Notes on the design of bioequivalence study: Pyrimethamine and Sulfadoxine

Notes on the design of bioequivalence studies with products invited to be submitted 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 pyrimethamine and sulfadoxine.

Pharmacokinetics of pyrimethamine and sulfadoxine

After oral administration of a single tablet containing 500 mg of sulfadoxine and 25 mg of pyrimethamine the following pharmacokinetic parameters were reported:

Peak plasma levels of sulfadoxine are reached in approximately 4 – 5.5 hours (range 1.5 to 8 hours). Sulfadoxine has a half-life of approximately 200 hours (range 100 – 250 hours).

Peak plasma levels of pyrimethamine are achieved within 2.1 – 7.7 hours (median 5.5 h) and it has a plasma half-life of approximately 100 hours (range 54 to 148 hours).

The tablets should be swallowed whole with plenty of fluid after a meal.

Guidance for the design of bioequivalence studies:

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

**Design:** A parallel design is recommended.

**Dose:** As the EoI includes pyrimethamine and sulfadoxine 12.5/250 mg and 25/500 mg, the highest strength (25/500 mg) should be tested.

**Fasting/fed:** The bioequivalence study can be conducted in the fasted state since although the combination is taken after meals, this seems to be related to tolerability, and a clinically different exposure when taken with food has not been reported.

**Subjects:** Healthy adult subjects should be included in the bioequivalence study. It is not necessary to include patients.
**Sample size:** Pyrimethamine and sulfadoxine inter-subject variability values are low (11-14% for pyrimethamine and 10-11% for sulfadoxine) for both C\text{max} and AUC. These data may facilitate the calculation of a sufficient sample size for the bioequivalence study.

**Washout:** N/A. Taking into account the long elimination half-life of the pyrimethamine and sulfadoxine a parallel design is recommended.

**Blood sampling:** The blood sampling should be intensive between 3 and 7 hours since median T\text{max} occurs at 5.5 hours. It is not necessary to take samples after 72 hours. For example, blood samples might be taken at pre-dose, 0.50, 1.00, 2.00, 3.00, 3.50, 4.00, 4.50, 5.00, 5.50, 6.00, 6.50, 7.00, 8.00, 9.00, 10.00, 12.00, 24.00, 48.00 and 72.00 hours after drug administration.

**Analytical considerations:** Information currently available indicates that it is possible to measure pyrimethamine and sulfadoxine in human plasma using LC-MS/MS analytical methodology. The bioanalytical method should be sufficiently sensitive to detect concentrations that are 5% of the C\text{max} in most profiles of each formulation (test or comparator).

**Parent or metabolite data for assessment of bioequivalence:** The parent drugs are considered to best reflect the biopharmaceutical quality of the product. The data for the parent compounds should be used to assess bioequivalence of pyrimethamine and sulfadoxine.

**Statistical considerations:** The data for pyrimethamine and sulfadoxine should meet the following bioequivalence standards in a single-dose parallel design study:

- The 90% confidence interval of the relative mean AUC\text{0-72h} of the test to reference product should be within 80-125%

- The 90% confidence interval of the relative mean C\text{max} of the test to reference product should be within 80-125%.