This draft guidance, once finalized, will represent the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the Office of Generic Drugs.

**Active Ingredient:** Isotretinoin

**Dosage Form; Route:** Capsule; oral

**Recommended Studies:** Two studies

1. **Type of study:** Fasting  
   **Design:** Single-dose, two-way crossover in vivo  
   **Strength:** 40 mg  
   **Subjects:** Healthy males, general population  
   **Additional comments:** Due to the known teratogenicity of isotretinoin, the studies should be conducted in healthy male volunteers

To ensure that the bioequivalence (BE) studies incorporate the appropriate safeguards against pregnancy exposure to the drug, the FDA requests that complete protocols and their informed consents be submitted to the Office of Generic Drugs (OGD) for review and comment prior to conducting the studies.

The protocols for the BE studies must adhere to the components designated for “all patients” in the iPLEDGE program, except for obtaining registration and activation of the Prescriber (i.e., Primary Investigator), Pharmacy (i.e., person dispensing drug), and Patient (i.e., study subject). The protocol must add safety measures at least as rigorous as those listed for “all patients” in the iPLEDGE program, including:

- a. Give the reference listed drug (RLD) medication guide to each subject. Enroll subjects who are able to read the RLD medication guide either in English or in a provided translation.

- b. Advise all subjects that isotretinoin is found in the semen of male patients taking isotretinoin, but the amount delivered to a female partner would be about one million times lower than an oral dose of 40 mg. While the no-effect limit for birth defects due to isotretinoin is unknown, 20 years of postmarketing reports include four with isolated defects compatible with the birth defects associated with isotretinoin; however, two of these reports were incomplete, and two had other possible explanations for the defects observed.

- c. Include all of the pertinent elements listed in the Informed Consent contained in the latest approval RLD labeling [entitled “PATIENT INFORMATION/INFORMED
CONSULT (FOR ALL PATIENTS)"] in the Informed Consent to be signed by all study subjects, including the requirement for subjects to initial key statements.

2. **Type of study:** Fed  
   **Design:** Single-dose, two-way crossover in vivo  
   **Strength:** 40 mg  
   **Subjects:** Healthy males, general population  
   **Additional comments:** Same as above

**Analytes to measure (in appropriate biological fluid):** Isotretinoin in plasma

Since isotretinoin is an endogenous substance, the plasma concentrations of isotretinoin should be corrected for baseline endogenous levels by subtracting the mean pre-dose baseline value (average of at least three pre-dose values, e.g., -10, -2, and 0 hours). Any negative values obtained from baseline correction at time 0 hour should be designated as zero (0) and any subject with pre-dose concentration more than 5% of their Cmax should be excluded from BE statistical analysis and the 90% confidence intervals based on the remaining subjects. The analytical method for isotretinoin measurement should have a lower limit of quantitation no greater than 1.00 ng/mL. Both baseline corrected and baseline uncorrected data should be submitted in the application.

**Bioequivalence based on (90% CI):** Baseline-corrected isotretinoin

**Waiver request of in vivo testing:** 10 mg, 20 mg, and 30 mg strengths based on (i) acceptable BE studies on the 40 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:**

Please note that a Dissolution Methods Database is available to the public at the OGD website at [http://www.accessdata.fda.gov/scripts/cder/dissolution/](http://www.accessdata.fda.gov/scripts/cder/dissolution/). The dissolution information for this product at this website. Please 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 application.