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Draft Guidance on Ropinirole Hydrochloride

May 2026

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

Active Ingredient:	Ropinirole hydrochloride
Dosage Form:	Tablet, extended release
Route:	Oral
Strengths:	EQ 2 mg Base | EQ 3 mg Base | EQ 4 mg Base | EQ 6 mg Base | EQ 8 mg Base | EQ 12 mg Base
Reference Listed Drug:	NDA 022008
Recommended Studies:	Two in vivo bioequivalence studies with pharmacokinetic endpoints

1. Class of study: Bioequivalence
   Type of study: Fasting
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: EQ 2 mg Base
   Subjects: Healthy males and non-pregnant, non-lactating females
   Safety recommendations:
   - Due to safety concerns, bioequivalence studies should be conducted using the EQ 2 mg Base strength.
   - The subjects should remain in a comfortable recumbent position for up to 8 hours after dosing and remain under medical surveillance for up to 12 hours after dosing. Before they are allowed to ambulate, they should sit up with legs in a dependent position for one minute prior to standing up. While standing immobile, they should be closely observed for blood pressure changes and/or orthostatic symptoms, including nausea, dizziness, or faintness for at least three minutes.

2. Class of study: Bioequivalence
Type of study: Fed
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: EQ 2 mg Base
Subjects: Healthy males and non-pregnant, non-lactating females
Safety recommendations: See recommendations under Study #1.

Analyte to measure: Ropinirole in plasma

Bioequivalence based on (90% CI): Ropinirole

Additional strengths: Bioequivalence of the EQ 3 mg Base, EQ 4 mg Base, EQ 6 mg Base, EQ 8 mg Base, and EQ 12 mg Base strengths to the corresponding reference listed drug (RLD)[1] strengths may be demonstrated based on principles laid out in the guidance for industry *Bioequivalence Studies with Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA*.[a]

Dissolution: For modified release drug products, applicants should develop specific discriminating dissolution methods. Alternatively, applicants may use the dissolution method set forth in any related official United States Pharmacopeia (USP) drug product monograph, or in the FDA's database, http://www.accessdata.fda.gov/scripts/cder/dissolution/, provided that applicants submit adequate dissolution data supporting the discriminating ability of such a method. If a new dissolution method is developed, submit the dissolution method development and validation report with the complete information/data supporting the proposed method. Conduct comparative dissolution testing on 12 dosage units for each strength of the test product and RLD. Specifications will be determined upon review of the abbreviated new drug application. In addition to the method above, submit dissolution profiles on 12 dosage units for each strength of the test product and RLD generated using USP Apparatus 1 at 100 rpm and/or Apparatus 2 at 50 rpm in at least three dissolution media (e.g., pH 1.2, 4.5 and 6.8 buffer). Agitation speeds may be increased if appropriate. It is acceptable to add a small amount of surfactant if necessary. Include early sampling times of 1, 2, and 4 hours and continue every 2 hours until at least 80% of the drug is released to provide assurance against premature release of drug (dose dumping) from the formulation.

Alcohol dose dumping studies: Due to concerns of dose dumping from this drug product when taken with alcohol, the Agency currently requests that additional in vitro dissolution testing be conducted using various concentrations of ethanol in the dissolution medium, as follows:

Testing conditions: 500 mL, 0.1 N HCl, USP apparatus 2 (paddle) at 100 rpm, with or without alcohol:

[1] If the RLD is not available, refer to the most recent version of the guidance for industry *Referencing Approved Drug Products in ANDA Submissions.*

Test 1: 12 units tested according to the proposed method (with 0.1 N HCl) with data collected every 15 minutes for a total of 2 hours

Test 2: 12 units analyzed by substituting 5% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Test 3: 12 units analyzed by substituting 20% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Test 4: 12 units analyzed by substituting 40% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Conduct testing on both test product and RLD accordingly, and provide data on individual unit, means, range and %CV.

Document History: Recommended December 2009; Revised February 2010, October 2017, May 2026

[a] We update guidances periodically. For the most recent version of a guidance, refer to the FDA guidance webpage at https://www.fda.gov/regulatory-information/search-fda-guidance-documents.