



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

21 May 2015  
EMA/CHMP/315233/2014  
Committee for Medicinal Products for Human Use (CHMP)

## Sunitinib hard capsules 12.5, 25, 37.5 and 50 mg product-specific bioequivalence guidance\*

Draft agreed by Pharmacokinetics Working Party (PKWP)	October 2013
Adoption by CHMP for release for consultation	21 November 2013
Start of public consultation	3 December 2013
End of consultation (deadline for comments)	3 March 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, sunitinib</i></b>
-----------------	---



## Sunitinib hard capsules 12.5, 25, 37.5 and 50 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 checked="" type="checkbox"/> III <input type="checkbox"/> Neither of the two <b>Background:</b> sunitinib malate may be considered a high solubility compound with limited absorption.
<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>healthy volunteers</b>
	<input checked="" type="checkbox"/> <b>fasting</b> <input type="checkbox"/> <b>fed</b> <input type="checkbox"/> <b>both</b> <input type="checkbox"/> <b>either fasting or fed</b>
	<b>Strength:</b> 50 mg <b>Background:</b> highest strength recommended. However, it is also possible to use the lower strengths for a drug with linear pharmacokinetics and high solubility.

	<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>0-72h</sub> and C <sub>max</sub>
	<b>90% confidence interval:</b> 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<sub>max</sub>. If high intra-individual variability (CV<sub>intra</sub> > 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).