

## Draft Guidance on Morphine Sulfate

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

**Dosage Form; Route:** Tablet, Extended Release; 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: 100 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 opioid. The opioid antagonist should be administered well in advance of 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.

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2. Type of study: Fed  
Design: Single-dose, two-treatment, two-period crossover in vivo  
Strength: 100 mg  
Subjects: Males and non-pregnant, non-lactating females, general population.  
Additional Comments: See comments in Study 1.

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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: 60 mg  
Subjects: Non-dependent recreational opioid users, general population<sup>1</sup>  
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. Characterize the formulation recovery, drug content, and particle size distribution

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

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.<sup>2</sup> 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 AUCs (e.g.,  $AUC_{0-3 \text{ hours}}$  and  $AUC_{0-4 \text{ hours}}$ ) as supportive data.

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**Analytes to measure (in appropriate biological fluid):** Morphine and its active metabolite, Morphine-6-glucuronide, in plasma

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

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

Submit the metabolite data as supportive evidence of comparable therapeutic outcome. For the metabolite, the following data should be submitted: individual and mean concentrations, individual and mean pharmacokinetic parameters, and geometric means and ratios of means for AUC and  $C_{max}$ .

**Waiver request of in-vivo testing:** 15 mg, 30 mg, and 60 mg based on (i) acceptable bioequivalence studies on the 100 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 morphine sulfate extended-release 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 abbreviated new drug application (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., grating), in addition to “intact and most effectively physically manipulated drug products” as described in the general guidance
- b) Conducting extraction and syringeability 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.

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<sup>2</sup> 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.

- c) Specifying and justifying the number of units used in each run of the syringeability /extractability testing.

**Dissolution test method and sampling times:** 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 the test and reference products. Specifications will be determined upon review of the abbreviated new drug application (ANDA).

In addition to the method above, for modified release products, dissolution profiles on 12 dosage units of test and reference products generated using USP Apparatus I at 100 rpm and/or Apparatus II at 50 rpm in at least three dissolution media (pH 1.2, 4.5 and 6.8 buffer) should be submitted in the application. Agitation speeds may have to 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.

Due to a concern of dose dumping of drug from this drug product when taken with alcohol, the Agency currently requests that additional dissolution testing be conducted using various concentrations of ethanol in the dissolution medium, as follows:

Testing Conditions: 900 mL, 0.1 N HCl, USP apparatus 1 (basket) @100 rpm, with or without alcohol;

Test 1: 12 units tested according to the proposed method (with 0.1N 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.

Both test and RLD products should be tested accordingly and data should be provided on individual unit, means, range and %CV.