(19) World Intellectual Property Organization

International Bureau





(43) International Publication Date 16 January 2003 (16.01.2003)

PCT

(10) International Publication Number WO 03/004032 A1

(51) International Patent Classification⁷: A61K 31/485, 9/00, A61P 25/04

(21) International Application Number: PCT/US02/21400

(22) International Filing Date: 3 July 2002 (03.07.2002)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:

60/303,357 6 July 2001 (06.07.2001) US 60/329,445 15 October 2001 (15.10.2001) US 60/329,432 15 October 2001 (15.10.2001) US 60/329,444 15 October 2001 (15.10.2001) US

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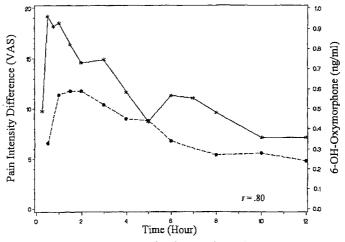
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- (81) Designated States (national): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW.
- (84) Designated States (regional): ARIPO patent (GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

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(54) Title: ORAL ADMINISTRATION OF 6-HYDROXY-OXYMORPHONE FOR USE AS AN ANALGESIC

PK Profile for 6-OH-Oxymorphone with PID Scores



* Pain Intensity Difference • 6-OH-Oxymorphone Plasma Concentrations

(57) **Abstract:** In a method of treating pain, a patient is administered a pharmaceutical composition of 6-hydroxy oxymorphone in an amount sufficient to induce analgesia. In one embodiment, the pharmaceutical composition is administered orally. Any known or later developed method of oral delivery may be used. To achieve the desired analgesic effect, blood plasma levels of 6-hydroxy oxymorphone are raised to at least approximately 0.2 ng/mL. Most preferably blood plasma levels of 6-hydroxy oxymorphone range at least 0.3 ng/mL during treatment. Administration of compositions containing 6-hydroxy oxymorphone, and one or more carriers, diluents, and excipients in an amount sufficient to induce analgesia is also contemplated.



03/004032 A1

WO 03/004032 A1



Published:

with international search report

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

ORAL ADMINISTRATION OF 6-HYDROXY-OXYMORPHONE FOR USE AS AN ANALGESIC

This application relates to provisional patent application serial nos. 60/329,445 filed October 15, 2001, .60/329,432 filed October 15, 2001, 60/303,357 filed July 6, 2001, and 60/329,444 filed October 15, 2001.

Background

Field of Invention

The invention relates to methods for alleviating pain. More particularly, the invention relates to methods for alleviating pain by administering 6-hydroxy oxymorphone. Most particularly, the invention relates to methods of inducing analgesia by increasing blood plasma levels of 6-hydroxy oxymorphone through oral administration of a pharmaceutical composition containing 6-hydroxy oxymorphone.

Summary of the Invention

The present invention provides methods of treating pain by administering a pharmaceutical composition comprising 6-hydroxy oxymorphone in an amount sufficient to induce analgesia. In one embodiment, the pharmaceutical composition is administered orally. Any known or later developed method of oral delivery may be used. To achieve the desired analgesic effect, blood plasma levels of 6-hydroxy oxymorphone are raised to at least about 0.2 ng/mL. Most preferably blood plasma levels of 6-hydroxy oxymorphone of at least about 0.3 ng/mL during treatment. Methods for administering compositions comprising 6-hydroxy oxymorphone, and one or more carriers, diluents, and excipients in an amount sufficient to induce analgesia are also provided.

Brief Description of the Drawings

- Fig. 1 is a pharmacokinetic profile for 6-hydroxy oxymorphone with PID scores.
- Fig. 2 is a pharmacokinetic profile for oxymorphone with PID scores.
- Fig. 3 is a pharmacokinetic profile for 6-hydroxy oxymorphone with categorical pain scores.
 - Fig. 4 is a pharmacokinetic profile for oxymorphone with categorical pain scores.

Detailed Description

The methods described herein provide for the administration of a pharmaceutical composition containing 6-hydroxy oxymorphone as an active ingredient. In a preferred embodiment the preferred composition comprises 6-hydroxy oxymorphone alone (excepting, of course, carriers, diluents, and other excipients). In other preferred embodiments, 6-hydroxy oxymorphone may be combined with other opioids or other pharmaceutical agents. For example, another preferred embodiment provides compositions comprising both 6-hydroxy oxymorphone and its parent, oxymorphone.

In two separate studies, blood plasma levels and indications of pain relief were recorded over a 12 hour period after. Figs. 1-4 show graphical representation of the data combining the two studies such that the effect of blood plasma levels of oxymorphone and its metabolite, 6-hydroxy oxymorphone on pain can be evaluated.

The administration of oxymorphone yields blood plasma levels of oxymorphone and all of its metabolites, 6-hydroxy oxymorphone. Oxymorphone levels peak within 2 hours, fall slightly, and plateau. Interestingly, the level spikes again at 4-6 hours from administration. After this time, oxymorphone levels again drop and eventually fall to levels near the earlier plateau.

Like oxymorphone, 6-hydroxy oxymorphone blood plasma levels peak within 2 hours after administration. After the initial peak, however, a more or less steady decline in the 6-hydroxy oxymorphones plasma levels is observed.

Comparing these levels to the pain profiles, a correlation between the 6-hydroxy oxymorphone blood plasma levels and pain relief can be seen. The pain levels nearly mirror the 6-hydroxy oxymorphone levels, with substantial rises in relief near the spikes associated with 6-hydroxy oxymorphone blood levels. Thus, pain relief can be achieved through administration of 6-hydroxy oxymorphone alone.

In addition to the pharmacokinetic studies, binding studies have been conducted to compare the binding affinity of 6-hydroxy oxymorphone to that of oxymorphone. The results are reported in TABLE 1. These results clearly indicate that 6-hydroxy oxymorphone has great binding affinity for the δ , κ , and μ receptor cites, comparable to the binding affinity of its parent. The inventors believe that by virtue of this binding

affinity, 6-hydroxy oxymorphone has similar analgesic effects to its parent, oxymorphone.

TABLE 1: ASSAY REPORT

	6-HYDROXY OXYMORPHONE		OXYMORPHONE	
	10nm 10μm		10nm	10μm
	1.0 E-8	1.0 E-5	1.0 E-8	1.0 E-5
Opiate, Delta 1	-4.12%	90.48%	-18.26%	89.03%
Opiate, Delta 2	7.19%	55.45%	7.76%	72.74%
(Human				
Recombinant)				
Opiate, Kappa	2.45%	62.47%	10.35%	89.41%
(Human	,			
Recombinant)				
Opiate, Mu	63.16%	99.91%	85.42%	100.39%
(Human				
Recombinant)				

Accordingly, methods of administering the metabolite, 6-hydroxy oxymorphone, directly have been developed. It is believed that the β isomer has greater efficacy in the treatment of pain, but this disclosure is not limited to use of that isomer alone. Pharmaceutical compositions containing either 6- α -hydroxy oxymorphone, or mixtures thereof can be used in the invention.

Formulation as a suspension, syrup, or other liquid, tablet, capsule, liquid-filled gel cap, or other solid or semi-solid means may be used. The composition may alternately be in the form of a time release formulation, including timed, suspended and extended release formulations. Regardless of the formulation, an amount of 6-hydroxy oxymorphone sufficient to induce analgesia will be supplied to the patient. Blood plasma levels of 6-hydroxy oxymorphone must be raised to levels sufficient to induce the desired level of analgesia.

The amount administered will be dependent upon normal criteria such as patient weight, intensity of pain, and other factors. Based on the pharmacokinetic studies, blood plasma levels around at least 0.2 ng/mL will provide some analgesia. The upper plasma level limit will be ultimately established by safety concerns. Over-dosing of any opioid, including 6-hydroxy oxymorphone, may lead to respiratory failure and other undesirable side effects and can even result in death. Preferably, the blood plasma level of 6-hydroxy oxymorphone will be raised to at least 0.3 ng/mL. Subsequent doses may be required to maintain these blood levels.

The preferred administration is of 6-hydroxy oxymorphone with appropriate carriers and excipients as will be readily apparent to those skilled in the art. The resulting blood plasma in these preferred administrations will therefore be substantially free of oxymorphone.

The above description encompasses some preferred embodiments of the invention. This disclosure is merely illustrative in nature and is not intended to limit the following claims.

CLAIMS

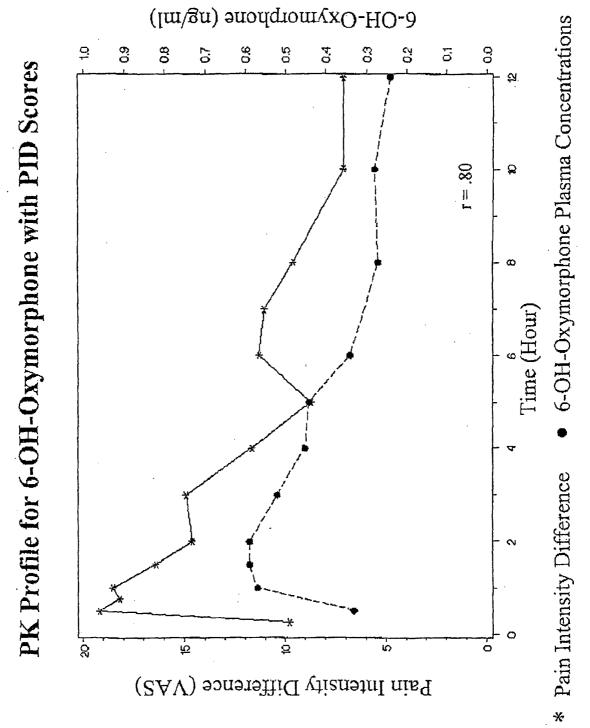
What is claimed is:

A method of treating pain comprising the step of:
 administering to a patient a pharmaceutical composition comprising 6-hydroxy
 oxymorphone in an amount sufficient to induce analgesia.

- 2. The method of claim 1 wherein said pharmaceutical composition is administered orally.
- 3. The method of claim 2 wherein said pharmaceutical composition is administered in a form selected from a liquid formulation, syrup, suspension, solid formulation, tablet, capsule, liquid-filled gel cap, and a semi-solid formulation.
- 4. The method of claim 1 wherein said administration is sufficient to raise blood plasma levels of 6-hydroxy oxymorphone to at least about 0.2 ng/mL.
- 5. The method of claim 1 wherein said administration is sufficient to raise blood plasma levels of 6-hydroxy oxymorphone to at least about 0.3 ng/mL.
- 6. A method of treating pain comprising the step of:

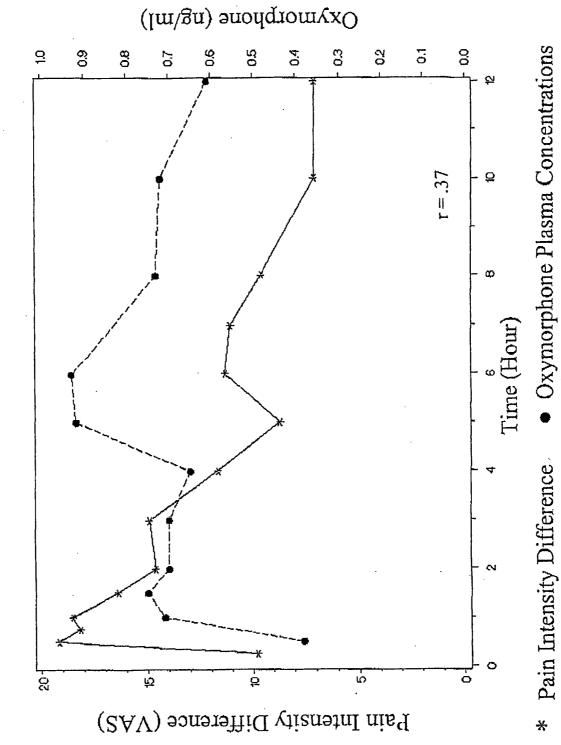
orally administering to a patient a pharmaceutical composition comprising 6-hydroxy oxymorphone, and one or more carriers, diluents, and excipients in an amount sufficient to induce analgesia.

- 7. A method of treating pain comprising the step of:
- orally administering to a patient a pharmaceutical composition comprising 6hydroxy oxymorphone and oxymorphone in an amount sufficient to induce analgesia.
- 8. A pharmaceutical composition comprising 6-hydroxy oxymorphone in a formulation for oral delivery to animals including hormone.

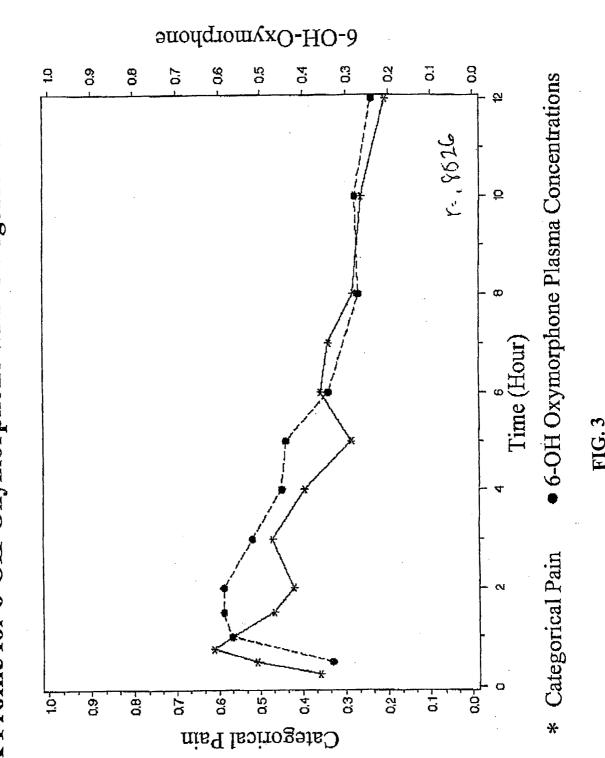


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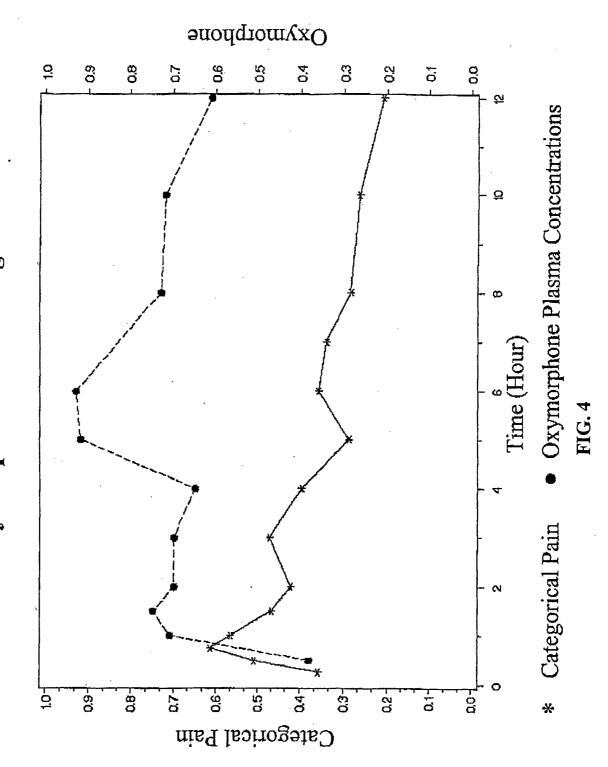
PK Profile for Oxymorphone with PID Scores



PK Profile for 6-OH-Oxymorphone with Categorical Pain Scores



PK Profile for Oxymorphone with Categorical Pain Scores



INTERNATIONAL SEARCH REPORT

In ional Application No PCT/US 02/21400

Relevant to claim No.

A. CLASSIFICATION OF SUBJECT MATTER IPC 7 A61K31/485 A61K9/00

C. DOCUMENTS CONSIDERED TO BE RELEVANT

A61P25/04

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Category °

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61K A61P

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

Citation of document, with indication, where appropriate, of the relevant passages

EPO-Internal, WPI Data, PAJ, CHEM ABS Data, EMBASE, SCISEARCH, MEDLINE

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X Furti	ner documents are listed in the continuation of box C.	-/ χ Patent family members are listed	in annex.	
		X Tatent family frembers are listed	The diffical	
"A" document defining the general state of the art which is not considered to be of particular relevance "E" earlier document but published on or after the international filing date "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or other means "P" document published prior to the international filing date but		or priority date and not in conflict with cited to understand the principle or th invention *X* document of particular relevance; the cannot be considered novel or cannot involve an inventive step when the do *Y* document of particular relevance; the cannot be considered to involve an indocument is combined with one or more described.	onsidered novel or cannot be considered to ventive step when the document is taken alone particular relevance; the claimed invention ensidered to involve an inventive step when the combined with one or more other such docucombination being obvious to a person skilled	
Date of the	actual completion of the international search	Date of mailing of the international sea	arch report	
2	3 October 2002	31/10/2002		
Name and n	nailing address of the ISA European Patent Office, P.B. 5818 Patentlaan 2 NL – 2280 HV Rijswijk Tel. (+31–70) 340–2040, Tx. 31 651 epo nl, Fax: (+31–70) 340–3016	Authorized officer Brunnauer, H		

INTERNATIONAL SEARCH REPORT

In tional Application No
PCT/US 02/21400

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C.(Continua	ation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category °	Citation of document, with indication, where appropriate, of the relevant passages	 -	Relevant to claim No.
Υ	CONE E J ET AL: "Oxymorphone metabolism and urinary excretion in human, rat, guinea pig, rabbit, and dog." DRUG METABOLISM AND DISPOSITION, (1983 SEP-OCT) 11 (5) 446-50., XP001106446 abstract page 446, right-hand column		1-8
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Thternational application No. PCT/US 02/21400

INTERNATIONAL SEARCH REPORT

Box I	Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)
This Inte	ernational Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:
1. χ	Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:
	Although claims 1-7 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.
2.	Claims Nos.: because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3.	Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).
Box II	Observations where unity of invention is lacking (Continuation of item 2 of first sheet)
This Inte	rnational Searching Authority found multiple inventions in this international application, as follows:
1.	As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2.	As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3.	As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
F1	
4.	No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:
_	
Remark	on Protest The additional search fees were accompanied by the applicant's protest.
	No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

onal Application No
PCT/US 02/21400

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