

*Contains Nonbinding Recommendations*  
*Draft - Not for Implementation*  
**Draft Guidance on Lithium Carbonate**  
**May 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.

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**Active Ingredient:** Lithium carbonate

**Dosage Form; Route:** Tablet; Oral

**Recommended Studies:** Two in vivo bioequivalence studies with pharmacokinetic endpoints

1. Type of study: Fasting  
Design: Single-dose, four-way, fully replicate crossover in vivo  
Strength: 300 mg  
Subjects: Healthy males and non-pregnant, non-lactating females  
Additional comments: This drug product is classified as a narrow therapeutic index drug. See the Explanation section for further information.
2. Type of study: Fed  
Design: Single-dose, four-way, fully replicate crossover in vivo  
Strength: 300 mg  
Subjects: Healthy males and non-pregnant, non-lactating females  
Additional comments: See comments above.

**Analyte to measure:** Lithium in plasma

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

**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 for each of the test and reference products. Specifications will be determined upon evaluation of the abbreviated new drug application.

**Explanation:** FDA has concluded that lithium is a narrow therapeutic index drug based on the following evidence:

- The range between the effective lithium concentrations and the concentrations associated with serious toxicity is narrow.
- Sub-optimal lithium concentrations lead to severe therapeutic failure or toxicity.
- Lithium is subject to therapeutic drug monitoring based on pharmacokinetics measures.
- Lithium exhibits low-to-moderate within-subject variability.

The in vivo bioequivalence studies should be of a fully replicate crossover design to:

- Scale bioequivalence limits to the variability of the reference product.
- Compare test and reference product within-subject variability.

For details about the method for statistical analysis using the reference-scaled average bioequivalence approach for narrow therapeutic index drugs, refer to the most recent version of the FDA guidance for industry on *Bioequivalence Studies with Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA*.<sup>a</sup>

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**Revision History:** Recommended February 2010; Revised May 2023

**Unique Agency Identifier:** PSG\_018558

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<sup>a</sup> For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>.