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## **Draft Guidance on Metoclopramide Hydrochloride**

## November 2021

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

This guidance, which interprets the Agency's regulations on bioequivalence at 21 CFR part 320, provides product-specific recommendations on, among other things, the design of bioequivalence studies to support abbreviated new drug applications (ANDAs) for the referenced drug product. FDA is publishing this guidance to further facilitate generic drug product availability and to assist the generic pharmaceutical industry with identifying the most appropriate methodology for developing drugs and generating evidence needed to support ANDA approval for generic versions of this product.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. FDA guidance documents, including this guidance, should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word should in FDA guidances means that something is suggested or recommended, but not required.

In September 2010, FDA issued a draft product-specific guidance for industry on generic metoclopramide hydrochloride. We are now issuing revised draft guidance for industry that replaces the previously issued guidance.

Active Ingredient:	Metoclopramide hydrochloride
Dosage Form; Route:	Tablet, orally disintegrating; oral
<b>Recommended Studies:</b>	Two studies

Type of study: Fasting
Design: Single-dose, two-treatment, two-period crossover in vivo
 Strength: EQ 10 mg Base
 Subjects: Males and non-pregnant, non-lactating females, general population
 Additional comments: The orally disintegrating tablet should be placed on the tongue,
 allowed to disintegrate, and swallowed without water. Exclude geriatric subjects due to
 increased sensitivity to adverse effects of metoclopramide. Subjects should be instructed
 not to do the following until they have completely returned to their level of baseline
 cognitive functioning after taking metoclopramide: (i) use alcohol, other central nervous
 system depressants, or monoamine oxidase inhibitors, and (ii) engage in potentially

hazardous activities requiring complete mental alertness, such as driving a motor vehicle or operating machinery.

 Type of study: Fed Design: Single-dose, two-treatment, two-period crossover in vivo Strength: EQ 10 mg Base Subjects: Males and non-pregnant, non-lactating females, general population Additional comments: See comments above

Analyte to measure: Metoclopramide in plasma

## Bioequivalence based on (90% CI): Metoclopramide

**Waiver request of in vivo testing:** EQ 5 mg Base based on (i) acceptable bioequivalence studies on the EQ 10 mg Base strength, (ii) acceptable in vitro dissolution testing of both strengths, and (iii) proportional similarity between both strengths.

**Dissolution test method and sampling times:** The dissolution information for this drug product can be found in the FDA's Dissolution Methods database, <a href="http://www.accessdata.fda.gov/scripts/cder/dissolution/">http://www.accessdata.fda.gov/scripts/cder/dissolution/</a>. Conduct comparative dissolution testing on 12 dosage units for each of both strengths of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

**Revision History:** Recommended September 2010; Revised November 2021

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