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INJECTABLE AQUEOUS DISPERSIONS OF PROPOFOL

This invention relates to compositions of propofol (2,6-diisopropylphenol) which have a low lipid content and which can be terminally steam sterilized. These formulations can be used as anesthetic agents in which the potential for microbial growth is either very low or eliminated. The low lipid content of these formulations provides for a low or non-existent risk of incidence of hyperlipidemia. In addition these formulations cause little or no irritation around the site of injection.

BACKGROUND

Prior Art

Propofol formulations have been used as anesthetic agents. Compositions of propofol and their clinical usage have been described in the scientific literature. In a series of patents Glen and James describe compositions containing propofol suitable for parenteral administration to produce anesthesia in warm-blooded animals as described in US Patent 4,056,635 (1977); US Patent 4,452,817 (1984); and US Patent 4,798,846 (1989).

The compositions described by Glen and James in US Patent 4,056.635 and 4,452.817 are mixtures of propofol with surfactants such as Cremophor-RH40 or Cremophor-EL or Tween-80, in aqueous medium that may also contain ethanol or other pharmaceutically acceptable ingredients.

In a continuation of patent US 4,452,817 Glen and James describe propofol compositions containing 1% to 2% propofol either alone or dissolved in oil such as

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arachis oil or ethyl oleate (US Patent 4,798,846). These formulations were claimed to be stabilized with sufficient amount of surfactants selected from polyoxyethylene laurate, stearate, or oleate, a condensation product of ethylene oxide with castor oil, a polyoxyethylene cetyl, lauryl, stearyl or oleyl ether, a polyoxyethylene sorbitan monolaurate, monopalmitate, monostearate, or monooleate, a polyoxyethylene-polyoxypropylene block copolymer, a lecithin and a sorbitan monolaurate, monopalmitate, monostearate, or monooleate.

Based on the above patents a propofol preparation for clinical use (PDR 1996) has been commercially available (Diprivan ® 1% Injection) which contains propofol dissolved in soybean oil and is stabilized with egg lecithin. Each milliliter of this formulation consists of 10 mg/mL of propofol, 100 mg/mL of soybean oil, 22.5 mg/mL of glycerol, 12mg/mL of egg lecithin, sodium hydroxide to adjust pH within 7 to 8.5 and sufficient quantity of water. Although clinically useful, this formulation requires the use of strict aseptic techniques during its handling due to the absence of antimicrobial preservatives and concomitant potential of microorganism growth. Indeed, many incidences of serious infection in human subjects have been linked to the use of the commercially available propofol formulation, Diprivan® (Nichols *et al.* (1995), Tessler *et al.* (1992), Ardulno *et al* (1991), Sosis and Braverman (1993), Sosis *et al* (1995), Crowther *et al.* (1996)).

In order to minimize the chances of infection arising from the handling of the formulations of propofol during intravenous administration Jones and Platt have recently introduced a new propofol formulation, essentially based on the earlier composition with the added component of an antimicrobial preservative This product is described by US patents 5,714,520, 5,731,355; and 5,731,356. The antimicrobial preservative that is added

to the new formulation is disodium edetate. In US patent #5,714,520 it is claimed that addition of an amount of edetate limits bacterial growth to no more than a 10-fold increase as determined by the growth of each of *Staphylococcus aureus* ATCC 6538, *Escherichia coli* ATCC 8739, *Pseudomonas aeruginosa* ATCC 9027 and *Candida albicans* ATCC 10231 for at least 24 hours as measured by a test wherein a washed suspension of each said organism is added to a separate aliquot of said composition at approximately 50 colony forming units (CFU) per mL, at a temperature in the range 20-25°C, whereafter said aliquots are incubated at 20-25°C and are tested for viable counts of said organism after 24 hours, said amount of edetate being no more than 0.1% by weight of said composition.

However, regardless of the presence of edetate as a preservative against growth of microorganisms, the product under US patent 5,714,520 (Diprivan®) is not considered an antimicrobially preserved product under USP standards by some authors, for instance, Sklar (1997). While in the quantity that is present, edetate may be effective against the growth of some types of organisms that are claimed in the said patent, it may not be so effective against a variety of other organisms that may be prevalent in the clinical situations where propofol is administered such as for example, *C. albicans* ATCC 10231 as noted in patent 5,714,520. Indeed, it was noted in patent 5,714,520 that the formulated propofol was not bactericidal against *C. albicans* ATCC 10231 where an approximately 10-fold growth in the inoculum concentration was observed after 48 hours. This result points to the possibility of ineffectiveness of edetate as a preservative against growth of microorganisms in Diprivan® formulation if challenged by other organisms than those cited above or by a higher load of organisms exceeding 100 CFU/mL. Indeed the addition of edetate to the formulation provides little in the way of real improvement. This "improved" formulation continues to be inferior, with respect to antibacterial effectiveness, to the invention described in the Haynes patent (US 5,637625, see below)

The formulation based on patents US 5,714,520; US 5,731,355; and US 5,731,356 still consists of a high amount of soybean oil (10%) that has been implicated in causing hyperlipidemia in some patients. Apart from the addition of edetate, this formulation is essentially the same as the previously commercialized Diprivan® formulation. In fact it has the same incidence of adverse effects as the previous product as evidenced by the quoted incidence rates for these symptoms in the current PDR, 1999.

Problems in the Clinical Use of Commercial Propofol Formulations

Many authors have reviewed the clinical usage of propofol formulations. For instance, Smith *et al.* (1994) describe that propofol injection has been used for producing and maintenance of ambulatory anesthesia, neurosurgical and pediatric anesthesia, for monitored anesthesia care, for intensive care sedation, and other clinical situations. Pain after injection of commercial formulations of propofol has been reported to occur in 28-90% of patients e.g., see reports by Mirakhur (1988), Stark *et al.* (1985), Mangar and Holak (1992). Even with low dose propofol administered for sedation, the incidence of pain can be 33-50%. (White and Negus, 1991; Ghouri *et al.* 1994). The mechanism responsible for the venous pain on propofol administration is unknown. The original excipient, Cremophor EL, of the earlier propofol preparation was initially thought to be the causative agent. However, there was no measurable reduction in pain after the change from the Cremophor EL based propofol formulation to the marketed soybean oil and lecithin based formulation (*e.g.*, see Mirakhur (1988), Stark *et al.* (1985), Mangar and Holak (1992). White and Negus, 1991; Ghouri *et al.* 1994). It is believed that the pain is a function of the drug itself, rather than the formulation (Smith *et al.* (1994)).

To decrease the propensity of pain on injection of propofol formulations, Babl *et al.* (1995) have reported the use of 1% and 2% propofol preparations with a mixture of medium-chain triglyceride (MCT) and long-chain triglyceride (LCT) in the dispersed oil phase. Similarly, Doenicke *et al.* (1996, 1997) have demonstrated in human volunteers that use of MCT in the propofol formulation resulted in fewer incidence of severe or moderate pain on injection (9%) compared to that after injection of commercial formulation (59%). These authors have attributed the lower incidence of pain as result of a lower aqueous phase concentration of free propofol that was achieved by increasing the oil concentration in the formulation.

Although increasing the amount of oil may aid in lowering the aqueous propofol concentration and thereby reducing pain on injection, the oil level of as high as 20% used by these authors (Babl et al. 1995, and Doenicke *et al.* 1996, and 1997) is likely to further compromise patients requiring prolonged administration of propofol in intensive care units, potentially leading to hyperlipidemia.

While pain on injection may or may not be related to the injection-site tissue-irritation or the thrombogenicity of the administered formulation, these adverse reactions are still prevalent and symptoms continue to be reported in the clinical use of propofol. For instance, in the case of Diprivan®, these symptoms span the range of thrombosis and phlebitis and include up to 17.6% incidences of burning/stinging or pain (PDR 1999, p. 3416).

Clearly the need still exists for a clinically acceptable propofol formulation that can satisfy the three most often cited shortcomings of currently marketed and previous experimental formulations; *viz* ,

- growth of microorganisms,
- excessive lipid content, and
- irritation at the site of injection and/or pain on injection.

Alternative propofol formulations, that addressed some of the above-mentioned clinical problems associated with the commercial (Diprivan®) or experimental (*e.g.*, those described by Babl et al. 1995, and Doenicke *et al.* 1996, and 1997) propofol injectable products, have been taught by Haynes in the US patent 5,637,625. For instance, Haynes has recognized two problems associated with the use of large quantities of vegetable oil in a commercial formulation consisting of 1% propofol and 10% soybean oil:

(1) hyperlipidemia in patients undergoing long-term sedation in the intensive care unit (ICU), and

(2) the risk of bacterial contamination secondary to the high lipid content and lack of antimicrobial preservatives.

Haynes described the formulations of phospholipid coated microdroplets of propofol devoid of fats and triglycerides that provide anesthesia and chronic sedation over extended periods of time without fat overload. Prior to Haynes' teachings no oil based propofol formulations were claimed that contained less than 10% (w/w) oil vehicle. Haynes claimed that these microdroplet formulations are bactericidal (e.g. self-sterilizing) because of being free of the material that may support bacterial growth, and thus having extended shelf life.

Considering the observations cited in the clinical literature of propofol, particularly those mentioned above, it appears that Haynes has been able to address two

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of the three shortcomings, however, there is still a need for a sterile propofol preparation that can be administered as a bolus intravenous injection or could be given as an infusion, *e.g.*, in the ICU and that possesses particularly all of the following characteristics:

- does not have excessive amount of oils or triglyceride in order to reduce the propensity of a patient to fall victim to hyperlipidemia,

- has sufficient bactericidal or bacteriostatic property so as to provide enhanced patient safety and extended shelf life during use in a clinical setting, and

- causes little or no tissue-irritation at the site of injection.

DESCRIPTION OF THE INVENTION

Summary of the Invention

Surprisingly it was found that certain propofol compositions, prepared as an injectable aqueous dispersion of a water-insoluble matrix consisting of propofol and propofol-soluble agents, were capable of substantially limiting or inhibiting the growth of certain microorganisms and did not display the incidence of irritation at the injection site as evidenced by the *in-vivo* experiments.

It was yet another surprising finding that the property of inhibition of microorganism growth in this formulation did not require the addition of any antimicrobial preservative agents.

Even more surprising was the fact that the said aqueous dispersion of propofol could be prepared as a terminally steam sterilizable and stable product containing various

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polyhydroxy compounds in its aqueous phase. These polyhydroxy compounds are commonly used in intravenous infusion. It was found that propofol formulations made with the polyhydroxy compounds provided compositions of relatively higher viscosity.

It is also believed that owing to the reduced lipid content, these novel formulations would be much less prone to cause hyperlipidemia in human subjects administered IV formulations of this invention. Additionally, mixtures of LCT and MCT are known to undergo faster metabolic clearance and therefore there use in the propofol formulations of this invention may be clinically advantageous (Cairns *et al.*, 1996; Sandstrom *et al.*, 1995). Accordingly, mixtures of LCT and MCT are one preferred embodiment of the present invention.

Furthermore, the feasibility of formulating very high potency propofol compositions, containing for example 10% w/w propofol, is demonstrated in this invention.

Composition

The novel compositions described in this invention consist of a nanometer to micrometer size water-insoluble matrix containing up to about 15%, or preferably up to 10%, propofol dispersed in an aqueous phase, comprised as follows:

The water-insoluble matrix consists of the anesthetic propofol with lipophilic agents dissolved to adjust the level of anti-microbial activity and the degree of local reaction on injection. Examples of such lipophilic agents include but are not limited to either one or more selected from saturated or unsaturated fatty acid esters such as isopropyl myristate, cholesteryl oleate, ethyl oleate, squalene, squalane, alpha-tocopherol

and/or derivatives of alpha-tocopherol, esters or triglycerides of either medium chain and/or long chain fatty acids of synthetic or natural origin. The natural triglycerides can be selected particularly from the vegetable or animal sources, e.g., pharmaceutically acceptable vegetable oils or fish oils. The latter are also known as omega-3 polyunsaturated oils. The lipophilic agents may also be considered propofol-soluble agents or diluents.

At the surface of the water-insoluble matrix are amphiphilic agents that stabilize the dispersion and are of possible importance in affecting the degree of local reaction on injection. Examples of such amphiphilic agents include charged or uncharged phospholipids of natural sources, *e.g.*, egg or soy lecithin, or hydrogenated lecithin (*e.g.*, phospholipon-90H or phospholipon-100H from Nattermann), or synthetic phospholipids such as phosphatidylcholines or phosphatidylglycerols, pharmaceutically acceptable non-ionic surfactants such as poloxamers (pluronic series of surfactants), poloxamines (tetronic series of surfactants), polyoxyethylene sorbitan esters (*e.g.*, Tween® series of surfactants), cholesterol, or other surface modifiers commonly used in pharmaceutical products, or combinations of these surface modifiers.

The aqueous phase consists substantially of a mixture of pharmaceutically acceptable polyhydroxy tonicity modifiers such as those commonly used in intravenous infusions, for example sucrose, dextrose, trehalose, mannitol, lactose, glycerol, etc. Preferably, the polyhydroxy compounds are in a quantity sufficient to render the final composition isotonic with blood or suitable for intravenous injection. In case the amount of these polyhydroxy compounds in the formulation is selected such that it is not isotonic with blood, it can be diluted with suitable diluent prior to injection to adjust the tonicity. The aqueous phase may additionally contain some amount of pH adjusting agents such as sodium hydroxide and/or pharmaceutically acceptable acids and/or related salts thereof.

Preferably, the pH is adjusted to be between about 9 to about 4, and more preferably between about 8 to 5. Pharmaceutically acceptable buffer systems may be utilised.

The compositions of the invention may optionally contain other pharmaceutically acceptable agents, for example other antimicrobial agents, local or long acting anesthetics, chelating agents or antioxidants. Examples of which include but are not limited to parabens or sulfite or edetate, lidocaine, or metabisulfite.

Preferably, the compositions of the invention are selected so as to be stable to terminal sterilization under pharmaceutically acceptable conditions.

It was found that propofol formulations made with the polyhydroxy compounds provided compositions of relatively high viscosity. The viscosity of these preparations is from about 1.5 to 8 centipoises and more preferrably from about 4 to 6 centipoises. While not adhering to any particular theory, it is believed that such high viscosities may be partly responsible for minimizing the tissue-irritating effect of the formulation.

METHOD

Propofol is a liquid that is very poorly soluble in water. To manufacture stable injectable propofol formulations with the desired anti-microbial properties, low lipid content and low injection site reactivity and with little or no phase separation of the propofol during mixing or storage, it was found necessary to not only select an appropriate composition of the formulation but also use appropriate processing conditions. Examples of suitable processing conditions are those which provide intense mechanical agitation or high sheer, see for example the procedures described by Haynes (US patent 5,637,625). The formulation is conveniently prepared by the initial preparation of a lipophilic phase and an aqueous phase which are then mixed, however those skilled in the art will appreciate that alternate approaches may be suitable and will

readily be able to determine such approaches. For example, the unit processes as described briefly in the following paragraphs have proven suitable.

Premix Preparation

Propofol, other lipophilic agents, and ampiphilic agents were mixed to prepare the lipophilic phase. The dissolution process was accelerated by heating the mixture while mixing with a high-speed homogenizer. The aqueous phase was usually a mixture of polyhydroxy compounds in water and in some cases also contained well-dispersed phospholipid prepared using a high-speed homogenizer. The premix was prepared by adding the lipophilic phase to the aqueous phase under agitation with a high-speed homogenizer and the pH adjusted. All these operations were performed under a generally inert atmosphere, for example a nitrogen blanket, and the temperature was controlled to minimize oxidation.

Homogenization

The dispersions of the water insoluble matrix in aqueous medium were prepared by either of several homogenization methods. For example, dispersions were prepared by high pressure homogenization of the premix *e.g.*, by utilizing a Rannie MINI-LAB, type 8.30H Homogenizer, APV Homogenizer Division, St. Paul, MN. Alternatively, the dispersions were made by microfluidization of the premix with a Microfluidizer M110EH (Microfluidics, Newton, MA). The temperature of the process-fluid rises rapidly because of homogenization at a high pressure. In some cases high-pressure homogenization at high temperatures (homogenizer inlet temperature above about 30°C) resulted in a dispersion with a tendency to suffer from phase separation. Therefore, the effluent of the homogenizer was cooled to maintain an acceptable temperature at the inlet of the homogenizer.

Packaging and Sterilization

The aqueous dispersion prepared by one of the above processes was filled into glass vials to about 70-90% volume capacity, purged with a generally inert atmosphere, for example nitrogen, and sealed with compatible stoppers and seals. The packaged novel propofol formulations were found generally to be stable pharmaceutically acceptable steam sterilization cycles.

Rat Tail Vein Irritation Experiments

The propofol formulations prepared using the method described above were tested for their ability to cause irritation to the venous tissues by intravenous injection to rats. Female Sprague-Dawley rats, approximately 11 to 12 weeks of age were purchased from Charles River, St. Constant, PQ. Following an acclimation period, rats that appeared healthy, and weighing between 200 and 250 grams, were used.

The formulation to be tested was administered as a single daily bolus injection for 2 days, *i.e.*, on Day 1 and Day 2. The injections were made over a period of approximately 30 seconds, in the caudal vein at a site located approximately 5 cm from the distal end of the tail. The propofol dose of 12.5 mg/kg was given on the basis of body weights determined on Day 1. Rats were observed daily on study Day 1 through Day 3 as follows.

I. *General Observation*

The animals were checked for general health/mortality and morbidity once daily for three consecutive days. Detailed clinical observations were recorded daily. The animals were observed for overt toxic effects following the intravenous dosing

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II. *Tail vein irritation:*

The circumference of the rat's tail was measured at approximately 2.5 inches proximal to the animal's body prior to the administration of the test formulation. This measurement served as baseline value for assessing possible swelling of the tail upon intravenous administration of the formulation. On each study day, the treatment site was carefully examined to detect any reactions and the rat's tail circumference measured. Changes in the rat's tail circumference were evaluated by comparing Day 2 and Day 3 measurement to the baseline value obtained before administering the test articles.

Pharmacodynamic Indicators

Each rat of the above experiment was observed during and after the injection. The time required for loss of consciousness (induction time) was recorded. The time to recover (righting response time), indicated by spontaneous attempts to stand up on four feet was also measured. The duration of anesthesia was measured as the difference between the time when righting response occurred minus the time when consciousness was lost.

Hemolysis potential

In-vitro evaluation of the hemolytic influence of the preparations of this invention on human whole-blood was determined as a further guide to selecting formulations with a low tendancy to produce irritation around the site of injection. The hemolytic potential of the formulation on blood was evaluated by the assay of erythrocyte cytoplasmic marker enzyme, lactate dehydrogenase (LDH). Measurement of erythrocyte cytoplasmic marker

enzyme, LDH, which escapes from the leaky or ruptured erythrocytes into the plasma compartment of the blood, is one of the commonly used quantitative assays described in literature for evaluation of hemolytic potential of injectable formulations (Stenz and Bauer, 1996). The blood was obtained from male or female Caucasian human volunteers of 18 to 65 years age and stabilized with sodium heparin. The test formulation was mixed with an equal volume of human whole blood and incubated at 37°C for about 1 hour. The mixture was then held at ambient temperature for 30 min. followed by centrifugation at 1500 rpm for 10 min. The level of LDH in the supernatant was determined by a standard procedure known to the scientists skilled in this art. As a guide for the present study, a preferred upper limit of acceptability was determined by measuring the LDH levels resulting from applying the hemolysis potential methodology to amiodarone hydrochloride, a compound known to result in vein irritation upon venous injection in clinical settings (PDR 1999, p. 3289). Amiodarone hydrochloride IV solution, tested at 50 mg/mL and after dilution with 5% aqueous dextrose to 1.8 mg/mL as instructed in the product monograph, resulted in LDH values of 8190 IU/L and 673 IU/L respectively.

Inhibition of Microorganisms

The formulations described in the present inventions were tested for their ability to inhibit the growth of microorganisms that are potential source of most likely infections in the clinical situation. Growth of *Staphylococcus aureus* (ATCC 6538), *Escherichia coli* (ATCC 8739 and ATCC 8454), *Pseudomonas aeruginosa* (ATCC 9027), *Candida albicans* (ATCC 10231), and *Aspergillus niger* (ATCC 16403) was measured by a test wherein a washed suspension of each said organism is added to a separate aliquot of a formulation at approximately 1000 colony forming units (CFU) per mL, at a temperature in the range 20-25°C The inoculated mixtures are incubated at 20-25°C The viability of

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the microorganisms in the inoculated formulation is determined by counting the colonies of said organism after 24 and 48 hours, 7 days and other suitable length of time.

EXAMPLES

Examples of various formulations including those according to the invention are briefly summarized in the following examples. The *in-vivo* or *in-vitro* behavior of some specific compositions are also presented in these examples.

Unless otherwise specified, all parts and percentages reported herein are weight per unit weight (w/w), in which the weight in the denominator represents the total weight of the formulation. Diameters of dimensions are given in millimeters (mm = 10^{-3} meters), micrometers (μm = 10^{-6} meters), or nanometers (nm = 10^{-9} meters). Volumes are given in liters (L), milliliters (mL = 10^{-3} L) and microliters (μL = 10^{-6}L). Dilutions are by volume. All temperatures are reported in degrees Celsius. The compositions of the invention can comprise, consist essentially of or consist of the materials set forth and the process or method can comprise, consist essentially of or consist of the steps set forth with such materials.

The invention is further explained with reference to the following preferred embodiments and the undesirable compositions are also noted. The general procedure used for the examples have been mentioned above; exceptions are noted. The formulations were prepared by the method mentioned above. The raw materials used to prepare the formulations of this invention are summarized below:

Raw Material	Symbol	Source
1,2-Dimristoyl-sn-Glycero-3-Phosphocholine	DMPC	Avanti Polar Lipids Inc., Alabaster, AL, US
1,2-Dimristoyl-sn-Glycero-3-[Phospho-rac-(1-glycerol))	DMPG	Avanti Polar Lipids Inc., Alabaster, AL, US
Ethyl Oleate, NF	EO	Croda Leek Ltd, Staffordshire, UK
Glycerin, USP-FCC	GLY	J T. Baker, Philipsburg, NJ, US
Lipoid E80 (egg lecithin)	E80	Lipoid GmBH, Ludwigshafen
Lipoid EPC (egg phosphatidylcholine)	EPC	Lipoid GmBH, Ludwigshafen
Lipoid SPC (soy phosphatidylcholine)	SPC	Lipoid GmBH, Ludwigshafen
Lipoid SPC-3 (saturated soy phosphatidylcholine)	SSPC	Lipoid GmBH, Ludwigshafen
Mannitol, USP	MAN	J.T. Baker, Philipsburg, NJ, US
Miglyol 810	M810	Hüls America, Piscatway, NJ, US
Propofol	PRO	Albemarle Corporation, Baton Rouge, LA, US
Soybean oil, USP	SO	Spectrum, New Brunswick, NJ, US
(D+) Alpha, alpha-Trehalose	TRE	Pfanstiehl Laboratories Inc, Waukegan, IL, US

Example 1: Effect of increasing oil content of the formulation

Experiments of this example were performed to identify the formulation variables that are factors behind the desirable attributes.

Table I summarizes some examples of the propofol formulations and their attributes with increasing amount of oil The oil concentration of these formulations was increased by increasing the amount of ethyl oleate from 0.4% to 10%. Propofol

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concentration was kept at 1%. Amount of the phospholipid mixture (Lipoid E80 and DMPG) was adjusted with increasing amount of oil to obtain the formulations of good stability.

Rat-tail swelling, an indicator of the tissue-irritation propensity of the formulation (see above) was found to decrease with increasing amount of oil. Formulation #1.4-1.6 with 4-10% ethyl oleate appear to result in unnoticeable rat-tail swelling. This result parallels the reported finding (Babl et al. 1995, and Doenicke *et al* 1996, and 1997) that the use of higher amounts of oil in propofol preparations reduces the incidence of pain on injection possibly by a reduction of aqueous concentration of propofol. However, these authors have used a much higher amount (20%) of MCT and LCT mixture in their propofol formulations, and such formulations are expected to support the growth of microorganisms.

Table I: Effect of increasing oil content of the formulation

Formula-tion ID	Propofol (%, w/w)	Lipoid E80 (%, w/w)	DMPG (%, w/w)	Ethyl Oleate (%, w/w)	Viscosity, cP	Rat Tail Swelling, at 48hr, mm	LDH (IU/L)
1.1	1	0.8	0.15	0.4	0.97	1.39	10918
1.2	1	0.8	0.10	1.0	1.08	0.6	10970
1.3	1	0.8	0.10	2.0	1.06	0.2	10300
1.4	1	1.0	0.25	4.0	1.04	0	3150
1.5	1	1.0	0.25	8.0	1.25	0	1290
1.6	1	1.0	0.25	10.0	1.34	0	770

Hemolytic potential of the formulations of Table I was evaluated as mentioned above, by measuring LDH activity in a sample of human blood mixed with an equivalent

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amount of the formulation. The results summarized in Table I demonstrate that the hemolytic potential of the formulation decreases with increasing amount of ethyl oleate.

Although formulation #1.6 with 10% ethyl oleate may possess tolerable hemolytic and injection-site tissue-irritation potential, this formulation is far from satisfactory for the purpose of this invention as it contains a high amount of oil, i.e., ethyl oleate. The problems associated with currently marketed or experimental propofol formulations have been mentioned in the prior art. It has been recognized that a desirable propofol formulation for bolus intravenous injection or for infusion should possess all of the following characteristics simultaneously:

- the formulation does not have excessive amount of oils or triglyceride in order to reduce the propensity of a patient to fall victim to hyperlipidemia,

- the formulation causes little or no irritation at the site of injection, and

- has sufficient bactericidal or bacteriostatic property to provide enhanced patient safety and extended shelf life during use in a clinical setting.

Thus a better suited formulation will have an acceptable level of injection-site tissue-irritation potential but with much lower oil content than in the best formulation (#1.6) of this example Many such formulations that fulfill these criteria are described in the following examples.

Example 2: Rat-Tail Vein Irritation and Hemolytic Potential

In this example are shown a number of formulations that were prepared according to the procedure mentioned above and demonstrate acceptable injection-site tissue-irritation as assessed by the rat-tail vein swelling experiments (see above). These formulations are summarized in Table II. A non-existent irritation potential is displayed by zero increase in the tail circumference upon caudal vein intravenous administration to rats, *e.g.*, of formulation numbers 2.1 to 2.25.

Nevertheless, there were a number of compositions that caused an observable irritation of the tail vein, *e g.*, formulation numbers 2.26 to 2.29 as well as formulation 2.30 which is reproduced here as described by the Haynes patent (US patent 5,637,625).

In Example 1 it was observed that by increasing the amount of oil from 0.4% to 10% or greater in the formulation, the tissue-irritation potential could be decreased. However, Example 2 indicates that this simplistic notion is not without limitation since in some cases merely increasing the amount of oil in the propofol formulation does not result in a less irritating formula. For instance, in formulation 2.26 the oil level is increased to 6% of ethyl oleate and in 2.27 and 2.28 to 4% of Miglyol-810, but these formulations are still injection-site tissue-irritating, which is evident from the tail swelling values for these formulations.

While the formulations of 2.26-2.30 were irritating, it was surprising that many compositions containing oil level of only up to 4% were non-irritating. For instance, formulation 2.15, which contained as low as only 2% oil, was also a non-irritating preparation. This unexpected result indicates that the preferred compositions of these formulations are not self evident from traditional formulation approaches using linear factorial experimental design not able to reveal possible synergistic effects. Once having

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identified an acceptable range for the compositional elements of the formulations which demonstrate acceptable properties, the selection of preferred embodiments is a matter of routine determination using the approaches described above.

An inspection of the data in Table II leads to a surprising finding that many of the compositions which had an acceptable low LDH level while maintaining no evidence of injection-site tissue-irritation, also had either mannitol or trehalose in their aqueous phase. It was further surprising that the viscosity of many of these compositions was greater than 1.2 centipoise and in many cases even greater than 3 centipoise. A high viscosity of these formulations may possibly render them safer with respect to their hemolytic potential.

As established in Example 1 and again here in Example 2, merely increasing the oil level in formualtions did not result in decreasing the hemolytic potential, or irritatation to the tissues at the site of injection. It appears that below a certain amount of oil (*e.g.*, <10%) the causative factors for improving the hemolytic potential or tissue irritation is a combination of various factors that originate from the specific composition. Thus, the non-irritating formula that also have a low potential of hemolysis are characterized by various formulation components that provide the co-operative effects rendering the preferred formulations less irritating.

Example 3: Inhibition of Microorganisms

Whether the formulations demonstrated the absence of thrombogenic irritation in rats or caused such irritation, all were examined for the microbicidal or microbistatic effectiveness as mentioned above.of which some relevant results are summarized in Table III. Also presented in Table III are the microbicidal effectiveness test results for Diprivan® as a comparison.

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There are many compositions that were found to inhibit the growth of microorganisms. Inhibition of microbial growth was determined by a reduction or maintenance in the number of colonies of the inoculated microorganisms. As examples, formulation numbers 2.1, 2.3, and 2.4 of Table II display all the required properties in concert; reduction in irritation potential (no swelling of the rat-tail vein), acceptable hemolytic potential (low LDH values) as well as inhibition of growth of the tested microorganisms (see Table III).

Table II: Compositions of some propofol formulations, rat tail vein irritation by these formulations and the hemolytic potential as measured by the lactate dehydrogenase (LDH) levels on incubating with human blood.

Formulation Number	Propofol	Phospholipids							Oil			Tonifier		Attributes		
		E80	EPL	EPC	SPC	SSPC	DMPC	DMPG	EO	SO	M810	Type	Qty	Tail Swelling at 48hr, mm	LDH (IU/L)	Viscosity, cP
2.1	2				2.0	0.5		0.05			4	MAN	5.5	0	179	5.31
2.2	2				2.2			0.15		4		MAN	5.5	0	287	4.44
2.3	2				2.0	0.5		0.05			4	MAN	5.5	0	107	5.24
2.4	2			1.6				0.10			6	TRE	12.5	0	172	4.20
2.5	2		1.6					0.05			4	MAN	5.5	0	183	1.32
2.6	2		1.6								4	MAN	5.5	0	168	1.21
2.7	2	3.0						0.15	4			TRE	20.0	0	185	1.91
2.8	2				2.0	0.5		0.05		4		MAN	5.5	0	204	3.64
2.9	2	2.4						0.15		4		MAN	7.5	0	380	1.39
2.10	2	2.0						0.10			4	GLY	2.5	0	571	1.32
2.11	2		1.6						4			MAN	7.5	0	604	1.21
2.12	2	1.6						0.15			4	GLY	2.5	0	668	1.20
2.13	2	1.6							4			MAN	7.5	0	942	1.20
2.14	1	1.0						0.25	8			GLY	2.5	0	1290	1.25
2.15	1						0.80	0.10			2	GLY	2.5	0	2049	1.18
2.16	2		1.6								4	GLY	2.5	0	2197	1.08
2.17	2		1.6					0.10		6		GLY	2.5	0	2700	1.23
2.18	2	1.6		1.6				0.05	4			GLY	2.5	0	2826	1.17
2.19	2		1.6					0.05			4	GLY	2.5	0	3650	1.17

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Table II: Continued.

Formulation Number	Propofol	Phospholipids							Oil			Tonifier		Attributes		
		E80	EPL	EPC	SPC	SSPC	DMPC	DMPG	EO	SO	M810	Type	Qty	Tail Swelling at 48hr, mm	LDH (IU/L)	Viscosity, cP
2.20	2	1.6						0.10		4		GLY	2.5	0	5035	1.13
2.21	2	1.6						0.10	6			GLY	2.5	0	7565	1.33
2.22	1						1.0	0.10			6	GLY	2.5	0	7720	1.45
2.23	1						1.5	0.10			10	GLY	2.5	0	7940	2.78
2.24	2	1.6						0.10	4			GLY	2.5	0	8250	1.15
2.25	1						2.0	0.10			8	GLY	2.5	0	8710	2.25
2.26	1	1.0						0.25	6			GLY	2.5	0.2	7020	1.12
2.27	1						1.00	0.10			4	GLY	2.5	0.2	7460	1.49
2.28	2		1.6	1.6				0.05		4		GLY	2.5	0.4	4330	1.53
2.29	2	1.6						0.10		2		GLY	2.5	1.05	8765	1.01
2.30	1	0.8						0.15	0.4			GLY	2.5	0.8	10720	0.95

Symbols and Note:

DMPC dimyristoylphosphatidylcholine; DMPG: dimyristoylphosphatidylglycerol; E80: Lipoid E80; EO: ethyl oleate; EPC: egg phosphatidylcholine, EPL: egg phospholipids; GLY: Glycerin; M810: Miglyol-810; MAN=Mannitol; SO: soybean oil; SPC: soy phosphatidylcholine; SSPC: saturated soy phosphatidylcholine; TRE=Trehalose. Sources of these raw materials are mentioned above

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Table III: Log growth of certain microorganisms following an intial inoculation of 10^3 CFU/mL in presence of some propofol formulations.

Formulation ID of Example 2	Organism	*C. albicans* ATCC 10231			*P. aeruginosa* ATCC 9027			*E. coli* ATCC 8739			*A. niger* ATCC 16403			*S. aureus* ATCC 6538		
	Formulation / Plating Time	24 hr	48 hr	7 day	24 hr	48 hr	7 day	24 hr	48 hr	7 day	24 hr	48 hr	7 day	24 hr	48 hr	7 day
2.1	91.103	2.8	2.7	2.1	1.5	1.0	1.0	1.7	1.6	1.0	2.8	2.8	2.7	2 4	1.0	1 0
2.3	61.103	2.8	2.3	1.3	1.0	1.0	1.0	1.0	1 0	1.0	2.0	2 1	2 0	1 0	1 0	1 0
2.4	76.103	2.7	2.7	2.5	2.3	1.3	1.0	2 5	2.1	1.0	2.9	2.8	2 7	2 2	1.0	1 0
2.5	81.103	3.0	3.9	6.0	2.4	6.0	6.8	4.8	6.8	6.8	2.8	2.6	2.5	3 3	3.2	1.3
2.6	80.103	2.9	3.4	5.8	1.0	1.0	1.0	4.4	6.8	6.8	2.8	2.6	2 6	3 0	2.5	1.0
2.11	72.103	3.1	4.0	5.8	2.3	5.9	6.8	5.1	6.8	6.8	2.9	2.7	2.6	3.2	3 1	1.0
2.13	50.103-A	4 2	5.0	5.3	2.0	3.7	6.8	1.0	1.0	1.0	2.5	2.4	2.1	2 0	1 0	1 0
	Diprivan	3.2	3.4	3.2	2.8	3.3	6.2	2.2	1.0	1.0	2.9	2.7	2.6	3.2	3.1	1 8

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It was surprising to note that these compositions also had either mannitol or trehalose in their aqueous phase. It was further surprising that the viscosity of these compositions was as high as from about 4.2 to about 5.3 centipoise.

As taught by Haynes (US patent # 5,637,625) it may be thought that increasing the amount of lipidic nutrients in the formulation would cause the formulation to support microorganism growth. However, it is surprising to note that by increasing the amount of oil (to up to 4-6%), formulations 2.1, 2.3 or 2.4 do not provide a medium for bacterial growth. It is worth noting that formulations 2.1, 2.3, and 2.4 were neither irritating, nor hemolytic while also inhibiting the growth of microorganisms. These non-irritating, non-hemolytic, and bactericidal or bacteristatic formulations are characterized as non-limiting examples of preferred compositions of this invention.

Example 4: High Potency Propofol Formulations

High potency propofol formulations, 4.1-4.3 in Table IV, were prepared by the methods described above. These formulations were found to be terminally steam sterilizable without destabilization.

Table IV: Propofol formulations of high drug potency

	Formula 4.1	Formula 4.2	Formula 4.3
Propofol	5.0%	10.0%	10.0%
Cholesterol	0.25%	0.4%	0.5%
Cholesteryl oleate	---	4.0%	3.0%
Phospholipon 90H.	1.5%	1.8%	1.5%
DMPG	0.3%	0.3%	0.15%
Glycerol	2.5%	2.5%	2.5%
Sodium hydroxide	qs pH 6.9	qs pH 8.2	qs pH 7.0
Water	qs 100%	qs 100%	qs 100%

These high-potency formulations have been found to be very stable and use pharmaceutically acceptable ingredients without altering the efficacy of the drug. For instance, upon intravenous administration to rats of a dose at 10mg/kg, formulation 4.1 demonstrated acceptable efficacy of general anesthesia.

The formulation 4.2 demonstrates a homogeneous propofol dispersion in aqueous vehicle of 2.5% glycerol. It has as high as 10% propofol, while maintaining a very low fat (cholesterol and cholesteryl oleate) content. It has a volume weighted mean particle size of 82 nm that did not change significantly upon being subjected to various stresses such as freeze/thaw, (128 nm after 3 cycles).

The formula 4.3 is also a very homogeneous dispersion in aqueous vehicle of 2.5% glycerol and consists of 10% propofol while maintaining a very low fat content. It has a volume weighted mean particle size of 80 nm that did not change significantly upon storage at 25°C (71 nm after 70 days).

The high potency formulation (*e.g.*, 10% propofol) would be useful in achieving a much lower volume for intravenous administration while giving the same effective dose. Therefore, the formulations described in this example will allow a relatively smaller contact area of the blood vessel wall with the formulation and may be important with respect to minimizing the incidences of pain or other local adverse reaction on injection.

Such high potency stable formulations of propofol have been prepared and described here for the first time.

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Example 5: Pharmacodynamics

Propofol formulations of this invention were compared for induction and duration of anesthesia in rats with the reference commercial formulation, Diprivan® (1%) and Disoprivan® (2%). Following 12.5 mg/kg single bolus intravenous injection of these formulations in rats, the time for loss of consciousness and righting response time were measured as mentioned above in the experimental method section. The results are summarized in Table V illustrating the efficacious characteristic of these formulations.

Table V: Pharmacodynamic Parameters

Formulation ID	Number of Rats	Average Anesthesia Induction Time (sec)	Average Righting Response Time (min)
2.1	9	24.4	14.9
2.2	4	31.0	16.2
2.3	4	48.0	16.4
2.4	9	32.7	15.8
2.5	9	27.2	19.2
2.6	9	38.4	19.4
2.7	4	24.0	17.3
2.8	4	23.8	16.7
2.9	3	67.3	11.9
2.10	4	34.8	16.3
2.11	8	40.5	18.6
2.12	4	36.3	13.7
Diprivan® (1% with EDTA)	4	20.0	14.6

According to the examples given above, the present invention provides for the identification of propofol formulations that are:

(a) stable during and after steam sterilization,

(b) give the required anesthetic effect upon intravenous injection to warm blooded animals,

(c) inhibit the growth of microorganisms,

(d) have demonstrated minimum or non-existent incidences of local vein reaction, and

(e) have a potential of minimum or non-existent incidence of hyperlipidemia.

While the invention and the examples have been described in connection with what is presently considered to be the most practical and preferred embodiment, it is to be understood that the invention is not to be limited to the disclosed embodiment, but on the contrary, is intended to cover various modifications and equivalent arrangements included within the spirit and scope of the following claims.

REFERENCES

Ardulno, M. J., Bland, L. A., McAllister, S. K., Aguero, S. M., Villarino, M. E., McNeil, M. M., Jarvis, W. R. and Favero, M. S. (1991) "Microbial Growth and Endotoxin Production in the Intravenous Anesthetic Propofol" Inf. Control Hosp. Epidem., 12(9), 535-539.

J. Babl, A. Doenicke, V. Monch (1995) "New propofol LCT/MCT fat emulsions as solvent. Approach to reducing pain on injection of propofol."Eur Hosp Pharmacy, **1**: 15-21.

Cairns *et al.* (1996) "Tolerance of mixed lipid emulsion in neonates: effect of concentration." Arch Dis Child Fetal Neonatal Ed **75**(2): F113-6.

Crowther, J., Hrazdil, J., Jolly, D. T., Galbraith, J. C., Greacen, M. and Grace, M. (1996) "Growth of Microorganisms in Propofol, Thiopental and a 1:1 Mixture of Propofol and Thiopental" Anesth. and Anal. 82, 475-478.

A.W. Doenicke, J. Babl, W. Kellermann, J. Rau, M.F. Roizen (1996) "Reducing pain during propofol injection: the role of the solvent." Anesth Analg **82**: 472-4.

A.W. Doenicke, J. Babl, U. Klotz, J. Kugler, M. O'Connor, J. Rau, M.F. Roizen (1997) "Pharmacokinetics and pharmacodynamics of propofol in a new solvent." Anesth Analg **85**: 1399-403.

A.F. Ghouri, M.A. Ramirez Ruiz, and P.F. White (1994) "Effect of flumazenil on recovery after midazolam and propofol sedation." Anesthesiology **81**: 333-339.

J.B. Glen and R. James "2,6-Diisopropylphenol as an anaesthetic agent." US Patent 4,056,635. Nov 1, 1977

J.B. Glen and R. James "Anaesthetic compositions containing 2,6-diisopropylphenol." US Patent 4,452,817. Jun 5, 1984

J.B. Glen and R. James "Pharmaceutical compositions." US Patent 4,798,846. Jan 17, 1989

D.H. Haynes "Propofol microdroplet formulations." Us Patent 5,637,625. Jun. 10. 1997.

C. B. Jones and J.H. Platt "Propofol compostion containing edetate." US Patent 5,714,520. Feb 3, 1998.

C. B. Jones and J.H. Platt "Pharmaceutical compositions of propofol and edetate " US Patent 5,731,355. Mar 24, 1998

C. B. Jones and J.H. Platt "Pharmaceutical compositions of propofol and edetate." US Patent 5,731,356. Mar 24, 1998.

D. Mangar and E.J. Holak (1992) "Tourniquet at 50 mm Hg followed by intravenous lidocain diminishes hand pain associated with propofol injection." Anesth Analg **74**: 250-252.

R. K. Mirakhur (1988) "Induction characteristics of propofol in children: Comparison with thiopentone." Anesthesia **43**: 593-598.

Nichols, R. L. and Smith, J. W. (1995) "Bacterial Contamination of an Anesthetic Agent" New Eng. J. Med., 333(3), 184-185.

PDR (1996) "Diprivan 1% Injection" Physicains' Desk Reference 1996, p.2833.

PDR (1999) "Diprivan 1% Injection" Physicains' Desk Reference 1999.

Sandstrom *et al.* (1995) "Structured triglycerides were well tolerated and induced increased whole body fat oxidation compared with long-chain triglycerides in postoperative patients." JPEN J Parenter Enteral Nutr **19**(5):381-6.

G.E. Sklar (1997) "Propofol and postoperative infections." Ann Pharmacother **31**: 1521-3.

I. Smith, P.F. White, M. Nathanson, and R. Gouldson (1994) "Propofol – An update on its clinical use." Anesthesiology **81**: 1005-1043.

Sosis, M. B. and Braverman, B. (1993) "Growth of Staphylococcus aureus in Four Intravenous Anesthetics" Anesth. and Anal. 77, 766-768.

Sosis, M. B., Braverman, B. and Villaflor, E. (1995) "Propofol, but not Thiopental, Supports the Growth of Candida albicans" Anesth. and Anal. 81, 132-134.

Stenz, R. and Bauer, K. H. (1996) "A new physiologically approached in vitro test for quick evaluation of the hemolytic activity of surfactants" Pharmazie, 51(5), 283-287.

R.D. Stark, S.M. Binks, V.N. Dukta, K.M. O'Connor, M.J.A. Arnstein, J.B. Glen (1985) "A review of the safety and tolerance of propofol ('Diprivan')." Postgrad Med J. **61 S**: 152-156.

Tessler, M, Dascal, A., Gioseffini, S, Miller, M. and Mendelson, J. (1992) "Growth curves of Staphyloccoccus aureus, Candida albicans and Moraxella osloensis in propofol and other media" Can. J. Anaesth. 39(5), 509-511.

H. G. Weder "Propofol Nanodispersions." PCT Patent Application WO9710814. March 27 1997.

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P.F. White and J. B. Negus (1991) "Sedative infusions during local and regional anesthesia: Acomparison of midazolam and propofol." J. Clin. Anesth 3: 32-39.

CLAIMS

1. A stable, sterile, and injectable aqueous dispersion of a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of

(a) between about 1% to about 15% of propofol;

(b) between about 1% to about 8% of a propofol soluble diluent;

(c) between about 0.5% to about 5% of a surface stabilizing amphiphilic agent;

(d) of a pharmaceutically acceptable water-soluble polyhydroxy additive that acts as a tonicity modifier, and

(e) water;

(f) provided the ratio of propofol to diluent is about 1:4 to about 1:0.1 and the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5, and the dispersion has a viscosity of from about 0.8 to about 15 centipoise, wherein the dispersion

- prevents microbial growth, defined as no more than 0.5 log increase from the initial inoculum, of each of *Staphylococcus aureus* (ATCC 6538), *Escherichia coli* (ATCC 8739 and ATCC 8454), *Pseudomonas aeruginosa* (ATCC 9027), *Candida albicans* (ATCC 10231), and *Aspergillus niger* (ATCC 16403) for at least 7 days as measured by a test wherein a washed suspension of each said organism is added to a separate aliquot of a dispersion at approximately 1000 colony forming units (cfu) per mL, at a temperature in the range 20-25°C, whereafter said aliquots are incubated at 20-25°C and are tested for viability of the microorganisms in the inoculated dispersion as determined by counting the colonies of said organism after 24, 48 hours and 7 days or other suitable length of time;
- results in little or no irritation at the site of injection as evidenced by a test wherein said dispersion is administered as a single daily bolus injection of 12.5 mg/kg, given on the basis of body weight, for 2 or 3 successive days over a period of approximately 30 seconds, in the caudal vein of a rat such that no visual increase in the diameter of the rat tail is noted after 48hrs post injection.

2. The dispersion of claims 1, wherein the surface stabilizing amphiphilic agent is one or more natural or synthetic surface modifiers selected from ionizable or non-ionizable phospholipids or cholesterol or a mixture of these amphiphilic agents, the total quantity of the amphiphilic agents being such that the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5 and the types and quantities of the individual amphiphilic agents are selected to provide that.

(i) the dispersion has a non-existent or minimum potential for hemolysis of human or animal blood, and

(ii) the irritation to the tissues at the site of injection is either non-existent or minimized, and

(iii) the dispersion elicits an anesthetic effect in warm-blooded animal and human subjects upon intravenous administration.

3. The dispersion of claim 1, wherein the propofol-soluble diluent is a synthetic or natural fatty acid, triglyceride thereof or other suitable ester or a mixture thereof.

4. The dispersion of claims 1-3, wherein the ratio of propofol to propofol-soluble diluent is from about 1:3 to about 1:0.5.

5. The dispersion of claim 1, wherein the ratio of propofol to propofol-soluble diluent is from about 1:2 to about 1:1.

6. The dispersion of claim 1, wherein the propofol-soluble diluent is a mixture of medium-chain triglyceride and vegetable oil.

7. The dispersion of claim 6, wherein the ratio of medium-chain triglyceride to vegetable oil is from 1:3 to 3:1.

8. The dispersion of claim 1, wherein the water-insoluble matrix consists of a mixture of the amphiphilic agents of claim 3 and propofol-soluble diluents of claims 4-7 and propofol.

9. The dispersion of claim 1, wherein the composition contains about 2% to about 10% of propofol.

10 The dispersion of claim 1, wherein the composition contains a pharmaceutically acceptable water-soluble polyhydroxy additive that provides the propofol containing dispersion with an osmolality of about 250 to about 700 milliosmolal

11. The dispersion of claim 1, wherein the osmolality is about 300 to about 500 milliosmolal.

12. The dispersion of claim 1, wherein the viscosity is from about 2 to about 5 centipoise.

13. The method of reducing or substantially completely eliminating irritation upon injection of formulations containing propofol by administering a stable, sterile, and antimicrobial, aqueous dispersion of water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of about 1% to about 15% of propofol as the active ingredient, up to about 7% of a propofol soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents, provided the ratio of propofol to diluent is about 1:4 to about 1:0.1 and the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5, and the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

14. The method of inducing anesthesia comprising administering to a subject in need of same an anesthetic inducing amount of a stable, sterile, and antimicrobial injectable aqueous dispersion of a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of about 1% to about 15% of propofol as the active ingredient, up to about 7% of a propofol soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents, provided the ratio of propofol to diluent is about 1:4 to about 1:0.1 and the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5, and the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

15. An injectable, stable, sterile, and antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm, the

dispersion being capable of substantially limiting or inhibiting the growth of microorganisms and consisting essentially of about 1% to about 15% of propofol, up to about 7% of a propofol-soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents and causing no irritation at the site of injection.

16. The dispersion of claim 15, where the propofol and diluent are present in a ratio of about 1:4 to about 1:0.1 of propofol to diluent.

17. The dispersion of claim 15, where the propofol and amphiphilic agent are present in a ratio of about 1:0.8 to about 1:2.5 of propofol to amphiphilic agent.

18. The dispersion of claim 15 that has a viscosity of from about 0.8 to about 15 centipoise.

19. The dispersion of claim 15, wherein the propofol-soluble diluent is a pharmaceutically acceptable saturated or unsaturated synthetic or natural fatty acid, a triglyceride thereof, or a mixtures thereof.

20. The dispersion of claim 15, wherein the propofol-soluble diluent is one or more selected from the group consisting of pharmaceutically acceptable esters or triglycerides of medium chain and/or long chain fatty acids of synthetic or natural origin, and mixtures thereof.

21. The dispersion of claim 15, wherein the propofol-soluble diluent is one or more selected from the group consisting of isopropyl myristate, cholesteryl oleate, ethyl oleate, squalene, squalane, alpha-tocopherol, a mixture of triglycerides of C_6 to C_{14} fatty acids, and mixtures thereof.

22. The dispersion of claim 15, wherein the propofol-soluble diluent is one or more selected from the group consisting of pharmaceutically acceptable natural triglycerides from vegetable or animal sources, pharmaceutically acceptable vegetable oils, and pharmaceutically acceptable omega-3 polyunsaturated fish oils, and mixtures thereof.

23. The diluent of claim 22, wherein the vegetable oil is soybean.

24. The dispersion of claim 15, wherein the propofol-soluble diluent is a mixture of medium-chain triglyceride and vegetable oil

25. The diluent of claim 24, wherein the ratio of medium-chain triglyceride to vegetable oil is from 1:3 to 3:1.

26. The dispersion of claim 15, wherein the water-insoluble matrix consists of a mixture of about 1% to about 15% of propofol, up to about 7% of a propofol-soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent.

27. The dispersion of claim 15, wherein the water-insoluble matrix contains about 2% to about 10% of propofol.

28. The dispersion of claim 15, wherein the surface stabilizing amphiphilic agent is one or more natural or synthetic a surface modifiers selected from an ionizable phospholipid a non-ionizable phospholipid, cholesterol, a mixture of ionizable phospholipid and cholesterol, a mixture of non-ionizable phospholipid and cholesterol, or mixtures thereof.

29. The dispersion of claim 15, wherein the surface stabilizing amphiphilic agent is one or more charged phospholipid of natural sources, or uncharged phospholipid of natural sources, hydrogenated lecithin, a synthetic phospholipid, a poloxamer, a poloxamine, a polyoxyethylene sorbitan ester, or combinations thereof.

30. The dispersion of claim 15, wherein the surface stabilizing amphiphilic agent is a combination of cholesterol and one or more charged or uncharged phospholipid of natural sources, hydrogenated lecithin, or a synthetic phospholipid.

31. The dispersion of claim 15, wherein the surface stabilizing amphiphilic agent is egg lecithin, or egg phosphatidylcholine, or soy phosphatidylcholine, or saturated soy phosphatidylcholine, or 90% hydrogenated soy (3-sn-phosphatidyl)choline, or fully hydrogenated soy (3-sn-phosphatidyl)choline.

32. The dispersion of claim 15, wherein the surface stabilizing amphiphilic agent is 1,2-dimyristoyl-sn-glycero-3-phosphocholine, or 1,2-dimyristoyl-sn-glycero-3-[phospho-rac-(1-glycerol)], or egg lecithin, or egg phosphatidylcholine, or soy phosphatidylcholine, or saturated soy phosphatidylcholine, or soy lecithin, or dimyristoylphosphatidylcholine, or dimyristoylphosphatidylglycerol.

33. The dispersion of claim 15 that has a non-existent or minimum potential for hemolysis of human or animal blood.

34. The dispersion of claim 15, where irritation to the tissues at the site of injection is either non-existent or minimized.

35. The dispersion of claim 15 that elicits an anesthetic or sedation effect in warm-blooded animal and human subjects upon intravenous administration.

36. The dispersion of claim 15, wherein the tonicity modifier is sucrose, dextrose, trehalose, mannitol, lactose, glycerol, or a mixture thereof.

37. The dispersion of claim 15, wherein the tonicity modifier comprises a mixture of sucrose, dextrose, trehalose, mannitol, lactose, or glycerol.

38. The dispersion of claim 15 that is isotonic with blood.

39. The dispersion of claim 15 that is suitable for intravenous injection.

40. The dispersion of claim 15 that contains a pharmaceutically acceptable water-soluble polyhydroxy additive that provides an osmolality of about 250 to about 700 milliosmolal.

41. The dispersion of claim 15, wherein the osmolality is about 300 to about 500 milliosmolal.

42. The dispersion of claim 15 that has a viscosity from about 2 to about 5 centipoise.

43. A sealed vial containing the dispersion of claim 15.

44. A process for preparing an injectable, stable, sterile, antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm capable of substantially limiting or inhibiting the growth of microorganisms and consisting essentially of about 1 % to about 15% of propofol, up to about 7% of a propofol-soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents and causing little or no irritation at the site of injection comprising preparing a premix of a lipophilic phase and an aqueous phase in which propofol, a propofol-soluble diluent, and an amphiphilic agent are mixed to prepare the lipophilic phase and the aqueous phase comprises a polyhydroxy compound in water, mixing the premix with a high-speed homogenizer under a generally inert atmosphere with the temperature controlled to minimize oxidation, then homogenizing the premix by high pressure homogenization or microfluidization to form a dispersion, then filling the dispersion into glass vials that are purged with a generally inert atmosphere and then sealed with compatible stoppers and seals and steam sterilized.

45. A method of substantially reducing or eliminating irritation upon injection of a formulation containing propofol comprising administering a stable, sterile, and antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of about 1 % to about 15% of propofol, up to about 7% of a propofol-soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents, provided the ratio of propofol to diluent is about 1:4 to about 1:0.1, and the ratio of propofol to amphiphilic agent is about 1 :0.8 to about 1:2.5, and where the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

46. A method of reducing or substantially completely eliminating irritation upon injection of a formulation containing propofol comprising administering a stable, sterile, and antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix of mean

diameter from about 50 nm to about 1000 nm consisting essentially of about 1 % to about 15% of propofol, up to about 7% of a propofol-soluble diluent, about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, and the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents.

47. The method of claim 46, where the ratio of propofol to diluent is about 1:4 to about 1:0.1.

48. The method of claim 46, where the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5.

49. The method of claim 46, where the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

50. A method of inducing anesthesia or sedation comprising administering to a subject in need of same an anesthesia- or sedation-inducing amount of a stable, sterile, and antimicrobial injectable aqueous dispersion of a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of about 1% to about 15% of propofol, up to about 7% of a propofol soluble diluent, and about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, and the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents, provided the ratio of propofol to diluent is about 1:4 to about 1:0.1, and the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5, and the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

51. A method of inducing anesthesia or sedation comprising administering to a subject in need of same an anesthesia- or sedation-inducing amount of a stable, sterile, and antimicrobial injectable aqueous dispersion of a water-insoluble microdroplet matrix of mean diameter from about 50 nm to about 1000 nm consisting essentially of about 1% to about 15% of propofol, up to about 7% of a propofol-soluble diluent, about 0.8% to about 4% of a surface stabilizing amphiphilic agent, water, and a pharmaceutically acceptable water-soluble polyhydroxy tonicity modifier, and the dispersion being devoid of additional bactericidal or bacteriostatic preservative agents.

52 The method of claim 51, wherein the ratio of propofol to diluent is about 1:4 to about 1:0.1.

53. The method of claim 51, wherein the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5.

54. The method of claim 51, wherein the dispersion has a viscosity of from about 0.8 to about 15 centipoise.

55. The method of any one of claims 45, 46, 50, and 51, where the propofol-soluble diluent is one or more selected from isopropyl myristate, cholesteryl oleate, ethyl oleate, squalene, squalane, alpha-tocopherol, and a mixture of triglycerides of C_6 to C_{14} fatty acids.

56. The method of any one of claims 45, 46, 50, and 51, where the propofol- soluble diluent is one or more selected from pharmaceutically acceptable natural triglycerides from vegetable or animal sources, pharmaceutically acceptable vegetable oils, and omega-3 polyunsaturated fish oils.

57. The method of any one of claims 45, 46, 50, and 51, where the surface stabilizing amphiphilic agent is egg lecithin, or egg phosphatidylcholine, or soy phosphatidylcholine, or saturated soy phosphatidylcholine, or 90% hydrogenated soy (3-sn-phosphatidyl)choline, or fully hydrogenated soy (3-sn-phosphatidyl)choline.

58. The method of any one of claims 45, 46, 50, and 51, where the surface stabilizing amphiphilic agent is 1,2-dimyristoyl-sn-glycero-3-phosphocholine, or 1,2-dimyristoyl-sn-glycero-3-[phospho-rac-(1-glycerol)], or egg lecithin, or egg phosphatidylcholine, or soy phosphatidylcholine, or saturated soy phosphatidylcholine, or soy lecithin, or dimyristoylphosphatidylcholine, or dimyristoylphosphatidylglycerol.

59. The method of any one of claims 45, 46, 50, and 51, where the tonicity modifier is sucrose, dextrose, trehalose, mannitol, lactose, or glycerol.

60. The method of any one of claims 45, 46, 50, and 51, where the dispersion is suitable for intravenous injection.

61 The dispersion of claim 1 or 15, wherein propofol is present in an amount of about 2% to 5% by weight of the dispersion.

62. The dispersion of claim 61, wherein propofol is present in an amount of about 2% by weight of the dispersion.

63. The dispersion of claim 1 or 15, wherein the polyhydroxy tonicity modifier is present in an amount of 2.5% to about 20% by weight of the dispersion.

64. The dispersion of claim 1 or 15, wherein the polyhydroxy tonicity modifier is mannitol.

65. The dispersion of claim 64, wherein mannitol is present in an amount of about 5.5% by weight of the dispersion.

66. The dispersion of claim 1 or 15, wherein the propofol-soluble diluent is a medium-chain triglyceride.

67. The dispersion of claim 1 or 15, wherein the propofol-soluble diluent is a mixture of medium-chain triglycerides.

68. The dispersion of claim 66, wherein the medium-chain triglyceride is a triglyceride of medium chain fatty acids of synthetic or natural origin.

69. The dispersion of claim 66, wherein the medium-chain triglyceride is present in an amount of 2% to 6% by weight of the dispersion.

70. The dispersion of claim 69, wherein the medium-chain triglyceride is present in an amount of 2% to 4% by weight of the dispersion.

71. The dispersion of claim 70, wherein the medium-chain triglyceride is present in an amount of 4% by weight of the dispersion.

72. The dispersion of claim 67, wherein the mixture of medium-chain triglyceride is present in an amount of 4% by weight of the dispersion.

73. The dispersion of claim 1 or 15, wherein the amphiphilic agent is egg lecithin.

74. The dispersion of claim 73, wherein the egg lecithin is present in an amount of about 1% to about 7% by weight of the dispersion.

75. The dispersion of claim 73, wherein the egg lecithin is present in an amount of about 1% to 3% by weight of the dispersion.

76. The dispersion of claim 75, wherein the egg lecithin is present in an amount of 1.6% by weight of the dispersion.

77. The dispersion of claim 73, wherein the egg lecithin contains not less than 98% phosphatidyl choline.

78. The dispersion of claim 1 or 15, which includes anionic dimyristoylphosphatidyl glycerol.

79. The dispersion of claim 78, wherein the anionic dimyristoylphosphatidyl glycerol is present in an amount of 0.05% to 0.25% by weight of the dispersion.

80. The dispersion of claim 79, wherein the anionic dimyristoylphosphatidyl glycerol is present in an amount of 0.1% by weight of the dispersion.

81. The dispersion of claim 1 or 15, which includes egg lecithin and anionic dimyristoylphosphatidyl glycerol.

82 The dispersion of claim 81, wherein the egg lecithin is present in an amount of about 1% to 3% by weight of the dispersion and the anionic dimyristoylphosphatidyl glycerol is present in an amount of 0.05% to 0.25% by weight of the dispersion

83. The dispersion of claim 82, wherein the egg lecithin is present in an amount of 1.6% by weight of the dispersion and the anionic dimyristoylphosphatidyl glycerol is present in an amount of 0.1% by weight of the dispersion.

84. The dispersion of claim 1 or 15, wherein the pH of the dispersion is about 4 to about 9.

85. The dispersion of claim 84, wherein the pH of the dispersion is about 5 to about 8.

86. The dispersion of claim 1 or 15, wherein the dispersion is sealed in a glass vial under nitrogen with a stopper.

87. The dispersion of claim 1 or 15, wherein the dispersion is sealed in a glass vial under an inert atmosphere with a stopper.

88. The dispersion of claim 86, wherein the dispersion is filled to about 70-90% volume capacity in the glass vial.

89. The dispersion of claim 1 or 15, wherein the dispersion is steam sterilizable.

90. The dispersion of claim 2, wherein the anesthetic effect comprises at least one of producing and maintaining ambulatory anesthesia, neurosurgical anesthesia, pediatric anesthesia, monitored anesthetic care, intensive care sedation, chronic sedation, general anesthesia, low dose sedation, and long-term sedation.

91. A composition of a stable, sterile, and injectable aqueous dispersion of a water-insoluble microdroplet matrix having a mean diameter of about 50 nm to about 1000 nm, the dispersion consisting essentially of:

(a) propofol in an amount from about 1% to about 15% by weight of the dispersion;

(b) a propofol-soluble diluent in an amount from about 1% to about 8% by weight of the dispersion,

(c) a surface stabilizing amphiphilic agent in an amount from about 0.5% to about 5% by weight of the dispersion;

(d) a pharmaceutically acceptable water-soluble polyhydroxy additive; and

(e) water;

(e) provided the ratio of propofol to diluent is about 1:4 to about 1:0.1 and the ratio of propofol to amphiphilic agent is about 1:0.8 to about 1:2.5 and the composition has a viscosity of about 0.8 to about 15 centipoise;

wherein the dispersion prevents microbial growth of no more than 0.5 log increase from the initial inoculum, of any one of *Staphylococcus aureus, Escherichia coli, Pseudomonas aeruginosa, Candida albicans,* and *Aspergillus niger* for at least 7 days as measured by a test wherein a washed suspension of the microbe is added to an aliquot of said dispersion at approximately 1000 colony forming units per mL, at a temperature in the range of 20-25°C, whereafter said aliquot is incubated at 20-25°C and tested for viability of the microbe in the inoculated dispersion as determined by counting the colonies of the microbe after 24 hours, 48 hours, and 7 days; and

wherein the dispersion results in no irritation at the site of injection as evidenced by a test wherein said dispersion is administered as a single daily bolus injection of 12.5 mg/kg, given on the basis of body weight, for 2 successive days over a period of approximately 30 seconds, in the caudal vein of a rat such that no visual increase in the diameter of the rat tail is noted after 48 hours post injection.

82. A composition of a stable, sterile, and injectable aqueous dispersion of a water-insoluble microdroplet matrix having a mean diameter of about 50 nm to about 1000 nm, the dispersion consisting essentially of:

(a) propofol in an amount of about 2% by weight of the dispersion;

(b) a medium-chain triglyceride in an amount of 4% by weight of the dispersion;

(c) egg lecithin in an amount of 1.6% by weight of the dispersion;

(d) anionic dimyristoylphosphatidyl glycerol in an amount of 0.1% by weight of the dispersion;

(e) mannitol in an amount of 5.5% by weight of the dispersion; and

(f) water.

93. A composition of a stable, sterile, and injectable aqueous dispersion of a water-insoluble microdroplet matrix having a mean diameter of about 50 nm to about 1000 nm, the dispersion consisting essentially of:

(a) propofol in an amount of about 2% by weight of the dispersion;

(b) a mixture of medium-chain triglycerides in an amount of 4% by weight of the dispersion;

(c) egg lecithin in an amount of 1.6% by weight of the dispersion;

(d) anionic dimyristoylphosphatidyl glycerol in an amount of 0.1% by weight of the dispersion;

(e) mannitol in an amount of 5.5% by weight of the dispersion; and

(f) water.

94. An injectable, stable, sterile, and antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix having a mean diameter of about 50 nm to about 1000 nm capable of inhibiting the growth of microorganisms, the dispersion consisting essentially of:

propofol in an amount of about 2% by weight of the dispersion;

a medium-chain triglyceride in an amount of 4% by weight of the dispersion;

egg lecithin in an amount of 1.6 % by weight of the dispersion;

anionic dimyristoylphosphatidyl glycerol in an amount of 0.1% by weight of the dispersion; and

mannitol in an amount of 5.5% by weight of the dispersion;

wherein the dispersion is devoid of additional bactericidal or bacteriostatic preservative agents and causes no irritation at the site of injection.

95. An injectable, stable, sterile, and antimicrobial aqueous dispersion comprising a water-insoluble microdroplet matrix having a mean diameter of about 50 nm to about 1000 nm capable of inhibiting the growth of microorganisms, the dispersion consisting essentially of:

propofol in an amount of about 2% by weight of the dispersion;

a mixture of medium-chain triglycerides in an amount of 4% by weight of the dispersion;

egg lecithin in an amount of 1.6 % by weight of the dispersion;

anionic dimyristoylphosphatidyl glycerol in an amount of 0.1% by weight of the dispersion; and

mannitol in an amount of 5.5% by weight of the dispersion;

wherein the dispersion is devoid of additional bactericidal or bacteriostatic preservative agents and causes no irritation at the site of injection.

96. The dispersion of any one of claims 92-95, wherein the medium chain triglyceride is of synthetic or natural origin.

97. The dispersion of any one of claims 92-96, wherein the dispersion is sealed in a glass vial under nitrogen with a stopper.

98. The dispersion of any one of claims 92-96, wherein the dispersion is sealed in a glass vial under an inert atmosphere with a stopper.

99. The dispersion of claim 97 or 98, wherein the dispersion is filled to about 70-90% volume capacity in the glass vial.

100. The dispersion of any one of claims 92-96, wherein the dispersion is steam sterilizable.