



1 15 December 2016
2 EMA/CHMP/805518/2016
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Elvitegravir / cobicistat / emtricitabine / tenofovir**
5 **disoproxil film-coated tablets 150 mg/150 mg/200 mg/**
6 **245 mg product-specific bioequivalence guidance**
7 **Draft**

Draft agreed by Pharmacokinetics Working Party	October 2016
Adopted by CHMP for release for consultation	15 December 2016
Start of public consultation	22 December 2016
End of consultation (deadline for comments)	31 March 2017

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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, elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil</i>
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13 Elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil film-coated tablets
 14 150 mg/150 mg/200 mg/ 245 mg product-specific bioequivalence guidance

15 Disclaimer:

16 *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*
 17 *marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.*

18 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: Elvitegravir may be considered a low solubility compound. Cobicistat may be considered a low solubility compound. Emtricitabine may be considered a high solubility compound. Tenofovir may be considered a high solubility compound.
Bioequivalence study design <i>in case a BCS biowaiver is not feasible or applied</i>	single dose cross-over
	healthy volunteers
	<input type="checkbox"/> fasting <input checked="" type="checkbox"/> fed <input type="checkbox"/> both <input type="checkbox"/> either fasting or fed

	High fat meal.
	Strength: Elvitegravir 150 mg / cobicistat 150 mg / emtricitabine 200 mg / tenofovir disoproxil 245 mg. Background: only combination
	Number of studies: one single dose study
Analyte	<input checked="" type="checkbox"/> parent <input checked="" type="checkbox"/> metabolite <input type="checkbox"/> both
	<input checked="" type="checkbox"/> plasma/serum <input type="checkbox"/> blood <input type="checkbox"/> urine
	Enantioselective analytical method: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	Elvitegravir, Cobicistat, Emtricitabine, Tenofovir as an active metabolite of tenofovir disoproxil.
Bioequivalence assessment	Main pharmacokinetic variables: AUC _{0-t} and C _{max}
	90% confidence interval: 80.00–125.00% for Elvitegravir, Emtricitabine, Tenofovir and Cobicistat.

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

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