

*Contains Nonbinding Recommendations*

*Draft – Not for Implementation*

## **Draft Guidance on Arsenic Trioxide**

**May 2022**

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

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<b>Active Ingredient:</b>	Arsenic trioxide
<b>Dosage Form; Route:</b>	Injectable; injection
<b>Strength:</b>	2 mg/mL
<b>Recommended Study:</b>	Request for waiver of in vivo bioequivalence study requirement

To qualify for a waiver from submitting an in vivo bioequivalence study on the basis that bioequivalence is self-evident under 21 CFR 320.22(b)(1), a generic arsenic trioxide injection product must be qualitatively (Q1)<sup>1</sup> and quantitatively (Q2)<sup>2</sup> the same as the Reference Listed Drug (RLD).

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<sup>1</sup> Q1 (Qualitative sameness) means that the test product uses the same inactive ingredient(s) as the reference listed drug.

<sup>2</sup> Q2 (Quantitative sameness) means that concentrations of the inactive ingredient(s) used in the test product are within  $\pm 5\%$  of those used in the reference listed drug.

An applicant may seek approval of a test product that differs from the RLD in preservative, buffer, or antioxidant 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 test product.<sup>3</sup>

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<sup>3</sup> 21 CFR 314.94(a)(9)(iii)