

Recommended comparator products: Neglected Tropical Diseases

Comparator products should be purchased from a well-regulated market with stringent regulatory authority ¹.

Invited medicinal products (refer to EOI for more information e.g., requirements for scoring)	Recommended comparator product (Strength, Marketing authorization holder)
Arpraziquantel 150 mg and 300 mg dispersible tablet	Arpraziquantel 150 mg dispersible tablet (Merck)
Albendazol 400 mg tablet	Eskazole (400 mg (chewable) tablet, GlaxoSmithKline) Zentel (400 mg tablet, GlaxoSmithKline) Albenza (200 mg tablet, Impax Laboratories Inc. US ²)
Azithromycin 500 mg tablet	Zithromax (500 mg tablet, Pfizer)
Diethylcarbamazine citrate 100 mg tablet	Supatonin (50 mg tablet, Mitsubishi Tanabe Pharma, Japan ³) Notezine 100 mg tablet (Sanofi-Aventis)
Fexinidazole 600 mg tablet	Fexinidazole Winthrop 600 mg tablet (Sanofi-Aventis)
Ivermectin 3 mg tablet	Stromectol (3 mg tablet, Merck Sharp & Dohme)
Amphotericin B, 50 mg injection as deoxycholate, 50 mg liposomal injection	Ambisome (50 mg/vial, Gilead Sciences Int. Ltd.) Ambisome (50 mg/vial, Astellas Pharma US Inc., US ²)
Mebendazole 500 mg tablet	Vermox (100 mg and 500 mg tablet, Janssen-Cilag/Janssen Pharmaceuticals Inc.)
Miltefosine 10 and 50 mg capsule	Impavido (50 mg capsule, Knight Therapeutics)
Moxidectin 2 mg tablet	Moxidectin 2 mg tablet (Medicines Development for Global Health, US ²)
Paromomycin solution for i.m. injection 375 mg/ml (as sulfate), 2 ml ampoule	Humatin (250 mg capsule, Pfizer)

Praziquantel 600 mg tablet	Biltricide (600 mg tablet, Bayer Healthcare)
Rifampicin/Clarithromycin 300/250 mg tablet	Use the individual comparators, i.e.: for rifampicin: Rimactane (300 mg capsule, Novartis or Sandoz) or Rifadin (300 mg capsule, Sanofi-Aventis) or Rifampicin (300 mg capsule, Sandoz, NL) for clarithromycin: Klaricid (250 mg tablet, Abbott) or Klacid (250 mg tablet, Abbott) or Zeclar (250 mg tablet, Abbott) or Biaxin (250 mg tablet, AbbVie Inc., US ²)
Sodium stibogluconate 10% SB5+ (100mg/ml) 30 ml or 100 ml vial (injectable)	Pentostam (100 mg/ml, GSK, UK)

- ¹ A regulatory authority that is:
- a) a member of ICH prior to 23 October 2015, namely: the US Food and Drug Administration, the European Commission and the Ministry of Health, Labour and Welfare of Japan also represented by the Pharmaceuticals and Medical Devices Agency; or
 - b) an ICH observer prior to 23 October 2015, namely: the European Free Trade Association, as represented by Swissmedic and Health Canada; or
 - c) a regulatory authority associated with an ICH member through a legally-binding, mutual recognition agreement prior to 23 October 2015, namely: Australia, Iceland, Liechtenstein and Norway.
- ² The recommended comparator product is approved by US FDA; the comparator product should be obtained from the US.
- ³ The recommended comparator product is approved by the Japanese Ministry of Health & Welfare; the comparator product should be obtained from Japan.

Obtaining Comparator

Comparator products should be purchased from a well regulated market with stringent regulatory authority. If the recommended comparator cannot be located for purchase from the market of one of the identified countries, the applicant should consult with WHO regarding the sourcing of an acceptable comparator product.

Information Requirements

Within the submitted dossier, the country of origin of the comparator product should be reported together with lot number and expiry date, as well as results of pharmaceutical analysis to prove pharmaceutical equivalence. Further, in order to prove the origin of the comparator product the applicant must present all of the following documents:

1. Copy of the comparator product labelling. The name of the product, name and address of the manufacturer, batch number, and expiry date should be clearly visible on the labelling.
2. Copy of the invoice from the distributor or company from which the comparator product was purchased. The address of the distributor must be clearly visible on the invoice.
3. Documentation verifying the method of shipment and storage conditions of the comparator product from the time of purchase to the time of study initiation.
4. A signed statement certifying the authenticity of the above documents and that the comparator product was purchased from the specified national market. The certification should be signed by the company executive or equivalent responsible for the application to the Prequalification Programme.

Dose Equivalence

In case the invited product has a different strength compared to the available acceptable comparator product, it is not always necessary to carry out a bioequivalence study at the same dose level; if the active substance shows linear pharmacokinetics, extrapolation between similar doses may be applied by dose normalisation.

Fixed-dose Combination Products

The bioequivalence of fixed-dose combination (FDC) product should be established following the same general principles. The submitted FDC product should be compared with the respective innovator FDC product as listed above. In cases where a FDC comparator product is not listed above, individual component products administered in loose combination should be used as a comparator. The principles of dose normalization as mentioned above are applicable.

Suitability of a comparator product for BCS-based biowaiver applications

Recommendation of an API for BCS-based biowaivers is made purely on the solubility, permeability, safety and related properties of the API (Class 1 or Class 3) – see the Biowaiver guidance documents on the WHO Prequalification of Medicines Programme website. It does not imply that the recommended comparator product(s) will be rapidly dissolving in case of Class 1 APIs (or very rapidly dissolving in case of Class 3 API), which is a requirement for BCS based biowaiver studies. The applicant must thus ensure that the recommended comparator(s) listed on the Prequalification of Medicines Programme website is indeed suitable for a BCS based-biowaiver application before product development.

Note that rapidly dissolving (or very rapidly dissolving) properties of a product are not required for in vivo bioequivalence studies. Thus, though a listed comparator product may not be suitable for BCS-based biowaiver purposes, it is still suitable for in vivo bioequivalence studies.