This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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 May 2017, FDA issued a draft product-specific guidance for industry on generic bexarotene. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

Active Ingredient: Bexarotene

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: 75 mg
   Subjects: Males and females not of reproductive potential, general population
   Additional comments: Exclude subjects with hyperlipidemia, abnormal thyroid-function, elevated liver function tests, or complete blood counts demonstrating leukopenia on screening laboratory evaluations. Exclude subjects receiving systemic therapy with Vitamin A in doses of greater than 15000 IU (5000 mcg) per day; taking gemfibrozil or tamoxifen; or using any other retinoid class drug within 30 days of entry into the study. Exclude subjects with a history of skin cancer or risk factors for pancreatitis. Perform
thyroid function, lipid profile, liver function and complete blood count tests at end-of-study and follow-up subjects with abnormal findings until they return to normal. Subjects should be advised to avoid prolonged exposure to the sun or ultraviolet light during the study. Males with sexual partners who are pregnant, possibly pregnant, or who could become pregnant should use condoms during sexual intercourse during the study and for at least one month after the last dose of bexarotene.

2. Type of study: Fed
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: 75 mg
   Subjects: Males and females not of reproductive potential, general population
   Additional comments: See comments above.

Analyte to measure: Bexarotene in plasma

Bioequivalence based on (90% CI): Bexarotene

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

Revision History: Recommended September 2010; Revised May 2017, August 2021

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