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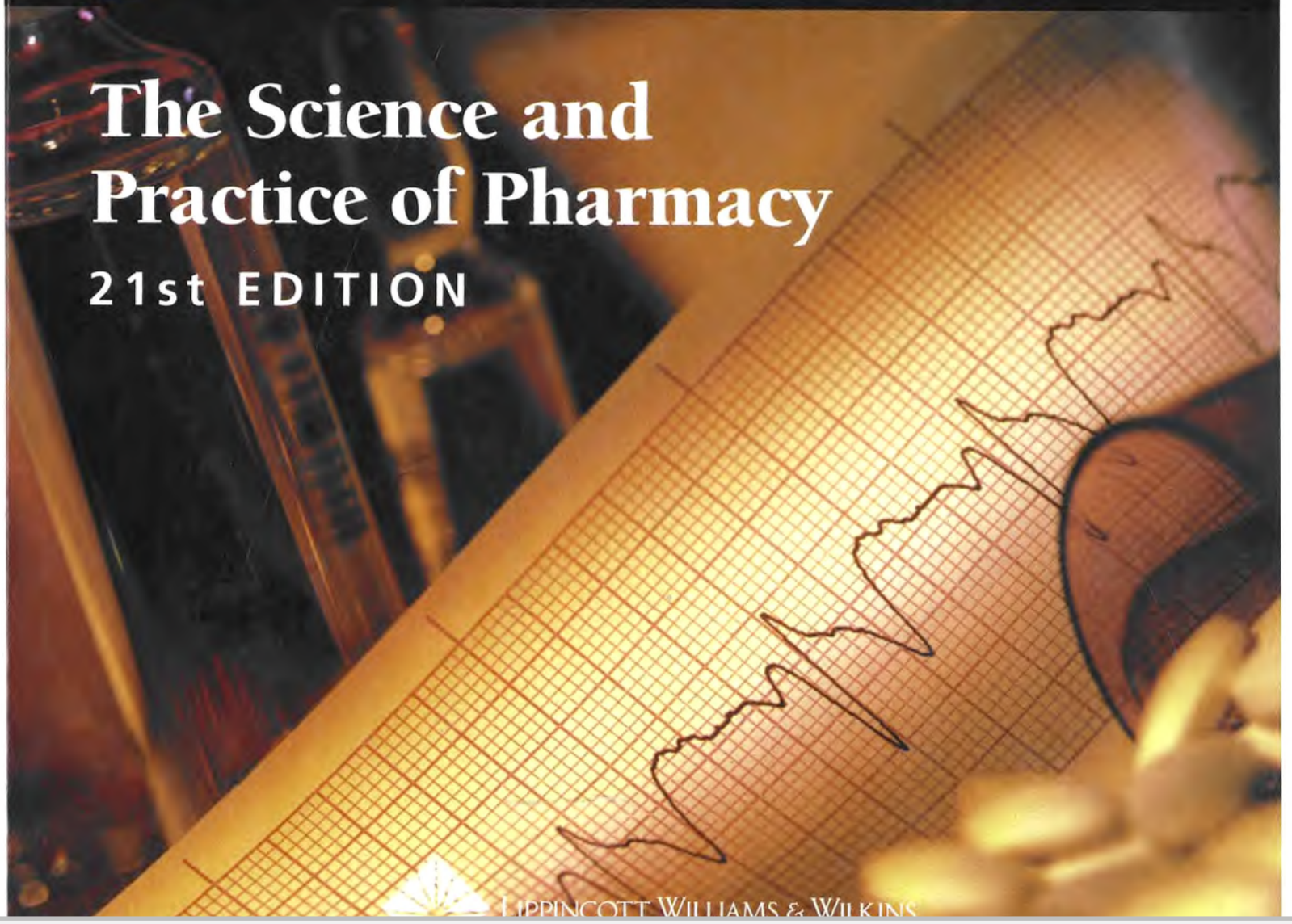

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Editor: David B. Troy
Managing Editor: Matthew J. Hauber
Marketing Manager: Marisa A. O'Brien

Lippincott Williams & Wilkins

351 West Camden Street
Baltimore, Maryland 21201-2436 USA

530 Walnut Street
Philadelphia, PA 19106

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solutions. Activity against bacteria can be variable because of its limited stability. Thus, sorbic acid is frequently used in combination with other antimicrobial preservatives or glycols in which synergistic effects occur.

Esters

Parabens are esters of *p*-hydroxybenzoic acid and include the methyl, ethyl, propyl, and butyl derivatives. The water solubility of the parabens decreases as the molecular weight increases from 0.25% for the methyl ester to 0.02% for the butyl ester. These compounds are used widely in pharmaceutical products, stable over a pH range of 4 to 8, and have a broad spectrum of antimicrobial activity, although they are most effective against yeasts and molds. Antimicrobial activity increases as the chain length of the alkyl moiety is increased, but aqueous solubility decreases; therefore, a mixture of parabens is frequently used to provide effective preservation. Preservative efficacy is also improved by the addition of propylene glycol (2–5%) or by using parabens in combination with other antimicrobial agents such as imidurea. Activity is reduced in the presence of nonionic surface active agents due to binding. In alkaline solutions, ionization takes place and this reduces their activity; in addition, hydrolytic decomposition of the ester group occurs with a loss of activity.

Quaternary Ammonium Compounds

Benzalkonium chloride is a mixture consisting principally of the homologs $C_{12}H_{25}$ and $C_{14}H_{29}$. This preservative is used at a relatively low concentration, 0.002% to 0.02%, depending on the nature of the pharmaceutical product. This class of compounds has an optimal activity over the pH range of 4 to 10 and is quite stable at room temperature. Because of the cationic nature of this type of preservative, it is incompatible with many anionic compounds such as surfactants and can bind to nonionic surfactants. It is used generally in preparations for external use or those solutions that come in contact with mucous membranes. In ophthalmic preparations, benzalkonium chloride is widely used at a concentration of 0.01–0.02% w/w. Often it is used in combination with other preservatives or excipients, particularly 0.1% w/v disodium edetate, to enhance its antimicrobial activity against strains of *Pseudomonas*. A concentration of 0.002–0.02% is used in nasal and otic formulations, sometimes in combination with 0.002–0.005% thimerosal. Benzalkonium chloride 0.01% w/v is also employed as a preservative in small-volume parenteral products.

Clearly, when the pharmacist dispenses or compounds liquid preparations, responsibility is assumed, along with the manufacturer, for the maintenance of product stability. General chapter ⟨1191⟩ of the USP describes stability considerations for dispensing, which should be studied in detail.[9] Stock should be rotated and replaced if expiration dates on the label so indicate. Products should be stored in the manner indicated on the manufacturer's label or in the compendium. Further, products should be checked for evidence of instability. With respect to solutions, elixirs, and syrups, major signs of instability are color change, precipitation, and evidence of microbial or chemical gas formation. Emulsions may cream, but if they break (ie, there is a separation of an oil phase) the product is considered unstable. Sedimentation and caking are primary indications of instability in suspensions. The presence of large particles may mean that excessive crystal growth has occurred (Ostwald Ripening). Additional details on these topics are provided in the pertinent sections of this chapter.

SOLUTIONS

A solution is a homogeneous mixture that is prepared by dissolving a solid, liquid, or gas in another liquid and represents a group of preparations in which the molecules of the solute or dissolved substance are dispersed among those of the solvent. Most solutions are unsaturated with the solute, in other words, the concentration of the solute in the solution is below its solubility limit. The strengths of pharmaceutical solutions are usually expressed in terms of % strength, although for very dilute preparations expressions of ratio strength are sometimes used. The term % when used without qualification (as with w/v, v/v, or w/w) means % weight-in-volume for solutions or suspensions of solids in liquids; % weight-in-volume for solutions of gases in liquids; % volume-in-volume for solutions of liquids in liquids; and weight-in-weight for mixtures of solids and semisolids.

Solutions also may be classified on the basis of physical or chemical properties, method of preparation, use, physical state, number of ingredients, and particle size. For the pharmacist, solutions are more defined by site of administration and composition than by physicochemical definitions. For instance, pharmaceutical solutions may be classified as an *oral solution, otic solution, ophthalmic solution,* or *topical solution*. These solutions may also be classified based upon their composition. *Syrups* are aqueous solutions containing a sugar; *elixirs* are sweetened hydroalcoholic (combinations of water and ethanol) solutions; *spirits* are solutions of aromatic materials if the solvent is alcoholic or *aromatic waters* if the solvent is aqueous. Depending on their method of preparation and concentration, *tinctures* or *fluid extracts* are solutions prepared by extracting active constituents from crude drugs.

Many pharmaceutical chemicals are only slowly soluble in a given solvent [illegible]

ploy one or several techniques such as applying heat, reducing the particle size of the solute, utilizing of a solubilizing agent, or subjecting the ingredients to rigorous agitation. In most cases, solutes are more soluble in solvents at elevated temperatures than at room temperature or below due to the endothermic nature of the dissolution process. The pharmacist should ensure that the materials are heat stabile and non-volatile when using heat to facilitate the dissolution rate.

AQUEOUS SOLUTIONS

The narrower definition in this subsection limits the solvent to water and excludes those preparations that are sweet and/or viscid in character and nonaqueous solutions. This section includes those pharmaceutical forms that are designated as *Aromatic Waters, Aqueous Acids, Solutions, Douches, Enemas, Gargles, Mouthwashes, Juices, Nasal Solutions, Otic Solutions,* and *Irrigation Solutions.*

Aromatic Waters

The USP defines Aromatic Waters as clear, saturated aqueous solutions (unless otherwise specified) of volatile oils or other aromatic or volatile substances.[9] Their odors and tastes are similar, respectively, to those of the drugs or volatile substances from which they are prepared, and they are free from empyreumatic and other foreign odors. Aromatic waters may be prepared by distillation or solution of the aromatic substance

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Peppermint Water USP and Stronger Rose Water USP are examples of aromatic waters. Concentrated waters, such as peppermint, dill, cinnamon, and caraway, may be prepared as follows:

> Dissolve 20 mL of the volatile oil in 600 mL of 90% ethanol. Add sufficient purified water in successive small portions to produce 1000 mL. Shake vigorously after each addition. Add 50 g of sterilized purified talc, shake occasionally for several hours, and filter.

The aromatic water is prepared by diluting the concentrate with 39 times its volume of water.

The chemical composition of many of the volatile oils is known, and suitable synthetic substances may be used in preparing pharmaceuticals and cosmetics. Similarly, many synthetic aromatic substances have a characteristic odor; for example, geranyl phenyl acetate has a honey odor. Such substances, either alone or in combination, can be used in nonofficial preparations.

The principal difficulty experienced in compounding prescriptions containing aromatic waters is *salting out* certain ingredients such as very soluble salts. A replacement of part of the aromatic water with purified water is permissible when no other function is being served than that of a vehicle. Aromatic waters will deteriorate with time and should, therefore, be made in small quantities, protected from intense light and excessive heat, and stored in airtight, light-resistant containers.

Aqueous Acids

Inorganic acids and certain organic acids, although of minor significance as therapeutic agents, are of great importance in pharmaceutical manufacturing and analysis. This is especially true of acetic, hydrochloric, and nitric acids. Many of the more important inorganic acids are available commercially in the form of concentrated aqueous solutions. The percentage strength varies from one acid to another and depends on the solubility and stability of the solute in water and on the manufacturing process. Thus, Hydrochloric Acid contains from 36.5% to 38.0% by weight of HCl, whereas Nitric Acid contains from 69% to 71% by weight of HNO_3.

Because the strengths of these concentrated acids are stated in terms of percent by weight, it is essential that specific gravities also be provided if one is to be able to calculate conveniently the amount of absolute acid contained in a unit volume of the solution as purchased. The mathematical relationship involved is given by the equation $M = V \times S \times F$, where M is the mass in g of absolute acid contained in V mL of solution having a specific gravity S and a fractional percentage strength F.

As an example, Hydrochloric Acid containing 36.93% by weight of HCl has a specific gravity of 1.1875. Therefore, the amount of pure HCl supplied by 100 mL of this solution is given by:

$$M = 100 \times 1.1875 \times 0.3693 = 43.85 \text{ g HCl}$$

Although many of the reactions characteristic of acids offer opportunities for incompatibilities, only a few are of sufficient importance to require more than casual mention. Acids and acid salts decompose carbonates with liberation of carbon dioxide; in a closed container, sufficient pressure may be developed to produce an explosion. Inorganic acids react with salts of organic acids to produce the free organic acid and a salt of the inorganic acid. If insoluble, the organic acid will be precipitated. Thus, salicylic acid and benzoic acid are precipitated from solutions of salicylates and benzoates. Boric acid likewise is precipitated from concentrated solutions of borates. By a similar reaction, certain soluble organic compounds are converted into an insoluble form. Phenobarbital sodium, for example, is converted into phenobarbital that will precipitate in aqueous solution

preparing soluble salts of these substances. Certain solutions, syrups, elixirs, and other pharmaceutical preparations, may contain free acid, which causes these preparations to exhibit the incompatibilities characteristic of the acid. Acids also possess the incompatibilities of the anions that they contain and in the case of organic acids, these are frequently of prime importance. These are discussed under the specific anions.

Diluted Acids

The diluted acids in the USP are aqueous solutions of acids of suitable strength (usually 10% *w/v* but Diluted Acetic Acid is 6% *w/v*) for internal administration or for the manufacture of other preparations.

The strengths of the official undiluted acids are expressed as percentages in weight (*w/w*), whereas the strengths of the official diluted acids are expressed as percent in volume (*w/v*). It, therefore, becomes necessary to consider the specific gravities of the concentrated acids when calculating the volume required to make a given quantity of diluted acid. The following equation will give the number of milliliters required to make 1000 mL of diluted acid:

$$\frac{\text{Strength of diluted acid} \times 1{,}000}{\text{Strength of undiluted acid} \times \text{Specific gravity of undiluted acid}}$$

Thus, if one wishes to make 1000 mL of Diluted Hydrochloric Acid USP (10% w/v) using Hydrochloric Acid that assays 37.5% HCl (sp gr 1.18), the amount required is

$$\frac{10 \times 1{,}000}{37.5 \times 1.18} = 226 \text{ mL}$$

Diluted Hydrochloric Acid, USP has been used in the treatment of achlorhydria. However, it may irritate the mucous membrane of the mouth and attack the enamel of the teeth. The usual dose is 2 to 4 mL, well-diluted with water. In the treatment of achlorhydria no attempt is made to administer more than a relief-producing dose.

Douches

A douche is an aqueous solution directed against a part or into a cavity of the body. It functions as a cleansing or antiseptic agent. An *eye douche*, used to remove foreign particles and discharges from the eyes, is directed gently at an oblique angle and allowed to run from the inner to the outer corner of the eye. *Pharyngeal douches* are used to prepare the interior of the throat for an operation and cleanse it in suppurative conditions. Similarly, there are *nasal douches* and *vaginal douches*. Douches usually are directed to the appropriate body part by using bulb syringes.

Douches are often dispensed in the form of a powder with directions for dissolving in a specified quantity of water (usually warm). However, tablets for preparing solutions are available (eg, Dobell's Solution Tablets) or the solution may be prepared by the pharmacist. If powders or tablets are supplied, they must be free from insoluble material in order to produce a clear solution. Tablets are produced by the usual processes but any lubricants or diluents used must be readily soluble in water. Boric acid may be used as a lubricant and sodium chloride normally is used as a diluent. Tablets deteriorate on exposure to moist air and should be stored in airtight containers.

Douches are not official as a class of preparations but several substances in the compendia frequently are employed as such in weak solutions. *Vaginal douches* are the most common type of douche and are used for cleansing the vagina and by-

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The ingredients used in vaginal douches include antimicrobial agents such as benzalkonium chloride, the parabens or chlorothymol, and anesthetics or antipruritics such as phenol or menthol. Astringents such as zinc sulfate or potassium alum, surface-active agents such as sodium lauryl sulfate, and chemicals to alter the pH such as sodium bicarbonate or citric acid also are used.

Enemas

A number of solutions are administered rectally for the local effects of the medication (eg, hydrocortisone) or for systemic absorption (eg, aminophylline). In the case of aminophylline, the rectal route of administration minimizes the undesirable gastrointestinal reactions associated with oral therapy.[24] Clinically effective blood levels of the agents are usually obtained within 30 minutes following rectal instillation. Corticosteroids are administered as retention enemas or continuous drip as adjunctive treatment of some patients with ulcerative colitis.

Enema preparations are rectal injections employed to evacuate the bowel (evacuation enemas), influence the general system by absorption, or to affect a local disease. The latter two are called retention enemas. They may possess anthelmintic, nutritive, sedative, or stimulating properties, or they may contain radiopaque substances for roentgenographic examination of the lower bowel.

Sodium chloride, sodium bicarbonate, sodium monohydrogen phosphate, sodium dihydrogen phosphate, glycerin, docusate potassium, and light mineral oil are used in enemas to evacuate the bowel. These substances may be used alone, in combination with each other, or in combination with irritants such as soap. Evacuation enemas usually are given at body temperature in quantities of 1 to 2 pt injected slowly with a syringe.

An official retention enema used for systemic purposes is aminophylline. Retention enemas are to be retained in the intestine and should not be used in larger quantities than 150 mL for an adult. Usually, the volume is considerably smaller, such as a few mL. *Microenema* is a term used to describe these small-volume preparations. Vehicles for retention microenemas have been formulated with small quantities of ethanol and propylene glycol, and no significant difference in irritation, as compared with water, was found. A number of other drugs such as valproic acid, indomethacin, and metronidazole have been formulated as microenemas for the purpose of absorption.

Gargles

Gargles are aqueous solutions frequently containing antiseptics, antibiotics, and/or anesthetics used for treating the pharynx and nasopharynx by forcing air from the lungs through the gargle that is held in the throat; subsequently, the gargle is expectorated. Many gargles must be diluted with water prior to use. Although mouthwashes are considered as a separate class of pharmaceuticals, many are used as gargles either as is, or diluted with water.

A gargle/mouthwash containing the antibiotic tyrothricin has been shown to provide levels of gramicidin, a component of tyrothricin, in saliva when used as a gargle rather than a mouthwash.[25] Higher saliva levels of gramicidin were obtained when a lozenge formulation was employed. Rapid relief of pharyngeal and oral pain was obtained when Cepacaine solution, which contains a topical anesthetic, was used as a gargle.[26]

Nystatin is administered in both powder and liquid form to treat oral fungal infections.[27] The medication is taken by placing one-half of the dose in each side of the mouth, swishing it around as long as possible, then gargling and swallowing. Hydrogen peroxide is a source of nascent oxygen and a weak topical antibacterial agent. Hydrogen peroxide topical solution has been used as a mouthwash or gargle in the treatment of pharyngitis, also been applied in root canals of teeth or other dental pulp cavities. While used topically as a 1.5–3% solution for cleansing wounds, hydrogen peroxide is usually diluted with an equal volume of water for use as a mouthwash or gargle. Hydrogen peroxide gel is used topically as a 1.5% gel for cleansing minor wounds or irritations of the mouth or gums. A small amount of the gel is applied to the affected area, allowed to remain in place for at least 1 minute, and then expectorated; the gel may be used up to 4 times daily (after meals and at bedtime).

Mouthwashes

Mouthwashes are aqueous solutions often in concentrated form containing one or more active ingredients and excipients described below. They are used by swishing the liquid in the oral cavity. Mouthwashes can be used for two purposes, therapeutic and cosmetic. Therapeutic rinses or washes can be formulated to reduce plaque, gingivitis, dental caries, and stomatitis. Cosmetic mouthwashes may be formulated to reduce bad breath through the use of antimicrobial and/or flavoring agents.

Recent information indicates that mouthwashes are being used as a dosage form for a number of specific problems in the oral cavity; for example, mouthwashes containing a combination of antihistamines, hydrocortisone, nystatin, and tetracycline have been prepared from commercially available suspensions, powders, syrups, or solutions for the treatment of stomatitis, a painful side effect of cancer chemotherapy. Other drugs include allopurinol, also used for the treatment of stomatitis,[30] pilocarpine for xerostoma (dry mouth),[31] amphotericin B for oral candidiasis,[32] and chlorhexidine gluconate for plaque control.[33] Mouthwashes may be used for diagnostic purposes. For example, oral cancer and lesions are detected using toluidine blue mouth rinse.[34]

Commercial products (eg, Cepacol, Listerine, Micrin, or Scope) vary widely in composition. Tricca has described the excipients generally found in Mouthwashes as alcohols, surfactants, flavors, and coloring agents.[35] Alcohol is often present in the range of 10% to 20%. It enhances the flavor, provides sharpness to the taste, aids in masking the unpleasant taste of active ingredients, functions as a solubilizing agent for some flavoring agents, and may function as a preservative. Humectants such as glycerin and sorbitol may form 5% to 20% of the mouthwash. These agents increase the viscosity of the preparation and provide a certain *body* or *mouth feel* to the product. They enhance the sweetness of the product and, along with the ethanol, improve the preservative qualities of the product.

Surfactants of the nonionic class such as polyoxyethylene/polyoxypropylene block copolymers or polyoxyethylene derivatives of sorbitol fatty acid esters may be used. The concentration range is 0.1% to 0.5%. An anionic surfactant occasionally used is sodium lauryl sulfate. Surfactants are used because they aid in the solubilization of flavors and in the removal of debris by providing foaming action. Cationic surfactants such as cetylpyridinium chloride are used for their antimicrobial properties, but these tend to impart a bitter taste.

Flavors are used in conjunction with alcohol and humectants to overcome disagreeable tastes, at the same time flavors must be safe to use. The principle flavoring agents are peppermint, spearmint, cinnamon, wintergreen oils, menthol, or methyl salicylate. Other flavoring agents may be used singly or in combination. Finally, coloring agents also are used in these products.

Juices

A juice is prepared from fresh ripe fruit, is aqueous in character, and is used in making syrups that are employed as vehicles. The freshly expressed juice is preserved with benzoic acid and allowed to stand at room temperature for several days, until the pectins that naturally are present are destroyed by enzymatic

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