This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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 February 2010, FDA issued a draft product-specific guidance for industry on generic ursodiol. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

Active Ingredient: Ursodiol

Dosage Form; Route: Capsule; oral

Recommended Studies: Two studies

1. Type of study: Fasting
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: 300 mg (Recommended dose: 2 x 300 mg capsule)
   Subjects: Males and non-pregnant, non-lactating females, general population
   Additional comments: Ensure an adequate washout period between treatments in the crossover study due to the long elimination half-life of ursodiol. Alternatively, a parallel study design may be considered.
2. **Type of study:** Fed  
   **Design:** Single-dose, two-treatment, two-period crossover in vivo  
   **Strength:** 300 mg (Recommended dose: 2 x 300 mg capsules)  
   **Subjects:** Males and non-pregnant, non-lactating females, general population  
   **Additional comments:** See comments above.

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**Analytes to measure:** Unconjugated ursodiol and total ursodiol (unconjugated plus glycine and taurine-conjugated) in plasma.

Measure baseline ursodiol concentrations at -48, -42, -36, -30, -24, -18, -12, -6, and 0 hours before dosing. If the baseline concentrations are stable, consider a baseline correction for 24 hours rather than 48 hours. The mean of the pre-dose ursodiol concentrations should be used for the baseline correction. Subjects should continue to receive standard meals at regular intervals post-dose. For the fed study only, administer a standard breakfast to the subjects 30 minutes prior to the -48, -24 and 0 hour sample collection time points.

**Bioequivalence based on (90% CI):** Baseline-corrected (i) unconjugated ursodiol and (ii) total (conjugated and unconjugated) ursodiol.

**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 for each of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

**Revision History:** Recommended February 2010; Revised March 2021

**Unique Agency Identifier:** PSG_019594