

Draft Guidance on Oxycodone Hydrochloride

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

Active Ingredient: Oxycodone hydrochloride

Dosage Form; Route: Tablet; oral

Recommended Studies: Two bioequivalence studies (1–2) and one in vivo abuse deterrence study (3)

1. Type of study: Fasting
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 15 mg
Subjects: Males and non-pregnant, non-lactating females, general population
Additional Comments: Naltrexone or other opioid antagonist should be incorporated to block the pharmacodynamic (PD) effects of the opioid. The opioid antagonist should be administered well in advance of opioid dosing to achieve adequate blockade of opioid receptors. The most common approach is to administer 50 mg of naltrexone at the following times: (1) 12 hours prior to dosing; (2) at the time of study drug dosing; and (3) 12 hours after the last dose of study drug. Consult with a physician who is an expert in the administration of opioids for an appropriate dose of narcotic antagonist.

2. Type of study: Fed
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 15 mg
Subjects: Males and non-pregnant, non-lactating females, general population
Additional comments: See comments in Study 1.

3. Type of study: Fasting, comparative nasal pharmacokinetic (PK) study with physically manipulated drug products, consistent with the recommendations in FDA’s guidance, “General Principles for Evaluating the Abuse Deterrence of Generic Solid Oral Opioid Drug Products,” for tier 2 evaluation of abuse by insufflation as applicable
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 30 mg
Subjects: Non-dependent, recreational opioid users, general population¹
Additional comments: See comments in Study 1. Pulverize test and reference products to a particle size range that is considered safe and tolerable for human insufflation studies.

¹ This means recreational opioid users from the general population who have experience in the use of opioids for non-therapeutic purposes.

Characterize the formulation recovery, drug content, and particle size distribution of physically manipulated test and reference drug products used in the nasal PK study using validated analytical procedures. Take scientifically appropriate and ethical steps to protect human subjects. This should include ensuring that each subject is not physically dependent on opioids (e.g., through a naloxone challenge test) and has not been seeking or undergoing treatment for abuse of controlled substances such that participating in the study could make them vulnerable to relapse.² Determine relevant PK parameters including maximum concentration (C_{max}), area-under-the-curve (AUC_{0-t} , and $AUC_{0-\infty}$), and time to maximum concentration (T_{max}). Applicants should submit partial AUC (e.g., $AUC_{0-3 \text{ hour}}$, $AUC_{0-4 \text{ hour}}$) as supporting data.

Analytes to measure (in appropriate biological fluid): Oxycodone in plasma

Bioequivalence based on (90% CI): Oxycodone

Abuse deterrence based on (upper 95% confidence bound): Oxycodone

Waiver request of in vivo testing: 5 mg and 30 mg based on (i) acceptable bioequivalence studies on the 15 mg strength, (ii) acceptable in vitro dissolution testing of all strengths, and (iii) proportional similarity of the formulations across all strengths.

Abuse Deterrence Evaluation: Since the FDA has determined that the Reference Listed Drug (RLD) for oxycodone hydrochloride tablet has properties that are expected to deter abuse (as described in Section 9.2 of the approved Full Prescribing Information), you should refer to the guidance, “*General Principles for Evaluating the Abuse Deterrence of Generic Solid Oral Opioid Drug Products*,” regarding the studies that should be conducted to demonstrate that the proposed generic product is no less abuse-deterrent than the RLD with respect to all potential routes of abuse. Consistent with the guidance, the potential ANDA applicants should consider, among other things, the following:

- (a) Conducting all in vitro abuse deterrence studies comparing test and reference products using an intermediate manipulation method (e.g., cutting, grating), in addition to “intact and most effectively physically manipulated drug products” as described in the general guidance;
- (b) Conducting extraction and syringe-ability studies in pH 4.0 and near neutral 6.8 buffers at room temperature and elevated temperature, in addition to the condition recommended in general guidance;
- (c) Specifying and justifying the total number of tablet units used in a manipulation run (e.g., milling);
- (d) Determining the drug content in manipulated drug products (e.g. cut, grated or milled) and quantifying the drug loss in samples prior to evaluating extractability.

Dissolution test method and sampling times:

² For criteria on evaluating substance dependence, refer to, for example, the latest version of *Diagnostic and Statistical Manual of Mental Disorders*, Arlington, VA, American Psychiatric Association.

The dissolution information for this drug product can be found on the FDA-Recommended Dissolution Methods website available to the public at the following location: <http://www.accessdata.fda.gov/scripts/cder/dissolution/>. Conduct comparative dissolution testing on 12 dosage units of all strengths of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application (ANDA).