



National Pharmaceutical  
Control Bureau  
Ministry of Health Malaysia



WHO Collaborating Centre  
for Regulatory Control of  
Pharmaceuticals

# IMPLEMENTATION OF BIOEQUIVALENCE STUDY FOR GENERIC MEDICINES IN MALAYSIA



Pharmaceutical Inspection  
Convention and Pharmaceutical  
Inspection Co-operation  
Scheme

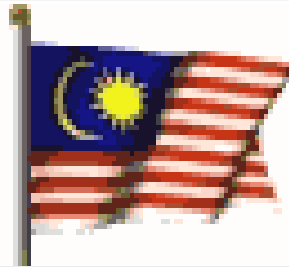


SIRIM

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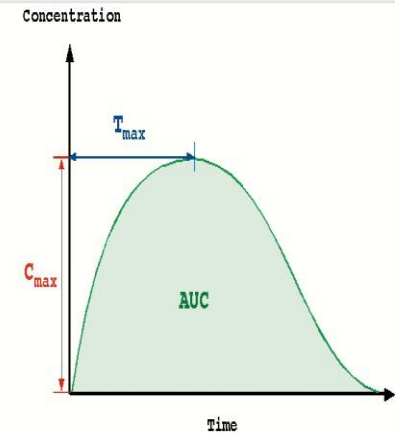
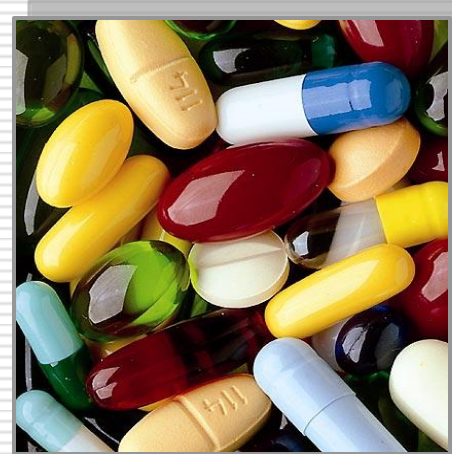
**National Regulatory Conference 2013**  
**7-9 May, Istana Hotel, Kuala Lumpur**

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# PRESENTATION OUTLINE

- ❑ Bioequivalence Study
- ❑ The National Working Committee for Bioequivalence Study
- ❑ Bioequivalence Guidelines and Circulars/Directives
- ❑ Bioequivalence Study Centres
- ❑ ASEAN Harmonisation on Bioequivalence Requirements
- ❑ Conclusion



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# **BIOEQUIVALENCE STUDY**

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# BABE?

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# BABE



**BA = Bioavailability**

**BE = Bioequivalence**

# What is Bioavailability?

Bioavailability means the **rate (how fast)** and **extent (the amount)** to which the active substance is absorbed from a pharmaceutical form and becomes available at the site of action (inside the body).



# BIOEQUIVALENCE STUDY

- A bioequivalence study is a clinical study to show that there is the same quantity of the active substance in the human body whenever the same dose of the reference/innovator or generic medicine is taken over a defined period of time
- Bioequivalent means that the active substance in a generic medicine is absorbed into the body at the **same rate and amount** as in the innovator product

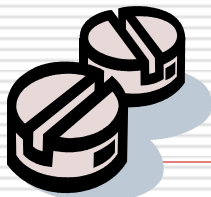
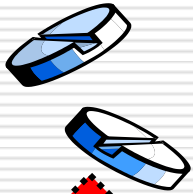
This ensures that the generic medicine delivers the same therapeutic effect as the innovator product and can be **interchangeable without any significant change in the efficacy of the medication**



# PRODUCT FORMULATION



# BIOEQUIVALENCE STUDY



A generic medicine contains same active ingredient in the same amount as in innovator/reference product, however may differ in excipients eg. diluents, binders, disintegrating agents, coatings



Different formulation /excipients may affect /influence the absorption of active ingredient in the blood circulation/site of action



Therefore, the effect of formulation on absorption in the blood circulation/site of action between generic medicine and innovator product need to be studied

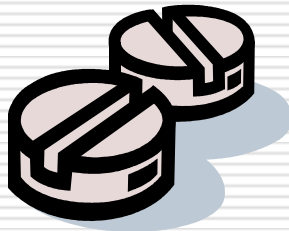


Demonstration of Bioequivalence is generally the most appropriate method and internationally accepted by regulatory bodies to prove the therapeutic equivalence between innovator and generic medicine

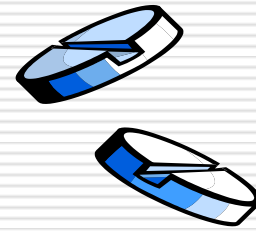


# BIOEQUIVALENCE STUDY

The objective / aim of **BE** study is to compare the **BA** between test & reference product ie. to show that 2 products are bioequivalent to one another



Generic



Innovator

# When equivalence studies are necessary (WHO Criteria)



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(a) Oral immediate-release pharmaceutical products with systemic action :

- critical use medicines
- narrow therapeutic range of products
- bioavailability problems or bioinequivalence related to the API or its formulations
- polymorphs of API, the excipients and/or the pharmaceutical processes used in manufacturing could affect bioequivalence

(b) Non-oral, non-parenteral pharmaceutical products designed to act systemically

(such as transdermal patches, suppositories, nicotine chewing gum, testosterone gel and skin-inserted contraceptives)

(c) Modified-release pharmaceutical products designed to act systemically

(d) Fixed- dosed combination products

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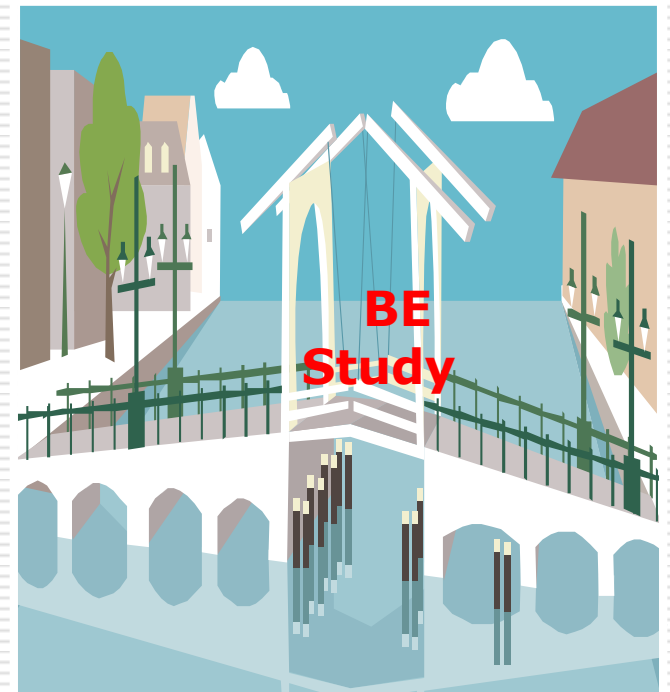
# BIOEQUIVALENCE STUDY

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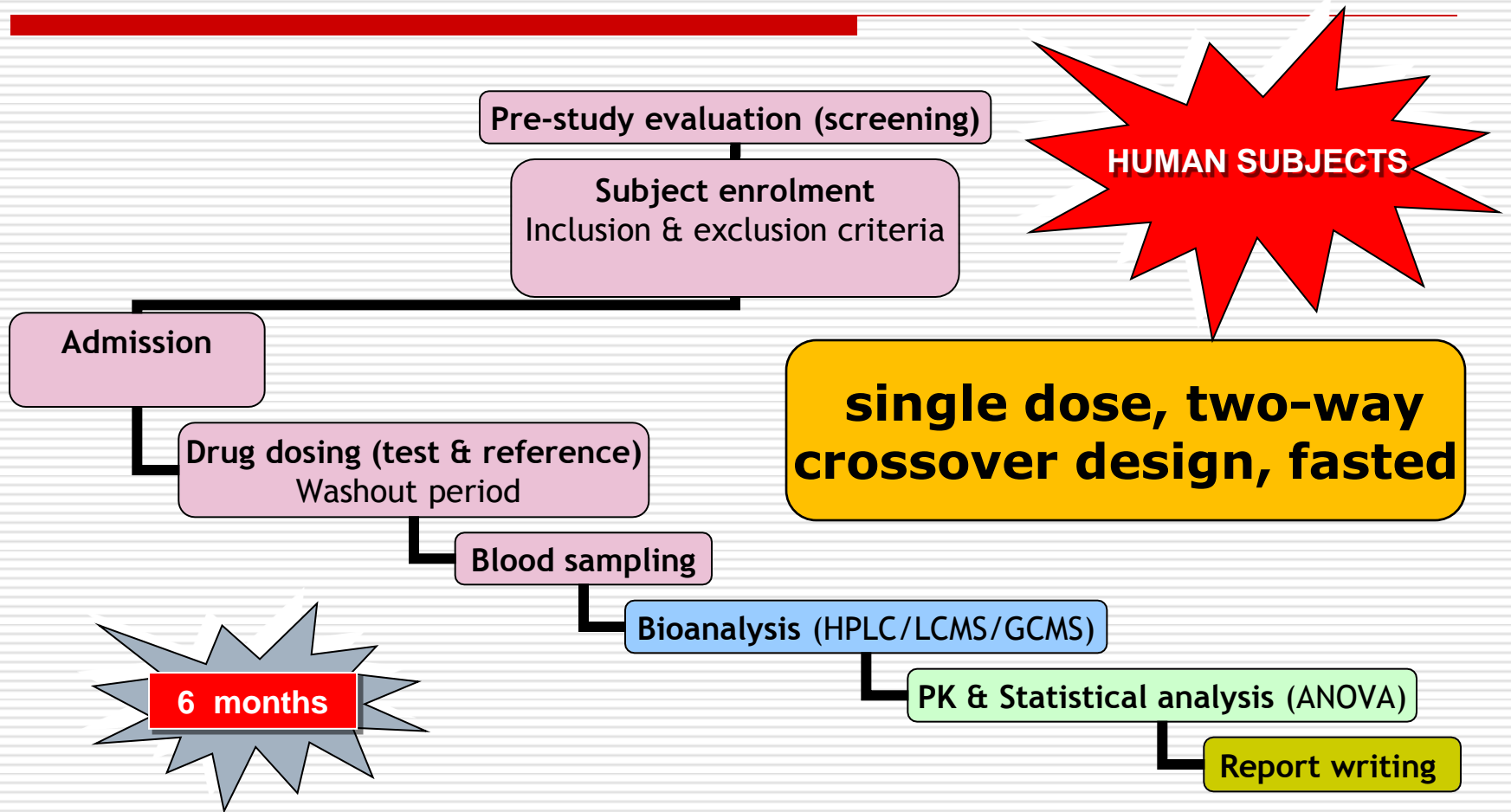
- ❑ Bioequivalence (**BE**) study is a requirement enforced by the Drug Control Authority (DCA), MOH since 1999 ( DCA 92<sup>nd</sup>. Meeting) to ensure quality , safety and efficacy of generic medicines
  - ❑ As generic medicines contain well documented active ingredients, it is the global practice to accept bioequivalence study in lieu of clinical trials for generic medicines
-

# BIOEQUIVALENCE STUDY

The purpose of establishing bioequivalence study is to demonstrate equivalence between generic medicine and an innovator product in order to allow bridging of clinical trial performed by the innovator and consequently to efficacy of innovator formulation



# Flowchart of a BE Study



# Phases of BE Study

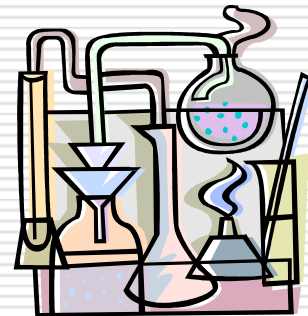
## Clinical

- Subject enrolment
- Drug administration
- Blood sampling



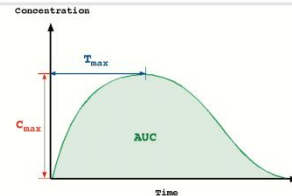
## Bioanalytical

- Measurement of drug levels in blood plasma
- Bioanalytical method of detection eg. LCMS, HPLC



## Statistical

- PK parameters – AUC, C<sub>max</sub> & T<sub>max</sub>
- Statistical analysis - ANOVA

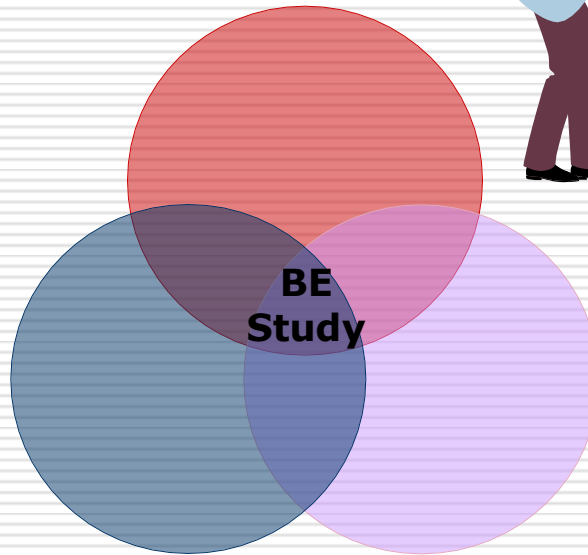


# Standards in BE Study

GCP



BE Study



GLP



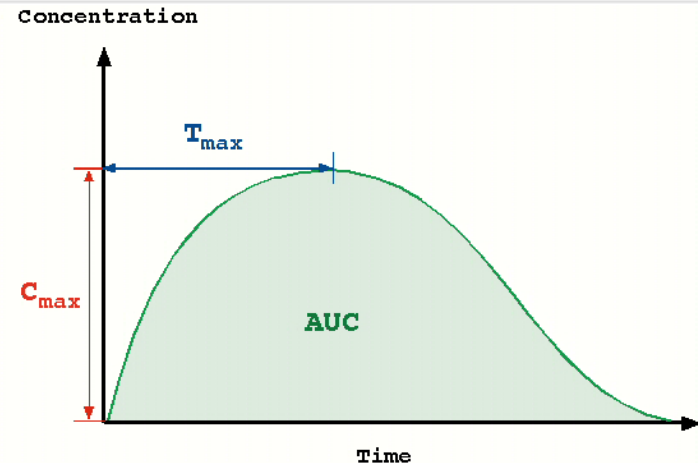
GMP





# BE Pharmacokinetic (PK) Parameters

- Parameters used to estimate the rate of absorption are the  $C_{max}$  and  $T_{max}$
- Parameter used to estimate extent of absorption is the **AUC** (Area under the curve)



# How do we know whether the generic medicine is bioequivalent to the comparator/innovator?

90% Confidence Interval logAUC (amount of absorption) ratio & logCmax (rate of absorption) ratio lie within acceptable limits ie. between 80% and 125%

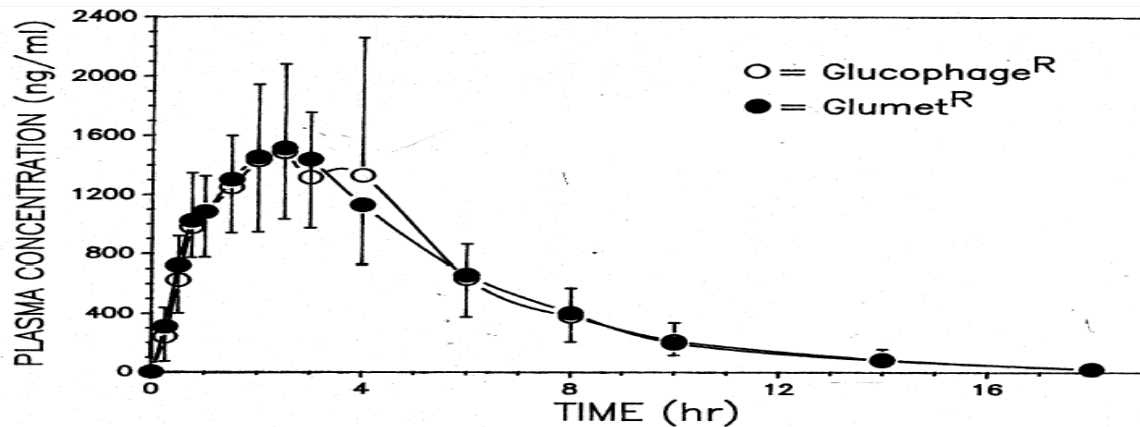


Fig. 1. Mean plasma metformin concentration versus time profiles of Glucophage and Glumet. Mean  $\pm$  SD, N = 12.

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**THE NATIONAL  
WORKING  
COMMITTEE FOR  
BIOEQUIVALENCE  
STUDY**

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# The National Working Committee for BE Studies

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- formed in September 1999
  - comprising of representatives from
    - UM, UKM, USM (School of Pharmacy, Centre for Drug and Medicines Research, Institute for Research in Molecular Medicine)
    - Pharmaceutical Industries (MOPI, MAPS & PhAMA)
    - Info Kinetics CRC
    - CRC, Hospital Umum Sarawak
    - Government Institution ( HKL, Drug List Review Panel)
    - NPCB (as secretariat)
-

# The National Working Committee for BE Studies

MALAYSIAN GUIDELINES FOR

THE CONDUCT OF  
BIOAVAILABILITY AND  
BIOEQUIVALENCE STUDIES



MINISTRY OF HEALTH, MALAYSIA

- **Objectives:**
  - To assist and facilitate the conduct of BE Studies in Malaysia
  - To discuss BE related problems and to formulate recommendation and solutions to these problems
- **Task :** formulating an action plan for the conduct of BE studies in Malaysia through collaborative efforts
- **Publication of the 'Malaysian Guidelines for the Conduct of Bioavailability and Bioequivalence Studies'** marked the first outcome of this committee's objectives

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# **BIOEQUIVALENCE GUIDELINES AND CIRCULARS/ DIRECTIVES**

# BIOEQUIVALENCE GUIDELINES

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1. MALAYSIAN GUIDELINES FOR THE CONDUCT OF BIOAVAILABILITY AND BIOEQUIVALENCE STUDIES-published by MOH in September 2000
  2. ASEAN GUIDELINES FOR THE CONDUCT OF BIOAVAILABILITY AND BIOEQUIVALENCE STUDIES-adopted by ASEAN in July 2004 and fully implemented in 2009
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# BIOEQUIVALENCE GUIDELINES

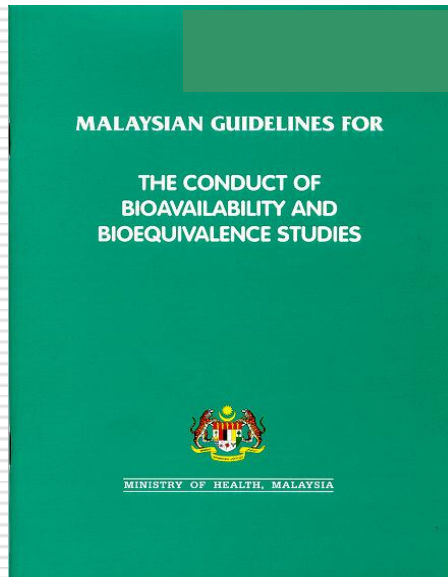
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Both GLs provide :

- definitions on the terms such as pharmaceutical equivalence, pharmaceutical alternatives, BA, BE etc.
- guidance in conducting BA/BE studies in accordance with established international standards and format of BA/BE study report

**The core topic in the GLs is the design and conduct of studies**

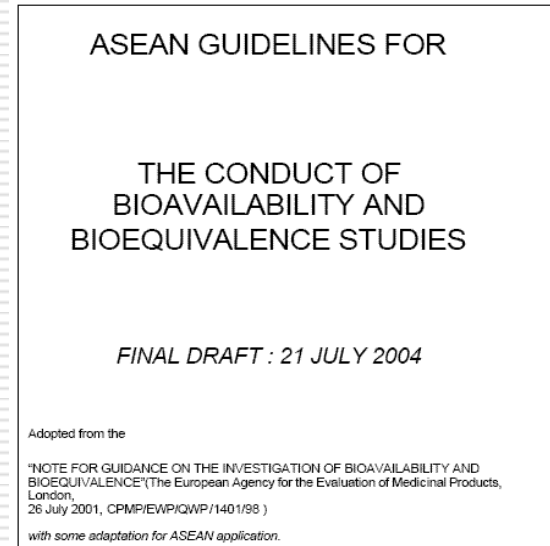
# BIOEQUIVALENCE GUIDELINES



## Malaysian Guidelines For The Conduct of Bioavailability and Bioequivalence Studies



## ASEAN Guidelines For The Conduct of Bioavailability and Bioequivalence Studies



# MALAYSIAN GUIDELINES FOR

## THE CONDUCT OF BIOAVAILABILITY AND BIOEQUIVALENCE STUDIES



MINISTRY OF HEALTH, MALAYSIA

### Malaysian Guidelines For THE CONDUCT OF BIOAVAILABILITY AND BIOEQUIVALENCE STUDIES

Adopted from the  
"NOTE FOR GUIDANCE ON THE INVESTIGATION OF BIOAVAILABILITY AND  
BIOEQUIVALENCE"(The European Agency for the Evaluation of Medicinal Products, London,  
17 December 1998)  
with some adaptation for Malaysian application.

ii

Adopted from the 'Note for  
Guidance on the Investigation of  
Bioavailability and Bioequivalence ,  
The European Agency for the  
Evaluation of Medicinal Products,  
1998..*with some adaptation for Malaysian*

*adaptation*

ASEAN GUIDELINES FOR

THE CONDUCT OF  
BIOAVAILABILITY AND  
BIOEQUIVALENCE STUDIES

*FINAL DRAFT : 21 JULY 2004*

Adopted from the

"NOTE FOR GUIDANCE ON THE INVESTIGATION OF BIOAVAILABILITY AND  
BIOEQUIVALENCE"(The European Agency for the Evaluation of Medicinal Products,  
London,  
26 July 2001, CPMP/EWP/QWP/1401/98 )

*with some adaptation for ASEAN application.*

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In the process of  
revision to be in  
line with latest  
European Medicines  
Agency(EMA)  
Guideline on the  
Investigation of  
Bioequivalence  
(CPMP/EWP/1401/  
98Rev.1/Corr\*\*,20  
January 2010

# BIOEQUIVALENCE GUIDELINES

## GUIDANCE ON BIOPHARMACEUTICS CLASSIFICATION SYSTEM (BCS)-BASED BIOWAIVER

National Pharmaceutical Control Bureau,  
Ministry Of Health Malaysia.  
January 2013

Adopted and adapted mainly from the following:

1. Guideline On The Investigation Of Bioequivalence (European Medicines Agency, London, 20 January 2010, CPMP/EWP/QWP/1401/98 Rev. 1/Corr)
2. Annex 7: Multisource (generic) pharmaceutical products: guidelines on registration requirements to establish interchangeability (World Health Organization (WHO), Technical Report Series, No 937, 2006)
3. Annex 8: Proposal to waive in vivo bioequivalence requirements for WHO Model List of Essential Medicines immediate-release, solid oral dosage forms (World Health Organization (WHO), Technical Report Series, No 937, 2006)

*to suit local requirements.*

## TABLE OF CONTENTS

1. INTRODUCTION
2. SUMMARY OF REQUIREMENTS
3. DATA TO SUPPORT A REQUEST FOR BIOWAIVER
  - 3.1 Drug Substance/ Active pharmaceutical ingredient (API)
    - 3.1.1 Solubility
    - 3.1.2 Absorption
  - 3.2 Drug Product
    - 3.2.1 *In vitro* dissolution
      - 3.2.1.1 General aspects
      - 3.2.1.2 Evaluation of in vitro dissolution results
    - 3.2.2 Excipients
  - 3.3 Fixed Combinations
4. LIST OF DRUG SUBSTANCE/ACTIVE PHARMACEUTICAL INGREDIENTS (API) ALLOWED FOR BIOWAIVER
5. ABBREVIATIONS

# Circulars/Directives

- ❑ 1<sup>st</sup>. List (1999) : Bil(50)dlm.BPFK/007/3.7
- ❑ 2<sup>nd</sup>. List (2000) : Bil(85)dlm.BPFK/007/3.7
- ❑ 3<sup>rd</sup>. List (2001) : Bil(50)dlm.BPFK/007/3.8
- ❑ 4<sup>th</sup>. List (2002) : Bil(85)dlm.BPFK/007/3.8
- ❑ Bioequivalence on ARVs:Newsletter of the DCA, Vol. 20, April, 2003
- ❑ 5<sup>th</sup>. List ( 2004): Bil(85)dlm.BPFK/007/3.8
- ❑ Kajian Semula Keperluan dan Tarikh Kuatkuasa (2005) : Bil(51)dlm.BPFK/02/5/1.3

# Circulars/Directives

- ❑ 6<sup>th</sup>. List (2006) : Bil(63)dIm.BPFK/02/5/1.3
- ❑ Exemption of BE for FEO products (2008)  
: Bil(5)dIm.BPFK/PPP/01/03
- ❑ 7<sup>th</sup>. List (2008) : Bil(38)dIm.BPFK/PPP/07/1
- ❑ Amendments on 7<sup>th</sup>. List (2009)  
: Bil(25)dIm.BPFK/PPP/01/03
- ❑ BE for products undergo Change of Site(2009)  
: Bil(31)dIm.BPFK/PPP/01/03
- ❑ 8<sup>th</sup>. List (2009) : Bil(46)dIm.BPFK/PPP/01/03



# Circulars/Directives

- ❑ 9<sup>th</sup>. List (2011): Bil(8)dlm.BPFK/PPP/01/03 Jld. 1
- ❑ BE for all Generics (Solid, Oral Immediate Release Dosage Form(2011): Direktif Arahan di Bawah Peraturan 29, Peraturan-peraturan Kawalan Dadah dan Kosmetik 1984,Bil. 1 Tahun 2011,Bil(10)dlm.BPFK/PPP/01/03 Jld. 1
- ❑ Accreditation of BE Centres (2011): as above
- ❑ BE for Second Source Product (2011)  
: Bil(10)dlm.BPFK/PPP/07/18 Jld. 1

# Circulars/Directives

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- Guidance on BCS-Based Biowaiver (2013):  
Direktif Arahan di Bawah Peraturan 29,  
Peraturan-peraturan Kawalan Dadah dan  
Kosmetik 1984, Bil. 1 Tahun  
2013, Bil(101)dlm.BPFK/PPP/01/03 Jilid 2

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# **BIOEQUIVALENCE STUDY CENTRES**

# BE Study Centres (Local)

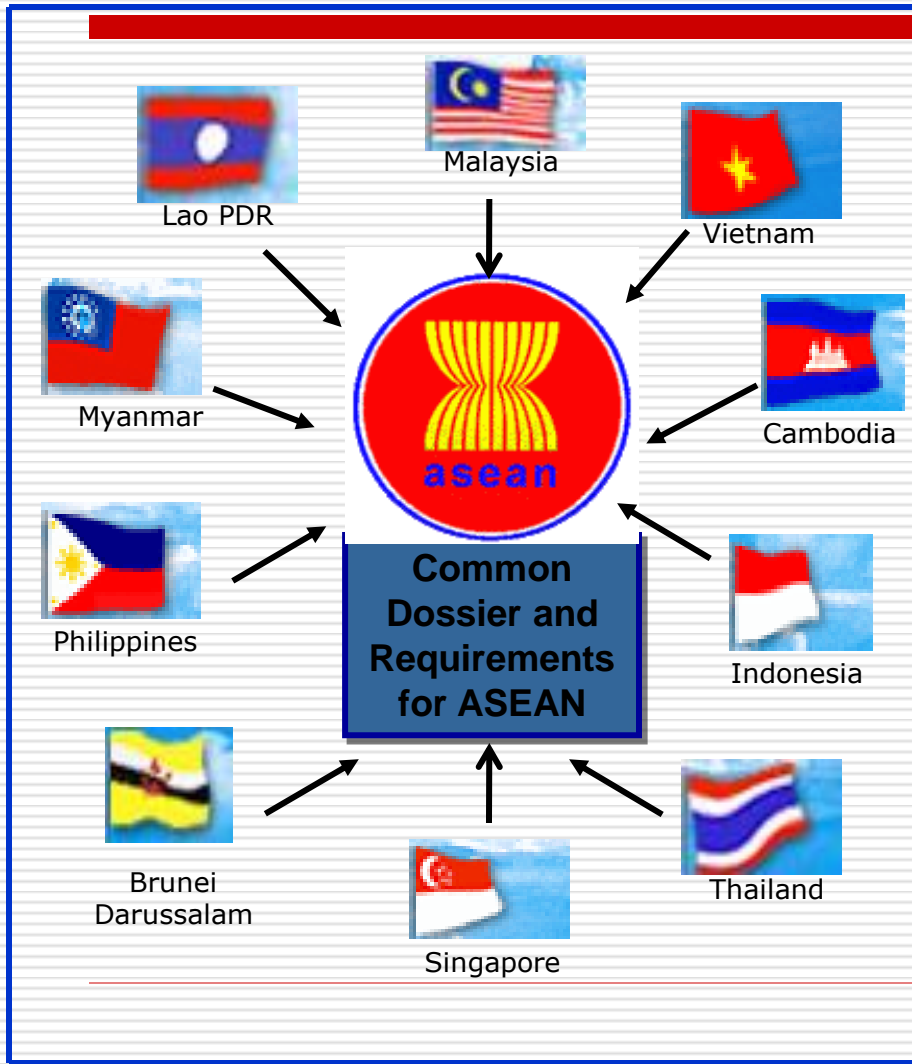
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- 1. INFO KINETICS SDN. BHD.**
- 2. PUSAT PENGAJIAN SAINS FARMASI, UNIVERSITI SAINS MALAYSIA (USM)**
- 3. UNIVERSITY OF MALAYA BIOEQUIVALENCE AND TESTING CENTRE (UBAT)**

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# **ASEAN HARMONISATION**

# With the advent of globalisation, efforts are currently undertaken towards ASEAN Harmonisation process



- ❑ Pharmaceutical Product Working Group – ASEAN Consultative Committee for Standards and Quality (PPWG-ACCSQ)
- ❑ Objective is to develop harmonisation schemes of pharmaceutical regulations of the ASEAN member countries to complement and facilitate the objective of AFTA, particularly the elimination of technical barriers to trade posed by regulations, however without compromising product quality, efficacy and safety
- ❑ ASEAN Common Technical Dossier/ Requirements (ACTD/ACTR)
- ❑ ASEAN Technical Requirements – Process Validation, Analytical Validation, Stability, **BA/BE**, Variation

# Status of Implementation of BA/BE Requirements in ASEAN



- ✓ *The ASEAN Guideline on The Conduct of BA/BE Studies*
  - ✓ *Selection criteria of comparator products*
    - ✓ *BE Study Reporting Format*
  - ✓ *Standards on Good Clinical Practice*
  - ✓ *Standards on Good Laboratory Practice*



**NEXT**

Standards for audit, inspection, accreditation and certification of BA/BE centres



**NEXT**

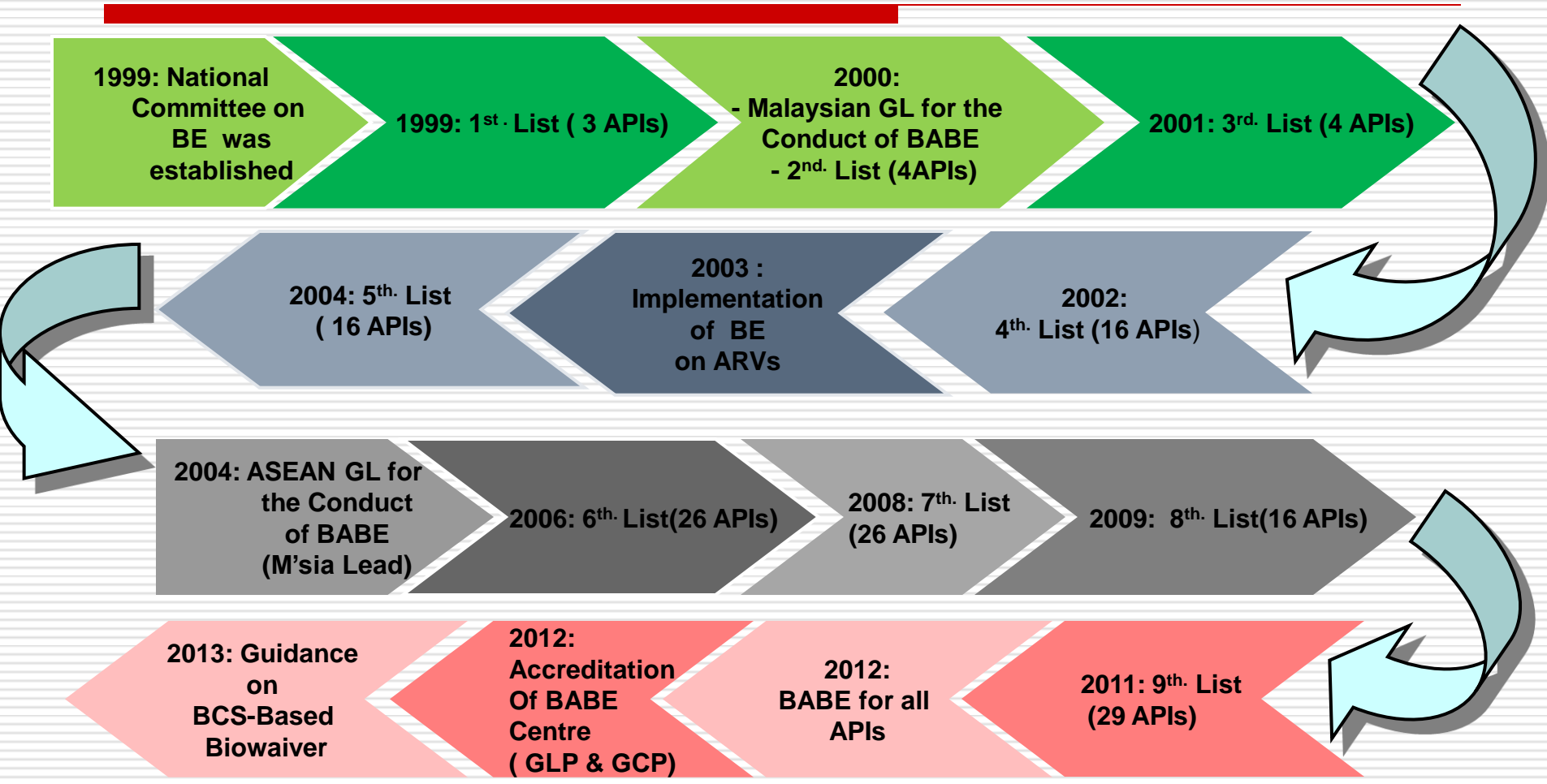
Harmonisation of BA/BE requirements enables member states to work towards mutual acceptance of BA/BE Study Report

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# CONCLUSION



# IMPLEMENTATION OF BIOEQUIVALENCE IN MALAYSIA



# CONCLUSION

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The implementation of BE studies as part of the requirement for registration of generic medicines provides an added value and benefits for the government, pharmaceutical industries, healthcare sectors and also the consumers/patients:

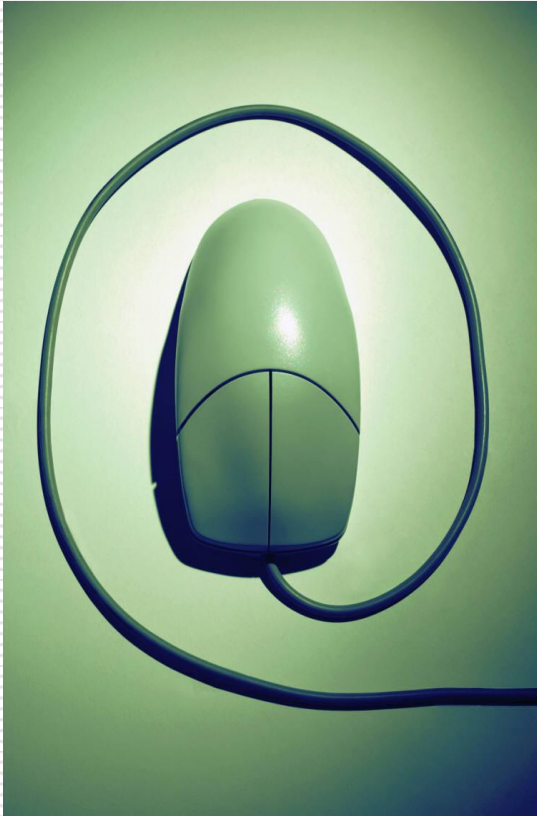
- BE Studies provide assurance of interchangeability between innovators and generic medicines as well as between brands of generic medicines
  - reducing the healthcare costs by increasing the use of generic medicines which are much cheaper
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# CONCLUSION

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- enhance the affordability and availability of medicines, in line with the WHO recommendations
  - boost the local pharmaceutical industries to produce higher quality products and to penetrate international export markets
  - encourage local BE centres to intensify their abilities to comply to international standards
  - the consumers and patients can rest assured that generic medicines registered by the DCA are safe, efficacious and of good quality with the implementation of BE studies
-

# WEBSITE FOR FURTHER REFERENCE



[www.bpfk.gov.my](http://www.bpfk.gov.my)

- **Guidelines**
- **List of comparators**
- **BA/BE Study Centres**
  - **Circulars**



WHO Collaborating Centre  
for Regulatory Control of  
Pharmaceuticals



National Pharmaceutical  
Control Bureau  
Ministry of Health Malaysia



Pharmaceutical Inspection  
Convention and Pharmaceutical  
Inspection Co-operation  
Scheme



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**Thank you for your kind attention**



**Terima kasih**