

BIOAVAILABILITY AND BIOEQUIVALENCE STUDIES OF CARBAMAZEPINE FORMULATIONS IN CUBAN POPULATION.

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TNTRODUCTION

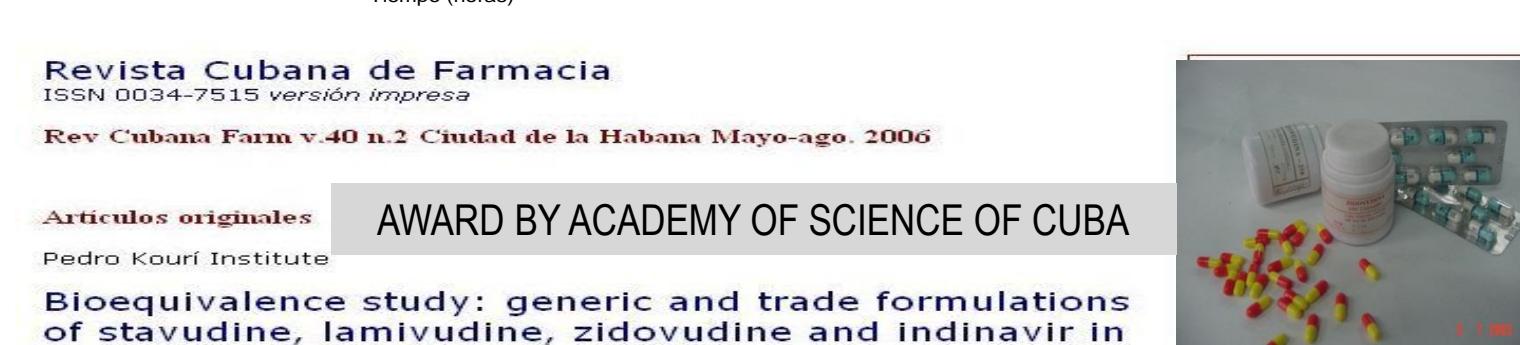
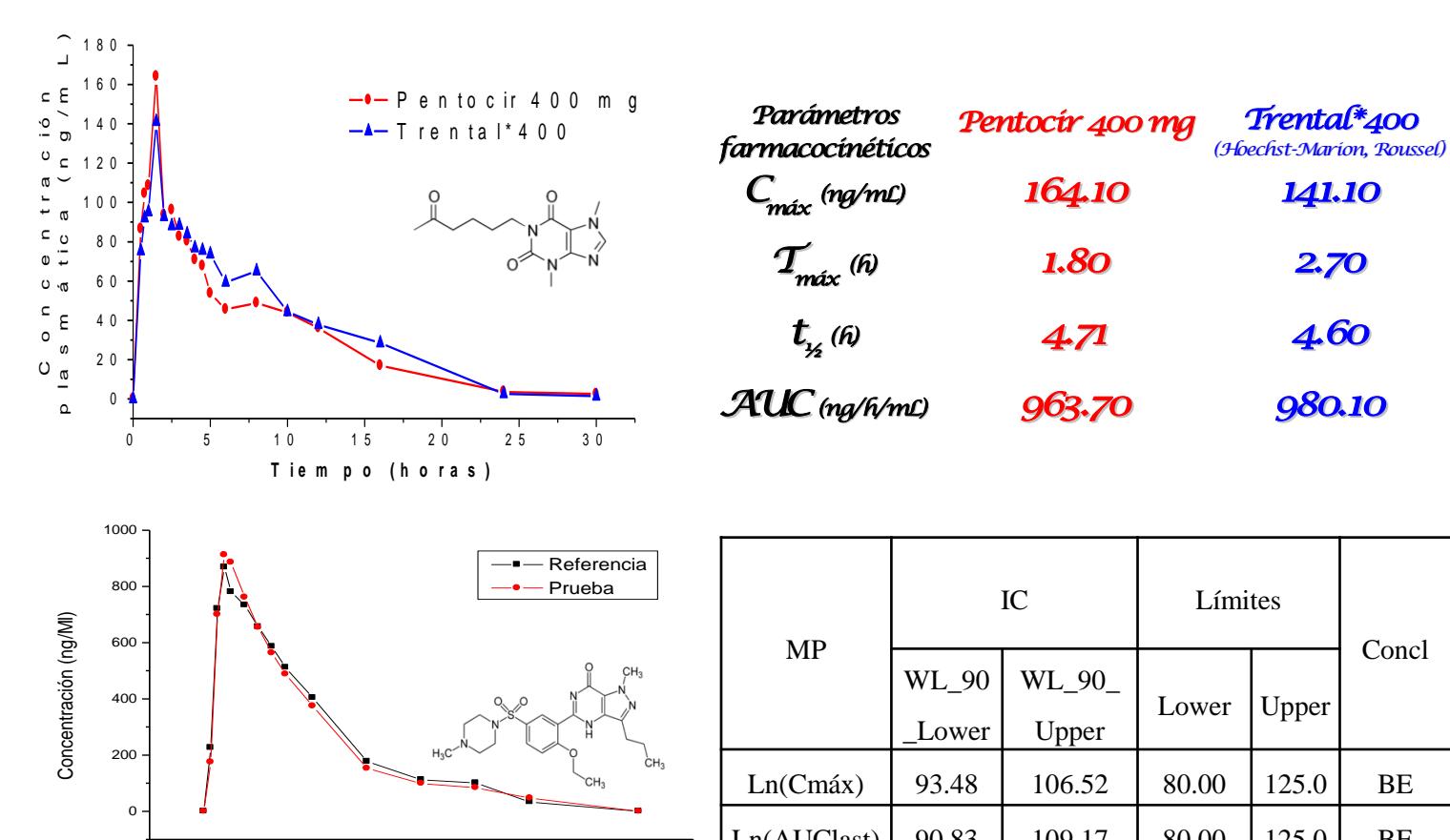
The Cuban industry produces about of 70 % of pharmaceuticals (generic) included in the National List of Basic Drugs. The focus of this work is to share with pharmaceutical scientists, academic researchers, regulators and key opinion leaders, the Cuban experiences on bioavailability and Bioequivalence Studies of Pharmaceuticals.

Through a selected example (carbamazepine) we disclose the several stages of the studies, according to national and international regulations.

The focus of this work is to share with pharmaceutical scientists, academic researchers, regulators and key opinion leaders, the Cuban experiences on bioavailability and Bioequivalence Studies of Pharmaceuticals.

Through selected example we disclose the several stages, such as analytical method selection, information required for the protocol concerning analytical method development and validation, as well as design, conduction and statistical analysis of the studies, according to national and international regulations

SOME BIOEQUIVALENCE STUDIES CARRIED OUT LATELY



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Bioequivalence study: generic and trade formulations of stavudine, lamivudine, zidovudine and indinavir in Cuban HIV-infected subjects

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SELECTED EXAMPLE

Carbamazepine was discovered in 1953. It was first marketed in 1962.^[1] It is available as a generic medication. It is on the WHO Model List of Essential Medicines, the most important medications needed in a basic health system.

The time-courses of plasma carbamazepine concentrations were followed in apparently healthy adult subjects who, at different times, took single oral drug dose of 200 mg. Volunteers received a single dose with 240 mL of water on each treatment days separated by a 2 week washout period.

After dosing, serial blood samples were collected for a period of 190 h. plasma was analyzed for carbamazepine by a sensitive, reproducible and accurate HPLC method. Various pharmacokinetic parameters were calculated from plasma concentration of four (two Cuban, two imported) formulations. Correlation of dissolution test and pharmacokinetic parameters were discussed, as well as variability intra formulation, intra volunteers and the sex influences on these parameters.

Based on statistical inferences, it was concluded that carbamazepine formulations have similar tends in Cuban population. source. S

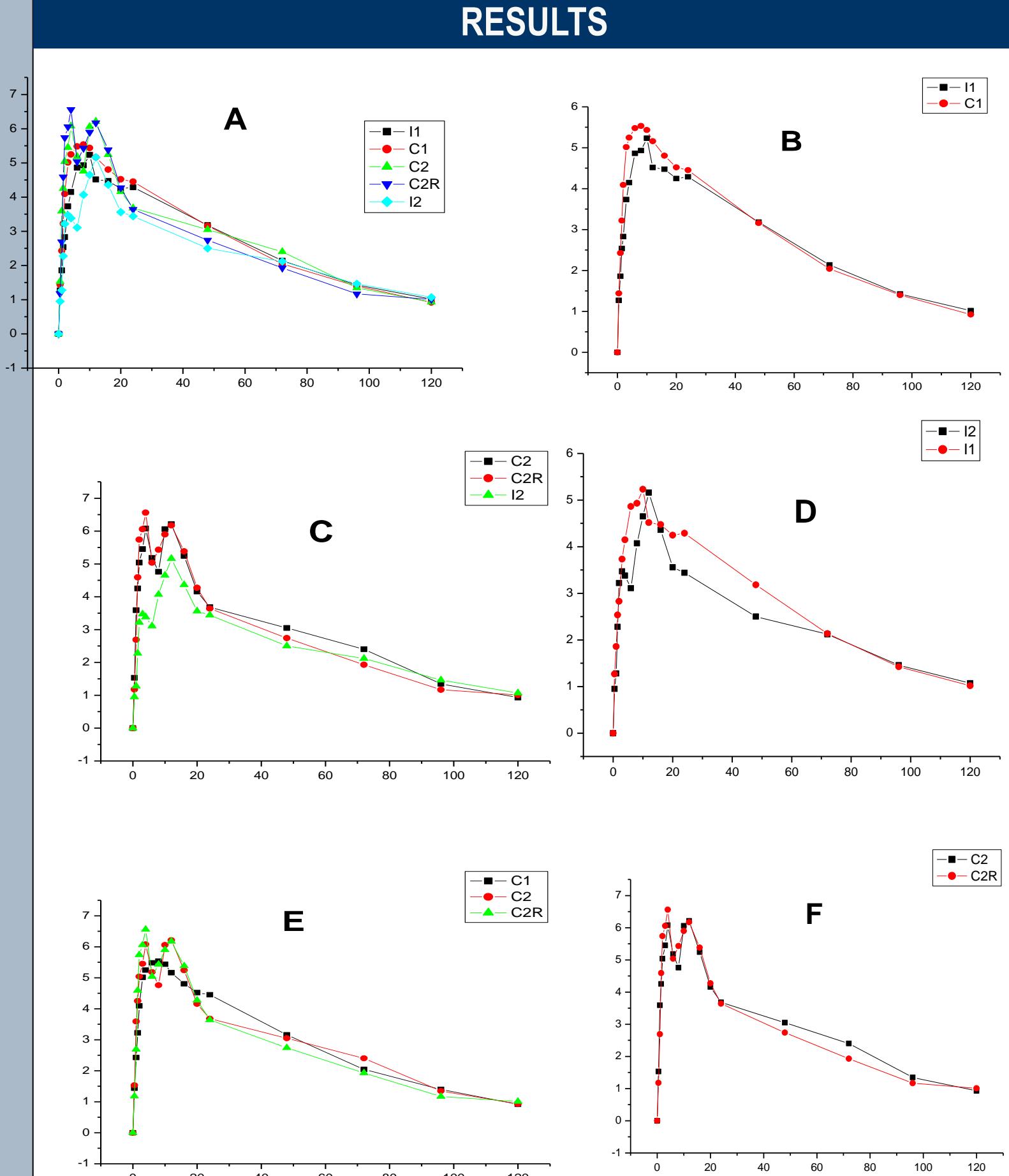
DISOLUTION TEST

	TEST I	TEST II	TEST III
IMPORTED I ₁	(60 min) 98.4 ± 2.4 Conform	(15 min) 64.2 ± 6.9 (60 min) 98.4 ± 2.4 Conform	(15 min) 64.2 ± 6.9 (60 min) 98.4 ± 2.4 Conform
IMPORTED I ₂	(60 min) 99.8 ± 2.3 Conform	(15 min) 68.5 ± 3.4 (60 min) 99.8 ± 2.3 Conform	(15 min) 68.5 ± 3.4 (60 min) 99.8 ± 2.3 Conform
CUBAN C ₁	(60 min) 99.8 ± 2.3 Conform	((15 min) 61.2 ± 6.3 (60 min) 94.6 ± 4.1 Conform	(15 min) 61.2 ± 6.3 (60 min) 94.6 ± 4.1 Conform
CUBAN C ₂	(60 min) 95.7 ± 5.5 Conform	(15 min) 93.9 ± 3.9 (60 min) 95.7 ± 5.5 does not comply	(15 min) 93.9 ± 3.9 (60 min) 95.7 ± 5.5 does not comply
CUBAN C _{2R}	(60 min) 94.4 ± 4.7 Conform	(15 min) 92.6 ± 5.5 (60 min) 94.4 ± 4.7 does not comply	((15 min) 92.6 ± 5.5 (60 min) 94.4 ± 4.7 does not comply

RESULTS

MP	IC		Límites		Concl				
	WL_90_Lower	WL_90_Upper	Lower	Upper					
Ln(Cmáx)	93.48	106.52	80.00	125.0	BE				
Ln(AUClast)	90.83	109.17	80.00	125.0	BE				
CUBAN C ₁ (n=25)									
Media	7.120	5.789	328.3	0.018	43.48	42.79	0.655	42.56	66.17
CV (%)	39.4	23.6	23.6	34.6	31.1	151.7	114.6	9.4	26.6
CUBAN C ₂ (n=12)									
Media	9.000	7.387	320.4	0.021	38.66	28.22	0.547	41.65	62.98
CV (%)	46.7	12.9	17.4	40.2	47.1	26.9	22.7	16.5	37.7
CUBAN C _{2R} (n=12)									
Media	6.375	7.630	302.8	0.020	45.35	32.62	0.568	39.69	66.35
CV (%)	69.8	24.2	13.0	48.5	58.6	31.1	25.7	14.4	45.4

RESULTS



RESULTS

	T _{max}	C _{max}	AUC _I	K _e	t _{1/2}	Vz/F	CI/F
I, FEMALE (n=7)	8.000	5.846	336.000	0.010	46.780	30.943	0.504
I, MALE (n=18)	19.4	5.962	324.363	0.016	41.0	22.2	27.8
I ₂ , FEMALE (n=4)	28.245	6.173	5.959	0.016	54.584	41.621	0.581
I ₂ , MALE (n=8)	29.909	5.560	293.909	0.014	52.5	38.0	0.517
FEMALE C ₁ (n=7)	9.938	6.540	328.245	0.016	47.403	34.136	0.517
MALE C ₁ (n=18)	7.500	6.173	328.245	0.016	41.621	37.6	0.581
FEMALE C ₂ (n=4)	9.595	5.970	336.005	0.010	43.424	29.674	0.508
MALE C ₂ (n=8)	7.444	5.710	330.834	0.017	44.705	47.909	0.703
MALE C _{2R} (n=8)	12.000	7.383	333.564	0.022	34.515	28.5	0.548
MALE C _{2R} FEMALE (n=4)	7.500	7.389	329.286	0.017	50.648	32.564	0.491
C _{2R} MALE (n=8)	9.500	6.158	304.640	0.024	54.3	33.0	0.588
C _{2R} MALE (n=8)	7.20	23.8	304.640	0.024	34.3	23.5	0.196

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OTHERS STUDIES CARRIED OUT

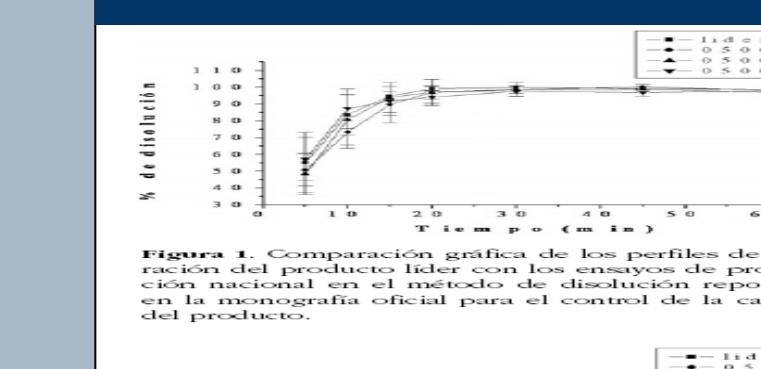


Figura 1. Comparación gráfica de los perfiles de liberación del producto líder con los ensayos de producción nacional en el medio disolución a pH = 4.5.

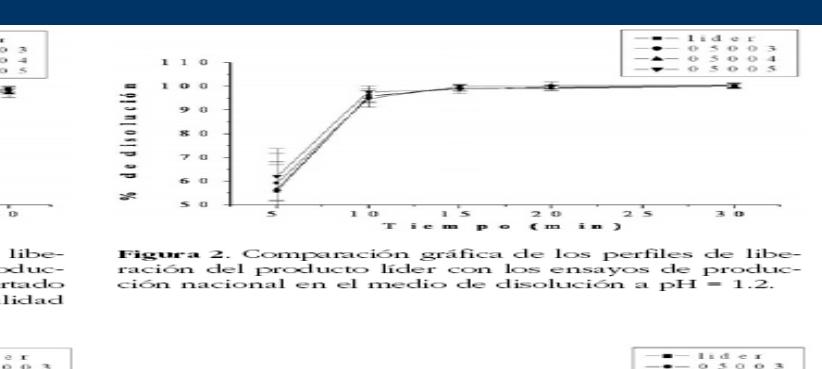


Figura 2. Comparación gráfica de los perfiles de liberación del producto líder con los ensayos de producción nacional en el medio disolución a pH = 1.2.

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Evaluación Comparativa de la Liberación *in vitro* de una Formulación de Ribavirina 200 mg
Producida en Cuba contra Rebetol®. Producto Innovador

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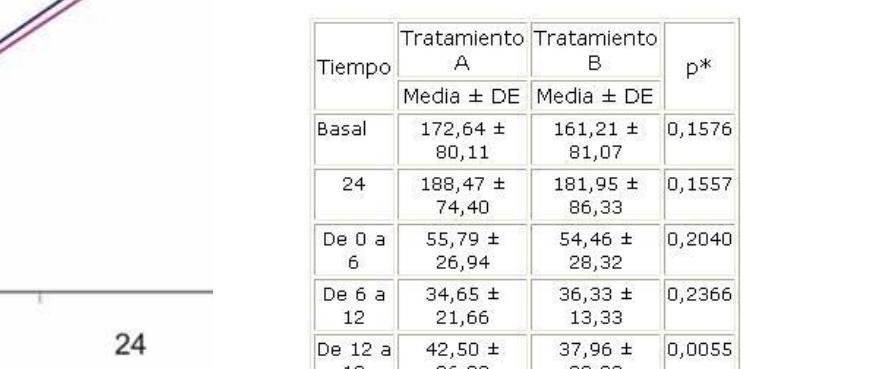


Figura 3. Comparación gráfica de los perfiles de liberación del producto líder con los ensayos de producción nacional en el medio disolución a pH = 4.5.

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