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Draft Guidance on Prednisolone Acetate

December 2025

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In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

Active Ingredient:	Prednisolone acetate
Dosage Form:	Suspension/drops
Route:	Ophthalmic
Strength:	1%
Recommended Studies:	Two options: (1) two in vitro studies with supportive comparative characterization studies, or (2) one in vivo bioequivalence study with pharmacokinetic endpoints

I. Option 1: Two in vitro studies with supportive comparative characterization studies

To demonstrate bioequivalence by this option, the test product should be qualitatively (Q1)[1] and quantitatively (Q2)[2] the same as the reference listed drug (RLD).[3]

[1] Q1 (Qualitative sameness) means that the test product uses the same inactive ingredient(s) as the RLD.
[2] Q2 (Quantitative sameness) means that concentrations of the inactive ingredient(s) used in the test product are within ±5% of those used in the RLD.
[3] Refer to 21 CFR 314.94(a)(9)(iv). An applicant may seek approval of a drug product intended for ophthalmic use that differs from the RLD in preservative, buffer, substance to adjust tonicity, or thickening agent provided that the applicant identifies and characterizes the differences and provides information demonstrating that the differences do not affect the safety or efficacy of the proposed drug product.

Two in vitro bioequivalence studies:

1. Type of study: Drug particle size and size distribution of prednisolone acetate
Design: In vitro bioequivalence study should be performed on three batches of test product,[4] and three batches of the reference standard (RS), if available[5].
Strength: 1%
Additional comments: The sample preparation method and selected particle sizing methodology should be adequately optimized and validated to demonstrate the adequacy of the selected method in accurately and reliably identifying and measuring the size of the drug particles. Prospective applicant should perform size characterization at different dilution conditions as part of method development to demonstrate the impact of dilution. Full particle size distribution profiles representative of all test product and RS batches tested should be submitted as supporting information.

   Parameters to measure: D_{50} and SPAN $[(D_{90}-D_{10})/D_{50}]$

   Bioequivalence based on (95% upper confidence bound): Population bioequivalence (PBE) analysis of the D_{50} and SPAN. Prospective applicants should provide no less than 10 datasets from three batches each of the test product and RS to be used in the PBE analysis. Refer to the section of "Recommendation Related to the PBE Statistical Analysis Procedure" in the most recent version of the FDA product-specific guidance on *Budesonide Inhalation Suspension* (NDA 020929)[a] for additional information regarding PBE computation.[6]

2. Type of study: Comparative in vitro release testing (IVRT) of prednisolone acetate
Design: In vitro bioequivalence study should be performed on three batches of test product, and three batches of the RS, if available[5], using at least 12 units from each batch
Strength: 1%
Additional comments: The IVRT method study should include information on the method development and validation to detect potential formulation differences and capture the complete release profile of prednisolone acetate.

   Bioequivalence based on: Comparative analysis of release profiles should be established using an appropriate statistical method [e.g., model independent approach using similarity factor (f_2)]. For more information on calculation of f_2 factor, refer to the most recent version of the FDA guidance for industry on *M9 Biopharmaceutics Classification System-Based Biowaivers*.[b]

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[4] The manufacturing process for the exhibit batches should be reflective of the manufacturing process to be utilized for commercial batches.
[5] It may be acceptable to evaluate fewer than three batches of the RS if a prospective applicant provides adequate justification and supporting evidence demonstrating the unavailability of RS lots. Data from a minimum of three batches of the test product should be submitted in the abbreviated new drug application (ANDA).
[6] The recommendation on collecting data on different life stages is NOT applicable.

Comparative characterization studies:

Acceptable comparative physicochemical characterization of the test product and the RS. The comparative study should be performed on at least three batches of the test product, and three batches of the RS, if available[5], and should include:

a. Appearance
b. pH
c. Specific gravity
d. Osmolality
e. Surface tension
f. Buffer capacity
g. Viscosity
h. Soluble fraction of prednisolone acetate in the final drug product

II. Option 2: One in vivo bioequivalence study with pharmacokinetic endpoints

1. Type of study: Bioequivalence study with pharmacokinetic endpoints
   Design: Single-dose, crossover or parallel design, in vivo in aqueous humor
   Strength: 1%
   Subjects: Patients undergoing indicated cataract surgery and scheduled to receive ophthalmic corticosteroids just prior to their eye surgery
   Additional comments: Specific recommendations are provided below

Analyte to measure: Prednisolone acetate in aqueous humor

Bioequivalence based on (90% CI): Prednisolone acetate

Additional comments regarding the in vivo pharmacokinetic study in aqueous humor:

1. The study is conducted in patients undergoing indicated cataract surgery and scheduled to receive ophthalmic corticosteroids just prior to their eye surgery. A single dose of the T or RS product is instilled into the inferior cul de sac of the eye prior to cataract extraction. Only one single sample of aqueous humor is collected from one eye of each patient, at one assigned sampling time point.

   Applicant may consider a parallel design for the bioequivalence study. If using a parallel study design, please note that each patient should receive only one treatment, test product or RS, but not both. Alternatively, a crossover study design may be used in patients undergoing indicated cataract surgery for both eyes. When a crossover study design is used, each patient should receive both test product and RS treatments. The wash-out period for the crossover study should not exceed 35 days.

2. To demonstrate bioequivalence, an adequate estimation of the rate (C_{max}) and extent (AUC) of prednisolone acetate absorption is needed. The following statistical model is recommended:

The mean AUC_t for each product and time point t of measurement is calculated by using the mean concentrations $(\overline{C_t})$ at each time point t to derive the mean profile for each product. On the basis of the trapezoid rule, mean AUC_t is computed as the weighted linear combination of these mean concentrations at each time point through time t. The AUC_t is the area under the concentration - time curve from zero to the time t. Generally, we have j concentration measurements at times $t_1 < t_2 < t_3 .., < t_j$ ($t_1 > 0$).

AUC_{t_j} is calculated for time from 0 to t_j as:

$$AUC_{t_j} = t_1 \times \overline{C_{t_1}} / 2 + \sum_{i=1}^{j-1} \left(\overline{C_{t_i}} + \overline{C_{t_{i+1}}}\right) \times \left(t_{i+1} - t_i\right) / 2$$

The ratio (R_t) of AUC_t from the test product to AUC_t from the reference product is used to assess bioequivalence for each time t of interest. Estimation of the standard deviation(s) of R_t may be done via the bootstrapping technique or a parametric method.

Bioequivalence is supported if the 90% confidence interval for R_t ($R_t \pm 1.645\ s_t$) lies within (0.8, 1.25). The bootstrapping technique or a parametric method can be used to determine C_{max} and T_{max} and assess bioequivalence for C_{max}.

3. The study design and statistical analysis plan should be specified a *priori* in the protocol. All details of the computations, including computation code should be submitted in the application.

4. Generally, a drug product intended for ophthalmic use contains the same inactive ingredients and in the same concentration as the RLD. For an ophthalmic drug product that differs from the RLD in preservative, buffer, substance to adjust tonicity, or thickening agent [as permitted by the chemistry, manufacturing, and controls (CMC) regulation for ANDAs, 21 CFR 314.94(a)(9)(iv)], the regulation specifies that the applicant must identify and characterize the differences and provide information demonstrating that the differences do not affect the safety or efficacy of the proposed drug product.

Additional information:

Device:
The RLD is presented in a bottle with a dropper tip. The bottle with dropper tip is the device constituent part.

FDA recommends that prospective applicants examine the size and shape, the external critical design attributes, and the external operating principles of the RLD device when designing the test device.

User interface assessment:
An ANDA for this product should include complete comparative analyses so FDA can determine whether any differences in design for the user interface of the proposed generic product, as compared to the RLD, are acceptable and whether the product can be expected to have the same clinical effect and safety profile as the RLD when administered to patients under the conditions specified in the labeling. For additional information, refer to the most recent version of the FDA guidance for industry on *Comparative Analyses and Related Comparative Use Human Factors Studies for a Drug-Device Combination Product Submitted in an ANDA*.[b]

Quality assessment:
For quality-related recommendations for supporting drug product development, refer to the most recent version of the FDA guidance for industry on *Quality Considerations for Topical Ophthalmic Drug Products*.[b]

Document History: Recommended December 2025

Unique Agency Identifier: PSG_017469

[a] For the most recent version of a product-specific guidance, check the FDA product-specific guidance website at https://www.accessdata.fda.gov/scripts/cder/psg/index.cfm.
[b] For the most recent version of a guidance, check the FDA guidance website at https://www.fda.gov/regulatory-information/search-fda-guidance-documents.