CONVENTION

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NOTICE OF ENTITLEMENT

We, **SEPRACOR, INC.** of 33 Locke Drive, Marlborough, Massachusetts 01752, United States of America and **GEORGETOWN UNIVERSITY** of Office of Sponsored Programs, 37th & "O" Streets, N.W., Washington, D.C. 20057, United States of America state the following in connection with Australian Application No. 47986/93:

1. We are the nominated persons.

2. The nominated persons are the assignees of the actual inventors.

3. The nominated persons are the assignees of the applicants of the basic applications listed in the declaration under Article 8 of the PCT.

4. The basic applications are the applications first made in a Convention country in respect of the invention.

Dated: 30 January 1995

By **PHILLIPS ORMONDE & FITZPATRICK**
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By:

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To: The Commissioner of Patents

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TERFENADINE METABOLITES AND THEIR OPTICALLY PURE ISOMERS FOR TREATING ALLERGIC DISORDERS

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The present invention also includes methods for treating the above-described conditions in a human, while avoiding the adverse effects that are associated with terfenadine, including but not limited to cardiac arrhythmias, sedation, gastrointestinal distress, dry mouth, and constipation or diarrhea, by administering the metabolic derivatives of terfenadine or their optically pure isomers to said human.

Claim

1. A method of treating allergic rhinitis in a human which does not induce any significant cardiac arrhythmia, including administering to the human therapeutically effective amount of compound of formula I

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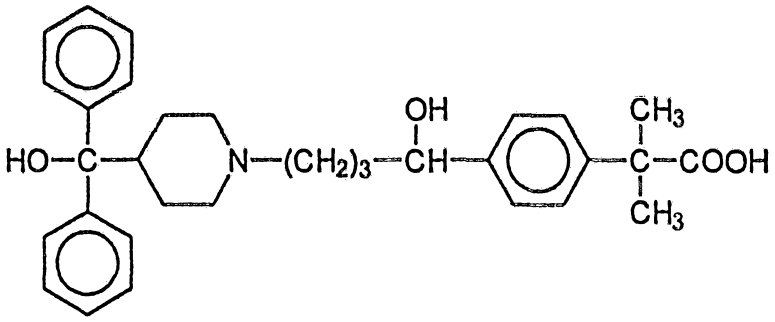

or a pharmaceutically acceptable salt thereof.

5. A method as claimed in any one of the preceding claims, further including administering a therapeutically effective amount of a non-steroidal anti-inflammatory agent or a non-narcotic analgesic.

11. A method as claimed in claim 10, wherein the compound of formula I is S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid.

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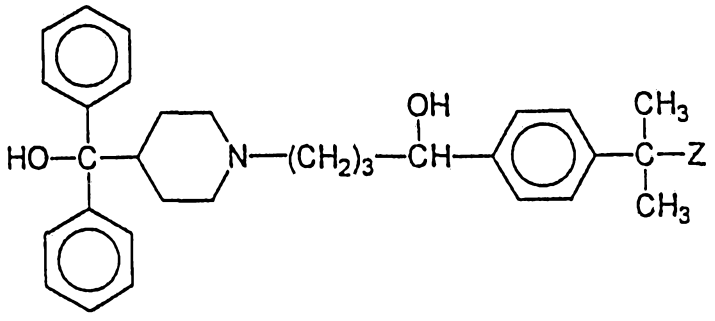


(I)

(57) Abstract

A pharmaceutical composition comprising a compound of formula (I): wherein Z is COOH, $COOCH_3$ or CH_2OH, or a pharmaceutically acceptable salt thereof, for use in an anti-histaminic treatment which does not induce any significant cardiac arrhythmia, comprising administering a therapeutically effective amount of a compound of formula (I) to a human patient.

TERFENADINE METABOLITIES AND THEIR OPTICALLY PURE IOSMERS FOR TREATING ALLERGIC DISORDERS

DESCRIPTON

This invention relates to novel pharmaceutical compositions containing 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetates and 1-[p-(2-hydroxymethylprop-2-yl)-phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl) piperidin-1-yl]butanol and their optically pure derivatives. These compositions possess potent antihistaminic activity and are useful in treating allergic rhinitis, asthma and other allergic disorders while avoiding adverse effects associated with the administration of other α-aryl-4-substituted piperidinoalkanol derivatives, such as terfenadine, including but not limited to cardiac arrhythmias, drowsiness, nausea, fatigue, weakness and headache. Also, these compositions, in combination with non-steroidal anti-inflammatory agents or other non-narcotic analgesics, are useful for the treatment of cough, cold, cold-like, and/or flu symptoms and the discomfort, headache, pain, fever, and general malaise associated therewith. The aforementioned combinations may optionally include one or more other active components including a decongestant, cough suppressant/antitussive, or expectorant.

Additionally, these novel pharmaceutical compositions containing 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetates and 1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenyl enzyl)-1-piperidin-1-yl]butanol and their optically pure derivatives are useful in treating motion sickness, vertigo, diabetic retinopathy, small vessel complications due to diabetes and such other conditions as may be related to the activity of these derivatives as antagonists of the H-1 histamine receptor while avoiding the adverse effects associated with the administration of other α-aryl-4-substituted piperidinoalkanol derivatives, such as terfenadine.

Also disclosed are methods for treating the above-described conditions in a human while avoiding the adverse effects that are associated with the administration of other α-aryl-4-substituted piperidinoalkanol derivatives, such as terfenadine, by administering the aforementioned pharmaceutical compositions containing 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetates and 1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol or their optically pure isomers to said human.

The active compounds of these compositions and methods are metabolic derivatives of terfenadine. Chemically, these derivatives are methyl 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-

dimethylbenzeneacetate, 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, and 1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol and the optical isomers of the compounds. These compounds are described in Garteiz et al., Arzneimittel-Forschung/Drug Research, 32: 1185-1190 (1982). Chemically, the optical isomers of the compounds are methyl R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate, methyl S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate, R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, R-(+)-1-[p-(2-hydroxymethyl-2-prop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol and S-(-)-1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol.

1.1. Steric Relationship and Drug Action

Many organic compounds exist in optically active forms, i.e., they have the ability to rotate the plane of plane-polarized light. In describing an optically active compound, the prefixes D and L or R and S are used to denote the absolute configuration of the molecule about its chiral center(s). The prefixes d and l or (+) and (-) are employed to designate the sign of rotation of plane-polarized light by the compound, with (-) or l meaning that the compound is levorotatory. A compound prefixed with (+) or d is dextrorotatory. For a given chemical structure, these compounds, called stereoisomers, are identical except that they are mirror images of one another. A specific stereoisomer may also be referred to as an enantiomer, and a mixture of such isomers is often called an enantiomeric or racemic mixture.

Stereochemical purity can be of importance in the field of pharmaceuticals, where 12 of the 20 most prescribed drugs exhibit chirality. A case in point is provided by the L-form of the ß-adrenergic blocking agent, propranolol, which is known to be 100 times more potent than the D-enantiomer.

Furthermore, optical purity can be important since certain isomers may actually be deleterious rather than simply inert. For example, it has been suggested that

the D-enantiomer of thalidomide was a safe and effective sedative when prescribed for the control of morning sickness during pregnancy, while the corresponding L-enantiomer has been believed to be a potent teratogen.

The enantiomers of 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid are disclosed in Zamani et al., Chirality 3: 467-470 (1991). This reference states that the (R)-enantiomer of an orally administered racemic terfenadine was preferentially oxidized in rats to form a carboxylic acid metabolite enriched in the (R)-enantiomer. The enantiomers of 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid are also disclosed in Chan et al., J. Chromatog. 571: 291-297 (1991). This reference states that terfenadine does not undergo any stereoselective isomeric interconversion in man.

Terfenadine is an antagonist of the H-1 histamine receptor protein. Histamine receptor proteins occur in two well-identified forms in tissues as H-1 and H-2 receptors. The H-1 receptors are those that mediate the response antagonized by conventional antihistamines. H-1 receptors are present in the guinea pig ileum, the skin of Rhesus monkeys, and the bronchial smooth muscle of guinea pig. Terfenadine antagonizes the effect of histamine in the guinea pig isolated ileum, suppresses histamine-induced whealing in the skin of Rhesus monkeys, and protects

against histamine induced lethality in the guinea pig.

Through H-2 receptor-mediated responses, histamine stimulates gastric acid secretion in the guinea pig and the chronotropic effect in isolated guinea pig atria. Terfenadine has no effect on histamine-induced gastric acid secretion, nor does it alter the chronotropic effect of histamine on atria. Thus, terfenadine has no apparent effect on the H-2 histamine receptor. See Cheng et al., Drug Development Research, 2: 181-196 (1982).

Terfenadine is well absorbed but is extensively metabolized. See Okerholm et al., Biopharmaceutics and Drug Distribution, 2: 185-190 (1981). Two main metabolites have been identified and it has been suggested that one of the metabolites, 4-[1-hydroxy-4-[4-(hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, may show antihistaminic activity, in vitro, but no actual data have been published. See Garteiz et al., Arzneimittel-Forschung/Drug Research, 32: 1185-1190 (1982).

On the basis of its antihistaminic activity, researchers evaluated the effect of terfenadine in the treatment of allergic rhinitis. Clinical trials of efficacy indicated that terfenadine is slightly less effective than chlorpheniramine, another H-1 antagonist. See Connell, Pharmacotherapy, 5: 201-208 (1985).

It has also been suggested that terfenadine would be useful for the treatment of asthma. In guinea pigs, the increase in airway resistance caused by LTD_4 (leukotriene

D_4) was suppressed by terfenadine. See Akagi et al., Oyo Yakuri, 35: 361-371 (1988).

Terfenadine may also be useful for the treatment of motion sickness and vertigo. Some antihistamines have been found to be effective for the prophylaxis and treatment of motion sickness. See Wood, Drugs, 17: 471-479 (1979). Some antihistamines have also proven useful for treating vestibular disturbances, such as Meniere's disease, and in other types of vertigo. See Cohen et al., Archives of Neurology, 27: 129-135 (1972).

In addition, terfenadine may be useful in the treatment of diabetic retinopathy and other small vessel disorders associated with diabetes mellitus. In tests on rats with streptozocin-induced diabetes, treatment by antihistamines prevented the activation of retinal histamine receptors which have been implicated in the development of diabetic retinopathy. The use of antihistamines to treat retinopathy and small vessel disorders associated with diabetes mellitus is disclosed in U.S. Patent No. 5,019,591.

It has also been suggested that terfenadine, in combination with non-steroidal anti-inflammatory agents or other non-narcotic analgesics, would be useful for the treatment of cough, cold, cold-like and/or flu symptoms and the discomfort, pain, headache, fever, and general malaise associated therewith. The use of pharmaceutical compositions containing terfenadine and non-narcotic

analgesics or non-steroidal anti-inflammatory agents such as aspirin, acetaminophen, and ibuprofen are described in U.S. Patent Nos. 4,783,465 and 4,829,064. These compositions for the treatment of the above-described symptoms may optionally include one or more other active components including a decongestant (such as pseudoephedrine), a cough suppressant/antitussive (such as dextromethorphan) or an expectorant (such as guaifenesin).

Many antihistamines cause somewhat similar adverse effects. These adverse effects include but are not limited to sedation, gastrointestinal distress, dry mouth, and constipation or diarrhea. Terfenadine has been found to cause relatively less sedation, gastrointestinal distress, dry mouth, and constipation or diarrhea, as compared with other antihistamines.

However, the administration of terfenadine to a human has been found to cause other adverse effects. These adverse effects include but are not limited to cardiac arrhythmias, including ventricular tachyarrhythmias, torsades de pointes, and ventricular fibrillation. Recently, clinical practitioners have noted an increase in the occurrence of these cardiac arrhythmias upon coadministration of terfenadine with other drugs such as ketoconazole and erythromycin or upon overdose of terfenadine. See Brian P. Monahan et. al. in JAMA, 5th Dec 1990, Vol. 264, No. 21, p-p 2788-90 and Sandra Knowles in the Canadian Journal of Hospital Pharmacy - Vol. 45, No. 1,

1st Feb 1992, p. 33.

Thus, it would be particularly desirable to find a compound with the advantages of terfenadine which would not have the aforementioned disadvantages.

It has now been discovered that methyl 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate, 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, and 1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol and their optically pure isomers (hereinafter referred to as "the metabolic derivatives of terfenadine" and "optically pure isomers of the metabolic derivatives of terfenadine") are effective antihistamines. It has also been discovered that pharmaceutical compositions containing metabolic derivatives of terfenadine or their optically pure isomers are useful in treating allergic disorders and such other conditions as may be related to the composition's activity as an antihistamine, including but not limited to allergic rhinitis, solar urticaria, and symptomatic dermographism.

Furthermore, it has now also been discovered that the metabolic derivatives of terfenadine or their optically pure isomers are useful in treating asthma. Also, these compounds are useful for the treatment of motion sickness and vertigo and in treating such disorders as retinopathy and

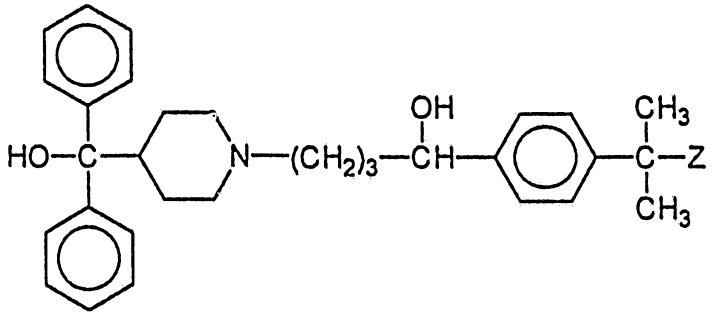
small vessel disorders associated with diabetes mellitus. The present invention also includes methods for treating the above-described conditions in a human, while avoiding the adverse effects that are associated with terfenadine, including but not limited to cardiac arrhythmias, sedation, gastrointestinal distress, dry mouth, and constipation or diarrhea, by administering the metabolic derivatives of terfenadine or their optically pure isomers to said human.

It has also been discovered that the metabolic derivatives of terfenadine and their optically pure isomers, in combination with non-steroidal anti-inflammatory agents or other non-narcotic analgesics, are useful for the treatment of cough, cold, cold-like and/or flu symptoms and the discomfort, pain, headache, fever, and general malaise associated therewith. The use of pharmaceutical compositions of the invention, containing (1) metabolic derivatives of terfenadine or their optically pure isomers and (2) non-narcotic analgesics or non-steroidal anti-inflammatory agents such aspirin, acetaminophen or ibuprofen, may optionally include one or more other active components including a decongestant (such as pseudoephedrine), a cough suppressant/antitussive (such as dextromethorphan) or an expectorant (such as guaifenesin).

The present invention encompasses a method of treating a human afflicted by or susceptible to an allergic disorder while avoiding the concomitant liability of adverse effects associated with the administration of terfenadine,

which comprises administering to said human afflicted by or susceptible to an allergic disorder an amount of one or more compounds selected from the group of metabolic derivatives of terfenadine, optically pure isomers of metabolic derivatives of terfenadine, and pharmaceutically acceptable salts thereof, said amount being sufficient to treat said allergic disorder, but insufficient to cause the adverse effects associated with terfenadine.

Accordingly and in a first aspect, the present invention provides a pharmaceutical composition comprising a compound of formula I:



I

wherein Z is COOH, $COOCH_3$ or CH_2OH, or a pharmaceutically acceptable salt thereof, for use in an anti-histaminic treatment which does not induce any significant cardiac arrhythmia, comprising administering a therapeutically effective amount of a compound of formula I to a human patient. The compounds of formula I include the metabolic derivatives of terfenadine and the optically pure isomers of the metabolic derivatives of terfenadine as aforesaid.

Prior to the present invention, those skilled in the

art would have expected compounds of formul to have induced a form of cardiac arrhythmia known as Torsades de Pointes (as reported in Brian P. Monahan et. al., in JAMA, 5th Dec 1990, Vol. 264, No. 21, p-p 2788-90 and Sandra Knowles in The Canadian Journal of Hospital Pharmacy, Vol. 45, No. 1, 1 Feb 1992, p.33), since this potentially lethal arrhythmia was considered to be a "class effect" among non-sedating anti-histamines, in the sense that the arrhythmogenicity was considered to be coupled to the anti-histaminic potency of such compounds. Accordingly, the fact that the compositions, in accordance with the present invention, do not induce any such cardiac arrhythmias is a new, highly useful and surprising technical effect, which enables the inventive compositions to be administered to individuals susceptible to cardiac arrhythmia, and in potentially larger doses than those non-sedating anti-histamines, such as terfenadine, in common use at the present time.

The anti-histaminic treatment can be a method of treating a human afflicted by or susceptible to: an allergic disorder; motion sickness; vertigo; retinopathy, or another small vessel disease associated with diabetes mellitus; cough, cold, cold-like or flu symptoms; or the discomfort, pain, fever or general malaise associated therewith. In embodiments, the invention can relate to any one, any combination, or all of the aforementioned methods of treatment.

Preferably, the invention relates to the treatment of an allergic disorder which, preferably, is asthma or allergic rhinitis.

In preferred embodiments, the anti-histaminic treatment comprises the administration of a compound of formula I, in an amount of 1-500mg/day and, preferably, in an amount of 20-200mg/day. When the inventive composition is for use in a method of treating asthma, or retinopathy or another small vessel disease associated with diabetes mellitus, sufficient of the inventive composition should be administered such that the compound of formula I is provided to the patient in an amount of 0.01-500mg/day and, preferably, in an amount of 0.1-200mg/day.

In preferred embodiments, the inventive composition further comprises a pharmaceutically acceptable carrier or excipient.

Particularly when the anti-histaminic treatment is that of cough, cold, cold-like or flu symptoms or the discomfort, pain, fever or general malaise associated therewith, in a human, the composition can further comprise a therapeutically effective amount of a non-steroidal anti-inflammatory agent or a non-narcotic analgesic, such as acetylsalicylic acid, acetaminophen, ibuprofen, ketoprofen, or naproxen, or a pharmaceutically acceptable salt thereof. Alternatively, or additionally, a composition in accordance with the present invention can further comprise a

therapeutically effective amount of a decongestant, such as pseudoephedrine, or a pharmaceutically acceptable salt thereof.

In a preferred embodiment, the inventive composition comprises from 20mg to 200mg of a compound of formula I and from 25mg to 600mg of an anti-inflammatory agent or an analgesic. When the inventive composition comprises a therapeutically effective amount of a decongestant, it, preferably, comprises from 20mg to 200mg of a compound of formula I and from 5mg to 150mg of the decongestant.

In preferred embodiments of the present invention, the compound of formula I is in the form of a single optical isomer and the inventive composition is substantially free of the other such isomer. In such an embodiment, the compound of formula I, preferably, is selected from the group consisting of: methyl R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate, R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, and R-(+)-1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-[4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol and pharmaceutically acceptable salts thereof, and the composition is substantially free of the S stereoisomer of the selected compound; or, is selected from the group consisting of methyl S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate, S-(-)-4-[1-hydroxy-4-(4-

hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid, and S-(-)-1-[p-(2-hydroxymethylprop-2-yl)phenyl]-4-(α-hydroxy-α-phenylbenzyl)piperidin-1-yl]butanol and pharmaceutically acceptable salts thereof, and the composition is substantially free of the R stereoisomer of the selected compound.

Preferably, the compound of formula I comprises 90% or more of the selected R- or S-stereoisomer.

In a most preferred embodiment Z, in formula I, is COOH and the compound of formula I is terfenadine carboxylate.

In a second aspect, the invention relates to a method of providing an anti-histaminic treatment which does not induce any significant cardiac arrhythmia, to a human patient, comprising administering a therapeutically effective amount of a pharmaceutical composition in accordance with the first aspect of the invention, preferably, in one of its preferred embodiments, to said human patient. Preferably, the inventive method is a method of treating a human afflicted by or susceptible to: an allergic disorder; motion sickness; vertigo; retinopathy, or another small vessel disease associated with diabetes mellitus; cough, cold, cold-like or flu symptoms; or the discomfort, pain, fever or general malaise associated therewith. Preferably, the method is a method for treating a human afflicated by or susceptible to an allergic disorder and, more preferably, the allergic disorder is asthma or allergic rhinitis.

In a third aspect, the invention relates to a use of a composition, in accordance with the first aspect of the invention, or any of its preferred embodiments, for the manufacture of a medicament for use in an anti-histaminic treatment which does not induce any significant cardiac arrhythmia, comprising administering a therapeutically effective amount of a compound of formula I to a human patient. Preferably, said use is for the manufacture of a medicament for use in a method of treating a human afflicated by or susceptible to: an allergic disorder; motion sickness; vertigo; retinopathy, or another small vessel disease associated with diabetes mellitus; cough, cold, cold-like or flu symptoms; or the discomfort, pain, fever or general malaise associated therewith. More preferably, said method is a method of treating a human afflicted by or susceptible to an allergic disorder which, preferably, is asthma or allergic rhinitis.

Terfenadine has antihistaminic activity and provides therapy and a reduction of symptoms for a variety of conditions and disorders related to allergic disorders, diabetes mellitus and other conditions; however, this drug, while offering the expectation of efficacy, causes adverse effects. Utilizing the metabolic derivatives of terfenadine or their substantially optically pure isomers results in clearer dose-related definitions of efficacy, diminished adverse effects, and accordingly, an improved therapeutic

index. It is, therefore, more desirable to use a metabolic derivative of terfenadine or an optically pure isomer thereof, than to use terfenadine itself.

The term "adverse effects" includes, but is not limited to cardiac arrhythmias, sedation, gastrointestinal distress, dry mouth, constipation, and diarrhea. The term "cardiac arrhythmias" includes, but is not limited to ventricular tachyarrhythmias, torsades de pointes, and ventricular fibrillation.

The term "substantially free of the S stereoisomer" as used herein means that the metabolic derivative of terfenadine in a composition contains at least 90% by weight of the R isomer of the metabolic derivative of terfenadine, and 10% by weight or less of the S derivative. In a preferred embodiment, the term "substantially free of the S stereoisomer" means that the metabolic derivative of terfenadine in a composition contains at least 99% by weight of the R isomer of the metabolic derivative of terfenadine, and 1% or less of the S isomer. In another preferred embodiment, the term "substantially free of the S stereoisomer" as used herein means that the metabolic derivative of terfenadine in a composition contains greater than 99% by weight of the R isomer of the metabolic derivative of terfenadine and less than 1% by weight of the S derivative. The terms "substantially optically pure R isomers of the metabolic derivatives of terfenadine" and "optically pure R

isomers of the metabolic derivatives of terfenadine" are also encompassed by the above-described definitions.

The term "substantially free of the R stereoisomer" as used herein means that the composition contains at least 90% by weight of the S isomer of the metabolic derivatives of terfenadine, and 10% by weight or less of the R derivatives. In a preferred embodiment, the term "substantially free of the R stereoisomer" means that the composition contains at least 99% by weight of the S isomer of the metabolic derivatives of terfenadine, and 1% or less of the R isomer. In another preferred embodiment, the term "substantially free of the R stereoisomer" as used herein means that the composition contains greater than 99% by weight of the S isomer of the metabolic derivatives of terfenadine and less than 1% by weight of the R derivatives. These percentages are based upon the total amount of metabolic derivatives of terfenadine in the composition. The terms "substantially optically pure S isomers of the metabolic derivatives of terfenadine" and "optically pure S isomers of the metabolic derivatives of terfenadine" are also encompassed by the above-described definitions.

The phrase "therapeutically effective amount" means that amount of one or more of the compounds of the invention which provides a therapeutic benefit in an anti-histaminic treatment, including the treatment or management of allergic disorders, asthma, retinopathy or other small vessel disorders

associated with diabetes mellitus, motion sickness, vertigo, or cough, cold, cold-like, and/or flu symptoms and the discomfort, pain, fever, and general malaise associated therewith. Examples of allergic disorders include, but are not limited to, allergic rhinitis, solar urticaria, and symptomatic dermographism. The symptoms associated with these allergic disorders and the cough, cold, cold-like, and/or flu symptoms include, but are not limited to, sneezing, rhinorrhea, lacrimation, and dermal irritation. The term "asthma" is defined as a disorder characterized by increased responsiveness of the trachea and bronchi to various stimuli which results in symptoms which include wheezing, cough, and dyspnea. The term "vertigo" as used herein means the dizziness associated with, but not limited to motion, height, and changes in body position. The term "diabetic retinopathy" or "retinopathy associated with diabetes mellitus" is that disorder caused by increased permeability of the capillaries in the eye which leads to hemorrhages and edema in the eye and can lead to blindness. The term "small vessel disorders associated with diabetes mellitus" includes, but is not limited to diabetic retinopathy and peripheral vascular disease.

The separation of the optically pure isomers of the metabolic derivatives of terfenadine may be effected by resolution of the racemic mixture of enantiomers of the metabolic derivatives of terfenadine using conventional means

such as an optically active resolving acid. Furthermore, the optically pure isomers of the metabolic derivatives of terfenadine can be prepared from the racemic mixture by enzymatic biocatalytic resolution. See, for example, United States Patent Nos. 5,057,427 and 5,077,217, the disclosures of which are incorporated by reference.

The magnitude of a prophylactic or therapeutic dose of a metabolic derivative of terfenadine, or an optically pure isomer thereof, in the acute or chronic management of disease will vary with the severity of the condition to be treated and the route of administration. The dose, and perhaps the dose frequency, will also vary according to the age, body weight, and response of the individual patient. In general, the total daily dose range, for the conditions described herein, is from about 0.01 mg to about 500 mg administered in single or divided doses orally, topically, transdermally, or locally by aerosol. For example, a preferred oral daily dose range should be from about 1 mg to about 500 mg, while most preferably an oral daily dose range should be between about 20 mg and about 200 mg. It is further recommended that children, patients aged over 65 years, and those with impaired renal or hepatic function initially receive low doses, and that they then be titrated based on individual response(s) or blood level(s). It may be necessary to use dosages outside these ranges in some cases as will be apparent to those skilled in the art. Further, it is noted that the clinician or treating

physician will know how and when to interrupt, adjust, or terminate therapy in conjunction with individual patient response.

The various terms "an amount sufficient to alleviate said allergic disorder but insufficient to cause said adverse effects," "an amount sufficient to alleviate said asthma but insufficient to cause said adverse effects," "an amount sufficient to alleviate said motion sickness but insufficient to cause said adverse effects," and "an amount sufficient to alleviate said retinopathy or other small vessel diseases associated with diabetes mellitus but insufficient to cause said adverse effects" are encompassed by the above-described dosage amounts and dose frequency schedule. In addition, the terms "a pharmaceutical composition for use in the treatment of cough, cold, cold-like and/or flu symptoms and the discomfort, pain, fever and general malaise associated therewith, in a human, said composition comprising (i) a therapeutically effective amount of at least one metabolic derivative of terfenadine, or an optically pure isomer thereof, with (ii) a therapeutically effective amount of at least one non-steroidal anti-inflammatory agent or non-narcotic analgesic," and "a pharmaceutical composition for use in the treatment of cough, cold, cold-like and/or flu symptoms and the discomfort, pain, fever and general malaise associated therewith, in a human, said composition comprising (i) a therapeutically effective amount of at least one metabolic

derivative of terfenadine, or an optically pure isomer, with (ii) a therapeutically effective amount of a decongestant," as well as the term "therapeutically effective amount of at least one α-aryl-4-substituted piperidinoalkanol derivative" are also encompassed by the above-described dosage amounts and dose frequency schedule.

Any suitable route of administration may be employed for providing the patient with an effective dosage of the inventive composition. For example, oral, rectal, parenteral, transdermal, subcutaneous, intramuscular, and like forms of administration may be employed. Dosage forms include tablets, troches, dispersions, suspensions, solutions, capsules, patches, and the like.

The pharmaceutical compositions of the present invention comprise a metabolic derivative of terfenadine, or an optically pure isomer thereof as active ingredient, or a pharmaceutically acceptable salt thereof, and may also contain a pharmaceutically acceptable carrier, and optionally, other therapeutic ingredients.

The term "pharmaceutically acceptable salts" includes within its ambit salts prepared from pharmaceutically acceptable non-toxic acids or bases including inorganic acids or bases or organic acids or bases. Examples of such inorganic acids are hydrochloric, hydrobromic, hydroiodic, sulfuric, and phosphoric. Appropriate organic acids may be selected, for example, from aliphatic, aromatic, carboxylic

and sulfonic classes of organic acids, examples of which are formic, acetic, propionic, succinic, glycolic, glucoronic, maleic, furoic, glutamic, benzoic, anthranilic, salicylic, phenylacetic, mandelic, embonic (pamoic), methanesulfonic, ethanesulfonic, pantothenic, benzenesulfonic, stearic, sulfanilic, algenic, and galacturonic. Examples of such inorganic bases include metallic salts made from aluminum, calcium, lithium, magnesium, potassium, sodium, and zinc. Appropriate organic bases may be selected, for example, from N,N'-dibenzylethylenediamine, chloroprocaine, choline, diethanolamine, ethylenediamine, meglumaine (N-methylglucamine), lysine and procaine.

The compositions of the present invention include compositions such as suspensions, solutions and elixirs; aerosols; or carriers such as starches, sugars, microcrystalline cellulose, diluents, granulating agents, lubricants, binders, disintegrating agents, and the like, in the case of oral solid preparations (such as powders, capsules, and tablets), with the oral solid preparations being preferred over the oral liquid preparations. The most preferred oral solid preparations are tablets.

Because of their ease of administration, tablets and capsules represent the most advantageous oral dosage unit form, in which case solid pharmaceutical carriers are employed. If desired, tablets may be coated by standard aqueous or nonaqueous techniques.

In addition to the common dosage forms set out

above, the compounds of the present invention may also be administered by controlled release means and/or delivery devices such as those described in U.S. Patent Nos. 3,845,770; 3,916,899; 3,536,809; 3,598,123; and 4,008,719.

Pharmaceutical compositions of the present invention suitable for oral administration may be presented as discrete units such as capsules, cachets, or tablets, or aerosol sprays, each containing a predetermined amount of the active ingredient, as a powder or granules, or as a solution or a suspension in an aqueous liquid, a non-aqueous liquid, an oil-in-water emulsion, or a water-in-oil liquid emulsion. Such compositions may be prepared by any of the methods of pharmacy, but all methods include the step of bringing into association the active ingredient with the carrier which constitutes one or more necessary ingredients. In general, the compositions are prepared by uniformly and intimately admixing the active ingredient with liquid carriers or finely divided solid carriers or both, and then, if necessary, shaping the product into the desired presentation.

For example, a tablet may be prepared by compression or molding, optionally, with one or more accessory ingredients. Compressed tablets may be prepared by compressing in a suitable machine the active ingredient in a free-flowing form such as powder or granules, optionally mixed with a binder, lubricant, inert diluent, surface active or dispersing agent. Molded tablets may be made by molding, in a suitable machine, a mixture of the powdered compound

moistened with an inert liquid diluent. Desirably, each tablet contains from about 10 mg to about 150 mg of the active ingredient, and each cachet or capsule contains from about 10 mg to about 150 mg of the active ingredient, i.e., a metabolic derivative of terfenadine. Most preferably, the tablet, cachet or capsule contains either one of three dosages, 30 mg, 60 mg or 90 mg of the active ingredient.

The invention is further defined by reference to the following examples describing in detail the preparation of the compound and the compositions of the present invention, as well as their utility. It will be apparent to those skilled in the art that many modifications, both to materials and methods, may be practiced which are within the scope of this invention.

4. EXAMPLES

4.1. Example 1

A. Preparation of methyl R-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate.

4-(α-hydroxy-α-phenylbenzyl)piperidine (4.3 gm) was combined with methyl p-(4-chloro-1-oxobutyl)-α,α-dimethylbenzeneacetate (4.5 gm), potassium bicarbonate (2.9 gm), potassium iodide (ca. 50 mg), and methyl isobutyl ketone (50 ml) and heated to reflux for 48 hours. Additional 4-(α-hydroxy-α-phenylbenzyl)piperidine (1.1 gm) was added, and heating was continued for an additional 48 hours. Upon cooling the mixture to room temperature, water was added and the pH of the solution was adjusted to ca. 12 by addition of aqueous sodium hydroxide. The mixture was extracted with ethyl acetate. The ethyl acetate solution was washed with saturated aqueous sodium bicarbonate and brine and dried over sodium sulfate. The ethyl acetate was removed on a rotary evaporator and the residue was treated with 25% ethyl acetate in hexane. The resulting precipitate was filtered and air dried to give methyl 4-[1-oxo-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate. This intermediate precipitate (2.4

gm) was combined with tetrahydrofuran (10 ml) and (+)-ß-chlorodiisopinocamphenylborane (4.5 gm) and stirred for 48 hours. Methanol (10 ml) and sodium bicarbonate (1.5 gm) were added to the reaction solution, and the mixture was stirred for 12 hours. The mixture was diluted with ethyl acetate (200 ml) and washed with saturated aqueous sodium bicarbonate to give methyl R-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate.

B. R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid [R-(+)-terfenadine carboxylate].

Methyl R-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate (1.2 gm) was combined with potassium hydroxide (0.4 gm) and ethanol (5 ml), and the mixture was heated to reflux for 7 hours. The ethanol was removed on a rotary evaporator and the residue was dissolved in water (2 ml). The aqueous solution was acidifed with glacial acetic acid to provide a solid which was recrystallized from 1:1 methanol/ethyl acetate to give R-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid (R-terfenadine carboxylate) (mp=213-215°C).

C. Preparation of methyl S-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate.

4-(α-hydroxy-α-phenylbenzyl)piperidine (4.3 gm) was combined with methyl p-(4-chloro-1-oxobutyl)-α,α-dimethylbenzene-acetate (4.5 gm), potassium bicarbonate (2.9 gm), potassium iodide (ca. 50 mg), and methyl isobutyl ketone (50 ml) and heated to reflux for 48 hours. Additional 4-(α-hydroxy-α-phenylbenzyl)piperidine (1.1 gm) was added, and heating was continued for an additional 48 hours. Upon cooling the mixture to room temperature, water was added and the pH of the solution was adjusted to ca. 12 by addition of aqueous sodium hydroxide. The mixture was extracted with ethyl acetate. The ethyl acetate solution was washed with saturated aqueous sodium bicarbonate and brine and dried over sodium sulfate. The ethyl acetate was removed on a rotary evaporator and the residue was treated with 25% ethyl acetate in hexane. The resulting precipitate was filtered and air dried to give methyl 4-[1-oxo-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate. This intermediate precipitate (2.4 gm) was combined with tetrahydrofuran (10 ml) and (-)-ß-chlorodiisopinocamphenylborane (4.5 gm) and stirred for 48 hours. Methanol (10 ml) and sodium bicarbonate (1.5 gm) were added to the reaction solution and the mixture was stirred for 12 hours. The mixture was diluted with ethyl acetate (200 ml)

and washed with saturated aqueous sodium bicarbonate to give methyl S-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate. If the aforementioned intermediate precipitate were to be reacted with racemic β-chlorodiisopinocamphenylborane, then a racemic mixture of methyl 4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate would be produced.

D. S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid [S-(-)-terfenadine carboxylate].

Methyl S-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetate (1.2 gm) was combined with potassium hydroxide (0.4 gm) and ethanol (5 ml) and the mixture was heated to reflux for 7 hours. The ethanol was removed on a rotary evaporator and the residue was dissolved in water (2 ml). The aqueous solution was acidifed with glacial acetic acid to provide a solid which was recrystallized from 1:1 methanol/ethyl acetate to give S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid (S-terfenadine carboxylate) (mp=215-218°C).

4.2. Example 2

Activities of the compounds of the invention at the histamine H_1-receptor were assessed using the [^{3}H]pyrilamine binding assay as described in Chang et al., J. Neurochem. 32: 1653-1663 (1979). Briefly, membranes from bovine cerebellum were incubated with [^{3}H]pyrilamine and varying concentrations of test compound. The reactions were carried out in 50 mM sodium phosphate buffer (pH 7.5) at 25° C for 30 minutes. The reaction was terminated by rapid vacuum filtration onto glass fiber filters. Radioactivity trapped on the filters was determined and compared to control values to acertain the interaction of the test compound with the H_1-receptor. Results were as follows:

Compound	Percent Inhibition (at various concentrations)		
	10^{-9} M	10^{-7} M	10^{-5} M
R,S-terfenadine	11.0	28.7	86.9
R-(+)-terfenadine	11.4	19.4	90.3
R-(+)-terfenadine carboxylate	12.4	45.2	87.3
S-(-)-terfenadine	3.2	24.4	92.8
S-(-)-terfenadine carboxylate	8.1	54.1	88.7

4.3. Example 3

Single ventricular myocytes were obtained from isolated cat hearts by conventional techniques. The rod-shaped single cells were maintained in a HEPES buffer and they were "patch clamped" using suction pipettes. A Patch-Clamp L/M-PEC 7 amplifier was used to record current tracings and the recording electrodes were filled with a solution of potassium aspartate. Voltage clamp pulses and data acquisition were controlled by a Sperry PC/IT Computer running P Clamp software. A minimum of 4 cells were studied at each test concentration of the following drugs: racemic terfenadine, racemic terfenadine carboxylate, and quinidine (as a reference compound). Results were as follows:

	Conc (μM)	Block of the delayed rectifier potassium current (%)
Terfenadine	0.01	12 ± 9.3
	0.10	39.5 ± 9.8
	1.00	92.6 (92.5; 92.8)
Terfenadine carboxylate	0.01	0 ± 0
	0.10	0 ± 0
	1.00	0 ± 0

These results show that terfenadine carboxylate, surprisingly, is not liable to cause cardiac arrhythmia, at dose levels at which there is a distinct risk of such a side effect being caused by terfenadine itself.

4.4. Example 4

Oral Formulation - Capsules:

Formula	Quantity per capsule in mg.		
	A	B	C
Active ingredient (S)Terfenadine carboxylate	30.0	60.0	90.0
Starch 1500	69.0	39.0	9.0
Magnesium S[illegible] BP	1.0	1.0	1.0
Compression Weight	100.0	100.0	100.0

The active ingredient, which can instead be (R)terfenadine carboxylate or racemic terfenadine carboxylate, is sieved and blended with the excipients. The mixture is filled into suitably sized two-piece hard gelatin capsules using suitable machinery. Other doses may be prepared by altering the fill weight and if necessary, changing the capsule size to suit.

4.5. Example 5

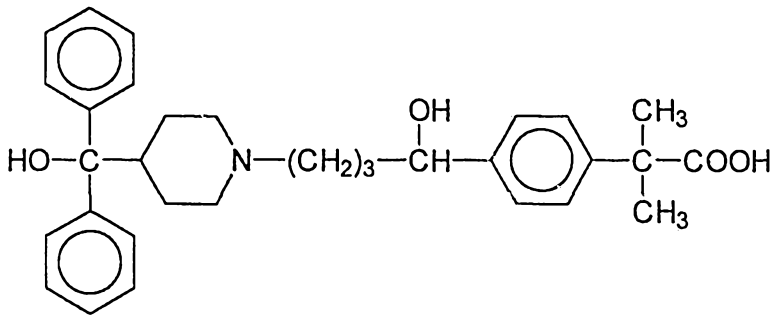
Oral Formulation - Tablets:

Formula	Quantity per Tablet in mg.		
	A	B	C
Active ingredient, (R)Terfenadine Carboxylate	30.0	60.0	90.0
Lactose BP	123.5	93.5	63.5
Starch BP	30.0	30.0	30.0
Pregelatinized Maize Starch BP	15.0	15.0	15.0
Magnesium stearate	1.5	1.5	1.5
Compression Weight	200.0	200.0	200.0

The active ingredient, which can instead be (S)terfenadine carboxylate or racemic terfenadine carboxylate, is sieved through a suitable sieve and blended with the lactose until a uniform blend is formed. Suitable volumes of water are added and the powders are granulated. After drying, the granules are then screened and blended with the magnesium stearate. The resulting granules are then compressed into tablets of desired shape. Tablets of other strengths may be prepared by altering the ratio of active ingredient to the excipient(s) or the compression weight.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. A method of treating allergic rhinitis in a human which does not induce any significant cardiac arrhythmia, including administering to the human therapeutically effective amount of compound of formula I



or a pharmaceutically acceptable salt thereof.

2. A method as claimed in claim 1, wherein the compound of formula I is administered in an amount of 1-500mg/day.

3. A method as claimed in claim 2, wherein the compound of formula I is administered in an amount of 20-200mg/day.

4. A method as claimed in any one of the preceding claims, wherein the compound of formula I is administered in admixture with a pharmaceutically acceptable carrier or excipient.

5. A method as claimed in any one of the preceding claims, further including administering a therapeutically effective amount of a non-steroidal anti-inflammatory agent or a non-narcotic analgesic.

6. A method as claimed in claim 5, including administering from 20mg to 200mg of a compound of formula I and from 25mg to 600mg of the anti-inflammatory agent or analgesic.

AUSTRALIAN PATENT OFFICE

7. A method as claimed in any one of the preceding claims, further including administering a therapeutically effective amount of a decongestant.

8. A method as claimed in claim 7, including administering from 20mg to 200mg of a compound of formula I and from 5mg to 150mg of a decongestant.

9. A method as claimed in any one of the preceding claims wherein the compound for formula I is administered as a racemic mixture.

10. A method as claimed in any one of claims 1 to 7, wherein the compound of formula I is in the form of a single optical isomer and the composition is substantially free of the other such isomer.

11. A method as claimed in claim 10, wherein the compound of formula I is S-(-)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]-α,α-dimethylbenzeneacetic acid.

12. A method as claimed in claim 11, wherein the compound of formula I comprises 90% or more, by weight, S-stereoisomer.

13. A method as claimed in claim 10, wherein the compound of formula 1 is R-(+)-4-[1-hydroxy-4-(4-hydroxydiphenylmethyl-1-piperidinyl)butyl]- α,α-dimethylbenzeneacetic acid.

14. A method as claimed in claim 13, wherein the compound of formula I comprises 90% or more, by weight, R-stereoisomer.

15. ~~An oral solid pharmaceutical composition for use in the treatment of~~ allergic rhinitis in a human ~~without inducing~~ significant cardiac arrhythmia ~~compound of formula I including at least 60 mg of~~

AUSTRALIAN PATENT OFFICE

15. A method of treating allergic rhinitis in a human which does not induce any significant cardiac arrhythmia, including administering to a human a therapeutically effective amount of a compound substantially as described herein with reference to any one of the examples.

DATED: 15 November, 1996

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SEPRACOR INC. and GEORGETOWN UNIVERSITY

AUSTRALIAN PATENT OFFICE

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 93/07260

A. CLASSIFICATION OF SUBJECT MATTER
IPC 5 A61K31/445

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)
IPC 5 A61K

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)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	FR,A,2 453 854 (RICHARDSON-MERRELL, INC.) 7 November 1980 see the whole document ---	1-22
X	PHARM.RES. vol. 7, no. SUPP , September 1990 page S222 K.Y.CHAN ET AL. 'LACK OF INTERCONVERSION OF THE ENANTIOMERS OF TERFENADINE IN VIVO...' see abstract --- -/--	1-22

[X] Further documents are listed in the continuation of box C.

[X] Patent family members are listed in annex.

* 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 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 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 novel or 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

1

Date of the actual completion of the international search	Date of mailing of the international search report
27 October 1993	

Name and mailing address of the ISA	Authorized officer
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	THEUNS, H

Form PCT/ISA/210 (second sheet) (July 1992)

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 93/07260

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	J.CHROMATOGRAPHY vol. 570, no. 1 , 18 September 1991 pages 139 - 148 J.E.COUTANT ET AL. 'DETERMINATION OF TERFENADINE AND TERFENADINE ACID METABOLITE...' * INTRODUCTION *	1-22
X	J.CHROMATOGRAPHY vol. 571, no. 1-2 , 1991 pages 291 - 297 K.Y.CHAN ET AL. 'DIRECT ENANTIOMERIC SEPARATION...' see abstract	1-22
X	CHIRALITY vol. 3, no. 6 , 1991 pages 467 - 470 K.ZAMANI ET AL. 'ENANTIOMERIC ANALYSIS OF TERFENADINE IN RAT PLASMA BY HPLC' see the whole document	1-22
X	YAKURI TO CHIRYO vol. 16, no. 6 , 1988 pages 2465 - 2480 K.TASAKA ET AL. 'ANTIALLERGIC EFFECTS OF TERFENADINE...' * SUMMARY *	1-22
X	ARZNEIM.-FORSCH./DRUG RES. vol. 32(II), no. 9A , 1982 pages 1185 - 1190 D.A.GARTEIZ ET AL. 'PHARMACOKINETICS AND BIOTRANSFORMATION STUDIES OF TERFENADINE IN MAN' * SUMMARY; PAGE 1190, RIGHT COLUMN *	1-22
X,P	JAMA vol. 269, no. 12 , 24 March 1993 pages 1532 - 1536 R.L.WOOSLEY 'MECHANISM OF THE CARDIOTOXIC ACTIONS OF TERFENADINE' see the whole document & pages 1550 - 1552	1-22
X	J.PHARM.BIOMED.ANAL. vol. 9 , 1991 pages 929 - 933 T.-M.CHEN ET AL. 'DETERMINATION OF THE METABOLITES OF TERFENADINE...' see abstract	1-22

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Form PCT/ISA/210 (continuation of second sheet) (July 1992)

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 93/07260

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X,P	CLIN.PHARMACOL.THER. vol. 52, no. 3 , September 1992 pages 231 - 238 P.K.HONIG ET AL. 'CHANGES IN THE PHARMACOKINETICS...' see the whole document	1-22
X	ANN.ALLERGY vol. 56, no. 6 , June 1986 pages 464 - 466 K.TASAKA ET AL. 'INTRACELLULAR CALCIUM...' see page 466	1-22
X	IMMUNOPHARMACOL.IMMUNOTOXICOL. vol. 9, no. 2-3 , 1987 pages 259 - 279 M.AKAGI ET AL. 'ANTIALLERGIC EFFECTS OF TERFENADINE...' see the whole document	1-22
X	PHARMACEUTISCH WEEKBLAD vol. 125, no. 2 , 1 June 1990 pages 552 - 554 E.J.ARIENS 'RACEMISCHE THERAPEUTICA PROBLEEMMIDDELEN' see the whole document	11-22
X	CHIRALITY vol. 2 , 1990 pages 129 - 133 B.TESTA ET AL. 'RACEMATES VERSUS ENANTIOMERS IN DRUG DEVELOPMENT: DOGMATISM OR PRAGMATISM?' see the whole document	11-22
X	EUR.J.CLIN.PHARMACOL. vol. 41, no. 2 , 1991 pages 89 - 93 E.J.ARIENS 'RACEMIC THERAPEUTICS - ETHICAL AND REGULATORY ASPECTS' see the whole document	11-22
X	SCHWEIZ.MED.WOCHENSCHR. vol. 120, no. 5 , 3 February 1990 pages 131 - 134 E.J.ARIENS 'STEREOSELECTIVITY IN PHARMACODYNAMICS AND PHARMACOKINETICS' see the whole document	11-22

1

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US93/07260

Box I Observations where certain claims were found unsearchable (Continuation of item 1 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. [X] Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:
REMARK: Although claims 17-19 are directed to a method of treatment of the human/animal body the search has been based on the alleged effects of the compounds/compositions (Rule 39.1(IV) PCT)

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 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 searches 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.:

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

International application No.
PCT/US 93/07260

Patent document cited in search report	Publication date	Patent family member(s)		Publication date
FR-A-2453854	07-11-80	US-A-	4254129	03-03-81
		AT-B-	376208	25-10-84
		AU-B-	531146	11-08-83
		AU-A-	5501680	16-10-80
		BE-A-	882703	31-07-80
		CA-A-	1123438	11-05-82
		CH-A-	643245	30-05-84
		DE-A,C	3007498	23-10-80
		GB-A,B	2048258	10-12-80
		JP-B-	1032823	10-07-89
		JP-C-	1555761	23-04-90
		JP-A-	55141469	05-11-80
		NL-A-	8000754	14-10-80
		SE-B-	448726	16-03-87
		SE-A-	8002634	11-10-80
		US-A-	4285957	25-08-81