



1 21 January 2016  
2 EMA/CVMP/EWP/706701/2015  
3 Committee for Medicinal Products for Veterinary Use (CVMP)

4 **Concept paper for the revision on the guideline for the**  
5 **conduct of pharmacokinetic studies in target animal**  
6 **species (EMA/CVMP/133/99-Final)**  
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Agreed by CVMP Efficacy Working Party (EWP-V)	2 December 2015
Adopted by CVMP for release for consultation	21 January 2016
Start of public consultation	3 February 2016
End of consultation (deadline for comments)	30 April 2016

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9 The proposed guideline will replace the current CVMP guideline for the conduct of pharmacokinetic  
10 studies in target animal species (EMA/CVMP/133/99-FINAL).

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12 Comments should be provided using this [template](#). The completed comments form should be sent  
to [vet-guidelines@ema.europa.eu](mailto:vet-guidelines@ema.europa.eu)

Keywords	pharmacokinetics, target animal species, veterinary
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## 14 1. Introduction

15 The guideline for the conduct of pharmacokinetic (PK) studies in target animal species was adopted in  
16 March 2000. Since its introduction, it has been referred to extensively in full application dossiers, but  
17 also in applications to vary existing marketing authorisations, e.g. addition of a new target species or  
18 route of administration. The guideline is similar to the human regulatory guideline, *Pharmacokinetic*  
19 *studies in man* (3CC3A), although veterinary-specific issues are addressed. However, the latter was  
20 adopted in 1987 and, since then, a number of more specific PK guidelines have been produced or are  
21 being developed for human medicinal products. Consequently, the guidance available for the conduct  
22 of PK studies in humans is more extensive than for veterinary species. This is partly a result of greater  
23 data requirements (e.g. recommendations to conduct PK studies in subjects with impaired renal or  
24 hepatic function if certain criteria are met), but is also due to the uptake of scientific developments in  
25 this field (e.g. population PK, physiologically-based PK modelling). As these advancements could also  
26 benefit product development for veterinary species, their incorporation into the revised guideline  
27 should be considered.

## 28 2. Problem statement

29 The content of the current guideline originates from 2000. Since then, there have been significant  
30 advances in the field of comparative PK. In particular, population PK studies and pharmacokinetic-  
31 pharmacodynamic (PK/PD) modelling have become increasingly common in veterinary research.  
32 Furthermore, some of these approaches have already been used in studies submitted to support the  
33 EU authorisation of products. As such, a revision of the guideline is appropriate.

34 In addition, the principle of the 3Rs (replacement, reduction and refinement) should be considered  
35 when revising the guideline. However, any changes in this respect must not have a detrimental effect  
36 on the quality of the data generated.

## 37 3. Discussion (on the problem statement)

38 With respect to developments in the field of PK, issues for discussion are as follows:

- 39 • **Population PK (PPK) studies.** The use of PPK studies is addressed only briefly in the current  
40 guideline. Since this approach has already been employed in veterinary medicines to support a  
41 change in the dosage regimen, more guidance on the reporting of PPK studies should be  
42 provided.
- 43 • **Pharmacokinetic-pharmacodynamic (PK/PD) relationship.** It is considered that general  
44 guidance on PK/PD studies (e.g. selection of appropriate pharmacodynamic parameters) and  
45 reference to specific guidelines with dedicated PK/PD sections should be provided in the revised  
46 guideline.
- 47 • ***In silico* physiologically-based PK (PBPK) models.** It is recognised that the use of PBPK  
48 models in veterinary medicine is still in its infancy. However, these models could be useful  
49 tools to investigate PK profiles under various physiological conditions, thereby informing study  
50 design and, ultimately, providing end-users with more reliable information in the product  
51 literature. It should be discussed whether PBPK falls into the scope of the current revision.

52 With respect to the 3Rs and animal welfare, issues for discussion are as follows:

- 53 • **Section 2.1b) Absorption: active substances not intended to produce systemic**  
54 **effects.** Use of *in vitro* models (if validated) to study dermal or gastrointestinal drug  
55 absorption could be considered as an alternative to *in vivo* studies. If no validated model is  
56 available, an applicant should justify that the model is suitable.
- 57 • **Section 2.3 Metabolism.** Addition of guidance on the use of *in vitro* studies (e.g. hepatic  
58 microsome studies) to investigate drug metabolic pathways.
- 59 • **Section 3.6b) Sampling: other biological fluids and tissues.** It should be considered  
60 whether tissue sampling by repeated biopsy would only be acceptable in those cases where no  
61 other techniques are possible, since in Directive 2010/63/UE it is mentioned that "*special*  
62 *attention should be paid to ascertain absence of pain and discomfort when using a biopsy*  
63 *method*".
- 64 • **Special approaches.** PK/PD studies (see above) may potentially reduce the need for  
65 comprehensive dose-finding data and, in doing so, reduce the number of animals used in  
66 product development.

67 Other points for discussion are as follows:

- 68 • **Section 2.2 Distribution.** In the current guideline, it is stated that the extent of distribution  
69 will often be reflected in the volume of distribution. However, this statement should be treated  
70 with caution since estimation of volume of distribution is not intended for this purpose (Toutain  
71 and Bousquet-Melou, 2004). Therefore, revision of this section is recommended.
- 72 • **Section 3.1 Subjects.** Basic PK studies are generally performed using clinically healthy  
73 animals. However, if the PK of the drug under investigation is likely to be altered by the  
74 disease for which the product is claimed to be indicated, it could be considered conducting PK  
75 studies in diseased animals (or animal models) instead. This should facilitate selection of a  
76 more appropriate dosage regimen for subsequent dose determination studies. In addition, the  
77 effect of known pharmacogenetic differences within a population and relevant co-morbidities  
78 (e.g. renal or hepatic disease) on PK profile should be considered particularly from a safety  
79 perspective but also in terms of the risk of accelerated resistance development for products  
80 containing antimicrobial or antiparasitic agents. *In silico* PBPK modelling could be a useful tool  
81 in this respect.
- 82 • When revising the guideline, it should also be considered providing more guidance on  
83 differences in PK within the same and between different species, and if such data could apply  
84 across the whole target species (e.g. all age groups, breeds).
- 85 • **Section 3.7 Analytical procedure.** More detailed guidance regarding the validation of the  
86 analytical technique (e.g. acceptance limits) is warranted or, at least, reference to relevant  
87 guidance (e.g. VICH GLs 1 and 2) should be provided.

## 88 4. Recommendation

89 A revision of the existing guideline is recommended, to consider the above mentioned issues.

## 90 5. Proposed timetable

91	21 January 2016	Concept paper adopted by CVMP for release for consultation
92	30 April 2016	Deadline for comments from interested parties
93	3Q 2017	Expected date for adoption of the draft revised guideline by EWP

94 4Q 2017 Expected date for adoption of the draft revised guideline by CVMP for release for  
95 consultation

## 96 **6. Resource requirements for preparation**

97 Preparation of the revision would involve one rapporteur assisted by a co-rapporteur(s). Preparation of  
98 the draft revised guideline will require discussion at EWP plenary meetings.

99 Rapporteurs' drafting group meetings (virtual) would be organised, as needed.

## 100 **7. Impact assessment (anticipated)**

101 The revised guideline is not intended to increase the requirements for marketing authorisation  
102 applications. Instead, it is expected to provide clearer guidance on some of the more novel  
103 methodologies in comparative pharmacokinetics, should applicants decide to use these approaches.  
104 Furthermore, through consideration of how the principle of the 3Rs can be applied to the data  
105 requirements, the revision is expected to have a positive impact on animal welfare.

## 106 **8. Interested parties**

107 Veterinary pharmaceutical industry and consultants.

108 Regulatory authorities.

109 Scientific veterinary associations, e.g. European College of Veterinary Pharmacology and Toxicology.

## 110 **9. References to literature, guidelines, etc.**

111 Cox S.R. *et al*: Population pharmacokinetics of mavacoxib in osteoarthritic dogs, *Journal of Veterinary*  
112 *Pharmacology and Therapeutics*, Vol. 34 (2011), 1-11.

113 European Medicines Agency. Pharmacokinetic studies in man (3CC3A) (1998).

114 Toutain P.-L., Bousquet-Melou A.: Volumes of distribution, *Journal of Veterinary Pharmacology and*  
115 *Therapeutics*, Vol. 27 (2004), 441-453.