



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

14 April 2025
EMA/226629/2020 Rev. 1*
Committee for Medicinal Products for Human Use (CHMP)

Dolutegravir film-coated tablets 10 mg, 25 mg and 50 mg product-specific bioequivalence guidance

Draft Agreed by Pharmacokinetics Working Party (PKWP)	April 2017
Adopted by CHMP for release for consultation	22 June 2017
Start of public consultation	28 July 2017
End of consultation (deadline for comments)	31 October 2017
Agreed by Pharmacokinetics Working Party (PKWP)	December 2017
Adopted by CHMP	25 January 2018
Date of coming into effect	1 August 2018
Draft revision agreed by Methodology Working Party (MWP)	3 April 2025
Adopted by CHMP	14 April 2025
Date of coming into effect	1 November 2025

* This revision addresses the removal of the requirement for a study with the 10 mg strength and the addition of the requirements for the dispersible tablet formulation

Keywords	<i>Bioequivalence, generics, dolutegravir</i>
-----------------	--



Dolutegravir film-coated tablets 10 mg, 25 mg and 50 mg, dispersible tablets 5 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 (MWP)*

BCS Classification**	BCS Class: ☐ I ☐ III ☒ Neither of the two Background: Dolutegravir sodium is considered a low solubility compound.
Bioequivalence study design <i>in case a BCS biowaiver is not feasible or applied</i>	single dose
	cross-over
	healthy volunteers
	☒ fasting ☐ fed ☐ both ☐ either fasting or fed
	Strength: Film coated tablets 50 mg Dispersible tablet: 5 mg

	Background: Film-coated tablet: highest strength to be used for a drug with linear pharmacokinetics. Dispersible tablet: 5 mg is the only strength Number of studies: One single dose study for the film-coated tablet. One single dose study for the dispersible tablet. Background: Dispersible tablets are not interchangeable with the film-coated tablets and bioequivalence needs to be shown separately for each formulation. Other critical aspects: the dispersible tablet should be dispersed in line with the instructions in the SmPC.
Analyte	☒ parent ☐ metabolite ☐ both
	☒ plasma/serum ☐ blood ☐ urine
	Enantioselective analytical method: ☐ yes ☒ no
Bioequivalence assessment	Main pharmacokinetic variables: AUC _{0-t} 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).