## Contains Nonbinding Recommendations

Draft - Not for Implementation

## Draft Guidance on Cladribine February 2022

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

**Active Ingredient:** Cladribine

**Dosage Form; Route:** Tablet; oral

**Recommended Study:** One study

1. Study Design: Single-dose, two-treatment, two-period crossover in vivo

Strength: 10 mg

Subjects: Patients with relapsing forms of multiple sclerosis who plan to receive the first or second treatment course of cladribine

Additional comments:

- a. Implement screening recommendations and safety monitoring, including complete blood count, during the treatment as recommended in the labeling.
- b. Exclude patients with expected changes in concomitant medications that can potentially affect the pharmacokinetics of cladribine.
- c. Exclude pregnant or lactating females.

- d. For subjects of reproductive health:
  - Females should use effective contraception during the study and for at least 6 months after the final dose. Females using systemically acting hormonal contraceptive should add a barrier method during the study and for at least 4 weeks after the last dose.
  - Males with female partners of reproductive potential should use effective contraception during the study and for at least 6 months after the last dose.
- e. Conduct the study on a specific day (e.g., the first day) of each cycle within one treatment course. The same dose (e.g., 10 mg or 20 mg) should be given on the same day in each cycle.
- f. Submission of an Investigational New Drug Application (IND) is required prior to the conduct of a bioequivalence study for a cytotoxic drug product such as cladribine (See 21 C.F.R § 320.31).

**Analyte to measure:** Cladribine in plasma

Bioequivalence based on (90% CI): Cladribine

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, <a href="http://www.accessdata.fda.gov/scripts/cder/dissolution/">http://www.accessdata.fda.gov/scripts/cder/dissolution/</a>. 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.

Unique Agency Identifier: PSG\_022561

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