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*Draft – Not for Implementation*

## **Draft Guidance on Hydralazine Hydrochloride; Isosorbide Dinitrate**

**October 2024**

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

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.

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<b>Active Ingredients:</b>	Hydralazine hydrochloride; Isosorbide dinitrate
<b>Dosage Form:</b>	Tablet
<b>Route:</b>	Oral
<b>Strength:</b>	37.5 mg; 20 mg
<b>Recommended Study:</b>	One in vivo bioequivalence study with pharmacokinetic endpoints

1. Type of study: Fasting  
Design: Randomized, single-dose, two-way crossover or parallel in vivo  
Strength: 37.5 mg; 20 mg  
Subjects: Healthy males and non-pregnant, non-lactating females  
Additional comments: Individuals taking monoamine-oxidase inhibitors, potent parenteral antihypertensive agents, sildenafil, vardenafil, or tadalafil should be excluded from the study. Given the potential of a large drop-out rate due to headaches, sponsors may pursue a parallel study design.

**Analytes to measure:** Isosorbide dinitrate, isosorbide-5- mononitrate, isosorbide-2-mononitrate, and hydralazine in plasma

**Bioequivalence based on (90% CI):** Isosorbide dinitrate and hydralazine

Submit isosorbide dinitrate's active metabolites data (isosorbide-5-mononitrate and isosorbide-2-mononitrate) as supportive evidence of comparable therapeutic outcome. For the metabolite, the following data should be submitted: individual and mean concentrations, individual and mean pharmacokinetic parameters, and geometric means and ratios of means for area under the curve (AUC) and maximum concentration ( $C_{max}$ ). If isosorbide dinitrate can be reliably measured, a confidence interval approach for bioequivalence determination should be used for isosorbide dinitrate. If isosorbide dinitrate cannot be reliably measured, a confidence interval approach for bioequivalence determination should be used for isosorbide-5-mononitrate and isosorbide-2-mononitrate.

**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/>. Conduct comparative dissolution testing on 12 dosage units for each of the test product and reference listed drug (RLD).<sup>1</sup> Specifications will be determined upon review of the abbreviated new drug application.

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**Document History:** Recommended December 2009; Revised October 2024

**Unique Agency Identifier:** PSG\_020727

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<sup>1</sup> If the RLD is not available, refer to the most recent version of the FDA guidance for industry on *Referencing Approved Drug Products in ANDA Submissions*.