EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

Lurasidone film-coated tablets 18.5, 37 and 74 mg product-specific bioequivalence guidance

Draft agreed by Pharmacokinetics Working Party (PKWP) / Methodology Working Party (MWP)	February 2023
Adopted by CHMP for release for consultation	30 March 2023
Start of public consultation	June 2023
End of consultation (deadline for comments)	30 September 2023
Agreed by Methodology Working Party (MWP)	
Adopted by CHMP	
Date for coming into effect	

Comments should be provided using this template. The completed comments form should be sent to GenericsDG@ema.europa.eu

Keywords	***Bioequivalence, generics, lurasidone***

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Disclaimer:

This guidance should not be understood as being legally enforceable and is without prejudice to the need to ensure that the data submitted in support of a marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.

Requirements for bioequivalence demonstration (PKWP)*

BCS Classification**	**BCS Class:** ☐ **I** ☐ **III** ☒ **Neither of the two** **Background:** Lurasidone may be considered a low solubility compound.
Bioequivalence study design *in case a BCS biowaiver is not feasible or applied*	**single dose** **cross-over**
	healthy volunteers
	☐ **fasting** ☒ **fed** ☐ **both** ☐ **either fasting or fed**
	Strength: 37 mg **Background:** Highest strength generally recommended to be used for a drug with linear pharmacokinetics and low solubility. However, there may be safety/tolerability issues with the highest strength (74 mg) if given to healthy volunteers with a high-fat meal. For this reason, it is recommended to use a lower strength (37 mg).

	Number of studies: One single dose study.
Analyte	☒ **parent** ☐ **metabolite** ☐ **both**
	☒ **plasma/serum** ☐ **blood** ☐ **urine**
	Enantioselective analytical method: ☐ **yes** ☒ **no**
Bioequivalence assessment	**Main pharmacokinetic variables:** AUC_{0-72h} and C_{max}
	90% confidence interval: 80.00–125.00%

* As intra-subject variability of the reference product has not been reviewed to elaborate this product-specific bioequivalence guideline, it is not possible to recommend at this stage the use of a replicate design to demonstrate high intra-subject variability and widen the acceptance range of C_{max}. If high intra-individual variability (CV_{intra} > 30%) is expected, the applicants might follow respective guideline recommendations.

** This tentative BCS classification of the drug substance serves to define whether in vivo studies seem to be mandatory (BCS class II and IV) or, on the contrary (BCS Class I and III), the Applicant may choose between two options: in vivo approach or in vitro approach based on a BCS biowaiver. In this latter case, the BCS classification of the drug substance should be confirmed by the Applicant at the time of submission based on available data (solubility experiments, literature, etc.). However, a BCS-based biowaiver might not be feasible due to product specific characteristics despite the drug substance being BCS class I or III (e.g. in vitro dissolution being less than 85% within 15 min (BCS class III) or 30 min (BCS class I) either for test or reference, or unacceptable differences in the excipient composition).