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Draft Guidance on Desloratadine

November 2021

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the Office of Generic Drugs.

This guidance, which interprets the Agency's regulations on bioequivalence at 21 CFR part 320, provides product-specific recommendations on, among other things, the design of bioequivalence studies to support abbreviated new drug applications (ANDAs) for the referenced drug product. FDA is publishing this guidance to further facilitate generic drug product availability and to assist the generic pharmaceutical industry with identifying the most appropriate methodology for developing drugs and generating evidence needed to support ANDA approval for generic versions of this product.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. FDA guidance documents, including this guidance, should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word should in FDA guidances means that something is suggested or recommended, but not required.

In May 2008, FDA issued a final product-specific guidance for industry on generic desloratadine. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

Active Ingredient: Desloratadine

Dosage Form; Route: Tablet, orally disintegrating; oral

Recommended Studies: Two studies

1. Type of study: Fasting
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: 5 mg
   Subjects: Males and non-pregnant, non-lactating females, general population
   Additional comments: The orally disintegrating tablet should be placed on the tongue, allowed to disintegrate, and swallowed without water. Ensure an adequate washout period between treatments in the crossover study due to the long elimination half-life of desloratadine. Alternatively, a parallel study design may be considered.

2. Type of study: Fed
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 5 mg
Subjects: Males and non-pregnant, non-lactating females, general population
Additional comments: See comments above

Analytes to measure: Desloratadine and its active metabolite, 3-hydroxydesloratadine, in plasma

Submit the metabolite data as supportive evidence of the comparable therapeutic outcome. For the metabolite, the following data should be submitted: individual and mean concentrations, individual and mean pharmacokinetic parameters, and geometric means and ratios of means for area under the curve and maximum concentration.

Bioequivalence based on (90% CI): Desloratadine

Waiver request of in vivo testing: 2.5 mg based on (i) acceptable bioequivalence studies on the 5 mg strength, (ii) acceptable in vitro dissolution testing of both strengths, and (iii) proportional similarity of the formulations between both strengths.

Dissolution test method and sampling times: The dissolution information for this drug product can be found in the FDA's Dissolution Methods database, http://www.accessdata.fda.gov/scripts/cder/dissolution/. Conduct comparative dissolution testing on 12 dosage units for each of both strengths of the test and reference products. Specifications will be determined upon evaluation of the abbreviated new drug application.

Revision History: Recommended May 2007; Finalized May 2008; Revised November 2021

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