Guidance for Industry

Bioavailability and Bioequivalence Studies Submitted in NDAs or INDs — General Considerations

DRAFT GUIDANCE

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For questions regarding this draft document contact the CDER Office of Clinical Pharmacology at 301-796-5008 or OCP@fda.hhs.gov.

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

March 2014 Biopharmaceutics



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Guidance for Industry¹ Bioavailability and Bioequivalence Studies Submitted in NDAs or INDs — **General Considerations**

This draft guidance, when finalized, will represent the Food and Drug Administration's (FDA's) current

the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA

staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call

the appropriate number listed on the title page of this guidance.

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I. **INTRODUCTION**

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This guidance provides recommendations to sponsors and/or applicants planning to include bioavailability (BA) and bioequivalence (BE) information for drug products in investigational new drug applications (INDs), new drug applications (NDAs), and NDA supplements (referred to as the NDA BA and BE Draft Guidance).² This guidance contains advice on how to meet the BA and BE requirements set forth in 21 CFR part 320 as they apply to dosage forms intended for oral administration.³ The guidance may also be applicable to non-orally administered drug products when reliance on systemic exposure measures is suitable to document BA and BE (e.g., transdermal delivery systems and certain rectal and nasal drug products). The guidance should be helpful for applicants conducting BA and BE studies during the IND period for an NDA and also for applicants conducting BE studies during the postapproval period for certain changes to

³ These dosage forms include tablets, capsules, solutions, suspensions, conventional/immediate-release drug products, and modified (extended, delayed)-release drug products.



¹ This guidance was developed by the Office of Clinical Pharmacology, Office of Translational Sciences, and the Office of New Drugs Quality Assessment, Office of Pharmaceutical Science, in the Center for Drug Evaluation and Research (CDER) at the U.S. Food and Drug Administration (FDA).

² BA and BE information for drug products in abbreviated new drug applications (ANDAs) and ANDA supplements are not the subject of this guidance. FDA has issued a separate draft guidance on this topic entitled *Bioequivalence* Studies with Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA (December 2013) (ANDA BE Draft Guidance). The ANDA BE Draft Guidance, when finalized, will represent FDA's current thinking on this topic. Many guidances are referenced throughout this document. The guidance referred to in this footnote, as well as others referenced throughout the remainder of the document, can be found on the FDA Drugs guidance Web page at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm. We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA Drugs guidance Web page.

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drug products that are the subject of an NDA.⁴ This guidance document is not intended to provide recommendations on studies conducted in support of demonstrating comparability or biosimilarity for biological products licensed under section 351 of the Public Health Service Act.⁵

When finalized, this guidance will revise and replace the parts of FDA's March 2003 guidance for industry on *Bioavailability and Bioequivalence Studies for Orally Administered Drug Products – General Considerations* (the March 2003 BA and BE Guidance) relating to BA and BE studies for INDs, NDAs, and NDA supplements. Since the March 2003 BA and BE Guidance was issued, FDA has determined that providing information on BA and BE studies in separate guidances according to application type will be beneficial to sponsors and applicants. Thus, FDA is issuing this NDA BA and BE Draft Guidance and, as previously noted, has issued the ANDA BE Draft Guidance for ANDA and ANDA supplements.

We recognize that this guidance cannot address every issue pertaining to the assessment of BA or BE studies for INDs and NDAs, so we suggest sponsors and applicants contact the appropriate review division for guidance on specific questions not addressed by this guidance.

FDA's guidance documents, including this guidance, 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 guidance documents means that something is suggested or recommended, but not required.

II. BACKGROUND

⁷ See footnote #2.



⁴ *Bioequivalence* is a statutory term reflected in the Federal Food, Drug, and Cosmetic Act (FD&C Act) in section 505(j) (21 U.S.C. 355(j)), which requires ANDA applicants to demonstrate, among other things, that the proposed generic product is bioequivalent to its reference listed drug. Section 505(j)(2)(A)(iv) of the FD&C Act; see also section 505(j)(8) of the FD&C Act. There is no similar statutory requirement for an NDA applicant either under section 505(b)(1) or (b)(2) of the FD&C Act to demonstrate bioequivalence of its proposed product to another product. As a scientific matter, however, the same or a similar showing of the bioavailability of two products in the NDA context may be needed for the purposes of evaluating the safety or effectiveness of a product. For ease of the reader, we refer to such evaluations of the relative bioavailability for two or more products as an evaluation of bioequivalence in this guidance.

⁵ For information on these types of studies, see FDA's Drugs guidance Web page. See footnote #2 for information on accessing this Web page.

⁶ Revisions to the March 2003 BA and BE Guidance include (1) expansion of the section on modified-release products, (2) addition of a section on concomitant administration of drug products and combination drug products, (3) addition of a section on alcoholic beverage effects on modified-release dosage forms, (4) addition of an endogenous substance section, (5) addition of a section on drug products with high intrasubject variability, and (6) removal of references to BE studies conducted for ANDAs. The guidance also makes other revisions for clarification.

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