



1 31 May 2018  
2 EMA/CHMP/291571/2018  
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Octreotide acetate depot powder and solvent for**  
5 **suspension for injection 10 mg, 20 mg or 30 mg product-**  
6 **specific bioequivalence guidance**  
7 **Draft**

<b>Draft Agreed by Pharmacokinetics Working Party (PKWP)</b>	April 2018
<b>Adopted by CHMP for release for consultation</b>	31 May 2018
<b>Start of public consultation</b>	27 June 2018
<b>End of consultation (deadline for comments)</b>	30 September 2018

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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, octreotide</i></b>
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13 Octreotide acetate depot powder and solvent for suspension for injection 10 mg, 20 mg  
14 or 30 mg product-specific bioequivalence guidance

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16 Disclaimer:

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

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20 Requirements for bioequivalence demonstration (PKWP)\*

<b>Bioequivalence study design</b>	<b>Single dose:</b> In healthy volunteers. <b>Background:</b> Taking into account the difficulties in performing a multiple dose study (e.g. 28 day dosing interval, multiple indications and limited target populations), as accumulation is not high and the single dose profile is captured over a prolonged period, a multiple dose study may be waived if the single dose PK is well characterized. Further analysis of the single dose data is therefore required to fully capture the pharmacokinetic profile.
	<b>Parallel design</b> <b>Background:</b> Due to the long half-life the crossover design may not be practically feasible, therefore a parallel design could be used.
	<b>Strength:</b> 30 mg <b>Background:</b> Highest strength to be used for a drug with linear pharmacokinetics.

<b>Analyte</b>	<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
	<b>Enantioselective analytical method:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>Bioequivalence assessment</b>	<b>Main pharmacokinetic variables:</b> $AUC_{(0-28d)}$ , $AUC_{(28-56d)}$ , $AUC_{(0-t)}$ , $AUC_{(0-\infty)}$ , $C_{max}$ and $C_t$ (concentration at the end of the dosing interval, i.e. day 28)
	<b>Secondary parameters:</b> $AUC_{(0-24h)}$ , $t_{lag}$ , $C_{max}$ per partial AUC and $C_{max}$ initial release
	<b>90% confidence interval:</b> 80.00 – 125.00%

21 \* As intra-subject variability of the reference product has not been reviewed to elaborate this product-specific bioequivalence guideline, it is not possible to  
22 recommend at this stage the use of a replicate design to demonstrate high intra-subject variability and widen the acceptance range of  $C_{max}$ ,  $C_{T,ss}$  and partial  
23 AUC. If high intra-individual variability ( $CV_{intra} > 30\%$ ) is expected, the applicants might follow respective guideline recommendations.