



1 24 October 2013  
2 CHMP/PKWP/EMA/423726/2013  
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Emtricitabine/Tenofovir Disoproxil Product-Specific**  
5 **Bioequivalence Guidance**  
6 Draft

<b>Draft Agreed by Pharmacokinetics Working Party</b>	<b>October 2013</b>
Adoption by CHMP for release for consultation	24 October 2013
Start of public consultation	15 November 2013
End of consultation (deadline for comments)	15 February 2014

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

<b>Keywords</b>	<b><i>Bioequivalence, generics, emtricitabine, tenofovir disoproxil</i></b>
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10 **Emtricitabine/Tenofovir Disoproxil Product-Specific Bioequivalence Guidance**

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12 *Disclaimer:*

13 *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*  
14 *a marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.*

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16 **Requirements for bioequivalence demonstration (PKWP)\***

<b>BCS Classification**</b>	<b>BCS Class:</b> <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> III <input type="checkbox"/> Neither of the two <b>Background:</b> Emtricitabine is considered a high solubility and permeability compound, tenofovir disoproxil is considered a high solubility and low permeability compound.
<b>BE Study design</b>	<b>single dose</b>
	<b>cross-over</b>
	<b>healthy volunteers</b>



	<input type="checkbox"/> fasting <input checked="" type="checkbox"/> fed <input type="checkbox"/> both <input type="checkbox"/> either fasting or fed
	<b>Strength:</b> Emtricitabine 200 mg and tenofovir disoproxil 245 mg
	<b>Number of studies:</b> one single dose study
<b>Analyte</b>	<input checked="" type="checkbox"/> parent <input checked="" type="checkbox"/> metabolite <input type="checkbox"/> both
	<b>Background:</b> For emtricitabine the parent, for tenofovir disoproxil the metabolite (as tenofovir).
	<input checked="" type="checkbox"/> plasma <input type="checkbox"/> blood <input type="checkbox"/> urine
	<b>Enantioselective analytical method:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>Bioequivalence assessment</b>	<b>Main pharmacokinetic variables:</b> AUC <sub>0-t</sub> and C <sub>max</sub>
	<b>90% confidence interval:</b> 80.00– 125.00

17 \* As drug variability has not been reviewed, this guidance is not applicable to highly variables drugs.

18 \*\* The BCS classification should be confirmed by the Applicant at time of submission based on available data (solubility experiments, literature, etc.). If

19 a drug substance has been classified as BCS class II or IV, no further solubility investigations are needed.