

Draft Guidance on Propranolol Hydrochloride

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic.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

Dosage Form; Route: Extended release capsule; oral

Recommended Studies: Two studies

1. Type of study: Fasting
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 120 mg
Subjects: Males and non-pregnant, non-lactating females, general population
Additional comments: None

2. Type of study: Fed
Design: Single-dose, two-treatment, two-period crossover in vivo
Strength: 120 mg
Subjects: Males and non-pregnant, non-lactating females, general population
Additional comments: None

Analytes to measure (in appropriate biological fluid): Total propranolol and its active metabolite, total 4-hydroxypropranolol, in plasma

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 area under the plasma concentration time curve and peak concentration.

Bioequivalence based on (90% CI): Propranolol

Additional strength: Bioequivalence of the 80 mg strength to the corresponding reference product strength may be demonstrated based on principles laid out in the FDA guidance on *Bioequivalence Studies with Pharmacokinetic Endpoints for Drugs Submitted Under an ANDA*.

Dissolution test method and sampling times:

For modified release drug products, FDA recommends that applicants develop specific discriminating dissolution methods. Applicants may also use the dissolution method set forth in

any related official United States Pharmacopeia (USP) drug product monograph, or in the FDA's database (available at <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, FDA recommends that the submission includes the dissolution method development and validation report with the complete information/data supporting the proposed method. Conduct comparative dissolution testing on 12 dosage units each of all strengths of the test and reference products. Specifications will be determined upon review of the abbreviated new drug application.

In addition to the method above, for modified release products, dissolution profiles on 12 dosage units each 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. 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.