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Committee for Medicinal Products for Human Use (CHMP)

Abiraterone tablets 250 mg product-specific bioequivalence guidance

Draft

Draft agreed by Pharmacokinetics Working Party	June 2016
Adopted by CHMP for release for consultation	21 July 2016
Start of public consultation	1 August 2016
End of consultation (deadline for comments)	31 October 2016

Comments should be provided using this template. The completed comments form should be sent to PKWPsecretariat@ema.europa.eu

Keywords	***Bioequivalence, generics, abiraterone***

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Disclaimer:

This guidance should not be understood as being legally enforceable and is without prejudice to the need to ensure that the data submitted in support of a marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.

Requirements for bioequivalence demonstration (PKWP)*

BCS Classification**	**BCS Class:** ☐ **I** ☐ **III** ☒ **Neither of the two** **Background:** abiraterone may be considered a low solubility compound.
Bioequivalence study design *in case a BCS biowaiver is not feasible or applied*	**single dose** **cross-over**
	healthy volunteers
	☒ **fasting** ☐ **fed** ☐ **both** ☐ **either fasting or fed**
	Strength: 250 mg **Background:** 250 mg is the only strength but the clinical dose of 1000 mg could be used.
	Number of studies: one single dose study

Analyte	☐ **parent** ☒ **metabolite** ☐ **both** **Background:** the parent compound, abiraterone acetate, is almost immediately metabolised after administration and therefore it is not reliably measurable in plasma. Bioequivalence should be based on the metabolite, abiraterone.
	☒ **plasma/serum** ☐ **blood** ☐ **urine**
	Enantioselective analytical method: ☐ **yes** ☒ **no**
Bioequivalence assessment	**Main pharmacokinetic variables:** AUC_{0-t} and C_{max}
	90% confidence interval: 80.00 – 125.00%

* As intra-subject variability of the reference product has not been reviewed to elaborate this product-specific bioequivalence guideline, it is not possible to recommend at this stage the use of a replicate design to demonstrate high intra-subject variability and widen the acceptance range of C_{max}. If high intra-individual variability (CV_{intra} > 30 %) is expected, the applicants might follow respective guideline recommendations.

** This tentative BCS classification of the drug substance serves to define whether *in vivo* studies seems to be mandatory (BCS class II and IV) or, on the contrary (BCS Class I and III), the Applicant may choose between two options: *in vivo* approach or *in vitro* approach based on a BCS biowaiver. In this latter case, the BCS classification of the drug substance should be confirmed by the Applicant at the time of submission based on available data (solubility experiments, literature, etc.). However, a BCS-based biowaiver might not be feasible due to product specific characteristics despite the drug substance being BCS class I or III (e.g. in vitro dissolution being less than 85 % within 15 min (BCS class III) or 30 min (BCS class I) either for test or reference, or unacceptable differences in the excipient composition).