This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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.

This is a new draft product-specific guidance for industry on generic dicyclomine hydrochloride.

**Active Ingredient:** Dicyclomine hydrochloride  
**Dosage Form; Route:** Tablet; oral  
**Recommended Studies:** Two studies

1. **Type of study:** Fasting  
   **Design:** Single-dose, two-treatment, two-period crossover in vivo  
   **Strength:** 20 mg  
   **Subjects:** Males and non-pregnant, non-lactating females, general population  
   **Additional comments:** Exclude geriatric subjects due to the greater susceptibility of anticholinergic and central nerve system effects. Exclude subjects who have a condition of glaucoma, urinary retention, obstructive gastrointestinal disease, and reflux esophagitis. Subjects should be instructed not to engage in potentially hazardous activities requiring complete mental alertness, such as driving a motor vehicle or operating machinery until they have completely returned to their level of baseline cognitive functioning after taking dicyclomine.
2. Type of study: Fed  
Design: Single-dose, two-treatment, two-period crossover in vivo  
Strength: 20 mg  
Subjects: Males and non-pregnant, non-lactating females, general population  
Additional comments: See comments above.

**Analyte to measure:** Dicyclomine in plasma

**Bioequivalence based on (90% CI):** Dicyclomine

**Waiver request of in vivo testing:** Not applicable

**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/](http://www.accessdata.fda.gov/scripts/cder/dissolution/). Conduct comparative dissolution testing on 12 dosage units each strength of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

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