Title: THERAPEUTIC REGIMENS FOR THE TREATMENT OF IMMUNOINFLAMMATORY DISORDERS

Abstract: The invention features pharmaceutical compositions and dosing regimens for the treatment of immunoinflammatory disorders.
THERAPEUTIC REGIMENS FOR THE TREATMENT OF IMMUNOINFLAMMATORY DISORDERS

Background of the Invention

The combination of prednisolone and dipyridamole is an orally available synergistic drug candidate in Phase 2 clinical development for the treatment of immunoinflammatory disorders. A synergistic drug includes two compounds that are designed to act synergistically through multiple pathways to provide a therapeutic effect which neither component administered alone and at the same dosing levels can achieve. The combination of prednisolone with dipyridamole was designed to selectively amplify certain elements of prednisolone's anti-inflammatory and immunomodulatory activities, without replicating steroid side effects.

Proper formulation is essential to maximize the therapeutic benefit of a synergistic drug combination.

Summary of the Invention

The invention provides methods, compositions, and kits for administering dipyridamole in combination with a corticosteroid. This combination is useful for the treatment of immunoinflammatory disorders.

Accordingly, in a first aspect, the invention features a method for treating an immunoinflammatory disorder in a subject in need thereof by (i) administering to the subject a first dose of corticosteroid at time T₀; and (ii) administering to the subject a second dose of corticosteroid 3 to 8 hours after time T₀, wherein the ratio of the first dose to the second dose is 1.5-2.5:1. In certain embodiments, the ratio of the first dose to the second dose is 1.5:1, 1.6:1, 1.7:1, 1.8:1, 1.9:1, 2.0:1, 2.1:1, 2.2:1, 2.3:1, 2.4:1, or even 2.5:1. In other embodiments, the first dose is administered in a unit dosage formulation including from 1 to 10 mg, desirably 1 to 8 mg, 1 to 5 mg, 1.25 to 3 mg, 1.4 to 2.3 mg, or 1.5 to 2.5 mg of prednisolone or an equivalent, equipotent amount of...
another corticosteroid, and the second dose is administered in a unit dosage formulation including from 0.5 to 5 mg, desirably from 0.5 to 4 mg, 0.5 to 3 mg, 0.5 to 2 mg, 0.75 to 2 mg, 0.70 to 1.20 mg, or 0.75 to 1.25 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid. In still other embodiments, the first dose is administered in a unit dosage formulation including 1.5, 1.6, 1.7, 1.8, 1.9, or 2.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid, and the second dose is administered in a unit dosage formulation including 0.7, 0.8, 0.9, or 1.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid. In certain embodiments, the corticosteroid is formulated for immediate release. The method can further include administering to the subject dipyridamole in unit dosage form (e.g., 40 to 200 mg, 40 to 180 mg, 45 to 200 mg, 50 to 200 mg, 70 to 200 mg, 90 to 200 mg, 90 to 180 mg, or 120 to 180 mg) of dipyridamole. In certain embodiments 180 mg, 120 mg, 90 mg, 60 mg, or 45 mg of dipyridamole in unit dosage form is administered to the subject.

In a related aspect the invention features a pharmaceutical composition in unit dosage form including (i) 1 to 10 mg, desirably 1 to 8 mg, 1 to 5 mg, 1.25 to 3 mg, 1.4 to 2.3 mg, or 1.5 to 2.5 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 40 to 200 mg, 40 to 180 mg, 45 to 200 mg, 50 to 200 mg, 70 to 200 mg, 90 to 200 mg, 90 to 180 mg, or 120 to 180 mg of dipyridamole. In certain embodiments, the pharmaceutical composition includes 1.5, 1.6, 1.7, 1.8, 1.9, or 2.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg, 120 mg, 90 mg, 60 mg, or 45 mg of dipyridamole. For example, the pharmaceutical composition can include 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg, 90 mg, or 45 mg of dipyridamole.

In invention further features a pharmaceutical composition in unit dosage form including (i) 0.5 to 5 mg, desirably from 0.5 to 4 mg, 0.5 to 3 mg, 0.5 to 2 mg, 0.75 to 2 mg, 0.70 to 1.20 mg, or 0.75 to 1.25 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 40 to
200 mg, 40 to 180 mg, 45 to 200 mg, 50 to 200 mg, 70 to 200 mg, 90 to 200 mg, 90 to 180 mg, or 120 to 180 mg of dipyridamole. In certain embodiments, the pharmaceutical composition includes 0.7, 0.8, 0.9, or 1.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg, 120 mg, 90 mg, 60 mg, or 45 mg of dipyridamole. For example, the pharmaceutical composition can include 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg, 90 mg, or 45 mg of dipyridamole.

In one embodiment, of the above aspects, each of the corticosteroid and the dipyridamole is formulated for immediate release. In another embodiment of the above aspects, the dipyridamole is formulated as a homogenous bead. In still another embodiment of the above aspects, the corticosteroid is formulated as a coated non-pareil bead.

In invention features a pharmaceutical composition in unit dosage form including homogenous dipyridamole beads. In certain embodiments, the unit dosage form includes from 40 to 200 mg, 40 to 180 mg, 45 to 200 mg, 50 to 200 mg, 70 to 200 mg, 90 to 200 mg, 90 to 180 mg, or 120 to 180 mg of dipyridamole. In other embodiments, the unit dosage form comprises 180 mg, 120 mg, 90 mg, 60 mg, or 45 mg of dipyridamole.

In another aspect, the invention features a kit including (i) a first pharmaceutical composition of the invention including prednisolone or an equivalent, equipotent amount of another corticosteroid, and dipyridamole; (ii) a second pharmaceutical composition of the invention including prednisolone or an equivalent, equipotent amount of another corticosteroid, and dipyridamole; and (iii) instructions for administering the second pharmaceutical composition 3 to 8 hours after the first pharmaceutical composition. In certain embodiments, the kit includes instructions for administering the second pharmaceutical composition 3 to 8, 3 to 7, 3 to 6, 4 to 8, 4 to 7, or 4 to 6 hours after the first pharmaceutical composition. In other embodiments, the kit includes instructions for administering the first pharmaceutical composition upon waking. In still other embodiments, the kit
includes instructions for administering the first pharmaceutical composition and the second pharmaceutical composition for the treatment of an immunoinflammatory disease.

In a related aspect, the invention features a kit including (i) a first pharmaceutical composition in a unit dosage formulation including from 1 to 10 mg, desirably 1 to 8 mg, 1 to 5 mg, 1.25 to 3 mg, 1.4 to 2.3 mg, or 1.5 to 2.5 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) a second pharmaceutical composition in a unit dosage formulation comprising from 0.5 to 4 mg, 0.5 to 3 mg, 0.5 to 2 mg, 0.75 to 2 mg, 0.70 to 1.20 mg, or 0.75 to 1.25 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (iii) instructions for administering the second pharmaceutical composition 3 to 8 hours after the first pharmaceutical composition. In certain embodiments, the first pharmaceutical composition includes 1.5, 1.6, 1.7, 1.8, 1.9, or 2.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid, and the second pharmaceutical composition includes 0.7, 0.8, 0.9, or 1.0 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid. In certain embodiments, the corticosteroid is formulated for immediate release. Each of the first pharmaceutical composition and the second pharmaceutical composition can further include dipyridamole (e.g., 40 to 200 mg, 40 to 180 mg, 45 to 200 mg, 50 to 200 mg, 70 to 200 mg, 90 to 200 mg, 90 to 180 mg, or 120 to 180 mg). In certain embodiments each of the first pharmaceutical composition and the second pharmaceutical composition include 180 mg, 120 mg, 90 mg, 60 mg, or 45 mg of dipyridamole.

In certain embodiments, the kits of the invention include instructions for administering the first pharmaceutical composition and the second pharmaceutical composition for the treatment of an immunoinflammatory disease.

In any of the above methods, compositions, and kits the corticosteroid can be, without limitation, selected from prednisolone, prednisone, budesonide, methylprednisolone, fluticasone, betamethasone, and deflazacort.
In any of the above methods and kits the first dose of corticosteroid can be, for example, administered to the subject upon waking (e.g., time $T_0$), while the second dose is administered to the subject, for example, 3 to 8, 3 to 7, 3 to 6, 4 to 8, 4 to 7, or 4 to 6 hours after time $T_0$.

As used herein, the term "treating" refers to administering a pharmaceutical composition for prophylactic and/or therapeutic purposes. To "prevent disease" refers to prophylactic treatment of a subject who is not yet ill, but who is susceptible to, or otherwise at risk of, a particular disease. To "treat disease" or use for "therapeutic treatment" refers to administering treatment to a subject already suffering from a disease to improve or stabilize the subject's condition. Thus, in the claims and embodiments, treating is the administration to a subject either for therapeutic or prophylactic purposes.

The term "immunoinflammatory disorder" encompasses a variety of conditions, including autoimmune diseases, proliferative skin diseases, and inflammatory dermatoses. Immunoinflammatory disorders result in the destruction of healthy tissue by an inflammatory process, dysregulation of the immune system, and unwanted proliferation of cells. Examples of immunoinflammatory disorders are acne vulgaris; acute respiratory distress syndrome; Addison's disease; allergic rhinitis; allergic intraocular inflammatory diseases, ANCA-associated small-vessel vasculitis; ankylosing spondylitis; arthritis, asthma; atherosclerosis; atopic dermatitis; autoimmune hemolytic anemia; autoimmune hepatitis; Behcet's disease; Bell's palsy; bullous pemphigoid; cerebral ischaemia; chronic obstructive pulmonary disease; cirrhosis; Cogan's syndrome; contact dermatitis; COPD; Crohn's disease; Cushing's syndrome; dermatomyositis; diabetes mellitus; discoid lupus erythematosus; eosinophilic fasciitis; erythema nodosum; exfoliative dermatitis; fibromyalgia; focal glomerulosclerosis; giant cell arteritis; gout; gouty arthritis; graft-versus-host disease; hand eczema; Henoch-Schonlein purpura; herpes gestationis; hirsutism; idiopathic cerato-scleritis; idiopathic pulmonary fibrosis; idiopathic thrombocytopenic purpura; inflammatory bowel or gastrointestinal disorders, inflammatory dermatoses; lichen planus; lupus
nephritis; lymphomatous tracheobronchitis; macular edema; multiple sclerosis; myasthenia gravis; myositis; osteoarthritis; pancreatitis; pemphigoid gestationis; pemphigus vulgaris; polyarteritis nodosa; polymyalgia rheumatica; pruritus scroti; pruritus/inflammation, psoriasis; psoriatic arthritis; rheumatoid arthritis; relapsing polychondritis; rosacea caused by sarcoidosis; rosacea caused by scleroderma; rosacea caused by Sweet's syndrome; rosacea caused by systemic lupus erythematosus; rosacea caused by urticaria; rosacea caused by zoster-associated pain; sarcoidosis; scleroderma; segmental glomerulosclerosis; septic shock syndrome; shoulder tendinitis or bursitis; Sjogren's syndrome; Still's disease; stroke-induced brain cell death; Sweet's disease; systemic lupus erythematosus; systemic sclerosis; Takayasu's arteritis; temporal arteritis; toxic epidermal necrolysis; tuberculosis; type-1 diabetes; ulcerative colitis; uveitis; vasculitis; and Wegener's granulomatosis.

By "corticosteroid" is meant any naturally occurring or synthetic steroid hormone which can be derived from cholesterol and is characterized by a hydrogenated cyclopentanoperhydrophenanthrene ring system. Naturally occurring corticosteroids are generally produced by the adrenal cortex. Synthetic corticosteroids may be hydrogenated. Functional groups required for activity include a double bond at Δ4, a C3 ketone, and a C20 ketone. Corticosteroids may have glucocorticoid and/or mineralocorticoid activity. In preferred embodiments, the corticosteroid is either fludrocortisone or prednisolone. Exemplary corticosteroids are 11-alpha, 17-alpha,21-trihydroxypreg-4-ene-3,20-dione; 11-beta, 16-alpha, 17,21-tetrahydroxypregn-4-ene-3,20-dione; 11-beta, 16-alpha, 17,21-tetrahydroxypregn-1,4-diene-3,20-dione; 11-beta, 16-alpha, 21-trihydroxy-6-alpha-methylpregn-4-ene-3,20-dione; 11-dehydrocorticosterone; 11-deoxycortisol; 11-hydroxy-1,4-androstadiene-3,17-dione; 11-ketotestosterone; 14-hydroxyandrost-4-ene-3,6,17-trione; 15,17-dihydroxyprogesterone; 16-methylhydrocortisone; 17,21-dihydroxy-16-alpha-methylpregna-1,4,9(11)-triene-3,20-dione; 17-alpha-hydroxypregn-4-ene-3,20-dione; 17-alpha-hydroxyprogrenolone; 17-hydroxy-16-beta-methyl-5-beta-pregn-9(1 1)-ene-3,20-dione; 17-hydroxy-4,6,8(14)-pregnatriene-3,20-
dione; 17-hydroxyprogesterone-4,9(11)-diene-3,20-dione; 18-hydroxycorticosterone; 18-hydroxycortisone; 18-oxocortisol; 21-acetoxypregnenolone; 21-deoxyaldosterone; 21-deoxycorticosterone; 2-deoxyecdysone; 2-methylcortisone; 3-dehydroecdysone; 4-pregnene-17-alpha,20-beta, 21-triol-3,11-dione; 6,17,20-trihydroxypregn-4-ene-3-one; 6-alpha-hydroxycorticisold; 6-alpha-fluoroprednisolone, 6-alpha-methylprednisolone, 6-alpha-methylprednisolone 21-acetate, 6-alpha-methylprednisolone 21-hemisuccinate sodium salt, 6-beta-hydroxycorticisold, 6-alpha, 9-alpha-difluoroprednisolone 21-acetate, 6-hydroxycorticosterone; 6-hydroxydexamethasone; 6-hydroxyprednisolone; 9-fluorocortisone; alclomethasone dipropionate; aldosterone; algestone; alphaderm; amadinone; amcinonide; anagostone; androstenedione; anecortave acetate; beclomethasone; beclomethasone dipropionate; betamethasone 17-valerate; betamethasone sodium acetate; betamethasone sodium phosphate; betamethasone valerate; bolasterone; budesonide; calusterone; chlormadinone; chloroprednisone; chloroprednisone acetate; cholesterol; ciclesonide; clobetasol; clobetasol propionate; clobetasone; clocortolone; clocortolone pivalate; clogestone; cloprednol; corticosterone; Cortisol; Cortisol acetate; Cortisol butyrate; Cortisol cypionate; Cortisol octanoate; Cortisol sodium phosphate; Cortisol sodium succinate; Cortisol valerate; cortisone; cortisone acetate; cortivazol; cortodoxone; daturaolone; deflazacort, 21-deoxycorticisold, dehydroepiandrosterone; delmadinone; deoxycorticosterone; deprodone; descinolone; desonide; desoximethasone; dexafen; dexamethasone; dexamethasone 21-acetate; dexamethasone acetate; dexamethasone sodium phosphate; dichlorisone; diflorasone; diflorasone diacetate; diflucortolone; difluprednate; dihydroelatericin a; domoprednate; doxibetasol; ecdysone; ecldygestrone; emoxolone; endrysone; enoxolone; fluazacort; flucinolone; flucloronide; fludrocortisone; fludrocortisone acetate; flugestone; flumethasone; flumethasone pivalate; flumoxonide; flunisolide; flucinolone; flucinolone acetonide; fluocinonide; fluocortic butyl; 9-fluorocortisone; flucortolone; fluorhydroxy androstenedione; fluorometholone; fluorometholone acetate; fluoxymesterone; fluperolone acetate; fluprednidene;
fluprednisolone; flurandrenolide; fluticasone; fluticasone propionate;
formebolone; formestane; formocortal; gestonorone; glyderinine; halcinonide;
halobetasol propionate; halometasone; halopredone; haloprogesterone;
hydrocortamate; hydrocortisone cypionate; hydrocortisone; hydrocortisone
21-butyrate; hydrocortisone aceponate; hydrocortisone acetate; hydrocortisone
buteprate; hydrocortisone butyrate; hydrocortisone cypionate; hydrocortisone
hemisuccinate; hydrocortisone probutate; hydrocortisone sodium phosphate;
hydrocortisone sodium succinate; hydrocortisone valerate;
hydroxyprogesterone; inokosterone; isoflupredone; isoflupredone acetate;
isoprednidene; loteprednol etabonate; meclorionate; mecortolon; medrogestone;
medroxyprogesterone; medrysone; megestrol; megestrol acetate; melengestrol;
mepradnisone; methandrostenolone; methylprednisolone; methylprednisolone
aceponate; methylprednisolone acetate; methylprednisolone hemisuccinate;
methylprednisolone sodium succinate; methyltestosterone; metribolone;
mometasone; mometasone furoate; mometasone furoate monohydrate; nisone;
nomegestrol; norgestomet; norvinisterone; oxymesterone; paramethasone;
paramethasone acetate; ponasterone; prednicarbate; prednisolamate;
prednisolone; prednisolone 21-diethylaminoacetate; prednisolone 21-
hemisuccinate; prednisolone acetate; prednisolone farnesylate; prednisolone
hemisuccinate; prednisolone-2 l(beta-D-glucuronide); prednisolone
metasulphobenzoate; prednisolone sodium phosphate; prednisolone steaglate;
prednisolone tebutate; prednisolone tetrahydrophthalate; prednisone; prednival;
prednylidene; pregnenolone; procionide; tralonide; progesterone;
promegestone; rhapontisterone; rimexolone; roxibolone; rubrosterone;
stizophyllin; tixocortol; topteronne; triamcinolone; triamcinolone acetonide;
triamcinolone acetonide 21-palmitate; triamcinolone benetonide; triamcinolone
diacetate; triamcinolone hexacetonide; trimegestone; turkesterone; and
wortmannin. Desirably, the corticosteroid is fludrocortisone or prednisolone.

By "an effective amount" is meant the amount of a compound, in a
combination of the invention, required to treat or prevent an
immunoinflammatory disorder. The effective amount of active compound(s)
used to practice the present invention for therapeutic treatment of conditions caused by or contributing to an inflammatory disease varies depending upon the manner of administration, the age, body weight, and general health of the patient. Ultimately, the attending physician or veterinarian will decide the appropriate amount and dosage regimen. Such amount is referred to as an effective amount.

By an "equivalent, equipotent amount" is meant a dosage of a corticosteroid that produces the same anti-inflammatory effect in a patient as a recited dosage of prednisolone.

By "immediate release" is meant that the therapeutically active component (e.g., a corticosteroid) is released from the formulation immediately such that 80%, 85%, 90%, or even 95% of the component in the formulation is absorbed into the blood stream of a patient less than two hours after administration. Whether a pharmaceutical composition is formulated for immediate release can be determined by measuring the pharmacokinetic profile of the formulation.

The term "pharmacetically acceptable salt" represents those salts which are, within the scope of sound medical judgment, suitable for use in contact with the tissues of humans and lower animals without undue toxicity, irritation, allergic response and the like, and are commensurate with a reasonable benefit/risk ratio. Pharmacetically acceptable salts are well known in the art. The salts can be prepared in situ during the final isolation and purification of the compounds of the invention, or separately by reacting the free base function with a suitable organic acid. Representative acid addition salts include acetate, ascorbate, aspartate, benzoate, citrate, digluconate, fumarate, glucoheptonate, glycerophosphate, hemisulfate, heptonate, hexanoate, hydrobromide, hydrochloride, hydroiodide, lactate, malate, maleate, malonate, mesylate, oxalate, phosphate, succinate, sulfate, tartrate, thiocyanate, valerate salts, and the like. Representative alkali or alkaline earth metal salts include sodium, lithium, potassium, calcium, magnesium, and the like, as well as nontoxic ammonium, quaternary ammonium, and amine cations, including, but not
limited to ammonium, tetramethylammonium, tetraethylammonium, methylamine, dimethylamine, trimethylamine, triethylamine, ethylamine, and the like.

The terms "unit dosage form" and "unit dosage formulation" refer to physically discrete units suitable as unitary dosages, such as a pill, tablet, caplet, hard capsule, or soft capsule, each unit containing a predetermined quantity of dipyridamole and/or corticosteroid.

As used herein, the term "homogeneous bead" refers to a bead formulation including dipyridamole distributed throughout the bead along with other pharmaceutically acceptable excipients (e.g., diluents and binders). Homogeneous beads can be prepared as described in the examples.

As used herein, the term "coated" refers to a bead formulation including a corticosteroid, such as prednisolone, applied to the surface of a carrier, such as a non-pareil seed. Coated beads can be prepared as described in the examples.

Other features and advantages of the invention will be apparent from the following detailed description, the drawings, and the claims.

**Brief Description of the Drawings**

Figure 1 is a flow chart depicting the prednisolone bead manufacturing process.

Figure 2 is a flow chart depicting the dipyridamole bead manufacturing process.

Figure 3 is a flow chart depicting the dipyridamole/prednisolone capsule manufacturing process.

**Detailed Description**

The invention provides for pharmaceutical compositions in unit dosage form containing dipyridamole and a corticosteroid. The compositions are useful for the treatment of immunoinflammatory disorders.
Corticosteroids

The combinations of the invention include a corticosteroid selected from the class of selective glucocorticosteroid receptor agonists (SEGRAs) including, without limitation, 11-alpha, 17-alpha,21-trihydroxyprog-4-ene-3,20-dione; 11-beta, 16-alpha,7,21-tetrahydroxyprog-4-ene-3,20-dione; 11-beta, 16-alpha, 17,21-tetrahydroxyprog-1,4-diene-3,20-dione; 11-beta, 17-alpha,21-trihydroxy-6-alpha-methylprog-4-ene-3,20-dione; 11-dehydrocorticosterone; 11-deoxyCortisol; 11-hydroxy-1,4-androstadiene-3,17-dione; 11-ketotestosterone; 14-hydroxyandrost-4-ene-3,6,17-trione; 15,17-dihydroxyprogesterone; 16-methylhydrocortisone; 17,21-dihydroxy-16-alpha-methylpregna-1,4,9(11)-triene-3,20-dione; 17-alpha-hydroxyprogrenenolone; 17-hydroxy-16-beta-methyl-5-beta-pregn-9(1 l)-ene-3,20-dione; 17-hydroxy-4,6,8(14)-pregnatriene-3,20-dione; 17-hydroxyprogren-4,9(1 l)-diene-3,20-dione; 18-hydroxycorticosterone; 18-hydroxy cortisol; 18-oxocortisol; 21-acetoxypregn-5-enolone; 21-deoxyaldosterone; 21-deoxycortisone; 2-deoxyecdysone; 2-methylcortisone; 3-dehydroecdysone; 4-pregnene-17-alpha,20-beta, 21-triol-3,1 l-dione; 6,17,20-trihydroxyprog-4-ene-3-one; 6-alpha-hydroxy Cortisol; 6-alpha-fluoroprednisolone, 6-alpha-methylprednisolone, 6-alpha-methylprednisolone 21-acetate, 6-alpha-methylprednisolone 21-hemisuccinate sodium salt, 6-beta-hydroxy cortisol, 6-alpha, 9-alpha-difluoroprednisolone 21-acetate 17-butyrate, 6-hydroxycorticosterone; 6-hydroxydexamethasone; 6-hydroxyprednisolone; 9-fluorocortisone; alclomethasone dipropionate; aldosterone; algestone; alphaderm; amadinone; amcinonide; anagostone; androstenedione; anecortave acetate; beclomethasone; beclomethasone dipropionate; betamethasone 17-valerate; betamethasone sodium acetate; betamethasone sodium phosphate; betamethasone valerate; bolasterone; budesonide; calusterone; chlormadinone; chloroprednisone; chloroprednisone acetate; cholesterol; ciclesonide; clobetasol; clobetasol propionate; clobetasone; clocortolone; clocortolone pivalate; clogestone; cloprednol; corticosterone; Cortisol; Cortisol acetate; Cortisol butyrate; Cortisol cypionate; Cortisol octanoate; Cortisol sodium.
phosphate; Cortisol sodium succinate; Cortisol valerate; cortisone acetate; cortivazol; cortodoxone; daturaolone; deflazacort, 21-deoxycortisol, dehydroepiandrosterone; delmadinone; deoxycorticosterone; deprodone; descinolone; desonide; desoximethasone; dexafen; dexamethasone; dexamethasone 21-acetate; dexamethasone acetate; dexamethasone sodium phosphate; dichlorisone; difloracone; difloracone diacetate; diflucortolone; difluprednate; dihydroelateric a; domoprednate; doxibetasol; ecdysone; ecdysonate; emoxolone; endrysone; enoxolone; fluazacort; flucinolone; flucloronide; fludrocortisone; fludrocortisone acetate; flugestone; flumethasone; flumethasone pivalate; flumoxonide; flunisolide; fluocinolone; fluocinolone acetonide; fluocinonide; fluocortin butyl; 9-fluorocortisone; fluocortolone; fluorohydroxyandrostenedione; fluorometholone; fluorometholone acetate; fluorometholone; fluoride; fluoxymesterone; fluperolone acetate; fluprednide; fluprednisolone; flurandrenolide; fluticasone; fluticasone propionate; formebolone; formestane; formocortolone; glyderinine; halcinonide; halobetasol propionate; halometasone; halopredone; haloprogesterone; hydrocortamate; hydrocortiosone cypionate; hydrocortisone; hydrocortisone 21-butyrate; hydrocortisone acetonate; hydrocortisone acetate; hydrocortisone buteprate; hydrocortisone butyrate; hydrocortisone cypionate; hydrocortisone hemisuccinate; hydrocortisone probutate; hydrocortisone sodium phosphate; hydrocortisone sodium succinate; hydrocortisone valerate; hydroxyprogesterone; inokosterone; isoflupredone; isoflupredone acetate; isoprednide; loteprednol etabonate; meclorisona; mecortolon; medrogestone; medroxyprogesterone; medrysone; megestrol; megestrol acetate; melengestrol; meprednisone; methandrostenolone; methylprednisolone; methylprednisolone acetate; methylprednisolone hemisuccinate; methylprednisolone sodium succinate; methyltestosterone; metribolone; mometasone; mometasone furoate; mometasone furoate monohydrate; nisone; nomegestrol; norgestomet; norvinisterone; oxymesterone; paramethasone; paramethasone acetate; ponasterone; prednicarbate; prednisolamate; prednisolone; prednisolone 21-diethylaminoacetate; prednisolone 21-
hemisuccinate; prednisolone acetate; prednisolone farnesylate; prednisolone hemisuccinate; prednisolone-21(beta-D-glucuronide); prednisolone metasulphobenzoate; prednisolone sodium phosphate; prednisolone steaglate; prednisolone tebutate; prednisolone tetrahydrophthalate; prednisone; prednival; prednylidene; pregnenolone; procinonide; tralondie; progesterone; promegestone; rhapontisterone; rimexolone; roxabolone; rubrosterone; stizophyllin; tixocortol; topterone; triamcinolone; triamcinolone acetonide; triamcinolone acetone 21-palmitate; triamcinolone benetonide; triamcinolone diacetate; triamcinolone hexacetonide; trimegestone; turkesterone; and wortmannin.

Standard recommended dosages for various steroid/disease combinations are provided in Table 1, below.

Table 1—Standard Recommended Corticosteroid Dosages

<table>
<thead>
<tr>
<th>Indication</th>
<th>Route</th>
<th>Drug</th>
<th>Dose</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis</td>
<td>oral</td>
<td>Prednisolone</td>
<td>7.5-60 mg</td>
<td>per day or divided b.i.d.</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>oral</td>
<td>Prednisone</td>
<td>7.5-60 mg</td>
<td>per day or divided b.i.d.</td>
</tr>
<tr>
<td>Asthma</td>
<td>inhaled</td>
<td>beclomethasone dipropionate</td>
<td>42 µg/puff</td>
<td>4-8 puffs b.i.d.</td>
</tr>
<tr>
<td>Asthma</td>
<td>inhaled</td>
<td>Budesonide</td>
<td>(200 µg/inhalation)</td>
<td>1-2 inhalations b.i.d.</td>
</tr>
<tr>
<td>Asthma</td>
<td>inhaled</td>
<td>Flunisolide</td>
<td>(250 µg/puff)</td>
<td>2-4 puffs b.i.d.</td>
</tr>
<tr>
<td>Asthma</td>
<td>inhaled</td>
<td>fluticasone propionate</td>
<td>(44, 110 or 220 µg/puff)</td>
<td>2-4 puffs b.i.d.</td>
</tr>
<tr>
<td>Asthma</td>
<td>inhaled</td>
<td>triamcinolone acetonide</td>
<td>(100 µg/puff)</td>
<td>2-4 puffs b.i.d.</td>
</tr>
<tr>
<td>COPD</td>
<td>oral</td>
<td>Prednisone</td>
<td>30-40 mg</td>
<td>per day</td>
</tr>
<tr>
<td>Crohn's disease</td>
<td>oral</td>
<td>Budesonide</td>
<td>9 mg</td>
<td>per day</td>
</tr>
<tr>
<td>Ulcerative colitis</td>
<td>oral</td>
<td>Prednisone</td>
<td>40-60 mg</td>
<td>per day</td>
</tr>
<tr>
<td>Ulcerative colitis</td>
<td>oral</td>
<td>Hydrocortisone</td>
<td>300 mg (IV)</td>
<td>per day</td>
</tr>
<tr>
<td>Ulcerative colitis</td>
<td>oral</td>
<td>Methylprednisolone</td>
<td>40-60 mg</td>
<td>per day</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>oral</td>
<td>Prednisone</td>
<td>10 mg</td>
<td>per day</td>
</tr>
</tbody>
</table>

Other standard recommended dosages for corticosteroids are provided, e.g., in the Merck Manual of Diagnosis & Therapy (17th Ed. MH Beers et al., Merck & Co.) and Physicians’ Desk Reference 2003 (57th Ed. Medical Economics Staff et al., Medical Economics Co., 2002). In one embodiment, the dosage of corticosteroid administered is a dosage equivalent to a
prednisolone dosage, as defined herein. For example, a low dosage of a
corticosteroid may be considered as the dosage equivalent to a low dosage of
prednisolone. Two or more corticosteroids can be administered in the same
treatment.

Equivalent potency in clinical dosing is well known. Information
relating to equivalent corticosteroid dosing may be found in the British
National Formulary (BNF), 37 March 1999, the content of which is
incorporated herein by reference.

The BNF guidelines are included in Table 2 below. More specifically,
Table 2 provides doses of corticosteroids equivalent to 5 mg of prednisolone
and equivalent to 1 mg of prednisolone when administered in a manner
according to this invention.

Table 2—Equivalent Dose to Prednisolone

<table>
<thead>
<tr>
<th>Drug</th>
<th>Equal to 5 mg prednisolone</th>
<th>Equal to 1 mg prednisolone</th>
</tr>
</thead>
<tbody>
<tr>
<td>betamethasone</td>
<td>750 µg</td>
<td>150 µg</td>
</tr>
<tr>
<td>cortisone acetate</td>
<td>25 mg</td>
<td>5 mg</td>
</tr>
<tr>
<td>deflazacort</td>
<td>6 mg</td>
<td>1.2 mg</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>750 µg</td>
<td>150 µg</td>
</tr>
<tr>
<td>hydrocortisone</td>
<td>20 mg</td>
<td>4 mg</td>
</tr>
<tr>
<td>methyl prednisone</td>
<td>4 mg</td>
<td>0.8 mg</td>
</tr>
<tr>
<td>triamcinolone</td>
<td>4 mg</td>
<td>0.8 mg</td>
</tr>
</tbody>
</table>

It is also known (BNF 37 March 1999) from clinical dosing equivalence
that doses of triamcinolone, fluticasone, and budesonide are broadly similar in
nasal administration (110 µg, 100 µg, and 200 µg).

Two or more corticosteroids can be administered in the same treatment,
or present in the same kit or unit dosage formulation.

**Formulation**

The combination of the invention may be optionally administered as a
pharmaceutically acceptable salt, such as a non-toxic acid addition salts or
metal complexes that are commonly used in the pharmaceutical industry.
Examples of acid addition salts include organic acids such as acetic, lactic,
pamoic, maleic, citric, malic, ascorbic, succinic, benzoic, palmitic, suberic, salicylic, tartaric, methanesulfonic, toluenesulfonic, or trifluoroacetic acids or the like; polymeric acids such as tannic acid, carboxymethyl cellulose, or the like; and inorganic acid such as hydrochloric acid, hydrobromic acid, sulfuric acid phosphoric acid, or the like. Metal complexes include zinc, iron, and the like.

Formulations for oral use include tablets containing the active ingredient(s) in a mixture with non-toxic pharmaceutically acceptable excipients, preferably an excipient from the GRAS listing. These excipients may be, for example, inert diluents or fillers (e.g., sucrose and sorbitol), lubricating agents, glidants, and antiadhesives (e.g., magnesium stearate, zinc stearate, stearic acid, silicas, hydrogenated vegetable oils, or talc).

Formulations for oral use may also be provided in unit dosage form as chewable tablets, tablets, caplets, or capsules (e.g., as hard gelatin capsules wherein the active ingredient is mixed with an inert solid diluent, or as soft gelatin capsules wherein the active ingredient is mixed with water or an oil medium).

The formulations of the invention include diluents (e.g., lactose monohydrate, cellulose, glyceryl monostearate, and/or dibasic calcium phosphate, among others) and binders (e.g., polyvinylpyrrolidone, hypromellose, sucrose, guar gum, and/or starch). Any diluent or binder known in the art can be used in the methods, compositions, and kits of the invention.

**Kits**

The individually or separately formulated agents of the invention can be packaged together, or individually, as a kit. Non-limiting examples include kits that contain, e.g., two pills, a pill and a powder, a suppository and a liquid in a vial, two topical creams, etc. The kit can include optional components that aid in the administration of the unit dose to patients, such as vials for reconstituting powder forms, syringes for injection, customized IV delivery systems, inhalers,
etc. Additionally, the unit dose kit can contain instructions for preparation and administration of the compositions.

The kit may be manufactured as a single use unit dose for one patient, multiple uses for a particular patient (at a constant dose or in which the individual compounds may vary in potency as therapy progresses); or the kit may contain multiple doses suitable for administration to multiple patients ("bulk packaging"). The kit components may be assembled in cartons, blister packs, bottles, tubes, and the like. Kits may also include instructions for administering the pharmaceutical compositions using any indication and/or dosing regime described herein. Further description of kits is provided in the examples.

The following examples are put forth so as to provide those of ordinary skill in the art with a complete disclosure and description of how the methods and compounds claimed herein are performed, made, and evaluated, and are intended to be purely exemplary of the invention and are not intended to limit the scope of what the inventors regard as their invention.

**Drug Product**

Dipyridamole and prednisolone were formulated in bead form and encapsulated in a standard size '0' capsule. Six distinct capsule strengths were manufactured to accommodate the unequal amounts of prednisolone given in the morning and afternoon, and to allow for dose ranging. The doses of prednisolone and dipyridamole in the highest strength of each component (1.8 mg prednisolone + 180 mg dipyridamole) were selected on the basis of the maximal quantities that could be filled into a size 0 capsule and have been shown to be efficacious in subjects with rheumatoid arthritis (RA) and osteoarthritis (OA), i.e., 2 mg prednisolone + 200 mg dipyridamole at 0800 hours and 1 mg prednisolone + 200 mg dipyridamole at 1300 hours. The strengths are shown in Table 3.
Table 3. Prednisolone and Dipyridamole Quantities in Capsules

<table>
<thead>
<tr>
<th>Dosing Time</th>
<th>Prednisolone Quantity/Capsule</th>
<th>Dipyridamole Quantity/Capsule</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 hours</td>
<td>1.8 mg</td>
<td>45 mg</td>
</tr>
<tr>
<td></td>
<td>1.8 mg</td>
<td>90 mg</td>
</tr>
<tr>
<td></td>
<td>1.8 mg</td>
<td>180 mg</td>
</tr>
<tr>
<td>1300 hours</td>
<td>0.9 mg</td>
<td>45 mg</td>
</tr>
<tr>
<td></td>
<td>0.9 mg</td>
<td>90 mg</td>
</tr>
<tr>
<td></td>
<td>0.9 mg</td>
<td>180 mg</td>
</tr>
</tbody>
</table>

The quantitative composition of the capsules is provided in Table 4 and Table 5, where the first table gives the quantitative compositions of the three dosage strengths that contain 0.9 mg prednisolone with varying amounts of dipyridamole and the second table gives the quantitative compositions of the three dosage strengths that contain 1.8 mg prednisolone.

Table 4. Composition of Drug Product Dosage Form Containing 0.9 mg Prednisolone

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Function</th>
<th>Standard</th>
<th>0.9/45 mg</th>
<th>0.9/90 mg</th>
<th>0.9/180 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisolone anhydrous micronized</td>
<td>Active</td>
<td>USP/EP</td>
<td>0.90 mg</td>
<td>0.90 mg</td>
<td>0.90 mg</td>
</tr>
<tr>
<td>Dipyridamole</td>
<td>Active</td>
<td>USP/EP/BP</td>
<td>45.00 mg</td>
<td>90.00 mg</td>
<td>180.00 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Celpherc CP-708)</td>
<td>Carrier for prednisolone</td>
<td>USP/NF/EP</td>
<td>87.03 mg</td>
<td>87.03 mg</td>
<td>87.03 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Avicel PH 102)</td>
<td>Diluent</td>
<td>USP/NF/EP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Polivinylpyrrolidone (Kollidon 30)</td>
<td>Binder</td>
<td>USP/EP</td>
<td>3.29 mg</td>
<td>5.99 mg</td>
<td>11.39 mg</td>
</tr>
<tr>
<td>Pregelatinized starch</td>
<td>Diluent, binder</td>
<td>USP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Purified water</td>
<td>Granulating agent</td>
<td>USP</td>
<td>QS</td>
<td>QS</td>
<td>QS</td>
</tr>
</tbody>
</table>

\(^{b}\) Removed during processing

Abbreviations: EP = European Pharmacopeia; NF = National Formulary; QS = quantity sufficient; USP = United States Pharmacopeia
Table 5. Composition of Drug Product Dosage Form Containing 1.8 mg Prednisolone

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Function</th>
<th>Standard</th>
<th>1.8/45 mg</th>
<th>1.8/90 mg</th>
<th>1.8/180 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisolone anhydrous micronized</td>
<td>Active</td>
<td>USP/EP</td>
<td>1.80 mg</td>
<td>1.80 mg</td>
<td>1.80 mg</td>
</tr>
<tr>
<td>Dipyridamole</td>
<td>Active</td>
<td>USP/EP/BP</td>
<td>45.00 mg</td>
<td>90.00 mg</td>
<td>180.00 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Celphere CP-708)</td>
<td>Carrier for prednisolone</td>
<td>USP/NF/EP</td>
<td>87.03 mg</td>
<td>87.03 mg</td>
<td>87.03 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Avicel PH 102)</td>
<td>Diluent</td>
<td>USP/NF/EP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Polyvinylpyrrolidone (Kollidon 30)</td>
<td>Binder</td>
<td>USP/EP</td>
<td>3.87 mg</td>
<td>6.57 mg</td>
<td>11.97 mg</td>
</tr>
<tr>
<td>Pregelatinized starch</td>
<td>Diluent, binder</td>
<td>USP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Purified water b</td>
<td>Granulating agent</td>
<td>USP</td>
<td>QS</td>
<td>QS</td>
<td>QS</td>
</tr>
</tbody>
</table>

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Abbreviations: EP = European Pharmacopeia; NF = National Formulary; QS = quantity sufficient; USP = United States Pharmacopeia

Manufacturing Process

The manufacturing process for formulations of the combinations of the invention includes three manufacturing steps followed by packaging: the manufacture of prednisolone beads, the manufacture of dipyridamole beads, and the manufacture of capsules and packaging.

Prednisolone Bead Manufacturing Process

The prednisolone beads are manufactured by coating non-pareil seeds with prednisolone. The process is described in greater detail below and is shown schematically in Figure 1. PVP (Kollidon 30) is dissolved in purified water using a Lightnin' mixer. Prednisolone is then added to the solution of PVP and water and mixed until a uniform suspension is formed. Non-pareil seeds of MCC (Celphere CP-708) are charged into the bowl of a fluid bed coater and pre-conditioned to temperature of 40-50 °C by fluidizing the bed.
The prednisolone suspension is sprayed onto the fluidizing pre-conditioned non-pareil seeds at a constant rate of -100 g/minute ensuring that there is no agglomeration of the beads due to excessive wetting. Care is taken to ensure that an appropriate spray rate is maintained so as to prevent spray drying of prednisolone. The product bed temperature is maintained within the range of 40-50 °C by maintaining the inlet air temperature range of 60-70 °C. Upon completion of the spray process, the prednisolone loaded beads are dried to a moisture content of less than 2%. The dried beads are discharged and screened through a #20 mesh sieve to remove any agglomerates. The screened beads are stored at room temperature 25 °C (15 to 30 °C) in fiber-board drums double lined with polyethylene bags. The prednisolone beads are analyzed for potency (assay) to determine the appropriate fill weight for the manufacture of the capsules. Table 6 summarizes the quantitative compositions of prednisolone capsules.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Function</th>
<th>Standard</th>
<th>0.9 mg</th>
<th>1.8 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisolone anhydrous micronized</td>
<td>Active</td>
<td>USP/EP</td>
<td>0.9 mg</td>
<td>1.80 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Celphere CP-708)</td>
<td>Carrier for prednisolone</td>
<td>USP/NF/EP</td>
<td>87.03 mg</td>
<td>87.03 mg</td>
</tr>
<tr>
<td>Polyvinylpyrrolidone (Kollidon 30)</td>
<td>Binder</td>
<td>USP/EP</td>
<td>0.585 mg</td>
<td>1.17 mg</td>
</tr>
<tr>
<td>Purified water b</td>
<td>Granulating agent</td>
<td>USP</td>
<td>QS</td>
<td>QS</td>
</tr>
</tbody>
</table>

Table 6. Composition of Prednisolone Capsules

Abbreviations: EP = European Pharmacopeia; NF = National Formulary; QS = quantity sufficient; USP = United States Pharmacopeia

Dipyridamole Bead Manufacturing Process

The dipyridamole beads are manufactured by extrusion spheronization. The manufacturing process for the dipyridamole beads is described in greater detail elsewhere.

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detail below and is shown schematically in Figure 2. Dipyridamole is screened using an oscillating mill fitted with a #20 mesh screen and transferred into the bowl of a high shear granulator. MCC, pregelatinized starch and PVP are added to the oscillating mill successively to wash out any remaining dipyridamole. The milled materials are transferred into the bowl of a high shear granulator where they are dry blended for 5 minutes. A moisture sample of the dry blend is taken for information purposes only. The dry dipyridamole mix is then wet granulated using purified water as the granulating agent at a spray rate of 1200 g/minute till a dough is formed. Samples are removed for determination of moisture content. The wet mass of the dipyridamole dough is passed through the 0.8 mm screen of the extruder and spheronized for about 7 minutes at 800 revolutions per minute (rpm) until rounded beads are formed. The wet beads are dried in an oven set at 60 °C until the moisture content is less than 1.4%. The dried beads are stored at room temperature 25 °C (15-30 °C) in fiber-board drums double lined with polyethylene bags. The final beads are analyzed for potency (assay) to determine the appropriate fill weight for capsules. Table 7 summarizes the quantitative compositions of dipyridamole capsules.
Table 7. Composition of Dipyridamole Capsules

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Function</th>
<th>Standard</th>
<th>45 mg</th>
<th>90 mg</th>
<th>180 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dipyridamole</td>
<td>Active</td>
<td>USP/EP/BP</td>
<td>45.00 mg</td>
<td>90.00 mg</td>
<td>180.00 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Avicel PH 102)</td>
<td>Diluent</td>
<td>USP/NF/EP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Pregelatinized starch</td>
<td>Diluent, binder</td>
<td>USP</td>
<td>11.30 mg</td>
<td>22.54 mg</td>
<td>45.10 mg</td>
</tr>
<tr>
<td>Polyvinylpyrrolidone (Kollidon 30)</td>
<td>Binder</td>
<td>USP/EP</td>
<td>2.70 mg</td>
<td>5.40 mg</td>
<td>10.80 mg</td>
</tr>
<tr>
<td>Microcrystalline cellulose (Celphare CP-708)</td>
<td>filler</td>
<td>USP/NF/EP</td>
<td>100 mg</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Purified water (^b)</td>
<td>Granulating agent</td>
<td>USP/EP QS</td>
<td>QS</td>
<td>QS</td>
<td>QS</td>
</tr>
</tbody>
</table>

\(^b\) Removed during processing

Abbreviations: EP = European Pharmacopeia; NF = National Formulary; QS = quantity sufficient; USP = United States Pharmacopeia

**Capsule Manufacturing Process**

The capsule manufacturing process is described below and shown schematically in Figure 3. The fill weight of each capsule is calculated based upon the percent weight/weight potency values of the prednisolone and dipyridamole beads. The quantity of each type of bead for the desired number of capsules is weighed and added to the Bosch GKF 400 encapsulator along with empty capsules. The prednisolone and dipyridamole beads are filled into size "0" gray/gray capsules. During the encapsulation process, capsules are checked at pre-determined intervals for fill weight variation and proper capsule closure. The machine is adjusted if any deviation is found in the established fill weight. The filled capsules are stored at room temperature conditions of 25 °C (15 to 30 °C) in fiber-board drums double lined with polyethylene bags. The final capsules are tested for identity of the active ingredients, potency of prednisolone and dipyridamole, content uniformity, dissolution, presence and quantities of related substances and bioburden prior to release.
Packaging

Dipyridamole/prednisolone capsules are packaged in blister packs using an Uhlman packaging machine. Bulk capsules are placed on a tray of the Uhlman packager to flood feed the blister cavities. The sealing layers are placed over strips containing five capsules each and are heat sealed into place. The sealed strips are inspected at the beginning and end of the process and at 30 minute intervals during the process for proper seals and missed cavities and placed into a labeled holding container if found satisfactory. The holding container is stored in the warehouse for secondary packaging.

Other Embodiments

All publications, patents, and patent applications mentioned in this specification are herein incorporated by reference to the same extent as if each independent publication or patent application was specifically and individually indicated to be incorporated by reference.

While the invention has been described in connection with specific embodiments thereof, it will be understood that it is capable of further modifications and this application is intended to cover any variations, uses, or adaptations of the invention following, in general, the principles of the invention and including such departures from the present disclosure that come within known or customary practice within the art to which the invention pertains and may be applied to the essential features hereinbefore set forth, and follows in the scope of the claims.

Other embodiments are within the claims.

What is claimed is:
Claims

1. A method for treating an immunoinflammatory disorder in a subject in need thereof, said method comprising:
   i) administering to said subject a first dose of corticosteroid at time $T_0$; and
   ii) administering to said subject a second dose of corticosteroid 3 to 8 hours after time $T_0$,
   wherein the ratio of said first dose to said second dose is 1.5-2.5:1.

2. The method of claim 1, wherein the ratio of said first dose to said second dose is 2:1.

3. The method of claim 1, wherein said first dose is administered in a unit dosage formulation comprising from 1.4 to 2.3 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid, and said second dose is administered in a unit dosage formulation comprising from 0.70 to 1.20 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid.

4. The method of claim 3, wherein said first dose is administered in a unit dosage formulation comprising 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid, and said second dose is administered in a unit dosage formulation comprising 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid.

5. The method of any of claims 1-4, wherein said corticosteroid is selected from prednisolone, prednisone, budesonide, methylprednisolone, fluticasone, betamethasone, and deflazacort.

6. The method of any of claims 1-4, wherein said first dose is administered to said subject upon waking.
7. The method of any of claims 1-4, wherein said second dose is administered to said subject 4 to 6 hours after time $T_0$.

8. The method of any of claims 1-4, wherein said corticosteroid is formulated for immediate release.

9. The method of any of claims 1-4, further comprising administering to said subject dipyridamole in unit dosage form.

10. The method of claim 9, wherein said unit dosage form comprises from 40 to 200 mg of dipyridamole.

11. The method of claim 10, wherein said unit dosage form comprises 180 mg of dipyridamole.

12. The method of claim 10, wherein said unit dosage form comprises 90 mg of dipyridamole.

13. The method of claim 10, wherein said unit dosage form comprises 45 mg of dipyridamole.

14. The method of any of claims 9-13, wherein said dipyridamole is formulated for immediate release.

15. A pharmaceutical composition in unit dosage form comprising (i) 1.4 to 2.3 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 40 to 200 mg of dipyridamole.

16. The pharmaceutical composition of claim 15, comprising 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg of dipyridamole.
17. The pharmaceutical composition of claim 15, comprising 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 90 mg of dipyridamole.

18. The pharmaceutical composition of claim 15, comprising 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 45 mg of dipyridamole.

19. A pharmaceutical composition in unit dosage form comprising (i) 0.70 to 1.20 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 40 to 200 mg of dipyridamole.

20. The pharmaceutical composition of claim 19, comprising 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 180 mg of dipyridamole.

21. The pharmaceutical composition of claim 19, comprising 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 90 mg of dipyridamole.

22. The pharmaceutical composition of claim 19, comprising 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) 45 mg of dipyridamole.

23. The pharmaceutical composition of any of claims 15-22, wherein each of said corticosteroid and said dipyridamole is formulated for immediate release.
24. The pharmaceutical composition of any of claims 15-22, wherein said corticosteroid is selected from prednisolone, prednisone, budesonide, methylprednisolone, fluticasone, betamethasone, and deflazacort.

25. The pharmaceutical composition of any of claims 15-22, wherein said dipyridamole is formulated as a homogenous bead.

26. The pharmaceutical composition of any of claims 15-22, wherein said corticosteroid is formulated as a coated non-pareil bead.

27. A pharmaceutical composition in unit dosage form comprising homogenous dipyridamole beads.

28. The pharmaceutical composition of claim 27, wherein said unit dosage form comprises from 40 to 200 mg of dipyridamole.

29. The pharmaceutical composition of claim 28, wherein said unit dosage form comprises 180 mg of dipyridamole.

30. The pharmaceutical composition of claim 29, wherein said unit dosage form comprises 90 mg of dipyridamole.

31. The pharmaceutical composition of claim 30, wherein said unit dosage form comprises 45 mg of dipyridamole.

32. A kit comprising (i) a first pharmaceutical composition of any of claims 15-18; (ii) a second pharmaceutical composition of any of claims 19-22; and (iii) instructions for administering said second pharmaceutical composition 3 to 8 hours after said first pharmaceutical composition.
33. The kit of claim 32 comprising instructions for administering said second pharmaceutical composition 4 to 6 hours after said first pharmaceutical composition.

34. The kit of claim 32, further comprising instructions for administering said first pharmaceutical composition upon waking.

35. The kit of claim 32, further comprising instructions for administering said first pharmaceutical composition and said second pharmaceutical composition for the treatment of an immunoinflammatory disease.

36. A kit comprising (i) a first pharmaceutical composition in a unit dosage formulation comprising from 1.4 to 2.3 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (ii) a second pharmaceutical composition in a unit dosage formulation comprising from 0.70 to 1.20 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid; and (iii) instructions for administering said second pharmaceutical composition 3 to 8 hours after said first pharmaceutical composition.

37. The kit of claim 36, wherein said first pharmaceutical composition comprises 1.8 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid, and said second pharmaceutical composition comprises 0.9 mg of prednisolone or an equivalent, equipotent amount of another corticosteroid.

38. The kit of claim 36, wherein said corticosteroid is selected from prednisolone, prednisone, budesonide, methylprednisolone, fluticasone, betamethasone, and deflazacort.
39. The kit of claim 36 comprising instructions for administering said second pharmaceutical composition 4 to 6 hours after said first pharmaceutical composition.

40. The kit of claim 36, further comprising instructions for administering said first pharmaceutical composition upon waking.

41. The kit of claim 36, further comprising instructions for administering said first pharmaceutical composition and said second pharmaceutical composition for the treatment of an immunoinflammatory disease.
Fig. 1

Dissolve PVP in water using a Lightnin' mixer

Prednisolone

Mix until uniform suspension obtained

Prednisolone suspension is sprayed onto the seeds at a constant rate (~100g/min)

MCC (Celphire CP-708) are charged into the bowl of a fluid bed coater and pre-conditioned (40-50°C) by fluidizing the bed

Dry Prednisolone loaded beads in the fluid bed

Samples removed for moisture (for information only)

Discharge beads and pass through a #20 mesh sieve

Samples removed for assay/potency

Store in fibreboard drums double-lined with polyethylene bags at room temperature 25°C (15-30°C)
**Fig. 2**

1. **Screen ingredients sequentially through an oscillating mill using #20 mesh**
2. **Dry blend for 6 min in a high shear granulator**
3. **Spray Purified water at 1200g/min**
4. **Wet granulate until a dough is formed**
5. **Extrude dough using a 0.8 mm screen**
6. **Spheronize at 800 rpm for ~7 min until round beads are formed**
7. **Oven dry at 60 °C until moisture content is <1.4%**
8. **Store in fibre-board drum double-lined with polyethylene bags at room temperature 25 °C (15-30°C)**

**Samples for moisture content (for information only)**

**In process: sample removed for moisture content**

**Final: sample removed for assay/potency**
Fig. 3

Calculate and weigh quantity of prednisolone and dipyridamole beads for the desired number of capsules

Bosch GKF 400 encapsulator.

Size "0" gray/grey capsules

Capsule Filling

In process check
- Fill weight (+/-10% Average weight)
- Capsule closure

Store capsules in fibreboard drums double lined with polyethylene bags at 25 °C (15-30°C) until packaging

Final product
- Potency (Assay)
- Content Uniformity
- Dissolution
- Bioburden
- Impurities
**INTERNATIONAL SEARCH REPORT**

**A CLASSIFICATION OF SUBJECT MATTER**

<table>
<thead>
<tr>
<th>IPC(8)</th>
<th>USPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>A61K 31/56</td>
<td>514/170: 514/179</td>
</tr>
</tbody>
</table>

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

**B FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

USPC 514/170, 514/179

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

At USPC, USPC 514/170, 514/179, IPC A61K 31/56

Electronic database consulted during the international search (name of database and, where practicable, search terms used)

PubMed/USPT, PGPB, EPAB, JPAB, Google, Google Scholar immunoinflammatory, corticosteroid, time, hour, 2 1, one half, dose or dosage, mg, prednisolone, prednisone, budesonide, methylprednisolone, fluticasone, betamethasone, deflazacort, dipyridamole, daily, bead, non-pareil, morning, wake, small, low

**C DOCUMENTS CONSIDERED TO BE RELEVANT**

<table>
<thead>
<tr>
<th>Category*</th>
<th>Citation of document, with indication, where appropriate, of the relevant passages</th>
<th>Relevant to claim No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Y</td>
<td>US 2005/0037074 A1 (Ross, et al.) 17 Feb 2005 (17 02 2005), Abstract, para [0001]-[0006], [0028], [0047], [01 13], Fig 1-10, Claim 27</td>
<td>1, 2 3-13, 36-41</td>
</tr>
<tr>
<td>Y</td>
<td>US 2005/011960 A1 (Keith, et al.) 2 Jun 2005 (02 06 2005), para [0009], [0015], [0016], [0036], [0057]</td>
<td>36-41</td>
</tr>
</tbody>
</table>

Further documents listed in the continuation of Box C

* Special categories of cited documents
  "A" document defining the general state of the art which is not considered to be of particular relevance
  "E" earlier application or patent 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
  "O" document referring to an oral disclosure, use, exhibition or other means
  "P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance, the claimed invention cannot be considered obvious and cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance, the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

20 November 2008 (20 11 2008)

Name and mailing address of the ISA/US

Mail Stop PCT, Attn ISA/US, Commissioner for Patents
P.O. Box 1450, Alexandria, Virginia 22313-1450
Facsimile No 571-273-3201

Form PCT/ISA/210 (second sheet) (April 2007)

**International application No**

PCT/US 08/10798

**Date of mailing of the international search report**

08 DEC 2008

**Necessary signature**

[Signature]

Lee W. Young
Authorized officer
PCT Helpdesk 571 272-4300
PCT OSP 571 272 7774
### Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. **Claims Nos**
   - Because they relate to subject matter not required to be searched by this Authority, namely...

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 14,32-35**
   - Because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 64(a).

### Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International 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 additional fees, this Authority did not invite payment of additional fees**

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**

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 and, where applicable, the payment of a protest fee
- The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation
- No protest accompanied the payment of additional search fees