

This part outlines the scientific assessment and knowledge about this product at the time of prequalification. Updates to this information are included in parts 1 to 5 and 8 of this WHOPAR.

## SCIENTIFIC DISCUSSION

<b>Name of the Finished Pharmaceutical Product</b>	[MA144 trade name]*
<b>Manufacturer of Prequalified Product</b>	S Kant Healthcare Ltd
<b>Active Pharmaceutical Ingredient(s) (API)</b>	Pyrimethamine, sulfadoxine
<b>Pharmaco-therapeutic group (ATC Code)</b>	Antimalarial, Pyrimethamine combinations (ATC code P01BD51)
<b>Therapeutic indication</b>	[MA144 trade name] is indicated for intermittent preventive treatment of malaria in women in their first or second pregnancy and in infants aged less than 12 months

### 1. Introduction

[MA144 trade name] is indicated for intermittent preventive treatment of malaria as part of antenatal care for women in their first or second pregnancy, in areas of moderate-to-high malaria transmission in Africa.

{DotWP-ProductName} is also indicated for intermittent preventive treatment of malaria in infants aged less than 12 months at the time of the second and third rounds of vaccination against diphtheria, tetanus and pertussis and vaccination against measles, in areas of moderate-to-high malaria transmission of Africa (annual entomological inoculation rate  $\geq 10$ ), where the combination of sulfadoxine and pyrimethamine is still effective (prevalence of the Pfdhps 540 mutation of  $\leq 50\%$ ).

[MA144 trade name] should ideally be administered as directly observed therapy (DOT).

### 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 Ingredient (API)

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 the APIs, used in the manufacture of [MA144 Trade name], 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 inspection of the sites of API manufacture to verify compliance with WHO GMP requirements.

\* Trade names are not prequalified by WHO. This is the national medicines regulatory authority's responsibility.

### **Other ingredients**

Other ingredients used in the tablet formulation include crospovidone, isomalt, methacrylic acid-methyl methacrylate copolymer, povidone, polyethylene glycol, sodium bicarbonate, citric acid monohydrate, sucralose, orange flavour, silica colloidal anhydrous and sodium stearyl fumarate. None of the excipients used in the manufacture of the tablets are of human or animal origin. TSE/BSE free certificates from the suppliers have been provided with regards to all the excipients.

### **Finished pharmaceutical product (FPP)**

#### *Pharmaceutical development and manufacture*

The multisource product is a white to off-white, circular, biconvex, uncoated tablet with a break line on one side and plain on the other side. The break line is intended for subdivision of tablets when half a tablet dose is to be administered, as supported by divisibility studies. The tablets are packed in Alu - PVC/PVDC blister cards.

Two strengths of pyrimethamine/sulfadoxine dispersible tablets proportionally similar in composition were developed: 12.5mg/250mg and 25mg/500mg. The development focused on the 25mg/500mg strength, which was used in the BE study against the WHO comparator product SPAQ-CO™ tablets, (pyrimethamine/sulfadoxine 25mg/500mg tablets). Once the formulation for the 25mg/500mg strength was finalized, the 12.5mg/250mg strength was pursued using dose-proportionality approach.

The aim of the product development was to develop a dispersible tablet formulation, bioequivalent to the comparator product, SPAQ-CO™ tablets. The selection of excipients was based on the qualitative composition of the comparator product and API-excipient compatibility studies. Due to the poor flow of sulfadoxine API, a wet granulation process was chosen for manufacturing of the dispersible tablets. Formulation trials were performed to optimize the concentration of excipients and process parameters, resulting in a product with the desired physicochemical characteristics including tablet dispersion time, disintegration time, taste and dissolution profile similarity with the comparator product. Appropriate in-process controls were set to ensure batch-to-batch reproducibility.

#### *Specifications*

The finished product specifications include tests for description, identification of APIs (TLC and HPLC), average weight, uniformity of weight, tablet dimensions (diameter and thickness), hardness, disintegration time, dispersion time, fineness of dispersion, water content, dissolution (HPLC detection), related substances (HPLC), assay (HPLC), uniformity of content (HPLC), breakability into tablet halves (weight variation and uniformity of content) and microbial limits. The test procedures have been adequately validated.

#### *Stability testing*

Stability studies have been conducted at 25°C/60%RH, 30°C/65%RH and 30°C/75%RH as long-term storage conditions and for six months at 40°C/75%RH as accelerated conditions in the packaging intended for marketing of the product. The product proved to be quite stable at these storage conditions. The data support the proposed shelf life at the storage conditions as stated in the SmPC.

### **Conclusion**

The quality part of the dossier is accepted.

### **3. Assessment of bioequivalence**

The following bioequivalence study has been performed in 2017 according to internationally accepted guidelines.

Study title: A randomized, open label, balanced, two-treatment, single oral dose, parallel, truncated, bioequivalence study of Sulfadoxine 500 mg and Pyrimethamine 25 mg dispersible tablet of Skant Healthcare Ltd with Pyrimethamine/Sulfadoxine 25 mg/500 mg tablets from SPAQ-CO\*

(amodiaquine (as hydrochloride) 150 mg tablets + pyrimethamine/sulfadoxine 25 mg/500 mg tablets) of Guilin Pharmaceutical Co. Ltd. China, in normal, healthy, adult, human subject under fasting condition (study no. ARL/15/776).

The objective of the study was to compare the bioavailability of the stated Pyrimethamine/Sulfadoxine 25/500 mg FDC dispersible tablet manufactured for/by Skant Healthcare Ltd, India (test drug) with the reference formulation Pyrimethamine/Sulfadoxine 25/500 mg tablet (Guilin Pharmaceutical Co. Ltd.) and to assess bioequivalence. The comparison was performed as a single centre, open label, single dose, randomized, parallel study in healthy subjects under fasting conditions. Each subject was assigned to receive one of the following treatments in a randomized fashion:

Treatment T: Test – 1 tablet Pyrimethamine/Sulfadoxine 25/500 mg  
(pyrimethamine 25 mg + sulfadoxine 500 mg)  
Batch no. : WSQ7001

Treatment R: References – 1 tablet Pyrimethamine/Sulfadoxine 25/500 mg  
(pyrimethamine 25 mg + sulfadoxine 500 mg)  
Batch no. LP160318

Serial blood samples (1 pre-dose sample and 22 samples within 72 h post dose) were taken during each study period to obtain bioavailability characteristics AUC, C<sub>max</sub> and t<sub>max</sub> for bioequivalence evaluation. Drug concentrations for pyrimethamine and sulfadoxine were analyzed using a validated LC-MS/MS method. The limit of quantification was stated to be about 5 ng/ml for pyrimethamine and about 1203 ng/ml for sulfadoxine.

The study was performed with 24 participants; data generated from a total of 23 subjects were utilized for analysis to establish pharmacokinetic parameters and assess bioequivalence.

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

### Pyrimethamine

Pharmacokinetic Parameter	Test formulation (T) arithmetic mean ± SD (geometric mean)	Reference (R) arithmetic mean ± SD (geometric mean)	log-transformed parameters	
			Ratio T/R (%)	Conventional 90% CI (ANOVAlog)
t <sub>max</sub> (h)	4.55 ± 2.40	3.75 ± 1.83	–	–
C <sub>max</sub> (ng/mL)	154 ± 21 (153)	157 ± 20 (156)	98.0	88.8 – 108.2
AUC <sub>0-72</sub> (ng·h/mL)	7714 ± 824 (7668)	7810 ± 1297 (7716)	99.4	89.8 – 110.0

## Sulfadoxine

Pharmacokinetic Parameter	Test formulation (T) arithmetic mean $\pm$ SD (geometric mean)	Reference (R) arithmetic mean $\pm$ SD (geometric mean)	log-transformed parameters	
			Ratio T/R (%)	Conventional 90% CI (ANOVAlog)
$t_{max}$ (h)	4.64 $\pm$ 6.53	3.83 $\pm$ 1.29	–	–
$C_{max}$ ( $\mu$ g/mL)	65.8 $\pm$ 6.0 (65.6)	66.4 $\pm$ 6.8 (66.1)	99.2	92.5 – 106.4
AUC <sub>0-72</sub> ( $\mu$ g·h/mL)	3760 $\pm$ 300 (3749)	3882 $\pm$ 380 (3864)	97.0	90.9 – 103.6

The results of the study show that preset acceptance limits of 80 -125 % are met by both AUC and  $C_{max}$  values regarding pyrimethamine and sulfadoxine. Accordingly, the test Pyrimethamine/Sulfadoxine 25/500 mg FDC dispersible tablet meets the criteria for bioequivalence with regard to the rate and extent of absorption and is therefore bioequivalent to the references Pyrimethamine/Sulfadoxine 25/500 mg tablet (Guilin Pharmaceutical Co. Ltd.).

A biowaiver was granted for the additional 12.5/250 mg FDC tablet strength (Skant Healthcare Ltd, India) in accordance to WHO guideline. In comparison with the strength of the test product used in the bioequivalence study, the Pyrimethamine/Sulfadoxine 12.5/250 mg FDC tablet was determined to be qualitative essentially the same, the ratio of active ingredient and excipients between the strengths was considered essentially the same and the dissolution profiles between the formulations for the APIs were determined to be the same.

## 4. Summary of product safety and efficacy

According to the submitted data on quality, [MA144 trade name] is a direct-scale down of Pyrimethamine/Sulfadoxine 25/500 mg FDC dispersible tablet (Skant Healthcare Ltd). The latter is pharmaceutically and therapeutically equivalent and thus interchangeable with the comparator product Pyrimethamine/Sulfadoxine 25/500 mg tablet (Guilin Pharmaceutical Co. Ltd.) for which benefits have been proven in terms of clinical efficacy.

The clinical safety of [MA144 trade name] is considered acceptable when guidance and restrictions stated in the summary of product characteristics (SmPC) are considered. Refer to the SmPC (WHOPAR part 4) for data on clinical safety.

## 5. Benefit risk assessment and overall conclusion

### Quality

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 [MA144 trade name] is used in accordance with the SmPC.

### Bioequivalence

[MA144 trade name] fulfilled all criteria for waiving an in-vivo bioequivalence study as per relevant WHO guidance.

### **Efficacy and Safety**

Regarding clinical efficacy and safety, [MA144 trade name] is considered effective and safe to use when the guidance and restrictions in the SmPC are taken into consideration.

### **Benefit Risk Assessment**

Based on WHO's assessment of data on quality, bioequivalence, safety and efficacy the team of assessors considered that the benefit–risk profile of [MA144 trade name] was acceptable for the following indication: **'intermittent preventive treatment of malaria in women in their first or second pregnancy and in infants aged less than 12 months'**, and would allow inclusion of [MA144 trade name], manufactured at S Kant Healthcare Ltd, Plot No. 1802-1805, G.I.D.C. Phase III, Vapi 396 195, Gujarat, India, in the list of prequalified medicinal products.