This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

**Active Ingredient:** Pralsetinib

**Dosage Form; Route:** Capsule; oral

**Recommended Study:** One in vivo bioequivalence study with pharmacokinetic endpoints

1. Type of study: Fasting
   Design: Single-dose, two-treatment, two-period, crossover in vivo
   Strength: 100 mg
   Subjects: Healthy males and non-pregnant, non-lactating females
   Additional comments: Female subjects of reproductive potential should use effective non-hormonal contraception methods during the study and for two weeks after the last dose. Male subjects with female partners of reproductive potential should use effective contraception during the study and for one week after the last dose.

**Analyte to measure:** Pralsetinib in plasma

**Bioequivalence based on (90% CI):** Pralsetinib

*Recommended May 2022*
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 each of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

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