

Jeff Gudin – Ideal analgesic

Transcript for Jeff-Gudin-Clip-with-Slide-v2-1.mp4

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The ideal analgesic for severe pain.

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The efficacy of oxycodone.

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Slow to reach blood levels, remember the abuse quotient that I talked about before.

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It can't be manipulated for the half-life, so a real 12-hour half-life, not a Q8-hour

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drug like oxycontin in many of the clinical scenarios.

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Not easy to snort or inject, and you see even if they are able to snort, some of it

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gets swallowed.

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There's a little bit from the likability perspective, but certainly nothing compared to

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or significantly less than oxycodone.

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It's a controllable switch to turn on or off the oxycodone.

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This is not an abuse deterrent formulation per se.

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No food effect.

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It's a drug that seems to be easily dissolvable for patients and can't take the whole capsule.

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So thank you for your time today.

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There's a new potential generation of opioid analgesics.

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I am thrilled.

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I love the poster session.

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I get all the journals.

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I love to see the developments from two years ago.

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I did a talk here called Analgesics of the Future.

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I love to see what's out there and coming, but looking at all the studies that are out

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there, there are a couple of exciting things, but nothing really has convinced me that we

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can get rid of opioids.

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We need to figure out how to make them safer so that we can continue to give our patients

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good relief.

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This could be a new class beyond abuse to turn formulations.

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It could be the first overdose protection drug with M-PAR, like I showed you the data a

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few moments ago.

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And the next step here, you'll hear a bit more about the clinical trials.

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on going, we'll be a phase three study to look at the efficacy.

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So stay tuned.

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Thank you guys for your attention.