



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

10 June 2025
EMA/188392/2025/Rev. 1*
Committee for Medicinal Products for Human Use (CHMP)

Ticagrelor film-coated tablets 60 mg and 90 mg product-specific bioequivalence guidance**

Draft agreed by Pharmacokinetics Working Party (PKWP)	April 2015
Adoption by CHMP for release for consultation	24 September 2015
Start of public consultation	1 October 2015
End of consultation (deadline for comments)	1 January 2016
Agreed by Pharmacokinetics Working Party	23 February 2016
Adoption by CHMP	1 April 2016
Date for coming into effect	1 November 2016
Draft revision agreed by Methodology Working Party (MWP)	3 April 2025
Adopted by CHMP	10 June 2025
Date of coming into effect	1 January 2026

* This revision relates to the deletion of the reference to low solubility in accordance with the ICH M13A guideline

** This guideline was previously published as part of a "compilation of individual product-specific guidance on demonstration of bioequivalence Rev.3 EMA/CHMP/736403/2014".

Keywords	<i>Bioequivalence, generics, ticagrelor</i>
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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 (MWP)*

BCS Classification**	BCS Class: ☐ I ☐ III ☒ Neither of the two Background: Ticagrelor may be considered a low solubility compound with limited absorption.
Bioequivalence study design <i>in case a BCS biowaiver is not feasible or applied</i>	single dose
	cross-over
	healthy volunteers
	☒ fasting ☐ fed ☐ both ☐ either fasting or fed
	Strength: 90 mg. Background: Highest strength to be used for a drug with linear pharmacokinetics.

	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-t} 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).