you.

DR. ZACHAROFF: Hi, Dr. Kevin Zacharoff. I also would like to commend the sponsor on looking for something that mitigates the societal risk of use of opioid medications for the use of acute pain management. I voted no. And probably the single biggest reason is because of the lack of data of exposure to this medication and other substances that could potentially depress the central nervous system.

I don't expect that this drug would be abused by itself. I expect that it would be abused if it were going to be abused along with other substances. But my greater concern is what would happen when somebody would go to treat breakthrough pain with another opioid and total absence of any evidence of what that could lead to. Thank you.

DR. LITMAN: This is Ron Litman and I voted no because of the hypoxia. That was my main concern. I would like nothing better than to envision this drug that we would send our surgical patients home on a little sublingual spray instead

of the oxy or hydrocodone. And there is even a libertarian molecule in me that says, the nausea and vomiting, let the market sort that out. Surgeons are going to have one bad experience and never prescribe it again.

But I can't walk away from this meeting with that hypoxia data and vote yes. So if there was a way that that could be teased out better or more patients, a different kind of trial, or even possibly, as Dr. Goudra said, a very limited use in the hospital with a monitored bed and certainly then the other side effects would sort themselves out really fast as to whether or not physicians would prescribe it.

DR. MCCANN: Hi, my name is Mary Ellen McCann and I voted no also. I think the delivery system would be great innovation and I do believe this drug would be less abused than other narcotics. I was stuck with how limited the indications for this drug could possibly be and, in the real world, just absolutely not possible to keep patients after bunionectomies for 12 hours.

So that bothered me. It appears to have limited efficacy and I think the safety profile, especially with the hypoxia, is a real problem.

DR. ZELTZER: Hi, I'm Lonnie Zeltzer, and I voted no. Again, I commend the company for creating a sublingual form that could be easier to use post-op in acute pain situations. I was concerned about the delay in time of onset and lower than optimal likelihood of efficacy compared to other opioids that are out there, which might then increase risk because people might then end up using other analgesics.

You get combined risk and I was concerned about the nausea, vomiting, and hypoxia profile. I would love to see testing in another acute pain situation in which there isn't a combination of general anesthesia and a compounding, at least trying to sort out some of the confounders in this case.

DR. FLICK: Randall Flick, I voted no just simply because the risk-benefit ratio is unfavorable. I would echo previous comments that

the market for this drug given the restrictions around its use would seem to be very small.

DR. KAYE: My name is Alan Kaye. I voted no for similar reasons, weekly efficacious, slow onset, rescue very high, and we have lot of non-opiates that have shown efficacy in this realm. We mentioned NSAIDs, but there's acetaminophen, gabapentin, ketamine, alpha 2 agonist, other agents that are out there that work in real time and don't have this 12-hour window.

We talked about side effects, nausea, vomiting, and hypoxia being very high, and abuse and misuse. Thank you.

DR. TCHETGEN TCHETGEN: Eric Tchetgen Tchetgen, I voted no for reasons that have already been mentioned. I think the risk-benefit ratio for me, the safety issue really outweighed everything else.

I also thought, while the sponsor made a great effort in developing a new form of delivery that has some appealing aspects or features, particularly with respect to abuse, I wasn't

particularly compelled with the data that were presented regarding use outside of a controlled environment and understanding particularly with the hypoxia side effect and trying to address that in the data that they presented.

DR. WINTERSTEIN: Before we adjourn, are there any last comments from the FDA, Dr. Hertz?

DR. HERTZ: I just want to, once again, thank you all for coming, providing your comments and your thoughts. It's always very helpful and much appreciated.

Adjournment

DR. WINTERSTEIN: Thank you, everyone. Panel members, please take all your personal belongings with you, as the room is cleaned at the end of the meeting today. All materials left on the table will be disposed of. Please also remember to drop off your name badge at the registration table on your way out so that they may be recycled.

We will now adjourn the meeting. Thank you. You were a great committee, very focused, very

targeted. We are even early here.

This was actually my last meeting as chair of DSaRM, but I'm sure I'll see many of you in one way or the other again.

(Whereupon, at 2:57 p.m., the meeting was adjourned.)