

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

22-272Orig1s014

LABELING

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use OxyContin® safely and effectively. See full prescribing information for OxyContin.

OxyContin® (oxycodone hydrochloride controlled-release) Tablets, for oral use, CII

Initial U.S. Approval: 1950

WARNING: ABUSE POTENTIAL, LIFE-THREATENING RESPIRATORY DEPRESSION, and ACCIDENTAL EXPOSURE

See full prescribing information for complete boxed warning.

- OxyContin contains oxycodone, a Schedule II controlled substance. Monitor for signs of misuse, abuse, and addiction during OxyContin therapy (5.1, 9).
- Fatal respiratory depression may occur, with highest risk at initiation and with dose increases. Instruct patients on proper administration of OxyContin tablets to reduce the risk (5.2).
- Accidental ingestion of OxyContin can result in fatal overdose of oxycodone, especially in children (5.3).

RECENT MAJOR CHANGES

Boxed Warning	07/2012
Indications and Usage (1)	07/2012
Dosage and Administration (2)	09/2012
Contraindications (4)	07/2012
Warnings and Precautions (5)	07/2012

INDICATIONS AND USAGE

OxyContin is an opioid agonist product indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. (1)

Limitations of Use

- OxyContin is not for use:
 - As an as-needed (prn) analgesic (1)
 - For pain that is mild or not expected to persist for an extended period of time (1)
 - For acute pain (1)
 - In the immediate postoperative period (1)
 - For postoperative pain, unless the patient is already receiving chronic opioid therapy prior to surgery, or if the postoperative pain is expected to be moderate to severe and persist for an extended period of time (1)
- OxyContin 60 mg and 80 mg tablets are only for patients in whom tolerance to an opioid of comparable potency is established. (1)

DOSAGE AND ADMINISTRATION

- Individualize dosing based on patient's prior analgesic treatment experience, and titrate as needed to provide adequate analgesia and minimize adverse reactions. (2.1, 2.2)
- Do not abruptly discontinue OxyContin in a physically dependent patient. (2.4)
- Tablets must be swallowed intact and are not to be cut, broken, chewed, crushed, or dissolved (risk of potentially fatal dose). (2.5, 5.1)
- OxyContin tablets should be taken one tablet at a time, with enough water to ensure complete swallowing immediately after placing in the mouth. (2.5, 5.9, 17)

DOSAGE FORMS AND STRENGTHS

- Tablets: 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg (3)

FULL PRESCRIBING INFORMATION: CONTENTS*

WARNING: ABUSE POTENTIAL, LIFE-THREATENING RESPIRATORY DEPRESSION, and ACCIDENTAL EXPOSURE

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

- 2.1 Initial Dosing
- 2.2 Titration and Maintenance of Therapy
- 2.3 Patients with Hepatic Impairment
- 2.4 Discontinuation of OxyContin
- 2.5 Administration of OxyContin

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

CONTRAINDICATIONS

- Significant respiratory depression (4)
- Acute or severe bronchial asthma (4)
- Known or suspected paralytic ileus and GI obstruction (4)
- Hypersensitivity to oxycodone (4)

WARNINGS AND PRECAUTIONS

- Elderly, cachectic, and debilitated patients, and patients with chronic pulmonary disease: Monitor closely because of increased risk of respiratory depression. (5.4, 5.5)
- Interaction with CNS depressants: Consider dose reduction of one or both drugs because of additive effects. (5.6, 7.1)
- Hypotensive effects: Monitor during dose initiation and titration (5.7)
- Patients with head injury or increased intracranial pressure: Monitor for sedation and respiratory depression. Avoid use of OxyContin in patients with impaired consciousness or coma susceptible to intracranial effects of CO₂ retention. (5.8)
- Use with caution in patients who have difficulty swallowing or have underlying GI disorders that may predispose them to obstruction. (5.9)
- Concomitant use of CYP3A4 inhibitors may increase opioid effects. (5.14)

ADVERSE REACTIONS

Most common adverse reactions (>5%) are constipation, nausea, somnolence, dizziness, vomiting, pruritus, headache, dry mouth, asthenia, and sweating. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Purdue Pharma L.P. at 1-888-726-7535 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Muscle relaxants: Avoid use with OxyContin because of increased risk of respiratory depression. (7.2)
- The CYP3A4 isoenzyme plays a major role in the metabolism of OxyContin. Drugs that inhibit CYP3A4 activity may cause decreased clearance of oxycodone which could lead to an increase in oxycodone plasma concentrations. (7.3)
- Mixed agonist/antagonist opioid analgesics: Avoid use with OxyContin because they may reduce analgesic effect of OxyContin or precipitate withdrawal symptoms. (7.4)

USE IN SPECIFIC POPULATIONS

- Nursing mothers: Oxycodone has been detected in human milk. Closely monitor infants of nursing women receiving OxyContin. (8.3)
- Geriatrics: The initial dose may need to be reduced to 1/3 to 1/2 of the usual doses. (8.5)
- Hepatic impairment: Initiate therapy at 1/3 to 1/2 the usual doses and titrate carefully. (8.6)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 04/2013

- 5.2 Life-Threatening Respiratory Depression
- 5.3 Accidental Exposure
- 5.4 Elderly, Cachectic, and Debilitated Patients
- 5.5 Use in Patients with Chronic Pulmonary Disease
- 5.6 Interactions with Alcohol, CNS Depressants, and Illicit Drugs
- 5.7 Hypotensive Effects
- 5.8 Use in Patients with Head Injury or Increased Intracranial Pressure
- 5.9 Difficulty in Swallowing and Risk for Obstruction in Patients at Risk for a Small Gastrointestinal Lumen
- 5.10 Use in Patients with Gastrointestinal Conditions
- 5.11 Use in Patients with Convulsive or Seizure Disorders
- 5.12 Avoidance of Withdrawal
- 5.13 Driving and Operating Machinery
- 5.14 Cytochrome P450 3A4 Inhibitors and Inducers

6 ADVERSE REACTIONS

- 6.1 Clinical Trial Experience
- 6.2 Postmarketing Experience

7 DRUG INTERACTIONS

- 7.1 CNS Depressants
- 7.2 Muscle Relaxants
- 7.3 Agents Affecting Cytochrome P450 Isoenzymes
- 7.4 Mixed Agonist/Antagonist Opioid Analgesics
- 7.5 Diuretics
- 7.6 Anticholinergics

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Labor and Delivery
- 8.3 Nursing Mothers
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Hepatic Impairment
- 8.7 Renal Impairment
- 8.8 Gender Differences
- 8.9 Neonatal Opioid Withdrawal Syndrome

9 DRUG ABUSE AND DEPENDENCE

- 9.1 Controlled Substance
- 9.2 Abuse
- 9.3 Dependence

10 OVERDOSAGE

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed

FULL PRESCRIBING INFORMATION

WARNING: ABUSE POTENTIAL, LIFE-THREATENING RESPIRATORY DEPRESSION, and ACCIDENTAL EXPOSURE

Abuse Potential

OxyContin[®] contains oxycodone, an opioid agonist and Schedule II controlled substance with an abuse liability similar to other opioid agonists, legal or illicit [see *Warnings and Precautions (5.1)*]. Assess each patient's risk for opioid abuse or addiction prior to prescribing OxyContin. The risk for opioid abuse is increased in patients with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (e.g., major depressive disorder). Routinely monitor all patients receiving OxyContin for signs of misuse, abuse, and addiction during treatment [see *Drug Abuse and Dependence (9)*].

Life-Threatening Respiratory Depression

Respiratory depression, including fatal cases, may occur with use of OxyContin, even when the drug has been used as recommended and not misused or abused [see *Warnings and Precautions (5.2)*]. Proper dosing and titration are essential and OxyContin should be prescribed only by healthcare professionals who are knowledgeable in the use of potent opioids for the management of chronic pain. Monitor for respiratory depression, especially during initiation of OxyContin or following a dose increase. Instruct patients to swallow OxyContin tablets intact. Crushing, dissolving, or chewing the tablet can cause rapid release and absorption of a potentially fatal dose of oxycodone.

Accidental Exposure

Accidental ingestion of OxyContin, especially in children, can result in a fatal overdose of oxycodone [see *Warnings and Precautions (5.3)*].

1 INDICATIONS AND USAGE

OxyContin is indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

Limitations of Use

OxyContin is not for use:

- As an as-needed (prn) analgesic
- For pain that is mild or not expected to persist for an extended period of time
- For acute pain
- In the immediate postoperative period (the first 24 hours following surgery) for patients not previously taking the drug, because its safety in this setting has not been established.
- For postoperative pain unless the patient is already receiving chronic opioid therapy prior to surgery, or if the postoperative pain is expected to be moderate to severe and persist for an extended period of time.

OxyContin 60 mg and 80 mg tablets, a single dose greater than 40 mg, or a total daily dose greater than 80 mg are only for patients in whom tolerance to an opioid of comparable potency is established. Patients considered opioid tolerant are those who are taking at least 60 mg oral morphine/day, 25 mcg transdermal fentanyl/hour, 30 mg oral oxycodone/day, 8 mg oral hydromorphone/day, 25 mg oral oxymorphone/day, or an equianalgesic dose of another opioid for one week or longer.

2 DOSAGE AND ADMINISTRATION

2.1 Initial Dosing

Initiate the dosing regimen for each patient individually, taking into account the patient's prior analgesic treatment experience. Monitor patients closely for respiratory depression, especially within the first 24-72 hours of initiating therapy with OxyContin [see *Warnings and Precautions (5.2)*].

Consider the following factors when selecting an initial dose of OxyContin:

- Total daily dose, potency, and any prior opioid the patient has been taking previously;
- Reliability of the relative potency estimate used to calculate the equivalent dose of oxycodone needed (Note: potency estimates may vary with the route of administration);
- Patient's degree of opioid experience and opioid tolerance;
- General condition and medical status of the patient;
- Concurrent medication;
- Type and severity of the patient's pain.

Use of OxyContin as the First Opioid Analgesic

Initiate therapy with 10 mg every 12 hours.

Conversion from other Oral Oxycodone Formulations to OxyContin

Patients receiving other oral oxycodone formulations may be converted to OxyContin by administering one-half of the patient's total daily oral oxycodone dose as OxyContin every 12 hours.

Conversion from other Opioids to OxyContin

While there are useful tables of oral and parenteral equivalents, there is substantial inter-patient variation in the relative potency of different opioid drugs and formulations. Specific recommendations are not available because of a lack of systematic evidence for these types of analgesic substitutions. As such, it is safer to underestimate a patient's 24-hour oral oxycodone requirement and provide rescue medication (e.g., immediate-release oxycodone) than to overestimate and precipitate an adverse reaction. In general, begin with half of the estimated daily oxycodone requirement as the initial daily OxyContin estimate, then divide into two doses

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