

Public Assessment Report

Scientific discussion

Desloratadine Accord 5 mg film-coated tablets (desloratadine)

NL/H/5239/001/DC

Date: 12 February 2026

This module reflects the scientific discussion for the approval of Desloratadine Accord 5 mg film-coated tablets. The procedure was finalised on 29 May 2024. For information on changes after this date please refer to the 'steps taken after finalisation' at the end of this PAR.

List of abbreviations

ASMF	Active Substance Master File
CEP	Certificate of Suitability to the monographs of the European Pharmacopoeia
CHMP	Committee for Medicinal Products for Human Use
CMD(h)	Coordination group for Mutual recognition and Decentralised procedure for human medicinal products
CMS	Concerned Member State
EDMF	European Drug Master File
EDQM	European Directorate for the Quality of Medicines
EEA	European Economic Area
EMA	European Medicines Agency
ERA	Environmental Risk Assessment
ICH	International Conference of Harmonisation
MAH	Marketing Authorisation Holder
Ph.Eur.	European Pharmacopoeia
PL	Package Leaflet
RH	Relative Humidity
RMP	Risk Management Plan
RMS	Reference Member State
SmPC	Summary of Product Characteristics
TSE	Transmissible Spongiform Encephalopathy

I. INTRODUCTION

Based on the review of the quality, safety and efficacy data, the Member States have granted a marketing authorisation for Desloratadine Accord 5 mg film-coated tablets, from Accord Healthcare B.V.

The product is indicated in adults and adolescents aged 12 years and older for the relief of symptoms associated with:

- allergic rhinitis
- urticaria

A comprehensive description of the up-to-date indications and posology is given in the SmPC.

The marketing authorisation has been granted pursuant to Article 10(1) of Directive 2001/83/EC, which concerns a generic application.

In this decentralised procedure, essential similarity is proven between the new product and the innovator product Acrius 5 mg film-coated tablets, which has been registered in the EEA via a centralised procedure (EU/1/00/160) by Merck Sharp & Dohme B.V. since 15 January 2001.

The concerned member states (CMS) involved in this procedure were Austria, Cyprus, Denmark, France, Germany and Sweden.

II. QUALITY ASPECTS

II.1 Introduction

Desloratadine Accord 5 mg film-coated tablets are blue, round shaped, biconvex, film-coated tablets debossed with 'J7' on one side.

Each tablet contains as active substance 5 mg of desloratadine.

The excipients are:

Tablet core - microcrystalline cellulose, (E460), pregelatinised (maize) starch, mannitol, talc (E553b) and magnesium stearate (E470b).

Tablet coating - hypromellose (E464), titanium dioxide (E171), macrogol (E1521) and indigo carmine aluminium lake (E132).

The film-coated tablets are packed in aluminium-aluminium (Alu-Alu) blisters.

II.2 Drug Substance

The active substance is desloratadine, an established active substance described in the European Pharmacopoeia (Ph.Eur.). The active substance is a white to pink coloured

crystalline powder and is practically insoluble in water and freely soluble in ethanol (96%). The active substance is racemic and there are no stereochemical issues. The MAH has adequately addressed the polymorphic forms of the drug substance. For this product, polymorphic form I is consistently produced.

The CEP procedure is used for the active substance. Under the official Certification Procedures of the EDQM of the Council of Europe, manufacturers or suppliers of substances for pharmaceutical use can apply for a certificate of suitability concerning the control of the chemical purity and microbiological quality of their substance according to the corresponding specific monograph, or the evaluation of reduction of Transmissible Spongiform Encephalopathy (TSE) risk, according to the general monograph, or both. This procedure is meant to ensure that the quality of substances is guaranteed and that these substances comply with the Ph.Eur.

Manufacturing process

A CEP has been submitted; therefore no details on the manufacturing process have been included.

Quality control of drug substance

The active substance specification is considered adequate to control the quality and meets the requirements of the monograph in the Ph.Eur. and the CEP with additional requirements for identification, particle size distribution, residual solvents, and polymorphic ratio form. Batch analytical data demonstrating compliance with this specification have been provided for two batches.

Stability of drug substance

The active substance is stable for 60 months when stored under the stated conditions. Assessment thereof was part of granting the CEP (and has been granted by the EDQM).

II.3 Medicinal Product

Pharmaceutical development

The product is an established pharmaceutical form and its development is adequately described in accordance with the relevant European guidelines.

The choice of excipients is justified and their functions explained. The development was based on the characteristics of the reference product, knowledge from previously approved products, the manufacturing process, and the excipients and drug substance characteristics. Compatibility of the excipients with the drug substance is adequately tested and the excipients are comparable to the reference product. The optimal composition and manufacturing process parameters have been adequately investigated. The pharmaceutical development of the product has been adequately performed.

Manufacturing process

The manufacturing process has been validated according to relevant European/ICH guidelines. Process validation data on the product have been presented for three full scaled batches in accordance with the relevant European guidelines.

Control of excipients

The excipients comply with Ph.Eur. and in-house requirements. These specifications are acceptable.

Quality control of drug product

The finished product specifications are adequate to control the relevant parameters for the dosage form. The specification includes tests for description, average weight, identification of desloratadine, identification of titanium dioxide, identification of indigo carmine, loss on drying, dissolution, uniformity of dosage units, related substances, assay, and microbial examination. Limits in the specification have been justified and are considered appropriate for adequate quality control of the product. An adequate nitrosamines risk evaluation report has been provided. The MAH concluded that the presence of nitrosamines in the drug product is negligible (a routine test for a specific nitrosamine is included in the drug product specification with the limit of 'Not more than 80 ppm'. This is acceptable.

Satisfactory validation data for the analytical methods have been provided.

Batch analytical data from three full scaled batches from the proposed production site have been provided, demonstrating compliance with the specification.

Stability of drug product

Stability data on the product have been provided for three full scaled batches stored at 25°C/60% RH (24 months) and 40°C/75% RH (6 months). The stability was tested in accordance with applicable European guidelines. Photostability studies were performed in accordance with ICH recommendations and showed that the product is sensitive to light and stable when immediately packed for marketing. On basis of the data submitted, a shelf life was granted of 24 months. The labelled storage conditions are "Store in the original package in order to protect from light. This medicinal product does not require any special temperature storage conditions."

Specific measures concerning the prevention of the transmission of animal spongiform encephalopathies

There are no substances of ruminant animal origin present in the product nor have any been used in the manufacturing of this product, so a theoretical risk of transmitting TSE can be excluded.

II.4 Discussion on chemical, pharmaceutical and biological aspects

Based on the submitted dossier, the member states consider that Desloratadine Accord has a proven chemical-pharmaceutical quality. Sufficient controls have been laid down for the active substance and finished product.

No post-approval commitments were made.

III. NON-CLINICAL ASPECTS

III.1 Ecotoxicity/environmental risk assessment (ERA)

Since Desloratadine Accord is intended for generic substitution, this will not lead to an increased exposure to the environment. An environmental risk assessment was therefore not deemed necessary.

III.2 Discussion on the non-clinical aspects

This product is a generic formulation of Aeries which is available on the European market. Reference was made to the preclinical data obtained with the innovator product. A non-clinical overview on the pharmacology, pharmacokinetics and toxicology has been provided, which was based on up-to-date and adequate scientific literature. The overview justifies why there is no need to generate additional non-clinical pharmacology, pharmacokinetics and toxicology data. Therefore, the member states agreed that no further non-clinical studies are required.

IV. CLINICAL ASPECTS

IV.1 Introduction

Desloratadine is a well-known active substance with established efficacy and tolerability. A clinical overview has been provided, which is based on scientific literature. The member states agreed that no further clinical studies are required, besides the one bioequivalence study, which is discussed below.

IV.2 Pharmacokinetics

The MAH conducted a bioequivalence study in which the pharmacokinetic profile of the test product Desloratadine Accord 5 mg film-coated tablets (Accord Healthcare B.V., the Netherlands) was compared with the pharmacokinetic profile of the reference product Aeries 5 mg film-coated tablets (Merck Sharp & Dohme B.V., the Netherlands).

The choice of the reference product in the bioequivalence study has been justified by comparison of dissolution study results and composition. Multimedia dissolution at three pH's was performed complementary to the BE study. Comparative dissolution profile between test and reference product were feasible at pH 1.2 and pH 4.5. The drug product shows a faster release at pH 6.8 compared to the reference and this difference was adequately justified as the reference product contains the excipient calcium dihydrogen phosphate which cause heap formation in this medium. The formula and preparation of the bioequivalence batch was

identical to the formula proposed for marketing. The dissolution method in dissolution medium of pH 1.2 is adequately established and the discriminatory nature was demonstrated.

Bioequivalence studies

Design

An open label, balanced, single-dose, randomised, two-period, two-treatment, two-sequence, crossover bioequivalence study was carried out under fasted conditions in 36 healthy male subjects, aged 19-44 years. Each subject received a single dose (5 mg) of one of the two desloratadine formulations. The tablet was orally administered with 240 ml water after an overnight fast of at least 10 hours. There were two dosing periods, separated by a washout period of 18 days.

Blood samples were collected pre-dose and at 0.33, 0.67, 1, 1.33, 1.67, 2, 2.25, 2.5, 2.75, 3, 3.25, 3.5, 3.75, 4, 4.5, 5, 6, 8, 10, 12, 16, 24, 36, 48 and 72 hours after administration of the products.

The design of the study is acceptable.

Desloratadine may be taken without reference to food intake. From the literature it is known that food does not interact with the absorption of desloratadine. Therefore, a food interaction study is not deemed necessary. The bioequivalence study under fasting conditions is in accordance with CPMP/EWP/QWP/1401/98 Note for Guidance on the investigation of bioavailability and bioequivalence.

Analytical/statistical methods

The analytical method has been adequately validated and is considered acceptable for analysis of the plasma samples. The methods used in this study for the pharmacokinetic calculations and statistical evaluation are considered acceptable.

Results

One subject discontinued the study on his own accord in period II. Hence, of the 36 subjects enrolled in the study, 35 subjects were eligible for pharmacokinetic analysis.

Table 1. Pharmacokinetic parameters (non-transformed values; arithmetic mean $\pm$ SD, $t_{\max}$ (median, range)) of desloratadine, 5 mg under fasted conditions.

Treatment N=35	AUC _{0-t} (ng.h/mL)	C _{max} (ng/mL)	t _{max} (h)
Test	43680 $\pm$ 18337	2538 $\pm$ 1088	5.0 (1.67 - 6.00)
Reference	47408 $\pm$ 33220	2685 $\pm$ 1415	5.0 (1.00 - 6.00)
*Ratio (90% CI)	0.97 (0.91 - 1.04)	0.97 (0.91 - 1.02)	-

AUC_{0-t}	Area under the plasma concentration-time curve from time zero t = 72 hours
C_{max}	Maximum plasma concentration
t_{max}	Time after administration when maximum plasma concentration occurs
CI	Confidence interval

**In-transformed values*

Conclusion on bioequivalence study:

The 90% confidence intervals calculated for AUC_{0-t} and C_{max} are within the bioequivalence acceptance range of 0.80 – 1.25. Based on the submitted bioequivalence study Desloratadine Accord is considered bioequivalent with Aerius.

The MEB has been assured that the bioequivalence study has been conducted in accordance with acceptable standards of Good Clinical Practice (GCP, see Directive 2005/28/EC) and Good Laboratory Practice (GLP, see Directives 2004/9/EC and 2004/10/EC).

IV.3 Risk Management Plan

The MAH has submitted a risk management plan, in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Desloratadine Accord. At the time of approval, the most recent version of the RMP was version 1.2 dated 23 March 2024.

Table 2. Summary table of safety concerns as approved in RMP

Important identified risks	None
Important potential risks	None
Missing information	None

The member states agreed that routine pharmacovigilance activities and routine risk minimisation measures are sufficient for the risks and areas of missing information.

IV.4 Discussion on the clinical aspects

For this authorisation, reference is made to the clinical studies and experience with the innovator product Aerius. The MAH demonstrated through a bioequivalence study that the pharmacokinetic profile of the product is similar to the pharmacokinetic profile of this reference product. Risk management is adequately addressed. This generic medicinal product can be used instead of the reference product.

V. USER CONSULTATION

A user consultation with target patient groups on the package leaflet (PL) has been performed on the basis of a bridging report making reference to Solifenacin succinate 5/10 mg film-coated tablets, DK/H/2339/001-002/DC (for design/layout) and to Desloratadine Apotex 5 mg

NL/H/2472/001/DC (for key safety messages). The bridging report submitted by the MAH has been found acceptable; bridging is justified for both content and layout of the leaflet.

VI. OVERALL CONCLUSION, BENEFIT/RISK ASSESSMENT AND RECOMMENDATION

Desloratadine Accord 5 mg film-coated tablets have a proven chemical-pharmaceutical quality and are generic forms of Aeries 5 mg film-coated tablets. Aeries is a well-known medicinal product with an established favourable efficacy and safety profile.

Bioequivalence has been shown to be in compliance with the requirements of European guidance documents.

The Board followed the advice of the assessors.

There was no discussion in the CMD(h). Agreement between member states was reached during a written procedure. The member states, on the basis of the data submitted, considered that essential similarity has been demonstrated for Desloratadine Accord with the reference product, and have therefore granted a marketing authorisation. The decentralised procedure was finalised with a positive outcome on 29 May 2024.

STEPS TAKEN AFTER THE FINALISATION OF THE INITIAL PROCEDURE - SUMMARY

Procedure number	Scope	Product Information affected	Date of end of procedure	Approval/ non approval	Summary/ Justification for refuse
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.