The purpose of this analysis was to evaluate the plasma concentrations of a single dose of IV amisulpride 10 mg for rescue treatment of PONV based on a prespecified PK subset of patients.

Methods

This was a prespecified pharmacokinetic (PK) subset of patients (n = 27 out of 230 patients) from a phase III, randomized, multicenter, double-blind, placebo-controlled, parallel-group study in adult surgical patients with moderate to high risk of PONV who failed antiemetic prophylaxis.

Patients

• Adults scheduled to undergo elective ambulatory or surgical procedures
• Under general anesthesia with a qualifying event: PONV episode (emesis [retching or vomiting] or need for antiemetic rescue medication) within 24 hours after surgery
• Qualifying event: lasting ≥1 hour under general inhalation anesthesia with a

Study Design

• The primary endpoint was complete response (CR), defined as no nausea and vomiting response, lie outside of the blood brain barrier, plasma levels are an appropriate indicator of concentrations at the relevant receptors

Conclusions

• There is potential antiemetic effect of amisulpride 10 mg beyond 24 hours demonstrated by the continued complete response rate as well as the sustained supratherapeutic amisulpride plasma concentration levels

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