DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 200534
NDA 200535

NOTIFICATION OF NON-COMPLIANCE WITH PREA

Lehigh Valley Technologies, Inc.
Attention: William Reightler, Vice President of Regulatory Affairs
514 North 12th Street
Allentown, PA 18102

Dear Mr. Reightler:

Please refer to your New Drug Application (NDA) submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (the Act) for oxycodone hydrochloride capsules, 5 mg, and oxycodone hydrochloride oral solution, 100 mg/5 mL, which were approved on October 20, 2010.

The Agency has determined that you have failed to meet the postmarketing requirements (PMR) of the Pediatric Research Equity Act (PREA) for this application because you have not yet submitted your pediatric assessment for PMRs 1698-1 and 1695-1, which were deferred until November 30, 2015. Therefore, we are hereby notifying you that due to your failure to submit either a pediatric assessment or a request for a deferral extension, you are not in compliance with federal law.

Under the provisions of title V, section 505, of the Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA), you must respond in writing within 45 calendar days of the date of this letter. Your response should include the reason(s) for the delayed pediatric assessment and a date by which you expect to submit the assessment. You may also include a request for a deferral extension, if applicable, which should be identified as a "**DEFERRAL EXTENSION REQUESTED**" in your response.

In accordance with FDASIA, FDA will post this letter and your response on the website located at http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/ucm343203.htm with redactions for any trade secrets and confidential commercial information 60 calendar days from the date of this letter.

Please identify your response to this letter as a "**RESPONSE TO PREA NON-COMPLIANCE LETTER.**" To facilitate our review, submit this information to your NDAs with a cross-reference letter to the IND to which your protocol has been submitted. In addition, send a copy of the cover letter to CDER's Division of Pediatric and Maternal Health.

If you have any questions, call Parinda Jani, Chief, Project Management Staff, at (301) 796-1232.

Sincerely,

{See appended electronic signature page}

Sharon Hertz, M.D.
Director
Division of Anesthesia, Analgesia, and
Addiction Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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

/s/

SHARON H HERTZ
12/08/2015