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2 CHMP/PKWP/EMA/423733/2013
3 Committee for Medicinal Products for Human Use (CHMP)

4 Imatinib Product-Specific Bioequivalence Guidance

5 Draft

Draft Agreed by Pharmacokinetics Working Party	October 2013
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.

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Keywords	<i>Bioequivalence, generics, imatinib</i>
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9 **Imatinib Product-Specific Bioequivalence Guidance**

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11 Disclaimer:

12 *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*
13 *a marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.*

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15 **Requirements for bioequivalence demonstration (PKWP)***

BCS Classification**	BCS Class: <input type="checkbox"/> I <input type="checkbox"/> III <input checked="" type="checkbox"/> Neither of the two Background: Imatinib can be classified as a high permeability compound, but complete information on solubility is not available at present.
BE Study design	single dose
	cross-over
	healthy volunteers



	<input type="checkbox"/> fasting <input type="checkbox"/> fed <input type="checkbox"/> both <input checked="" type="checkbox"/> either fasting or fed
	<p>Either a fasting or a fed study is acceptable. The SmPC recommends intake in fed state to minimise the risk of gastrointestinal irritations. However, a single dose fasting study in healthy volunteers is feasible and preferred to increase the sensitivity to detect differences between products. A fed study is acceptable according to the Guideline on the investigation of bioequivalence based on SmPC recommendations.</p>
	<p>Strength: 400 mg because it is the highest strength</p> <p>Background: Linear PK in the range 25 mg – 1000 mg</p>
	<p>Number of studies: one single dose study</p>
Analyte	<input checked="" type="checkbox"/> parent <input type="checkbox"/> metabolite <input type="checkbox"/> both
	<input checked="" type="checkbox"/> plasma <input type="checkbox"/> blood <input type="checkbox"/> urine
	<p>Enantioselective analytical method: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>
Bioequivalence assessment	<p>Main pharmacokinetic variables: AUC_{0-72h}, C_{max}</p>
	<p>90% confidence interval: 80.00– 125.00</p>

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

17 ** The BCS classification should be confirmed by the Applicant at time of submission based on available data (solubility experiments, literature, etc.). If
18 a drug substance has been classified as BCS class II or IV, no further solubility investigations are needed.