

13 CV 3374

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PURDUE PHARMA L.P.,
THE P.F. LABORATORIES, INC.,
PURDUE PHARMACEUTICALS L.P.,
and GRÜNENTHAL GMBH,

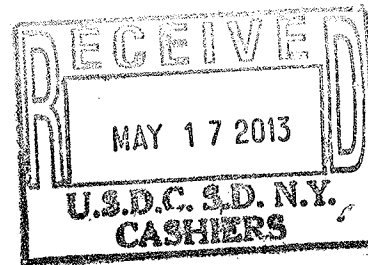
Plaintiffs,

v.

PAR PHARMACEUTICAL, INC.

Defendant.

C.A. No. _____



COMPLAINT

Plaintiffs Purdue Pharma L.P., The P.F. Laboratories, Inc., Purdue
Pharmaceuticals L.P., and Grünenthal GmbH for their Complaint herein, aver as follows:

NATURE OF THE ACTION

1. This is an action for patent infringement arising under the patent laws of
the United States, Title 35, United States Code.

THE PARTIES: PLAINTIFFS

2. Plaintiff Purdue Pharma L.P. ("Purdue Pharma") is a limited partnership
organized and existing under the laws of the State of Delaware, having a place of business at One
Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901-3431. Purdue Pharma is an
owner of United States Patent No. 8,337,888 identified in paragraph 13 below and an exclusive
licensee of United States Patent No. 8,309,060 identified in paragraph 14 below. Purdue Pharma
is also the holder of New Drug Application ("NDA") No. 022272 for the controlled-release

oxycodone pain-relief medication OxyContin[®], and is involved in the sales of OxyContin[®] in the United States.

3. Plaintiff The P.F. Laboratories, Inc. ("P.F. Labs") is a corporation organized and existing under the laws of the State of New Jersey, having a place of business at 700 Union Boulevard, Totowa, NJ 07512. P.F. Labs is an owner of United States Patent No. 8,337,888 identified in paragraph 13 below, and is involved in the manufacture of controlled-release oxycodone pain-relief medication under the brand name OxyContin[®].

4. Plaintiff Purdue Pharmaceuticals L.P. ("Purdue Pharmaceuticals") is a limited partnership organized and existing under the laws of the State of Delaware, having a place of business at 4701 Purdue Drive, Wilson, NC 27893. Purdue Pharmaceuticals is an owner of United States Patent No. 8,337,888 identified in paragraph 13 below, and is involved in the manufacture of controlled-release oxycodone pain-relief medication under the brand name OxyContin[®].

5. Plaintiff Grünenthal GmbH ("Grünenthal") is a corporation organized and existing under the laws of Germany, having an address at 52078 Aachen, Zieglerstrasse 6, Germany. Grünenthal is the owner of United States Patent No. 8,309,060 identified in paragraph 14 below.

THE PARTIES: DEFENDANT

6. Upon information and belief, Defendant Par Pharmaceutical, Inc. ("Par") is a corporation organized and existing under the laws of the State of Delaware, having a principal place of business at 300 Tice Boulevard, Woodcliff Lake, NJ 07677.

7. Upon information and belief, Par is registered as a Pharmacy Establishment in the State of New York by the New York State Department of Education, Office

of the Professions. (Registration Nos. 027015, 029055, 101405). These registrations have an active status and are valid through November 30, 2013, July 31, 2014, and October 31, 2015, respectively.

8. Upon information and belief, Par has a facility at One Ram Ridge Road, Spring Valley, NY 10977.

9. Upon information and belief, Par has a facility at 30 Dunnigan Drive, Suffern, NY 10901.

JURISDICTION AND VENUE

10. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §§ 1331, 1338(a), 2201 and 2202.

11. This Court has personal jurisdiction over Par because, *inter alia*, Par has purposefully availed itself of the rights and benefits of the laws of this State and this Judicial District. Upon information and belief, Par does business in this State and this Judicial District, has engaged in continuous and systematic contact with this State and this Judicial District, and derives substantial revenue from things used or consumed in this State and this Judicial District. Upon information and belief, Par has facilities at One Ram Ridge Road, Spring Valley, NY 10977 and 30 Dunnigan Drive, Suffern, NY 10901, which are physically located in this State and in this Judicial District. Upon information and belief, Par engages in the manufacture and sale of a range of pharmaceutical products within and directed to the United States, this State, and this Judicial District specifically. Par previously submitted to the personal jurisdiction of this Court when it stipulated to substitute for Actavis Elizabeth LLC (“Actavis”) in patent litigations concerning United States Patent Nos. 6,488,963, 7,674,799, 7,674,800, 7,683,072, 7,776,314, and 8,114,383, which suits were based on the same Abbreviated New Drug Application

(“ANDA”) described in paragraph 15 below. Jan. 15, 2013 Stipulation and Order Substituting Par Pharmaceutical, Inc. for Actavis Elizabeth LLC as the Defendant/Counterclaim Plaintiff, *Purdue Pharma L.P. et al. v. Actavis Elizabeth LLC*, No. 11-civ-2038 (D.I. 73), No. 13-civ-5615 (D.I. 15) (SHS) (S.D.N.Y.) (originally filed respectively on Mar. 23, 2011 and July 20, 2012). Further, this Court has personal jurisdiction over Par because, upon information and belief, Par has an active registration status as a Pharmacy Establishment in the State of New York by the New York State Department of Education, Office of the Professions. In addition, upon information and belief, Par is actively preparing to make the proposed generic copies of OxyContin[®] that are the subject of ANDA No. 202434, and to use, sell and offer for sale such generic copies in this State and this Judicial District.

12. Venue is proper in this Judicial District under 28 U.S.C. §§ 1391(b) and (c) and § 1400(b).

THE PATENTS IN SUIT

13. Plaintiffs Purdue Pharma, P.F. Labs, and Purdue Pharmaceuticals are the lawful owners of all right, title and interest in United States Patent No. 8,337,888 entitled “PHARMACEUTICAL FORMULATION CONTAINING GELLING AGENT” (“the ‘888 patent”), including the right to sue and to recover for past infringement thereof. The ‘888 patent is listed in the FDA’s Orange Book as covering the drug OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, which is the subject of approved NDA No. 022272. A copy of the ‘888 patent is attached hereto as Exhibit A, which was duly and legally issued on December 25, 2012, naming Curtis Wright, Benjamin Oshlack, and Christopher Breder as the inventors.

14. Plaintiff Grünenthal GmbH is the lawful owner of all right, title and interest in United States Patent No. 8,309,060 entitled “ABUSE-PROOFED DOSAGE FORM”

(“the ‘060 patent”), including the right to sue and to recover for past infringement thereof. Plaintiff Purdue Pharma is an exclusive licensee of the ‘060 patent from Grünenthal, with the right to enforce the ‘060 patent. The ‘060 patent is listed in the FDA’s Orange Book as covering the drug OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, which is the subject of approved NDA No. 022272. A copy of the ‘060 patent is attached hereto as Exhibit B, which was duly and legally issued on November 13, 2012, naming Johannes Bartholomäus, Heinrich Kugelmann, and Elisabeth Arkenau-Marić as the inventors.

DEFENDANT’S ANDA

15. Upon information and belief, Actavis originally submitted ANDA No. 202434 to the FDA, under § 505(j) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. § 355(j)), seeking approval to engage in the commercial manufacture, use, sale, offer for sale or importation of generic oxycodone hydrochloride extended release tablets (“Par’s proposed generic copies of OxyContin[®]”), 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, based on the Reference Listed Drug (“RLD”) OxyContin[®], which is the subject of approved NDA No. 022272, before the expiration of the ‘888 and ‘060 patents. Par later acquired ANDA No. 202434. (Stipulation and Order Substituting Par Pharmaceutical, Inc. for Actavis Elizabeth LLC as the Defendant/Counterclaim Plaintiff, 11-cv-02038 (D.I. 73), 12-cv-05615 (D.I. 15)).

16. Upon information and belief, Par’s ANDA No. 202434 contains a “Paragraph IV” certification under 21 U.S.C. § 355(j)(2)(A)(vii)(IV) alleging that the ‘888 patent, listed in the FDA’s Orange Book as covering the drug OxyContin[®], which is the subject of approved NDA No. 022272, is “invalid, unenforceable, and/or will not be infringed” by the commercial manufacture, use or sale of Par’s proposed generic copies of OxyContin[®].

17. In a letter dated April 4, 2013 addressed to Plaintiffs and received by Plaintiff Purdue Pharma on April 5, 2013, Par provided “Notice” with respect to its proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, and the ‘888 patent under 21 U.S.C. § 355(j)(2)(B), and thereby demonstrated an actual and justiciable controversy.

18. Upon information and belief, Par’s ANDA No. 202434 contains a “Paragraph IV” certification under 21 U.S.C. § 355(j)(2)(A)(vii)(IV) alleging that the ‘060 patent, listed in the FDA’s Orange Book as covering the drug OxyContin[®], which is the subject of approved NDA No. 022272, is “invalid, unenforceable, and/or will not be infringed” by the commercial manufacture, use or sale of Par’s proposed generic copies of OxyContin[®].

19. In a letter dated April 4, 2013 addressed to Plaintiffs and received by Plaintiff Purdue Pharma on April 5, 2013, Par provided “Notice” with respect to its proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, and the ‘060 patent under 21 U.S.C. § 355(j)(2)(B), and thereby demonstrated an actual and justiciable controversy.

FIRST CLAIM FOR RELIEF:
PATENT INFRINGEMENT OF THE ‘888 PATENT

20. The submission of Par’s ANDA was an act of infringement of the ‘888 patent under the United States Patent Law, 35 U.S.C. § 271(e)(2)(A) with respect to Par’s proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg.

21. Upon information and belief, Par’s proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, are covered by one or more claims of the ‘888 patent.

22. Upon information and belief, Par's commercial manufacture, use, sale, and/or offer for sale of the proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, would infringe, contribute to the infringement of, and/or induce the infringement of one or more claims of the '888 patent.

23. Upon information and belief, Par has been aware of the existence of the '888 patent, and has no reasonable basis for believing that its proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, will not infringe the '888 patent, thus rendering the case "exceptional," as that term is used in 35 U.S.C. § 285.

24. The acts of infringement by Par set forth above will cause Plaintiffs Purdue Pharma, P.F. Labs, and Purdue Pharmaceuticals irreparable harm for which they have no adequate remedy at law, and will continue unless enjoined by this Court.

SECOND CLAIM FOR RELIEF:
PATENT INFRINGEMENT OF THE '060 PATENT

25. The submission of Par's ANDA was an act of infringement of the '060 patent under the United States Patent Law, 35 U.S.C. § 271(e)(2)(A) with respect to Par's proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg.

26. Upon information and belief, Par's proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg, are covered by one or more claims of the '060 patent.

27. Upon information and belief, Par's commercial manufacture, use, sale, and/or offer for sale of the proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg, would infringe, contribute to the infringement of, and/or induce the infringement of one or more claims of the '060 patent.

28. Upon information and belief, Par has been aware of the existence of the '060 patent, and has no reasonable basis for believing that its proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg, will not infringe the '060 patent, thus rendering the case "exceptional," as that term is used in 35 U.S.C. § 285.

29. The acts of infringement by Par set forth above will cause Plaintiffs Purdue Pharma and Grünenthal irreparable harm for which they have no adequate remedy at law, and will continue unless enjoined by this Court.

WHEREFORE, Plaintiffs pray for judgment:

On the First Claim of Relief:

A. Adjudging that Par has infringed the '888 patent, and that the commercial sale, offer for sale, use, and/or manufacture of the proposed generic copies of OxyContin[®], 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg, described in ANDA No. 202434 would infringe, induce infringement of, and/or contribute to the infringement of the '888 patent;

B. Adjudging, pursuant to 35 U.S.C. § 271(e)(4)(A), the effective date of any approval of ANDA No. 202434 under § 505(j) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. § 355(j)), to be a date not earlier than the date of expiration of the '888 patent plus any additional periods of exclusivity;

C. Preliminarily and permanently enjoining, pursuant to 35 U.S.C. §§ 271(e)(4)(B) and 283 and Rule 65, Fed. R. Civ. P., Par, its officers, partners, agents, servants, employees, parents, subsidiaries, divisions, affiliate corporations, other related business entities and all other persons acting in concert, participation, or in privity with them, and their successors and assigns, from any commercial manufacture, use, offer to sell, or sale within the United States, or importation into the United States, of any drug product that infringes the '888 patent;

D. Declaring this an exceptional case and awarding Plaintiffs Purdue Pharma, P.F. Labs, and Purdue Pharmaceuticals their attorneys' fees, as provided by 35 U.S.C. §§ 271(e)(4) and 285; and

E. Awarding Plaintiffs Purdue Pharma, P.F. Labs, and Purdue Pharmaceuticals such other and further relief as this Court may deem just and proper.

On the Second Claim of Relief:

A. Adjudging that Par has infringed the '060 patent, and that the commercial sale, offer for sale, use, and/or manufacture of the proposed generic copies of OxyContin®, 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg, described in ANDA No. 202434 would infringe, induce infringement of, and/or contribute to the infringement of the '060 patent;

B. Adjudging, pursuant to 35 U.S.C. § 271(e)(4)(A), the effective date of any approval of ANDA No. 202434 under § 505(j) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. § 355(j)), to be a date not earlier than the date of expiration of the '060 patent plus any additional periods of exclusivity;

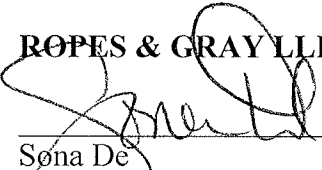
C. Preliminarily and permanently enjoining, pursuant to 35 U.S.C. §§ 271(e)(4)(B) and 283 and Rule 65, Fed. R. Civ. P., Par, its officers, partners, agents, servants, employees, parents, subsidiaries, divisions, affiliate corporations, other related business entities and all other persons acting in concert, participation, or in privity with them, and their successors and assigns, from any commercial manufacture, use, offer to sell, or sale within the United States, or importation into the United States, of any drug product that infringes the '060 patent;

D. Declaring this an exceptional case and awarding Plaintiffs Purdue Pharma and Grünenthal their attorneys' fees, as provided by 35 U.S.C. §§ 271(e)(4) and 285; and

E. Awarding Plaintiffs Purdue Pharma and Grünenthal such other and further relief as this Court may deem just and proper.

Dated: May 17, 2013

ROPES & GRAY LLP




Sona De
Pablo D. Hendler
1211 Avenue of the Americas
New York, NY 10036
(212) 596-9000
sona.de@ropesgray.com
pablo.hendler@ropesgray.com

Robert J. Goldman
1900 University Avenue, 6th Floor
East Palo Alto, CA 94303
(650) 617-4000
robert.goldman@ropesgray.com

*Attorneys for Plaintiffs
Purdue Pharma L.P., The P.F.
Laboratories, Inc., and Purdue
Pharmaceuticals, L.P.*

Dated: May 16, 2013

WILK AUSLANDER LLP



Stephen D. Hoffman (SH 6089)
Eric B. LaMons (EL 1793)
1515 Broadway, 43rd Floor
New York, NY 10036
(212) 981-2300
shoffman@wilkauslander.com

*Attorneys for Plaintiff
Grünenthal GmbH*

Of Counsel for Grünenthal GmbH•

**FINNEGAN, HENDERSON,
FARABOW, GARRETT & DUNNER,
LLP**

Basil J. Lewris

Joann M. Neth

Jennifer H. Roscetti

901 New York Avenue, N.W.

Washington, DC 20001

(202) 408-4000

bill.lewris@finnegan.com

joann.neth@finnegan.com

jennifer.roschetti@finnegan.com

Anthony C. Tridico

Avenue Louise 326, Box 37

Brussels, Belgium B-1 050

011 32 2 646 03 53

anthony.tridico@finnegan.com

EXHIBIT A



US008337888B2

(12) **United States Patent**
Wright et al.

(10) Patent No.: **US 8,337,888 B2**
(45) Date of Patent: ***Dec. 25, 2012**

(54) **PHARMACEUTICAL FORMULATION
CONTAINING GELLING AGENT**

(75) Inventors: **Curtis Wright, Norwalk, CT (US);
Benjamin Oshlack, New York, NY
(US); Christopher Breder, Greenwich,
CT (US)**

(73) Assignee: **Purdue Pharma L.P., Stamford, CT
(US)**

(*) Notice: Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 0 days.

This patent is subject to a terminal dis-
claimer.

(21) Appl. No.: **13/349,449**

(22) Filed: **Jan. 12, 2012**

(65) **Prior Publication Data**
US 2012/0108622 A1 May 3, 2012

Related U.S. Application Data

(63) Continuation of application No. 12/653,115, filed on
Dec. 8, 2009, now abandoned, which is a continuation
of application No. 10/214,412, filed on Aug. 6, 2002,
now abandoned.

(60) Provisional application No. 60/310,534, filed on Aug.
6, 2001.

(51) Int. Cl.
A61K 9/20 (2006.01)

(52) U.S. Cl. **424/464; 424/465**

(58) Field of Classification Search None
See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

3,065,143 A 11/1962 Christenson et al.
3,133,132 A 5/1964 Loeb et al.
3,173,876 A 3/1965 Zobrist et al.
3,260,646 A 7/1966 Paulsen et al.
3,276,586 A 10/1966 Rosaen
3,541,005 A 11/1970 Strathmann et al.
3,541,006 A 11/1970 Bixler et al.
3,546,876 A 12/1970 Fokker et al.
3,845,770 A 11/1974 Theeuwes et al.
3,916,889 A 11/1975 Russell
3,980,766 A 9/1976 Shaw et al.
4,063,064 A 12/1977 Saunders et al.
4,070,494 A 1/1978 Hoffmeister et al.
4,088,864 A 5/1978 Theeuwes et al.
4,160,020 A 7/1979 Ayer et al.
4,175,119 A 11/1979 Porter
4,200,098 A 4/1980 Ayer et al.
4,285,987 A 8/1981 Ayer et al.
4,293,539 A 10/1981 Ludwig et al.
4,385,057 A 5/1983 Bjork et al.
4,389,393 A 6/1983 Schor et al.
4,424,205 A 1/1984 LaHann et al.
4,457,933 A 7/1984 Gordon et al.
4,459,278 A 7/1984 Porter
4,588,580 A 5/1986 Gale et al.

4,599,342 A 7/1986 LaHann
4,610,870 A 9/1986 Jain et al.
4,666,705 A 5/1987 DeCrosta et al.
4,769,372 A 9/1988 Kreek
4,785,000 A 11/1988 Kreek et al.
4,806,341 A 2/1989 Chien et al.
4,812,446 A 3/1989 Brand
4,861,598 A 8/1989 Oshlack
4,957,681 A 9/1990 Klimesch et al.
4,990,341 A 2/1991 Goldie et al.
5,026,556 A 6/1991 Drust et al.
5,059,600 A 10/1991 Gawin et al.
5,069,909 A 12/1991 Sharma et al.
5,111,942 A 5/1992 Bernardin
5,114,942 A 5/1992 Gawin et al.
5,130,311 A 7/1992 Guillaumet et al.
5,149,538 A 9/1992 Granger et al.
5,215,758 A 6/1993 Krishnamurthy
5,225,199 A 7/1993 Hidaka et al.
5,240,711 A 8/1993 Hille et al.
5,266,331 A 11/1993 Oshlack et al.
5,273,758 A 12/1993 Royce
5,273,760 A 12/1993 Oshlack et al.
5,286,493 A 2/1994 Oshlack et al.
5,290,816 A 3/1994 Blumberg
5,321,012 A 6/1994 Mayer et al.

(Continued)

FOREIGN PATENT DOCUMENTS

EP 0661045 7/1995

(Continued)

OTHER PUBLICATIONS

Remington's Pharmaceutical Sciences (Arthur Osol, ed.) pp. 1553-
1593 (1980). Ton et al., British Journal of Pharmacology, vol. 10, pp.
175-182 (1955).
U.S. Appl. No. 10/214,412: Final Office Action dated Jun. 8, 2009 (23
pages).
U.S. Appl. No. 10/214,412: Final Office Action dated Mar. 29, 2006
(19 pages).
U.S. Appl. No. 10/214,412: Final Office Action dated Oct. 9, 2007
(18 pages).
U.S. Appl. No. 10/214,412: Non-Final Office Action dated Feb. 22,
2008 (15 pages).
U.S. Appl. No. 10/214,412: Non-Final Office Action dated Jul. 18,
2005 (13 pages).
U.S. Appl. No. 10/214,412: Non-Final Office Action dated Jan. 5,
2007 (19 pages).

(Continued)

Primary Examiner — Robert A Wax

Assistant Examiner — Olga V Tcherkasskaya

(74) Attorney, Agent, or Firm — Lowenstein Sandler PC

(57) **ABSTRACT**

Disclosed in certain embodiments is a controlled release oral
dosage form comprising a therapeutically effective amount of
a drug susceptible to abuse together with one or more phar-
maceutically acceptable excipients; the dosage form further
including a gelling agent in an effective amount to impart a
viscosity unsuitable for administration selected from the
group consisting of parenteral and nasal administration to a
solubilized mixture formed when the dosage form is crushed
and mixed with from about 0.5 to about 10 ml of an aqueous
liquid; the dosage form providing a therapeutic effect for at
least about 12 hours when orally administered to a human
patient.

24 Claims, No Drawings

U.S. PATENT DOCUMENTS

5,324,351	A	6/1994	Oshlack et al.	
5,330,766	A	7/1994	Morella et al.	
5,356,467	A	10/1994	Oshlack et al.	
5,376,705	A	12/1994	Leys et al.	
5,403,868	A	4/1995	Reid et al.	
5,409,944	A	4/1995	Black et al.	
5,436,265	A	7/1995	Black et al.	
5,472,712	A	12/1995	Oshlack et al.	
5,472,943	A	12/1995	Crain et al.	
5,474,995	A	12/1995	Ducharme et al.	
5,500,227	A	3/1996	Oshlack et al.	
5,502,058	A	3/1996	Mayer et al.	
5,508,042	A	4/1996	Oshlack et al.	
5,510,368	A	4/1996	Lau et al.	
5,514,680	A	5/1996	Weber et al.	
5,521,213	A	5/1996	Prasit et al.	
5,536,752	A	7/1996	Ducharme et al.	
5,549,912	A	8/1996	Oshlack et al.	
5,550,142	A	8/1996	Ducharme et al.	
5,552,422	A	9/1996	Gauthier et al.	
5,556,838	A	9/1996	Mayer et al.	
5,580,578	A	12/1996	Oshlack et al.	
5,593,994	A	1/1997	Batt et al.	
5,604,253	A	2/1997	Lau et al.	
5,604,260	A	2/1997	Guay et al.	
5,616,601	A	4/1997	Khanna et al.	
5,639,476	A	6/1997	Oshlack et al.	
5,639,780	A	6/1997	Lau et al.	
5,656,295	A	8/1997	Oshlack et al.	
5,672,360	A	9/1997	Sackler et al.	
5,679,650	A	10/1997	Fukunaga et al.	
5,681,585	A	10/1997	Oshlack et al.	
5,695,781	A	12/1997	Zhang et al.	
5,741,524	A	4/1998	Staniforth et al.	
5,762,963	A	6/1998	Byas-Smith	
5,849,240	A *	12/1998	Miller et al.	264/460
5,891,471	A *	4/1999	Miller et al.	424/468
5,891,919	A	4/1999	Blum et al.	
5,965,163	A *	10/1999	Miller et al.	424/468
5,968,551	A	10/1999	Oshlack et al.	
6,024,982	A	2/2000	Oshlack et al.	
6,143,322	A	11/2000	Sackler et al.	
6,153,621	A	11/2000	Hamann	
6,162,467	A *	12/2000	Miller et al.	424/468
6,228,863	B1	5/2001	Palermo et al.	
6,277,398	B1	8/2001	Caruso	
6,309,668	B1	10/2001	Bastin et al.	
6,352,721	B1	3/2002	Faour	
6,375,957	B1 *	4/2002	Kaiko et al.	424/400
6,419,954	B1	7/2002	Chu	
6,440,464	B1	8/2002	Hsia et al.	
6,488,963	B1	12/2002	McGinity	
6,491,949	B2	12/2002	Faour et al.	
6,559,159	B2	5/2003	Carroll et al.	
6,572,885	B2	6/2003	Oshlack et al.	
6,593,367	B1	7/2003	Dewey et al.	
6,627,635	B2	9/2003	Palermo et al.	
6,696,088	B2	2/2004	Oshlack et al.	
7,201,920	B2	4/2007	Kumar et al.	
7,776,314	B2	8/2010	Bartholomaeus	
7,842,307	B2 *	11/2010	Oshlack et al.	424/450
8,075,872	B2	12/2011	Arkenau-Maric	
8,114,383	B2	2/2012	Bartholomaeus	
8,114,384	B2	2/2012	Arkenau	
8,192,722	B2	6/2012	Arkenau-Maric	
2003/0004177	A1 *	1/2003	Kao et al.	514/282
2003/0026838	A1	2/2003	Farrell	
2003/0059471	A1	3/2003	Compton et al.	
2003/0064099	A1	4/2003	Oshlack et al.	
2003/0064122	A1	4/2003	Goldberg et al.	
2003/0068276	A1	4/2003	Hughes et al.	
2003/0068370	A1	4/2003	Sackler	
2003/0068375	A1 *	4/2003	Wright et al.	424/468
2003/0068392	A1	4/2003	Sackler	
2003/0124061	A1	7/2003	Roberts	
2003/0124185	A1	7/2003	Oshlack et al.	
2003/0125347	A1	7/2003	Anderson et al.	
2003/0126428	A1	7/2003	Liu et al.	

2003/0170181	A1	9/2003	Midha	
2003/0232081	A1	12/2003	Doshi et al.	
2004/0126428	A1	7/2004	Hughes et al.	
2004/0131552	A1	7/2004	oehm	
2004/0151791	A1	8/2004	Mayo-Alvarez et al.	
2004/0228802	A1	11/2004	Chang et al.	
2004/0253310	A1 *	12/2004	Fischer et al.	424/472
2005/0020613	A1	1/2005	Boehm et al.	
2005/0063909	A1	3/2005	Wright et al.	
2005/0106249	A1	5/2005	Hwang et al.	
2005/0112067	A1	5/2005	Kumar et al.	
2005/0163717	A1	7/2005	Anderson et al.	
2005/0186139	A1	8/2005	Bartholomaeus	
2005/0214223	A1	9/2005	Bartholomaeus et al.	
2005/0236741	A1	10/2005	Arkenau	
2006/0002860	A1	1/2006	Bartholomaeus	
2006/0018837	A1	1/2006	Preston et al.	
2006/0039864	A1	2/2006	Bartholomaeus	
2006/0165790	A1 *	7/2006	Walden et al.	424/468
2006/0188447	A1	8/2006	Arkenau-Maric	
2006/0193782	A1	8/2006	Bartholomaeus	
2007/0003616	A1	1/2007	Arkenau-Maric	
2007/0003617	A1 *	1/2007	Fischer et al.	424/468
2007/0166234	A1	7/2007	Kumar et al.	
2007/0264327	A1	11/2007	Kumar et al.	
2008/0063725	A1 *	3/2008	Guimbeteau et al.	424/492
2008/0254123	A1 *	10/2008	Fischer et al.	424/486
2008/0260815	A1 *	10/2008	Hayes et al.	424/455

FOREIGN PATENT DOCUMENTS

EP	1293195	A1	3/2003
JP	01236298	A	9/1989
WO	WO-95/20947	A1	8/1995
WO	WO-99/32119	A1	7/1999
WO	WO-01/58447	A1	8/2001
WO	WO-02/094254	A2	11/2002
WO	WO-03/015531	A2	2/2003
WO	WO-03/026743	A2	4/2003
WO	WO-03/092676	A1	11/2003
WO	WO-2004/026256	A2	1/2004
WO	WO-2004/026283	A1	4/2004
WO	WO-2004/037259	A1	5/2004
WO	WO-2005/053587	A1	6/2005

OTHER PUBLICATIONS

U.S. Appl. No. 10/214,412: Non-Final Office Action dated Nov. 1, 2004 (17 pages).

U.S. Appl. No. 12/262,015: Final Office Action dated Mar. 31, 2010 (32 pages).

U.S. Appl. No. 12/262,015: Non-Final Office Action dated Apr. 28, 2009 (20 pages).

Office Action mailed Sep. 11, 2007 in U.S. Appl. No. 11/136,636 of Emigh et al.

Office Action mailed Jun. 14, 2007 in U.S. Appl. No. 11/136,636 of Emigh et al.

Office Action mailed Jan. 23, 2007 in U.S. Appl. No. 11/136,636 of Emigh et al.

Office Action mailed Oct. 30, 2006 in U.S. Appl. No. 11/136,636 of Emigh et al.

Wells, Mickey L, and Eugene L. Parrott. 1992. Effect of Anionic Surfactants on the Release of Chlorpheniramine Maleate from an Inert, Heterogeneous Matrix. *Drug Development and Industrial Pharmacy* 18(2):175-186.

Rao, B. Sreenivasa and K. V. Ramana Murthy. 2000. Effect of Sodium Lauryl Sulfate on the Release of Rifampicin from Guar Gum Matrix. *Indian Journal of Pharmaceutical Science*:404-406.

Matschiner et al. 1995. Characterization of Ion Pair Formation Between Erythromycin and Lipophilic Counter Ions. *Pharmazie* 50:462-464.

Paragraph IV Patent Certification Notice for ANDA 202434 (2011).

Paragraph IV Patent Certification Notice for ANDA 203235 (2011).

Paragraph IV Patent Certification Notice for ANDA 202372 (2011).

Paragraph IV Patent Certification Notice for ANDA 202483 (2011).

Paragraph IV Patent Certification Notice for ANDA 202762 (2011).

Paragraph IV Patent Certification Notice for Amendment to ANDA 202762 (2011).

Paragraph IV Patent Certification Notice for ANDA 202455 (2011).

Paragraph IV Patent Certification Notice for ANDA 202352 (2011).

Woodburn, K.R., et al., "Vascular Complications of Injecting Drug Misuse", British Journal of Surgery, 1996, vol. 83, p. 1329-1334.

Kim, C., "Drug Release from Compressed Hydrophilic POLYOX-WSR Tablets", Journal of Pharmaceutical Sciences, vol. 84, No. 3, Mar. 1995, p. 303-306.

Apicella, A., "Poly(ethylene oxide) (PEO) and Different Molecular Weight PEO Blends Monolithic Devices for Drug Release", Biomaterials, vol. 14, No. 2, 1993, p. 83-90.

Deighan, C.J., et al., "Rhabdomyolysis and Acute Renal Failure Resulting From Alcohol and Drug Abuse", QJ Med, vol. 93, 2000, p. 29-33.

Kalant, H., et al., "Death in Amphetamine Users: Causes and Rates", CMA Journal, vol. 112, Feb. 8, 1975, p. 299-304.

U.S. Pharmacopeia, p. 2206, 1995.

U.S. Appl. No. 12/262,015—Non-Final Rejection dated Feb. 29, 2012.

U.S. Appl. No. 12/262,015—Response/Amendment dated Aug. 29, 2012.

* cited by examiner

1

PHARMACEUTICAL FORMULATION CONTAINING GELLING AGENT

RELATED APPLICATIONS

This application is a continuation of U.S. patent application Ser. No. 12/653,115, filed Dec. 8, 2009, which is a continuation of U.S. patent application Ser. No. 10/214,412, filed Aug. 6, 2002, which claims the benefit of U.S. Provisional Application No. 60/310,534, filed Aug. 6, 2001. The contents of these applications are hereby incorporated by reference in their entirety.

BACKGROUND OF THE INVENTION

Opioid analgesics are sometimes the subject of abuse. Typically, a particular dose of an opioid analgesic is more potent when administered parenterally as compared to the same dose administered orally. Therefore, one popular mode of abuse of oral opioid formulations involves the extraction of the opioid from the dosage form, and the subsequent injection of the opioid (using any "suitable" vehicle for injection) in order to achieve a "high." Also, some formulations can be tampered with in order to provide the opioid agonist contained therein better available for illicit use. For example, a controlled release opioid agonist formulation can be crushed in order to provide the opioid contained therein available for immediate release upon oral or nasal administration. An opioid formulation can also be abusable by administration of more than the prescribed dose of the drug.

Opioid antagonists have been combined with certain opioid agonists in order to deter the parenteral abuse of opioid agonists. In the prior art, the combination of immediate release pentazocine and naloxone has been utilized in tablets available in the United States, commercially available as Talwin®/N from Sanofi-Winthrop. Talwin®/N contains immediate release pentazocine hydrochloride equivalent to 50 mg base and naloxone hydrochloride equivalent to 0.5 mg base. A fixed combination therapy comprising tilidine (50 mg) and naloxone (4 mg) has been available in Germany for the management of pain since 1978 (Valoron®/N, Goedecke). A fixed combination of buprenorphine and naloxone was introduced in 1991 in New Zealand (Temgesic®/N, Reckitt & Colman) for the treatment of pain.

Purdue Pharma EP currently markets sustained-release oxycodone in dosage forms containing 10, 20, 40, and 80 mg oxycodone hydrochloride under the tradename OxyContin.

U.S. Pat. Nos. 5,266,331; 5,508,042; 5,549,912 and 5,656,295 disclose sustained release oxycodone formulations.

U.S. Pat. Nos. 4,769,372 and 4,785,000 to Kreek describe methods of treating patients suffering from chronic pain or chronic cough without provoking intestinal dysmotility by administering 1 to 2 dosage units comprising from about 1.5 to about 100 mg of opioid analgesic or antitussive and from about 1 to about 18 mg of an opioid antagonist having little to no systemic antagonist activity when administered orally, from 1 to 5 times daily.

U.S. Pat. No. 6,228,863 to Palermo et al. describes compositions and methods of preventing abuse of opioid dosage forms.

WO 99/32119 to Kaiko et al. describes compositions and methods of preventing abuse of opioid dosage forms.

U.S. Pat. No. 5,472,943 to Crain et al. describes methods of enhancing the analgesic potency of bimodally acting opioid agonists by administering the agonist with an opioid antagonist.

2

U.S. Pat. No. 3,980,766 to Shaw et al., is related to drugs which are suitable for therapy in the treatment of narcotic drug addiction by oral use, e.g., methadone, formulated to prevent injection abuse through concentration of the active component in aqueous solution by incorporating in a solid dosage or tablet form of such drug an ingestible solid having thickening properties which cause rapid increase in viscosity upon concentration of an aqueous solution thereof.

However, there still exists a need for a safe and effective treatment of pain with opioid analgesic dosage forms which are less subject to abuse than current therapies.

All documents cited herein, including the foregoing, are incorporated by reference in their entireties for all purposes.

OBJECTS AND SUMMARY OF THE INVENTION

It is an object of certain embodiments of the invention to provide an oral dosage form of an opioid analgesic which is subject to less parenteral abuse than other dosage forms.

It is an object of certain embodiments of the invention to provide an oral dosage form of an opioid analgesic which is subject to less intranasal abuse than other dosage forms.

It is an object of certain embodiments of the invention to provide an oral dosage form of an opioid analgesic which is subject to less oral abuse than other dosage forms.

It is a further object of certain embodiments of the invention to provide an oral dosage form of an opioid analgesic which is subject to less diversion than other dosage forms.

It is a further object of certain embodiments of the invention to provide a method of treating pain in human patients with an oral dosage form of an opioid analgesic while reducing the abuse potential of the dosage form.

It is a further object of certain embodiments of the invention to provide a method of manufacturing an oral dosage form of an opioid analgesic such that it has less abuse potential.

These objects and others are achieved by the present invention, which is directed in part to an oral dosage form comprising an opioid analgesic; and at least one aversive agent for reducing the abuse of the opioid analgesic.

In certain embodiments of the present invention, the oral dosage forms of the present invention comprising an opioid analgesic; and an aversive agent or agents as a component(s) of the dosage form helps to prevent injection, inhalation, and/or oral abuse by decreasing the "attractiveness" of the dosage form to a potential abuser.

In certain embodiments of the present invention, the dosage form comprises an aversive agent such as a bittering agent to discourage an abuser from tampering with the dosage form and thereafter inhaling or swallowing the tampered dosage form. Preferably, the bittering agent is released when the dosage form is tampered with and provides an unpleasant taste to the abuser upon inhalation and/or swallowing of the tampered dosage form.

In certain embodiments of the present invention, the dosage form comprises an aversive agent such as an irritant to discourage an abuser from tampering with the dosage form and thereafter inhaling, injecting, or swallowing the tampered dosage form. Preferably, the irritant is released when the dosage form is tampered with and provides a burning or irritating effect to the abuser upon inhalation, injection, and/or swallowing of the tampered dosage form.

In certain embodiments of the present invention, the dosage form comprises an aversive agent such as a gelling agent to discourage an abuser from tampering with the dosage form and thereafter inhaling, injecting, and/or swallowing the tam-

pered dosage form. Preferably, the gelling agent is released when the dosage form is tampered with and provides a gel-like quality to the tampered dosage form which slows the absorption of the opioid analgesic such that an abuser is less likely to obtain a rapid "high". In certain preferred embodiments, when the dosage form is tampered with and exposed to a small amount (e.g., less than about 10 ml) of an aqueous liquid (e.g., water), the dosage form will be unsuitable for injection and/or inhalation. Upon the addition of the aqueous liquid, the tampered dosage form preferably becomes thick and viscous, rendering it unsuitable for injection. The term "unsuitable for injection" is defined for purposes of the present invention to mean that one would have substantial difficulty injecting the dosage form (e.g., due to pain upon administration or difficulty pushing the dosage form through a syringe) due to the viscosity imparted on the dosage form, thereby reducing the potential for abuse of the opioid analgesic in the dosage form. In certain embodiments, the gelling agent is present in such an amount in the dosage form that attempts at evaporation (by the application of heat) to an aqueous mixture of the dosage form in an effort to produce a higher concentration of the therapeutic agent, produces a highly viscous substance unsuitable for injection.

When nasally inhaling the tampered dosage form, the gelling agent can become gel like upon administration to the nasal passages due to the moisture of the mucous membranes. This also makes such formulations aversive to nasal administration, as the gel will stick to the nasal passage and minimize absorption of the abusable substance. In certain embodiments of the present invention, the dosage form comprises a combination of any or all of the aforementioned aversive agents (e.g., a bittering agent, an irritant, and/or a gelling agent) to discourage an abuser from tampering with the dosage form and thereafter inhaling, injecting, and/or swallowing the tampered dosage form.

Embodiments specifically contemplated include bittering agent; gelling agent; irritant; bittering agent and gelling agent; bittering agent and irritant; gelling agent and irritant; and bittering agent and gelling agent and irritant.

In certain preferred embodiments, the dosage forms are controlled release oral dosage forms comprising a therapeutically effective amount of an opioid analgesic with one or more of the aversive agents described above such that the dosage form provides effective pain relief for at least about 12 hours, or at least about 24 hours when orally administered to a human patient.

In certain embodiments of the present invention the aversive agent present in the dosage form is present in a substantially non-releasable form (i.e., "sequestered") when the dosage form is administered intact as directed. Preferably, because the aversive agent is present in the dosage form in a substantially non-releasable form, it is not substantially released in the gastrointestinal tract when the dosage form is orally administered intact.

In other embodiments, the aversive agent may not be "sequestered" as disclosed above wherein the aversive agent is not released or minimally released from an intact dosage form, but may have a modified or sustained release so as not to dump the aversive agent in a particular section of the gastrointestinal tract, e.g. the stomach, where it may cause an unwanted effect such as excessive irritation. The aversive agent can be combined with an enteric carrier to delay its release or combined with a carrier to provide a sustained release of the aversive agent. However, it is contemplated in the present invention that the aversive agent will preferably not have any significant side effect (e.g., gastrointestinal side

effect) even if all of the aversive agent is immediately released upon oral administration of an intact dosage form as directed.

The aversive agent(s) can also be in the dosage form in releasable form and non-releasable form in any combination. For example, a dosage form can have a bittering agent, irritant, gel or combination thereof in releasable form and non-releasable form as disclosed in U.S. Application entitled "Pharmaceutical Formulations Containing Opioid Agonist, Releasable Antagonist, and Sequestered Antagonist" filed Aug. 6, 2002, the disclosure of which is hereby incorporated by reference in its entirety.

The term "aversive agent" is defined for purposes of the present invention to mean a bittering agent, an irritant, a gelling agent, or combinations thereof.

The term "tampered dosage form" is defined for purposes of the present invention to mean that the dosage form has been manipulated by mechanical, thermal, and/or chemical means which changes the physical properties of the dosage form, e.g., to liberate the opioid agonist for immediate release if it is in sustained release form, or to make the opioid agonist available for inappropriate use such as administration by an alternate route, e.g., parenterally. The tampering can be, e.g., by means of crushing, shearing, grinding, chewing, dissolution in a solvent, heating, (e.g., greater than about 45° C.), or any combination thereof.

The term "substantially non-releasable form" for purposes of the present invention refers to an aversive agent that is not released or substantially not released at one hour after the intact dosage form containing an opioid agonist and at least one aversive agent is orally administered (i.e., without having been tampered with). The aversive agent in a substantially non-releasable form may be prepared in accordance with the teachings of U.S. application Ser. No. 09/781,081, entitled "Tamper Resistant Oral Opioid Agonist Formulations" filed Feb. 8, 2001, the disclosure of which is hereby incorporated by reference in its entirety, which describes a dosage form comprising an opioid antagonist in a substantially non-releasable form. For purposes of the present invention, the amount released after oral administration of the intact dosage form may be measured in-vitro via the dissolution at 1 hour of the dosage form in 900 ml of Simulated Gastric Fluid using a USP Type II (paddle) apparatus at 75 rpm at 37° C. Such a dosage form is also referred to as comprising a "sequestered aversive agent" depending on the agent or agents which are not released or substantially not released. In certain preferred embodiments of the invention, the substantially non-releasable form of the aversive agent is resistant to laxatives (e.g., mineral oil) used to manage delayed colonic transit and resistant to achlorhydric states. Preferably, the aversive agent is not released or not substantially released 4, 8, 12 and/or 24 hours after oral administration.

The phrase "analgesic effectiveness" is defined for purposes of the present invention as a satisfactory reduction in or elimination of pain, along with a tolerable level of side effects, as determined by the human patient.

The term "sustained release" is defined for purposes of the present invention as the release of the opioid analgesic from the oral dosage form at such a rate that blood (e.g., plasma) concentrations (levels) are maintained within the therapeutic range but below toxic levels over an extended period of time, e.g., from about 12 to about 24 hours as compared to an immediate release product. Preferably the sustained release is sufficient to provide a twice-a-day or a once-a-day formulation.

The term "particles" of aversive agent, as used herein, refers to granules, spheroids, beads or pellets comprising the aversive agent. In certain preferred embodiments, the aver-

sive agent particles are about 0.2 to about 2 mm in diameter, more preferably about 0.5 to about 2 mm in diameter.

The term "parenterally" as used herein includes subcutaneous injections, intravenous injections, intramuscular injections, intrasternal injections, infusion techniques, or other methods of injection known in the art.

The term "inhaled" as used herein includes trans-mucosal, trans-bronchial, and trans-nasal abuse.

The term "bittering agent" as used herein includes a compound used to impart a bitter taste, bitter flavor, etc., to an abuser administering a tampered dosage form of the present invention.

The term "irritant" as used herein includes a compound used to impart an irritating or burning sensation to an abuser administering a tampered dosage form of the present invention.

The term "gelling agent" as used herein includes a compound or composition used to impart gel-like or thickening quality to a tampered dosage form upon the addition of moisture or liquid.

DETAILED DESCRIPTION OF THE INVENTION

The aversive agents of the present invention are preferably for use in connection with oral dosage forms including opioid analgesics, which provide valuable analgesia but which may be abused. This is particularly true for controlled release opioid analgesic products which have a large dose of opioid analgesic intended to be released over a period of time in each dosage unit. Drug abusers typically may take a controlled-release product and crush, shear, grind, chew, dissolve and/or heat, extract or otherwise damage the product so that the full contents of the dosage form become available for immediate absorption by injection, inhalation, and/or oral consumption.

In certain embodiments, the present invention comprises a method for preventing or deterring the abuse of opioid analgesics by the inclusion of at least one aversive agent in the dosage form with the opioid analgesic.

In certain alternative embodiments, the present invention comprises a method for preventing or deterring the abuse of drugs other than opioid analgesics which may also be the subject of abuse, by including at least one of the aversive agents described herein in a dosage form comprising the drug other than an opioid analgesic which is the subject of abuse.

In certain embodiments of the present invention wherein the dosage form includes an aversive agent comprising a bittering agent, various bittering agents can be employed including, for example and without limitation, natural, artificial and synthetic flavor oils and flavoring aromatics and/or oils, oleoresins and extracts derived from plants, leaves, flowers, fruits, and so forth, and combinations thereof. Nonlimiting representative flavor oils include spearmint oil, peppermint oil, eucalyptus oil, oil of nutmeg, allspice, mace, oil of bitter almonds, menthol and the like. Useful bittering agents can be artificial, natural and synthetic fruit flavors such as citrus oils including lemon, orange, lime, grapefruit, and fruit essences and so forth. Additional bittering agents include sucrose derivatives (e.g., sucrose octaacetate), chlorosucrose derivatives, quinine sulphate, and the like. The preferred bittering agent for use in the present invention is Denatonium Benzoate NF-Anhydrous, sold under the name Bitrex™ (Macfarlan Smith Limited, Edinburgh, UK).

With the inclusion of a bittering agent in the formulation, the intake of the tampered dosage form produces a bitter taste upon inhalation or oral administration which in certain

embodiments spoils or hinders the pleasure of obtaining a high from the tampered dosage form, and preferably prevents the abuse of the dosage form.

A bittering agent may be added to the formulation in an amount of less than about 50% by weight preferably less than about 10% by weight, most preferably less than about 5% by weight of the dosage form, and most preferably in an amount ranging from about 0.1 to 1.0 percent by weight of the dosage form, depending on the particular bittering agent(s) used. A dosage form including a bittering agent preferably discourages improper usage of the tampered dosage form by imparting a disagreeable taste or flavor to the tampered dosage form.

In certain embodiments of the present invention wherein the dosage form includes an aversive agent comprising an irritant, various irritants can be employed including, for example and without limitation capsaicin, a capsaicin analog with similar type properties as capsaicin, and the like. Some capsaicin analogues or derivatives include for example and without limitation, resiniferatoxin, tinyatoxin, heptanoyl-isobutylamide, heptanoyl guaiacylamide, other isobutylamides or guaiacylamides, dihydrocapsaicin, homovanillyl octylester, nonanoyl vanillylamide, or other compounds of the class known as vanilloids. Resiniferatoxin is described, for example, in U.S. Pat. No. 5,290,816 (Blumberg), issued Mar. 1, 1994. U.S. Pat. No. 4,812,446 (Brand), issued Mar. 14, 1989, describes capsaicin analogs and methods for their preparation. Further, U.S. Pat. No. 4,424,205 (LaHann et al.), issued Jan. 3, 1984, cite Newman, "Natural and Synthetic Pepper-Flavored Substances" published in 1954 as listing pungency of capsaicin-like analogs. Ton et al., British Journal of Pharmacology, 10, pp. 175-182 (1955) discuss pharmacological actions of capsaicin and its analogs.

With the inclusion of an irritant (e.g., capsaicin) in the dosage form, when the dosage form is tampered with, the capsaicin imparts a burning or discomforting quality to the abuser to preferably discourage the inhalation, injection, or oral administration of the tampered dosage form, and preferably to prevent the abuse of the dosage form. Suitable capsaicin compositions include capsaicin (trans 8-methyl-N-vanillyl-6-noneamide or analogues thereof in a concentration between about 0.00125% and 50% by weight, preferably between about 1 and about 7.5% by weight, and most preferably, between about 1 and about 5% by weight of the dosage form).

In certain embodiments of the present invention wherein the dosage form includes an aversive agent comprising a gelling agent, various gelling agents can be employed including, for example and without limitation, sugars or sugar derived alcohols, such as mannitol, sorbitol, and the like, starch and starch derivatives, cellulose derivatives, such as microcrystalline cellulose, sodium carboxymethyl cellulose, methylcellulose, ethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, and hydroxypropyl methylcellulose, attapulgites, bentonites, dextrans, alginates, carrageenan, gum tragacanth, gum acacia, guar gum, xanthan gum, pectin, gelatin, kaolin, lecithin, magnesium aluminum silicate, the carbomers and carbopols, polyvinylpyrrolidone, polyethylene glycol, polyethylene oxide, polyvinyl alcohol, silicon dioxide, surfactants, mixed surfactant/wetting agent systems, emulsifiers, other polymeric materials, and mixtures thereof, etc. certain preferred embodiments, the gelling agent is xanthan gum. In other preferred embodiments, the gelling agent of the present invention is pectin. The pectin or pectic substances useful for this invention include not only purified or isolated pectates but also crude natural pectin sources, such as apple, citrus or sugar beet residues which have been subjected, when necessary, to esterification or de-esterification,

e.g., by alkali or enzymes. Preferably, the pectins used in this invention are derived from citrus fruits such as lime, lemon, grapefruit, and orange.

With the inclusion of a gelling agent in the dosage form, when the dosage form is tampered with, the gelling agent preferably imparts a gel-like quality to the tampered dosage form which preferably spoils or hinders the pleasure of obtaining a rapid high from the tampered dosage form due to the gel like consistency in contact with the mucous membrane, and in certain embodiments, prevents the abuse of the dosage form by minimizing absorption, e.g. in the nasal passages. A gelling agent may be added to the formulation in a ratio of gelling agent to opioid agonist of from about 1:40 to about 40:1 by weight, preferably from about 1:1 to about 30:1 by weight, and more preferably from about 2:1 to about 10:1 by weight of the opioid agonist. In certain alternative embodiments, the gelling agent may be present in a ratio to the opioid agonist of from about 1:15 to about 15:1, preferably in a ratio of from about 1:8 to about 8:1, and more preferably from about 1:3 to about 3:1 by weight of the opioid agonist.

In certain other embodiments, the dosage form forms a viscous gel after the dosage form is tampered with, dissolved in an aqueous liquid (from about 0.5 to about 10 ml and preferably from 1 to about 5 ml), causing the resulting mixture to have a viscosity of at least about 10 cP. Most preferably, the resulting mixture will have a viscosity of at least about 60 cP.

In certain other embodiments, the dosage form forms a viscous gel after the dosage form is tampered with, dissolved in an aqueous liquid (from about 0.5 to about 10 ml and preferably from 1 to about 5 ml) and then heated (e.g., greater than about 45° C.), causing the resulting mixture to have a viscosity of at least about 10 cP. Most preferably, the resulting mixture will have a viscosity of at least about 60 cP.

In certain embodiments, the dosage form may include one or more of the aforementioned aversive agents. For safety reasons, the amount of the bittering agent, irritant, or gelling agent in a formulation of the present invention should not be toxic to humans.

In certain embodiments, the aversive agent included in the dosage form may be in a substantially non-releasable form. Where the aversive agent is in a substantially non-releasable form, the substantially non-releasable form of the aversive agent comprises an aversive agent that is formulated with one or more pharmaceutically acceptable hydrophobic materials, such that the aversive agent is not released or substantially not released during its transit through the gastrointestinal tract when administered orally as intended, without having been tampered with.

In certain embodiments of the present invention, the substantially non-releasable form of the aversive agent is vulnerable to mechanical, thermal and/or chemical tampering, e.g., tampering by means of crushing, shearing, grinding, chewing and/or dissolution in a solvent in combination with heating (e.g., greater, than about 45° C.) of the oral dosage form. When the dosage form is tampered with, the integrity of the substantially non-releasable form of the aversive agent will be compromised, and the aversive agent will be made available to be released. In certain embodiments, when the dosage form is chewed, crushed or dissolved and heated in a solvent, the release of the aversive agent hinders, deters or prevents the administration of the tampered dosage form orally, intranasally, parenterally and/or sublingually.

The opioid agonists useful in the present invention include, but are not limited to, alfentanil, allylprodine, alphaprodine, anileridine, benzylmorphine, bezitramide, buprenorphine, butorphanol, clonitazene, codeine, desomorphine, dextro-

moramide, dezocine, diampromide, diamorphine, dihydrocodeine, dihydromorphine, dimenoxadol, dimepheptanol, dimethylthiambutene, dioxaphetyl butyrate, dipipanone, eptazocine, ethoheptazine, ethylmethyllthiambutene, ethylmorphine, etonitazene, etorphine, dihydroetorphine, fentanyl and derivatives, heroin, hydrocodone, hydromorphone, hydroxypethidine, isomethadone, ketobemidone, levorphanol, levophenacymorphan, lofentanil, meperidine, meptazinol, metazocine, methadone, metopon, morphine, myrophine, narceine, nicomorphine, norlevorphanol, normethadone, nalorphine, nalbuphene, normorphine, norippanone, opium, oxycodone, oxymorphone, papaveretum, pentazocine, phenadoxone, phenomorphan, phenazocine, phenoperidine, piminodine, piritramide, propheptazine, promedol, properidine, propoxyphene, sufentanil, tilidine, tramadol, mixtures of any of the foregoing, salts of any of the foregoing, and the like. In certain embodiments, the amount of the opioid agonist in the claimed opioid composition may be about 75 ng to about 750 mg.

In certain preferred embodiments, the opioid agonist is selected from the group consisting of hydrocodone, morphine, hydromorphone, oxycodone, codeine, levorphanol, meperidine, methadone, oxymorphone, buprenorphine, fentanyl and derivatives thereof, dipipanone, heroin, tramadol, etorphine, dihydroetorphine, butorphanol, levorphanol, or salts thereof or mixtures thereof. In certain preferred embodiments, the opioid agonist is oxycodone or hydrocodone.

In embodiments in which the opioid analgesic comprises hydrocodone, dosage forms may include analgesic doses from about 2 mg to about 50 mg of hydrocodone bitartrate. In embodiments in which the opioid analgesic comprises hydromorphone the dosage form may include from about 2 mg to about 64 mg hydromorphone hydrochloride. In embodiments in which the opioid analgesic comprises morphine, the dosage form may include from about 2.5 mg to about 800 mg morphine sulfate, by weight. In embodiments in which the opioid analgesic comprises oxycodone, the dosage form may include from about 2.5 mg to about 320 mg oxycodone hydrochloride. The dosage form may contain more than one opioid analgesic to provide a therapeutic effect. Alternatively, the dosage form may contain molar equivalent amounts of other salts of the opioids useful in the present invention.

Hydrocodone is a semisynthetic narcotic analgesic and antitussive with multiple central nervous system and gastrointestinal actions. Chemically, hydrocodone is 4,5-epoxy-3-methoxy-17-methylmorphinan-6-one, and is also known as dihydrocodeinone. Like other opioids, hydrocodone may be habit forming and may produce drug dependence of the morphine type. In excess doses hydrocodone, like other opium derivatives, will depress respiration.

Oral hydrocodone is also available in Europe (Belgium, Germany, Greece, Italy, Luxembourg, Norway and Switzerland) as an antitussive agent. A parenteral formulation is also available in Germany as an antitussive agent. For use as an analgesic, hydrocodone bitartrate is commercially available in the United States only as a fixed combination with non-opiate drugs (i.e., ibuprofen, acetaminophen, aspirin, etc.) for relief of moderate or moderately severe pain.

A common dosage form of hydrocodone is in combination with acetaminophen, and is commercially available, e.g., as Lortab® in the U.S. from UCB Pharma. Inc. as 2.5/500 mg, 5/500 mg, 7.5/500 mg and 10/500 mg hydrocodone/acetaminophen tablets. Tablets are also available in the ratio of 7.5 mg hydrocodone bitartrate and 650 mg acetaminophen; and 7.5 mg hydrocodone bitartrate and 750 mg acetaminophen. Hydrocodone in combination with aspirin is given in an oral dosage form to adults generally in 1-2 tablets every 4-6 hours

as needed to alleviate pain. The tablet form is 5 mg hydrocodone bitartrate and 224 mg aspirin with 32 mg caffeine; or 5 mg hydrocodone bitartrate and 500 mg aspirin. A relatively new formulation comprises hydrocodone bitartrate and ibuprofen. Vicoprofen®, commercially available in the U.S. from Knoll Laboratories, is a tablet containing 7.5 mg hydrocodone bitartrate and 200 mg ibuprofen. The present invention is contemplated to encompass all such formulations, with the inclusion of one or more aversive agents as described herein.

Oxycodone, chemically known as 4,5-epoxy-14-hydroxy-3-methoxy-17-methylmorphinan-6-one, is an opioid agonist whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria and feelings of relaxation. The precise mechanism of its analgesic action is not known, but specific CNS opioid receptors for endogenous compounds with opioid-like activity have been identified throughout the brain and spinal cord and play a role in the analgesic effects of this drug.

Oxycodone is commercially available in the United States, e.g., as Oxycontin® from Purdue Pharma L.P. as controlled-release tablets for oral administration containing 10 mg, 20 mg, 40 mg or 80 mg oxycodone hydrochloride, and as OxyIR™, also from Purdue Pharma L.P., as immediate-release capsules containing 5 mg oxycodone hydrochloride. The present invention is contemplated to encompass all such formulations, with the inclusion of one or more aversive agents as described herein.

Additionally, agents other than opioid analgesics which are subject to abuse may be used in accordance with the present invention in place of the opioid analgesics in the dosage form. Certain agents include, for example and without limitation, tranquilizers, CNS depressants, CNS stimulants, sedative hypnotics and the like. More specifically, barbiturates such as phenobarbital, secobarbital, pentobarbital, butabarbital, talbutal, aprobarbital, mephobarbital, butalbital, pharmaceutically acceptable salts thereof, and the like; benzodiazepines such as diazepam, chlordiazepoxide, alprazolam, triazolam, estazolam, clonazepam, flunitrazepam, pharmaceutically acceptable salts thereof, and the like; stimulants such as gamma-hydroxybutyrate, dextroamphetamine, methylphenidate, sibutramine, methylenedioxymethamphetamine, pharmaceutically acceptable salts thereof, and the like; and other agents such as marinol, meprobamate, carisoprodol, pharmaceutically acceptable salts thereof and the like.

Preparation of Aversive Agent in a Substantially Non-Releasable Form

In certain embodiments of the present invention, an aversive agent in a substantially non-releasable form may be prepared by combining the aversive agent with one or more of a pharmaceutically acceptable hydrophobic material. For example, aversive agent particles may be coated with coating that substantially prevents the release of the aversive agent, the coating comprising the hydrophobic materials(s). Another example would be an aversive agent that is dispersed in a matrix that renders the aversive agent substantially non-releasable, the matrix comprising the hydrophobic materials(s). In certain embodiments, the pharmaceutically acceptable hydrophobic material comprises a cellulose polymer selected from the group consisting of ethylcellulose, cellulose acetate, cellulose propionate (lower, medium or higher molecular weight), cellulose acetate propionate, cellulose acetate butyrate, cellulose acetate phthalate and cellulose triacetate. An example of ethylcellulose is one that has an ethoxy content of 44 to 55%. Ethylcellulose may be used in

the form of an alcoholic solution. In certain other embodiments, the hydrophobic material comprises polylactic acid, polyglycolic acid or a co-polymer of the polylactic and polyglycolic acid.

In certain embodiments, the hydrophobic material may comprise a cellulose polymer selected from the group consisting of cellulose ether, cellulose ester, cellulose ester ether, and cellulose. The cellulosic polymers have a degree of substitution, D.S., on the anhydroglucose unit, from greater than zero and up to 3 inclusive. By degree of substitution is meant the average number of hydroxyl groups present on the anhydroglucose unit comprising the cellulose polymer that are replaced by a substituting group. Representative materials include a polymer selected from the group consisting of cellulose acylate, cellulose diacylate, cellulose triacylate, cellulose acetate, cellulose diacetate, cellulose triacetate, mono, di, and tricellulose alkanylates, mono, di, and tricellulose aroylates, and mono, di, and tricellulose alkenylates. Exemplary polymers include cellulose acetate having a D.S. and an acetyl content up to 21%; cellulose acetate having an acetyl content up to 32 to 39.8%; cellulose acetate having a D.S. of 1 to 2 and an acetyl content of 21 to 35%; cellulose acetate having a D.S. of 2 to 3 and an acetyl content of 35 to 44.8%.

More specific cellulosic polymers include cellulose propionate having a D.S. of 1.8 and a propyl content of 39.2 to 45 and a hydroxyl content of 2.8 to 5.4%; cellulose acetate butyrate having a D.S. of 1.8, an acetyl content of 13 to 15% and a butyryl content of 34 to 39%; cellulose acetate butyrate having an acetyl content of 2 to 29%, a butyryl content of 17 to 53% and a hydroxyl content of 0.5 to 4.7%; cellulose triacylate having a D.S. of 2.9 to 3 such as cellulose triacetate, cellulose trivalerate, cellulose trilaurate, cellulose tripalmitate, cellulose trisuccinate, and cellulose trioctanoate; cellulose diacylates having a D.S. of 2.2 to 2.6 such as cellulose disuccinate, cellulose dipalmitate, cellulose dioctanoate, cellulose dipentanoate, and coesters of cellulose such as cellulose acetate butyrate, cellulose acetate octanoate butyrate and cellulose acetate propionate.

Additional cellulose polymers useful for preparing an aversive agent in a substantially non-releasable form include acetaldehyde dimethyl cellulose acetate, cellulose acetate ethylcarbamate, cellulose acetate methylcarbamate, and cellulose acetate dimethylaminocellulose acetate.

Acrylic polymers useful for preparation of the aversive agent in a substantially non-releasable form include, but are not limited to, acrylic resins comprising copolymers synthesized from acrylic and methacrylic acid esters (e.g., the copolymer of acrylic acid lower alkyl ester and methacrylic acid lower alkyl ester) containing about 0.02 to 0.03 mole of a tri (lower alkyl) ammonium group per mole of the acrylic and methacrylic monomers used. An example of a suitable acrylic resin is a polymer manufactured by Rohm Pharma GmbH and sold under the Eudragit® RS trademark. Eudragit RS30D is preferred. Eudragit® RS is a water insoluble copolymer of ethyl acrylate (EA), methyl methacrylate (MM) and trimethylammoniummethyl methacrylate chloride (TAM) in which the molar ratio of TAM to the remaining components (EA and MM) is 1:40. Acrylic resins such as Eudragit® RS may be used in the form of an aqueous suspension.

In certain embodiments of the invention, the acrylic polymer may be selected from the group consisting of acrylic acid and methacrylic acid copolymers, methyl methacrylate copolymers, ethoxyethyl methacrylates, cyanoethyl methacrylate, poly(acrylic acid), poly(methacrylic acid), methacrylic acid alkylamide copolymer, poly(methyl methacrylate), polymethacrylate, poly(methyl methacrylate)

copolymer, polyacrylamide, aminoalkyl methacrylate copolymer, poly(methacrylic acid anhydride), and glycidyl methacrylate co-polymers.

When the aversive agent in a substantially non-releasable form comprises aversive agent particles coated with a coating that renders the aversive agent substantially non-releasable, and when a cellulose polymer or an acrylic polymer is used for preparation of the coating composition, suitable plasticizers, e.g., acetyl triethyl citrate and/or acetyl tributyl citrate may also be admixed with the polymer. The coating may also contain additives such as coloring agents, talc and/or magnesium stearate, which are well known in the coating art.

The coating composition may be applied onto the aversive agent particles by spraying it onto the particles using any suitable spray equipment known in the art. For example, a Wuster fluidized-bed system may be used in which an air jet, injected from underneath, fluidizes the coated material and effects drying while the insoluble polymer coating is sprayed on. The thickness of the coating will depend on the characteristics of the particular coating composition being used. However, it is well within the ability of one skilled in the art to determine by routine experimentation the optimum thickness of a particular coating required for a particular dosage form of the present invention.

The pharmaceutically acceptable hydrophobic material useful for preparing an aversive agent in a substantially non-releasable form includes a biodegradable polymer comprising a poly(lactic/glycolic acid) ("PLGA"), a polylactide, a polyglycolide, a polyanhydride, a polyorthoester, polycaprolactones, polyphosphazenes, polysaccharides, proteinaceous polymers, polyesters, polydioxanone, polygluconate, poly(lactic-acid-polyethylene oxide copolymers, poly(hydroxybutyrate), polyphosphoester or mixtures or blends of any of these.

In certain embodiments, biodegradable polymer comprises a poly(lactic/glycolic acid), a copolymer of lactic and glycolic acid, having molecular weight of about 2,000 to about 500,000 daltons. The ratio of lactic acid to glycolic acid is from about 100:0 to about 25:75, with the ratio of lactic acid to glycolic acid of 65:35 being preferred.

Poly(lactic/glycolic acid) may be prepared by the procedure set forth in U.S. Pat. No. 4,293,539 (Ludwig et al.), the disclosure of which is hereby incorporated by reference in its entirety. In brief, Ludwig prepares the copolymer by condensation of lactic acid and glycolic acid in the presence of a readily removable polymerization catalyst (e.g., a strong acid ion-exchange resin such as Dowex HCR-W2-H). The amount of catalyst is not critical to the polymerization, but typically is from about 0.01 to about 20 parts by weight relative to the total weight of combined lactic acid and glycolic acid. The polymerization reaction may be conducted without solvents at a temperature from about 100°C. to about 250°C. for about 48 to about 96 hours, preferably under a reduced pressure to facilitate removal of water and by-products. Poly(lactic/glycolic acid) is then recovered by filtering the molten reaction mixture in an organic solvent such as dichloromethane or acetone and then filtering to remove the catalyst.

Once the aversive agent in a substantially non-releasable form is prepared, it may be combined with an opioid agonist, along with conventional excipients known in the art, to prepare the oral dosage form of the present invention. It is contemplated that a bittering agent or capsaicin would be the most likely aversive agent to be included in a sequestered formulation. The polymers and other ingredients above may also be utilized to formulate the aversive agents to slow release or delay release as disclosed above.

In certain preferred embodiments of the invention, the oral dosage form is a capsule or a tablet. When being formulated as a tablet, the aversive agent and opioid agonist may be combined with one or more inert, non-toxic pharmaceutical excipients which are suitable for the manufacture of tablets. Such excipients include, for example, an inert diluent such as lactose; granulating and disintegrating agents such as cornstarch; binding agents such as starch; and lubricating agents such as magnesium stearate.

The oral dosage form of the present invention may be formulated to provide immediate release of the opioid agonist contained therein. In other embodiments of the invention, however, the oral dosage form provides sustained-release of the opioid agonist.

In certain embodiments, the oral dosage forms providing sustained release of the opioid agonist may be prepared by admixing the aversive agent in a substantially non-releasable form with the opioid agonist and desirable pharmaceutical excipients to provide a tablet, and then coating the tablet with a sustained-release tablet coating.

In certain embodiments of the invention, sustained release opioid agonist tablets may be prepared by admixing the substantially non-releasable form of an aversive agent with an aversive agent in a matrix that provides the tablets with sustained-releasing properties.

Dosage Forms

The opioid analgesic formulation in combination with one or more aversive agents can be formulated as an immediate release formulation or controlled release oral formulation in any suitable tablet, coated tablet or multiparticulate formulation known to those skilled in the art. The controlled release dosage form may include a controlled release material which is incorporated into a matrix along with the opioid analgesic. In addition, the aversive agent may be separate from the matrix, or incorporated into the matrix.

The controlled release dosage form may optionally comprise particles containing or comprising the opioid analgesic, wherein the particles have diameter from about 0.1 mm to about 2.5 mm, preferably from about 0.5 mm to about 2 mm. Additionally, the aversive agent may be incorporated into these particles, or may be incorporated into a tablet or capsule containing these particles. Preferably, the particles are film coated with a material that permits release of the opioid analgesic at a controlled rate in an environment of use. The film coat is chosen so as to achieve, in combination with the other stated properties, a desired in-vitro release rate. The controlled release coating formulations of the present invention should be capable of producing a strong, continuous film that is smooth and elegant, capable of supporting pigments and other coating additives, non-toxic, inert, and tack-free.

In certain embodiments, the dosage forms of the present invention comprise normal release matrices containing the opioid analgesic and the aversive agent.

Coated Beads

In certain embodiments of the present invention a hydrophobic material is used to coat inert pharmaceutical beads such as nu panel 18/20 beads comprising an opioid analgesic, and a plurality of the resultant solid controlled release beads may thereafter be placed in a gelatin capsule in an amount sufficient to provide an effective controlled release dose when ingested and contacted by an environmental fluid, e.g., gastric fluid or dissolution media. The one or more aversive agents may also be coated onto the beads comprising the opioid

analgesic, may be prepared as separate beads and then combined in a dosage form including the controlled release beads comprising an opioid analgesic, or the one or more aversive agents may be mixed in the dosage form with the controlled release beads comprising the opioid analgesic. In preferred embodiments where the opioid analgesic and the aversive agent are mixed in a capsule as different beads, the beads have an exact or similar appearance in order to deter an abuser from manually separating the beads prior to abuse in order to avoid the aversive substance. In tablet dosage forms, the aversive agent is preferably not included as a distinct layer which can be easier to separate from the active agent, although the present invention does encompass these embodiments.

The controlled release bead formulations of the present invention slowly release the opioid analgesic, e.g., when ingested and exposed to gastric fluids, and then to intestinal fluids. The controlled release profile of the formulations of the invention can be altered, for example, by varying the amount of overcoating with the hydrophobic material, altering the manner in which a plasticizer is added to the hydrophobic material, by varying the amount of plasticizer relative to hydrophobic material, by the inclusion of additional ingredients or excipients, by altering the method of manufacture, etc. The dissolution profile of the ultimate product may also be modified, for example, by increasing or decreasing the thickness of the retardant coating.

Spheroids or beads coated with an opioid analgesic are prepared, e.g., by dissolving the opioid analgesic in water and then spraying the solution onto a substrate, for example, nupar 18/20 beads, using a Wurster insert. Thereafter, the one or more aversive agent is optionally added to the beads prior to coating. Optionally, additional ingredients are also added prior to coating the beads in order to assist the binding of the opioid to the beads. For example, a product which includes hydroxypropylmethylcellulose, etc. (e.g., Opadry®, commercially available from Colorcon, Inc.) may be added to the solution and the solution mixed (e.g., for about 1 hour) prior to application of the same onto the beads. The resultant coated substrate, in this example beads, may then be optionally overcoated with a barrier agent, to separate the opioid analgesic from the hydrophobic controlled release coating. An example of a suitable barrier agent is one which comprises hydroxypropylmethylcellulose. However, any film-former known in the art may be used. It is preferred that the barrier agent does not affect the dissolution rate of the final product.

The beads may then be overcoated with an aqueous dispersion of the hydrophobic material. The aqueous dispersion of hydrophobic material preferably further includes an effective amount of plasticizer, e.g. triethyl citrate. Pre-formulated aqueous dispersions of ethylcellulose, such as Aquacoat® or Surelease®, may be used. If Surelease® is used, it is not necessary to separately add a plasticizer. Alternatively, pre-formulated aqueous dispersions of acrylic polymers such as Eudragit® can be used.

Plasticized hydrophobic material may be applied onto the substrate comprising the opioid analgesic by spraying using any suitable spray equipment known in the art. In a preferred method, a Wurster fluidized-bed system is used in which an air jet, injected from underneath, fluidizes the core material and effects drying while the acrylic polymer coating is sprayed on. A sufficient amount of the hydrophobic material to obtain a predetermined controlled release of said opioid analgesic when the coated substrate is exposed to aqueous solutions, e.g. gastric fluid, is preferably applied, taking into account the physical characteristics of the opioid analgesic, the manner of incorporation of the plasticizer, etc. After coating with the hydrophobic material, a further overcoat of a

film-former, such as Opadry®, is optionally applied to the beads. This overcoat is provided, if at all, in order to substantially reduce agglomeration of the beads.

The release of the opioid analgesic from the controlled release formulation of the present invention can be further influenced, i.e., adjusted to a desired rate, by the addition of one or more release-modifying agents, or by providing one or more passageways through the coating. The ratio of hydrophobic material to water soluble material is determined by, among other factors, the release rate required and the solubility characteristics of the materials selected.

The release-modifying agents which function as pore-formers may be organic or inorganic, and include materials that can be dissolved, extracted or leached from the coating in the environment of use. The pore-formers may comprise one or more hydrophilic materials such as hydroxypropylmethylcellulose.

The controlled release coatings of the present invention can also include erosion-promoting agents such as starch and gums.

The controlled release coatings of the present invention can also include materials useful for making microporous lamina in the environment of use, such as polycarbonates comprised of linear polyesters of carbonic acid in which carbonate groups reoccur in the polymer chain.

The release-modifying agent may also comprise a semi-permeable polymer.

In certain preferred embodiments, the release-modifying agent is selected from hydroxypropylmethylcellulose, lactose, metal stearates, and mixtures of any of the foregoing.

The controlled release coatings of the present invention may also include an exit means comprising at least one passageway, orifice, or the like. The passageway may be formed by such methods as those disclosed in U.S. Pat. Nos. 3,845, 770; 3,916,889; 4,063,064; and 4,088,864. The passageway can have any shape such as round, triangular, square, elliptical, irregular, etc.

Matrix Formulations

In certain embodiments of the present invention, the sustained release formulation is achieved via a matrix optionally having a controlled release coating as set forth herein. The present invention may also utilize a sustained release matrix that affords in-vitro dissolution rates of the opioid analgesic within desired ranges and releases the opioid analgesic in a pH-dependent or pH-independent manner.

A non-limiting list of suitable sustained-release materials which may be included in a sustained-release matrix according to the invention includes hydrophilic and/or hydrophobic materials, such as gums, cellulose ethers, acrylic resins, protein derived materials, waxes, shellac, and oils such as hydrogenated castor oil and hydrogenated vegetable oil. However, any pharmaceutically acceptable hydrophobic or hydrophilic sustained-release material which is capable of imparting sustained-release of the opioid analgesic may be used in accordance with the present invention. Preferred sustained-release polymers include alkylcelluloses such as ethylcellulose, acrylic and methacrylic acid polymers and copolymers; and cellulose ethers, especially hydroxyalkylcelluloses (especially hydroxypropylmethylcellulose) and carboxyalkylcelluloses. Preferred acrylic and methacrylic acid polymers and copolymers include methyl methacrylate, methyl methacrylate copolymers, ethoxyethyl methacrylates, ethyl acrylate, trimethyl ammonioethyl methacrylate, cyanoethyl methacrylate, aminoalkyl methacrylate copolymer, poly(acrylic acid), poly(methacrylic acid), methacrylic acid alkylamine copoly-

mer, poly(methylmethacrylate), poly(methacrylic acid) (anhydride), polymethacrylate, polyacrylamide, poly(methacrylic acid anhydride), and glycidyl methacrylate copolymers. Certain preferred embodiments utilize mixtures of any of the foregoing sustained-release materials in the matrix of the invention.

The matrix also may include a binder. In such embodiments, the binder preferably contributes to the sustained-release of the opioid analgesic or pharmaceutically acceptable salt thereof from the sustained-release matrix.

If an additional hydrophobic binder material is included, it is preferably selected from natural and synthetic waxes, fatty acids, fatty alcohols, and mixtures of the same. Examples include beeswax, carnauba wax, stearic acid and stearyl alcohol. This list is not meant to be exclusive. In certain preferred embodiments, a combination of two or more hydrophobic binder materials are included in the matrix formulations.

Preferred hydrophobic binder materials which may be used in accordance with the present invention include digestible, long chain (C_8 - C_{50} , especially C_{12} - C_{40}), substituted or unsubstituted hydrocarbons, such as fatty acids, fatty alcohols, glyceryl esters of fatty acids, mineral and vegetable oils, natural and synthetic waxes and polyalkylene glycols. Hydrocarbons having a melting point of between 25° and 90° C. are preferred. Of the long-chain hydrocarbon binder materials, fatty (aliphatic) alcohols are preferred in certain embodiments. The oral dosage form may contain up to 80% (by weight) of at least one digestible, long chain hydrocarbon.

In certain embodiments, the hydrophobic binder material may comprise natural or synthetic waxes, fatty alcohols (such as lauryl, myristyl, stearyl, cetyl or preferably cetostearyl alcohol), fatty acids, including but not limited to fatty acid esters, fatty acid glycerides (mono-, di-, and tri-glycerides), hydrogenated fats, hydrocarbons, normal waxes, stearic acid, stearyl alcohol and hydrophobic and hydrophilic materials having hydrocarbon backbones. Suitable waxes include, for example, beeswax, glycowax, castor wax and carnauba wax. For purposes of the present invention, a wax-like substance is defined as any material which is normally solid at room temperature and has a melting point of from about 30° to about 100° C. In certain preferred embodiments, the dosage form comprises a sustained release matrix comprising an opioid analgesic; one or more aversive agents; and at least one water soluble hydroxyalkyl cellulose, at least one C_{12} - C_{36} , preferably C_{14} - C_{22} , aliphatic alcohol and, optionally, at least one polyalkylene glycol. The hydroxyalkyl cellulose is preferably a hydroxy (C_1 to C_6) alkyl cellulose, such as hydroxypropylcellulose, hydroxypropylmethylcellulose and, especially, hydroxyethyl cellulose. The amount of the at least one hydroxyalkyl cellulose in the present oral dosage form may be determined, inter alia, by the precise rate of opioid analgesic release required. The aliphatic alcohol may be, for example, lauryl alcohol, myristyl alcohol or stearyl alcohol. In particularly preferred embodiments of the present oral dosage form, however, the at least one aliphatic alcohol is cetyl alcohol or cetostearyl alcohol. The amount of the aliphatic alcohol in the present oral dosage form may be determined, as above, by the precise rate of opioid analgesic release required. It may also depend on whether at least one polyalkylene glycol is present in or absent from the oral dosage form. In the absence of at least one polyalkylene glycol, the oral dosage form preferably contains between about 20% and about 50% (by wt) of the aliphatic alcohol. When a polyalkylene glycol is present in the oral dosage form, then the combined weight of the aliphatic alcohol and the polyalkylene glycol preferably constitutes between about 20% and about 50% (by wt) of the total dosage form.

In one preferred embodiment, the ratio of, e.g., the at least one hydroxyalkyl cellulose or acrylic resin to the at least one aliphatic alcohol/polyalkylene glycol determines, to a considerable extent, the release rate of the opioid analgesic from the formulation. In certain embodiments, a ratio of the hydroxyalkyl cellulose to the aliphatic alcohol/polyalkylene glycol of between 1:1 and 1:4 is preferred, with a ratio of between 1:2 and 1:3 being particularly preferred.

In certain embodiments, the polyalkylene glycol may be, for example, polypropylene glycol, or polyethylene glycol which is preferred. The average molecular weight of the at least one polyalkylene glycol is preferably between 1,000 and 15,000, especially between 1,500 and 12,000.

Another suitable sustained-release matrix comprises an alkylcellulose (especially ethylcellulose), a C_{12} to C_{35} aliphatic alcohol and, optionally, a polyalkylene glycol.

In addition to the above ingredients, a sustained-release matrix may also contain suitable quantities of other materials, e.g., diluents, lubricants, binders, granulating aids, and glidants that are conventional in the pharmaceutical art.

In order to facilitate the preparation of a solid, sustained-release oral dosage form according to this invention there is provided, in a further aspect of the present invention, a process for the preparation of a solid, sustained-release oral dosage form according to the present invention comprising incorporating an opioid analgesic in a sustained-release matrix. Incorporation in the matrix may be effected, for example, by:

(a) forming granules comprising at least one hydrophobic and/or hydrophilic material as set forth above (e.g., a water soluble hydroxyalkyl cellulose) together with the opioid analgesic, and at least one aversive agent;

(b) mixing the at least one hydrophobic and/or hydrophilic material containing granules with at least one C_{12} - C_{36} aliphatic alcohol, and

(c) optionally, compressing and shaping the granules.

The granules may be formed by any of the procedures well-known to those skilled in the art of pharmaceutical formulation. For example, in one preferred method, the granules may be formed by wet granulating the hydroxyalkyl cellulose, opioid analgesic, and one or more aversive agents with water. In a particularly preferred embodiment of this process, the amount of water added during the wet granulation step is preferably between 1.5 and 5 times, especially between 1.75 and 3.5 times, the dry weight of the opioid analgesic. Optionally, the opioid analgesic and/or the one or more aversive agents are added extragranularly.

A sustained-release matrix can also be prepared by, e.g., melt-granulation or melt-extrusion techniques. Generally, melt-granulation techniques involve melting a normally solid hydrophobic binder material, e.g., a wax, and incorporating a powdered drug therein. To obtain a sustained release dosage form, it may be necessary to incorporate a hydrophobic sustained-release material, e.g. ethylcellulose or a water-insoluble acrylic polymer, into the molten wax hydrophobic binder material. Examples of sustained-release formulations prepared via melt-granulation techniques are found, e.g., in U.S. Pat. No. 4,861,598.

The additional hydrophobic binder material may comprise one or more water-insoluble wax-like thermoplastic substances possibly mixed with one or more wax-like thermoplastic substances being less hydrophobic than said one or more water-insoluble wax-like substances. In order to achieve sustained release, the individual wax-like substances in the formulation should be substantially non-degradable and insoluble in gastrointestinal fluids during the initial

release phases. Useful water-insoluble wax-like binder substances may be those with a water-solubility that is lower than about 1:5,000 (w/w).

The preparation of a suitable melt-extruded matrix according to the present invention may, for example, include the steps of blending the opioid analgesic and at least one aversive agent, together with a sustained release material and preferably a binder material to obtain a homogeneous mixture. The homogeneous mixture is then heated to a temperature sufficient to at least soften the mixture sufficiently to extrude the same. The resulting homogeneous mixture is then extruded, e.g., using a twin-screw extruder, to form strands. The extrudate is preferably cooled and cut into multiparticulates by any means known in the art. The matrix multiparticulates are then divided into unit doses. The extrudate preferably has a diameter of from about 0.1 to about 5 mm and provides sustained release of the opioid analgesic or pharmaceutically acceptable salt thereof for a time period of at least about 12 hours.

An optional process for preparing the melt extruded formulations of the present invention includes directly metering into an extruder a hydrophobic sustained release material, the opioid analgesic, one or more aversive agents, and an optional binder material; heating the homogenous mixture; extruding the homogenous mixture to thereby form strands; cooling the strands containing the homogeneous mixture; cutting the strands into matrix multiparticulates having a size from about 0.1 mm to about 12 mm; and dividing said particles into unit doses. In this aspect of the invention, a relatively continuous manufacturing procedure is realized.

Optionally, the one or more aversive agents may be added to a dosage form including multiparticulates comprising opioid analgesic (without the one or more aversive agents).

Plasticizers, such as those described above, may be included in melt-extruded matrices. The plasticizer is preferably included as from about 0.1 to about 30% by weight of the matrix. Other pharmaceutical excipients, e.g., talc, mono or poly saccharides, lubricants and the like may be included in the sustained release matrices of the present invention as desired. The amounts included will depend upon the desired characteristic to be achieved.

The diameter of the extruder aperture or exit port can be adjusted to vary the thickness of the extruded strands. Furthermore, the exit part of the extruder need not be round; it can be oblong, rectangular, etc. The exiting strands can be reduced to particles using a hot wire cutter, guillotine, etc.

A melt extruded matrix multiparticulate system can be, for example, in the form of granules, spheroids or pellets depending upon the extruder exit orifice. For purposes of the present invention, the terms "melt-extruded matrix multiparticulate(s)" and "melt-extruded matrix multiparticulate system(s)" and "melt-extruded matrix particles" shall refer to a plurality of units, preferably within a range of similar size and/or shape and containing one or more active agents and one or more excipients, preferably including a hydrophobic sustained release material as described herein. Preferably the melt-extruded matrix multiparticulates will be of a range of from about 0.1 to about 12 mm in length and have a diameter of from about 0.1 to about 5 mm. In addition, it is to be understood that the melt-extruded matrix multiparticulates can be any geometrical shape within this size range. In certain embodiments, the extrudate may simply be cut into desired lengths and divided into unit doses of the therapeutically active agent without the need of a spheronization step.

In one preferred embodiment, oral dosage forms are prepared that include an effective amount of melt-extruded matrix multiparticulates within a capsule. For example, a

plurality of the melt-extruded matrix multiparticulates may be placed in a gelatin capsule in an amount sufficient to provide an effective sustained release dose when ingested and contacted by gastrointestinal fluid.

In another embodiment, a suitable amount of the multiparticulate extrudate is compressed into an oral tablet using conventional tableting equipment using standard techniques. Techniques and compositions for making tablets (compressed and molded), capsules (hard and soft gelatin) and pills are also described in *Remington's Pharmaceutical Sciences*, (Arthur Osol, editor), 1553-1593 (1980).

In yet another preferred embodiment, the extrudate can be shaped into tablets as set forth in U.S. Pat. No. 4,957,681 (Klimesch, et. al.).

Optionally, the sustained-release matrix multiparticulate systems, tablets, or capsules can be coated with a sustained release coating such as the sustained release coatings described herein. Such coatings preferably include a sufficient amount of hydrophobic and/or hydrophilic sustained-release material to obtain a weight gain level from about 2 to about 25 percent, although the overcoat may be greater depending upon, e.g., the desired release rate. The coating can optionally contain one or more of the aversive agents. In such embodiments, an optional second overcoat can be applied as to minimize the perception of the aversive agent when a dosage form of the present invention is administered intact.

The dosage forms of the present invention may further include combinations of melt-extruded matrix multiparticulates containing an opioid analgesic; one or more aversive agents; or mixtures thereof. Furthermore, the dosage forms can also include an amount of an immediate release opioid analgesic for prompt therapeutic effect. The immediate release opioid analgesic may be incorporated, e.g., as separate multiparticulates within a gelatin capsule, or may be coated on the surface of, e.g., melt extruded matrix multiparticulates.

The sustained-release profile of the melt-extruded formulations of the invention can be altered, for example, by varying the amount of sustained-release material, by varying the amount of plasticizer relative to other matrix constituents, by varying the amount of hydrophobic material, by the inclusion of additional ingredients or excipients, by altering the method of manufacture, etc.

In other embodiments of the invention, melt-extruded formulations are prepared without the inclusion of the opioid analgesic; one or more aversive agents; or mixtures thereof; which is added thereafter to the extrudate. Such formulations typically will have the opioid analgesic; one or more aversive agents; or mixtures thereof blended together with the extruded matrix material, and then the mixture would be tableted in order to provide a slow release formulation. Such formulations may be advantageous, for example, when the opioid analgesic; one or more aversive agents; or mixtures thereof included in the formulation is sensitive to temperatures needed for softening the hydrophobic material and/or the retardant material.

Typical melt-extrusion production systems suitable for use in accordance with the present invention include a suitable extruder drive motor having variable speed and constant torque control, start-stop controls, and a meter. In addition, the production system will include a temperature control console which includes temperature sensors, cooling means and temperature indicators throughout the length of the extruder. In addition, the production system will include an extruder such as a twin-screw extruder which consists of two counter-rotating intermeshing screws enclosed within a cylinder or barrel having an aperture or die at the exit thereof.

The feed materials enter through a feed hopper and are moved through the barrel by the screws and are forced through the die into strands which are thereafter conveyed such as by a continuous movable belt to allow for cooling and being directed to a pelletizer or other suitable device to render the extruded ropes into the matrix multiparticulate system. The pelletizer can consist of rollers, fixed knife; rotating cutter and the like. Suitable instruments and systems are available from distributors such as C. W. Brabender Instruments, Inc. of South Hackensack, N.J. Other suitable apparatus will be apparent to those of ordinary skill in the art.

A further aspect of the invention is related to the preparation of melt-extruded matrix multiparticulates as set forth above in a manner which controls the amount of air included in the extruded product. By controlling the amount of air included in the extrudate, the release rate of the opioid analgesic, one or more aversive agents, or mixtures thereof may be altered.

Thus, in a further aspect of the invention, the melt-extruded product is prepared in a manner which substantially excludes air during the extrusion phase of the process. This may be accomplished, for example, by using a Leistritz extruder having a vacuum attachment. The extruded matrix multiparticulates prepared according to the invention using the Leistritz extruder under vacuum provides a melt-extruded product having different physical characteristics. In particular, the extrudate is substantially non-porous when magnified, e.g., using a scanning electron microscope which provides an SEM (scanning electron micrograph). Such substantially non-porous formulations may provide a faster release of the therapeutically active agent, relative to the same formulation prepared without vacuum. SEMs of the matrix multiparticulates prepared using an extruder under vacuum appear very smooth, and the multiparticulates tend to be more robust than those multiparticulates prepared without vacuum. It has been observed that in at least certain formulations, the use of extrusion under vacuum provides an extruded matrix multiparticulate product which is more pH-dependent than its counterpart formulation prepared without vacuum.

Alternatively, the melt-extruded product is prepared using a Werner-Pfleiderer twin screw extruder.

In certain embodiments, a spheronizing agent is added to a granulate or matrix multiparticulate and then spheronized to produce sustained release spheroids. The spheroids are then optionally overcoated with a sustained release coating by methods such as those described above.

Spheronizing agents which may be used to prepare the matrix multiparticulate formulations of the present invention include any art-known spheronizing agent. Cellulose derivatives are preferred, and microcrystalline cellulose is especially preferred. A suitable microcrystalline cellulose is, for example, the material sold as Avicel PH 101 (TradeMark, FMC Corporation). The spheronizing agent is preferably included as about 1 to about 99% of the matrix multiparticulate by weight.

In certain embodiments, in addition to the opioid analgesic, one or more aversive agents, and spheronizing agent, the spheroids may also contain a binder. Suitable binders, such as low viscosity, water soluble polymers, will be well known to those skilled in the pharmaceutical art. However, water soluble hydroxy lower alkyl cellulose, such as hydroxy propyl cellulose, are preferred. Additionally (or alternatively) the spheroids may contain a water insoluble polymer, especially an acrylic polymer, an acrylic copolymer, such as a methacrylic acid-ethyl acrylate copolymer, or ethyl cellulose.

In certain embodiments, a sustained release coating is applied to the sustained release spheroids, granules, or matrix

multiparticulates. In such embodiments, the sustained-release coating may include a water insoluble material such as (a) a wax, either alone or in admixture with a fatty alcohol; or (b) shellac or zein. The coating is preferably derived from an aqueous dispersion of the hydrophobic sustained release material.

In certain embodiments, it is necessary to overcoat the sustained release spheroids, granules, or matrix multiparticulates comprising the opioid analgesic, one or more aversive agents, and sustained release carrier with a sufficient amount of the aqueous dispersion of, e.g., alkylcellulose or acrylic polymer, to obtain a weight gain level from about 2 to about 50%, e.g., about 2 to about 25%, in order to obtain a sustained-release formulation. The overcoat may be lesser or greater depending upon, e.g., the desired release rate, the inclusion of plasticizer in the aqueous dispersion and the manner of incorporation of the same. Cellulosic materials and polymers, including alkylcelluloses, are sustained release materials well suited for coating the sustained release spheroids, granules, or matrix multiparticulates according to the invention. Simply by way of example, one preferred alkylcellulosic polymer is ethylcellulose, although the artisan will appreciate that other cellulose and/or alkylcellulose polymers may be readily employed, singly or in any combination, as all or part of a hydrophobic coating according to the invention.

One commercially available aqueous dispersion of ethylcellulose is Aquacoat® (FMC Corp., Philadelphia, Pa., U.S.A.). Aquacoat® is prepared by dissolving the ethylcellulose in a water-immiscible organic solvent and then emulsifying the same in water in the presence of a surfactant and a stabilizer. After homogenization to generate submicron droplets, the organic solvent is evaporated under vacuum to form a pseudolatex. The plasticizer is not incorporated in the pseudolatex during the manufacturing phase. Thus, prior to using the same as a coating, it is necessary to intimately mix the Aquacoat® with a suitable plasticizer prior to use.

Another aqueous dispersion of ethylcellulose is commercially available as Surelease® (Colorcon, Inc., West Point, Pa., U.S.A.). This product is prepared by incorporating plasticizer into the dispersion during the manufacturing process. A hot melt of a polymer, plasticizer (dibutyl sebacate), and stabilizer (oleic acid) is prepared as a homogeneous mixture, which is then diluted with an alkaline solution to obtain an aqueous dispersion which can be applied directly to the sustained release spheroids, granules, or matrix multiparticulates.

In other preferred embodiments of the present invention, the sustained release material comprising the sustained-release coating is a pharmaceutically acceptable acrylic polymer, including but not limited to acrylic acid and methacrylic acid copolymers, methyl methacrylate copolymers, ethoxyethyl methacrylates, cyanoethyl methacrylate, poly(acrylic acid), poly(methacrylic acid), methacrylic acid alkylamide copolymer, poly(methyl methacrylate), polymethacrylate, poly(methyl methacrylate) copolymer, polyacrylamide, aminoalkyl methacrylate copolymer, poly(methacrylic acid anhydride), and glycidyl methacrylate copolymers.

In certain preferred embodiments, the acrylic polymer is comprised of one or more ammonio methacrylate copolymers. Ammonio methacrylate copolymers are well known in the art, and are described in the National Formulary (NF) XVII as fully polymerized copolymers of acrylic and methacrylic acid esters with a low content of quaternary ammonium groups. In order to obtain a desirable dissolution profile, it may be necessary to incorporate two or more ammonio methacrylate copolymers having differing physical proper-

ties, such as different molar ratios of the quaternary ammonium groups to the neutral (meth)acrylic esters.

Certain methacrylic acid ester-type polymers are useful for preparing pH-dependent coatings which may be used in accordance with the present invention. For example, there are a family of copolymers synthesized from diethylaminoethyl methacrylate and other neutral methacrylic esters, also known as methacrylic acid copolymer or polymeric methacrylates, commercially available as Eudragit® from Röhm GMBH and Co. Kg Darmstadt, Germany. There are several different types of Eudragit®. For example, Eudragit E is an example of a methacrylic acid copolymer which swells and dissolves in acidic media. Eudragit L is a methacrylic acid copolymer which does not swell at about pH<5.7 and is soluble at about pH>6. Eudragit® does not swell at about pH<6.5 and is soluble at about pH>7. Eudragit RL and Eudragit RS are water swellable, and the amount of water absorbed by these polymers is pH-dependent; however, dosage forms coated with Eudragit RL and RS are pH-independent.

In certain preferred embodiments, the acrylic coating comprises a mixture of two acrylic resin lacquers commercially available from Rohm under the Tradenames Eudragit® RL30D and Eudragit® RS30D, respectively. Eudragit® RL300 and Eudragit® RS30D are copolymers of acrylic and methacrylic esters with a low content of quaternary ammonium groups, the molar ratio of ammonium groups to the remaining neutral (meth)acrylic esters being 1:20 in Eudragit® RL30D and 1:40 in Eudragit® RS30D. The mean molecular weight is about 150,000. The code designations RL (high permeability) and RS (low permeability) refer to the permeability properties of these agents. Eudragit® RL/RS mixtures are insoluble in water and in digestive fluids. However, coatings formed from the same are swellable and permeable in aqueous solutions and digestive fluids.

The Eudragit® RL/RS dispersions of the present invention may be mixed together in any desired ratio in order to ultimately obtain a sustained-release formulation having a desirable dissolution profile. Desirable sustained-release formulations may be obtained, for instance, from a retardant coating derived from 100% Eudragit® RL, 50% Eudragit® RL and 50% Eudragit® RS, and 10% Eudragit® RL:Eudragit® 90% RS. Of course, one skilled in the art will recognize that other acrylic polymers may also be used, such as, for example, Eudragit® L. In embodiments of the present invention where the coating comprises an aqueous dispersion of a hydrophobic sustained release material, the inclusion of an effective amount of a plasticizer in the aqueous dispersion of hydrophobic material will further improve the physical properties of the sustained-release coating. For example, because ethylcellulose has a relatively high glass transition temperature and does not form flexible films under normal coating conditions, it is preferable to incorporate a plasticizer into an ethylcellulose coating containing sustained-release coating before using the same as a coating material. Generally, the amount of plasticizer included in a coating solution is based on the concentration of the film-former, e.g., most often from about 1 to about 50 percent by weight of the film-former. Concentration of the plasticizer, however, can only be properly determined after careful experimentation with the particular coating solution and method of application.

Examples of suitable plasticizers for ethylcellulose include water insoluble plasticizers such as dibutyl sebacate, diethyl phthalate, triethyl citrate, tributyl citrate, and triacetin, although it is possible that other water-insoluble plasticizers (such as acetylated monoglycerides, phthalate esters, castor

oil, etc.) may be used. Triethyl citrate is an especially preferred plasticizer for the aqueous dispersions of ethyl cellulose of the present invention.

Examples of suitable plasticizers for the acrylic polymers of the present invention include, but are not limited to citric acid esters such as triethyl citrate NF XVI, tributyl citrate, dibutyl phthalate, and possibly 1,2-propylene glycol. Other plasticizers which have proved to be suitable for enhancing the elasticity of the films formed from acrylic films such as Eudragit® RL/RS lacquer solutions include polyethylene glycols, propylene glycol, diethyl phthalate, castor oil, and triacetin. Triethyl citrate is an especially preferred plasticizer for the aqueous dispersions of ethyl cellulose of the present invention.

In certain embodiments, the uncoated/coated sustained release spheroids, granules, or matrix multiparticulates containing the opioid analgesic; and one or more aversive agents; are cured until an endpoint is reached at which the sustained release spheroids, granules, or matrix multiparticulates provide a stable dissolution of the opioid. The curing endpoint may be determined by comparing the dissolution profile (curve) of the dosage form immediately after curing to the dissolution profile (curve) of the dosage form after exposure to accelerated storage conditions of, e.g., at least one month at a temperature of 40° C. and a relative humidity of 75%. Cured formulations are described in detail in U.S. Pat. Nos. 5,273,760; 5,286,493; 5,500,227; 5,580,578; 5,639,476; 5,681,585; and 6,024,982. Other examples of sustained-release formulations and coatings which may be used in accordance with the present invention include those described in U.S. Pat. Nos. 5,324,351; 5,356,467; and 5,472,712.

In addition to the above ingredients, the spheroids, granules, or matrix multiparticulates may also contain suitable quantities of other materials, e.g., diluents, lubricants, binders, granulating aids, and glidants that are conventional in the pharmaceutical art in amounts up to about 50% by weight of the formulation if desired. The quantities of these additional materials will be sufficient to provide the desired effect to the desired formulation.

Specific examples of pharmaceutically acceptable carriers and excipients that may be used to formulate oral dosage forms are described in the *Handbook of Pharmaceutical Excipients*, American Pharmaceutical Association (1986), incorporated by reference herein.

It has further been found that the addition of a small amount of talc to the sustained release coating reduces the tendency of the aqueous dispersion to stick during processing, and acts as a polishing agent.

Osmotic Dosage Forms

Sustained release dosage forms according to the present invention may also be prepared as osmotic dosage formulations. The osmotic dosage forms preferably include a bilayer core comprising a drug layer (containing the opioid analgesic and optionally one or more aversive agents) and a delivery or push layer (which may contain the one or more aversive agents), wherein the bilayer core is surrounded by a semipermeable wall and optionally having at least one passageway disposed therein.

The expression "passageway" as used for the purpose of this invention, includes aperture, orifice, bore, pore, porous element through which the opioid analgesic can be pumped, diffuse or migrate through a fiber, capillary tube, porous overlay, porous insert, microporous member, or porous composition. The passageway can also include a compound that erodes or is leached from the wall in the fluid environment of

use to produce at least one passageway. Representative compounds for forming a passageway include erodible poly(glycolic) acid, or poly(lactic) acid in the wall; a gelatinous filament; a water-removable poly(vinyl alcohol); leachable compounds such as fluid-removable pore-forming polysaccharides, acids, salts or oxides. A passageway can be formed by leaching a compound from the wall, such as sorbitol, sucrose, lactose, maltose, or fructose, to form a sustained-release dimensional pore-passageway. The passageway can have any shape, such as round, triangular, square and elliptical, for assisting in the sustained metered release of opioid analgesic from the dosage form. The dosage form can be manufactured with one or more passageways in spaced-apart relation on one or more surfaces of the dosage form. A passageway and equipment for forming a passageway are described in U.S. Pat. Nos. 3,845,770; 3,916,899; 4,063,064 and 4,088,864. Passageways comprising sustained-release dimensions sized, shaped and adapted as a releasing-pore formed by aqueous leaching to provide a releasing-pore of a sustained-release rate are described in U.S. Pat. Nos. 4,200,098 and 4,285,987.

In certain embodiments, the bilayer core comprises a drug layer with opioid analgesic and a displacement or push layer optionally containing the one or more aversive agents. The one or more aversive agents may optionally be included in the drug layer instead of or in addition to being included in the push layer. In certain embodiments the drug layer may also comprise at least one polymer hydrogel. The polymer hydrogel may have an average molecular weight of between about 500 and about 6,000,000. Examples of polymer hydrogels include but are not limited to a maltodextrin polymer comprising the formula $(C_6H_{12}O_5)_n \cdot H_2O$, wherein n is 3 to 7,500, and the maltodextrin polymer comprises a 500 to 1,250,000 number-average molecular weight; a poly(alkylene oxide) represented by, e.g., a poly(ethylene oxide) and a poly(propylene oxide) having a 50,000 to 750,000 weight-average molecular weight, and more specifically represented by a poly(ethylene oxide) of at least one of 100,000, 200,000, 300,000 or 400,000 weight-average molecular weights; an alkali carboxyalkylcellulose, wherein the alkali is sodium or potassium, the alkyl is methyl, ethyl, propyl, or butyl of 10,000 to 175,000 weight-average molecular weight; and a copolymer of ethylene-acrylic acid, including methacrylic and ethacrylic acid of 10,000 to 500,000 number-average molecular weight.

In certain embodiments of the present invention, the delivery or push layer comprises an osmopolymer. Examples of an osmopolymer include but are not limited to a member selected from the group consisting of a polyalkylene oxide and a carboxyalkylcellulose. The polyalkylene oxide possesses a 1,000,000 to 10,000,000 weight-average molecular weight. The polyalkylene oxide may be a member selected from the group consisting of polymethylene oxide, polyethylene oxide, polypropylene oxide, polyethylene oxide having a 1,000,000 average molecular weight, polyethylene oxide comprising a 5,000,000 average molecular weight, polyethylene oxide comprising a 7,000,000 average molecular weight, cross-linked polymethylene oxide possessing a 1,000,000 average molecular weight, and polypropylene oxide of 1,200,000 average molecular weight. Typical osmopolymer carboxyalkylcellulose comprises a member selected from the group consisting of alkali carboxyalkylcellulose, sodium carboxymethylcellulose, potassium carboxymethylcellulose, sodium carboxyethylcellulose, lithium carboxymethylcellulose, sodium carboxyethylcellulose, carboxyalkylhydroxyalkylcellulose, carboxymethylhydroxyethyl cellulose, carboxyethylhydroxyethylcellulose and car-

boxymethylhydroxypropylcellulose. The osmopolymers used for the displacement layer exhibit an osmotic pressure gradient across the semipermeable wall. The osmopolymers imbibe fluid into dosage form, thereby swelling and expanding as an osmotic hydrogel (also known as osmogel), whereby they push the contents of the drug layer from the osmotic dosage form.

The push layer may also include one or more osmotically effective compounds also known as osmagents and as osmotically effective solutes. They imbibe an environmental fluid, for example, from the gastrointestinal tract, into dosage form and contribute to the delivery kinetics of the displacement layer. Examples of osmotically active compounds comprise a member selected from the group consisting of osmotic salts and osmotic carbohydrates. Examples of specific osmagents include but are not limited to sodium chloride, potassium chloride, magnesium sulfate, lithium phosphate, lithium chloride, sodium phosphate, potassium sulfate, sodium sulfate, potassium phosphate, glucose, fructose and maltose.

The push layer may optionally include a hydroxypropylalkylcellulose possessing a 9,000 to 450,000 number-average molecular weight. The hydroxypropylalkylcellulose is represented by a member selected from the group consisting of hydroxypropylmethylcellulose, hydroxypropylethylcellulose, hydroxypropyl isopropyl cellulose, hydroxypropylbutylcellulose, and hydroxypropylpentylcellulose.

The push layer may also optionally comprise an antioxidant to inhibit the oxidation of ingredients. Some examples of antioxidants include but are not limited to a member selected from the group consisting of ascorbic acid, ascorbyl palmitate, butylated hydroxyanisole, a mixture of 2 and 3 tertiary-butyl-4-hydroxyanisole, butylated hydroxytoluene, sodium isoascorbate, dihydroguaric acid, potassium sorbate, sodium bisulfate, sodium metabisulfate, sorbic acid, potassium ascorbate, vitamin E, 4-chloro-2,6-ditertiary butylphenol, alfatocopherol, and propylgallate.

In certain alternative embodiments, the dosage form comprises a substantially homogenous core comprising opioid analgesic, one or more aversive agents, a pharmaceutically acceptable polymer (e.g., polyethylene oxide), optionally a disintegrant (e.g., polyvinylpyrrolidone), optionally an absorption enhancer (e.g., a fatty acid, a surfactant, a chelating agent, a bile salt, etc.). The substantially homogenous core is surrounded by a semipermeable wall having a passageway (as defined above) for the release of the opioid analgesic, and the one or more aversive agents.

In certain embodiments, the semipermeable wall comprises a member selected from the group consisting of a cellulose ester polymer, a cellulose ether polymer and a cellulose ester-ether polymer. Representative wall polymers comprise a member selected from the group consisting of cellulose acylate, cellulose diacylate, cellulose triacylate, cellulose acetate, cellulose diacetate, cellulose triacetate, mono-, di- and tricellulose alkenylates, and mono-, di- and tricellulose alkynylates. The poly(cellulose) used for the Present invention comprises a number-average molecular weight of 20,000 to 7,500,000.

Additional semipermeable polymers for the purpose of this invention comprise acetaldehyde dimethylcellulose acetate, cellulose acetate ethylcarbamate, cellulose acetate methylcarbamate, cellulose diacetate, propylcarbamate, cellulose acetate diethylaminoacetate; semipermeable polyamide; semipermeable polyurethane; semipermeable sulfonated polystyrene; semipermeable cross-linked polymer formed by the coprecipitation of a polyanion and a polycation as disclosed in U.S. Pat. Nos. 3,173,876; 3,276,586; 3,541,005; 3,541,006 and 3,546,876; semipermeable polymers as dis-

closed by Loeb and Sourirajan in U.S. Pat. No. 3,133,132; semipermeable crosslinked polystyrenes; semipermeable cross-linked poly(sodium styrene sulfonate); semipermeable crosslinked poly(vinylbenzyltrimethyl ammonium chloride); and semipermeable polymers possessing a fluid permeability of 2.5×10^{-8} to 2.5×10^{-2} ($\text{cm}^2/\text{hr-atm}$) expressed per atmosphere of hydrostatic or osmotic pressure difference across the semipermeable wall. Other polymers useful in the present invention are known in the art in U.S. Pat. Nos. 3,845,770; 3,916,899 and 4,160,020; and in Handbook of Common Polymers, Scott, J. R. and W. J. Roff, 1971, CRC Press, Cleveland, Ohio.

In certain embodiments, preferably the semipermeable wall is nontoxic, inert, and it maintains its physical and chemical integrity during the dispensing life of the drug. In certain embodiments, the dosage form comprises a binder. An example of a binder includes, but is not limited to a therapeutically acceptable vinyl polymer having a 5,000 to 350,000 viscosity-average molecular weight, represented by a member selected from the group consisting of poly-n-vinylamide, poly-n-vinylacetamide, poly(vinyl pyrrolidone), also known as poly-n-vinylpyrrolidone, poly-n-vinylcaprolactone, poly-n-vinyl-5-methyl-2-pyrrolidone, and poly-n-vinyl-pyrrolidone copolymers with a member selected from the group consisting of vinyl acetate, vinyl alcohol, vinyl chloride, vinyl fluoride, vinyl butyrate, vinyl laureate, and vinyl stearate. Other binders include for example, acacia, starch, gelatin, and hydroxypropylalkylcellulose of 9,200 to 250,000 average molecular weight.

In certain embodiments, the dosage form comprises a lubricant, which may be used during the manufacture of the dosage form to prevent sticking to die wall or punch faces. Examples of lubricants include but are not limited to magnesium stearate, sodium stearate, stearic acid, calcium stearate, magnesium oleate, oleic acid, potassium oleate, caprylic acid, sodium stearyl fumarate, and magnesium palmitate.

Transdermal Delivery Systems

The formulations of the present invention may be formulated as a transdermal delivery system, such as transdermal patches. In certain embodiments of the present invention, a transdermal patch comprises an opioid agonist contained in a reservoir or a matrix, and an adhesive which allows the transdermal device to adhere to the skin, allowing the passage of the active agent from the transdermal device through the skin of the patient, with the inclusion of the aversive agents as disclosed herein which are not releasable when the dosage form is administered intact but which are releasable when the dosage form is broken or tampered with in order to release the opioid from the transdermal system.

Transdermal delivery system providing a controlled-release of an opioid agonist is known. For example, Duragesic® patch (commercially available from Janssen Pharmaceutical) contains an opioid agonist (fentanyl) and is said to provide adequate analgesia for up to 48 to 72 hours (2 to 3 days). This formulation can be reformulated with an aversive agent as disclosed herein.

There are several types of transdermal formulations of buprenorphine reported in the literature. See, for example, U.S. Pat. No. 5,240,711 (Hille et al.), U.S. Pat. No. 5,225,199 (Hidaka et al.), U.S. Pat. No. 5,069,909 (Sharma et al.), U.S. Pat. No. 4,806,341 (Chien et al.), and U.S. Pat. No. 5,026,556 (Drust et al.), all of which are hereby incorporated by reference. These transdermal devices can also be reformulated with the aversive agents as disclosed herein.

The transdermal delivery system used in the present invention may also be prepared in accordance with U.S. Pat. No. 5,069,909 (Sharma et al.), hereby incorporated by reference. This patent describes a laminated composite for administering buprenorphine transdermally to treat pain. The transdermal delivery system used in the present invention may also be prepared in accordance with U.S. Pat. No. 4,806,341 (Chien et al.), hereby incorporated by reference. This patent describes a transdermal morphinan narcotic analgesic or antagonist (including buprenorphine) pharmaceutical polymer matrix dosage unit having a backing layer which is substantially impervious to the buprenorphine, and a polymer matrix disc layer which is adhered to the backing layer and which has microdisposed therein effective dosage amounts of the buprenorphine.

The transdermal delivery system used in the present invention may also be that described in U.S. Pat. No. 5,026,556 (Drust et al.), hereby incorporated by reference. Therein, compositions for the transdermal delivery of buprenorphine comprise buprenorphine in a carrier of a polar solvent material selected from the group consisting of C_3 - C_4 diols, C_3 - C_6 triols, and mixtures thereof, and a polar lipid material selected from the group consisting of fatty alcohol esters, fatty acid esters, and mixtures thereof; wherein the polar solvent material and the lipid material are present in a weight ratio of solvent material:lipid material of from 60:40 to about 99:1. The transdermal delivery system used in the present invention may also be that described in U.S. Pat. No. 4,588,580 (Gale, et al.), hereby incorporated by reference. That system comprises a reservoir for the drug having a skin proximal, material releasing surface area in the range of about 5-100 cm^2 and containing between 0.1 and 50% by weight of a skin permeable form of the buprenorphine. The reservoir contains an aqueous gel comprising up to about 47-95% ethanol, 1-10% gelling agent, 0.1-10% buprenorphine, and release rate controlling means disposed in the flow path of the drug to the skin which limits the flux of the buprenorphine from the system through the skin.

The transdermal delivery system used in the present invention may also be that described in PCT/US01/04347 to Oshlack et al.

The present invention is contemplated to encompass all transdermal formulations, e.g., the technologies described above, with the inclusion of an aversive agent, such that the dosage form deters abuse of the opioid therein.

The aversive agent in non-releasable form when administered intact can be formulated in accordance with U.S. Pat. No. 5,149,538 to Granger, hereby incorporated by reference. Alternatively, the aversive agent and the opioid agonist can be separated from the opioid by a layer which becomes disrupted when the dosage form is tampered with, thereby mixing the aversive agent with the opioid agonist. Alternatively, a combination of both systems can be used.

Suppositories

The controlled release formulations of the present invention may be formulated as a pharmaceutical suppository for rectal administration comprising an opioid analgesic, and at least one aversive agent in a controlled release matrix, and a suppository vehicle (base). Preparation of Controlled Release Suppository Formulations is Described in, e.g., U.S. Pat. No. 5,215,758.

The suppository base chosen should be compatible with the agent(s) of the present invention. Further, the suppository

base is preferably non-toxic and nonirritating to mucous membranes, melts or dissolves in rectal fluids, and is stable during storage.

In certain preferred embodiments of the present invention for both water-soluble and water-insoluble drugs, the suppository base comprises a fatty acid wax selected from the group consisting of mono-, di- and triglycerides of saturated, natural fatty acids of the chain length C_{12} to C_{18} .

In preparing the suppositories of the present invention other excipients may be used. For example, a wax may be used to form the proper shape for administration via the rectal route. This system can also be used without wax, but with the addition of diluent filled in a gelatin capsule for both rectal and oral administration.

Examples of suitable commercially available mono-, di- and triglycerides include saturated natural fatty acids of the 12-18 carbon atom chain sold under the trade name Novata™ (types AB, AB, B, BC, BD, BBC, E, BCF, C, D and 299), manufactured by Henkel, and Witpsol™ (types H5, H12, H15, H175, H185, H119, H32, H35, H39, H42, W25, W31, W35, W45, S55, S58, E75, E76 and E85), manufactured by Dynamit Nobel.

Other pharmaceutically acceptable suppository bases may be substituted in whole or in part for the above-mentioned mono-, di- and triglycerides. The amount of base in the suppository is determined by the size (i.e. actual weight) of the dosage form, the amount of base (e.g., alginate) and drug used. Generally, the amount of suppository base is from about 20 percent to about 90 percent by weight of the total weight of the suppository. Preferably, the amount of base in the suppository is from about 65 percent to about 80 percent, by weight of the total weight of the suppository.

In certain embodiments of the dosage forms of the present invention may also include a surfactant. Surfactants useful in accordance with the present invention, include for example, ionic and nonionic surfactants or wetting agents commonly used in the formulation of pharmaceuticals, including but not limited to castor oil derivatives, cholesterol, polyglycolized glycerides, acetylated monoglycerides, sorbitan fatty acid esters, poloxamers, polysorbates, polyoxyethylene sorbitan fatty acid esters, polyoxyethylene compounds, monoglycerides or ethoxylated derivatives thereof, diglycerides or polyoxyethylene derivatives thereof, sodium docusate, sodium laurylsulfate, cholic acid or derivatives thereof, ethoxylated alcohols, ethoxylated esters, ethoxylated amides, polyoxypropylene compounds, propoxylated alcohols, ethoxylated/propoxylated block polymers, propoxylated esters, alkanolamides, amine oxides, fatty acid esters of polyhydric alcohols, ethylene glycol esters, diethylene glycol esters, propylene glycol esters, glycerol esters, polyglycerol fatty acid esters, SPAN's (e.g., sorbitan esters), TWEEN's (i.e., sucrose esters), glucose (dextrose) esters, alkali metal sulfates, quaternary ammonium compounds, amidoamines, and aminimides, simethicone, lecithins, alcohols, phospholipids, and mixtures thereof.

Mixed surfactant/wetting agents useful in accordance with the present invention include, for example, sodium lauryl sulfate/polyethylene glycol (PEG) 6000 and sodium lauryl sulfate/PEG 6000/stearic acid, etc.

In certain embodiments of the present invention, the dosage form may also include an emulsifying agent. Emulsifying agents useful in accordance with the present invention include, for example, monoglycerides, sucrose/fatty acid esters, polyglycerol/fatty acid esters, sorbitan/fatty acid esters, lecithins, potassium and sodium salts of rosin acids and higher fatty acids, as well as sulfates and sulfonates of these acids, amine salts of hydroxylamines of long-chain fatty

acid esters, quaternary ammonium salts such as stearyl-dimethylbenzylammonium chloride and tridecylbenzenedihydroxyethylimidazole chloride, phosphoric esters of higher alcohols such as capryl and octyl alcohol, and monoesters of oleic acid and pentaerythritol such as sorbitan monooleates, and mixtures thereof.

The oral dosage form and methods for use of the present invention may further include, in addition to an opioid analgesic and at least one aversive agent, one or more drugs that may or may not act synergistically with the opioid analgesic. Thus, in certain embodiments, a combination of two opioid analgesics may be included in the dosage form. For example, the dosage form may include two opioid analgesics having different properties, such as half-life, solubility, potency, and a combination of any of the foregoing.

In yet further embodiments, one or more opioid analgesic is included and a further non-opioid drug is also included. Such non-opioid drugs would preferably provide additional analgesia, and include, for example, aspirin, acetaminophen; non-steroidal anti-inflammatory drugs ("NSAIDs"), e.g., ibuprofen, ketoprofen, etc.; N-methyl-D-aspartate (NMDA) receptor antagonists, e.g., a morphinan such as dextromethorphan or dextrorphan, or ketamine; cyclooxygenase-II inhibitors ("COX-II inhibitors"); and/or glycine receptor antagonists.

In certain preferred embodiments of the present invention, the invention allows for the use of lower doses of the opioid analgesic by virtue of the inclusion of an additional non-opioid analgesic, such as an NSAID or a COX-2 inhibitor. By using lower amounts of either or both drugs, the side effects associated with effective pain management in humans are reduced.

Suitable non-steroidal anti-inflammatory agents, including ibuprofen, diclofenac, naproxen, benoxaprofen, flurbiprofen, fenoprofen, flubufen, ketoprofen, indoprofen, piroprofen, carprofen, oxaprozin, pramoprofen, muprofen, trioxaprofen, suprofen, aminoprofen, tiaprofenic acid, fluprofen, bucloxic acid, indomethacin, sulindac, tolmetin, zomepirac, tiopinac, zidornetacin, acemetacin, fentiazac, clidanac, oxipinac, mefenamic acid, meclofenamic acid, flufenamic acid, niflumic acid, tolafenamic acid, diflunisal, flufenisal, piroxicam, sudoxicam or isoxicam, and the like. Useful dosages of these drugs are well known to those skilled in the art.

N-methyl-D-aspartate (NMDA) receptor antagonists are well known in the art, and encompass, for example, morphinans such as dextromethorphan or dextrorphan, ketamine, or pharmaceutically acceptable salts thereof. For purposes of the present invention, the term "NMDA antagonist" is also deemed to encompass drugs that block a major intracellular consequence of NMDA-receptor activation, e.g. a ganglioside such as GM₁ or GT_{1b}, a phenothiazine such as trifluoperazine or a naphthalenesulfonamide such as N-(6-amino-hexyl)-5-chloro-1-naphthalenesulfonamide. These drugs are stated to inhibit the development of tolerance to and/or dependence on addictive drugs, e.g., narcotic analgesics such as morphine, codeine, etc. in U.S. Pat. Nos. 5,321,012 and 5,556,838 (both to Mayer, et al.), and to treat chronic pain in U.S. Pat. No. 5,502,058 (Mayer, et al.), all of which are hereby incorporated by reference. The NMDA antagonist may be included alone, or in combination with a local anesthetic such as lidocaine, as described in these Mayer, et. al. patents.

The treatment of chronic pain via the use of glycine receptor antagonists and the identification of such drugs is described in U.S. Pat. No. 5,514,680 (Weber, et al.).

COX-2 inhibitors have been reported in the art and many chemical structures are known to produce inhibition of

cyclooxygenase-2. COX-2 inhibitors are described, for example, in U.S. Pat. Nos. 5,616,601; 5,604,260; 5,593,994; 5,550,142; 5,536,752; 5,521,213; 5,474,995; 5,639,780; 5,604,253; 5,552,422; 5,510,368; 5,436,265; 5,409,944; and 5,130,311, all of which are hereby incorporated by reference. Certain preferred COX-2 inhibitors include celecoxib (SC-58635), DUP-697, flosulide (CGP-28238), meloxicam, 6-methoxy-2 naphthylacetic acid (6-MNA), MK-966 (also known as Vioxx), nabumetone (prodrug for 6-MNA), nimesulide, NS-398, SC-5766, SC-58215, T-614; or combinations thereof. Dosage levels of COX-2 inhibitor on the order of from about 0.005 mg to about 140 mg per kilogram of body weight per day are therapeutically effective in combination with an opioid analgesic. Alternatively, about 0.25 mg to about 7 g per patient per day of a COX-2 inhibitor is administered in combination with an opioid analgesic.

In yet further embodiments, a non-opioid drug can be included which provides a desired effect other than analgesia, e.g., antitussive, expectorant, decongestant, antihistamine drugs, local anesthetics, and the like.

The invention disclosed herein is meant to encompass the use of any pharmaceutically acceptable salts thereof of the disclosed opioid analgesics. The pharmaceutically acceptable salts include, but are not limited to, metal salts such as sodium salt, potassium salt, sodium salt and the like; alkaline earth metals such as calcium salt, magnesium salt and the like; organic amine salts such as triethylamine salt, pyridine salt, picoline salt, ethanolamine salt, triethanolamine salt, dicyclohexylamine salt, N,N'-dibenzylethylenediamine salt and the like; inorganic acid salts such as hydrochloride, hydrobromide, sulfate, phosphate and the like; organic acid salts such as formate, acetate, trifluoroacetate, maleate, tartrate and the like; sulfonates such as methanesulfonate, benzenesulfonate, p-toluenesulfonate, and the like; amino acid salts such as arginate, asparinate, glutamate and the like.

Some of the opioid analgesics disclosed herein may contain one or more asymmetric centers and may thus give rise to enantiomers, diastereomers, and other stereoisomeric forms. The present invention is also meant to encompass the use of any such possible forms as well as their racemic and resolved forms and mixtures thereof. When the compounds described herein contain olefinic double bonds or other centers of geometric asymmetry, and unless specified otherwise, it is intended to include both E and Z geometric isomers. The use of all tautomers are intended to be encompassed by the present invention as well.

The oral dosage forms of the present invention may be in the form of tablets, troches, lozenges, powders or granules, hard or soft capsules, microparticles (e.g., microcapsules, microspheres and the like), buccal tablets, etc.

In certain embodiments, the present invention provides for a method of preventing abuse of an oral controlled release dosage form of an opioid analgesic comprising preparing the dosage forms as described above.

In certain embodiments, the present invention provides for a method of preventing diversion of an oral controlled release dosage form of an opioid analgesic comprising preparing the dosage forms as described above.

In certain embodiments, the present invention provides for a method of treating pain while at the same time reducing the risk of abuse by administering to a human patient the dosage forms described above.

As previously disclosed, the aversive agents of the present invention can be used for other drugs which can be the subject of abuse. Opioids, e.g., oxycodone are the preferred embodiments of the invention. However, it is contemplated that all of the disclosure herein With respect to opioid formulations

containing the aversive agent(s) can be applied to formulations containing drugs of abuse other than opioids.

The following examples illustrate various aspects of the present invention. They are not to be construed to limit the claims in any manner whatsoever.

EXAMPLE 1

A 20 mg Oxycodone Formulation is Prepared Containing Xanthan Gum as the Aversive Agent

In this example, a small amount of xanthan gum is added to the oxycodone formulation during the granulation process. Other gelling agents such as curdlan, carrageenan, alginates, pectin, gelatin, furcelleran, agar, guar gum, locust bean gum, tara gum, tragacanth, acacia, glucomannans, karaya, starch and starch derivatives, egg white powder, lacto albumin, soy protein, Jargel, gellan gum, welan gum, rhamsan gum, and the like, could also be used as gelling agents. Other semi-synthetic materials such as chitosan, pullulan, polyalaevulan, hydroxypropyl cellulose, methylcellulose, hydroxypropylmethyl cellulose, carboxymethyl cellulose, ethylhydroxyethyl cellulose, all ether derivatives of cellulose, and the like, could also be used as alternate gelling materials.

TABLE 1

Ingredients	Amt/Unit (mg)	Amount/Batch (gm)
Oxycodone HCl	20.0	209.6*
Spray Dried Lactose	59.25	592.5
Povidone	5.0	50.0
Eudragit RS30D (solids)	10.0	100
Triacetin	2.0	20.0
Xanthan gum	9.0	90.0
Stearyl Alcohol	25.0	250.0
Talc	2.5	25.0
Magnesium Stearate	1.25	12.5
Opadry Pink Y-S-14518A	5.0	50.0

*adjusted for 99.6% assay and 4.2% residual moisture.

Process

1. Dispersion: Disperse Eudragit and Triacetin in an aqueous medium to form a Eudragit/Triacetin dispersion.
2. Granulation: Spray the Eudragit/Triacetin dispersion onto the oxycodone HCl, Spray Dried Lactose, xanthan gum and Povidone using a fluid bed granulator.
3. Milling: Discharge the granulation and pass through a mill.
4. Waxing: Melt the stearyl alcohol and add to the milled granulation using a mixer. Allow to cool.
5. Milling: Pass the cooled granulation through a mill.
6. Lubrication: Lubricate the granulation with talc and magnesium stearate using a mixer.
7. Compression: Compress the granulation into tablets using a tablet press.

EXAMPLE 2

A 40 mg Oxycodone Formulation was Prepared Containing Xanthan Gum as the Aversive Agent

To determine the effect of varying amount of xanthan gum on the gelling property and dissolution rate of an oxycodone tablet, three levels of xanthan gum were added to 40 mg oxycodone granulation and compressed into tablets. Oxycodone recovery from water extraction of the tablet and the drug release rate was determined. The oxycodone granulation formulation of Example 2 is listed in Table 2 below.

31

TABLE 2

Ingredients	Amt/Unit (mg)
Oxycodone HCl	40.0
Spray Dried Lactose	39.25
Povidone	5.0
Eudragit RS30D (solids)	10.0
Triacetin	2.0
Stearyl Alcohol	25.0
Talc	2.5
Magnesium Stearate	1.25
Total	125

Examples 2A to 2C were prepared adding different amounts (3 mg, 5 mg, and 9 mg) of xanthan gum to a 125 mg oxycodone granulation of Example 2.

EXAMPLE 2A

Ingredients	Amt/Unit (mg)
Oxycodone granulation	125
Xanthan gum	3
Total	128

EXAMPLE 2B

Ingredients	Amt/Unit (mg)
Oxycodone granulation	125
Xanthan gum	5
Total	130

EXAMPLE 2C

Ingredients	Amt/Unit (mg)
Oxycodone granulation	125
Xanthan gum	9
Total	134

Process

1. Dispersion: Disperse Eudragit and Triacetin in an aqueous medium to form an Eudragit/Triacetin dispersion.
2. Granulation: Spray the Eudragit/Triacetin dispersion onto the Oxycodone Spray Dried Lactose and Povidone using a fluid bed granulator.
3. Milling: Discharge the granulation and pass through a mill.
4. Waxing: Melt the stearyl alcohol and add to the milled granulation using a mixer. Allow to cool.
5. Milling: Pass the cooled granulation through a mill.
6. Lubrication: Lubricate the granulation with talc and magnesium stearate using a mixer.
7. Add xanthan gum (3 levels) to the granulation and mix well.
8. Compression: Compress the granulation into tablets using a tablet press.

32

EXAMPLE 3

A thickening agent, citrus pectin, was added to a placebo Oxycontin® 10 mg tablet (tablet without the drug present) and small amounts of water (e.g., 1 ml, 2 ml, and 3 ml) were added. The following results were obtained and compared and listed in Table 3:

TABLE 3

Formation of gel at different concentrations (Water, pectin and Oxycontin® 10 mg placebo Tablet)			
Weight of Pectin (mg)	Extraction Volume (1 ml)	Extraction Volume (2 ml)	Extraction Volume (3 ml)
25	THICK (55 cP)	THICK (34 cP)	THICK (24 cP)
50	THICKEST (375 cP)	THICKER (84 cP)	THICK (42 cP)
75	THICKEST (1830 cP)	THICKEST (154 cP)	THICKER (94 cP)

THIN (less than 10 cP): The solution can be filled into a syringe
THICK (10 cP to 60 cP): Although a syringe can be filled with this solution, it was hard to do.
THICKER (60 cP to 120 cP): Syringe cannot be filled without picking up large pockets of air.
THICKEST (120 cP or greater, e.g., up to 2000 cP or up to 5000 cP): The solution cannot be injected or is very difficult to draw into a syringe or to inject.

The results summarized in Table 3 indicate that all the extracts were hard or difficult to pull into an insulin syringe. The pectin can also emulsify the excipients in the aqueous mixture making their filtration difficult. The tablet's coating is suspended in the mixture resembling a paste. All the samples have a creamy texture and milk like color. Additionally, the filtration with cotton cannot remove the suspended material, thus the mixture would not appeal to an addict.

This experiment shows that an ingredient, such as pectin, could be added to the Oxycontin® Tablets to make the extraction of the oxycodone more difficult and thus reducing the potential for abuse. Addition of pectin to the tablets appears to make the extraction extremely difficult.

EXAMPLE 4

In Example 4, controlled release tablets containing an opioid agonist (oxycodone HCl) and gelling agent (microcrystalline cellulose) are prepared. The controlled release tablets comprise granulates comprising the opioid agonist and the gelling agent dispersed in a controlled release matrix. The granulates are combined with melted wax (stearyl alcohol) to produce waxed granulates, which are then milled and mixed with other excipients and compressed into tablets.

TABLE 4

Ingredient	Amt/unit (mg)	Amt/batch (kg)
Oxycodone HCl	10.00	11.00
Microcrystalline Cellulose	200.00	220.00
Spray Dried Lactose	68.75	75.62
Povidone	5.00	5.50
Triacetin	2.00	2.20
Stearyl Alcohol	25.00	27.50
Talc	2.50	2.75
Magnesium Stearate	1.25	1.38
Opadry White	5.00	5.50
Purified Water		31.16*
Total	319.50	382.61

*Remains in product as residual moisture only.

Process:

1. Granulation Place Oxycodone HCl, Spray Dried Lactose, water, Povidone, Microcrystalline Cellulose, and Triacetin into a fluid bed granulator.
2. Milling Pass the granulation through a rotating impeller mill.
3. Drying Dry granulation if moisture content is too high.
4. Waxing Melt Stearyl Alcohol and wax the above granulation by adding melted Stearyl Alcohol onto granulation while mixing.
5. Cooling Cool the waxed granulation in a fluid bed dryer.
6. Milling Pass the cooled waxed granulation through a rotating impeller mill.
7. Blending Blend the milled waxed granulation, Talc and Magnesium Stearate.
8. Compression Compress the resultant granulation using a tablet press.
9. Coating Prepare a film coating solution by dispersing the Opadry in Purified Water and applying it to the tablet cores.

EXAMPLE 5

In Example 5, controlled release tablets containing a opioid agonist (morphine sulfate) and gelling agent (hydroxyethyl cellulose) are prepared. The controlled release tablets comprise granulates comprising the opioid agonist and the gelling agent in a controlled-release matrix. The granulates are combined with melted wax (cetostearyl alcohol) to produce waxed granulates, which are then milled and mixed with other excipients and compressed into tablets.

TABLE 5

Ingredient	Amt/unit (mg)	Amt/batch (kg)
Morphine Sulfate (pentahydrate)	30.00	108.0
Spray Dried Lactose	69.5	250.2
Hydroxyethyl Cellulose	600.0	2160.0
Purified Water		75.9*
Cetostearyl Alcohol	35.0	126.0
Talc	3.0	10.8
Magnesium Stearate	2.0	7.2
Opadry Purple	3.0	10.8
Purified Water		61.2*
Total	742.50	2673

*Remains in product as residual moisture only.

Process:

1. Granulation Place Morphine Sulfate, Spray Dried Lactose, water, and Hydroxyethyl Cellulose in a mixer and granulate.
2. Drying Dry the above granulation in a fluid bed dryer.
3. Milling Pass the granulation through a mill.
4. Drying Dry granulation if moisture content is too high.
5. Waxing Melt Cetostearyl Alcohol and wax the above granulation by adding melted Cetostearyl Alcohol onto granulation while mixing.
6. Cooling Cool the waxed granulation in a fluid bed dryer.
7. Milling Pass the cooled waxed granulation through a mill.
8. Blending Blend the milled waxed granulation, Talc and Magnesium Stearate.
9. Compression Compress the resultant granulation using a tablet press.

10. Coating Prepare a film coating solution by dispersing the Opadry in Purified Water and applying it to the tablet cores.

In Examples 6-8, 10 mg oxycodone HCL tablets are prepared as follows:

EXAMPLE 6

A controlled release tablet having the formula listed below is prepared by wet granulating oxycodone hydrochloride (25.00 gm) with lactose monohydrate (417.5 gm), and hydroxyethyl cellulose (100.00 gm). The granules are sieved through a 12 mesh screen. The granules are then dried in a fluid bed dryer at 50° C. and sieved through a 16 mesh screen.

Molten cetostearyl alcohol (300.0 gm) is added to the warmed oxycodone containing granules, and the whole was mixed thoroughly. The mixture is allowed to cool in the air, regranulated and sieved through a 16 mesh screen.

Purified Talc (15.0 gm), magnesium stearate (7.5 gm), and pectin (62.5 gm) are then added and mixed with the granules. The granules are then compressed into tablets.

TABLE 6

Ingredient	Amt/unit (mg)	Amt/batch (g)
Oxycodone HCl	10.00	25.0
Lactose Monohydrate	167.00	417.5
Hydroxyethylcellulose	40.00	100.0
Cetostearyl alcohol	120.00	300.0
Talc	6.0	15.0
Magnesium Stearate	3.0	7.5
Pectin	25.00	62.5

EXAMPLE 7

A controlled release tablet containing 10 mg of oxycodone and 50.00 mg of pectin and having the following formula is prepared in the same manner as in Example 6:

TABLE 7

Ingredient	Amt/unit (mg)	Amt/batch (g)
Oxycodone HCl	10.00	25.0
Lactose Monohydrate	167.00	417.5
Hydroxyethylcellulose	40.00	100.0
Cetostearyl alcohol	120.00	300.0
Talc	6.0	15.0
Magnesium Stearate	3.0	7.5
Pectin	50.00	125.00

EXAMPLE 8

A controlled release tablet containing 10 mg of oxycodone and 75.00 mg of pectin and having the following formula is prepared as in Example 6:

TABLE 8

Ingredient	Amt/unit (mg)	Amt/batch (g)
Oxycodone HCl	10.00	25.0
Lactose Monohydrate	167.00	417.5
Hydroxyethylcellulose	40.00	100.0
Cetostearyl alcohol	120.00	300.0

35

TABLE 8-continued

Ingredient	Amt/unit (mg)	Amt/batch (g)
Talc	6.0	15.0
Magnesium Stearate	3.0	7.5
Pectin	75.00	187.5

EXAMPLE 9

A 20 mg Oxycodone Formulation Containing a Bittering Agent is Prepared

In this example, a small amount of denatonium benzoate is added to an oxycodone formulation during the granulation process. The bitter taste would reduce the abuse of oxycodone by oral or intranasal route. The oxycodone formulation of Example 9 is listed in Table 9 below.

TABLE 9

Ingredients	Amt/Unit (mg)	Amount/Batch (gm)
Oxycodone HCl	20.0	209.6*
Spray Dried Lactose	59.25	592.5
Povidone	5.0	50.0
Eudragit RS30D (solids)	10.0	100
Triacetin	2.0	20.0
Denatonium benzoate	0.07	0.68
Stearyl Alcohol	25.0	250.0
Talc	2.5	25.0
Magnesium Stearate	1.25	12.5
Opadry Pink Y-S-14518A	5.0	50.0

*adjusted for 99.6% assay and 4.2% residual moisture.

Process

1. Dispersion: Dissolve denatonium benzoate in water and the solution is added to the Eudragit/Triacetin dispersion.
2. Granulation: Spray the Eudragit/Triacetin dispersion onto the Oxycodone HCl, Spray Dried Lactose and Povidone using a fluid bed granulator.
3. Milling: Discharge the granulation and pass through a mill.
4. Waxing: Melt the stearyl alcohol and add to the milled granulation using a mixer. Allow to cool.
5. Milling: Pass the cooled granulation through a mill.
6. Lubrication: Lubricate the granulation with talc and magnesium stearate using a mixer.
7. Compression: Compress the granulation into tablets using a tablet press.

EXAMPLE 10

In Example 10, a substantially non-releasable form of a bittering agent (denatonium benzoate) is prepared by coating denatonium benzoate particles with a coating that renders the denatonium benzoate substantially non-releasable. The formula of Example 10 is listed in Table 10 below.

TABLE 10

Ingredients	Amt/unit (mg)
LOADING	
denatonium benzoate	0.07
Sugar Spheres (30/35 mesh)	50.0
Opadry White Y-S-7068	2.5
Purified Water	42.5*

36

TABLE 10-continued

Ingredients	Amt/unit (mg)
OVERCOATING	
Opadry White Y-S-7068	3.02
Purified Water	17.11*
NON-RELEASE COATING (FOR RENDERING BITTERING AGENT SUBSTANTIALLY NON- RELEASEABLE)	
Eudragit RS30D (dry wt.)	12.10
Triethyl Citrate	2.42
Talc	4.84
Purified Water	49.21*
OVERCOATING	
Opadry White Y-S-7068	4.12
Purified Water	23.35*
Total	79.07

*Remains in product as residual moisture only.

Process:

1. Solution Preparation Dissolve the denatonium benzoate in Purified Water. Once dissolved, add the Opadry White and continue mixing until a homogeneous dispersion is yielded.
2. Loading Apply the above dispersion onto the Sugar Spheres using a fluid bed coating machine.
3. Overcoating Prepare an overcoating solution by dispersing Opadry White in Purified Water. Apply this dispersion over the sugar spheres loaded with denatonium benzoate using a fluid bed coating machine.
4. Retardant Coating Prepare the non-release coating solution by mixing the Eudragit RS30D, Triethyl Citrate, Talc, and Purified Water. Apply this dispersion over the loaded and overcoated sugar spheres using a fluid bed coating machine.
5. Overcoating Prepare a second overcoating solution by dispersing Opadry White in Purified Water. Apply this dispersion over the non-release coated denatonium benzoate spheres using a fluid bed coating machine.
6. Curing Cure the spheres at 45° C. for approximately 48 hours.

EXAMPLE 11

In Example 11, a substantially non-releasable form of a bittering agent (denatonium benzoate) is prepared as denatonium benzoate containing granulates. The granulates are comprised of denatonium benzoate dispersed in a matrix that renders the denatonium benzoate substantially non-releasable. The formula for Example 11 is listed in Table 11 below.

TABLE 11

Ingredient	Amt/unit (mg)
Denatonium benzoate	0.07
Dicalcium Phosphate	53.0
Poly (DL-Lactide-Co-Glycolide) polymer (PLGA)	12.0
MW~ 100,000 Ethyl Acetate	
Total	65.07

* Used as a vehicle for application of PLGA polymer.

37

Process:

1. Solution Preparation Dissolve PLGA in Ethyl Acetate by mixing.
2. Granulation Place the denatonium benzoate, and Dicalcium Phosphate in a fluid bed coating machine and granulate by spraying the above solution.

EXAMPLE 12

In Example 12, a substantially non-releasable form of a bittering agent (denatonium benzoate) is prepared as denatonium benzoate extruded pellets. The formula for Example 12 is listed in Table 12 below.

TABLE 12

Ingredient	Amt/unit (mg)
Denatonium benzoate	0.07
Eudragit RSPO	180.0
Stearyl Alcohol	55.0
Total	235.07

Process:

1. Milling Pass stearyl alcohol flakes through an impact mill.
2. Blending Mix Denatonium benzoate, Eudragit, and milled Stearyl Alcohol in a twin shell blender.
3. Extrusion Continuously feed the blended material into a twin screw extruder and collect the resultant strands on a conveyor.
4. Cooling Allow the strands to cool on the conveyor.
5. Pelletizing Cut the cooled strands into pellets using a Pelletizer.
6. Screening Screen the pellets and collect desired sieve portion.

EXAMPLE 13

Controlled Release Oxycodone 20 mg

In Example 17, a sustained release 20 mg oxycodone formulation is prepared having the formulation listed in Table 13 below.

TABLE 13

Ingredients	Amt/Unit (mg)
Oxycodone HCl	20.0
Spray Dried Lactose	59.25
Povidone	5.0
Eudragit RS30D (solids)	10.0
Triacetin	2.0
Stearyl Alcohol	25.0
Talc	2.5
Magnesium Stearate	1.25
Opadry Pink Y-S-14518A	4.0
Total	129.0

Process:

1. Granulation: Spray the Eudragit/Triacetin dispersion onto the Oxycodone HCl, Spray Dried Lactose and Povidone using a fluid bed granulator.
2. Milling: Discharge the granulation and pass through a mill.
3. Waxing: Melt the stearyl alcohol and add to the milled granulation using a mixer. Allow to cool.
4. Milling: Pass the cooled granulation through a mill.

38

5. Lubrication: Lubricate the granulation with talc and magnesium stearate using a mixer.

6. Compression: Compress the granulation into tablets using a tablet press.

7. Film coating: Apply an aqueous film coat to the tablets.

One or more aversive agents as described herein can be incorporated into the oxycodone tablets by one skilled in the art. The one or more aversive agents may be in releasable, non-releasable, or substantially non-releasable form or a combination thereof.

EXAMPLE 14

Controlled Release Hydrocodone

A sustained release hydrocodone formulation is prepared having the formula in Table 14 below.

TABLE 14

Ingredients	Amt/Unit (mg)	Amt/Batch (g)
Hydrocodone Bitartrate	15.0	320.0
Eudragit RSPO	76.0	1520.0
Eudragit RLPO	4.0	80.0
Stearyl Alcohol	25.0	500.0
Total	120.0	2400.0

Process:

1. Blend milled Stearyl Alcohol, Eudragit RLPO, Hydrocodone Bitartrate, and Eudragit RSPO using a Hobart Mixer.

2. Extrude the granulation using a Powder Feeder, Melt Extruder (equipped with the 6x1 mm die head), Conveyor, Lasermike, and Pelletizer.

Powder feed rate—40 g/min; vacuum—980 mBar

Conveyor—such that diameter of extrudate is 1 mm

Pelletizer—such that pellets are cut to 1 mm in length

3. Screen pellets using #16 mesh and #20 mesh screens. Collect material that passes through the #16 mesh screen and is retained on the #20 mesh screen.

4. Fill size 112 clear gelatin capsules with the pellets. Range: NLT (not less than) 114 mg and NMT (not more than) 126 mg.

One or more aversive agents as described herein can be incorporated into a capsule with the hydrocodone pellets, into the hydrocodone pellets, or on the hydrocodone pellets by one skilled in the art. The one or more aversive agents may be in releasable, non-releasable, or substantially non-releasable form or a combination thereof. Preferably, when pellets comprising the aversive agent(s) are incorporated into the capsule they are indistinguishable from the hydrocodone pellets.

EXAMPLE 15

Oxycodone HCl beads for capsule (Lot #814-40)

A sustained release oxycodone HCl bead formulation is prepared having the formula in Table 15 below.

TABLE 15

	Ingredients	Amt/unit* (mg)
Step 1. Drug layering	Oxycodone HCl	10.5
	Non-pareil beads (30/35 mesh)	45.349
	Opadry Clear	2.5

TABLE 15-continued

	Ingredients	Amt/unit* (mg)
Step 2. Sustained release coat	Eudragit RS30D (dry)	7.206
	Eudragit RL30D (dry)	0.379
	Triethyl citrate	1.517
	Cabosil	0.379
Step 3. Seal coat	Opadry Clear (Hydroxypropylmethyl cellulose)	1.899
	Cabosil	0.271
Total		70.0

Process:

1. Dissolve oxycodone HCl and Opadry (HPMC) in water. Spray the drug solution onto non-pareil beads in a fluid bed coater with Wurster insert.
2. Disperse Eudragit RS, Eudragit triethyl citrate, and Cabosil in water. Spray the dispersion onto the beads in the fluid bed coater.
3. Dissolve Opadry in water. Spray the solution onto the beads in the fluid bed coater.
4. Cure the beads at 60° C. for 24 hours.

One or more aversive agents as described herein can be incorporated into a capsule with the oxycodone beads, into the oxycodone beads, or on the oxycodone beads by one skilled in the art. The one or more aversive agents may be in releasable, non-releasable, or substantially non-releasable form or a combination thereof. Preferably, when beads comprising the aversive agent(s) are incorporated into the capsule they are indistinguishable from the oxycodone beads.

EXAMPLE 16

Controlled Release Hydromorphone

A sustained release hydromorphone HCl formulation is prepared having the formula in Table 16 below:

TABLE 16

Ingredients	Amt/Unit (mg)
Hydromorphone HCl	12.0
Eudragit RSPO	76.5
Ethocel	4.5
Stearic acid	27.0
Total	120.0

Process:

1. Blend milled Stearic acid, ethocel, Hydrocodone Bitartrate, and Eudragit RSPO using a V-blender.
2. Extrude the mixture using a Powder Feeder, Melt Extruder (equipped with the 6x1 mm die head), Conveyor, Lasermike, and Pelletizer.
Powder feed rate—4.2 kg/hr; vacuum—980 mBar
Conveyor—such that diameter of extrudate is 1 mm
Pelletizer—such that pellets are cut to 1 mm in length
3. Screen pellets using #16 mesh and #20 mesh screens. Collect material that passes through the #16 mesh screen and is retained on the #20 mesh screen.
4. Fill size #2 clear gelatin capsules with the pellets. Range: NLT 114 mg and NMT 126 mg.

One or more aversive agents as described herein can be incorporated into a capsule with the hydromorphone pellets, into the hydromorphone pellets, or on the hydromorphone

pellets by one skilled in the art. The one or more aversive agents may be in releasable, non-releasable, or substantially non-releasable form or a combination thereof. Preferably, when pellets comprising the aversive agent(s) are incorporated into the capsule they are indistinguishable from the hydromorphone pellets.

EXAMPLE 17-20

Examples 9-12 can be repeated utilizing a sufficient amount of capsaicin in place of, or in addition to the aversive agents disclosed therein.

While the invention has been described and illustrated with reference to certain preferred embodiments thereof, those skilled in the art will appreciate that obvious modifications can be made herein without departing from the spirit and scope of the invention. Such variations are contemplated to be within the scope of the appended claims.

What is claimed is:

1. A controlled release oral dosage form comprising: from about 2.5 mg to about 320 mg oxycodone or a pharmaceutically acceptable salt thereof; and a gelling agent comprising polyethylene oxide in an effective amount to impart a viscosity of at least about 10 cP when the dosage form is subjected to tampering by dissolution in from about 0.5 to about 10 ml of an aqueous liquid;
2. The controlled release oral dosage form of claim 1, wherein the ratio of polyethylene oxide to oxycodone or pharmaceutically acceptable salt thereof is from about 1:40 to about 40:1.
3. The controlled release oral dosage form of claim 1, wherein the ratio of polyethylene oxide to oxycodone or pharmaceutically acceptable salt thereof is from about 1:1 to about 30:1.
4. The controlled release oral dosage form of claim 1, wherein the ratio of polyethylene oxide to oxycodone or pharmaceutically acceptable salt thereof is from about 2:1 to about 10:1.
5. The controlled release oral dosage form of claim 1, wherein the aqueous liquid is water.
6. The controlled release oral dosage form of claim 1, wherein the viscosity is imparted when the dosage form is subjected to tampering by dissolution in about 1 to about 3 ml of aqueous liquid.
7. The controlled release oral dosage form of claim 1, wherein a viscosity of at least about 60 cP is imparted.
8. The controlled release oral dosage form of any one of claims 2, 4, 5, 6 and 7, wherein the polyethylene oxide possesses a weight-average molecular weight of from about 1,000,000 to about 10,000,000.
9. The controlled release oral dosage form of claim 8, wherein the polyethylene oxide possesses a weight-average molecular weight of from about 1,000,000 to about 7,000,000.
10. The controlled release oral dosage form of claim 8, wherein the polyethylene oxide possesses a weight-average molecular weight of about 5,000,000.
11. The controlled release oral dosage form of any one of claims 2, 4, 5, 6 and 7, wherein the oxycodone or pharmaceutically acceptable salt thereof comprises oxycodone hydrochloride.

41

12. The controlled release oral dosage form of claim 11, comprising from about 10 mg to about 80 mg oxycodone hydrochloride.

13. The controlled release oral dosage form of claim 11, comprising about 10 mg oxycodone hydrochloride.

14. The controlled release oral dosage form of claim 11, comprising about 20 mg oxycodone hydrochloride.

15. The controlled release oral dosage form of claim 11, comprising about 40 mg oxycodone hydrochloride.

16. The controlled release oral dosage form of claim 11, comprising about 80 mg oxycodone hydrochloride.

17. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 1:40 to about 40:1 by weight.

18. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 1:1 to about 30:1 by weight.

19. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 2:1 to about 10:1 by weight.

42

20. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 1:15 to about 15:1 by weight.

21. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 1:8 to about 8:1 by weight.

22. The controlled release oral dosage form of claim 11, wherein the polyethylene oxide:oxycodone hydrochloride ratio is from about 1:3 to about 3:1 by weight.

23. The controlled release oral dosage form of any of claims 2, 4, 5, 6 and 7, wherein the viscosity is obtained when the dosage form is subjected to tampering by crushing and dissolution in the aqueous liquid.

24. The controlled release oral dosage form of any of claims 2, 4, 5, 6 and 7, wherein the viscosity is obtained when the dosage form is subjected to tampering by dissolution in the aqueous liquid with heating greater than 45° C.

* * * * *

EXHIBIT B



US008309060B2

(12) **United States Patent**
Bartholomaus et al.

(10) **Patent No.:** **US 8,309,060 B2**
(45) Date of Patent: ***Nov. 13, 2012**

(54) **ABUSE-PROOFED DOSAGE FORM**

(75) Inventors: **Johannes Bartholomaus**, Aachen (DE);
Heinrich Kugelmann, Aachen (DE);
Elisabeth Arkenau-Marić, Köln (DE)

(73) Assignee: **Grunenthal GmbH**, Aachen (DE)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: **13/346,257**

(22) Filed: **Jan. 9, 2012**

(65) **Prior Publication Data**

US 2012/0107250 A1 May 3, 2012

Related U.S. Application Data

(62) Division of application No. 10/718,112, filed on Nov. 20, 2003, now Pat. No. 8,114,383.

(30) **Foreign Application Priority Data**

Aug. 6, 2003 (DE) 103 36 400

(51) **Int. Cl.**

A61K 49/00 (2006.01)

(52) **U.S. Cl.** **424/10.1; 424/10.4**

(58) **Field of Classification Search** **424/10.1**
 See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

3,806,603 A 4/1974 Gaunt et al.
 3,865,108 A 2/1975 Hartop
 3,966,747 A 6/1976 Monkovic et al.
 3,980,766 A 9/1976 Shaw et al.
 4,002,173 A 1/1977 Manning et al.
 4,014,965 A 3/1977 Stube et al.
 4,070,494 A 1/1978 Hoffmeister et al.
 4,070,497 A 1/1978 Wismer et al.
 4,175,119 A 11/1979 Porter
 4,200,704 A 4/1980 Stanley et al.
 4,207,893 A 6/1980 Michaels
 4,262,017 A 4/1981 Kuipers
 4,343,789 A 8/1982 Kawata et al.
 4,353,887 A 10/1982 Hess
 4,404,183 A 9/1983 Kawata et al.
 4,427,681 A 1/1984 Munshi et al.
 4,462,941 A 7/1984 Lee et al.
 4,603,143 A 7/1986 Schmidt
 4,612,008 A 9/1986 Wong et al.
 4,629,621 A 12/1986 Snipes
 4,690,822 A 9/1987 Uemura
 4,713,243 A 12/1987 Schiraldi et al.
 4,744,976 A 5/1988 Snipes et al.
 4,764,378 A 8/1988 Keitn et al.
 4,765,989 A 8/1988 Wong et al.
 4,774,074 A 9/1988 Snipes
 4,774,092 A 9/1988 Hamilton
 4,783,337 A 11/1988 Wong et al.
 4,806,337 A 2/1989 Snipes et al.
 RE33,093 E 10/1989 Schiraldi et al.
 4,880,585 A 11/1989 Klimesch et al.
 4,892,778 A 1/1990 Theeuwes et al.

4,892,889 A 1/1990 Kirk
 4,940,556 A 7/1990 MacFarlane et al.
 4,957,668 A 9/1990 Placard
 4,957,681 A 9/1990 Klimesch et al.
 4,960,814 A 10/1990 Wu et al.
 4,992,278 A 2/1991 Khanna
 4,992,279 A 2/1991 Palmer et al.
 5,004,601 A 4/1991 Snipes
 5,051,261 A 9/1991 McGinty
 5,139,790 A 8/1992 Snipes
 5,169,645 A 12/1992 Shukla et al.
 5,198,226 A 3/1993 MacFarlane et al.
 5,200,197 A 4/1993 Wright et al.
 5,211,892 A 5/1993 Gueret
 5,273,758 A 12/1993 Royce
 5,350,741 A 9/1994 Takada
 5,378,462 A 1/1995 Boedecker et al.
 5,427,798 A 6/1995 Ludwig et al.
 RE34,990 E 7/1995 Khanna et al.
 5,458,887 A 10/1995 Chen et al.
 5,460,826 A 10/1995 Merrill et al.
 5,508,042 A 4/1996 Oshlack et al.
 5,556,640 A 9/1996 Ito et al.
 5,562,920 A 10/1996 Demmer et al.
 5,593,694 A 1/1997 Hayashida et al.
 5,601,842 A 2/1997 Bartholomaus

(Continued)

FOREIGN PATENT DOCUMENTS

AR 46994 12/2004

(Continued)

OTHER PUBLICATIONS

Herbert A. Lieberman, *Pharmaceutical Dosage Forms, Tablets, Second Edition, Revised and Expanded*, 1990. Ravin, Louis. *Preformulation*. Chapter 76. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Disanto, Anthony. *Bioavailability and Bioequivalency Testing*. Chapter 77. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Knevel, Adelbert. *Separation*. Chapter 78. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Phillips, G. Briggs. *Sterilization*. Chapter 79. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Siegel, Frederick. *Tonicity, Osmoticity, Osmolality, and Osmolarity*. Chapter 80. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Giles et al. *Plastic Packaging Materials*. Chapter 81. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Lintner, Carl. *Stability of Pharmaceutical Products*. Chapter 82. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Erskine, Jr., Clyde. *Quality Assurance and Control*. Chapter 83. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Nairn, J.G., *Solutions, Emulsion, Suspensions and Extractives*. Chapter 84. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Avis, Kenneth. *Parenteral Preparations*. Chapter 85. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.
 Turco et al. *Intravenous Admixtures*. Chapter 86. In *Remington's Pharmaceutical Sciences*, 17th Ed, 1985.

(Continued)

Primary Examiner — Michael G Hartley

Assistant Examiner — Melissa Perreira

(74) *Attorney, Agent, or Firm* — Norris McLaughlin & Marcus, P.A.

(57) **ABSTRACT**

An abuse-proofed, thermoformed dosage form containing, in addition to one or more active ingredients with abuse potential optionally together with physiologically acceptable auxiliary substances, at least one synthetic or natural polymer with a breaking strength of at least 500 N and to a process for the production thereof.

34 Claims, No Drawings

U.S. PATENT DOCUMENTS

5,620,697 A	4/1997	Tormala et al.	2002/0015730 A1	2/2002	Hoffmann et al.
5,681,517 A	10/1997	Metzger	2002/0018719 A1	2/2002	Arilla et al.
5,741,519 A	4/1998	Rosenberg et al.	2002/0051820 A1	5/2002	Shell et al.
5,792,474 A	8/1998	Rauchfuss	2002/0114838 A1	8/2002	Ayer et al.
5,801,201 A	9/1998	Gradums et al.	2002/0132359 A1	9/2002	Waterman
5,811,126 A	9/1998	Krishnamurthy	2002/0176888 A1	11/2002	Bartholomaeus et al.
5,849,240 A	12/1998	Miller et al.	2002/0192277 A1	12/2002	Oshlack et al.
5,866,164 A	2/1999	Kuczynski et al.	2003/0008409 A1	1/2003	Spearman et al.
5,908,850 A	6/1999	Zeitlin et al.	2003/0015814 A1	1/2003	Krull et al.
5,916,584 A	6/1999	O'Donoghue et al.	2003/0017532 A1	1/2003	Biswas et al.
5,928,739 A	7/1999	Pophusen et al.	2003/0021546 A1	1/2003	Sato
5,939,099 A	8/1999	Grabowski et al.	2003/0031546 A1	2/2003	Araki et al.
5,945,125 A	8/1999	Kim	2003/0044458 A1	3/2003	Wright et al.
5,948,787 A	9/1999	Merill et al.	2003/0044464 A1	3/2003	Ziegler et al.
5,968,925 A	10/1999	Knidlberger	2003/0064099 A1	4/2003	Oshlack et al.
6,001,391 A	12/1999	Zeidler et al.	2003/0068276 A1	4/2003	Hughes et al.
6,009,390 A	12/1999	Gupta et al.	2003/0068370 A1	4/2003	Sackler
6,009,690 A	1/2000	Rosenberg et al.	2003/0068371 A1	4/2003	Oshlack et al.
6,077,538 A	6/2000	Merrill et al.	2003/0068392 A1	4/2003	Sackler
6,096,339 A	8/2000	Ayer et al.	2003/0069263 A1	4/2003	Breder et al.
6,117,453 A	9/2000	Seth et al.	2003/0091630 A1	5/2003	Louie-Helm et al.
6,120,802 A	9/2000	Breitenbach et al.	2003/0104052 A1	6/2003	Berner et al.
6,133,241 A	10/2000	Bok et al.	2003/0104053 A1	6/2003	Gusler et al.
6,228,863 B1	5/2001	Palermo et al.	2003/0118641 A1	6/2003	Maloney et al.
6,235,825 B1	5/2001	Yoshida et al.	2003/0124185 A1	7/2003	Oshlack et al.
6,238,697 B1	5/2001	Kumar et al.	2003/0125347 A1	7/2003	Anderson et al.
6,245,357 B1	6/2001	Edgren et al.	2003/0133985 A1	7/2003	Louie-Helm et al.
6,248,737 B1	6/2001	Buschmann et al.	2003/0152622 A1	8/2003	Louie-Helm et al.
6,261,599 B1	7/2001	Oshlack	2003/0158242 A1	8/2003	Kugelman
6,290,990 B1	9/2001	Grabowski et al.	2003/0175326 A1	9/2003	Thombre
6,306,438 B1	10/2001	Oshlack et al.	2003/0232895 A1	12/2003	Omidian et al.
6,309,668 B1	10/2001	Bastin et al.	2004/0010000 A1	1/2004	Ayer et al.
6,318,650 B1	11/2001	Breitenbach et al.	2004/0011806 A1	1/2004	Luciano et al.
6,340,475 B2	1/2002	Shell et al.	2004/0052731 A1	3/2004	Hirsh et al.
6,344,535 B1	2/2002	Timmermann et al.	2004/0052844 A1	3/2004	Hsiao et al.
6,348,469 B1	2/2002	Seth	2004/0081694 A1	4/2004	Oshlack
6,355,656 B1	3/2002	Zeitlin et al.	2004/0091528 A1	5/2004	Rogers et al.
6,375,957 B1	4/2002	Kaiko et al.	2004/0126428 A1	7/2004	Hughes et al.
6,375,963 B1	4/2002	Repka et al.	2004/0131671 A1	7/2004	Zhang et al.
6,399,100 B1	6/2002	Clancy et al.	2004/0156899 A1	8/2004	Louie-Helm et al.
6,419,954 B1	7/2002	Chu et al.	2004/0170567 A1	9/2004	Sackler
6,436,441 B1	8/2002	Sako et al.	2004/0185105 A1	9/2004	Berner et al.
6,461,644 B1	10/2002	Jackson et al.	2004/0213848 A1	10/2004	Li et al.
6,488,939 B1	12/2002	Zeidler et al.	2005/0015730 A1	1/2005	Gunturi et al.
6,488,962 B1	12/2002	Berner et al.	2005/0031546 A1	2/2005	Bartholomaeus et al.
6,488,963 B1	12/2002	McGinity et al.	2005/0058706 A1	3/2005	Bartholomaeus et al.
6,534,089 B1	3/2003	Ayer et al.	2005/0063214 A1	3/2005	Takashima
6,547,997 B1	4/2003	Breithenbach et al.	2005/0089475 A1	4/2005	Gruber
6,562,375 B1	5/2003	Sako et al.	2005/0095291 A1	5/2005	Oshlack et al.
6,569,506 B1	5/2003	Jerde et al.	2005/0106249 A1	5/2005	Hwang et al.
6,592,901 B2	7/2003	Durig et al.	2005/0112067 A1	5/2005	Kumar et al.
6,635,280 B2	10/2003	Shell et al.	2005/0127555 A1	6/2005	Gusik et al.
6,699,503 B1	3/2004	Sako et al.	2005/0152843 A1	7/2005	Bartholomaeus et al.
6,723,340 B2	4/2004	Gusler et al.	2005/0186139 A1	8/2005	Bartholomaeus et al.
6,723,343 B2	4/2004	Kugelman	2005/0191244 A1	9/2005	Bartholomaeus et al.
6,733,783 B2	5/2004	Oshlack et al.	2005/0191340 A1	9/2005	Bartholomaeus et al.
6,753,009 B2	6/2004	Luber et al.	2005/0192333 A1	9/2005	Hinze et al.
6,821,588 B1	11/2004	Hammer et al.	2005/0214223 A1	9/2005	Bartholomaeus et al.
7,074,430 B2	7/2006	Miller et al.	2005/0222188 A1	10/2005	Chapman et al.
7,129,248 B2	10/2006	Chapman et al.	2005/0236741 A1	10/2005	Arkenau et al.
7,141,250 B2	11/2006	Oshlack et al.	2005/0245556 A1	11/2005	Brogmann et al.
7,157,103 B2	1/2007	Sackler	2005/0266084 A1	12/2005	Li et al.
7,176,251 B1	2/2007	Bastioli et al.	2006/0002859 A1	1/2006	Arkenau et al.
7,201,920 B2	4/2007	Kumar et al.	2006/0002860 A1	1/2006	Bartholomaeus et al.
7,214,385 B2	5/2007	Gruber	2006/0004034 A1	1/2006	Hinze et al.
7,399,488 B2	7/2008	Hirsh et al.	2006/0039864 A1	2/2006	Bartholomaeus et al.
7,674,799 B2	3/2010	Chapman et al.	2006/0099250 A1	5/2006	Tian et al.
7,674,800 B2	3/2010	Chapman et al.	2006/0188447 A1	8/2006	Arkenau-Maric et al.
7,683,072 B2	3/2010	Chapman et al.	2006/0193782 A1	8/2006	Bartholomaeus et al.
7,776,314 B2	8/2010	Bortholomaeus et al.	2006/0193914 A1	8/2006	Ashworth et al.
7,851,482 B2	12/2010	Dung et al.	2006/0240110 A1	10/2006	Kiick et al.
7,939,543 B2	5/2011	Kupper	2007/0003616 A1	1/2007	Arkenau-Maric et al.
8,075,872 B2	12/2011	Arkenau-Maric et al.	2007/0020188 A1	1/2007	Sackler
8,114,383 B2 *	2/2012	Bartholomaeus et al. 424/10.1	2007/0020335 A1	1/2007	Chen et al.
8,192,722 B2	6/2012	Arkenau-Maric et al.	2007/0048228 A1	3/2007	Arkenau-Maric et al.
2001/0038852 A1	11/2001	Kolter et al.	2007/0065365 A1	3/2007	Kugelman et al.
2002/0001270 A1	1/2002	Fukuchi et al.	2007/0092573 A1	4/2007	Joshi et al.
2002/0012701 A1	1/2002	Kolter et al.	2007/0183979 A1	8/2007	Arkenau-Maric et al.
			2007/0183980 A1	8/2007	Arkenau-Maric et al.

2007/0190142	A1	8/2007	Breitenbach et al.	CA	2713128	7/2009
2007/0196396	A1	8/2007	Pilgaonkar et al.	CA	2723438	11/2009
2007/0196481	A1	8/2007	Amidon et al.	CH	689109	10/1998
2007/0224129	A1	9/2007	Guimberteau et al.	CL	20162004	5/2005
2007/0264327	A1	11/2007	Kumar et al.	CL	20172004	A1 5/2005
2007/0269505	A1	11/2007	Flath et al.	CL	200403308	A1 9/2005
2008/0023452	A1	1/2008	Grek et al.	CL	200500952	11/2005
2008/0069871	A1	3/2008	Vaughn et al.	CL	200501624	12/2005
2008/0081290	A1	4/2008	Wada et al.	CL	200501625	6/2006
2008/0234352	A1	9/2008	Fischer et al.	CN	87102755	A 10/1987
2008/0247959	A1	10/2008	Bartholomaeus et al.	CN	1980643	4/2005
2008/0248113	A1	10/2008	Bartholomaeus et al.	CN	101010071	6/2005
2008/0311049	A1	12/2008	Arkenau-Maric et al.	CN	101022787	1/2006
2008/0311187	A1	12/2008	Ashworth et al.	CN	001863513	11/2006
2008/0311197	A1	12/2008	Arkenau-Maric et al.	CN	001863514	11/2006
2008/0311205	A1	12/2008	Habib et al.	CN	01917862	2/2007
2008/0312264	A1	12/2008	Arkenau-Maric et al.	CN	101027044	8/2007
2008/0317854	A1	12/2008	Arkenau et al.	CN	101111232	1/2008
2009/0004267	A1	1/2009	Arkenau-Maric et al.	CN	101175482	2/2008
2009/0005408	A1	1/2009	Arkenau-Maric et al.	DE	2530563	1/1977
2009/0017121	A1	1/2009	Berner et al.	DE	4229085	A1 3/1994
2009/0081290	A1	3/2009	KcKenna et al.	DE	4309528	9/1994
2009/0202634	A1	8/2009	Jans et al.	DE	4446470	A1 6/1996
2010/0015223	A1	1/2010	Cailly-Deufestel et al.	DE	69400215	10/1996
2010/0092553	A1	4/2010	Guimberteau et al.	DE	19522899	C1 12/1996
2010/0098758	A1	4/2010	Bartholomaeus et al.	DE	2808505	1/1997
2010/0151028	A1	6/2010	Ashworth et al.	DE	19753534	6/1999
2010/0203129	A1	8/2010	Anderson et al.	DE	19800689	7/1999
2010/0221322	A1	9/2010	Bartholomaeus et al.	DE	19800698	7/1999
2010/0260833	A1	10/2010	Bartholomaeus et al.	DE	19822979	12/1999
2011/0020451	A1	1/2011	Bartholomaeus et al.	DE	69229881	12/1999
2011/0020454	A1	1/2011	Lamarca Casado	DE	19855440	6/2000
2011/0038930	A1	2/2011	Barnscheid et al.	DE	19856147	6/2000
2011/0082214	A1	4/2011	Faure et al.	DE	19940740	3/2001
2011/0097404	A1	4/2011	Oshlack et al.	DE	19960494	6/2001
2011/0159100	A1	6/2011	Anderson et al.	DE	10036400	6/2002
2011/0187017	A1	8/2011	Haupts	DE	69429710	8/2002
2012/0034171	A1	2/2012	Arkenau-Maric et al.	DE	10250083	12/2003
2012/0059065	A1	3/2012	Barnscheid et al.	DE	10250084	5/2004
2012/0065220	A1	3/2012	Barnscheid et al.	DE	10250087	5/2004
2012/0107250	A1	5/2012	Bartholomaeus et al.	DE	10250088	5/2004
2012/0135071	A1	5/2012	Bartholomaeus et al.	DE	10336400	3/2005
2012/0136021	A1	5/2012	Barnscheid et al.	DE	10 361 596	9/2005

FOREIGN PATENT DOCUMENTS

AR	045353	10/2005	DE	10 2004 020 220	11/2005
AR	049562	8/2006	DE	102004019916	11/2005
AR	053304	5/2007	DE	102004020220	11/2005
AR	054222	6/2007	DE	10 2004 032049	1/2006
AR	054328	6/2007	DE	10 2004 032051	1/2006
AU	2003237944	12/2003	DE	10 2004 032103	1/2006
AU	2003274071	5/2004	DE	10 2005 005446	8/2006
AU	2003278133	5/2004	DE	10 2005 005449	8/2006
AU	2003279317	5/2004	DE	102007011485	9/2008
AU	2004264666	2/2005	DK	1658055	7/2007
AU	2004264667	2/2005	DK	1658054	10/2007
AU	2004308653	4/2005	DK	1515702	1/2009
AU	2005259476	1/2006	EC	SP066345	8/2006
AU	2005259478	1/2006	EP	0008131	2/1980
AU	2006210145	8/2006	EP	0216453	2/1980
AU	2009207796	7/2009	EP	0043254	1/1982
AU	2009243681	11/2009	EP	0177893	4/1986
BR	P10413318	10/2006	EP	0226061	6/1987
BR	P10413361	10/2006	EP	0228417	7/1987
BR	P10513300	5/2008	EP	0229652	7/1987
BR	P10606145	2/2009	EP	0232877	8/1987
CA	722109	A 11/1965	EP	0240906	10/1987
CA	2082573	5/1993	EP	0261616	3/1988
CA	2317747	7/1999	EP	0270954	6/1988
CA	2352874	6/2000	EP	0277289	8/1988
CA	2502965	5/2004	EP	0293066	11/1988
CA	2534925	2/2005	EP	0328775	8/1989
CA	2534932	2/2005	EP	0477135	3/1992
CA	2551231	7/2005	EP	0544144	6/1993
CA	2572352	1/2006	EP	0583726	2/1994
CA	2572491	1/2006	EP	0598606	5/1994
CA	2595954	7/2006	EP	0636370	2/1995
CA	2229650	C 8/2006	EP	0641195	3/1995
CA	2595979	8/2006	EP	0647448	4/1995
			EP	0654263	A1 5/1995
			EP	0661045	7/1995

US 8,309,060 B2

Page 4

EP	0675710	10/1995	PT	1658054	5/2006
EP	0682945	11/1995	PT	1658055	7/2007
EP	0693475	1/1996	PT	1515702	12/2008
EP	0820693	1/1996	RU	2131244	6/1999
EP	0696598	2/1996	RU	2396944 C2	7/2004
EP	0756480	2/1997	RU	2354357	12/2007
EP	0760654	3/1997	RU	2007103712	9/2008
EP	0780369	6/1997	RU	2007103707	11/2008
EP	0785775	7/1997	RU	2007132975	4/2009
EP	0 761 211 A1	12/1997	SI	1515702	4/2009
EP	0809488	12/1997	SI	1699440	11/2009
EP	0820698	1/1998	WO	8000841	5/1980
EP	0857062	8/1998	WO	89/05624	6/1989
EP	0864324	9/1998	WO	90/03776	4/1990
EP	0864326	9/1998	WO	93/06723	4/1993
EP	0980894	2/2000	WO	93/10758	6/1993
EP	0988106	3/2000	WO	93/11749	6/1993
EP	1014941	7/2000	WO	93/23017	11/1993
EP	1070504	1/2001	WO	93 23017	11/1993
EP	1127871	8/2001	WO	94/06414	3/1994
EP	1138321	10/2001	WO	94/08567	4/1994
EP	1166776	1/2002	WO	95/17174	6/1995
EP	1250045	10/2002	WO	95/20947	8/1995
EP	1251120	10/2002	WO	95/22319	8/1995
EP	1293127	3/2003	WO	95/30422	11/1995
EP	1293196	3/2003	WO	96/00066	1/1996
EP	1658055	2/2005	WO	96/03979	2/1996
EP	1515702	3/2005	WO	96/14058	5/1996
EP	1527775	4/2005	WO	97/33566	9/1997
EP	1558221	8/2005	WO	9749384	12/1997
EP	1558257	8/2005	WO	9835655 A3	2/1998
EP	1560585	8/2005	WO	98/20073	5/1998
EP	1658054	5/2006	WO	98/28698	7/1998
EP	1740161	1/2007	WO	98/35655	8/1998
EP	1658055 B1	3/2007	WO	99/12864	3/1999
EP	1765303	3/2007	WO	99/32120	7/1999
EP	1786403	5/2007	WO	99/44591	9/1999
EP	1558221 B1	6/2007	WO	99/48481	9/1999
EP	1658054 B1	6/2007	WO	00/33835	6/2000
EP	1842533 A2	10/2007	WO	00/40205	7/2000
EP	1845955	10/2007	WO	01/08661	2/2001
EP	1845956	10/2007	WO	01/12230	2/2001
EP	1859789	11/2007	WO	01/15667	3/2001
EP	1492506 B1	12/2008	WO	01/52651	7/2001
EP	1897545	12/2008	WO	01/97783	12/2001
EP	2131830	12/2009	WO	02/26061	4/2002
EP	2249811	11/2010	WO	02/26262	4/2002
EP	2273983	1/2011	WO	02/26928	4/2002
ES	2336571	12/2004	WO	0235991 A2	5/2002
ES	2260042	11/2006	WO	02/088217	11/2002
ES	2285497	11/2007	WO	03/006723	1/2003
ES	2288621	1/2008	WO	03/013476	2/2003
ES	2289542	2/2008	WO	03/013479	2/2003
ES	2315505	4/2009	WO	03/015531	2/2003
GB	1147210	4/1969	WO	03/024430	3/2003
GB	156727	5/1980	WO	03024426 A1	3/2003
GB	1567727	5/1980	WO	03/026624	4/2003
GB	2057878	4/1981	WO	03/026743	4/2003
GB	19522899	12/1996	WO	03/028698	4/2003
HR	P20070272	6/2007	WO	03/028990	4/2003
HR	20070456	11/2007	WO	03/031546	4/2003
JP	3 0501737	4/1991	WO	03/035029	5/2003
JP	8 505076	6/1996	WO	03/035053	5/2003
JP	2002 275175	9/2002	WO	03/035054	5/2003
JP	2005534664	11/2005	WO	03/035177	5/2003
KR	1020060069832	6/2006	WO	03/053417	7/2003
KR	20070039041	4/2007	WO	03/068392	8/2003
KR	20070111510	11/2007	WO	03/092648	11/2003
KR	20100111303	10/2010	WO	03/094812	11/2003
KR	20110016921	2/2011	WO	03/105808	12/2003
MX	20070000008	3/2007	WO	2004/004693	1/2004
MX	20070000009	3/2007	WO	2004/043967	2/2004
MX	2007009393	8/2007	WO	2004/026262	4/2004
MX	2010008138	8/2010	WO	2004/026263	4/2004
MX	2010012039	11/2010	WO	2004/037230	5/2004
NO	20061054	3/2006	WO	2004/037259	5/2004
NO	20070578	1/2007	WO	2004/037260	5/2004
NO	20074412	11/2007	WO	2004/066910	8/2004
PT	1699440	12/2004	WO	2004/084869	10/2004

WO	2004/093801	11/2004
WO	2004/093819	11/2004
WO	2004/100894	11/2004
WO	2005/016313	2/2005
WO	2005/016314	2/2005
WO	2005/032524	4/2005
WO	2005/041968	5/2005
WO	2005/053656	6/2005
WO	2005/055981	6/2005
WO	2005/053587	6/2005
WO	2005/063214	7/2005
WO	2005/065646	7/2005
WO	2005/066183	7/2005
WO	2005/102286	11/2005
WO	2006/002883	1/2006
WO	2006/002884	1/2006
WO	2006/002886	1/2006
WO	2005102294	5/2006
WO	2006058249 A2	6/2006
WO	2006/082097	8/2006
WO	2006/082099	8/2006
WO	2007/005716	1/2007
WO	2007/008752	1/2007
WO	2007/048233	5/2007
WO	2007/053698	5/2007
WO	2007/085024	7/2007
WO	2007085024 A3	7/2007
WO	2007 103286	9/2007
WO	2007103105 A2	9/2007
WO	2007/112285	10/2007
WO	2007112273 A2	10/2007
WO	2008033523 A1	3/2008
WO	2008/086804	7/2008
WO	2008/107149	9/2008
WO	2008107149 A3	9/2008
WO	2008/148798	12/2008
WO	2009/003776	1/2009
WO	2009/092601	7/2009
WO	2009092601	7/2009
WO	2009112273 A2	9/2009
WO	2009/135680	11/2009
WO	2009135680	11/2009
WO	2010140007 A2	12/2010
WO	2010140007 A9	12/2010
WO	2011009602	1/2011
WO	2011009603	1/2011
WO	2011009604	1/2011
WO	2011095314 A3	8/2011
WO	2012028317 A1	3/2012
WO	2012028318	3/2012

OTHER PUBLICATIONS

- Mullins, John. Ophthalmic Preparations. Chapter 87. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Block, Lawrence. Medicated Applications. Chapter 88. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Rippie, Edward. Powders. Chapter 89. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- King et al. Oral Solid Dosage Forms. Chapter 90. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Porter, Stuart. Coating of Pharmaceutical Dosage Forms. Chapter 91. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Longer et al. Sustained-Release Drug Delivery Systems. Chapter 92. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Sciarrà et al. Aerosols. Chapter 93. In Remington's Pharmaceutical Sciences, 17th Ed, 1985.
- Y.-S. Lee et al., Principles of Terahertz Science and Technology (Lecture Notes in Physics), Springer; 1 edition 2008.
- R.E. Miles et al., Terahertz Frequency Detection and Identification of Materials and Objects (NATO Science for Peace and Security Series B: Physics and Biophysics), Springer; 1 edition 2007.
- Repka MA, Drug Dev Ind Pharm. Oct. 2007;33(10):1043-57. (Abstract).
- Kurt H. Bauer, K. Lehmann, Hermann P. Osterwald, Rothgang, Gerhart, 1st edition, 1998, Medpharm Scientific Publishers (table of contents).
- O.G. Piringer, A.L. Baner, Plastic Packaging: Interactions with Food and Pharmaceuticals, Wiley VCH, 2nd Completely Revised Edition, Feb. 13, 2008.
- Guidance for Industry—Bioavailability and Bioequivalence—Studies for Orally Administered Drug Products—General Considerations, FDA, BP, Announced in the Federal Register: vol. 68, No. 53/Mar. 19, 2003.
- Crowley MM, Drug Dev Ind Pharm. Sep. 2007;33(9):909-26.
- D.A. Dean, E.R. Evans, I.H. Hall, Pharmaceutical Packaging Technology, Taylor & Francis, 1st Edition, Nov. 30, 2000.
- Dexheimer, Terahertz Spectroscopy: Principles and Applications (Optical Science and Engineering Series), CRC; 1 edition 2007.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 1, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 2, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 3, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 4, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 5, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Encyclopedia of Pharmaceutical Technology, Third Edition, vol. 6, edited by James Swarbrick PharmaceuTech, Inc., Pinehurst, North Carolina, USA (Table of Contents only), Oct. 25, 2006.
- Guidance for Industry—Statistical Approaches to Establishing Bioequivalence, FDA, BP, Jan. 2001.
- Note for Guidance on the Investigation of Bioavailability and Bioequivalence, EMEA, London, Jul. 26, 2001 (CPMP/EWP/QWP/1401/98).
- Yeh et al., Stability of Morphine in Aqueous Solution III: Kinetics of Morphine Degradation in Aqueous Solution, Wiley Subscription Services, Inc., Journal of Pharmaceutical Sciences, 50(1): 35-42 (1961).
- Handbuch der Kunststoff-Extrusionstechnik 1, "Grundlagen" in Chapter 1.2 "Klassifizierung von Extrudern", pp. 3-7. 1989.
- 2.9 Methoden der pharmazeutischen Technologie 143-144, 1997.
- Apicella A., Biomaterials, vol. 14, No. 2, pp. 83-90, 1993.
- Arnold, "Teen Abuse of Painkiller OxyContin on the Rise," www.npr.org, Dec. 19, 2005.
- Bailey F.E., et al., "Some properties of poly(ethylene oxide) in aqueous solution," Journal of Applied Polymer Science, vol. 1, Issue No. 1, pp. 56-62, 1959.
- Bauer, Coated Pharmaceutical Dosage Forms, CRC Press, 1998, 1-10.
- Baum et al., Public Health Reports, 102(4): 426-429 (1987).
- Braun, et al. Angel Orthodontist, vol. 65 (5) pp. 373-377, 1995.
- Caraballo, Journal of Controlled Release, vol. 69, pp. 345-355, 2000.
- Coppens et al; "Hypromellose, Ethylcellulose, and Polyethylene Oxide Use in Hot Melt Extrusion"; Pharmaceutical Technology, 62-70, Jan. 2005.
- Crowley M.M., Biomaterials 23, 2002, pp. 4241-4248.
- Dachille, F. et al., "High-Pressure Phase Transformation in Laboratory Mechanical Mixers and Mortars", 1906., Nature, 186, pp. 1-2 (abstract).
- Davies, et al; European Journal of Pharmaceutics and Biopharmaceutics, 67, 2007, pp. 268-276.
- Dejong (Pharmaceutisch Weekblad Scientific Edition 1987, p. 24-28.
- Dow Excipients Chem. of Poly. Water Soluble-Resin 2004.
- Dow Technical Data, POLYOX, Feb. 2003.
- Efentakis M., Pharmaceutical Development and Technology, 5 (3), pp. 339-346, 2000.
- El-Sherbiny, European Polymer Journal, vol. 41, pp. 2584-2591, 2005.
- Adel El-Egahey et al, Pharmacologica Acta Helvetiae, vol. 46, Mar. 19, 1970.
- European Pharmacopeia, "Pharmaceutical technical procedures", 1997, p. 135.
- Fell, et al, Journal of Pharmaceutical Sciences, vol. 59, No. 5, May 1970, pp. 688-691.
- Follonier N., Drug Development and Industrial Pharmacy, 20(8), pp. 1323-1339, 1994.

- Follonier N., *Journal of Controlled Release* 36, pp. 243-250, 1995.
- Freed et al., "pH Control of Nucleophilic/electrophilic oxidation", *International Journal of Pharmaceutics*, vol. 357, pp. 180-188 (2008).
- Graham N.B., *Poly(Ethylene Glycol) Chemistry: Biotechnical and Biomedical Applications*, Chapter 17, 1992.
- Griffith, *Drug Administration*, vol. 19, No. 1, pp. 41-42, 2003.
- Hanning C.D., *British Journal of Anaesthesia*, 61, pp. 221-227, 1988.
- Inert gas—Wikipedia, Dec. 2009.
- Janicki S., *Acta Pharm. Technol.* 33 (3) 154-155, 1987.
- Katz et al., *Clin. J. Pain*, 23(8): 648-660 (2007).
- Kim C.-J. *J Pharm. Sciences* 1995, 84(3).
- Kim, *Chem. Pharm Bull.* 1992, 40(10), 2800-2804.
- J.W. McGinity—Letter of Jan. 26, 2009.
- Dr. Rick Matos, Ph.D.—Letter Jan. 6, 2011.
- Levina, *Drug Development and Industrial Pharmacy*, vol. 28, No. 5, pp. 495-514, 2002.
- Levina, *Journal of Pharmaceutical Sciences*, vol. 89, No. 6, pp. 703-723, Jun. 2000.
- Lockhart et al., "Packaging of Pharmaceuticals and Health Care Products"; Blackie Academic & Professional; First Edition 1996.
- Madorsky S.L., *Journal of Polymer Science*, vol. 84, No. 3, Mar. 1959.
- Maggi. Therapeutic Potential of Capsaicin-like Molecules. *Life Sciences*, vol. 51, pp. 1777-1781, 1992.
- Maggi et al., *Biomaterials*, 2002, 23, 1113-1119.
- Maggi L. et al., "High molecular weight polyethylene oxides (PEOs) as an alternative to HPMC in controlled release dosage form", 2000, *International Journal of Pharmaceutics*, 195 pp. 229-238.
- Mank R., *Pharmazie* 44, H. 11, pp. 773-776, 1989.
- Mank R., *Pharmazie* 45, H. 8, pp. 592-593 1990.
- Mesiha M.S., *Drug Development and Industrial Pharmacy*, 19(8), pp. 943-959, 1993.
- Miller, *Nursing*, pp. 50-52, Feb. 2000.
- Mitchell, *Special Resource*, vol. 35, No. 5, pp. 535-557, 2000.
- Moroni A., *Drug Development and Industrial Pharmacy*, 21(12) pp. 1411-1428, 1995.
- Ohnishi N., *Chem. Pharm. Bull.* 35(8), pp. 3511-3515, 1987.
- Ozeki T., *Journal of Controlled Release* 58, pp. 87-95, 1999.
- Purdue News, "Purdue Pharma Provides Update on Development of New Abuse-Resistant Pain Medications; FDA Cites Patient Needs As First Priority; New Drug Application Delayed," www.headaches.about.com, Jun. 18, 2002.
- Verna, Manthana et al, *Am. J. Drug Deliv.* 2004; 2 (1): 43-57.
- Pharmazeutische Biologie—Drogen und ihre Inhaltsstoffe—Scharfstoffdrogen, pp. 82-92 (Wagner), 1999.
- Pharm. Research, *Official Journal of the American Association of Pharmaceutical Scientists*, Sep. 1989, 6(9), 6-98.
- Pharm. Research, *Official Journal of the American Association of Pharmaceutical Scientists*, Oct. 1991, 8(10), 8-192.
- Prapaitrakul W., *J. Pharm. Pharmacol.* 43, pp. 377-381, 1991.
- Proeschel, *J. Dent. Res.*, vol. 81, No. 7, pp. 464-468, 2002.
- Radko S., *Applied and Theoretical Electrophoresis* 5, pp. 79-88, 1995.
- Remington's *Pharmaceutical Sciences*, pp. 1553-1593, Ch. 89, 1980, 16th Edition.
- Remington's *Pharmaceutical Sciences* 17th ed., 1418 (1985).
- Rippie E.G., *Journal of Pharmaceutical Sciences*, Vol. 58, No. 4, pp. 428-431, Apr. 1969.
- Search result conducted on <http://www.unitconversion.org/force/newtons-to-kiloponds-conversion.html>, on Jul. 5, 2011 (Conversion of 18.8 kiloponds to newtons).
- Scheirs J., "Characterizing the Solid-State Thermal Oxidation of Poly(ethylene oxide) Powder", *Polymer*, vol. 32, No. 11, 1991.
- Schroeder J., Granulierung hydrophober Wirkstoffe im Planetwalzenextruder 2003, vol. 65, No. 4, 367-372.
- Shivanand P. *Pharmaceutical Research*, Oct. 1991, vol. 8, No. 10, p. 5192.
- Sprockel O.L., *J. Pharma. Pharmacol.* 42, pp. 152-157, 1990.
- Stafford J., überzogene feste Formen, 1991, 347-68.
- Strang, *British Med. J.*, 302: 969 (1991).
- Stringer J.L., *Journal of Controlled Release* 42, pp. 195-202, 1996.
- Summers et al., *Journal of Pharmaceutical Sciences*, vol. 66, No. 8, Aug. 1977, pp. 1172-1175.
- Tablet, www.docstoc.com (2011).
- Third Party Observations, Feb. 2, 2009.
- Thoma V.K. et al. "Bestimmung der In-vitro-Freigabe von schwach basischen Wirkstoffen aus Retardarzneiformen", *Pharm. Ind.* 51, Nr. 3, 1989.
- Tipler, et al, *Physics for Scientists and Engineers*, 6th Edition, pp. 234-235, 2003.
- Tompkins et al., *Psychopharma.*, 210: 471-480 (2010).
- US Pharmacopoeia, Chapter 1217, Aug. 1, 2008.
- Waltimo, et al, "A novel bite force recorder and maximal isometric bite force values for healthy young adults", *Scandinavian Journal of Dental Research* 1993; 101: 171-5.
- Waltimo, et al, "Maximal bite force and its association with signs and symptoms of craniomandibular disorders in young Finnish non-patients", *Acta Odontol Scand* 53 (1995) : 254-258.
- Waterman et al., "Stabilization of Pharmaceuticals to Oxidative Degradation", *Pharmaceutical Development and Technology*, vol. 71(1), pp. 1-32, (2002).
- Waters et al., *Am. J. Psychiatry*, 164(1): pp. 173-174 (2007).
- Wu N, Mathematical modeling and in vitro study of controlled drug release via a highly swellable and dissoluble polymer matrix: polyethylene oxide with high molecular weights, *J Control Release*. Feb. 16, 2005;102(3):569-81.
- Yang, et al, "Characterization of Compressibility and Compactibility of Poly(ethylene oxide) Polymers for Modified Release Application by Compaction Simulator"; *Journal of Pharmaceutical Sciences*, vol. 85, No. 10, Oct. 1996.
- Yarbrough et al, *Letters to Nature* 322, 347-349 (Jul. 24, 1986) "Extraordinary effects of mortar-and-pestle grinding on microstructure of sintered alumina gel".
- Zhang et al., *Pharmaceutical Development and Technology*, 1999, 4, 241-250.
- Rowe et al. *Handbook of Pharmaceutical Excipients*. Sixth Edition. 2009, pp. v-ix, Table of Contents.
- Sprockel O.L., *J. Pharma. Pharmacol.* 42, pp. 152-157, 1990.
- Conversion of 18.8 kiloponds to newtons, <http://www.unitconversion.org/force/newtons-to-kiloponds-conversion.html> on Jul. 5, 2011.
- Ritschel et al. *Die Tablette: Handbuch der Entwicklung, Herstellung und Qualitätssicherung*. 2002, Ch 6, pp. 515-519.
- Bauer et al. *Lehrbuch der Pharmazeutischen Technologie*. 1999. pp. IX-XV, Table of contents.
- European Pharmacopoeia, Third Edition, Council of Europe, Strasbourg, 1997, pp. 127-152.
- European Pharmacopoeia, Third Edition Supplement 2000, Council of Europe, Strasbourg, 2000, pp. 85-107.
- Hong et al. Dissolution kinetics and physical characterization of three-layered tablet with poly(ethylene oxide) core matrix capped by Carbol. *Int. J. Pharmacol.* 2008, vol. 356, pp. 121-129.
- Hoepfner et al. *Fiedler Encyclopedia of Excipients*. 2007, Table of Contents only.
- Cawello, "Parameters for Compartment-free Pharmacokinetics—Standardization of Study Design, Data Analysis and Reporting" 1999, pp. XI-XIII (table of contents).
- Dachille, T., et al. "High-pressure phase transformation in laboratory mechanical mixers and mortars", 1960, *Nature*, 186, pp. 1-2 (abstract).
- Tablet Breaking Force. *Pharmacopoeial Forum*. 2008. vol. No. 31(6) p. 1695.
- Brown, "The Dissolution Procedure: Development and Validation" vol. 31(5). Chapter 1092, 2006, 1-15.
- Andre et al., "O-Demethylation of Opioid Derivatives With Methane Sulfonic Acid/Methoinine: Application to the Synthesis of Naloxone and Analogues" *Synthetic Comm.* 22(16), pp. 2313-2327, 1992.
- Augustine, R.L., Catalytic Hydrogenation of a, B-Unsaturated Ketones. III The Effect of Quantity and Type of Catalysts, *J. Org. Chem.* 28(1), pp. 152-155, Abstract 1963.
- Goodman and Gilman, "The Pharmacological Basis of Therapeutics, Seventh Edition", MacMillan Publishing Company, Table of Contents. 1985.
- McGinity et al., Hot-Melt Extrusion as a Pharmaceutical Process, *American Pharmaceutical Review*, vol. 4 (2), pp. 25-36, 2001.

- Weiss, U., "Derivatives of Morphine. I 14-Dihydroxydihydromorphinone," J. Am. Chem. Soc. 77, pp. 5891-5892, Nov. 20, 1955.
- European Search Report, Application No./Patent No. 11006253.6-2112, Dec. 16, 2011.
- European Search Report, Application No./Patent No. 11006254.4-2112, Dec. 16, 2011.
- European Search Report, Application No./Patent No. 11008131.2-1219, Feb. 24, 2012.
- European Search Report, Application No./Patent No. 12001296.8-1219, Jun. 26, 2012.
- European Search Report, Application No./Patent No. 11009129.5-2112, Apr. 10, 2012.
- European Search Report, Application No./Patent No. 12001301.6-1219, Jun. 26, 2012.
- A. James, "The legal and clinical implications of crushing tablet medication", Nurse Times 100(50), 28-33, 2004.
- C. W. McGary, Jr. "Degradation of Poly(ethylene Oxide)", Journal of Polymer Science vol. XLVI, 1960, pp. 51-57.
- P. Cornish "Avoid the Crush": hazards of medication administration in patients with dysphagia or a feeding tube, CMA Media Inc., CMAJ. 172(7), pp. 871-872, 2005.
- European Pharmacopoeia 2.9.40 "Uniformity of Dosage Units", 2006, pp. 3370-3373.
- European Pharmacopoeia 5.0, 2.9.8 "Resistance to Crushing of Tablets", 2005, p. 235.
- Griffin, "Classification of Surface-Active Agents by HLB" Journal of the Society of Cosmetic Chemists, Atlas Powder Company, 1949, pp. 311-326.
- Griffith et al. "Tablet Crushing and the Law: The Implications for Nursing" Professional Nurse 19(1), pp. 41-42, 2003.
- Mitchell, "Oral Dosage Forms That Should Not Be Crushed: 2000 Update" Hospital Pharmacy 35(5), 553-557, 2000.
- Munjal et al. "Polymeric Systems for Amorphous DeltaA9—Tetrahydrocannabinol Produced by a Hot-Melt Method. Part II: Effect of Oxidation Mechanisms and Chemical Interactions on Stability" Journal of Pharmaceutical Sciences vol. 95 No. 11, Wiley InterScience, 2006, pp. 2473-2485.
- Ozeki et al. "Control of Medicine Release From Solid Dispersion Through Poly(ethylene oxide)-Carboxyvinylpolymer Interaction", International Journal of Pharmaceutics, 165, 1998, pp. 239-244.
- Ozeki et al. "Controlled Release From Solid Dispersion Composed of Poly(ethylene oxide)-Carbopol Interpolymer Complex With Various Cross-Linking Degrees of Carbopol", Journal of Controlled Release. 63, 2000, pp. 287-295.
- Munsell Color Company, "The Munsell Book of Color: Glossy Collection", X-Rite, Originally published in 1966, pp. 1-7.
- Schier et al. "Fatality from Administration of Labetalol and Crushed Extended-Release Nifedipine" The Annals of Pharmacotherapy vol. 37, 1420-1423, Oct. 2003.
- USP Expert Council and its Committees. "The Dissolution Procedure: Development and Validation", heading "Study Design", "Time Points" US Pharmacopoeia (USP), General Chapter 1092, pp. 1-15, 2007.
- Wade and Weller, "Handbook of Pharmaceutical Excipients: 2nd Edition", The American Pharmaceutical Association and The Pharmaceutical Press, Table of Contents pp. v-vi, 1994.

* cited by examiner

ABUSE-PROOFED DOSAGE FORM

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a division of U.S. patent application Ser. No. 10/718,112, filed Nov. 20, 2003, now U.S. Pat. No. 8,114,383, which claims priority of German Patent Application No. 103 36 400.5, filed Aug. 6, 2003, the entire contents of both of which applications are incorporated herein by reference.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to an abuse-proofed, thermoformed dosage form containing, in addition to one or more active ingredients with abuse potential (A) optionally together with physiologically acceptable auxiliary substances (B), at least one synthetic or natural polymer (C) and optionally at least one wax (D), wherein component (C) exhibits a breaking strength of at least 500 N, and to a process for the production of the dosage form according to the invention.

2. Description of Related Art

Many pharmaceutical active ingredients, in addition to having excellent activity in their appropriate application, also have abuse potential, i.e. they can be used by an abuser to bring about effects other than those intended. Opiates, for example, which are highly active in combating severe to very severe pain, are frequently used by abusers to induce a state of narcosis or euphoria.

In order to make abuse possible, the corresponding dosage forms, such as tablets or capsules are comminuted, for example ground in a mortar, by the abuser, the active ingredient is extracted from the resultant powder using a preferably aqueous liquid and the resultant solution, optionally after being filtered through cotton wool or cellulose wadding, is administered parenterally, in particular intravenously. An additional phenomenon of this kind of administration, in comparison with abusive oral administration, is a further accelerated increase in active ingredient levels giving the abuser the desired effect, namely the "kick" or "rush". This kick is also obtained if the powdered dosage form is administered nasally, i.e. is sniffed. Since controlled-release dosage forms containing active ingredients with abuse potential do not give rise to the kick desired by the abuser when taken orally even in abusively high quantities, such dosage forms are also comminuted and extracted in order to be abused.

U.S. Pat. No. 4,070,494 proposed adding a swellable agent to the dosage form in order to prevent abuse. When water is added to extract the active ingredient, this agent swells and ensures that the filtrate separated from the gel contains only a small quantity of active ingredient.

The multilayer tablet disclosed in WO 95/20947 is based on a similar approach to preventing parenteral abuse, said tablet containing the active ingredient with abuse potential and at least one gel former, each in different layers.

WO 03/015531 A2 discloses another approach to preventing parenteral abuse. A dosage form containing an analgesic opioid and a dye as an aversive agent is described therein. The colour released by tampering with the dosage form is intended to discourage the abuser from using the dosage form which has been tampered with.

Another known option for complicating abuse involves adding antagonists to the active ingredients to the dosage form, for example naloxone or naltexone in the case of opi-

ates, or compounds which cause a physiological defence response, such as for example *Radix ipecacuanha*=*ippecac* root.

However, since in most cases of abuse it is still necessary to pulverise the dosage form comprising an active ingredient suitable for abuse, it was the object of the present invention to complicate or prevent the pulverisation preceding abuse of the dosage form comprising the agents conventionally available for potential abuse and accordingly to provide a dosage form for active ingredients with abuse potential which ensures the desired therapeutic effect when correctly administered, but from which the active ingredients cannot be converted into a form suitable for abuse simply by pulverisation.

SUMMARY OF THE INVENTION

Said object has been achieved by the provision of the abuse-proofed, thermoformed dosage form according to the invention which contains, in addition to one or more active ingredients with abuse potential (A), at least one synthetic or natural polymer (C) and optionally at least one wax (D), wherein component (C) exhibits a breaking strength of at least 500 N.

DETAILED DESCRIPTION OF THE INVENTION

The use of polymers having the stated minimum breaking strength, preferably in quantities such that the dosage form also exhibits such a minimum breaking strength, means that pulverisation of the dosage form is considerably more difficult using conventional means, so considerably complicating or preventing the subsequent abuse.

If comminution is inadequate, parenteral, in particular intravenous, administration cannot be performed safely or extraction of the active ingredient therefrom takes too long for the abuser or there is no "kick" when taken orally, as release is not spontaneous.

According to the invention, comminution is taken to mean pulverisation of the dosage form with conventional means which are available to an abuser, such as for example a mortar and pestle, a hammer, a mallet or other usual means for pulverisation by application of force.

The dosage form according to the invention is thus suitable for preventing parenteral, nasal and/or oral abuse of pharmaceutical active ingredients with abuse potential.

Pharmaceutical active ingredients with abuse potential are known to the person skilled in the art, as are the quantities thereof to be used and processes for the production thereof, and may be present in the dosage form according to the invention as such, in the form of the corresponding derivatives thereof, in particular esters or ethers, or in each case in the form of corresponding physiologically acceptable compounds, in particular in the form of the salts or solvates thereof, as racemates or stereoisomers. The dosage form according to the invention is also suitable for the administration of several active ingredients. It is preferably used to administer a specific active ingredient.

The dosage form according to the invention is in particular suitable for preventing abuse of a pharmaceutical active ingredient selected from the group consisting of opiates, opioids, tranquillisers, preferably benzodiazepines, barbiturates, stimulants and other narcotics.

The dosage form according to the invention is very particularly suitable for preventing abuse of an opiate, opioid, tranquilliser or another narcotic selected from the group consisting of N-{1-[2-(4-ethyl-5-oxo-2-tetrazolin-1-yl)ethyl]-4-methoxymethyl-4-piperidyl}propionanilide (alfentanil), 5,5-