



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

21 May 2015  
EMA/CHMP/315237/2014  
Committee for Medicinal Products for Human Use (CHMP)

## Capecitabine film-coated tablets 150, 500 mg product-specific bioequivalence guidance\*

Draft agreed by Pharmacokinetics Working Party (PKWP)	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
Agreed by Pharmacokinetics Working Party	29 April 2015
Adoption by CHMP	21 May 2015
Date for coming into effect	1 December 2015

\*This guideline was previously published as part of a "compilation of individual product-specific guidance on demonstration of bioequivalence Rev.3 EMA/CHMP/736403/2014"

<b>Keywords</b>	<b><i>Bioequivalence, generics, capecitabine</i></b>
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# Capecitabine film-coated tablets 150, 500 mg product-specific bioequivalence guidance

## 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)\*

<b>BCS Classification</b>	<b>BCS Class:</b> <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> neither of the two <b>Background:</b> absorption in humans is almost complete, but capecitabine is unstable in acidic medium. Therefore, the available data on solubility does not allow the BCS classification of capecitabine.
<b>Bioequivalence study design</b> <i>in case a BCS biowaiver is not feasible or applied</i>	<b>single dose</b>
	<b>cross-over</b>
	<b>patients</b>
	<input type="checkbox"/> fasting <input checked="" type="checkbox"/> fed <input type="checkbox"/> both <input type="checkbox"/> either fasting or fed Fed state recommended to minimise the risk of vomiting, for example standardized light meal for patients participating in the bioequivalence study.
	<b>Strength:</b> 500 mg

	<b>Background:</b> highest strength to be used for a drug with linear pharmacokinetics with no information on solubility available.
	<b>Number of studies:</b> one single dose study
<b>Analyte</b>	<input checked="" type="checkbox"/> <b>parent</b> <input type="checkbox"/> <b>metabolite</b> <input type="checkbox"/> <b>both</b>
	<input checked="" type="checkbox"/> <b>plasma/serum</b> <input type="checkbox"/> <b>blood</b> <input type="checkbox"/> <b>urine</b>
	<b>Enantioselective analytical method:</b> <input type="checkbox"/> <b>yes</b> <input checked="" type="checkbox"/> <b>no</b>
<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%

\* Since high intra-individual variability ( $CV_{intra} > 30\%$ ) is expected, the applicants might follow respective guideline recommendations.