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Draft Guidance on Oxycodone Hydrochloride

October 2024

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

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Active Ingredient:	Oxycodone hydrochloride
Dosage Form:	Tablet
Route:	Oral
Strengths:	5 mg, 10 mg, 15 mg, 20 mg, 30 mg
Recommended Studies:	Two options: (1) Biopharmaceutics Classification System (BCS)-based biowaiver or (2) one in vivo bioequivalence study with pharmacokinetic endpoints

I. Option 1: BCS Class I-based biowaiver

A waiver request of in vivo testing for all the strengths of this product may be considered provided that the appropriate documentation regarding high solubility, high permeability and rapid dissolution as detailed in the most recent version of the FDA guidance for industry on *M9 Biopharmaceutics Classification System-Based Biowaivers*^a is submitted in the application. Applicants may use the information contained in the approved labeling of the reference listed drug (RLD). Peer reviewed articles may not contain the necessary details of the testing for the Agency to make a judgment regarding the quality of the studies. A decision regarding the acceptability of the waiver request can only be made upon assessment of the data submitted in the application.

II. Option 2: One in vivo bioequivalence study with pharmacokinetic endpoints

1. Type of study: Fasting
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 15 mg
Subjects: Healthy males and non-pregnant, non-lactating females
Additional comments: Use an opioid antagonist (e.g., naltrexone) to mitigate safety risk of the opioid (e.g., respiratory depression) in healthy subjects. Administer the opioid antagonist in advance of dosing the study drug and as appropriate thereafter (e.g., within 12 hours post dose) to adequately block opioid induced pharmacological effects based on the opioid antagonist and opioid product's effective duration. Monitor vital signs (e.g., pulse oximetry and continuous respiratory monitoring) during the study and implement standards and practice for detection and management of respiratory depression. Oxycodone hydrochloride tablet is under a Risk Evaluation and Mitigation Strategy (REMS) with Elements to Assure Safe Use (ETASU). All pertinent elements of the REMS/ETASU are recommended to be incorporated into the protocol and informed consent.

Analyte to measure: Oxycodone in plasma

Bioequivalence based on (90% CI): Oxycodone

Waiver request of in vivo testing: 5 mg, 10 mg, 20 mg, and 30 mg strengths based on (i) acceptable bioequivalence study on the 15 mg strength, (ii) acceptable in vitro dissolution testing for all strengths, and (iii) proportional similarity of the formulations across all strengths

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 all strengths of the test product and RLD.¹ Specifications will be determined upon review of the abbreviated new drug application.

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

¹ If the RLD is not available, refer to the most recent version of the FDA guidance for industry on *Referencing Approved Drug Products in ANDA Submissions*.