## Contains Nonbinding Recommendations

Draft – Not for Implementation

## **Draft Guidance on Mirtazapine**

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This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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 mirtazapine. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

Active Ingredient:	Mirtazapine
Dosage Form; Route:	Tablet, orally disintegrating; oral
<b>Recommended Studies:</b>	Two studies

Type of study: Fasting
 Design: Single-dose, two-treatment, two-period crossover in vivo
 Strength: 15 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 mirtazapine. Alternatively, a parallel study design may be considered.

 Type of study: Fed Design: Single-dose, two-treatment, two-period crossover in vivo Strength: 15 mg Subjects: Males and non-pregnant, non-lactating females, general population Additional comments: See comments above

Analyte to measure: Mirtazapine in plasma using an achiral assay

## Bioequivalence based on (90% CI): Mirtazapine

**Waiver request of in vivo testing:** 30 mg and 45 mg based on (i) acceptable bioequivalence studies on the 15 mg strength, (ii) acceptable in vitro dissolution testing of all strengths, and (iii) proportional similarity of the formulations across all strengths.

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

<b>Revision History:</b>	Recommended May 2007; Finalized May 2008; Revised November 2021
Unique Agency Identifier:	PSG_021208