UK Public Assessment Report

Bimizza 150 microgram/20 microgram Tablets

UK Licence No: PL 20117/0091

Morningside Healthcare Limited

Lay Summary

Bimizza 150 microgram/20 microgram Tablets
(desogestrel and ethinylestradiol)

This is a summary of the public assessment report (PAR) for Bimizza 150 microgram/ 20 microgram Tablets (PL 20117/0091). (Bimizza 150 microgram/20 microgram Tablets will be referred to as Bimizza Tablets throughout this report, for ease of reading). It explains how Bimizza Tablets were assessed and their authorisation recommended, as well as their conditions of use. It is not intended to provide practical advice on how to use Bimizza Tablets.

For practical information about using Bimizza Tablets, patients should read the Patient Information Leaflet (PIL) or contact their doctor or pharmacist.

What are Bimizza Tablets and what are they used for?
Bimizza Tablets are a 'generic medicine'. This means that they are similar to a 'reference medicine', already authorised in the UK called Mercilon Tablets.

Bimizza Tablets are a combined oral contraceptive, also called 'the pill'. These tablets can stop a woman becoming pregnant.

How do Bimizza Tablets work?
Bimizza Tablets contain small amounts of two types of female hormone: a progestogen (desogestrel) and an estrogen (ethinylestradiol). These hormones stop a female from getting pregnant in three ways. The hormones:

- Stop the ovary from releasing an egg each month (ovulation).
- Thicken the fluid at the neck of the womb, making it more difficult for the sperm to reach the egg.
- Alter the lining of the womb to make it less likely to accept a fertilised egg.

How are Bimizza Tablets used?
One Bimizza Tablet should be taken orally (by mouth) every day, if necessary with a small amount of water. The tablets can be taken with or without food but should be taken every day around the same time.

Please read Section 3 of the PIL for detailed information on dosing recommendations, the route of administration, and the duration of treatment.

This medicine can only be obtained with a prescription.

How have Bimizza Tablets been studied?
Because Bimizza Tablets are a generic medicine, studies in patients have been limited to tests to determine that they are bioequivalent to the reference medicine, Mercilon Tablets. Two medicines are bioequivalent when they produce the same levels of the active substance in the body.

It was deduced from these tests that Bimizza Tablets are comparable to the reference medicine Mercilon Tablets.

What are the possible side effects of Bimizza Tablets?
Because Bimizza Tablets are a generic medicine, their benefits and possible side effects are taken as being the same as those of the reference medicine, Mercilon Tablets.

For further information, please see the PIL.

Why are Bimizza Tablets approved?
It was concluded that, in accordance with EU requirements, Bimizza Tablets have been shown to have comparable quality and be comparable to Mercilon Tablets. Therefore, the view was that, as for Mercilon Tablets, the benefits outweigh the identified risks.

What measures are being taken to ensure the safe and effective use of Bimizza Tablets?
A risk management plan has been developed to ensure that Bimizza Tablets are used as safely as possible. Based on this plan, safety information has been included in the Summary of Product Characteristics (SmPCs) and the PIL for Bimizza Tablets, including the appropriate precautions to be followed by healthcare professionals and patients.

Known side effects are continuously monitored. Furthermore new safety signals reported by patients and healthcare professionals will be monitored and reviewed continuously as well.

Other information about Bimizza Tablets
The marketing authorisation for Bimizza Tablets was granted on 05 January 2015.

The full PAR for Bimizza Tablets follows this summary.

For more information about treatment with Bimizza Tablets, read the PIL or contact your doctor or pharmacist.

This summary was last updated in February 2015.

Table of Contents

I Introduction

Based on the review of the data on quality, safety and efficacy, the Medicines and Healthcare products Regulatory Agency (MHRA) granted a marketing authorisation (MA) to Morningside Healthcare Limited for the medicinal product Bimizza Tablets.

This product is a prescription-only medicine (POM), indicated for oral contraception.

This application was made under Article 10(1) of Directive 2001/83/EC, as amended, claiming to be a generic medicinal product. The reference medicinal product, which has been authorised in accordance with Community provisions in force for not less than 10 years in the European Economic Area (EEA) is Mercilon Tablets. Mercilon tablets were authorised to Organon Laboratories Limited on 11 February 1986 (PL 00065/0085). This MA Holder subsequently underwent a change of ownership to the current MA Holder, Merck Sharp & Dohme Limited on 28 October 2013 (PL 00025/0598).

Bimizza Tablets are a combined oral contraceptive (COC) that contains the two synthetic hormones desogestrel (a progestogen) and ethinylestradiol (an estrogen). The contraceptive action of COCs is based on interaction of different factors, out of which the most important is the inhibition of ovulation and changes in the cervical secretion. Estrogens inhibit the release of follicle-stimulating hormone (FSH) at the mid-point of the ovarian cycle, thereby suppressing ovulation. Progesterone and its derivatives suppress the increase of luteinizing hormone (LH) that occurs at the mid-point of the hormonal cycle. The hormones also thicken the cervical mucus, thereby preventing endometrial proliferation and implantation of the fertilised ovum.

No new non-clinical studies were conducted, which is acceptable given that the application was based on being generic medicinal product of an originator product that has been licensed for over 10 years.

Since Bimizza Tablets are intended for generic substitution, this will not lead to an increased exposure to the environment. An Environmental Risk Assessment (ERA) is, therefore, not deemed necessary.

With the exception of one bioequivalence study, no new clinical data were provided with this application. A bioequivalence study was performed, which compared the pharmacokinetics of the applicant’s Bimizza Tablets with those of the reference product, Mercilon Tablets, in healthy female subjects under fasting conditions. The bioequivalence study was conducted in line with current Good Clinical Practice (GCP).

The RMS has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place for this product type at all sites responsible for the manufacture, assembly and batch release of this product.

For manufacturing sites within the Community, the RMS has accepted copies of current manufacturer authorisations issued by inspection services of the competent authorities as certification that acceptable standards of GMP are in place at those sites.

For a manufacturing sites outside the Community, the RMS has accepted copies of current GMP Certificates of satisfactory inspection summary reports, ‘close-out letters’ or ‘exchange of information’ issued by the inspection services of the competent authorities (or those

countries with which the EEA has a Mutual Recognition Agreement for their own territories) as certification that acceptable standards of GMP are in place at those non-Community sites.

A Risk Management Plan (RMP) and a summary of the pharmacovigilance system have been provided with this application and is satisfactory.

The MHRA considered that the application could be approved and a licence was granted on 05 January 2015.

II Quality aspects

II.1 Introduction

The application is submitted according to Article 10(1) of Directive 2001/83/EC, as amended. The applicant has specified Mercilon Tablets as the reference medicinal product (MA Holder: Merck Sharp & Dohme Limited).

Bimizza Tablets are round, white to off-white, uncoated, biconvex, debossed with '141' on one side and plain the other side.

Each tablet contains 150 micrograms desogestrel and 20 micrograms ethinylestradiol. The excipients are: all-*rac*-alpha-tocopherol, potato starch, povidone (E1201), stearic acid (E570), colloidal anhydrous silica (E551) and anhydrous lactose.

The tablets are presented in clear transparent polyvinylchloride/polyvinylidene chloride (PVC/PVDC)-aluminium foil blisters, 21 tablets per calendar blister strip. Each blister strip is packed into a tri-laminated pouch either with or without a 2 g molecular sieve (dessicant). Bimizza Tablets are available as 1 x 21, 3 x 21 or 6 x 21 tablet pack sizes.

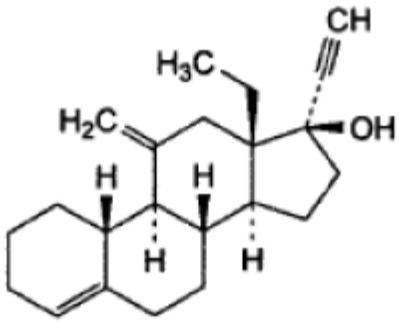
II.2 Drug Substance

Desogestrel

INN: Desogestrel

Chemical Name: (17α)-13-ethyl-11-methylene-18,19- dinorpregn-4-en-20-yn-17-ol

Structure:



Molecular formula: $C_{22}H_{30}O$

Molecular weight: 310.48

Desogestrel is the subject of a European Pharmacopoeia monograph.

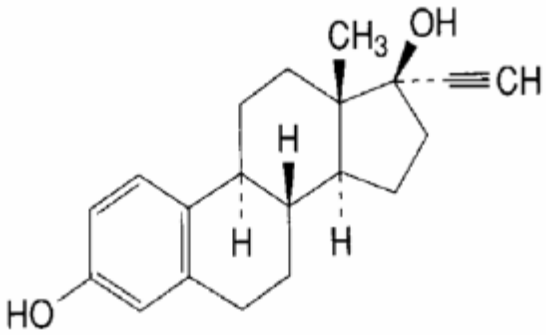
All aspects of the manufacture and control of the active substance, desogestrel, are covered by European Directorate for the Quality of Medicines and Healthcare (EDQM) Certificates of Suitability.

Ethinylestradiol

INN: Ethinylestradiol

Chemical Name: 19-Nor-17α-pregna-1,3,5(10)-trien-20-yne-3,17β-diol

Structure:



Molecular formula: $C_{20}H_{24}O_2$

Molecular weight: 296.4

Ethinylestradiol is the subject of a European Pharmacopoeia monograph.

All aspects of the manufacture and control of the active substance, ethinylestradiol, are covered by a European Directorate for the Quality of Medicines and Healthcare (EDQM) Certificate of Suitability.

II.3 Medicinal Product

Pharmaceutical development

The aim of the pharmaceutical development was to formulate a robust, stable, acceptable formulation of Desogestrel 150 microgram and Ethinylestradiol 20 microgram Tablets that are bioequivalent to the reference product Mercilon Tablets.

The development of the product has been adequately described. Comparative dissolution profiles have been demonstrated between Bimizza Tablets and the reference medicinal products, Mercilon Tablets.

In order to determine if Bimizza Tablets are equivalent to the reference medicinal product, Mercilon Tablets, with regard to bioavailability, a bioequivalence study was performed. This is discussed in Section IV – Clinical aspects.

All the excipients used in the manufacture of the proposed formulation comply with their respective European Pharmacopoeia monographs.

Satisfactory Certificates of Analysis have been provided for all excipients showing compliance with their proposed specifications.

The supplier of anhydrous lactose has confirmed that this excipient is obtained from healthy animals in the same condition as those used to collect milk for consumption and was prepared without the use of ruminant material other than milk or calf rennet. The other excipients, according to their suppliers, are produced without animal or human origin materials. The magnesium stearate used in this product is of vegetable origin.

No genetically modified organisms (GMO) have been used in the preparation of these

excipients.

Manufacture of the product
Satisfactory batch formulae have been provided for the manufacture of the finished product, together with an appropriate account of the manufacturing process. The manufacturing process has been validated for three commercial-scale batches.

Product Specifications
The finished product specifications are satisfactory. Satisfactory batch analysis was performed on three batches of the finished product. Certificates of Analysis have been provided for all working standards used.

Stability of the product
Stability studies were performed in accordance with current guidelines on batches of the finished product, packed in the packaging proposed for marketing. The data from these studies support a shelf-life of 2 years with the following storage conditions: “Do not store above 25 °C and store in the original package in order to protect from moisture and light”.

Suitable post approval stability commitments have been provided.

II.4 Discussion on chemical, pharmaceutical and biological aspects
The grant of a marketing authorisation is recommended for this application.

III Non-clinical aspects

III.1 Introduction
Desogestrel and ethinylestradiol are widely used, well-known active substances. The applicant has not provided additional studies and further studies are not required for this type of application. An overview based on literature review is, thus, appropriate. The non-clinical overview has been written by an appropriately qualified person. The pharmacology, pharmacokinetics and toxicology aspects of this report were considered adequate.

III.2 Pharmacology
No new non-clinical data have been submitted and none are required for this type of application.

III.3 Pharmacokinetics
No new non-clinical data have been submitted and none are required for this type of application.

III.4 Toxicology
No new non-clinical data have been submitted and none are required for this type of application. The review of the literature is adequate but some additional changes to Section 4.6 and 5.3 of the SmPC were required in order to reflect the level of information available.

III.5 Ecotoxicity/environmental risk assessment (ERA)
Although the proposed product will be used to substitute for the originator product, the active substances are likely to act as endocrine disruptors and, therefore, the applicant has provided an Environmental Risk Assessment, in accordance with EMEA/CHMP/SWP/4447/00.

Etonogestrel has been identified as the predominant (but not the sole) metabolite of desogestrel. Justification for the use of data concerning etonorgestrel during this environmental risk assessment is deemed acceptable. The Predicted Environmental Concentration/Predicted No-Effect Concentration (PEC/PNEC) ratios for surface water and groundwater are < 1, which suggests that desogestrel/etonorgestrel should not pose a risk to aquatic organisms.

The PEC/PNEC ratio for ethinylestradiol, however, was in excess of 1. This suggests that the active substance may pose a risk to the aquatic environment. Hence, the applicant has included the relevant advice regarding disposal of the proposed product within Section 6.6 of the SmPC. The applicant has also demonstrated that the risks to sediment dwelling and terrestrial organisms were considered to be low for both active substances.

The ERA and the supplementary information provided by the close of the procedure were considered to be adequate and no further data are required.

IV Clinical aspects

IV.1 Introduction

With the exception of bioequivalence data, no new clinical data have been submitted and none are required for an application of this type. The applicant's clinical overview has been written by an appropriately qualified person and is considered acceptable.

IV.2 Pharmacokinetics

In support of this application, the marketing authorisation holder has submitted the following bioequivalence study:

An open-label, balanced, randomized, two treatment, two sequence, two-period, single oral dose, crossover bioequivalence study comparing the test product (Bimizza Tablets) with the reference product (Mercilon Tablets) in normal, healthy, adult, human female subjects, under fasting conditions.

Subjects received the test or reference treatment after an overnight fast of at least 10 hours. Blood samples were taken for the measurement of pharmacokinetic parameters pre-dose and up to 96 hours post-dose. The two treatment periods were separated by a 29-day washout period.

According to the clinical overview 3-keto-desogestrel was analysed instead of desogestrel because it is considered the biologically active form and desogestrel is undetectable. This rationale is acceptable.

In this study two subjects were excluded from the statistical analysis of the results: subject A was excluded from the analysis of the 3-ketodesogestrel plasma concentrations owing to a pre-dose concentration of 3-ketodesogestrel in period II, and subject B was excluded from the analysis of the ethinylestradiol plasma concentrations owing to a pre-dose concentration of ethinylestradiol in period I. This data is presented in tables 1 and 2 below.

The applicant has made an effort to explain these findings and has also provided results excluding both subjects from the statistical analysis for both analytes, which is considered

acceptable. This data is presented in tables 3 and 4 below.

Table 1 - Bioequivalence results for ln-transformed test/reference ratios with 90% Confidence Intervals for 3-ketodesogestrel (n = 30)
Excluding the subject A whose pre-dose concentration was > 5 % of C_{max}

Parameters (Units)	(Ln-transformed) Geometric Least Squares Mean			90% Confidence Interval (Parametric)
	Test Product-B	Reference Product-A	Ratio (B / A)%	
C_{max} (pg / mL)	4391.479	4730.874	92.8	83.82-102.80%
AUC_{0-t} (pg.h / mL)	52571.651	54797.390	95.9	89.54-102.79%
$AUC_{0-\infty}$ (pg.h / mL)	70740.230	74078.578	95.5	87.29-104.47%

Table 2 - Bioequivalence results for ln-transformed test/reference ratios with 90% Confidence Intervals for ethinylestradiol (n = 30)
Excluding subject B whose pre-dose concentration was > 5 % of C_{max}

Parameters (Units)	(Ln-transformed) Geometric Least Squares Mean			90% Confidence Interval (Parametric)
	Test Product-B	Reference Product-A	Ratio (B / A)%	
C_{max} (pg / mL)	97.048	92.180	105.3	99.18-111.76%
AUC_{0-t} (pg.h / mL)	877.129	869.092	100.9	95.33-106.85%
$AUC_{0-\infty}$ (pg.h / mL)	963.031	939.024	102.6	97.16-108.25%

Table 3 - Bioequivalence results for ln-transformed test/reference ratios with 90% Confidence Intervals for 3-ketodesogestrel (n = 29)
Excluding both subjects with pre-dose concentrations of the active substances.

Parameters (Units)	*(Ln-transformed) Geometric Least Squares Mean*			90% Confidence Interval (Parametric)
	Test Product-B	Reference Product-A	*Ratio* (B / A)%	
C_{max} (pg / mL)	4392.796	4604.031	95.4	86.68-105.02%
AUC_{0-t} (pg.h / mL)	53199.824	54194.783	98.2	92.36-104.34%
$AUC_{0-\infty}$ (pg.h / mL)	71881.247	73909.545	97.3	89.02-106.25%

Table 4 - Bioequivalence results for ln-transformed test/reference ratios with 90% Confidence Intervals for ethinylestradiol (n = 29)
Excluding both subjects with pre-dose concentrations of the active substances.

Parameters (Units)	*(Ln-transformed) Geometric Least Squares Mean*			90% Confidence Interval (Parametric)
	Test Product-B	Reference Product-A	*Ratio* (B / A)%	
C_{max} (pg / mL)	97.030	92.481	104.9	98.68-111.55%
AUC_{0-t} (pg.h / mL)	868.110	863.422	100.5	94.84-106.59%
$AUC_{0-\infty}$ (pg.h / mL)	952.282	932.832	102.1	96.61-107.87%

The 90% confidence intervals for both the data sets, including and excluding subjects A and B, were within the acceptance criteria of 80.00% - 125.00%. Based on these results, the proposed product, Bimizza Tablets, can be considered to be bioequivalent with the reference product, Mercilon Tablets.

IV.3 Pharmacodynamics
No new pharmacodynamics data are required for this application and none have been submitted.

IV.4 Clinical efficacy
No new clinical efficacy data are required for this application and none have been submitted.

IV.5 Clinical safety
No new clinical safety data are required for this application and none have been submitted.

IV.6 Risk Management Plan (RMP)

The marketing authorisation holder has submitted an RMP, in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Bimizza Tablets.

A summary of safety concerns and planned risk minimisation activities, as approved in the RMP, are listed below:

Summary table of safety concerns

Summary of safety concerns	
Important identified risks	• Disorder of blood clot in veins (venous thromboembolism) • Disorder of blood clot in arteries (arterial thromboembolism) • Hereditary blood disorder causing swelling (hereditary angioedema) • Use in individuals with risk factors for arterial clot formation (thrombosis) • Use in individuals with risk factors for venous clot formation (thrombosis) • Presence or history of severe liver (hepatic) disease • Presence or history of liver tumours (benign or malignant) • History of migraine with aura and related symptoms (focal neurological symptoms) • Known or suspected sex hormones dependant tumours (sex steroid-dependent tumours) • Interactions with drugs that induce liver (hepatic) enzymes • Interactions with antibiotics (rifampicin, penicillins and tetracyclines) • Interactions with cyclosporine/lamotrigine • Undiagnosed vaginal bleeding • Inflammation of pancreas (pancreatitis) associated with severely increased triglycerides (hypertriglyceridaemia)
Important potential risks	None
Important missing information	• Fertility, pregnancy and breast-feeding (lactation)

Planned risk minimisation activities

Safety concern	Routine risk minimisation measures	Additional risk minimisation measures
Important identified risks		
Venous thromboembolism	The risk of venous thromboembolism associated with the use of the drug product is described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Arterial thromboembolism	The risk of arterial thromboembolism associated with the use of the drug product in pregnancy is described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Hereditary angioedema	The risks of hereditary angioedema associated with the use of the drug product in patients are described in the SPC, and appropriate advice is provided to the prescriber to minimise these risks.	None
Use in individuals with risk	The risks associated with the use of the drug product in use in	None

Safety concern	Routine risk minimisation measures	Additional risk minimisation measures
factors for arterial thrombosis	individuals with risk factors for arterial thrombosis are described in the SPC, and appropriate advice is provided to the prescriber to minimise these risks.	
Use in individuals with risk factors for venous thrombosis	The risks associated with the use of the drug product in use in individuals with risk factors for venous thrombosis are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Presence or history of severe hepatic disease	The risks associated with the use of the drug product in presence or history of severe hepatic disease is described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Presence or history of liver tumours (benign or malignant)	The risks associated with the use of the drug product in presence or history of liver tumours (benign or malignant) is described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
History of migraine with focal neurological symptoms	The risks associated with the use of the drug product in history of migraine with focal neurological symptoms are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Known or suspected sex steroid-dependent tumours	The risks of known or suspected sex steroid-dependent tumours associated with the use of the drug product are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Interactions with drugs that induce hepatic enzymes	The risks of interactions with drugs that induce hepatic enzymes associated with the use of the drug product are	None

Safety concern	Routine risk minimisation measures	Additional risk minimisation measures
	described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	
Interactions with antibiotics (rifampicin, penicillins and tetracyclines)	The risks of interactions with antibiotics (rifampicin, penicillins and tetracyclines) associated with the use of the drug product are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Interactions with cyclosporine/lamotrigine	The risks of interactions with cyclosporine/lamotrigine associated with the use of the drug product are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Undiagnosed vaginal bleeding	The risks of undiagnosed vaginal bleeding associated with the use of the drug product are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Pancreatitis associated with severe hypertriglyceridaemia	The risks of pancreatitis associated with severe hypertriglyceridaemia associated with the use of the drug product are described in the SPC, and appropriate advice is provided to the prescriber to minimise this risk.	None
Important missing information		
Fertility, pregnancy and lactation	The SPC states that no information is available regarding the use of drug product during breast-feeding and suggests that telmisartan/hydrochlorothiazide be used during breast-feeding only if no other alternative exists.	Not applicable

V.7 Discussion on the clinical aspects

The grant of a marketing authorisation is recommended for this application.

V User consultation

The patient information leaflet has been evaluated via a user consultation study in accordance with the requirements of Articles 59(3) and 61(1) of Directive 2001/83/EC, as amended. The language used for the purpose of user testing the PIL was English.

The results show that the PIL meets the criteria for readability as set out in the *Guideline on the readability of the label and package leaflet of medicinal products for human use*.

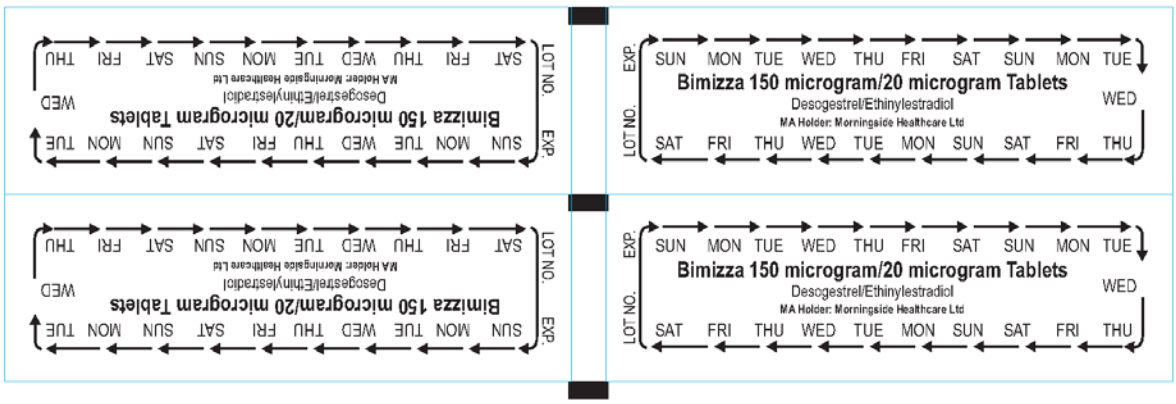
VI Overall conclusion, benefit/risk assessment and recommendation

The quality of the product is acceptable, and no new non-clinical or clinical safety concerns have been identified. The application includes an adequate review of published non-clinical and clinical data concerning the efficacy and safety of desogestrel and ethinylestradiol. The test product, Bimizza Tablets, can be considered bioequivalent with the reference product, Mercilon Tablets. The benefit/risk assessment is, therefore, considered to be positive.

The Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and labelling are satisfactory, in-line with current guidelines and consistent with the reference product. In accordance with Directive 2012/84/EU, the current approved UK versions of the SmPC and PIL for this product are available on the MHRA website.

The currently approved labels are listed below:


Each tablet contains:
150 microgram of Desogestrel
20 microgram of Ethinylestradiol
Contains Lactose.
Read the package leaflet for further information.
Dosage : To be taken as directed by the doctor.
KEEP OUT OF THE SIGHT AND REACH OF CHILDREN.
Do not store above 25°C and store blisters in the original package in order to protect from moisture and light.
Please affix dispensary label here
Bimizza 150 microgram/20 microgram Tablets
LOT NO. :
EXP. :
MA Holder:
Morningside Healthcare Ltd
115 Narborough Road
Leicester, LE3 0PA, UK
PL20117/0091
POM
0 000000 000000
63 Tablets
Bimizza 150 microgram/ 20 microgram Tablets
Desogestrel/Ethinylestradiol
FOR ORAL USE
63 Tablets
Bimizza 150 microgram/ 20 microgram Tablets
Desogestrel/Ethinylestradiol
63 Tablets


LOT NO.
EXP.
SUN MON TUE WED THU FRI SAT SUN MON TUE
Bimizza 150 microgram/20 microgram Tablets
Desogestrel/Ethinylestradiol
MA Holder: Morningside Healthcare Ltd
WED
SAT FRI THU WED TUE MON SUN SAT FRI THU


Space For overprinting of batch details
SPACE FOR PHARMACODE
MA Holder:
Morningside Healthcare Ltd
115 Narborough Road
Leicester, LE3 0PA, UK
POM
PL 20117/0091
Bimizza 150 microgram/ 20 microgram Tablets
Desogestrel/Ethinylestradiol
Each tablet contains:
150 microgram of Desogestrel
20 microgram of Ethinylestradiol
Contains Lactose.
Do not store above 25°C and store blisters in the original package in order to protect from moisture and light.
Dosage : To be taken as directed by the doctor.
FOR ORAL USE
Read the package leaflet for further information.
KEEP OUT OF THE SIGHT AND REACH OF CHILDREN.

Table of content of the PAR update

Steps taken after the initial procedure with an influence on the Public Assessment Report (Type II variations, PSURs, commitments)

Scope	Procedure number	Product information affected	Date of start of the procedure	Date of end of procedure	Approval/ non approval	Assessment report attached Y/N (version)