



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

17 February 2025
EMA/CHMP/254395/2024
Committee for Medicinal Products for Human Use (CHMP)

Tolvaptan tablets with the dose range 7.5, 15 and 30 mg and tolvaptan tablets with the dose range 15, 30, 45, 60 and 90 mg product-specific bioequivalence guidance

Draft Agreed by Methodology Working Party (MWP)	19 June 2024
Adopted by CHMP for release for consultation	15 July 2024
Start of public consultation	26 July 2024
End of consultation (deadline for comments)	31 October 2024
Final Agreed by MWP	08 February 2025
Adopted by CHMP	17 February 2025
Date of coming into effect	01 September 2025

Keywords	<i>Bioequivalence, generics, tolvaptan</i>
----------	--



Tolvaptan tablets with the dose range 7.5, 15 and 30 mg and tolvaptan tablets with the dose range 15, 30, 45, 60 and 90 mg product-specific bioequivalence guidance

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: <input type="checkbox"/> I <input type="checkbox"/> III <input checked="" type="checkbox"/> Neither of the two Background: Tolvaptan is 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 <input type="checkbox"/> fasting <input type="checkbox"/> fed <input checked="" type="checkbox"/> both <input type="checkbox"/> either fasting or fed Background: Since this is considered a high-risk product with a specific formulation (e.g. manufacture, excipients) of the tablets and the solid-state form of the active substance is known to be critical to the performance of the

	<p>formulation, it cannot be assumed that the impact of food will be the same regardless of formulation. Therefore, both fasted and fed state comparisons of test-to-reference formulations are required.</p> <p>A waiver for this fed study may be applicable if it can be shown that the products are manufactured using the same technology and if excipients that might affect the solid-state form of the active substance or the bioavailability are qualitatively the same and quantitatively similar between test and reference product.</p> <p>Strength: Highest strength applied for, for a drug with linear pharmacokinetics, in dose range 7.5 - 90 mg.</p> <p>Background: Although there are two dose ranges (7.5 - 30 mg range and 15 - 90 mg), the highest strength can be applied for the whole range, provided the requirements for biowaiver of strengths have been fulfilled for the range of strengths applied for.</p> <p>Number of studies: two single dose studies with the highest strength applied for (fasted and fed)</p>
Analyte	<input checked="" type="checkbox"/> parent <input type="checkbox"/> metabolite <input type="checkbox"/> both
	<input checked="" type="checkbox"/> plasma/serum <input type="checkbox"/> blood <input type="checkbox"/> urine
	Enantioselective analytical method: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Bioequivalence assessment	Main pharmacokinetic variables: AUC _{0-t} and C _{max}
	90% confidence interval: 80.00– 125.00%