PSJ2 Exh 34

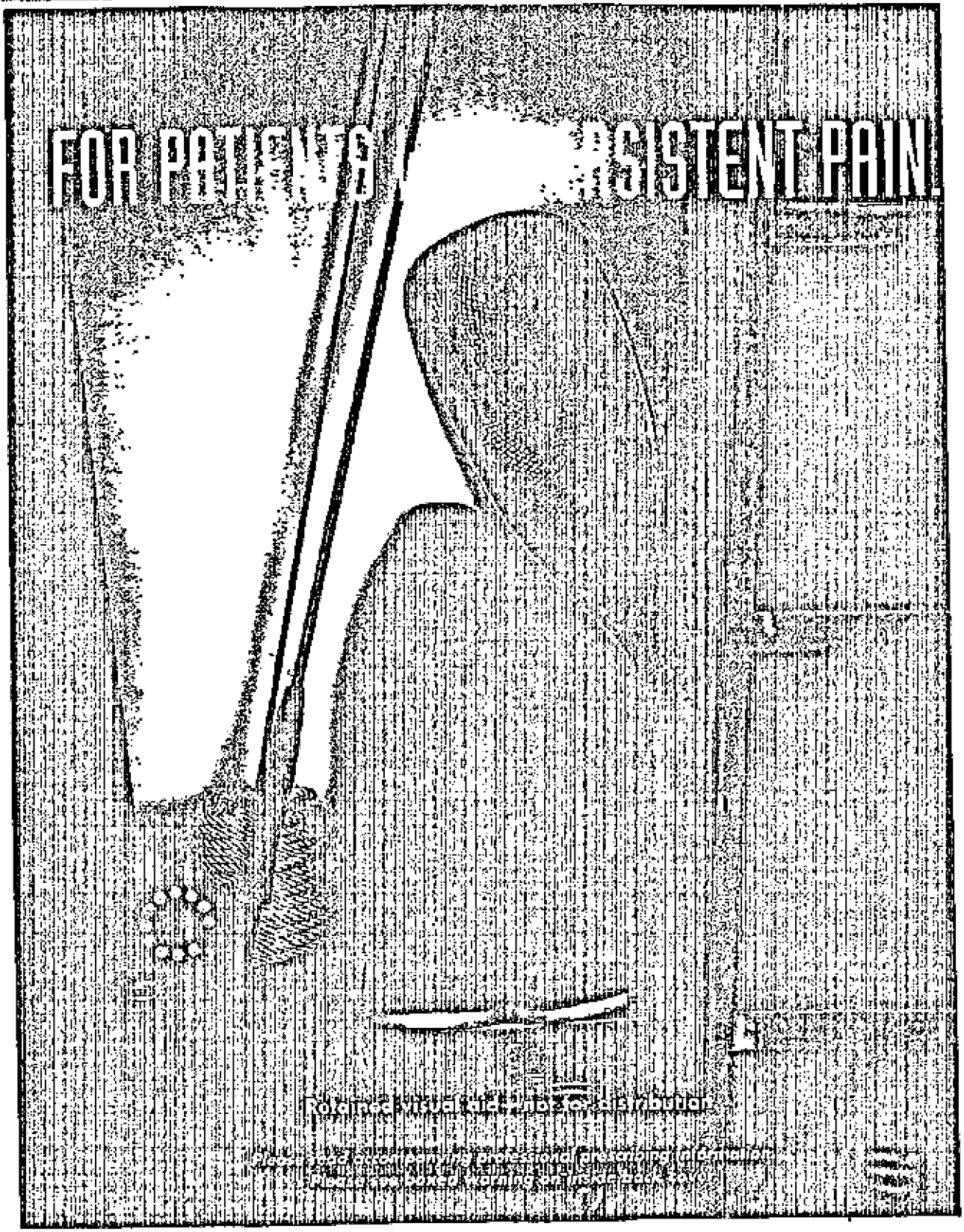
TRANSMITTAL OF ADVERTISEMENTS
AND PROMOTIONAL LABELING FOR
DRUGS FOR HUMAN USE
Product: OxyContin® (oxycodone hydrochloride) Tablets
NDA #: 20-553

PROFESSIONAL SALES AID ("PSA")

OxyContin® "There Can be Life with Relief" Visual Aid

Artwork No. A7072

Implementation Date: 11/1/02



THERE CAN BE LIFE WITH RELIEF

OxyContin® IT WORKS

OXYCONTIN®

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

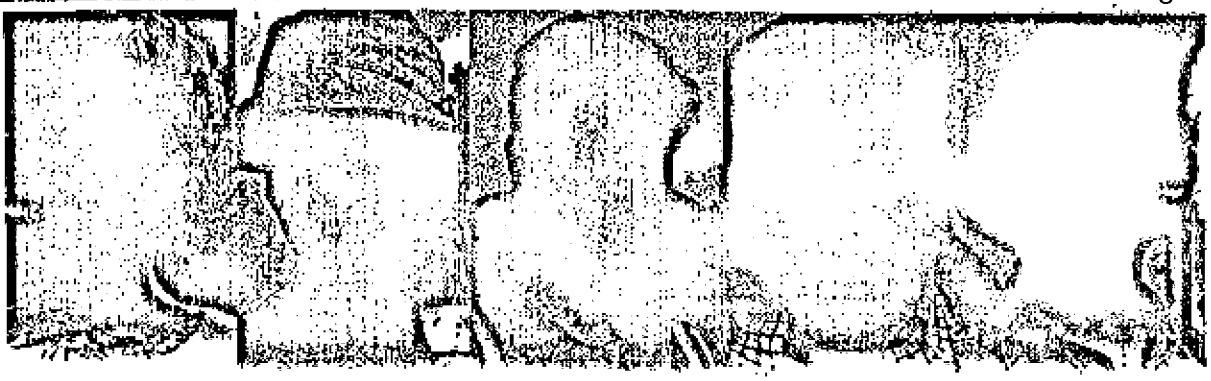
For moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time

LIFE WITH VERSATILITY

Appropriate for use in moderate to severe pain when associated with conditions such as:

- Low back pain
- Osteoarthritis pain
- Postherpetic neuralgia pain
- Postoperative pain
- Diabetic neuropathy pain
- Cancer pain

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.



Patients vs SAO

Efficacy

Onset

Conversion

Titration

Appropriate use

Reminder

What kind of patient is a candidate for OxyContin®?

- Persistent pain that is moderate to severe, requiring around-the-clock (ATC) therapy for an extended period of time

- Patients who are failing NSAIDs or COX-2 inhibitors and require ATC therapy
- Patients being considered for q4-6h opioids

Q12h

OxyContin® (II)

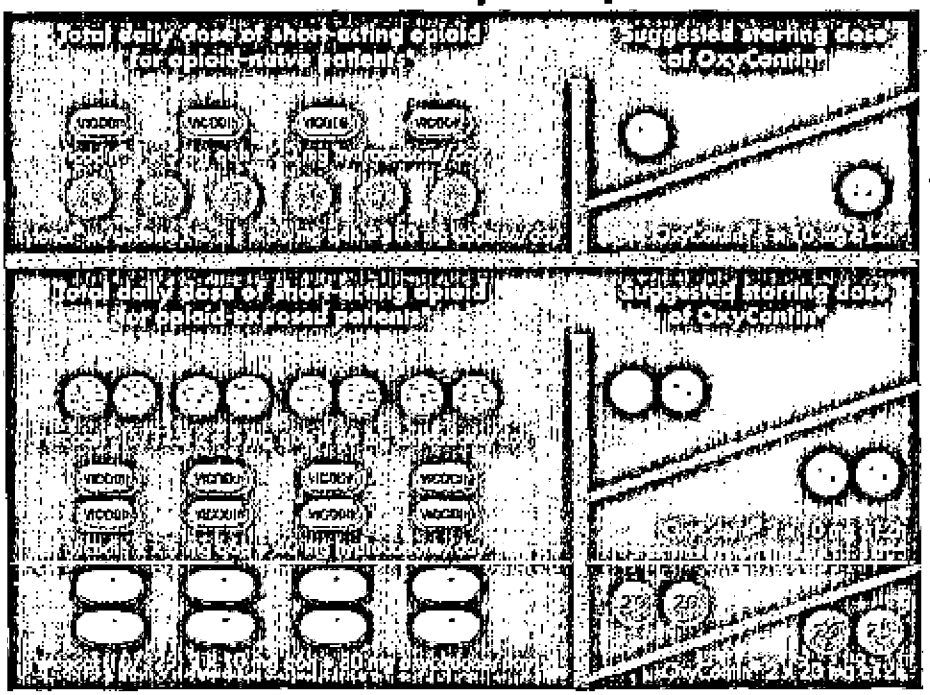
(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

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

LIFE WITH 2 DOSES, INSTEAD OF 4 OR 6

When it's time to consider q4-6h opioids



*When initiating OxyContin® therapy.
†The above representation exceeds the manufacturer's maximum recommended daily dose for Percocet 10/325.

Remember, effective relief takes just two

- Q12h OxyContin® is dosed less frequently than q4-6h opioid medications
- Asymmetrical dosing—the patient can use different dosing strengths for the first or second 12-hour period, depending on the pattern of pain

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.

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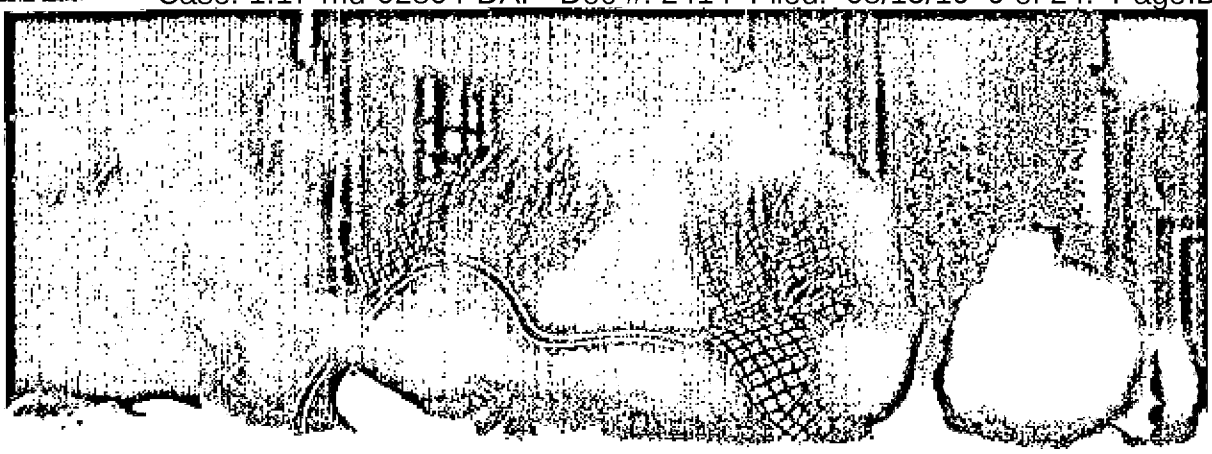


vs SAO

Efficacy

Onset

Conversion

Titration

Appropriate use

Reminders

Consider the daily limitations

- Many short-acting opioids contain a nonopioid analgesic that limits the maximum daily dose

Examples:

Brand	Nonopioid component (mg)	Maximum recommended daily dosage of nonopioid	Maximum recommended dosage*
Vicodin ES	Acetaminophen (750)	4 g†	5 tabs/day
Vicodin	Acetaminophen (500)	4 g†	8 tabs/day
Lortab® 5/500	Acetaminophen (500)	4 g†	8 tabs/day
Percocet 5/325	Acetaminophen (325)	4 g†	12 tabs/day
Percocet 10/650	Acetaminophen (650)	4 g†	6 tabs/day
Percodan®	Aspirin (325)	4 g‡	12 tabs/day

Vicodin and Vicodin ES are registered trademarks of Abbott Laboratories. Tylenol is a registered trademark of Ortho-McNeil Pharmaceutical. Percocet and Percodan are registered trademarks of Endo Pharmaceuticals Inc. Lortab is a registered trademark of UCB Pharma.

- OxyContin® is a single-entity agent that does not contain acetaminophen, aspirin or ibuprofen
- Ceiling to analgesic effectiveness is limited only by side effects

Q12h

OXYCONTIN® (OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

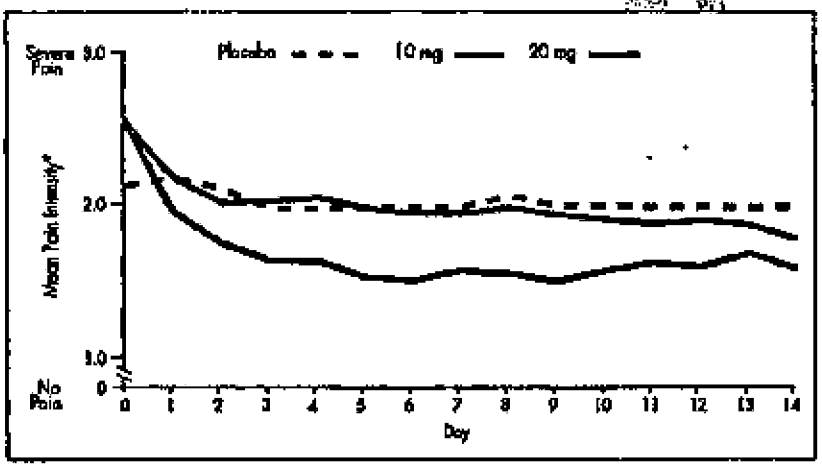
Reminders

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

LIFE WITH EFFECTIVE RELIEF

Smooth and reliable pain control

Pain reduction in a placebo-controlled, fixed-dose trial of patients with moderate to severe osteoarthritis pain (n=133)[4]*



*Based on a 4-point categorical scale (0=no pain; 3=severe pain).

- Prior to study, patients' pain was inadequately controlled with either prn opioids or NSAIDs
- OxyContin® 20 mg q12h provided significantly better pain control than placebo ($p<0.05$)[4]
- 10 mg q12h was similar to placebo in reducing pain intensity[4]
- Adverse events were more common with OxyContin® than with placebo[4]

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.

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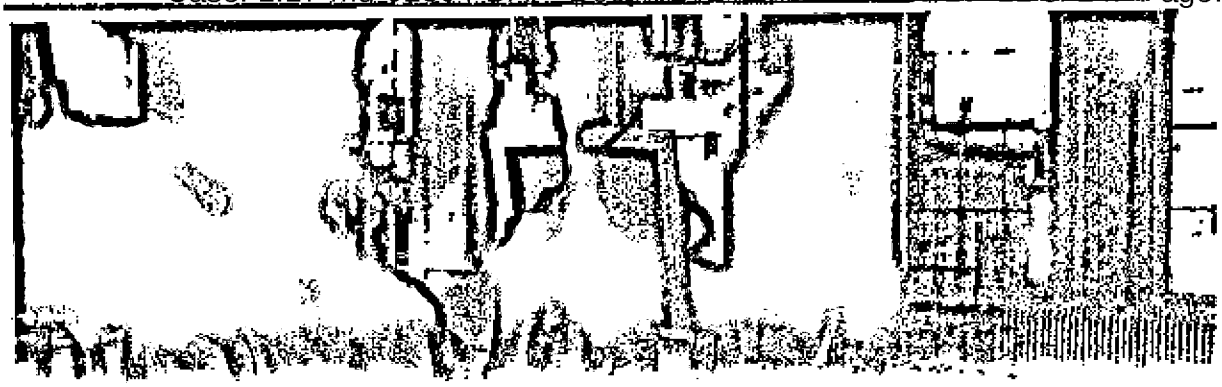
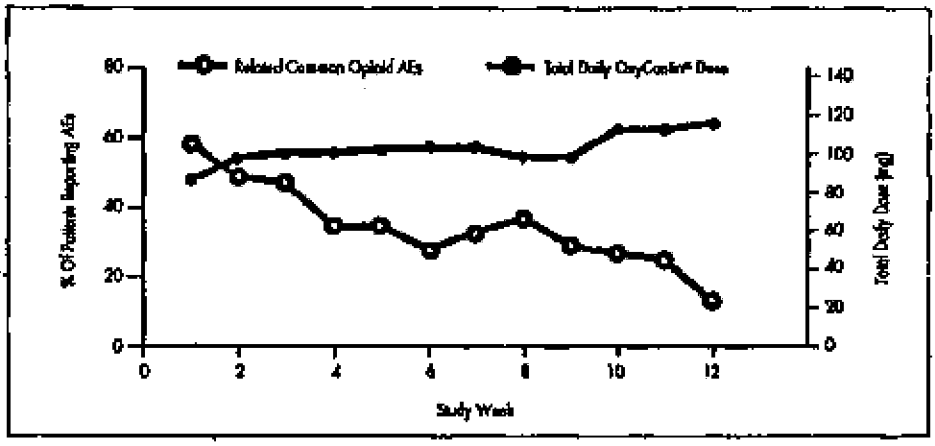


Well-tolerated opioid therapy

Therapy-related adverse events (AEs) and total daily OxyContin® dose (n=44)[5]



- Percentage of patients reporting common adverse effects decreased over the course of the study[5]
- Common opioid side effects (such as nausea, vomiting, somnolence, dizziness), except constipation, decreased over time in most patients[5]

Q12h

8 AM 8 PM

OXYCONTIN® (II)

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

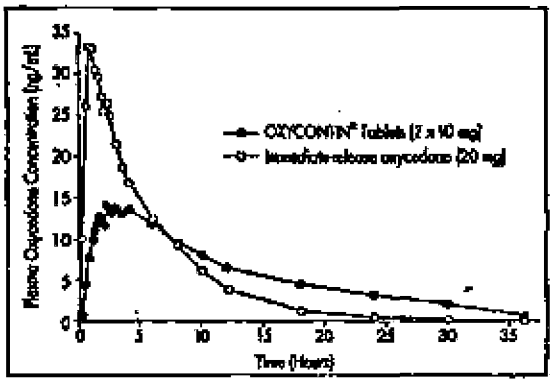
Efficacy Onset Conversion Titration Appropriate use Reminders

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

LIFE WITH STABLE RELIEF

Avoid serum concentration peaks and valleys...

Mean plasma concentrations of oxycodone in normal volunteers after single doses of OxyContin® Tablets and immediate-release (IR) oxycodone*

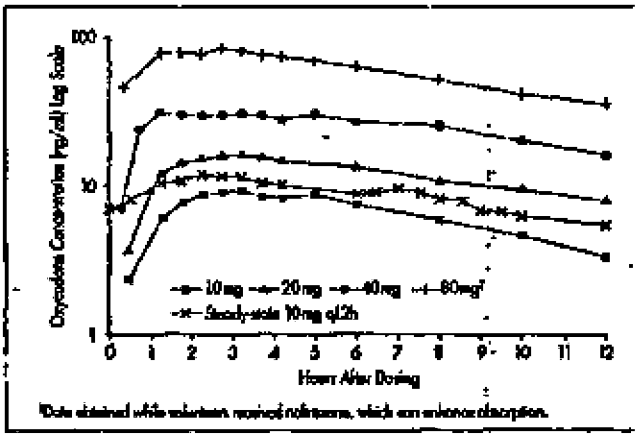


- Onset of analgesia within 1 hour in most patients[1*]

*From a single-dose study.

...by providing consistent plasma levels over 12 hours

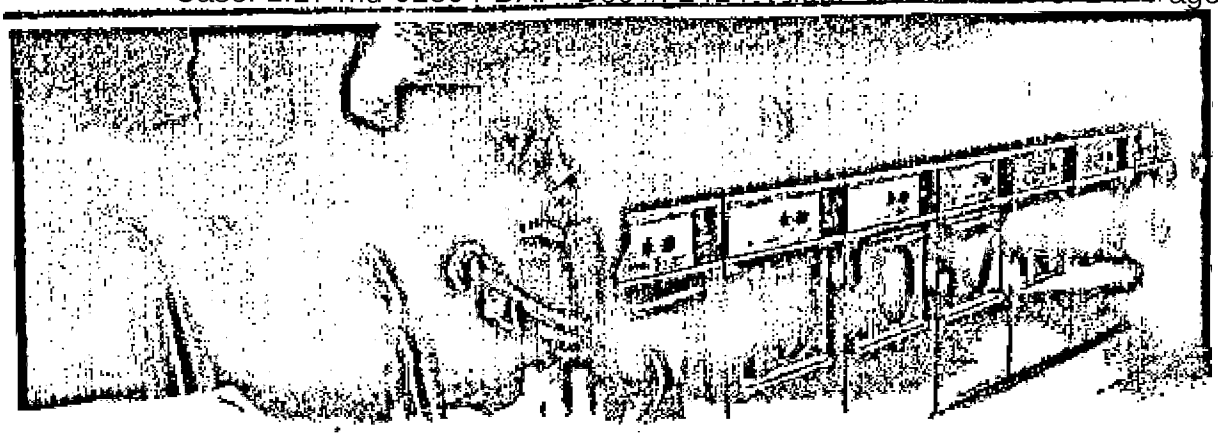
Plasma concentrations (ng/mL) over time of various dosage strengths



*Data obtained while volunteers received naltrexone, which can enhance absorption.

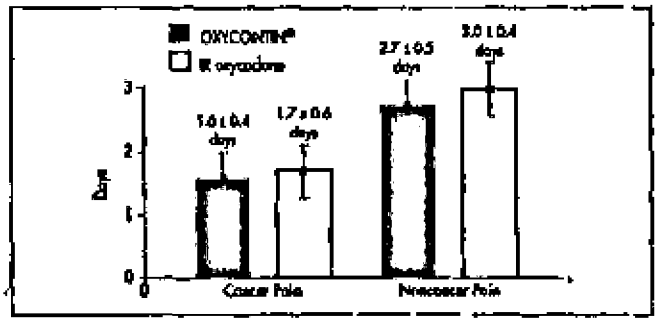
- Steady state achieved within 24 to 36 hours of initial dose

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.



Stability you need...

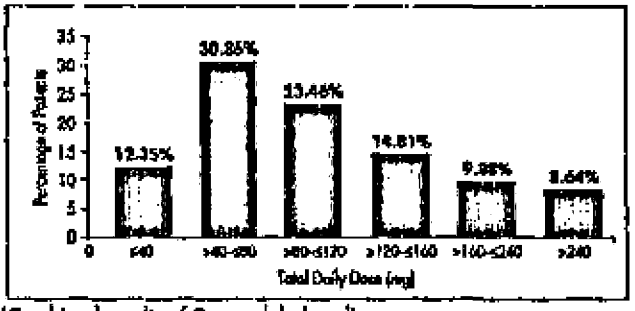
Time to stable pain control, OxyContin® vs IR oxycodone (n=48)[9]



- Stable pain control achieved in less than 2 to 3 days with OxyContin®[9]

...at a variety of dosage levels

Percentage distribution of cancer patients after 12 weeks of treatment with OxyContin®, by total daily dose (n=86)[11]



[1]Combined results of 2 open-label studies.

Q12h

OXYCONTIN® CII

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

Onset Conversion Titration Appropriate use Reminders

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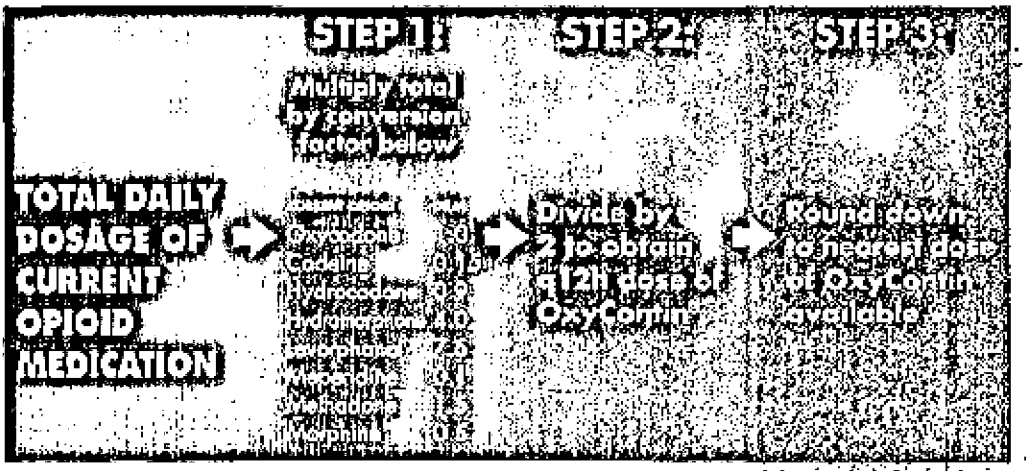
For moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time

LIFE WITH Q12H RELIEF

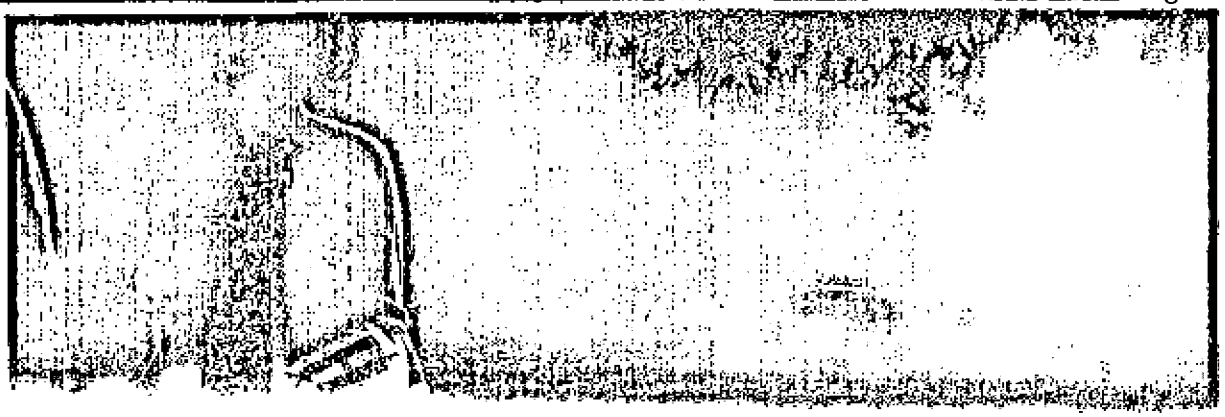
Convenient conversion from other opioids*

Multiplication factors for converting daily dose of prior oral pain medications to oral oxycodone



- Discontinue all other around-the-clock opioids before initiating treatment with OxyContin®
- When converting patients from nonopioid analgesics, OxyContin® 10 mg q12h is a reasonable starting dose
- Conversions listed as a general guide for clinicians. Treatment should be individualized for each patient at physician discretion
- A nonopioid analgesic may be continued as a separate drug, if needed
- For conversions from parenteral opioids or transdermal fentanyl, please see full prescribing information

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.



Convenient conversion from short-acting opioids

Sample conversion equivalents*

Medication	Suggested starting dosage of OxyContin®
Percocet (5/325)	
1 tab q6h	10 mg q12h
1 tab q4h	10 mg q12h
2 tabs q6h	20 mg q12h
2 tabs q4h†	30 mg q12h
Vicodin (5/500)	
1 tab q6h	10 mg q12h
1 tab q4h	10 mg q12h
2 tabs q6h†	20 mg q12h
Vicodin ES (7.5/750)	
1 tab q6h†	10 mg q12h

*When initiating OxyContin® for patients previously taking opioids, the conservative conversion ratios from IM to PO (*N Engl J Med.* 1985;313:84-95) are a reasonable starting point, although not verified in well-controlled clinical trials.

All preparations patients should be converted to 10 mg OxyContin® tablets q12h.

†NOTE: Higher or more frequent doses exceed maximum recommended daily dosage.

Q12h

OXYCONTIN® (OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

Small, color-coded tablets (actual size)

OxyContin® 80 mg Tablet ONLY FOR USE IN OPIOID-TOLERANT PATIENTS requiring daily oxycodone equivalent dosages of 160 mg or more. This tablet strength may cause fatal respiratory depression when administered to patients not previously exposed to opioids.

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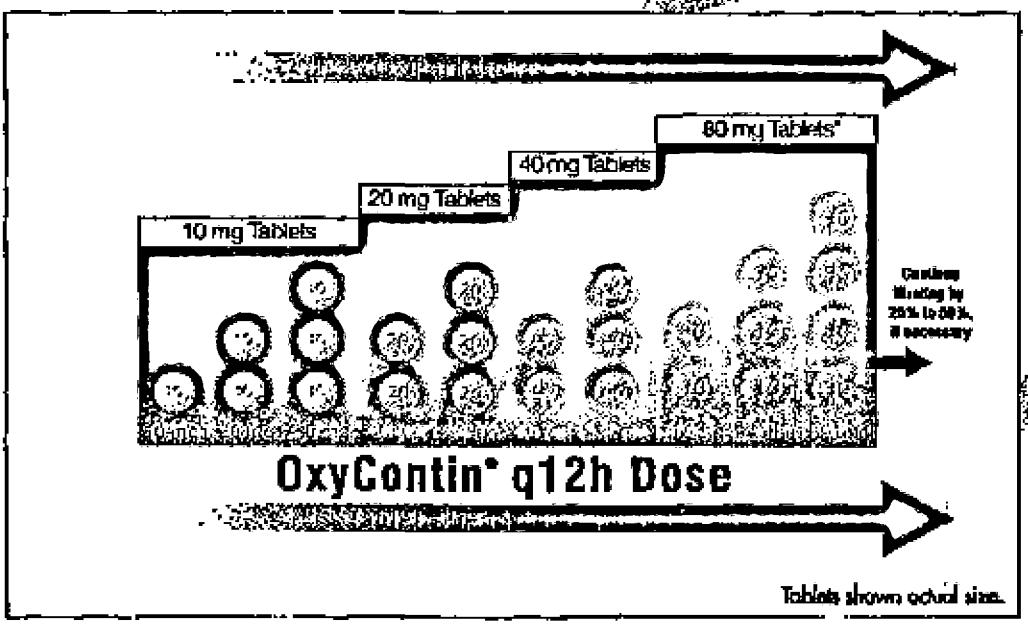
Conversion Titration

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

LIFE WITH THE RELIEF PATIENTS NEED

A Guide to Titration of OxyContin®



*OxyContin® 80 mg Tablet ONLY FOR USE IN OPIOID-TOLERANT PATIENTS requiring daily oxycodone equivalent dosages of 160 mg or more. This tablet strength may cause fatal respiratory depression when administered to patients not previously exposed to opioids.

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.

Adequate relief in just a short T-I-M-E

T Titrate patient every 1 to 2 days if necessary

I Increase the dose of OxyContin® Tablets by 25% to 50% if necessary for relief of the patient's pain, then titrating upward from 10 mg q12h. Do not increase the dosing frequency.

M Provide extra portions of pain relief with immediate-release medication

E Evaluate the dose. If more than 2 doses of immediate-release opioid medication per day are required

- The goal of titration is to effectively control pain with 2 or fewer rescue doses per day
- OxyContin® should be individually titrated to a dose that provides adequate analgesia and minimal side effects
- Available in a variety of strengths, allowing you to titrate to an optimal dose

If the patient no longer requires OxyContin® therapy

- Taper doses gradually to prevent signs and symptoms of withdrawal in a physically dependent patient

Q12h

OXYCONTIN® (II)

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

15

Titration

Appropriate use

Remainder

APPROPRIATE RELIEF—
FOR THE APPROPRIATE PATIENTS

OxyContin® is indicated for...

- Moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time
- Postoperative use **only** if
  - The patient is already receiving the drug prior to surgery, **or**
  - Pain is expected to be moderate to severe and persist for an extended period of time

However, it is NOT indicated for...

- Use as a prn analgesic
- The immediate postoperative period (12 to 24 hours following surgery), or if:
  - Pain is mild or
  - Pain is not expected to persist for an extended period of time
- Patients with known hypersensitivity to oxycodone
- When opioids are contraindicated, including patients with
  - Significant respiratory depression
  - Acute or severe bronchial asthma or hypercarbia
- Any patient who has or is suspected of having paralytic ileus
- Preemptive analgesia (administration preoperatively for the management of postoperative pain)

For more information, see **INDICATIONS AND USAGE, CONTRAINDICATIONS, WARNINGS** and **PRECAUTIONS** sections in the package insert.

Always individualize treatment in every case, by...

- Initiating therapy at the appropriate point along a progression from nonopioid analgesics to opioids in a plan of pain management such as outlined by the World Health Organization (WHO), Agency for Healthcare Research and Quality (AHRQ), Federation of State Medical Boards Model Guidelines, or American Pain Society (APS)
- Moving from parenteral to oral analgesics as appropriate (see APS guidelines)
- Using a progressive plan of pain management, such as outlined by the WHO, APS and the Federation of State Medical Boards Model Guidelines
- Following appropriate pain management principles of careful assessment and ongoing monitoring

Please read accompanying professional prescribing information.
Please see boxed warning on inside back cover.

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Empower yourself against diversion

Misuse, abuse and diversion of opioids

- OxyContin®, like other opioids, can be abused and is subject to criminal diversion. Specifically, it has been reported as being abused by crushing, chewing, snorting, or injecting the dissolved product
- These practices will result in the uncontrolled delivery of the opioid and pose a significant risk to the abuser that could result in overdose and death
- This risk is increased with concurrent abuse of alcohol and other substances. With parenteral abuse, the tablet excipients, especially talc, can be expected to result in local tissue necrosis, infection, pulmonary granulomas, and increased risk of endocarditis and valvular heart injury
- Parenteral drug abuse is commonly associated with transmission of infectious diseases such as hepatitis and HIV

Protect yourself by keeping careful prescribing and treatment records, *including:*

- Quantity
- Frequency
- Renewal requests
- Proper assessments of patients' pain
- Proper prescribing practices
- Periodic reevaluation of therapy

Educate patients on proper storage and disposal

- Instruct them to keep OxyContin® in a secure place, especially out of the reach of children
- When OxyContin® is no longer needed, dispose of unused tablets by flushing them down the toilet

Q12h

OXYCONTIN® (II)

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

IT WORKS

Appropriate use Reminders

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

IMPORTANT REMINDERS

Do not alter the tablet in any way

- OxyContin® (OXYCODONE HCl CONTROLLED-RELEASE) TABLETS CII ARE TO BE SWALLOWED WHOLE AND ARE NOT TO BE BROKEN, CHEWED, OR CRUSHED
- TAKING BROKEN, CHEWED, OR CRUSHED OxyContin® TABLETS LEADS TO RAPID RELEASE AND ABSORPTION OF A POTENTIALLY FATAL DOSE OF OXYCODONE

Use higher strength ONLY when appropriate

- OxyContin® 80 mg Tablets ARE FOR USE IN OPIOID-TOLERANT PATIENTS ONLY. This tablet strength may cause fatal respiratory depression when administered in patients not previously exposed to opioids
- OxyContin® 80 mg Tablet ONLY FOR USE IN OPIOID-TOLERANT PATIENTS requiring daily oxycodone equivalent dosages of 160 mg or more
- Care should be taken in the prescribing of this tablet strength. Patients should be instructed against use by individuals other than the patient for whom it was prescribed, as such inappropriate use may have severe medical consequences, including death
- For more information, see **WARNINGS** section in the package insert

Purdue is firmly committed to maintaining the highest standards of marketing practices in the industry while continuing to advance the proper treatment of pain in America. If Purdue's marketing and sales practices fail to meet this standard, we urge you to contact us at **1-888-690-9211.**

Please read accompanying professional prescribing information.

WARNING:
OxyContin® is an opioid agonist and a Schedule II controlled substance with an abuse liability similar to morphine.

Oxycodone 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.

OxyContin® Tablets are a controlled-release oral formulation of oxycodone hydrochloride 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® 80 mg and 160 mg Tablets ARE FOR USE IN OPIOID-TOLERANT PATIENTS ONLY. These tablet strengths may cause fatal respiratory depression when administered to patients not previously exposed to opioids.

OxyContin® TABLETS ARE TO BE SWALLOWED WHOLE AND ARE NOT TO BE BROKEN, CHEWED, OR CRUSHED. TAKING BROKEN, CHEWED, OR CRUSHED OxyContin® TABLETS LEADS TO RAPID RELEASE AND ABSORPTION OF A POTENTIALLY FATAL DOSE OF OXYCODONE.

References: 1. Sunshine A, Olson NZ, Colon A, et al. Analgesic efficacy of controlled-release oxycodone in postoperative pain. *J Clin Pharmacol.* 1996;36:595-602. 2. Medical Economics Company Inc. Physicians' Desk Reference®. PDR® Electronic Library™ [see respective product name]. Available at: http://www.pdrel.com. Accessed March 8, 2002. 3. Roberts II J, Morrow JD. Analgesic-antipyretic and anti-inflammatory agents and drugs employed in the treatment of gout. In: Hardman JG, Limbird LE, eds. *Goodman & Gilman's The Pharmacological Basis of Therapeutics.* 10th ed. New York, NY: McGraw-Hill, Inc; 2001:687-731. 4. Roth SH, Fleischmann RM, Burch FX, et al. Around-the-clock controlled-release oxycodone therapy for osteoarthritis-related pain. *Arch Intern Med.* 2000;160:853-860. 5. Citron ML, Kaplan R, Panris WCW, et al. Long-term administration of controlled-release oxycodone tablets for the treatment of cancer pain. *Cancer Invest.* 1999;18:562-571. 6. Mandema JW, Kaiko RF, Oshlack B, Reder RF, Stanski DR, et al. Characterization and validation of a pharmacokinetic model for controlled-release oxycodone. *Br J Clin Pharmacol.* 1996;40:747-758. 7. Salzman RT, Roberts MS, Wild J, Fakkan C, Reder RF, Goldenheim PD. Can a controlled-release oral dose form of oxycodone be used as readily as an immediate-release form for the purpose of titrating to stable pain control? *J Pain Symptom Manage.* 1999;18:271-279. 8. Data on file. Purdue Pharma L.P., Stamford, Conn.