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Draft Guidance on Oxcarbazepine

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This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

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.

Active Ingredient:	Oxcarbazepine
Dosage Form:	Tablet, extended release
Route:	Oral
Strengths:	150 mg, 300 mg, 600 mg
Recommended Studies:	Two in vivo bioequivalence studies with pharmacokinetic endpoints

1. Type of study: Fasting
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 600 mg
Subjects: Healthy males and non-pregnant, non-lactating females
Additional comments: Females of reproductive potential should use non-hormonal contraception during the study and continue to use effective contraception for one week after the last dose. Applicants may consider using a reference-scaled average bioequivalence approach for oxcarbazepine. If using this approach, provide evidence of high variability in the pharmacokinetic parameters (i.e., within-subject variability $\geq 30\%$) for the reference listed drug (RLD) product. For detailed information on this approach, refer to the most recent version of the FDA guidance for industry on *Bioequivalence Studies With Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA*.^a

2. Type of study: Fed
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 600 mg
Subjects: Healthy males and non-pregnant, non-lactating females
Additional comment: Females of reproductive potential should use non-hormonal contraception during the study and continue to use effective contraception for one week after the last dose.

Analyte to measure: Oxcarbazepine in plasma

Bioequivalence based on (90% CI): Oxcarbazepine

Additional strengths: Bioequivalence of the 150 mg and 300 mg strengths to the corresponding RLD product strengths may be demonstrated based on principles laid out in the most recent version of the FDA guidance for industry on *Bioequivalence Studies with Pharmacokinetic Endpoints for Drugs Submitted Under an Abbreviated New Drug Application*.^a

Dissolution test method and sampling times: For modified release drug products, applicants should develop specific discriminating dissolution methods. Alternatively, applicants may use the dissolution method set forth in any related official United States Pharmacopeia (USP) drug product monograph, or in the FDA's database, <http://www.accessdata.fda.gov/scripts/cder/dissolution/>, provided that applicants submit adequate dissolution data supporting the discriminating ability of such a method. If a new dissolution method is developed, submit the dissolution method development and validation report with the complete information/data supporting the proposed method. Conduct comparative dissolution testing on 12 dosage units for each strength of the test and RLD products. Specifications will be determined upon review of the abbreviated new drug application.

In addition to the method above, submit dissolution profiles on 12 dosage units for each strength of the test and RLD products generated using USP Apparatus 1 at 100 rpm and/or Apparatus 2 at 50 rpm in at least three dissolution media (e.g., pH 1.2, 4.5 and 6.8 buffer). Agitation speeds may be increased if appropriate. It is acceptable to add a small amount of surfactant if necessary. Include early sampling times of 1, 2, and 4 hours and continue every 2 hours until at least 80% of the drug is released to provide assurance against premature release of drug (dose dumping) from the formulation.

Alcohol dose dumping studies: Due to concerns of dose dumping of drug from this product when taken with alcohol, conduct additional dissolution testing on all strengths using various concentrations of ethanol in the dissolution medium as follows:

Testing conditions: 900 mL, 0.1 N HCl, USP Apparatus 2 (paddle) at 75 rpm, with or without alcohol

Test 1: 12 units tested according to the proposed method (with 0.1 N HCl) with data collected every 15 minutes for a total of 2 hours

Test 2: 12 units analyzed by substituting 5% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Test 3: 12 units analyzed by substituting 20% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Test 4: 12 units analyzed by substituting 40% (v/v) of test medium with Alcohol USP and data collection every 15 minutes for a total of 2 hours

Conduct testing on both test and RLD products accordingly, and provide data on individual unit, means, range and %CV.

Document History: Recommended July 2014; Revised August 2024

Unique Agency Identifier: PSG_202810

^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>.