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12

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EP 0 306 984 B1

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Description

The present invention relates to improved ophthalmic formulations, particularly to ophthalmic formulations for anti-inflammatory drugs, and specifically to an improved preservative system for ophthalmic formulations of carboxyl ("COOH") group-containing drugs, especially non-steroidal anti-inflammatory drugs ("NSAIDs").

The invention also relates to methods of using these formulations for treating diseases that are either caused by, associated with or accompanied by inflammatory processes, including, among others, glaucoma, cystoid macular edema, uveitis, diabetic retinopathy, and conjunctivitis, or any trauma caused by eye surgery or eye injury.

The topical use of NSAIDs, particularly pyrrolo pyrroles, in the treatment of ophthalmic diseases was first taught in U.S. Patent No. 4,454,151, where NSAID compounds (such as those described in U.S. Patents 4,089,969; 4,232,038; 4,087,539 and 4,097,579) were exemplified in formulation with $\text{NaH}_2\text{PO}_4 \cdot \text{H}_2\text{O}$, $\text{Na}_2\text{HPO}_4 \cdot \text{H}_2\text{O}$, NaCl, benzalkonium chloride ("BAC") and sterilized water. While the formulations described in the '151 patent were efficacious, an insoluble complex was found to form between the NSAID and the BAC. The formulations became cloudy or turbid and did not, therefore, have the stability desired for shelf life in commercial applications. A reasonable minimum shelf life (that is, the time during which a solution remains clear and retains its pharmaceutical activity) is at least about one year, representing sufficient time to package, ship, and store a formulation without having to replace expired stock too frequently. The solutions of the present invention have shown a shelf life of at least one year. Thus, the present invention entails an improvement over the formulations described in the '151 patent.

In general, an ophthalmic formulation contains an active compound and various ophthalmologically acceptable excipients, in the form of a solution, an ointment, a suspension, etc. An excipient is ophthalmologically acceptable if it is non-irritating to the eye and if its active ingredient penetrates the blood-ocular barrier and/or diffuses through the various ocular substructures to the site where it is pharmacologically active. The excipients can include a tonicifier, a preservative, a surfactant, a buffering system, a chelating agent, a viscosity agent as well as other stabilizing agents. Ophthalmic formulations must be sterile, and if intended for multiple dosing regimens, must be preserved with an effective anti-microbial agent.

Organo-mercurials (e.g., thimerosal, phenylmercuric acetate and phenylmercuric nitrate) have been used extensively as the preservative in ophthalmic solutions. These compounds, however, pose difficulties due to potential mercury toxicity as well as poor chemical stability. Benzalkonium chloride, a quaternary ammonium compound, has been widely used in ophthalmic solutions, and is considered to be the preservative of choice. However, BAC has typically been considered to be incompatible with anionic drugs (e.g., salicylates or nitrates, etc.), forming insoluble complexes which cause the solution to become cloudy or turbid. Such a complex between the anionic drug and benzalkonium chloride can cause a decrease in the pharmaceutical activity of the anionic drug.

Many NSAIDs (such as ketorolac, indomethacin, flurbiprofen and diclofenac) are being developed for ocular use because of their activity as anti-inflammatory agents including their ability to prevent cystoid macular edema.

In the past, as in the case with other ophthalmic drugs that contain a -COOH group, antiinflammatory solutions of NSAIDs for ocular use have proven to be incompatible with quaternary ammonium compounds such as BAC. This incompatibility is due to the fact that the -COOH group can form a complex with the quaternary ammonium compounds, rendering the preservative less available to serve its function, and reducing the activity of the active ingredient. Indomethacin ophthalmic formulations have been prepared, however, these are suspensions, not solutions. Ocufen Ophthalmic solution, an NSAID (flurbiprofen) approved by the FDA for ophthalmic use, incorporates thimerosal (with EDTA) as its preservative system. In U.S. patent 4,454,151 there is a disclosure of an ophthalmic formulation using ketorolac, benzalkonium chloride (as the preservative) and polysorbate 80, however the solution became cloudy or turbid after a short period of time.

It has remained desired to provide a stable, clear, antimicrobially effective ophthalmic formulation with a prolonged shelf life for -COOH group containing ophthalmic drugs, especially NSAIDs, using BAC as the preservative.

It has now been discovered that stable, clear and antimicrobially effective, NSAID-containing ophthalmic formulations can be prepared which include BAC. These solutions have an improved shelf life, exhibiting no cloudiness or turbidity over extended periods.

In one aspect of the invention, these compositions include an ophthalmologically effective amount of a NSAID, BAC (preservative) and a stabilizing amount of Octoxynol 40 (nonionic surfactant), all in an aqueous

vehicle.

Another aspect is an ophthalmic composition including an ophthalmologically effective amount of ketorolac or an isomer, an ester, or a pharmaceutically acceptable salt thereof, benzalkonium chloride as a preservative and a stabilizing amount of Octoxynol 40 as a nonionic surfactant.

5 The ophthalmic pharmaceutical formulations of the invention can be used for treating ophthalmic diseases in mammals. These diseases are those that are either caused by, associated with or accompanied by inflammatory processes, including, among others, glaucoma, cystoid macular edema, uveitis, diabetic retinopathy and conjunctivitis, or any trauma caused by eye surgery or eye injury.

10 Definitions

As used herein, the term "NSAID" means an ophthalmologically acceptable non-steroidal anti-inflammatory drug. The NSAID's include, for example, flurbiprofen, ketorolac, diclofenac, indomethacin, and the isomers, esters, and pharmaceutically acceptable salts thereof.

15 As used herein, the term "q.s." means adding a quantity sufficient to achieve a stated function, e.g., to bring a solution to the desired volume (i.e., 100%).

As used herein, the term "treatment" or "treating" means any treatment of a disease in a mammal, including:

- (i) preventing the disease, that is, causing the clinical symptoms of the disease not to develop;
- 20 (ii) inhibiting the disease, that is, arresting the development of clinical symptoms; and/or
- (iii) relieving the disease, that is, causing the regression of clinical symptoms.

As used herein, the term "effective amount" means a dosage sufficient to provide treatment for the disease state being treated. This will vary depending on the patient, the disease and the treatment being effected.

25 As used herein, the term "antimicrobially effective" means ability to withstand the U.S. Pharmacopia antimicrobial challenge.

As used herein, the term "stabilizing" means keeping a formulation clear and antimicrobially effective for its minimum reasonable shelf life, e.g., at least one year.

30 Formulations

The formulations of the present invention include an NSAID active agent in an effective amount for ophthalmic treatment, benzalkonium chloride, a stabilizing amount of Octoxynol 40, optionally including other excipients such as a chelating agent, a tonicifier, a buffering system, a viscosity agent as well as other stabilizing agents. Ophthalmic solutions and suspensions typically contain an aqueous vehicle rather than an oily vehicle. Ophthalmic formulations must be sterile, and if intended for multiple dosing regimens, must be antimicrobially effective for their minimum reasonable shelf life, e.g., at least one year, and preferably two to three years or more. The ingredients used in the formulations of the present invention are typically commercially available or can be made by methods readily known to those skilled in the art.

40 Pharmaceutical ophthalmic formulations typically contain an effective amount, e.g., 0.001% to 10% wt/vol., preferably 0.002% to 5% wt/vol, most preferably 0.005% to 1% wt/vol of an active ingredient (e.g., the NSAID of the present invention). The amount of active ingredient will vary with the particular formulation and the disease state for which it is intended. The total concentration of solutes should be such that, if possible, the resulting solution is isotonic with the lacrimal fluid (though this is not absolutely necessary) and has a pH in the range of 6 to 8.

The formulations of the present invention are prepared as solutions incorporating the above-described ingredients within the following approximate ranges:

Ingredient	Amount
Active Agent	0.001% to 10.0% wt/vol.;
BAC	0.001% to 1.0% wt/vol.;
Octoxynol 40	0.001% to 1.0% wt/vol.;
Other Excipients	0% to 10.0% wt/vol.; and
Purified Water	q.s. to 100%.

Optional other excipients, such as a chelating agent and a tonicifier, are used in the following approximate proportions:

Ingredient	Amount
Chelating agent	0.01% to 1.0% wt/vol.;
Tonicifier	q.s. to achieve isotonicity with lacrimal fluid; and
1N NaOH or 1N HCl	q.s. to adjust pH to 6.0 to 8.0.

In a preferred ophthalmic NSAID solution, the ingredients are combined in the following proportions:

Ingredient	Amount
NSAID	0.002% to 5.0% wt/vol.;
BAC (50% aq. soln.)	0.002% to 1.0% wt/vol.;
Octoxynol 40 (70% aq. soln.)	0.001% to 1.0% wt/vol.;
EDTA Na ₂	0.01% to 1.0% wt/vol.;
NaCl	q.s. for isotonicity with lacrimal fluid;
1N NaOH or 1N HCl	q.s. to adjust pH to 7.4±0.4; and
Purified Water	q.s. to 100%.

In another preferred ophthalmic NSAID solution, the ingredients are combined in the following proportions:

Ingredient	Amount
NSAID	0.005% to 1.0% wt/vol.;
BAC (50% aq. soln.)	0.002% to 1.0% wt/vol.;
Octoxynol 40 (70% aq. soln.)	0.001% to 1.0% wt/vol.;
EDTA Na ₂	0.01% to 1.0% wt/vol.;
NaCl	q.s. for isotonicity with lacrimal fluid;
1N NaOH or 1N HCl	q.s. to adjust pH to 7.4±0.4; and
Purified Water	q.s. to 100%.

In a more preferred ophthalmic NSAID solution, the ingredients are combined in the following proportions:

Ingredient	Amount
NSAID	0.50% wt/vol.;
BAC (50% aq. soln.)	0.02% wt/vol.;
Octoxynol 40 (70% aq. soln.)	0.01% wt/vol.;
EDTA Na ₂	0.10% wt/vol.;
NaCl	q.s. for isotonicity with lacrimal fluid;
1N NaOH or 1N HCl	q.s. to adjust pH to 7.4±0.4; and
Purified Water	q.s. to 100%.

The invention relates primarily to formulations having as the active agent ophthalmologically acceptable drugs (including the isomers, esters and pharmaceutically acceptable salts thereof) that can form a complex with BAC, particularly NSAIDs and drugs with a carboxyl group.

NSAIDs useful in the practice of this invention include, for example, ketorolac (and the other compounds described as being ophthalmologically effective in U.S. Patent No. 4,454,151 to Waterbury, issued June 12, 1984, the pertinent portions of which are incorporated herein by reference), indomethacin, flurbiprofen sodium, and diclofenac, including the isomers, esters and pharmaceutically acceptable salts thereof.

The nonionic surfactant used in the formulations of the present invention, (i.e., Octoxynol 40) is a octylphenoxypoly(ethyleneoxy)ethanol, the mole ratio of ethylene oxide to octylphenol being 40. Octoxynol 40 is manufactured and sold by GAF under the trade name Igepal® CA897 (a 70% aqueous solution of Octoxynol 40).

Among the optional excipients, the chelating agents useful in the formulations of the present invention

include 8-hydroxyquinoline sulfate, citric acid, and preferably disodium edetate. Under certain conditions, the chelating agent may also enhance the anti-microbial effect due to its ability to render essential metal ions unavailable to the microbes.

Buffering systems optionally useful in the formulations of the present invention are based on, for example, citrate, borate, or phosphate.

Tonicifiers optionally useful in the formulations of the present invention include dextrose, potassium chloride and/or sodium chloride, preferably sodium chloride.

Viscosity agents optionally useful in the formulations of the present invention include the cellulose derivatives such as hydroxypropylmethyl cellulose, sodium carboxymethylcellulose, and hydroxyethylcellulose.

Other optional excipients useful in the formulations of the present invention include stabilizing agents such as antioxidants, e.g., sodium metabisulfate and ascorbic acid, depending on the NSAID used.

These formulations are prepared by dissolving the solutes (e.g., the NSAID, BAC, the Octoxynol 40, the chelating agent, and the buffering agent) in a suitable quantity of water, adjusting the pH to about 6 to 8, preferably 6.8 to 8.0 and most preferably 7.4, making a final volume adjustment to 100% with additional water, and sterilizing the preparation using any suitable method known to those in the art.

It has been discovered that ophthalmic formulations incorporating the preservative system of the invention are physically stable (i.e., remain clear) and functionally stable (i.e., remain antimicrobially effective) for at least the minimum reasonable shelf life of such products.

Preferred Formulations

The preferred chelating agent of the invention is disodium edetate.

The preferred ophthalmic solutions of the invention include a NSAID, benzalkonium chloride, Octoxynol 40 and disodium edetate.

In a preferred ophthalmic NSAID solution, the ingredients are combined in the following proportions:

Ingredient	Amount
NSAID	0.002% to 5.0% wt/vol.;
BAC (50% aq. soln.)	0.002% to 1.0% wt/vol.;
Octoxynol 40 (70% aq. soln.)	0.001% to 1.0% wt/vol.;
EDTA Na ₂	0.01% to 1.0% wt/vol.;
NaCl	q.s. for isotonicity with lacrimal fluid;
1N NaOH or 1N HCl	q.s. to adjust pH to 7.4±0.4; and
Purified Water	q.s. to 100%.

In another preferred ophthalmic NSAID solution, the ingredients are combined in the following proportions:

Ingredient	Amount
NSAID	0.005% to 1.0% wt/vol.;
BAC (50% aq. soln.)	0.002% to 1.0% wt/vol.;
Octoxynol 40 (70% aq. soln.)	0.001% to 1.0% wt/vol.;
EDTA Na ₂	0.01% to 1.0% wt/vol.;
NaCl	q.s. for isotonicity with lacrimal fluid;
1N NaOH or 1N HCl	q.s. to adjust pH to 7.4±0.4; and
Purified Water	q.s. to 100%.

A preferred ophthalmic NSAID solution has the following formulation:

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