



Therapeutic Class ReviewSM

Pain – Oxycodone CR (OxyContin[®]) Update

April 2008

New Product for Review:

oxycodone CR (OxyContin[®]) [Purdue Pharma]

Dossier Provided by Manufacturer: Yes

Dossier Evaluation: (Dossier rank 2)

- 1 - Dossier missing significant clinical trial(s).
- 2 - Mfg. provided all relevant trials; Missing pharmacoeconomic model.
- 3 - Mfg. provided all relevant trials and information.

Executive Summary

- Oxycodone CR (OxyContin) is similar in action to other narcotic analgesic medications in relieving pain.
- Oxycodone CR (OxyContin) has been FDA approved since 1995.
- Historically, oxycodone CR (OxyContin) was a Regence preferred/formulary product.
 - There were limited generic options available when oxycodone CR (OxyContin) was added as preferred/formulary.
- When generics became available, the brand product moved to non-preferred/non-formulary status.
- The generic products are required to leave the market due to oxycodone CR's (OxyContin's) manufacturer patent disputes.
 - The manufacturer's patent on the product has expired.
 - The manufacturer has a clinical use patent that is expected to expire in 2013.
 - A clinical use patent describes a particular use of the molecule in clinical practice. This is separate from the patent on the molecule itself.
 - The current patent issue is "management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time."
- There is no reliable comparative evidence demonstrating that oxycodone CR (OxyContin) is more effective than other opioid analgesics, including immediate-release or controlled-release formulations.^[14]
- Like other long-acting narcotic analgesics, oxycodone CR (OxyContin) labeling includes a Black Box Warning to emphasize the potential for accidental overdose, misuse, abuse and diversion.

Evidence

- There is no reliable evidence that oxycodone CR (OxyContin) provides any additional clinical benefit over other extended-release or immediate release opioid analgesics in the treatment of chronic pain.

- There is insufficient reliable evidence available to draw any conclusions about the comparative efficacy and safety of long-acting opioids.^[1]
- There is insufficient evidence to determine whether long-acting opioids as a class are more effective or associated with fewer adverse events than short-acting opioids.^[1]
- From the original FDA Medical Review: ^[28]
 - “The best conclusion is that the efficacy of oxycodone CR (OxyContin) is equivalent to that of immediate-release oxycodone, with an adverse event profile that is as good as the immediate-release product. I would not allow a ‘better’ claim.”
 - “Oxycodone CR (OxyContin) appears to be a twice-daily alternative to conventional QID oxycodone. Care should be taken to limit competitive promotion. This product has been shown to be as good as current therapy, but has not been shown to have a significant advantage beyond reduction in frequency of dosing.”

Decision

Oxycodone CR (OxyContin) is non-preferred/non-formulary because:

- There are many preferred/formulary brand and generic alternatives available.
- There is no evidence of its superiority over:
 - generic and preferred/formulary brand options.
 - short-acting alternatives.
- There is a history of over-utilization and inappropriate use with this product.
- It adds cost without adding clinical value over generic and preferred/formulary alternatives.

Products

Drug Products	FDA approval ^a	Patent Expiration(s) ^c	FDA approved indications	Usual Dose/Route	Potential Off-label Uses ^d
fentanyl patch (generic) ^{4,5}	8/1990	11/2006	Management of chronic pain in patients who require continuous opioid for pain that cannot be managed by lesser means	25-100 mcg topically per day (patches replaced q72 hr)	Acute pain (including post operative pain)
hydromorphone tablet ^{4,8} (generic)	12/1992	Not applicable	Management of moderate to severe pain	2-4 mg orally every 3 to 4 hours (chronic)	
levorphanol ⁷ (generic)	1/1953	Not applicable	Management of pain when an opioid analgesic is appropriate	2-4 mg orally every 6 to 8 hours (chronic)	
methadone tablet ⁸ (generic)	8/1947	Not applicable	(1) Severe pain (2) Detoxification and treatment of narcotic addiction	2.5 to 10 mg orally every 3 to 4 hours (chronic)	Obstetric anesthesia
morphine sulfate tablet ^{4,9} (generic)	not available	Not applicable	relief of moderate to severe pain	15-30 mg orally every 3 to 4 hours (chronic)	
morphine sustained release tablet ⁹ (generic)	5/1987	Not applicable	relief of moderate to severe pain in patients who require repeated dosing of a potent opioid analgesic for a period of more than a few days	30-100 mg orally twice daily	Acute pain

Products (Continued)

Drug Products	FDA approval ^a	Patent Expiration(s) ^c	FDA approved indications	Usual Dose/Route	Potential Off-label Uses ^d
morphine SR capsule ¹⁰ (Kadian [®])	7/1996	3/2010	management of moderate to severe pain when treatment with an opioid analgesic is needed for an extended period of time	20-100 mg orally once to twice a day	Acute pain
morphine SR capsule ¹³ (Avinza [®])	3/2002	11/2017	relief of moderate to severe pain requiring continuous, around-the-clock opioid therapy for an extended period of time. (once daily admin.)	Max 1600mg/day 60mg - 240mg once daily	Acute pain
oxycodone tablet ⁴ (generic)	3/2004	Not applicable	For relief of moderate to moderately-severe pain	5-30 mg orally every 4 to 6 hours	
oxycodone sustained release tablet ^{4, 11} (generic)	2/2004	Not applicable	For relief of moderate to moderately-severe pain	20-80 mg orally twice daily	Prn as needed analgesic
oxycodone controlled release tablet ¹¹ (OxyContin [®])	12/1995	8/2006 4/2013	Management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time	20-80 mg orally twice daily	Prn as needed analgesic
oxymorphone HCl (Opana [®]) ¹²	6/06	6/2009	Relief of moderate to severe acute pain when use of an opioid medication is appropriate	10-20mg orally every 4-6 hours as needed for pain	
oxymorphone extended release (Opana [®] ER) ¹²	6/2006	9/2008	Relief of moderate to severe pain in patients requiring continuous, around-the-clock opioid treatment for an extended duration	5-40mg orally twice daily	Osteoarthritis (Moderate to Severe)

^a Date applies to approval date for the original brand name medication where there are now generics available. .

^c Based on patents listed in Orange Book as of 02/15/2008.

^d As listed in © 1974 - 2008 Thomson MICROMEDEX database or as referenced.

Sustained Release Drug Name	Equi-analgesic Dose
morphine sustained release tablet (generic)	120 mg BID
fentanyl patch	75mcg/hr Q 3 days
oxycodone sustained release tablet (generic)	80 mg BID
oxymorphone extended release (Opana ER)	40 mg BID
oxycodone controlled release tablet (OxyContin)	80 mg BID
morphine SR capsule (Avinza)	240 mg QD
morphine SR capsule (Kadian)	120 mg BID

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