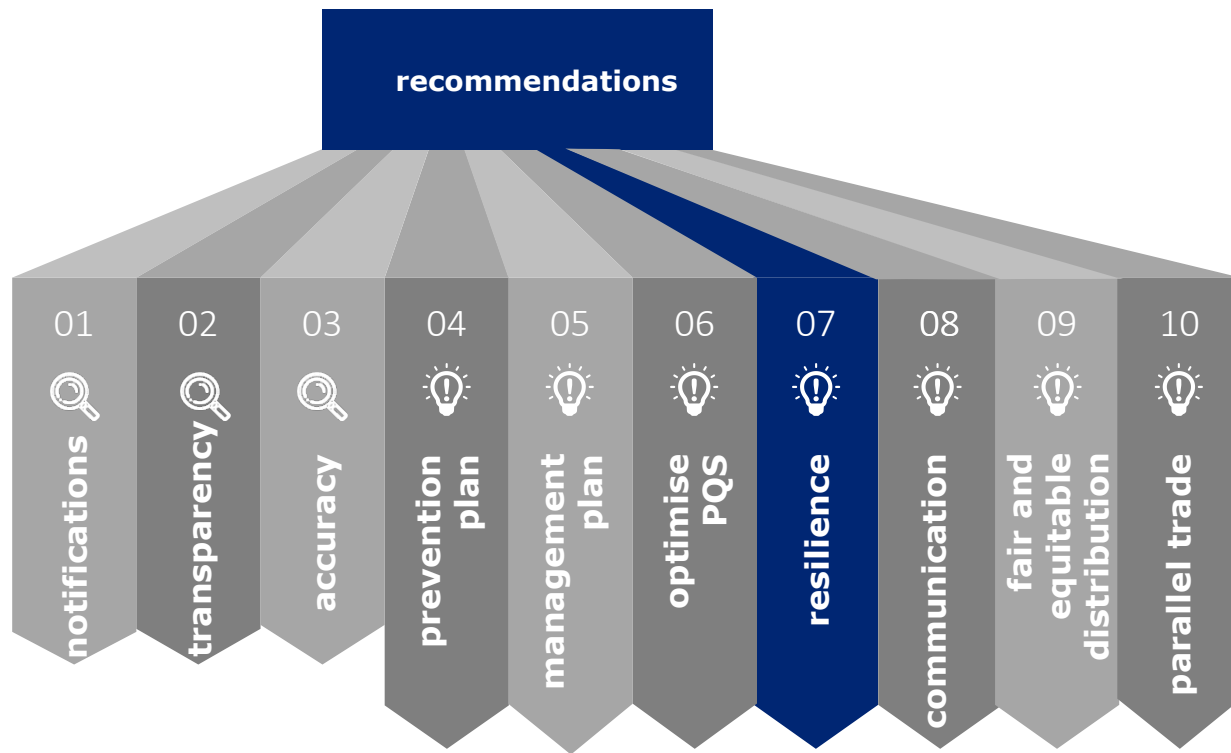
## shortage management plan

- shortage management plans implemented by industry
- promote recommendation at EU level



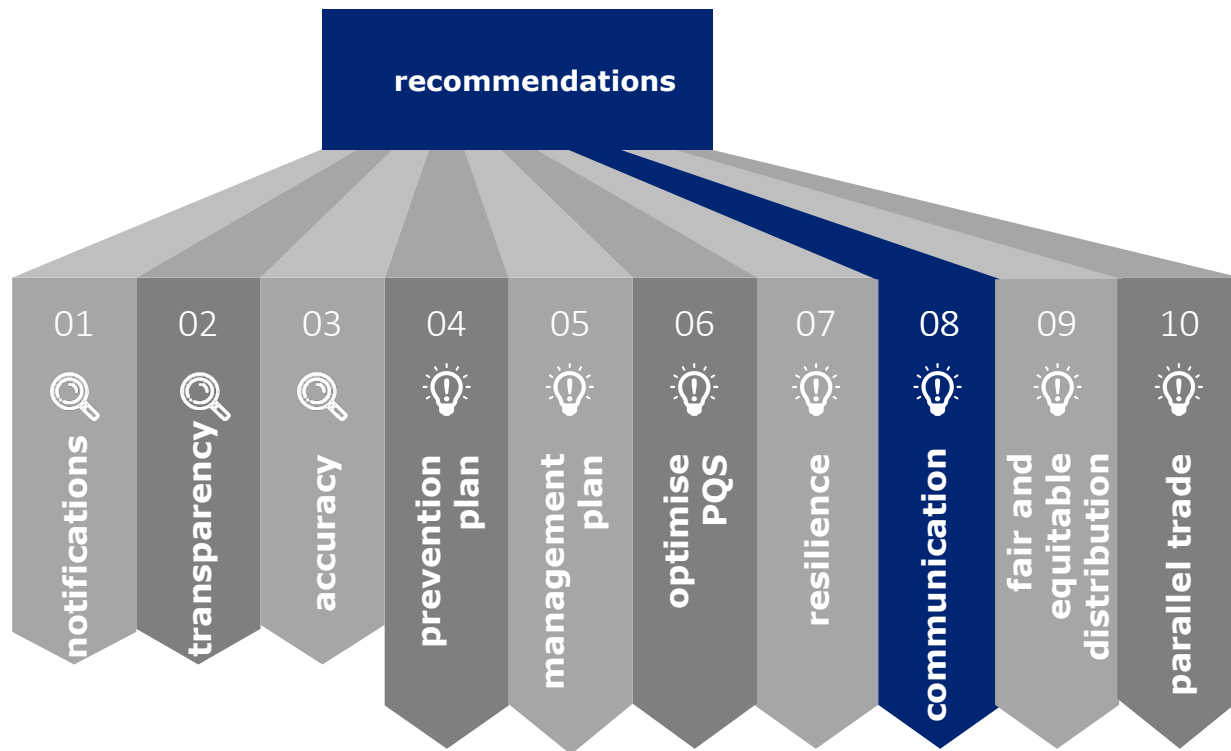
## optimise PQS

- adapt PQRs to assess supply chain robustness and prevention effectiveness
- continual GxP improvement and post-authorisation change management



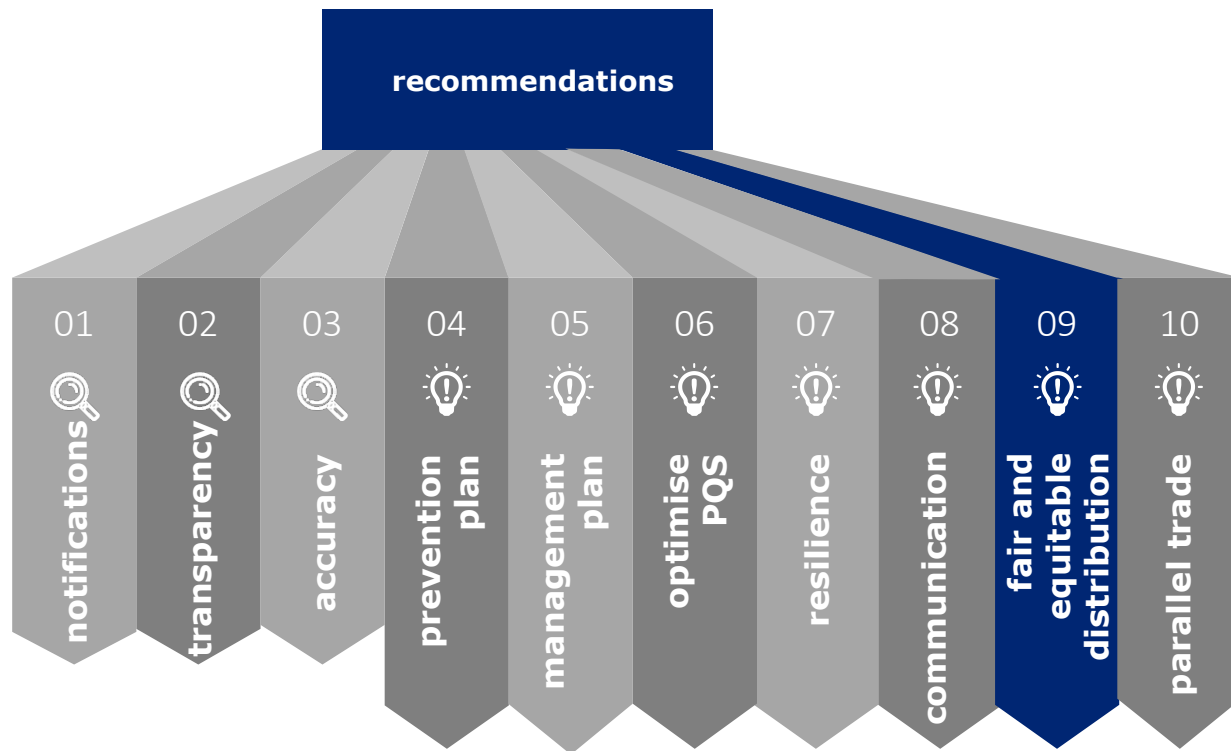
## increase resilience

- consider and document justification for just-in-time supply model
- contingency stock for MAH and MIA site transfers



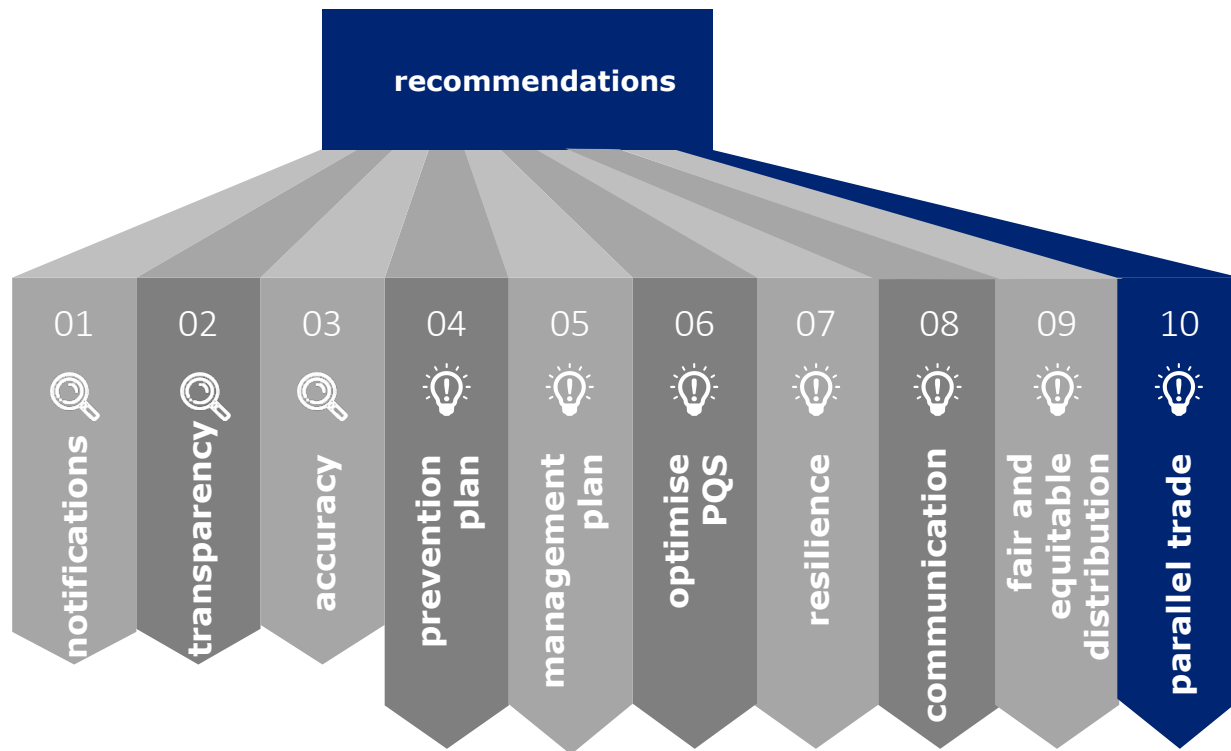
## improve communication

- identify key processes and supply chain maps for products to establish effective communication between stakeholders
- wholesalers establish 'flag' system to identify and communicate supply disruptions
- health policy implications



## fair & equitable distribution

- stockpiling issues
- MAH allocation practices



## parallel trade

- stakeholders involved in parallel trade to take appropriate steps to reducing the impact of parallel trade on shortages
- includes export

# Any questions?

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# Preliminary comments

- SPP template proposal by 4 industry associations (development started 2019) – AESGP, Medicines for Europe, EUCOPE, EFPIA
- Prior to this meeting, coordination call with other industry organisations on 7 September 2022 to preempt the content only (not to endorse)
- It is acknowledged that SPPs are one out of different aspects of shortage prevention and mitigation.



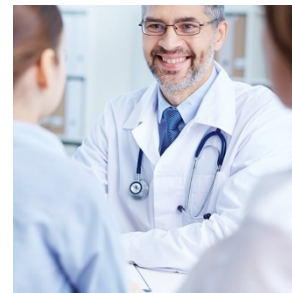
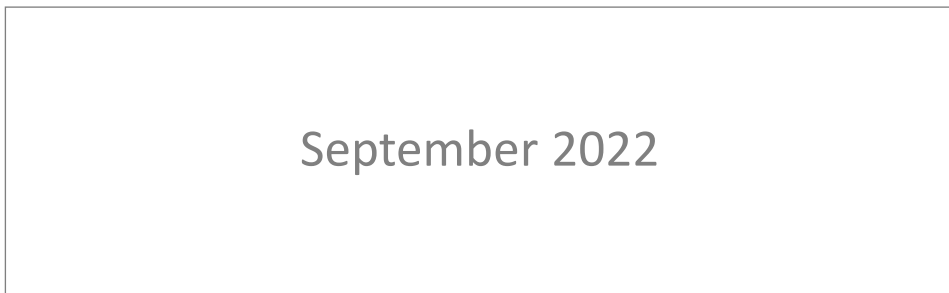


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# Drug Shortage Prevention Plan (SPP)

Industry template proposal



## SHORTAGE PREVENTION PLAN TEMPLATE

### Vision

Harmonised **EU template** meeting all NCA's expectations (avoid multiplication of national standards) will reduce the administrative burden and facilitate the life-cycle management of the document

### Scope:

- Develop a sustainable harmonised template
  - EU template could be available for national purpose as well
- The need for SPP generation should be commensurate to the identified patient risk
  - Implemented for critical medicines

### SPP template foundation:

- Concise and designed for digital use (database format)
- Based on ISPE/PDA template
- Updated regarding Regulation 2022/123
- Availability of SPP only upon regulator request and/or during inspection due to commercially sensitive information included in SPPs

# SHORTAGE PREVENTION PLAN TEMPLATE

## Vision

### Concerns:

- SPPs should not be made available in the public domain (e.g. to avoid for example stockpiling)
- SPPs cannot address all causes of shortages (e.g. due to an unforeseen increase of demand)
- SPPs implemented without a risk-based approach

### SPP Template proposal:

(double-click in editable view to open)

Drug Shortage Prevention and Response Plan		
<b>A. Basic Drug Product Brand Data</b>		
Active substance	Increase of already registered (PAB)	
INN	Increase of INN or ICD and INN; include INN	
Specialty name (trade name)	Shortage Prevention Plan (SPP) should be written at that level, unless significant medical or supply chain differences require a specific SPP at a higher level e.g. pharmaceutical form	
Pharmaceutical form	e.g. IV, tablets etc.	
Site of shortage	Zhejiang, Shandong etc.	
Work site (if relevant)	Increase of high peak site volume, include an overview	
ATC Code		
Risk assessment conclusion	Based on impact to patient and likelihood of shortage	
<b>B. Risk Priority Level</b>		
Patient impact risk level	A, B or C*	
Medical staff workload of shortage	High, Mid, Low	
Overall risk priority level	A, B or C*	
<b>C. Impact to Patient (as defined per medical assessment)</b>		
Therapeutic use	Life sustaining etc.	
Consequences of unavailability	Life, worsening of condition, etc.	
Alternatives authorized in the SPP	Yes/No	
Final risk level	A, B or C*	
<b>D. Proactive Drug Shortage Prevention Plan (Risk-Control Plan)</b>		
<b>I. Supply Chain Map (high level)</b>		
<b>II. Risk Control Strategy in place (if already in place)</b>		
SC Supply/Product specific	Initial Risk Control Strategy	Risk controls in place
Manufacturer	(1) Single source, capital, back up, etc.	(2) Inventory, buffer stock, etc.
Wholesaler	(3) Single source, capital, back up, etc.	(4) Inventory, buffer stock, etc.
Dispenser	(5) Single source, capital, back up, etc.	(6) Inventory, buffer stock, etc.
Formulation, BP	(7) Not filling	
Packaging	(8) QA test for potency	
Material QM testing (GMP)		
Final storage and logistics		
*A being the highest risk; B being the highest risk		

## Drug Shortage Prevention and Response Plan

### A. Basic Drug Product Brand Data



<b>Active substance</b>	...
<b>MAH</b>	In case of <u>centrally registered (CAP)</u> In case of MRP or DCP and NAP, include an <u>annex</u>
<b>Speciality name (trade name)</b>	Shortage Prevention Plan (SPP) should be written at this level, unless significant medical or Supply Chain differences require a specific SPP at another level <u>e.g. pharmaceutical form</u>
<b>Pharmaceutical form</b>	e.g. IV, <u>tablets</u> etc...
<b>List of strengths</b>	250mg/5mL; 500mg etc
<b>Pack size (if relevant)</b>	In case of high pack size variants, include as an annex
<b>ATC Code</b>	...
<b>Risk assessment conclusion</b>	Based on impact to patient and likelihood of shortage



### B. Risk Priority Level

<b>Patient Impact risk level</b>	A, B or C*
<b>Risk level of likelihood of shortage</b>	High, Mid, Low
<b>Overall risk priority level</b>	1, 2 or 3 <sup>1</sup>

### C. Impact to Patient (as defined per medical assessment)

Screenshot 2/6

<b>Therapeutic use</b>	Life sustaining etc..
<b>Consequences of unavailability</b>	Life, worsening of condition, etc...
<b>Alternatives authorised in the EU</b>	Yes/No
<b>Final risk level</b>	A, B or C*

### D. Proactive Drug Shortage Prevention Plan (Risk-Control Plan)

- I. Supply Chain Map (high level)
- II. Risk Control Strategy in place (illustrative examples)

<u>SC Stage/product specific</u>	<u>Main Risks from Register</u>	<u>Risk controls in place</u>
<b>RSM/Excipients</b>	<ul style="list-style-type: none"><li>Single source, capacity, back up sites, <b>cybersecurity</b>, <b>geographic risks</b> etc...</li></ul>	<ul style="list-style-type: none"><li>Inventory, logistic expediting, BCP site, measure/monitor, <b>ICH Q9</b> etc.</li></ul>
<b>API/DS</b>	<ul style="list-style-type: none"><li>...</li></ul>	...
<b>Formulation/DP</b>	<ul style="list-style-type: none"><li>Vial filling</li></ul>	
<b>Packing</b>	<ul style="list-style-type: none"><li>QA test for potency</li></ul>	
<b>External QA testing (OMCL)</b>		
<b>Devices (assembly)</b>		
<b>Final storage and logistics</b>		

\*A being the highest risk; <sup>1</sup> Risk 1 being the highest risk

### III. Risk Control Details status and in plan (already internally endorsed) (illustrative examples)



<u>Risk controls in place</u>	<u>Time to activate</u>	<u>Cover</u>
Second API source ramp up	• 3 months	• 80% regular demand
Inventory of Bulk tablets	• Immediate	• 3 months
Safety stock	• <u>Immediate</u>	• <u>XX weeks</u>
Sea to Air transport of FP	• 2 weeks	• 4 weeks equivalent
New API site registration	• 24 months	• 20% of regular demand

## E. Reactive Drug Shortage Response Plan

### I. Process for Detection and Notification of Shortages

<u>Initiative</u>	<u>Available</u>	<u>Notes</u>
Shortage alerting process	Yes/No	
Shortage metrics	Yes/No	Efficiency, trend, KPIs....
Formalised Shortage management process	Yes/No	Roles and Responsibilities, escalation, coordination Global and National...
Issue Management Team process	Yes/No	
SOP on shortage management and communication	Yes/No	Add reference
Communication process to Health Authorities	Yes/No	

## II. Short Term Mitigating Initiatives (at an EU level)

<u>Initiative</u>	<u>Time to activate</u>	<u>Cover</u>	<u>Notes</u>
Sales order allocation and prioritisation	• 1 day	• 1 week	
Importation from abroad	• 2 weeks	• TBD	
Other Brands available within own company	...	...	
Other presentations available	• XXXX	• XXXX	
Revise supply allocation plan			
Distribution prioritisation for expediting (site to country)			
Other: ( <u>e.g.</u> limit production to one pack size/strength)			

EU registered facilities under the Company's control capable of manufacturing the product

<u>EU registered Plant name (API, Bulk, Packaging, Release site) address, etc...</u>	<u>Time to activate</u>	<u>Cover (in % of EU regular demand)</u>
Site A	• 2 months	• 20% regular demand
Site B	...	...

## F. Risk Reviews and Updates

<u>Version</u>	<u>Reason</u>	<u>Key changes</u>	<u>Date</u>
1	First version	NA	12/04/2019
2	Yearly review process	<ul style="list-style-type: none"> <li>• Update of risk controls</li> <li>• Updated SOP reference</li> </ul>	01/04/2020
3	Off-cycle review <ul style="list-style-type: none"> <li>• New product indication</li> <li>• Shutdown of a facility</li> <li>• New market approval</li> </ul>	...	01/12/2020

Recommend a yearly periodic review of the document.

## G. Approvals Required

<u>Name</u>	<u>Title and Function</u>	<u>Signature</u>	<u>Date</u>
...	Person Responsible	...	...
...	QA Decision Maker	...	...
...	Senior Management Function	...	...



**Likelihood of Shortage**

Based on a risk register available in the Company.



<b><u>SC Stage</u></b>	<b><u>Main Risks from Register</u></b>	<b><u>Risk level</u></b>
<b>RSM/Excipients</b>	<ul style="list-style-type: none"><li>• Single source, capacity, back up sites, etc</li></ul>	High, Mid, Low
<b>API/DS</b>	<ul style="list-style-type: none"><li>• ...</li></ul>	
<b>Formulation/DP</b>		
<b>Packing</b>		
<b>Final storage and logistics</b>		
<b>Overall likelihood</b>		High, Mid, Low



# Industry topics for further meetings

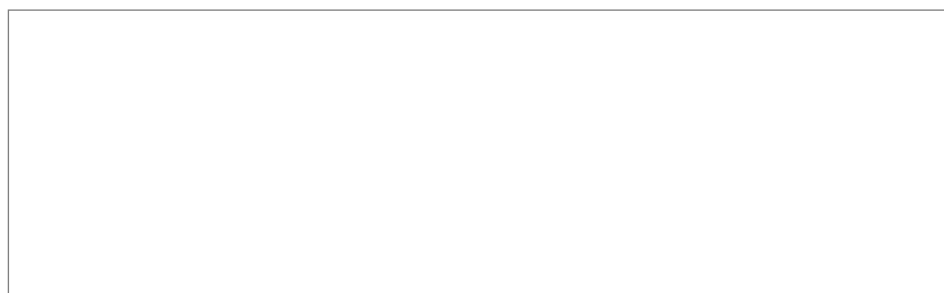
- Continued dialogue with industry on governance developments, and how the different EMA forums will interplay, e.g. EMA-HMA, ISG
- Possibility to address other Shortage Prevention topics, e.g. regulatory flexibility, shortage notification, electronic product information (ePI), EU packs...



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**THANK YOU**



## Drug Shortage Prevention and Response Plan

### A. Basic Drug Product Brand Data

Active substance	...
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Speciality name (trade name)	Shortage Prevention Plan (SPP) should be written at this level, unless significant medical or Supply Chain differences require a specific SPP at another level e.g. pharmaceutical form
Pharmaceutical form	e.g. IV, tablets etc...
List of strengths	250mg/5mL; 500mg etc
Pack size (if relevant)	In case of high pack size variants, include as an annex
ATC Code	...
Risk assessment conclusion	Based on impact to patient and likelihood of shortage

### B. Risk Priority Level

Patient Impact risk level	A, B or C*
Risk level of likelihood of shortage	High, Mid, Low
Overall risk priority level	1, 2 or 3 <sup>1</sup>

### C. Impact to Patient (as defined per medical assessment)

Therapeutic use	Life sustaining etc..
Consequences of unavailability	Life, worsening of condition, etc...
Alternatives authorised in the EU	Yes/No
Final risk level	A, B or C*

### D. Proactive Drug Shortage Prevention Plan (Risk-Control Plan)

- I. Supply Chain Map (high level)
- II. Risk Control Strategy in place (illustrative examples)

SC Stage/product specific	Main Risks from Register	Risk controls in place
RSM/Excipients	<ul style="list-style-type: none"> <li>Single source, capacity, back up sites, cybersecurity, geographic risks etc...</li> </ul>	<ul style="list-style-type: none"> <li>Inventory, logistic expediting, BCP site, measure/monitor, ICH Q9 etc.</li> </ul>
API/DS	<ul style="list-style-type: none"> <li>...</li> </ul>	...
Formulation/DP	<ul style="list-style-type: none"> <li>Vial filling</li> </ul>	
Packing	<ul style="list-style-type: none"> <li>QA test for potency</li> </ul>	
External QA testing (OMCL)		
Devices (assembly)		
Final storage and logistics		

\*A being the highest risk; <sup>1</sup> Risk 1 being the highest risk

### III. Risk Control Details status and in plan (already internally endorsed) (illustrative examples)

<b><u>Risk controls in place</u></b>	<b><u>Time to activate</u></b>	<b><u>Cover</u></b>
Second API source ramp up	• 3 months	• 80% regular demand
Inventory of Bulk tablets	• Immediate	• 3 months
Safety stock	• Immediate	• XX weeks
Sea to Air transport of FP	• 2 weeks	• 4 weeks equivalent
New API site registration	• 24 months	• 20% of regular demand

## E. Reactive Drug Shortage Response Plan

### I. Process for Detection and Notification of Shortages

<b><u>Initiative</u></b>	<b><u>Available</u></b>	<b><u>Notes</u></b>
Shortage alerting process	Yes/No	
Shortage metrics	Yes/No	Efficiency, trend, KPIs....
Formalised Shortage management process	Yes/No	Roles and Responsibilities, escalation, coordination Global and National...
Issue Management Team process	Yes/No	
SOP on shortage management and communication	Yes/No	Add reference
Communication process to Health Authorities	Yes/No	

### II. Short Term Mitigating Initiatives (at an EU level)

<b><u>Initiative</u></b>	<b><u>Time to activate</u></b>	<b><u>Cover</u></b>	<b><u>Notes</u></b>
Sales order allocation and prioritisation	• 1 day	• 1 week	
Importation from abroad	• 2 weeks	• TBD	
Other Brands available within own company	...	...	
Other presentations available	• XXXX	• XXXX	
Revise supply allocation plan			
Distribution prioritisation for expediting (site to country)			
Other: (e.g. limit production to one pack size/strength)			

EU registered facilities under the Company's control capable of manufacturing the product

<b><u>EU registered Plant name (API, Bulk, Packaging, Release site) address, etc...</u></b>	<b><u>Time to activate</u></b>	<b><u>Cover (in % of EU regular demand)</u></b>
Site A	• 2 months	• 20% regular demand
Site B	...	...

## F. Risk Reviews and Updates

<u>Version</u>	<u>Reason</u>	<u>Key changes</u>	<u>Date</u>
1	First version	NA	12/04/2019
2	Yearly review process	<ul style="list-style-type: none"><li>• Update of risk controls</li><li>• Updated SOP reference</li></ul>	01/04/2020
3	Off-cycle review <ul style="list-style-type: none"><li>• New product indication</li><li>• Shutdown of a facility</li><li>• New market approval</li></ul>	...	01/12/2020

Recommend a yearly periodic review of the document.

## G. Approvals Required

<u>Name</u>	<u>Title and Function</u>	<u>Signature</u>	<u>Date</u>
...	Person Responsible	...	...
...	QA Decision Maker	...	...
...	Senior Management Function	...	...

## **APPENDIX – commercially sensitive information**

### Likelihood of Shortage

Based on a risk register available in the Company.

<u>SC Stage</u>	<u>Main Risks from Register</u>	<u>Risk level</u>
RSM/Excipients	<ul style="list-style-type: none"><li>• Single source, capacity, back up sites, etc</li></ul>	High, Mid, Low
API/DS	<ul style="list-style-type: none"><li>• ...</li></ul>	
Formulation/DP		
Packing		
Final storage and logistics		
Overall likelihood		High, Mid, Low



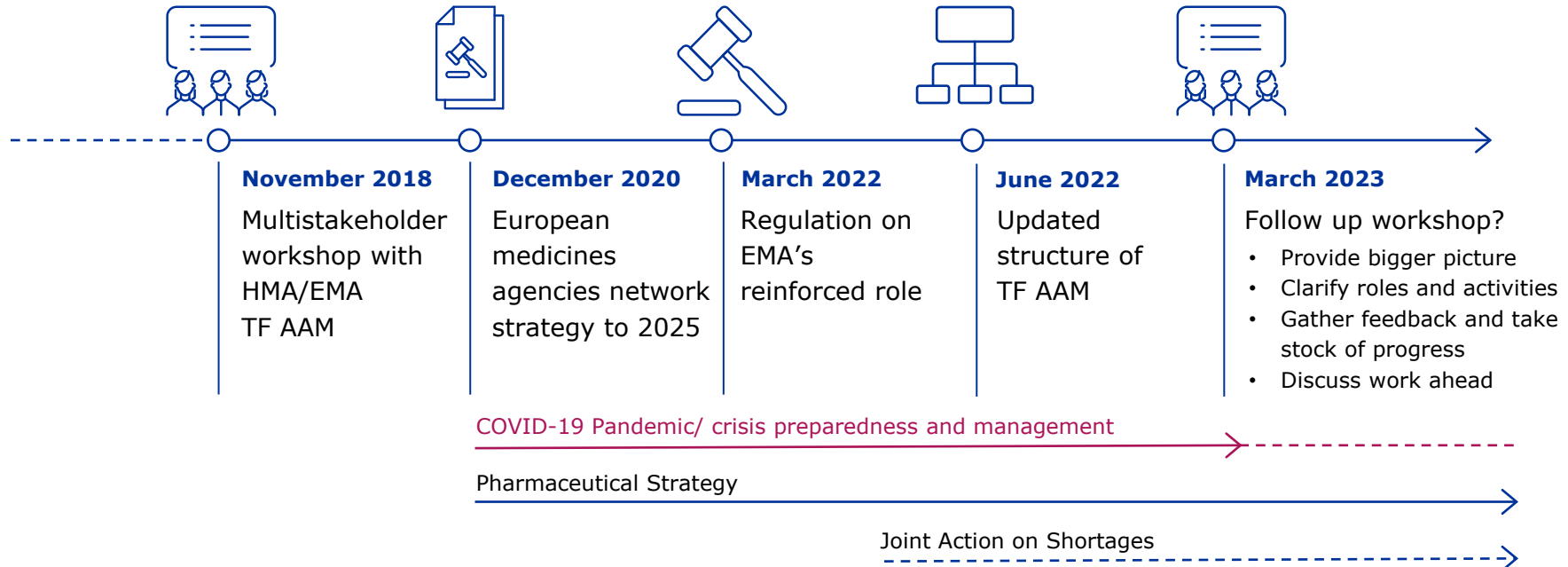
## Multi-stakeholder Workshop in Q1 2023

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TF AAM meeting with industry associations - 12 September 2022



# Why a multi-stakeholder workshop in 2023?





# Proposal for a multistakeholder workshop



## Date

- 2 or 3 March 2023
- One day will be used for the multistakeholder workshop on shortages, the other day will be for PCWP/HCPWP joint meeting



## Format

- Full day F2F meeting (with hybrid option)
- Recorded and broadcast?



## Audience

- Representatives of patients, consumers and healthcare professional organisations, pharmaceutical industry associations and regulators

# Call for action

## Potential topics for discussion:

- Provide bigger picture
- Clarify roles and activities
- Gather feedback and take stock of progress  
(i.e. Best Practice Guide for industry on prevention/management of shortages of medicinal products)
- Discuss work ahead

## What topics would industry like to discuss?



# Any questions?

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**See websites for contact details**

**Heads of Medicines Agencies** [www.hma.eu](http://www.hma.eu)  
**European Medicines Agency** [www.ema.europa.eu](http://www.ema.europa.eu)

The European Medicines Agency is  
an agency of the European Union

