EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

Aliskiren film-coated tablet 150 mg and 300 mg product-specific bioequivalence guidance

Draft Agreed by Pharmacokinetics Working Party (PKWP)	April 2018
Adopted by CHMP for release for consultation	31 May 2018
Start of public consultation	27 June 2018
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Adopted by CHMP for release for consultation	12 May 2025
Start of public consultation	10 July 2025
End of consultation (deadline for comments)	31 October 2025

* This revision addresses a change in the requirements for a fasted and fed study to a fasted study only in accordance with the ICH M13A guideline

Comments should be provided using this EUSurvey. For any technical issues, please contact the EUSurvey Support

Keywords	***Bioequivalence, generics, aliskiren***

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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**	**BCS Class:** ☐ **I** ☒ **III** ☐ **Neither of the two** **Background:** Aliskiren hemifumarate is considered a high solubility compound with limited absorption.
Bioequivalence study design *in case a BCS biowaiver is not feasible or applied*	**single dose** **cross-over study**
	healthy volunteers
	☒ **fasting** ☐ **fed** ☐ **both** ☐ **either fasting or fed**
	Strength: 300 mg

	Background: For drugs with a more than proportional increase in AUC and/or C_{max} with increasing dose over the therapeutic dose range, the bioequivalence study should in general be conducted at the highest strength.
	Number of studies: One single dose study.
Analyte	☒ **parent** ☐ **metabolite** ☐ **both**
	☒ **plasma/serum** ☐ **blood** ☐ **urine**
	Enantioselective analytical method: ☐ **yes** ☒ **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).