Notes on the Design of Bioequivalence Study: Darunavir + Ritonavir

Notes on the design of bioequivalence studies with products invited for submission to the WHO Prequalification Team: medicines (PQTm) are issued to aid manufacturers with the development of their product dossier. Deviations from the approach suggested below can be considered acceptable if justified by sound scientific evidence.


Below, additional specific guidance is provided on the invited immediate release products, containing darunavir + ritonavir.

Pharmacokinetics of darunavir and ritonavir

Darunavir is primarily metabolized by CYP3A and ritonavir inhibits CYP3A, thereby increasing the plasma concentrations of darunavir considerably. The overall pharmacokinetic enhancement effect by ritonavir is an approximate 14-fold increase in the systemic exposure of darunavir when a single dose of 600 mg darunavir is given orally in combination with ritonavir at 100 mg twice daily.

Darunavir, co-administered with 100 mg ritonavir twice daily, is absorbed following oral administration with a T\text{max} of approximately 2.5–4 hours. The absolute oral bioavailability of a single 600 mg dose of darunavir alone and after co-administration with 100 mg ritonavir twice daily is 37% and 82%, respectively.

When administered with food, the C\text{max} and AUC of darunavir, co-administered with ritonavir, is approximately 30% higher relative to the fasting state. Therefore, darunavir, co-administered with ritonavir, should always be taken with food. Within the range of meals studied, darunavir exposure is similar. The total caloric content of the various meals evaluated ranged from 240 Kcal (12 g fat) to 928 Kcal (56 g fat).

The terminal elimination half-life of darunavir is approximately 15 hours when combined with ritonavir. In adults, linear pharmacokinetics are observed after single dose administration over the 300–1200 mg darunavir dose range with 100 mg ritonavir.

Ritonavir peak plasma concentrations occur in about 2 to 4 hours. Absorption is enhanced when is enhanced when ritonavir is taken with food. The elimination half-life of ritonavir is 3–5 hours. The ritonavir pharmacokinetic parameters C\text{max} and AUC display a greater than proportional increase with dose. A 5-fold increase in dose from 20 mg to 100 mg results in approximately 50-fold increase in AUC.
Guidance for the design of bioequivalence studies

Taking into account the pharmacokinetic properties of darunavir and ritonavir, the following guidance with regard to the study design should be taken into account:

**Dose:** As darunavir and ritonavir combinations in the expression of interest (EOI) are:

- Fixed-dose combinations for adults and adolescents:
  - darunavir/ritonavir, tablet (heat stable) 800/100 mg, 600/100 mg, 300/50 mg, 400/50 mg
- Fixed-dose combinations for paediatric use:
  - darunavir/ritonavir, tablet (heat-stable), 120 mg/20 mg

Bioequivalence should be demonstrated for all strengths unless a waiver for additional strengths can be applied. It appears feasible to manufacture proportional formulations for the 800/100 mg and 400/50 mg strengths, and further also proportional formulations for the 600/100 mg, 300/50 mg and 120/20 mg strengths. In such a case, studies with the highest strengths, 800/100 mg and 600/100 mg, would suffice for the whole range of strengths.

As the amount of darunavir is expected to represent more than 5% of the tablet core weight, the formulation strategy of keeping the amount of excipients constant is not considered suitable to waive the 600/100 mg strength based on the 800/100 mg strength, and the 300/50 mg strength based on the 400/50 mg strength.

The development of bilayer tablets might allow the waiver of additional strengths with proportional composition. In such cases, the bioequivalence study should be performed with the highest strength 800/100 mg due to the low solubility of both drugs and the non-linear (more than proportional) kinetics of ritonavir.

**Fasting/fed:** The bioequivalence study should be conducted in the fed state as darunavir is recommended to be taken with food because of the increased bioavailability, irrespective of the total caloric contents of the meal. Therefore, we recommend administration with a standard breakfast, not a high-fat, high-calorie meal, as a standard breakfast is considered to be closest to real-life conditions in patients.

**Subjects:** Healthy adult subjects should be use. It is not necessary to include patients in the bioequivalence study.

**Analytical considerations:** The measurement of darunavir and ritonavir in human plasma is feasible using LC-MS/MS analytical methodology. Bioequivalence should be based on the determination of darunavir and ritonavir. The bioanalytical method of darunavir should be validated in the presence of ritonavir and vice versa.

**Sample size:** Information on darunavir and ritonavir currently available to the PQ indicates that the intra-subject variability for darunavir is around 20%, but the intra-subject variability of ritonavir is around 43% for C_max and 33% for AUC_{0-t}. These data will facilitate the calculation of the sample size of the bioequivalence study.

**Washout:** Taking into account the elimination half-life of darunavir in healthy volunteers (about 15 hours), a washout period of seven days is considered sufficient to prevent carry over.

**Blood sampling:** The blood sampling should be intensive the first 4 hours after administration to describe adequately the peak exposure of darunavir and ritonavir. The sampling times after 4 hours should be selected to characterize adequately the extent of exposure of both drugs since they have a different elimination half-life (i.e. 3–5 hours for ritonavir and 15 hours for darunavir). It is not necessary to take blood samples beyond 72 hours to characterize completely the extent of exposure of darunavir, as this will only substantiate the elimination phase of darunavir.
**Parent or metabolite data for assessment of bioequivalence:** The parent drug is considered to best reflect the biopharmaceutical quality of the product. Therefore, bioequivalence should be based on the determination of darunavir and ritonavir.

**Statistical considerations:** The data for darunavir and ritonavir should meet the following bioequivalence standards in a single-dose, crossover design study:

- The 90% confidence interval of the relative mean AUC0-t of the test to reference product should be within 80–125%
- The 90% confidence interval of the relative mean Cmax of the test to reference product should be within 80–125%.

Information currently available to PQTm suggests that the ritonavir comparator product might be a highly variable drug product for Cmax in the fed state. Widening of the acceptance range for ritonavir Cmax might be acceptable if the applicant conducts a replicate cross-over study to estimate variability of the comparator product more accurately and the high variability of Cmax is demonstrated. The widening of the acceptance range for AUC0-t is not considered acceptable. For more information on replicate study designs and scaled average bioequivalence, refer to Section 7.9.3 of Annex 7, TRS 992.