

*Contains Nonbinding Recommendations*

*Draft – Not for Implementation*

## **Draft Guidance on Medroxyprogesterone Acetate**

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This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

In June 2013, FDA issued a draft product-specific guidance for industry on generic medroxyprogesterone acetate. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

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**Active Ingredient:** Medroxyprogesterone acetate

**Dosage Form; Route:** Injectable; injection

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

1. Type of study: In vivo bioequivalence study with pharmacokinetic endpoints  
Design: Single-dose, parallel, in vivo  
Strength: 400 mg/mL  
Subjects: Healthy nonpregnant females  
Additional comments:
  - Females should not be pregnant and if applicable, should practice abstinence or contraception during the study.
  - Both sites of injection (gluteal and deltoid) should be included in the study design.

- Subjects should be randomized into the following four (4) groups: Test treatment at gluteal site, Test treatment at deltoid site, Reference treatment at gluteal site, and Reference treatment at deltoid site.
- In addition, if more than one dosing date is planned, approximately equal number of subjects representing each of the 4 groups should be included in each of the dosing dates.
- Demonstration of bioequivalence at each of the injection sites is not recommended, only demonstration of bioequivalence between the test and reference formulations, with the effect of the two injection sites taken into account and analyzed; i.e., the factor, injection site, should be included in the statistical analysis model.

**Analyte to measure:** Medroxyprogesterone acetate in plasma

**Bioequivalence based on (90% CI):** Medroxyprogesterone acetate

**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 all strengths of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

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**Revision History:** Recommended June 2013; Revised August 2022

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