

**THE COMPARATIVE BIOEQUIVALENCE STUDY OF A GENERIC
(Dynapharm Metformin from Dynapharm (M) Sdn Bhd) AND THE
PROPRIETARY (Glucophage from Lipha/Merck) 500 MG METFORMIN
TABLET IN HEALTHY HUMAN VOLUNTEERS**

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Methodology

This study was carried out in accordance with the principles of ICH and Malaysia Good Clinical Practice (GCP), the EC and Malaysian Note for Guidance on the Investigation of Bioavailability and Bioequivalence.

This is a single-dose, blinded, randomised, two-way crossover study (2 treatments, 2 periods & 2 sequences) with a one-week washout period involving 14 healthy volunteers under fasting conditions. The subjects, research physicians and analysts are blinded – the drug allocation is known by the principal investigator and study co-ordinator. 14 healthy volunteers (10 males, 4 females) age of (mean, range) 27, 22-39 years, weight of (mean, range) 61.6, 45.3-78.4 kg and BMI of (mean, range) 22.2, 18.6-26.8 were enrolled into this study.

Metformin concentration was measured in blood plasma using Agilent 1100 Series High Performance Liquid Chromatography (HPLC) method developed by Info Kinetics Sdn Bhd. This method was validated to demonstrate adequate sensitivity, specificity, linearity, recovery, accuracy and precision (inter and intra-assay variability).

Statistical Procedures

Standard descriptive statistics were used for the demographic data and derived pharmacokinetics parameters such as K_{el} and $t_{1/2}$. Analysis of variance and 90% confidence interval for the mean of “test/reference” ratio of pharmacokinetics parameters such as C_{max} and $AUC_{0-\infty}$, were carried out with and without \log_{10} transformation. As T_{max} is a discrete variable dependent on the selected blood sampling times, a nonparametric statistical method (Wilcoxon Signed Ranks test) was used. The $t_{1/2}$ was tested using t-test. All tests were considered significant if $p < 0.05$ at $\alpha = 0.05$ following two-tailed distribution.

Results

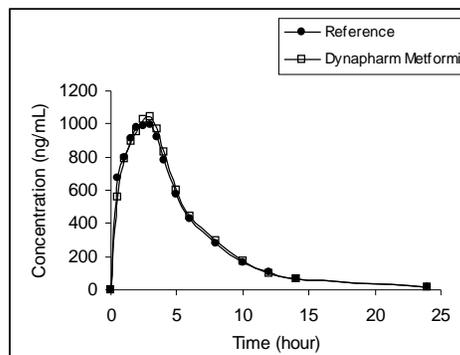


Figure 1

Figure 1 shows the plot of mean plasma metformin concentration for both test and reference products.



this total, 6 AEs have a “possible” causal relationship with the drug and the other 5 AEs were not caused by the drug. A further 2 are non-significant medical events.

| | Dynapharm Metformin(T) | Reference(R) |
|---|------------------------|--------------|
| Cmax (ng/mL) | 1099 | 1103 |
| Cmax Ratio (T/R) | 1.00 | |
| 90%CI Log₁₀ Cmax | 87.3 – 109.0 | |
| AUC _{0-∞} (ng.h/mL) | 6759 | 6651 |
| AUC _{0-∞} Ratio (T/R) | 1.02 | |
| 90%CI Log₁₀ AUC_{0-∞} | 90.3 – 108.1 | |

Table 1. Cmax & AUC Results

The mean values for Cmax and AUC_{0-∞} are presented in Table 1. Their respective test / reference (T/R) ratio and the 90% Confidence Intervals are also presented.

The time to maximum concentration, Tmax and half life (t_{1/2}) of Dynapharm Metformin and reference product were not statistically significant.

For Cmax, the US FDA accepted range is 80-125% for transformed Cmax. The EC EMEA guidelines allow a wider range of 75-133% for transformed Cmax, whilst the WHO guidelines require 70-143% for transformed Cmax. All the three guidelines require 80-125% for transformed AUC respectively.

The power for this study was about >91% for Cmax and >98% for AUC_{0-∞} at α of 0.05. The Anderson-Hauck probability outside 0.8-1.25 was p < 0.003 and p < 0.0003 for Cmax and AUC_{0-∞}, respectively.

No serious or unexpected adverse events were reported or observed during the entire study. Both treatments were well tolerated and the overall clinical safety was good. 11 non-serious adverse events (AEs) were reported during the study. From

