



1 22 June 2017  
2 EMA/CHMP/356877/2017  
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Paracetamol oral use, immediate release formulations**  
5 **product-specific bioequivalence guidance**  
6 Draft

|  |                 |
|--|-----------------|
| <b>Draft Agreed by Pharmacokinetics Working Party (PKWP)</b> | April 2017      |
| <b>Adopted by CHMP for release for consultation</b>          | 22 June 2017    |
| <b>Start of public consultation</b>                          | 28 July 2017    |
| <b>End of consultation (deadline for comments)</b>           | 31 October 2017 |

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Comments should be provided using this [template](#). The completed comments form should be sent to [PKWP@ema.europa.eu](mailto:PKWP@ema.europa.eu)

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|                 |   |
|-----------------|---|
| <b>Keywords</b> | <b><i>Bioequivalence, generics, paracetamol</i></b> |
|-----------------|---|



10 Paracetamol oral use, immediate release formulations product-specific bioequivalence  
 11 guidance  
 12

13 *Disclaimer:*

14 *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*  
 15 *marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.*  
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17 Requirements for bioequivalence demonstration (PKWP)\*

|   |   |
|---|---|
| <b>BCS Classification**</b>   | <b>BCS Class:</b> <input checked="" type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> Neither of the two<br><b>Background:</b> Paracetamol is considered a high solubility compound with >85% absorption. |
| <b>Bioequivalence study design</b><br><i>in case a BCS biowaiver is not feasible or applied</i> | <b>single dose</b><br><b>cross-over</b>   |
|   | <b>healthy volunteers</b>   |
|   | <input checked="" type="checkbox"/> <b>fasting</b> <input type="checkbox"/> <b>fed</b> <input type="checkbox"/> <b>both</b> <input type="checkbox"/> <b>either fasting or fed</b>   |
|   | <b>Strength:</b> Depends on the applied generic formulation; in principle any strength may be used.<br><b>Background:</b> Multiple product formulations are available; as paracetamol is highly soluble and shows linear          |

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|----------------------------------|--|
|                                  | pharmacokinetics, in principle any strength may be used.   |
|                                  | <b>Number of studies:</b> In general one single dose study   |
|                                  | <b>Other design aspects:</b> Additional studies may be necessary depending on the formulation in accordance with the Guideline on the Investigation of Bioequivalence (for example orodispersible tablets) |
| <b>Analyte</b>                   | <input checked="" type="checkbox"/> <b>parent</b> <input type="checkbox"/> <b>metabolite</b> <input type="checkbox"/> <b>both</b>  |
|                                  | <input checked="" type="checkbox"/> <b>plasma/serum</b> <input type="checkbox"/> <b>blood</b> <input type="checkbox"/> <b>urine</b>  |
|                                  | <b>Enantioselective analytical method:</b> <input type="checkbox"/> <b>yes</b> <input checked="" type="checkbox"/> <b>no</b>   |
| <b>Bioequivalence assessment</b> | <b>Main pharmacokinetic variables:</b> $C_{max}$ , $AUC_{(0-t)}$ and $T_{max}$   |
|                                  | <b>90% confidence interval:</b> 80.00–125.00% for $C_{max}$ and $AUC_{(0-t)}$ . Comparable median and range for $T_{max}$ .  |

18 \* As intra-subject variability of the reference product has not been reviewed to elaborate this product-specific bioequivalence guideline, it is not possible to  
19 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-  
20 individual variability ( $CV_{intra} > 30\%$ ) is expected, the applicants might follow respective guideline recommendations.

21 \*\* 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  
22 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  
23 case, the BCS classification of the drug substance should be confirmed by the Applicant at the time of submission based on available data (solubility  
24 experiments, literature, etc.). However, a BCS-based biowaiver might not be feasible due to product specific characteristics despite the drug substance being  
25 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  
26 unacceptable differences in the excipient composition).