



1 24 October 2013  
2 CHMP/PKWP/422569/2013  
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Sirolimus Product-Specific Bioequivalence Guidance**  
5 **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).

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<b>Keywords</b>	<b><i>Bioequivalence, generics, sirolimus</i></b>
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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)\***

<b>BCS Classification**</b>	<b>BCS Class:</b> <input type="checkbox"/> I <input type="checkbox"/> III <input checked="" type="checkbox"/> <b>Neither of the two</b> <b>Background:</b> Sirolimus may be considered a low solubility compound.
<b>BE Study design</b>	<b>single dose</b>
	<b>cross-over</b>
	<b>healthy volunteers</b>
	<input type="checkbox"/> <b>fasting</b> <input type="checkbox"/> <b>fed</b> <input checked="" type="checkbox"/> <b>both</b> <input type="checkbox"/> <b>either fasting or fed</b>



	Due to specific formulation characteristics. High-fat meal.
	<p><b>Strength:</b></p> <p>Tablets: 5 mg and 0.5 mg</p> <p>Oral solution: 1 mg/ml</p> <p><b>Background:</b> For tablets dose proportionality between 2 mg and 5 mg doses. 0.5 mg tablets are not strictly bioequivalent with the higher strengths in terms of C<sub>max</sub>. A BE study for the solution will be necessary unless the composition is qualitatively the same and quantitatively similar to the originator. If there is a quantitative difference in solubility enhancers, a BE study will be necessary if the differences cannot be justified by other data.</p>
	<p><b>Number of studies:</b> four two-way cross-over single dose studies for the tablets (or two four-ways cross over single dose studies) and two two-ways cross over single dose studies for the oral solution (or one four-ways cross-over single dose study).</p>
<b>Analyte</b>	<input checked="" type="checkbox"/> parent <input type="checkbox"/> metabolite <input type="checkbox"/> both
	<input type="checkbox"/> plasma <input checked="" 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>	<p><b>Main pharmacokinetic variables:</b> AUC<sub>0-t</sub>, C<sub>max</sub></p>
	<p><b>90% confidence interval:</b> 80.00– 125.00 for C<sub>max</sub> and 90.00-111.00 for AUC<sub>0-t</sub></p> <p><b>Background:</b> Sirolimus is a narrow therapeutic index drug. C<sub>max</sub> appears not to be critical for efficacy/safety.</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.