HTX-011, a Proprietary, Extended-Release Synergistic Combination of Bupivacaine and Meloxicam for the Relief of Acute Postoperative Pain

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• HTX-011 was generally well tolerated after bunionectomy and had an AE profile similar to that of saline placebo
• HTX-011 significantly reduced the need for opioids more than did either of its components alone following unilateral bunionectomy

INTRODUCTION
The most severe pain after a surgical procedure is the acute pain within the first 72 hours.1
Inadequately treated postoperative pain can increase the risk for complications, prolong hospital stays, and cause patients to suffer needlessly.

METHODS
Study Design
The authors conducted a prospective, randomized, double-blind, placebo-controlled, multicenter study involving 241 subjects undergoing primary unilateral first metatarsal bunionectomy.

RESULTS
The differences in frequencies of the most commonly reported AEs among any of the HTX-011, HTX-009, and biochronomer meloxicam groups were not statistically significant.

OBJECTIVES
To assess whether the combination of long-acting bupivacaine and long-acting meloxicam demonstrates synergy.

Opioid Use
Subjects who received HTX-011 used fewer total rescue opioids within the first 24 hours than did subjects who received HTX-002, HTX-009, or saline placebo (Figure 2).

CONCLUSIONS
• HTX-011 recipients exhibited a significant reduction in mean SPI over the first 24 and 48 hours against all three saline placebo cohorts. Arrow indicates significance (P < 0.05); bars indicate no significant difference.

CONCLUSIONS
• HTX-011 significantly reduced the need for opioids more than did either of its components alone following unilateral bunionectomy.

• HTX-011 demonstrated a significantly greater reduction in mean SPI over the first 24 hours than saline placebo (Figure 2).

REFERENCES