Public Assessment Report

Scientific discussion

Levodopa/carbidopa Accord 100/25 mg prolonged-release tablets

(levodopa/carbidopa)

NL/H/2309/003/DC

Date: 3 April 2017

This module reflects the scientific discussion for the non-approval of Levodopa/ carbidopa Accord 100/25 mg prolonged-release tablets. The procedure was finalised on 8 September 2016.

I. INTRODUCTION

Based on the review of the quality, safety and efficacy data, the Member States have refused granting a marketing authorisation for Levodopa/carbidopa Accord 100/25 mg prolonged-release tablets from Accord Healthcare Ltd.

The indication applied for concerns idiopathic Parkinson's disease, in particular to shorten the "off" period in patients who have previously been treated with immediate-release levodopa/decarboxylase inhibitors, or with just levodopa who showed motor fluctuations.

The marketing authorisation was applied for pursuant to Article 10(1) of Directive 2001/83/EC, a generic application. Essential similarity was claimed with the innovator product Sinemet CR 125, which has been registered in the Netherlands by Merck Sharp & Dohme B.V. since 5 August 1991.

The Concerned Member States involved in the procedure were Denmark, Germany, Ireland, Italy, Spain, Sweden and the United Kingdom.

II. OVERALL CONCLUSION, BENEFIT/RISK ASSESSMENT AND RECOMMENDATION

The marketing authorization could not be granted due to major objections qualifying as potential serious risks to public health as defined in the Guideline on the definition of potential serious risks to public health in the context of Article 29(1) and (2) of Directive 2001/83/EC — March 2006 (2006/C 133/05).

Bioequivalence

To support the application, the applicant submitted the results of 3 bioequivalence studies: a single-dose study under fasting conditions, a single-dose study under fed conditions and a multiple dose study under fasting conditions. The generic product was compared to the reference product Sinemet Plus Retard 25/100 mg obtained from Spain.

In the single-dose fed study and the multiple dose fasting study, bioequivalence has been shown. In the single-dose fasting study, bioequivalence between test and reference product was not shown. The 90% confidence intervals for the C_{max} of levodopa were 79.63 - 89.91%, i.e. outside the acceptance criteria of 80-125%.

Conclusion

The application was discussed in the meeting of the Medicines Evaluation Board of the Reference Member State on 10 August 2016. The Board concluded that the marketing authorisation for this medicinal product cannot be granted. Agreement on this conclusion was reached with the Concerned Member States. The decentralised procedure was finalised with a negative outcome on 8 September 2016.