



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

Pazopanib film-coated tablet 200 mg and 400 mg product-specific bioequivalence guidance

Draft Agreed by Pharmacokinetics Working Party	February 2016
Adoption by CHMP for release for consultation	1 April 2016
Start of public consultation	2 May 2016
End of consultation (deadline for comments)	31 July 2016
Agreed by Pharmacokinetics Working Party	October 2016
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Date for coming into effect	1 July 2017

Keywords	<i>Bioequivalence, generics, pazopanib</i>
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Disclaimer:

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

Requirements for bioequivalence demonstration (PKWP)*

BCS Classification**	<p>BCS Class: <input type="checkbox"/> I <input type="checkbox"/> III <input checked="" type="checkbox"/> Neither of the two</p> <p>Background: Pazopanib may be considered a low solubility compound with limited absorption</p>
BE Study design	<p>single dose</p> <p>cross-over or parallel</p>
	<p>healthy volunteers</p>
	<p><input checked="" type="checkbox"/> fasting <input type="checkbox"/> fed <input type="checkbox"/> both <input type="checkbox"/> either fasting or fed</p>
	<p>Strength: 200 mg and 400 mg</p> <p>Background: For drugs with a less than proportional increase in AUC with increasing dose over the therapeutic dose range, bioequivalence should in most cases be established both at the highest strength and at the lowest strength (or a strength in the linear range), i.e. in this situation two bioequivalence</p>

	studies are needed.
	Number of studies: two single dose studies (200 mg and 400 mg fasted) Background: Lowest and highest strengths.
Analyte	<input checked="" type="checkbox"/> parent <input 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
Bioequivalence assessment	Main pharmacokinetic variables: AUC_{0-72h} , and C_{max}
	90% confidence interval: 80.00–125.00%

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

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