This part reflects the scientific knowledge and the information about this product available at the time of prequalification. Thereafter, updates may have become necessary which are included in parts 1 to 5 and, if related to pharmaceutical issues, also documented in part 8 of this WHOPAR.

SCIENTIFIC DISCUSSION

Name of the Finished Pharmaceutical	SPAQ-CO [®] Disp 153mg+25mg/500mg ¹
Product:	
Manufacturer of Prequalified Product:	Guilin Pharmaceutical Co. Ltd.
	No. 43 Qilidian Road
	Guilin
	Guangxi, China, 541004
	_
Active Pharmaceutical Ingredients (APIs):	Amodiaquine hydrochloride, pyrimethamine,
	sulfadoxine
Pharmaco-therapeutic group (ATC	Antimalarial: P01BA06
Codes):	
Therapeutic indication:	Seasonal malaria chemoprevention in the sub-
	sahel region of Africa for children aged 12 to 59 months

*

¹ Trade names are not prequalified by WHO. This is the national medicines regulatory authority's responsibility. Throughout this WHOPAR the proprietary name is given as an example only.

Pyrimethamine/Sulfadoxine 25 mg/500 mg Tablets (Guilin Pharmaceutical Co., Ltd), MA117

1. Introduction

SPAQ- CO® Disp 153mg+25mg/500mg is indicated for the seasonal malaria chemoprevention in the sub-sahel region of Africa for children aged 12 to 59 months.

SPAQ- CO[®] Disp 153mg+25mg/500mg should be initiated by a health care provider experienced in the management of malaria infection.

2. Assessment of Quality

The assessment was done in accordance with the requirements of WHO's Guidelines on submission of documentation for a multisource (generic) finished pharmaceutical product for the WHO Prequalification of Medicines programme: quality part.

Active pharmaceutical ingredients (APIs)

Amodiaquine hydrochloride, pyrimethamine and sulfadoxine have been prequalified by WHO according to WHO's Procedure for assessing the acceptability, in principle, of active pharmaceutical ingredients for use in pharmaceutical products (WHO Technical Report Series No. 953, 2009, Annex 4). This procedure provides an assurance that these APIs, used in the manufacture of Amodiaguine (as hydrochloride) 153mg dispersible tablets + Pyrimethamine/Sulfadoxine 25mg/500mg dispersible tablets (co-blistered), are of good quality and manufactured in accordance with WHO good manufacturing practices. API prequalification consists of a comprehensive evaluation procedure that has two components: Assessment of the API master file (APIMF) to verify compliance with WHO norms and standards, and assessment of the sites of API manufacture to verify compliance with WHO GMP requirements.

Other ingredients

Other ingredients used in Amodiaquine (as hydrochloride) 153mg dispersible tablets include povidone, sodium bicarbonate, microcrystalline cellulose, crosslinking carboxymethyl cellulose sodium, sucralose and magnesium stearate. Other ingredients used in Pyrimethamine/Sulfadoxine 25mg/500mg dispersible tablets include hypromellose, low-substituted hydroxypropyl cellulose, sucralose and magnesium stearate.

The supplier of magnesium stearate provided written attestation that this excipient is of plant origin and is free from herbicides/insecticides and aflatoxins.

Finished pharmaceutical product (FPP)

The FPP is a co-blistered product, consisting of three Amodiaquine (as hydrochloride) 153 mg dispersible tablets and one dosage unit of Pyrimethamine/Sulfadoxine 25mg/500mg dispersible tablets per PVC/aluminium blister card.

Amodiaquine (as hydrochloride) 153mg dispersible tablets

Pharmaceutical development and manufacture

Amodiaguine Hydrochloride 153mg dispersible tablets are yellow and round, debossed with "AQ" on one side and a score line on the other side.

The development of the final composition of the dispersible tablets has been described. Since rapid dispersion in water is required – without occurrence of large particles – excipients with good disintegration and dissolution properties have been selected. Due to the bitterness and strong acidic properties of amodiaquine hydrochloride a suitable flavouring agent (sucralose) and a pH adjusting agent (sodium bicarbonate) were included in the formula. Acceptable API-excipient compatibility has been demonstrated by stress testing on binary mixtures.

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Amodiaquine HCl exhibits poor flow properties and the bulk density data show that the API has poor compressibility. Therefore, an aqueous wet granulation process was selected for manufacture of the tablets. The composition and process parameters were optimised to get tablets of the desired characteristics. Appropriate in-process controls were set to ensure batch-to-batch reproducibility.

Specifications

The specifications for Amodiaquine (as hydrochloride) 153mg dispersible tablets include tests for description, identification (HPLC, UV), weight variation, content uniformity, disintegration time (≤ 3 min.), fineness of dispersion, dissolution, friability, loss on drying, related substances (HPLC), assay (HPLC) and microbial limits. The test procedures have been adequately validated.

Pyrimethamine/Sulfadoxine 25mg/500mg dispersible tablets

Pharmaceutical development and manufacture

The tablets are white and round, debossed with "SP" on one side and a score line on the other side.

The development of the final composition of the dispersible tablets has been described. The selection of the excipients was based on the physico-chemical characteristics of the APIs and the target product profile. Sucralose is included to mask the mildly bitter taste of sulfadoxine. The wet granulation method is used in manufacture of the tablets. The critical steps of the manufacturing process were optimized to obtain tablets of desired characteristics – including disintegration and dissolution – and appropriate in-process controls were set to ensure batch-to-batch reproducibility.

Specifications

The specifications for Pyrimethamine/Sulfadoxine 25mg/500mg dispersible tablets include tests for description, identification (HPLC, TLC), uniformity of dosage units (by content), disintegration time $(\le 3 \text{ min.})$, fineness of dispersion, friability, loss on drying, dissolution (HPLC detection), related substances (HPLC), assay (HPLC) and microbial limits. The test procedures have been adequately validated.

Stability testing

Stability studies have been conducted at 30°C/75%RH as long-term storage condition and for six months at 40°C/75% RH as accelerated condition in the same packaging as proposed for marketing of the co-blistered product. A slight increase in degradation products were observed, though these stayed well within the agreed limits. The data support the proposed shelf-life and storage conditions as stated in the SmPC for the co-blistered product.

Conclusion

The quality part of the dossier is accepted.

3. Assessment of Bioequivalence

The following bioequivalence studies have been performed in 2014 according to internationally accepted guidelines.

Study 1: A randomized, open label, balanced, one period, two treatment, single dose, parallel, truncated, bioequivalence study of FDC dispersible tablets of Sulfadoxine 500 mg and Pyrimethamine 25 mg of Guilin Pharmaceutical Co., Ltd., with Fansidar (sulfadoxine 500 mg and pyrimethamine 25 mg tablets, manufactured by F. Hoffmann-La Roche Ltd. Basel, Switzerland) in normal, healthy, adult, male and female human subjects under fasting condition (study no. ARL/13/487).

The objective of the study was to compare the bioavailability of the stated Sulfadoxine/Pyrimethamine 500mg/25 mg FDC dispersible tablet manufactured by/for Guilin Pharmaceutical Co., Ltd., China (test drug) with the reference formulation Fansidar® (F. Hoffmann-La Roche Ltd.) and to assess Pyrimethamine/Sulfadoxine 25 mg/500 mg Tablets (Guilin Pharmaceutical Co., Ltd), MA117

bioequivalence. The comparison was performed as a single centre, open label, randomized, parallel study in healthy subjects under fasting conditions. Subjects were assigned to receive one of the following two treatments in a randomized fashion:

Treatment T: Test – 1 FDC dispersible tablet Sulfadoxine/Pyrimethamine 500mg/25mg

(sulfadoxine 500 mg + pyrimethamine 25 mg)

Batch no. SP131106.

Treatment R: Reference – 1 tablet Fansidar®

(sulfadoxine 500 mg + pyrimethamine 25 mg)

Batch no. Z0110.

Serial blood samples (1 pre-dose sample and 19 samples within 72h post dose) were taken during each study treatment period to obtain bioavailability characteristics AUC, C_{max} and t_{max} for bioequivalence evaluation. Drug concentrations for sulfadoxine and pyrimethamine were analyzed using a validated LC-MS/MS method. The limit of quantification was stated to be about 1208 ng/ml for sulfadoxine and 10 ng/ml for pyrimethamine.

The study was performed with 32 participants; data generated from a total of 32 subjects were utilized for analysis to establish pharmacokinetic parameters and assess bioequivalence.

Arithmetic mean and geometric mean values of the pharmacokinetic variables for sulfadoxine and pyrimethamine as well as statistical results are summarised in the following tables:

Sulfadoxine

	Test formulation	Reference	log-transformed parameters	
Pharmacokinetic	(T)	(R)	Ratio	Conventional
Parameter	arithmetic mean \pm SD	arithmetic mean \pm SD	T/R (%)	90% CI
	(*)	(*)		(ANOVAlog)
t _{max} (h)	4.16 ± 1.33	11.5 ± 15.1	-	-
$C_{max} (\mu g/ml)$	70.2 ± 9.2	65.5 ± 4.8	106.7	100.3 - 113.6
	(69.7)	(65.3)		
$AUC_{0-72h} (\mu g.h/ml)$	4125 ± 507	3935 ± 212	104.2	98.5 – 110.3
	(4096)	(3930)		

^{*} geometric mean

Pyrimethamine

	Test formulation	Reference	log-transformed parameters	
Pharmacokinetic	(T)	(R)	Ratio	Conventional
Parameter	arithmetic mean \pm SD	arithmetic mean ± SD	T/R (%)	90% CI
	(*)	(*)		(ANOVAlog)
t _{max} (h)	3.84 ± 1.47	4.47 ± 1.77	ı	ı
C _{max} (ng/ml)	193 ± 29	178 ± 20	107.9	99.8 – 116.5
	(191)	(177)		
AUC _{0-72h} (ng.h/ml)	9922 ± 1238	9323 ± 782	106.0	99.6 - 112.9
	(9852)	(9292)		

^{*} geometric mean

The results of the study show that preset acceptance limits of 80 -125 % are met by both AUC and C_{max} values regarding sulfadoxine and pyrimethamine. Accordingly, the test Sulfadoxine/Pyrimethamine 500mg/25 mg FDC dispersible tablet meets the criteria for bioequivalence with regard to the rate and

Pyrimethamine/Sulfadoxine 25 mg/500 mg Tablets

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extent of absorption and is therefore bioequivalent to the reference Fansidar® (F. Hoffmann-La Roche Ltd.).

Study 2: A randomized, balanced, open label, two treatment, two period, two sequence, single dose, crossover, bioequivalence study of Amodiaquine dispersible tablets containing 153 mg amodiaquine base $(3\times153 \text{ mg})$ manufactured by Guilin Pharmaceutical Co., Ltd., with Amodiaquine tablets 150 mg $(3\times150 \text{ mg})$ of Guilin Pharmaceutical Co., Ltd., in normal, healthy, adult, male and female human subjects under fasting conditions (study no. ARL/13/485).

The objective of the study was to compare the bioavailability of the stated Amodiaquine 153 mg dispersible tablets manufactured for/by Guilin Pharmaceutical Co., Ltd., China (test drug) with the reference formulation Amodiaquine 150 mg tablets (Guilin Pharmaceutical Co., Ltd.) and to assess bioequivalence. The comparison was performed as a single centre, open label, randomized, crossover study in healthy subjects under fasting conditions. Each subject was assigned to receive each of the following treatments in a randomized fashion:

Treatment T: Test -3 tablets Amodiaquine 153 mg

(amodiaquine 459 mg) Batch no. AQ130808

Treatment R: Reference – 3 tablets Amodiaquine 150 mg

(amodiaquine 450 mg) Batch no. AQ130902

A 17-day wash-out period was observed between administration of test and reference. Serial blood samples (1 pre-dose sample and 21 samples within 48 h post dose) were taken during each study period to obtain bioavailability characteristics AUC, C_{max} and t_{max} for bioequivalence evaluation. Drug concentrations for amodiaquine were analyzed using a validated LC-MS/MS method. The limit of quantification was stated to be about 0.25 ng/ml for amodiaquine.

The study was performed with 56 participants; data generated from a total of 53 subjects were utilized for analysis to establish pharmacokinetic parameters and assess bioequivalence.

Arithmetic mean and geometric mean values of the pharmacokinetic variables for amodiaquine as well as statistical results are summarised in the following table:

Amodiaquine

	Test formulation	Reference	log-transformed parameters	
Pharmacokinetic	(T)	(R)	Ratio	Conventional
Parameter	arithmetic mean ± SD	arithmetic mean ± SD	T/R (%)	90% CI
	(*)	(*)		(ANOVAlog)
$t_{max}(h)$	0.81 ± 0.27	1.29 ± 0.64	ı	-
C _{max} (ng/ml)	14.7 ± 6.7	13.2 ± 5.9	110.7	102.1 – 119.9
	(13.4)	(12.1)		
AUC _{0-t} (ng.h/ml)	104 ± 26	104 ± 24	100.3	95.8 - 105.0
-	(101)	(101)		
AUC0-inf (ng.h/ml)	116 ± 29	113 ± 25	-	-
		==		

^{*} geometric mean

The results of the study show that preset acceptance limits of 80 -125 % are met by both AUC and C_{max} values regarding amodiaquine. Accordingly, the test Amodiaquine 153 mg dispersible tablet meets the

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criteria for bioequivalence with regard to the rate and extent of absorption and is therefore bioequivalent to the reference Amodiaguine 150 mg tablet (Guilin Pharmaceutical Co., Ltd.).

4. Summary of Product Safety and Efficacy

SPAQ- CO® Disp 153mg+25mg/500mg has been shown to conform to the same relevant standards of quality, efficacy and safety as those required of the WHO recommended comparator products. According to the submitted data on quality and bioavailability SPAQ- CO® Disp 153mg+25mg/500mg is pharmaceutically and therapeutically equivalent and thus interchangeable with the WHO recommended comparator products Fansidar® (F. Hoffmann-La Roche Ltd.) and Amodiaquine 150mg Tablets (Guilin Pharmaceuticals Co., Ltd) for which benefits have been proven in terms of clinical efficacy.

The clinical safety of this product is considered to be acceptable when guidance and restrictions as stated in the Summary of Product Characteristics are taken into account. Reference is made to the SmPC (WHOPAR part 4) for data on clinical safety.

5. Benefit risk assessment and overall conclusion

Ouality

Physicochemical and biological aspects relevant to the uniform pharmaceutical characteristics have been investigated and are controlled in a satisfactory way. The quality of this product is considered to lead to an acceptable clinical performance when SPAO- CO[®] Disp is used in accordance with the SmPC.

Bioequivalence

SPAQ- CO® Disp 153mg+25mg/500mg has shown to be bioequivalent with Fansidar® (F. Hoffmann-La Roche Ltd., Switzerland) and Amodiaquine 150mg Tablets (Guilin Pharmaceuticals Co., Ltd., China).

Efficacy and Safety

Regarding clinical efficacy and safety, SPAQ- CO® Disp 153mg+25mg/500mg is considered effective and safe to use when the guidance and restrictions in the Summary of Product Characteristics are taken into consideration.

Benefit Risk Assessment

Based on the WHO's assessment of data on quality, bioequivalence, safety and efficacy the team of assessors considered that the benefit-risk profile of SPAQ- CO[®] Disp 153mg+25mg/500mg was acceptable for the following indication: "for the seasonal malaria chemoprevention in the sub-sahel region of Africa for children aged 12 to 59 months" and has advised that the quality, efficacy and safety of SPAQ- CO[®] Disp153mg+25mg/500mg allow inclusion of SPAQ- CO[®] Disp 153mg+25mg/500mg, manufactured at Guilin Pharmaceutical Co. Ltd. No. 43 Oilidian Road, Guilin, Guangxi, China, 541004 in the list of prequalified medicinal products.