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APPLICATION NUMBER:

22-272Orig1s014

SUMMARY REVIEW

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, MD 20857

To: **Douglas C. Throckmorton, MD**
Deputy Director for Regulatory Programs
Center for Drug Evaluation and Research (CDER)
Food and Drug Administration (FDA)

From: **Janet Woodcock, MD**
Director
CDER, FDA

Subject: **Abuse-Deterrent Properties of Reformulated OxyContin (oxycodone hydrochloride) Extended-Release Tablets**

Date: **April 16, 2013**

I have reviewed your memorandum (including the appended data summary tables) regarding (1) the CDER review of the labeling supplement for reformulated OxyContin (oxycodone hydrochloride) extended-release tablets (OCR) (NDA 22-272), including your recommendation about whether the labeling should be revised to include language describing abuse-deterrent properties of the new formulation, and (2) whether Purdue's original formulation of OxyContin (oxycodone hydrochloride) extended-release tablets (OC) (NDA 20-533) should be determined to be withdrawn for reasons of safety or effectiveness.

I concur with your analyses and recommendations and I conclude that:

1. The labeling for OCR should be revised to include appropriate language describing the abuse-deterrent properties of the new formulation (along with relevant caveats); and

2. OC was withdrawn for reasons of safety or effectiveness.

Thank you for your leadership in this complex, multidisciplinary effort.

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

LISA E BASHAM
04/16/2013
Entered into DARRTS on behalf of Dr. Janet Woodcock

FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH
DIVISION OF ANESTHESIA, ANALGESIA, AND ADDICTION PRODUCTS
HFD-170, 10903 New Hampshire Avenue, Silver Spring, MD, 20993

Division Director Review, Addendum

Drug Name: OxyContin Tablets, Reformulated (ORF)
Sponsor: Purdue Pharma
Date of Review: April 15, 2013
Division Director: Bob A. Rappaport, M.D.

In my capacity as Division Director of the Division of Anesthesia, Analgesia, and Addiction Products (DAAAP), I am writing this addendum to clarify the summary conclusions in my review dated February 6, 2013, regarding Purdue's reformulated OxyContin (ORF) and potential abuse-deterrent properties.

As noted in my original review, the appended DAAAP medical officer review was completed by Dr. Pamela Horn with oversight from Dr. Sharon Hertz, in November of 2012, prior to Dr. Horn's going on extended leave of absence. That review evaluated in vitro, pharmacokinetic and "drug liking" pharmacodynamic, clinical, and postmarketing data. The review was not filed at that time as Drs. Horn and Hertz were waiting for the epidemiology study reviews to be completed by another office within CDER, the Division of Epidemiology in the Office of Surveillance and Epidemiology (OSE). Those reviews by Drs. Trinidad and Dal Pan have since been completed. My views of the postmarketing data were summarized in my February 6th review and Dr. Horn's appended review summarized the in vitro and pharmacokinetic/pharmacodynamic data. Based on these reviews, and the reviews provided by the Controlled Substances Staff and the Office of Surveillance and Epidemiology, we concluded that there were adequate data to support inclusion of the in vitro data and the "drug liking" data (b) (4) in the product labeling.

In regard to the postmarketing data, as I noted in my original review, there were no major inconsistencies between DAAAP and OSE in our interpretation of the findings related to the traditional ("formal") epidemiology studies. There were five investigations that were reasonably well designed and that contained sufficient data for review. These studies included NAVIPPRO, the Client Treatment Study, the National Survey of Drug Use and Health (NSDUH), the RADARS System Poison Control Center Program, and the National Poison Data System (NPDS) investigation. While some studies suggested a decline in ORF abuse via non-oral routes, other studies did not support such a finding.

We in DAAAP also found that the non-traditional studies provided some support for the sponsor's conclusion that the ORF product's changes to the original formulation's

physiochemical properties are likely to reduce abuse to some degree. These abuse-deterrent features reduce the ability to snort crushed product and reduce drug-liking with administration by snorting. These features also render the product almost impossible to dissolve, syringe, and inject.

While we found that the non-traditional epidemiology studies generally appear to suggest or support a trend of reduced abuse by these routes (i.e., intravenous and intranasal) in the community, we also recognized the limitations of both the non-traditional and the traditional epidemiology studies, (b) (4) The results of the data collectively did, however, support inclusion of the physiochemical property studies and the drug-liking abuse liability studies data in the labeling.

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