

Growing pains,

For moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time

FLEXIBILITY WITH OXYCONTIN® TABLETS



Q12h
OXYCONTIN®
(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

- Seven tablet strengths offer greater flexibility to titrate to the appropriate dose.
- Helps reduce the number of tablets and prescriptions required with chronic pain.
- Flexibility when converting from other opioids to OxyContin® Tablets.

WARNING:
OxyContin® is an opioid agonist and a Schedule II controlled substance similar to morphine.
Oxycodone can be abused in a manner similar to other opioid agonists, and is considered when prescribing or dispensing OxyContin® in situations where there is concern about an increased risk of misuse, abuse, or diversion.
OxyContin® Tablets are a controlled-release oral formulation of oxycodone indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.
OxyContin® Tablets are NOT intended for use as a prn analgesic.
OxyContin® 60 mg, 80 mg, and 160 mg Tablets, or a single dose greater than 40 mg, may cause fatal respiratory depression when administered to opioid-tolerant patients only. A single dose greater than 40 mg, may cause fatal respiratory depression when administered to patients not tolerant to the respiratory depressant effects of opioids.
OxyContin® TABLETS ARE TO BE SWALLOWED WHOLE AND ARE NOT TO BE CRUSHED, TAKEN BROKEN, CHEWED, OR CRUSHED OxyContin® TABLETS. RELEASE AND ABSORPTION OF A POTENTIALLY FATAL DOSE OF OXYCODONE.

Please read brief summary of professional prescribing information on adjacent page.

Purdue is firmly committed to maintaining the highest standard of marketing practices in the industry. If Purdue's marketing and sales practices fail to meet this standard, we will be held accountable.

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An important product for cancer patients and others with chronic pain, OxyContin has also been a target of misuse. Advertising emphasizes its black-box warning and targets healthcare professionals. Ads (above and right) tout the drug's flexibility in dosage strength

Here's a story you don't hear every day: A blockbuster brand sees its patent challenged by generics makers, who win in court and proceed to flood the market with copycat versions, drastically reducing the brand's revenues. That's a common enough story, and one destined to repeat itself.

But here's where the traditional patent expiry narrative makes a U-turn. After the generics make a splash, the innovator files suit against the infringers, regains patent protection through a series of court rulings,

and the generic versions are, one by one, withdrawn.

The patent holder in this case was Purdue Pharma, and the generics firms included heavyweights Teva, Endo and Mallinckrodt, all of whom seized an opportunity to profit off a very popular, albeit much abused and misused, prescription pain med. After successfully defending its intellectual property, Purdue agreed to temporary licenses, letting some copies remain through 2009 and collecting royalties on sales. A court reaffirmed Purdue's OxyContin patent, though not before the company had already slashed some 1,800 jobs. After all, OxyContin represented the better part of company revenues.

But that's only half the story. With patent protection restored, and generics exiting the market, things were looking up. Then, in May 2007, in the midst of resolving the infringement suits, Purdue saw another setback when it was charged with misleading the public about the safety of OxyContin prior to 2001. It paid \$634 million in fines, one of the largest government-imposed penalties on a pharmaceutical manufacturer at the time.

Besides pleading guilty to a misdemeanor count of introducing misbranded OxyContin into interstate commerce and being suspended from participating in federal health programs for 15 years, CEO Michael Friedman and two other senior executives were pushed out. Friedman was replaced by the president of Purdue Pharma, Canada, John Stewart, and the Stamford, CT, company signed a corporate integrity agreement.

Since then, Stewart & Co. have turned the ship around, taking steps to ensure appropriate promotion and prescribing of their flagship product,

For moderate to severe pain when a continuous, around-the-clock (ATC) opioid analgesic is needed for an extended period of time

OXYCONTIN®

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

OPTIONS



Tablets shown not actual size.

WARNING: IMPORTANCE OF PROPER PATIENT SELECTION AND POTENTIAL FOR ABUSE
OxyContin contains oxycodone which is an opioid agonist and a Schedule II controlled substance with an abuse liability similar to morphine. (9)
OxyContin can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing OxyContin in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion. (9.2)
OxyContin is a controlled-release oral formulation of oxycodone hydrochloride 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)
OxyContin is not intended for use on an as-needed basis. (1)
Patients considered opioid tolerant are those who are taking at least 60 mg oral morphine/day, 25 mcg transmucosal fentanyl/hour, 30 mg oral oxycodone/day, 8 mg oral hydromorphone/day, 25 mg oral oxycodone/day, or an equianalgesic dose of another opioid for one week or longer.
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 use in opioid-tolerant patients, as they may cause fatal respiratory depression when administered to patients who are not tolerant to the respiratory-depressant or sedating effects of opioids. (2.1)
Persons at increased risk for opioid abuse include those with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (e.g., major depression). Patients should be assessed for their clinical risks for opioid abuse or addiction prior to being prescribed opioids. All patients receiving opioids should be routinely monitored for signs of misuse, abuse and addiction. (2.2)
OxyContin must be swallowed whole and must not be cut, broken, chewed, crushed, or dissolved. Taking cut, broken, chewed, crushed or dissolved OxyContin tablets leads to rapid release and absorption of a potentially fatal dose of oxycodone. (2.1)
The concomitant use of OxyContin with all cytochrome P450 3A4 inhibitors such as macrolide antibiotics (e.g., erythromycin), azole-antifungal agents (e.g., ketoconazole), and protease inhibitors (e.g., ritonavir) may result in an increase in oxycodone plasma concentrations, which could increase or prolong adverse effects and may cause potentially fatal respiratory depression. Patients receiving OxyContin and a CYP3A4 inhibitor should be carefully monitored for an extended period of time and dosage adjustments should be made if warranted. (7.2).

Please read Brief Summary of Full Prescribing Information on the following pages and Contraindications on adjacent page.

growing sales

as well as to reduce abuse and diversion. The pioneer of pain is once again in the innovator's seat, and worthy of being named MM&M's Small Pharma Marketing Team of the Year.

Promotion has been conservative, owing to the product's profile. OxyContin, an extended-release version of the oxycodone schedule 2 narcotic, is indicated for moderate-to-severe pain when a continuous, around-the-clock analgesic is needed. An important product for patients with cancer and others with chronic pain, the drug has been a target of misuse. This propensity puts the brand team in a difficult position in terms of advertising. HCP-oriented communications are heavy on risk information, emphasizing OxyContin's black-box warning that the drug's abuse liability is similar to that of morphine. Nevertheless, as of the 12 months ending October 31, Purdue had grown the 13-year-old drug by 13%, according to IMS Health figures, a remarkable feat considering the aforementioned challenges. A privately held firm, Purdue declined to comment on its OxyContin marketing strategy for this article.

Advertising in professional publications has been consistent, with \$2.3 million spent during the 12-month period ending in August, according to SDI, up slightly from \$2.2 million during the year-ago period. OxyContin ads in *Monthly Prescribing Reference (MPR)* emphasize the drug's flexibility in terms of dosage strength.

There are currently seven available strengths in the US, ranging from 10 mg to 80 mg. OxyContin is not advertised on television.

With OxyContin revenues returning, Purdue has jumpstarted research into other products and has once again become a leader in helping patients

TOP 5 CODEINE DRUGS BY US SALES

12 months to
October 31
% growth over
previous 12
months

OxyContin
\$3.16B (13%)

HYCD/APAP
\$583M (9%)

**Oxycodone
HCl ER**
\$434M (27%)

**Oxycodone,
APAP**
\$281M (2%)

Oxycodone HCl
\$297M (40%)

Source: IMS Health, IMS
National Sales Perspectives

The reformulated version of OxyContin, approved by the FDA in April (label above), was intended to reduce misuse and abuse of the chronic pain product

deal with chronic pain. In June, the FDA granted approval for Butrans (buprenorphine), a seven-day patch for pain, and another potential blockbuster. And in April, Purdue received FDA approval for a new version of OxyContin, in an effort “to make the tablet more difficult to manipulate for the purpose of intentional misuse and abuse,” according to a statement. Until new clinical trials are conducted, however, Purdue may not claim that the reformulation is less abusable than its predecessor.

Opioid abuse is a societal problem, particularly among teens. According to the CDC, nonmedical use of prescription opioid painkillers was associated with about 306,000 emergency department visits in 2008—on par with ED visits for cocaine and heroine.

In a category like this, access and safety are the main goals. To that end, in July FDA and Purdue completed a Risk Management and Mitigation Strategy (REMS) program for OxyContin. (Sponsors of long-acting and extended-release opioids were notified last year that their products would require one.) The company launched a dedicated website for the program,

OxyContinrems.com, to help physicians and patients better understand the safety risks involved with the drug. The HCP portion of the site enables physicians to follow a link to an interactive training program and confirm that they have read the educational materials and understand the major risks associated with the drug, as well as how to appropriately select and educate patients.

Purdue has also maintained unbranded websites for consumers and HCPs, such as IntheFaceofPain.com (launched in March 2010) and PartnersAgainstPain.com, both of which feature educational materials and tools for pain sufferers. IntheFaceofPain.com also includes an “advocacy toolkit,” which encourages patients to share their experiences with pain on social network sites like Facebook and Twitter.

Runners up for MM&M's Small Pharma Marketing Team include Gilead HIV pills Truvada and Atripla, both of which have posted roughly 20% sales growth this year off large bases. Truvada also boasts potential upside from a recent trial showing a preventive effect. —Ben Comer