

# **Public Assessment Report**

## **Scientific discussion**

**Bilacina**  
**(bilastine)**

**SE/H/2257/01-02/DC**

**This module reflects the scientific discussion for the approval of Bilacina. The procedure was finalised on 2022-09-28. For information on changes after this date please refer to the module ‘Update’.**

## **I. INTRODUCTION**

Based on the review of the quality, safety and efficacy data, a marketing authorisation has been granted for Bilacina, 10 mg, 20 mg, Orodispersible tablet.

The active substance is bilastine. A comprehensive description of the indication and posology is given in the SmPC.

For recommendations to the marketing authorisation not falling under Article 21a/22a/22 of Directive 2001/83/EC and conditions to the marketing authorisation pursuant to Article 21a/22a/ 22 of Directive 2001/83/EC to the marketing authorisation, please see section VI.

The application for Bilacina, 10 mg and 20 mg, orodispersible tablet, is a generic application made according to Article 10(1) of Directive 2001/83/EC. The applicant, Alfred E. Tiefenbacher GmbH & Co. KG, applies through the Decentralised Procedure with Sweden acting as reference member state (RMS) and the following countries as concerned member states (CMS): ES.

The reference medicinal product chosen for the purposes of establishing the expiry of the data protection period is Bilaxten, 20 mg, tablet authorised in IS since 2010, with Menarini International Operations Luxembourg S.A. as marketing authorisation holder.

The reference products used in the bioequivalence studies are CLATRA, 10 mg, orodispersible tablet from PL with Menarini International Operations Luxembourg S.A. as marketing authorisation holder; and BITOSEN, 20 mg, tablet from DE with Menarini International Operations Luxembourg S.A. as marketing authorisation holder.

### **Potential similarity with orphan medicinal products**

According to the application form and a check of the Community Register of orphan medicinal products there is no medicinal product designated as an orphan medicinal product for a condition relating to the indication proposed in this application.

## **II. QUALITY ASPECTS**

### **II.1 Drug Substance**

The structure of the drug substance has been adequately proven and its physico-chemical properties are sufficiently described.

The manufacture of the drug substance has been adequately described and satisfactory specifications have been provided for starting materials, reagents and solvents.

The drug substance specification includes relevant tests and the limits for impurities and degradation products have been justified. The analytical methods applied are suitably described and validated.

Stability studies confirm the retest period.

### **II.2 Medicinal Product**

The medicinal product is formulated using excipients listed in section 6.1 in the Summary of Product Characteristics.

The manufacturing process has been sufficiently described and critical steps identified.

The tests and limits in the specification are considered appropriate to control the quality of the finished product in relation to its intended purpose.

Stability studies have been performed and data presented support the shelf life and special precautions for storage claimed in the Summary of Product Characteristics, sections 6.3 and 6.4.

### III. NON-CLINICAL ASPECTS

#### **Pharmacology/Pharmacokinetics/Toxicology**

Pharmacodynamic, pharmacokinetic and toxicological properties of bilastine are well known. As bilastine is a widely used, well-known active substance, no further studies are required and the applicant provides none. Overview based on literature review is, thus, appropriate.

#### **Environmental Risk Assessment (ERA)**

Since bilastine is a generic product, it will not lead to an increased exposure to the environment. An environmental risk assessment is therefore not deemed necessary.

There are no objections to approval of bilastine from a non-clinical point of view.

### IV. CLINICAL ASPECTS

#### **Pharmacokinetics**

To support the marketing authorisation application the applicant has conducted two bioequivalence studies comparing Bilastine with the reference products CLATRA (10 mg) and BITOSEN (20 mg).

#### Pharmacokinetic properties of the active substance

*Absorption:* Bilastine is rapidly absorbed after oral administration with a time to maximum plasma concentration of around 1.3 hours. No accumulation was observed. The mean value of bilastine oral bioavailability is 61%.

Food significantly reduces the oral bioavailability of bilastine 20 mg tablets by 30% and the one of bilastine 10 mg orodispersible tablets by 20%. The tablet should be taken one hour before or two hours after intake of food or fruit juice.

*Linearity:* Bilastine presents linear pharmacokinetics in the dose range studied (5 to 220 mg), with a low interindividual variability.

*Elimination:* The mean elimination half-life calculated in healthy volunteers was 14.5 h.

#### Study No. 70720 (10 mg)

##### *Methods*

This was a single-dose, two-way crossover study conducted in 46 healthy volunteers, comparing Bilastine, 10 mg, orodispersible tablet with CLATRA, 10 mg, orodispersible tablet under fasting conditions. Blood samples for concentration analysis were collected pre-dose and up to 36 hours post-dose. Plasma concentrations of bilastine were determined with an LC-MS/MS method. Analysis of variance (ANOVA) was performed on the log-transformed data for  $AUC_{0-t}$  and  $C_{max}$ . The study was conducted between 2021-03-26 and 2021-04-06.

##### *Results*

The results from the pharmacokinetic and statistical analysis are presented in Table 1 below.

**Table 1. Pharmacokinetic parameters (non-transformed values; arithmetic mean  $\pm$  SD,  $t_{\max}$  median, range) for bilastine, n=42.**

| <b>Treatment</b>                                                                                                                                                                                                         | <b>AUC<sub>0-t</sub></b><br>ng*h/ml     | <b>C<sub>max</sub></b><br>ng/ml       | <b>t<sub>max</sub></b><br>h |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------|
| <b>Test</b>                                                                                                                                                                                                              | <b>711.221 <math>\pm</math> 191.852</b> | <b>138.03 <math>\pm</math> 50.930</b> | <b>1.01 (0.50-2.50)</b>     |
| <b>Reference</b>                                                                                                                                                                                                         | <b>709.275 <math>\pm</math> 203.379</b> | <b>124.50 <math>\pm</math> 43.856</b> | <b>1.25 (0.33-2.83)</b>     |
| <b>*Ratio (90% CI)</b>                                                                                                                                                                                                   | <b>101.05<br/>(95.93- 106.43)</b>       | <b>110.64<br/>(101.31- 120.83)</b>    | <b>-</b>                    |
| <b>AUC<sub>0-t</sub></b> area under the plasma concentration-time curve from time zero to t hours<br><b>C<sub>max</sub></b> maximum plasma concentration<br><b>t<sub>max</sub></b> time for maximum plasma concentration |                                         |                                       |                             |

*\*calculated based on ln-transformed data*

For AUC<sub>0-t</sub> and C<sub>max</sub> the 90% confidence interval for the ratio of the test and reference products fell within the conventional acceptance range of 80.00-125.00%.

Study No. 70820 (20 mg)

#### Methods

This was a single-dose, two-way crossover study conducted in 46 healthy volunteers, comparing Bilastine, 20 mg, orodispersible tablet with BITOSEN, 20 mg, tablet under fasting conditions. Blood samples for concentration analysis were collected pre-dose and up to 36 hours post-dose. Plasma concentrations of bilastine were determined with an LC-MS/MS method. Analysis of variance (ANOVA) was performed on the log-transformed data for AUC<sub>0-t</sub> and C<sub>max</sub>. The study was conducted between 2021-04-07 and 2021-04-17.

#### Results

The results from the pharmacokinetic and statistical analysis are presented in Table 2 below.

**Table 2. Pharmacokinetic parameters (non-transformed values; arithmetic mean  $\pm$  SD,  $t_{\max}$  median, range) for bilastine, n=46.**

| <b>Treatment</b>                                                                                                                                                                                                         | <b>AUC<sub>0-t</sub></b><br>ng*h/ml      | <b>C<sub>max</sub></b><br>ng/ml       | <b>t<sub>max</sub></b><br>h |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------------|
| <b>Test</b>                                                                                                                                                                                                              | <b>1346.663 <math>\pm</math> 340.861</b> | <b>259.49 <math>\pm</math> 93.262</b> | <b>1.00 (0.35-4.50)</b>     |
| <b>Reference</b>                                                                                                                                                                                                         | <b>1311.130 <math>\pm</math> 328.629</b> | <b>248.33 <math>\pm</math> 94.497</b> | <b>1.17 (0.50-4.50)</b>     |
| <b>*Ratio (90% CI)</b>                                                                                                                                                                                                   | <b>102.28<br/>(96.53- 108.38)</b>        | <b>103.75<br/>(93.16- 115.55)</b>     | <b>-</b>                    |
| <b>AUC<sub>0-t</sub></b> area under the plasma concentration-time curve from time zero to t hours<br><b>C<sub>max</sub></b> maximum plasma concentration<br><b>t<sub>max</sub></b> time for maximum plasma concentration |                                          |                                       |                             |

*\*calculated based on ln-transformed data*

For AUC<sub>0-t</sub> and C<sub>max</sub> the 90% confidence interval for the ratio of the test and reference products fell within the conventional acceptance range of 80.00-125.00%.

#### Discussion and overall conclusion

The bioequivalence studies and their statistical evaluation were in accordance with accepted standards for bioequivalence testing, as stated in the Guideline on the investigation of bioequivalence (CPMP/EWP/QWP/1401/98 Rev 1/Corr). The bioanalytical methods were adequately validated.

Based on the submitted bioequivalence studies, Bilacina is considered bioequivalent with CLATRA (10 mg) and BITOSEN (20 mg).

### **Pharmacodynamics/Clinical efficacy/Clinical safety**

No new studies on pharmacodynamics, clinical efficacy or clinical safety have been submitted. Provided that bioequivalence with the originator product is demonstrated, additional data is not necessary.

### **Risk Management Plan**

The MAH has, submitted a risk management plan (version 2.2 signed 21 September 2022) in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Bilacina 10 and 20 mg orodispersible tablets, and its duplicates.

Table SVIII.1: Summary of safety concerns

| Summary of safety concerns |                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------|
| Important identified risks | <ul style="list-style-type: none"><li>• None</li></ul>                               |
| Important potential risks  | <ul style="list-style-type: none"><li>• None</li></ul>                               |
| Missing information        | <ul style="list-style-type: none"><li>• Use in pregnancy and breastfeeding</li></ul> |

### Pharmacovigilance Plan

Routine pharmacovigilance is suggested and no additional pharmacovigilance activities are proposed by the applicant, which is endorsed.

### Risk minimisation measures

Routine risk minimisation is suggested and no additional risk minimisation activities are proposed by the applicant, which is endorsed.

### Summary of the RMP

The MAH has satisfactorily responded to the questions raised and updated the RMP accordingly. The RMP has also been updated to reflect that the indication for 10 mg also includes adolescents and adults.

The submitted Risk Management Plan version 2.2 signed 21 September 2022 is acceptable.

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the RMS;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

If the dates for submission of a PSUR and the update of a RMP coincide, they can be submitted at the same time, but via different procedures.

## **V. USER CONSULTATION**

A user consultation with target patient groups on the package information leaflet (PL) has been performed on the basis of a bridging report making reference to ILAXTEN 10 and 20 MG ORODISPERSIBLE TABLETS DE/H/2300-2302/002-003/DC.

The bridging report submitted by the applicant has been found acceptable.

## **VI. OVERALL CONCLUSION, BENEFIT/RISK ASSESSMENT AND RECOMMENDATION**

The quality of the generic product, Bilacina, is found adequate. There are no objections to approval of Bilacina, from a non-clinical and clinical point of view. Bioequivalence between the test and reference product has been adequately demonstrated. The product information is acceptable. The benefit/risk is considered positive, and the application is therefore recommended for approval.

**List of recommendations not falling under Article 21a/22a/22 of Directive 2001/83/EC in case of a positive benefit risk assessment**

N/A

**List of conditions pursuant to Article 21a/22a or 22 of Directive 2001/83/EC**

N/A

## **VII. APPROVAL**

The decentralised procedure for Bilacina, 10 mg, 20 mg, Orodispersible tablet was positively finalised on 2022-09-09.

## Public Assessment Report – Update

| Procedure number* | Scope | Product Information affected (Yes/No) | Date of end of procedure | Approval/non approval | Summary/Justification for refuse |
|-------------------|-------|---------------------------------------|--------------------------|-----------------------|----------------------------------|
|                   |       |                                       |                          |                       |                                  |

\*Only procedure qualifier, chronological number and grouping qualifier (when applicable)