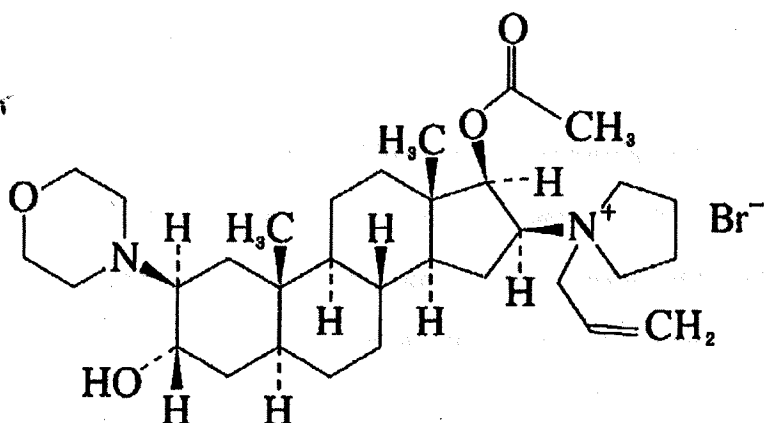


TECHNICAL FIELD

The present invention relates to a rocuronium preparation causing less pain, a method for producing the same, and a method for reducing and/or alleviating vascular pain to be induced using the same.

Rocuronium (Patent Literature 1) in the form of rocuronium bromide represented by the following formula is known as an active ingredient of an anesthetic muscle relaxant (Non Patent Literature 1).



However, it was often the case that an unconscious patient to whom a known rocuronium preparation was administered exhibited sudden, forceful flexion of the wrist or the arm, or withdrawal of the hand although the unconscious patient did not

complain of the pain.

It was considered that such a vascular pain was attributable to the pH of the rocuronium preparation and could be controlled by adjusting the pH (Non Patent Literature 2 and 3).

5

CITATION LIST

PATENT LITERATURE

Patent Literature 1: JP 07-53751 B

NON PATENT LITERATURE

10 Non Patent Literature 1: Drug interview form of ESLAX Intravenous 25 mg/2.5 mL and ESLAX Intravenous 50 mg/5.0 mL, revised in October, 2010

Non Patent Literature 2: British Journal of Clinical Anesthesia 1991; 66, 189-195

15 Non Patent Literature 3: Journal of Clinical Anesthesia (2007) 19, 418-423

SUMMARY OF INVENTION

TECHNICAL PROBLEM

20 An objective of the present invention is to provide a rocuronium preparation designed to reduce the vascular pain, a method for producing the same, and a method for reducing and/or alleviating vascular pain using the same.

25 SOLUTION TO PROBLEM

To achieve the above objective, the present inventors conducted intensive investigations and found that the vascular pain caused by a rocuronium preparation, which pain was previously attributed to the pH, can be reduced by limiting the

titratable acidity of the buffer solution contained in the rocuronium preparation to 100 mEq or less. Based on this finding, the present inventors conducted further research and completed the present invention.

5 That is, the present invention relates to the following.

(1) A rocuronium preparation containing rocuronium and a buffer solution and having a titratable acidity of 100 mEq or less.

10 (2) The rocuronium preparation of the above (1) having a pH of 6 or less.

(3) The rocuronium preparation of the above (1) or (2) having a titratable acidity of 80 mEq or less.

(4) The rocuronium preparation of any one of the above (1) to (3) having a pH of 2.5 to 4.5.

15 (5) The rocuronium preparation of any one of the above (1) to (4), wherein the buffer solution is one or more kinds selected from an acetate buffer solution, a citrate buffer solution, a formate buffer solution, a tartrate buffer solution, a phosphate buffer solution, a glycine-hydrochloric acid buffer
20 solution, and a citric acid-phosphate buffer solution.

(6) The rocuronium preparation of any one of the above (1) to (5), which is an injection.

(7) A method for producing the rocuronium preparation of any one of the above (1) to (6), the method comprising a step
25 of adjusting the titratable acidity of the rocuronium preparation containing rocuronium and a buffer solution to 100 mEq or less.

(8) The method for producing the rocuronium preparation of the above (7), the method comprising a step of adjusting the

titratable acidity to 100 mEq or less and the pH to 6 or less.

- (9) A method for reducing and/or alleviating the vascular pain caused by a rocuronium preparation, the method comprising adjusting the titratable acidity of a rocuronium preparation
5 containing rocuronium and a buffer solution to 100 mEq or less.

ADVANTAGEOUS EFFECTS OF INVENTION

The rocuronium preparation of the present invention is designed to reduce vascular pain to be induced.

10

BRIEF DESCRIPTION OF DRAWINGS

Fig. 1 shows the results of Test Example 1.

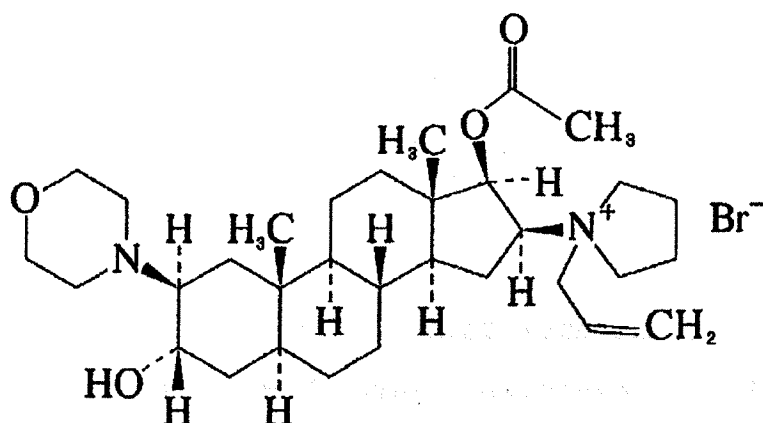
DESCRIPTION OF EMBODIMENTS

- 15 The rocuronium preparation of the present invention' contains rocuronium and a buffer solution and has a titratable acidity of 100 mEq or less.

The rocuronium as an active ingredient of the rocuronium preparation used in the present invention is rocuronium bromide

- 20 (chemical name:

(+)-(17 β -acetoxy-3 α -hydroxy-2 β -morpholino-5 α -androstan-16 β -yl)-1-allyl-1-pyrrolidinium bromide) represented by the following formula.



The amount of the rocuronium used in the rocuronium preparation of the present invention is not particularly limited and appropriately selected depending on the disease condition, the dosage form, etc., but is usually about 0.1 to 10% by mass, preferably about 0.5 to 5% by mass, and more preferably about 0.8 to 3% by mass relative to the total mass of the medical preparation. The dosage amount varies with the age, the sex, and the weight of the patient, the severity of the disease, etc., and therefore is not particularly limited, but generally, the daily total dose of the active ingredient is usually about 0.01 to 100 mg, and preferably about 10 to 60 mg per adult. Also, the dosage and administration method vary with the age, the sex, and the weight of the patient, the severity of the disease, etc., and therefore is not particularly limited, but generally, it is appropriate that the daily total dose is administered once daily or administered as multiple (for example 2 to 4) divided doses. In an exemplary method, the rocuronium bromide is intravenously administered in a dose of 0.6 mg/kg, and as needed, additionally administered by continuous infusion in a dose of 0.1 to 0.2 mg/kg during the operation.

The dosage form of the rocuronium preparation of the present invention is not particularly limited, but usually a solution. Examples of the solution include parenteral preparations, such as injections (for intravenous injection, intraarterial
5 injection, intramuscular injection, subcutaneous injection, intradermal injection, intraperitoneal injection, intraspinal injection, or epidural injection), ophthalmic preparations, and intranasal preparations. The administration route of the rocuronium preparation of the present invention is not
10 particularly limited, but in the cases of parenteral administration using injections, it is preferable to appropriately select the route from preferred routes including intravenous, intraarterial, subcutaneous, intradermal, intramuscular, and intraperitoneal administration routes
15 depending on the age of the patient, the disease condition, and/or other conditions.

The pH of the rocuronium preparation of the present invention is not particularly limited, but considering the stability of the rocuronium, pH 6.0 or less is preferred, pH
20 2.5 to 4.5 is more preferred, and pH 3.0 to 4.3 is still more preferred. The pH may be a value at a temperature of 20 to 30°C.

The buffer solution used in the present invention is not particularly limited, and examples thereof include acetate buffer solution, citrate buffer solution, formate buffer
25 solution, tartrate buffer solution, phosphate buffer solution, glycine-hydrochloric acid buffer solution, and citric acid-phosphate buffer solution. These buffer solutions may be used alone or as a mixture of two or more kinds thereof. These buffer solutions may be commercially available products.

The titratable acidity of the rocuronium preparation of the present invention is 100 mEq or less, and for a higher reduction of vascular pain, is preferably 80 mEq or less, and more preferably 60 mEq or less. The titratable acidity of the present invention means the quantity (mEq) of sodium hydroxide consumed in titration of 1 L of a solution to pH 7.4. The titratable acidity can be adjusted by changing the type and concentration of the buffer solution used. The titratable acidity may be a value at a temperature of 20 to 30°C.

10 The concentration of the buffer solution is not particularly limited as long as it is within a range to allow the titratable acidity to be within the above-mentioned range. For example, in cases where the buffer solution is a citrate buffer solution (pH 4.0), the concentration may be 0.07 M or less. For example, in cases where the buffer solution is a citric acid-phosphate buffer solution (pH 4.0), the concentration may be 0.04 M or less.

The rocuronium preparation of the present invention is preferably used under anesthesia although it is not a necessary condition. The anesthetic is not particularly limited, and preferred examples thereof include an inhalation anesthetic and an intravenous anesthetic. The inhalation anesthetic is not particularly limited, and examples thereof include volatile inhalation anesthetics, such as halothane, isoflurane, enflurane, methoxyflurane, sevoflurane, and desflurane; and gaseous inhalation anesthetics, such as ethylene, cyclopropane, diethylether, chloroform, nitrous oxide, and xenon. The intravenous anesthetic is not particularly limited, and examples thereof include propofol, midazolam, ketamine,

tiletamine, thiopental, methohexital, and etomidate.

Preferred are propofol, midazolam, etc. These anesthetics may be used alone or as a mixture of two or more kinds thereof. These anesthetics may be commercially available products.

5 In the rocuronium preparation of the present invention, a carrier for drug formulation is preferably blended as needed. Examples of the carrier include a solvent, a solubilizing agent, a suspending agent, an isotonizing agent, and a soothing agent. In addition, any known additives and pharmaceutically
10 acceptable additives usually used in the pharmaceutical field, for example, a preservative, an antioxidative agent, a stabilizing agent, and an antioxidant, may be used as needed. These additives may be used alone or as a mixture of two or more thereof as appropriate for the intended dosage form. These
15 additives may be commercially available products.

 The solvent is not particularly limited, and examples thereof include purified water, ethanol, propylene glycol, polyethylene glycol, macrogol, sesame oil, corn oil, olive oil, etc. The solubilizing agent is not particularly limited, and
20 examples thereof include propylene glycol, D-mannitol, benzyl benzoate, ethanol, triethanolamine, sodium carbonate, sodium citrate, etc. The suspending agent is not particularly limited, and examples thereof include benzalkonium chloride, carmellose, hydroxypropylcellulose, propylene glycol, polyvinyl
25 pyrrolidone, methyl cellulose, glycerol monostearate, sodium lauryl sulfate, lecithin, polyvinyl alcohol, etc. The isotonizing agent is not particularly limited, and examples thereof include glucose, D-sorbitol, sodium chloride, D-mannitol, glycerol, etc. The soothing agent is not

particularly limited, and examples thereof include benzyl alcohol etc.

The preservative is not particularly limited, and examples thereof include ethyl p-hydroxybenzoate, chlorobutanol, benzyl alcohol, sodium dehydroacetate, sorbic acid, etc. The antioxidant is not particularly limited, and examples thereof include sodium sulfite, ascorbic acid, etc. The stabilizing agent is not particularly limited, and examples thereof include casein, sodium caseinate, etc. Examples of the antioxidant include t-butylhydroquinone, butylhydroxyanisole, butylhydroxytoluene, α -tocopherol, and derivatives thereof.

The osmotic pressure of the rocuronium preparation of the present invention is not particularly limited as long as it does not contribute to the development of vascular pain and may be 250 to 1000 mosmol/kg or 260 to 600 mosmol/kg.

The method for producing the rocuronium preparation of the present invention comprises a step of adjusting the titratable acidity of the rocuronium preparation containing rocuronium and a buffer solution to 100 mEq or less. The rocuronium and the buffer solution are as described above.

It is further preferable that, in the production method, the titratable acidity is 100 mEq or less and the pH is 6 or less. The pH is as described above.

Another embodiment of the present invention is a method for reducing and/or alleviating the vascular pain caused by a rocuronium preparation, the method comprising adjusting the titratable acidity of a rocuronium preparation containing rocuronium and a buffer solution to 100 mEq or less. The rocuronium and the buffer solution are as described above.

The present invention encompasses embodiments in which various structures described above are combined within the technical scope of the present invention in such a manner that the effect of the present invention is exerted.

5

EXAMPLES

Hereinafter, the present invention will be illustrated in more detail by Examples, but it is not limited thereto. Various modifications can be made within the technical idea of the present invention by those with ordinary skill in the art.

10

Example 1

To 100 mL of a 0.018 M citric acid aqueous solution, 61.5 mL of a 0.018 M sodium citrate aqueous solution was added to give a citrate buffer solution (I) having an adjust pH of 4. To 30 mL of the solution (I), 72 mg of an isotonizing agent (NaCl) and 1.0 g of rocuronium were added, and then the pH was adjusted to 4 by adding a pH adjuster (0.018 M citric acid aqueous solution). To this, the solution (I) was added to adjust the total volume to 100 mL. The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

20

Example 2

To 100 mL of a 0.014 M citric acid aqueous solution, 0.59 g of disodium hydrogen phosphate was added to give a citric acid-phosphate buffer solution (II) having an adjust pH of 4. To 20 mL of the solution (II), 71 mg of an isotonizing agent (NaCl) and 1.0 g of rocuronium were added, and then the pH was adjusted to 4 by adding a pH adjuster (0.014 M citric acid aqueous solution). To this, the solution (II) was added to adjust the total volume to 100 mL. The titratable acidity of the obtained

25

preparation was measured, and the result is shown in Table 1.

Example 3

To 100 mL of a 0.045 M hydrochloric acid aqueous solution, 1.75 g of glycine was added to give a glycine- hydrochloric acid
5 buffer solution (III) having an adjust pH of 3. To 30 mL of the solution (III), 37 mg of an isotonizing agent (NaCl) and 1.0 g of rocuronium were added, and then the pH was adjusted to 3 by adding a pH adjuster (0.045 M hydrochloric acid aqueous solution). To this, the solution (III) was added to adjust the
10 total volume to 100 mL. The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

Example 4

To a 0.055 M tartaric acid aqueous solution, a 0.055 M sodium tartrate aqueous solution was added to give a tartrate buffer
15 solution (IV) having an adjust pH of 4. To an aliquot of the solution (IV), as in Example 1, an isotonizing agent (NaCl) and rocuronium were added, and then the pH was adjusted to 4 by adding a pH adjuster (0.055 M tartaric acid aqueous solution). To this, the solution (IV) was added to the marking of the measuring flask.
20 The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

Example 5

To a 0.1 M formic acid aqueous solution, a 0.1 M sodium formate aqueous solution was added to give a formate buffer
25 solution (V) having an adjust pH of 4. To an aliquot of the solution (V), as in Example 1, an isotonizing agent (NaCl) and rocuronium were added, and then the pH was adjusted to 4 by adding a pH adjuster (0.1 M formic acid aqueous solution). To this, the solution (V) was added to the marking of the measuring flask.

The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

Example 6

5 A rocuronium preparation was prepared in the same manner as in Example 1 except that the concentration of the citrate buffer solution and the pH adjuster was as shown in Table 1 below. The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

Example 7

10 A rocuronium preparation was prepared in the same manner as in Example 2 except that the concentration of the citric acid aqueous solution and the pH adjuster was as shown in Table 1 below. The titratable acidity of the obtained preparation was measured, and the result is shown in Table 1.

15 Example 8

A rocuronium preparation was prepared in the same manner as in Example 3 except that the concentration of the hydrochloric acid aqueous solution and the pH adjuster was as shown in Table 1 below. The titratable acidity of the obtained
20 preparation was measured, and the result is shown in Table 1.

The preparations of the above Examples 1 to 8 can be prepared by an alternative procedure. That is, rocuronium is dissolved in the acidic aqueous solution having the predetermined concentration, and the basic aqueous solution is added, with
25 monitoring of the pH using a pH meter, to reach the predetermined pH. To this, the buffer solution having the predetermined concentration is added to the marking of the measuring flask to give the final preparation.

Comparative Example 1

A commercial rocuronium preparation (trade name: ESLAX (registered trademark) Intravenous 50 mg/5.0 mL, an acetate buffer solution, pH 4.0) was used as Comparative Example 1.

Test Example 1

5 Urethane was intraperitoneally injected to rats (male SD rats, 8 to 9 weeks old, 9 to 10 animals in each group) at a dose of 1.4 g/kg, and tracheal intubation was carried out. Hair around the treated area was shaved, and the skin was incised to expose blood vessels near the femoral artery. A PFA tube
10 having a tip tapered beforehand was introduced about 2 cm into the caudal superficial epigastric artery in a retrograde manner to the site from which the femoral artery arises. A coaxial needle electrode (26 G) was inserted into the left posterior semitendinosus muscle. After the operation, the rats were kept
15 at about 37°C. Before the start of administration, the baseline value was measured for 30 seconds. Each test solution (Examples 1 to 8 and Comparative Example 1) in an amount of 50 μ L was administered through the PFA tube at a rate of 0.8 mL/sec, and electromyography (EMG) measurement was performed over 30
20 seconds from the start of the administration. Each test solution was repeatedly administered at intervals of 1 hour or longer. About 1 hour after the operation, 1% propofol "Maruishi" (Japanese product name) was administered to the rats, and only such individuals as to exhibit muscle contraction were
25 used in the test. The analysis of the obtained electromyogram was performed using PowerLab (16sp, ADInstruments). The raw signals were rectified and integrated over each time period of 500 μ s to give quantified data (μ V $\cdot$ s²). The results are shown as percentage values relative to the pretreatment value

(baseline = 100%). The results are shown in Table 1 and Fig. 1 below.

In Fig. 1, each value is the mean $\pm$ standard error.

Table 1

Sample No.	pH	Concentration	Titratable acidity	Integrated EMG value	
		(M)	(mEq)	(% of baseline)	SE
Example 1	4.0	0.018	41	99.97	2.14
Example 2	4.0	0.014 (citric acid)	43	103.81	3.87
Example 3	3.0	0.045 (hydrochloric acid)	40	100.94	4.32
Example 4	4.0	0.055	39	105.51	3.94
Example 5	4.0	0.1	39	103.38	5.38
Example 6	4.0	0.042	83	126.09	15.41
Example 7	4.0	0.028 (citric acid)	80	123.67	10.43
Example 8	3.0	0.09 (hydrochloric acid)	79	106.95	5.29
Comp. Ex. 1	4.0	0.15	114	264.73	40.18

5 Comp. Ex.: Comparative Example

SE: standard error

The results shown in Table 1 and Fig. 1 confirmed that the rocuronium preparation of the present invention significantly reduces vascular pain to be induced, and that a preparation
 10 having titratable acidity of about 40 mEq or less does not cause vascular pain.

INDUSTRIAL APPLICABILITY

The rocuronium preparation of the present invention
 15 significantly reduces vascular pain to be induced and is useful as a muscle relaxant under anesthesia.

CLAIMS

1. A rocuronium preparation containing rocuronium and a buffer solution and having a titratable acidity of 80 mEq or
5 less and a pH of 6 or less with the proviso that the titratable acidity means the quantity (mEq) of sodium hydroxide consumed in titration of 1 L of a solution to pH 7.4.
2. The rocuronium preparation of claim 1, of which the pH
10 is 2.5 to 4.5.
3. The rocuronium preparation of claim 1 or 2, wherein the buffer solution is one or more kinds selected from an acetate buffer solution, a citrate buffer solution, a formate buffer
15 solution, a tartrate buffer solution, a phosphate buffer solution, a glycine-hydrochloric acid buffer solution, and a citric acid-phosphate buffer solution.
4. The rocuronium preparation of any one of claims 1 to 3,
20 which is an injection.
5. A method for producing the rocuronium preparation of any one of claims 1 to 4, the method comprising a step of adjusting the titratable acidity of the rocuronium preparation containing
25 rocuronium and a buffer solution to 80 mEq or less and the pH of the preparation to 6 or less.