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Draft Guidance on Fexinidazole

February 2023

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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: Fexinidazole

Dosage Form; Route: Tablet; oral

Recommended Studies: Two in vivo bioequivalence studies with pharmacokinetic endpoints

1. Type of study: Fasting
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: 600 mg
   Subjects: Healthy males and non-pregnant, non-lactating females
   Additional comments: Exclude subjects with abnormal liver function tests. Exclude subjects with risk factors for prolonged QTc interval and Torsades de Pointes.

2. Type of study: Fed
   Design: Single-dose, two-treatment, two-period crossover in vivo
   Strength: 600 mg
   Subjects: Healthy males and non-pregnant, non-lactating females
   Additional comments: See comments above.

Analytes to measure: Fexinidazole and its active metabolite, fexinidazole sulfoxide (M1), in plasma

Bioequivalence based on (90% CI): Fexinidazole

Submit the metabolite data of M1 as supportive evidence of comparable therapeutic outcome. For metabolite, the following data should be submitted: individual and mean concentrations, individual and mean pharmacokinetic parameters, and geometric means and ratios of means for AUC and Cmax.

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 (ANDA).

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