Opioid rescue medication was available as needed; total opioids consumed were converted to MMEs and summed for analysis.

Pain intensity scores were assessed using an 11-point (0, no pain–10, worst pain imaginable) numeric rating scale.

**ALT, alanine aminotransferase; ASA, American Society of Anesthesiologists; AST, aspartate aminotransferase; AUC, area under the curve; ER, extended release; MME, intravenous morphine.**

**Synergy:** Any post-operative effect of HTX-011 on pain greater than the individual post-operative pain effects of bupivacaine HCl and meloxicam ER.

**Efficacy:** Does HTX-011 provide better pain relief than bupivacaine HCl and meloxicam ER?

**Study Designs**

- **Synergy:**
  - HTX-011 is an ER formulation of bupivacaine and meloxicam in our proprietary Biochronomer® technology that is applied into the wound site to coat the affected tissue during surgery.

- **Inadequate pain management during this period can lead to adverse outcomes for patients and increased costs for the health care system.**

  - The normal inflammatory process after acute injury (ie, surgical incision) impairs the ability of local anesthetics to block nociception.

**Key Inclusion Criteria:**

- Total postoperative opioid rescue medication (MME)'

Planning to undergo one of the following:

- Bunionectomy
- Herniorrhaphy

**Results**

- **Efficacy:**
  - HTX-011 exhibited a synergistic effect compared with bupivacaine ER and meloxicam ER given individually after bunionectomy and herniorrhaphy.

**Bunions Symptom Measurement**

- Pain intensity scores were higher with saline placebo than with HTX-011.

**Efficacy**

- **Figure 1.**
  - Anesthesia with either bupivacaine or meloxicam alone provided similar pain relief compared to saline placebo. HTX-011 provided better pain relief than saline placebo.

**CONCLUSIONS**

- **Efficacy:**
  - HTX-011 exhibited a synergistic effect compared with bupivacaine ER and meloxicam ER given individually after bunionectomy and herniorrhaphy. The majority of subjects not requiring opioid rescue medication through 72 hours after herniorrhaphy were treated with HTX-011 for the majority of the 72-hour assessment period.

**DISCLOSURES**

- **Efficacy:**
  - HTX-011 subjects required significantly less opioid rescue medication (21.73 intravenous morphine milligram equivalents [MMEs]) than subjects treated with bupivacaine HCl (60 mg) or saline placebo (18.95 MMEs) through 72 hours after herniorrhaphy.