INTRODUCTION

Opoids are highly effective analgesics that play an integral role in the management of acute and chronic pain.1-3

- Short-acting opioids, including immediate-release (R) oxycodone HCl, have a well-established role in relieving postoperative pain.4,6
- Concern regarding the potential misuse or abuse of opioid analgesics may limit their use by clinicians, and thus contributes to the undertreatment of pain.7

In 2009, an estimated 5.3 million persons aged ≥12 years in the United States reported non-medical use of prescription pain relievers in the past month.4,6

- opioids, including R oxycodone HCl, are commonly abused via oral routes—mainly by resinification and chewing—but can also be abused intravenously or intranasally.8
- There is a need for opioid analgesics that provide efficacy comparable to traditional agents, but with properties that make them less desirable for abuse.9

Oxycodone HCl/Niacin (ACUROX®) is a registered trademark of Acura Pharmaceuticals, Inc.

This study was sponsored by Acura Pharmaceuticals, Inc.

METHODS

- This was a phase 3, randomized, double-blind, placebo-controlled, parallel-group trial (Figure 1).
- The study population consisted of 405 adults (20 women and 46 men aged ≥18 years who were in good health, required bunionectomy surgery, and met the class I us patient criteria of the American Society of Anesthesiologists).10
- The protocol and informed consent form were approved by a central institutional review board in one or more patient所在地国家. Patients gave written informed consent.
- Screening patients with a recent uncontrolled first- or second-order postoperative pain episode without collaboration procedures.

Design

Randomized Clinical Trial

- Patients meeting selection criteria entered the phase 2 trial and were randomized to 1:1 treatment arms: 2 x 5/30 mg oxycodone HCl/Niacin tablets (n = 135), 2 x 7.5/30 mg oxycodone HCl/Niacin tablets (n = 134), or placebo (n = 136).
- Treatment occurred every 6 hours for 48 hours following surgery during which time patients were blind to treatment assignment, and oxycodone HCl/Niacin muscle relaxants were permitted.
- All concomitant medications were available to all patients on rescue medication, upon request.

METHODS

INTRODUCTION

- In the past month.4,6

have a well-established role in relieving postsurgical pain.3,4

- Both doses of oxycodone HCl/Niacin tablets demonstrated statistically significant superiority compared with placebo, as measured by the primary pain intensity endpoint (SPID48).

In the primary efficacy analysis, median SPID48 was 6.9 hours for placebo, 1.6 hours for oxycodone HCl/Niacin 2 x 5/30 mg and 2.9 hours for oxycodone HCl/Niacin 2 x 7.5/30 mg, respectively (both compares with placebo, p < 0.0001). The median SPID48 was statistically significantly superior to placebo (p < 0.0001). The median SPID48 was statistically significantly superior to placebo (p < 0.0001).

CONCLUSIONS

Oxycodone HCl/Niacin Tablets in the Time–Weighted SPIRD,*

Because of the presence of significant differences in study drug exposure between treatment groups, the analysis for the primary endpoint of the study included the use of the Cox proportional hazards model.11

Safety/Tolerability

- Of 450 patients (272 [60.4%] experienced ≥1 treatment-emergent AE (TEAE) during the study.
- 22 patients receiving active drug (39.8%) withdrew due to TEAEs.
- The most frequent TEAEs were nausea, vomiting, dizziness, and flushing, which are common AEs with opioid medication and/or niacin use.
- No brodrids were apparent in group mean changes for heart rate, respiration rate, or laboratory values over time.12

Primary Efficacy Analysis

- The most frequently occurring TEAEs (≥10% of patients in any treatment group) are listed in Table 1.
- Most AEs were mild or moderate; there were no serious AEs or deaths.
- The most prevalent AEs were nausea, vomiting, dizziness, flushing, and pruritus, which are common AEs with opioid medication and/or niacin use.
- The survival curves were significantly different from placebo (p < 0.001). The median TMR occurrence was 12 hours for oxycodone HCl/Niacin 2 x 5/30 mg and 2 x 7.5/30 mg, respectively (both compares with placebo, p < 0.0001). The median TMR occurrence was statistically significantly superior to placebo (p < 0.0001). The median TMR occurrence was statistically significantly superior to placebo (p < 0.0001).

Statistical Analysis

- Twelve patients (3.0%) experienced ≥1 serious TEAE, none of which were considered to be related to study medication.
- In a Kaplan-Meier time-to-event methodology and log-rank test. 9
- For TMR and TPR, patients were censored upon admission of a serious TEAE or death.
- TEAE = treatment-emergent adverse event.
- Kaplan–Meier time-to-event methodology and log-rank test. 9

RESULTS

- The majority of the patient population (N = 405) was white (76%) and female (58%), mean age was 41.8 years (range, 16–77).
- There were no demographic differences between treatment groups.

- For the primary efficacy endpoint, mean SPIRD (score 2, Figure 1), both oxycodone HCl/Niacin dosages were statistically superior to placebo (2 x 5.39 mg, p < 0.0001; 2 x 7.30 mg, p < 0.0001).