

SPRAY-DRIED COMPOSITIONS COMPRISING ADRENERGIC RECEPTOR MODULATORS

5 This invention relates to new pharmaceutical compositions. The invention also relates to methods of manufacturing such compositions and formulating them into dosage forms.

Prior Art and Background

10 The listing or discussion of an apparently prior-published document in this specification should not necessarily be taken as an acknowledgement that the document is part of the state of the art or common general knowledge.

15 Adrenaline, also known as epinephrine, is an endogenous hormone that is secreted mainly by the medulla of the adrenal glands, but also by a small number of neurons. Its primary role in the body is as a stimulator of components of the sympathetic nervous system. Adrenaline is typically released during stressful situations, and plays an important role in the fight-or-flight response by increasing blood flow to muscles, cardiac output, pupil dilation and plasma glucose levels. It exerts this effect by binding to, and stimulating, alpha and beta adrenergic receptors.

20 Adrenaline was first isolated in the late Nineteenth Century and is now commonly used exogenously as a medication (epinephrine), for example to treat allergic reactions (including anaphylaxis) and cardiac arrest, as well as croup and asthma.

25 For the treatment of severe and/or acute conditions, such as allergic reactions, including severe allergic reactions, anaphylaxis and anaphylactic shock (which may be caused by insect venom from stings or bites, certain foodstuffs or medications, and other chemicals, like latex), and in particular the emergency treatment thereof, epinephrine is presently administered parenterally by injection, for example subcutaneously, intravenously or intramuscularly, alongside other emergency medical interventions.

35 Those susceptible to such severe allergic reactions typically carry around an epinephrine autoinjector, which is self-administered in emergency situations. An autoinjector is typically a single-use, disposable, spring-loaded syringe, that is intended for self-administration by patients, or administration by untrained personnel or first responders.

The most common epinephrine autoinjector device is sold under the brand name EpiPen® and EpiPen® Jr, but also under other brand names, such as Adrenaclick® and Auvi-Q®.

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Injectable delivery means are often regarded as inconvenient. It is sometimes very difficult, if not impossible, for patients to self-administer drugs through needles, which sometimes necessitates wasteful and time-consuming intervention by first responders and/or physicians to ensure compliance, and to avoid effects that are either unwanted or detrimental.

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Furthermore, all of the above-mentioned autoinjectors comprise solutions of epinephrine, which are extremely unstable chemically. Indeed, the EpiPen product label dictates that the product should be stored in its original packaging at room temperature (particularly between 20°C and 25°C) and kept away from light. It cannot be refrigerated or frozen (with a view to e.g. enhancing product stability), as this would be of detriment to the performance of the device in an emergency situation (given that it is necessary to inject a liquid solution through a fine needle).

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Even under its prescribed storage conditions, the EpiPen has a shelf-life of a maximum of only 24 months, and the EpiPen Jr a shelf-life of just up to 19 months. Furthermore, because of storage times during distribution, this shelf-life is often reduced by as much as 12 months by the time an end user is prescribed, or obtains, his or her device. The user is instructed in the product label to replace the unit before its expiry date.

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Because of the instability of the epinephrine solution, in common of all autoinjectors, the EpiPen also comprises an inspection window, through which the user is instructed in the product label to inspect the product, in particular to check it visually for particulates (precipitation) or discoloration. If such particles and/or discoloration are present, the user is instructed to replace the unit, even if this occurs before the expiry date.

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These factors conspire to increase the number of epinephrine autoinjectors that are wastefully disposed of, having not been used, but, in addition, epinephrine solutions tend to comprise stabilising agents (antioxidants), more particularly, sulfites, which many patients are allergic to, further limiting their use (see, for example, Roth and Shields, *Anesthesia & Analgesia*, **98**, 1499 (2004)).

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Thus, for the foregoing reasons, there is a significant unmet clinical need for a drug delivery composition comprising epinephrine that has improved stability (physically and, more importantly, chemically).

- 5 In the treatment of acute disorders a rapid onset of pharmacological effect is often required. In contrast to peroral drug delivery, administration principles in which drugs are available immediately within systemic circulation are more likely to lead to such a rapid onset of action.
- 10 Transmucosal administration of active ingredients is a viable alternative to parenteral administration. It gives rise to the possibility of delivering drug molecules directly into systemic circulation through mucosal membranes (e.g. rectally, sublingually, buccally, pulmonarily and intranasally), and may lead to advantages, such as increased patient compliance, improved drug bioavailability and therefore lower doses, a more rapid
- 15 onset of action and reduced side effects.

However, transmucosal administration of drugs presents its own, quite distinct problems. Unlike the gastrointestinal tract, which is a large organ that contains a relatively large amount of biological fluids, spaces such as the oral and nasal cavities

20 are relatively small and contain much lower amounts of bodily fluids, such as saliva and/or mucous. This inevitably provides a considerable limitation on the amount of active ingredient that can be administered in a single dose.

Furthermore, although it is a dynamic system, the gastrointestinal tract is, in the main

25 part, something of a 'closed' system. Conversely, the rapid clearance mechanisms that take place in both the oral and nasal cavities means that the time that is often available for absorption across a mucosal surface, for an already more limited amount of drug, is also limited.

30 Numerous formulation principles have been put forward to solve this problem, including, for example, bioadhesive formulation principles, such as buccal patches for oromucosal drug delivery (see, for example, Shojaei, *J. Pharm. Pharmaceutical Sci.*, **15**, 19 (1998) and Gandhi, *Advanced Drug Delivery Reviews*, **43**, 67 (1994)), as well as *in situ* gelling compositions for intranasal drug delivery (see, for example, Bertan *et al*, *Eur. J. Pharm. Sci.*, **27**, 62 (2006)).

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Transmucosal drug delivery systems that are in the solid state may present a significant advantage in allowing for higher drug loadings in the formulation. However,

although solid drug delivery compositions are far more common when administering to rectal, buccal, sublingual and pulmonary mucosae, it remains the case that the vast majority of intranasal drug delivery systems are presented in the form of liquid sprays, typically aqueous solutions, wherein drug solubility plays yet another limiting factor in the amount of drug that is available for absorption.

That liquid sprays for intranasal delivery are almost ubiquitous is because formulating solid pharmaceutical formulations in form of a nasal powder is not easy. Unlike powders that are frequently employed for inhalation of active ingredients into the lungs, there are very few commercially-available intranasal powder formulations.

When formulated as dry powders, pulmonary drug delivery compositions typically take the form of 'aggregate' mixtures that include micronized particles of API on larger carrier particles. These aggregates are intended to dissociate/break up upon inhalation or actuation of a device, depositing only the fine particles of active ingredients in the lung.

However, such drug delivery systems are understood not to work effectively in the case of intranasal drug delivery. This is because the presence of such fine particles leads to a significant risk of lung exposure, which is not the intended site of administration. If drug particle sizes were increased to avoid this problem, it would likely lead to difficulties in ensuring appropriate interactions in the heterogeneous 'interactive' mixture, which depends on substantial differences in sizes of the two components to ensure interaction, in turn leading to potential manufacturing issues, such as segregation during filling. Attempting to compensate for this by correspondingly increasing carrier particle size would not necessarily solve the problem, but would necessarily increase the mass of inactive excipients in an already finitely limited total mass of dosage form, potentially resulting in a reduction in the dose of active ingredient.

The difficulties of formulating dry powders for intranasal delivery are dealt with in US Patent Application US 2005/001411 A1. In this document, it is stated that powders for nasal administration need to be fine enough so that they can be efficiently conveyed by a flow of gas and efficiently deposited in the nose, yet also coarse enough to facilitate the introduction of the powder into an appropriate powder device, which is always needed for intranasal administration. US 2005/001411 A1 apparently solves this problem by making loosely formed secondary particles (aggregates) of primary particles comprising active ingredients. The aggregates have dimensions that are a

few hundreds of microns, and this is said to enable more efficient loading into an appropriate intranasal administration (an applicator, dispenser or insufflator) device. Upon actuation of such a device, and administration of the composition, the aggregates apparently quickly break up into the primary particles of active ingredients. These
5 primary particles are of a size that is just a few microns, which is stated to facilitate their dissolution and, thereafter, intranasal absorption of active ingredient.

As stated above, transmucosal (e.g. intranasal) delivery of drugs intended for systemic absorption avoids the first pass metabolism that is inevitably a component of peroral
10 administration. Drug metabolism occurs through chemical reactions with enzymes that are capable of altering an active ingredient's chemical structure, physical structure and/or biological activity.

Because most drugs are organic molecules that contain functional groups that are
15 capable of undergoing such chemical reactions, they are often susceptible to some form of chemical decomposition when they come into contact with substances that are capable of interacting with those functional groups outside of the body. As discussed above, chemical instability problems are particularly acute in the case of epinephrine.

As is summarised by Kou and Zhou in Chapter 16 of the textbook *Amorphous Solid Dispersions*, Shah *et al* (Eds.), Springer (2014), if a drug is formulated in an amorphous, as opposed to a crystalline, physical state, it is typically presented in a higher energy state, and is thus likely to be more chemically and physically unstable, presenting challenges to pharmaceutical formulators.
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Chemical stability is thus often improved by presenting a drug in a crystalline state, often through salt formation. The primary objective of salt formation is usually to increase hydrophilicity of active ingredients in order to address poor aqueous solubility and dissolution rate issues. In making a salt, other physicochemical and biological
25 concerns, such as chemical stability, can often be simultaneously addressed. For example, basic drugs (e.g. drugs containing at least one amine group) are often presented in the form of an acid addition salt, which salts are typically more stable chemically than the corresponding 'free' amine bases.
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However, whilst potentially providing active ingredient in a form in which it can be more easily stored without chemical degradation, and more efficient in terms of its rate and/or extent of dissolution after administration, crystalline salts generally have slower dissolution rates and are less efficiently absorbed across mucosal membranes, than if
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corresponding active ingredients are presented in an amorphous, and/or unionized form, respectively.

Thus, active pharmaceutical ingredients formulated as amorphous solid dispersions generally have the advantage of higher bioavailability, but typically present challenges in the form of reduced physical and chemical stability, whereas drugs formulated in a crystalline and/or salt form, whilst generally being more stable tend to be less bioavailable.

The latter problem can be particularly disadvantageous in the case of transmucosal, such as intranasal or sublingual, drug delivery, where, as discussed above, residence times of drugs in the relevant cavity, within which absorption into systemic circulation needs to occur, is limited. This, coupled with poor permeability across mucous membranes at physiological pHs may lead to unacceptably low and/or slow transmucosal absorption to provide for an adequate therapeutic effect.

Many elaborate formulation principles have been devised over the years to address the balancing act between solubility and permeability in transmucosal drug delivery systems. Such formulation principles include the addition of pH modifying substances that convert an ionized salt form of active ingredient into a more permeable unionized state.

However, in view of all of the aforementioned potential advantages that it offers, there remains a general need for improved solid (e.g. powder-based) transmucosal and especially intranasal drug delivery systems.

In particular, there remains a significant unmet clinical need in the field of transmucosal drug delivery for a powdered drug delivery composition that:

- (i) is both physically and chemically stable; and
- (ii) provides active ingredient:
 - at a sufficient dose; and/or
 - in a form in which it is permeable enoughto provide a required therapeutic effect (such as speed of onset and/or access to a drug target) at the (relatively speaking) low doses that are possible, and short residence times that are available, in the transmucosal context, such as within the nasal cavity.

In the more specific field of intranasal drug delivery, there remains a significant unmet clinical need for such a drug delivery composition that comprises particles of an appropriate size to enable both the efficient:

- filling of a drug delivery device; and
- 5 • deposition within the relevant (e.g. nasal) cavity.

Intranasal dry powder formulations are known from *inter alia* international patent applications WO 2010/142696 and WO 2019/038756, US patent No. 10,653,690 B2 and US patent application US 2018/0092839A. See also US patent Nos. 7,947,742 B2,
10 8,415,397 B2 and 8,747,813 B2.

Russo *et al* (*J. Pharm. Sci.*, **95**, 2253 (2006)) discloses spray-drying the opioid analgesic compound, morphine, with numerous excipients. Spray-dried formulations are also disclosed in Vengerovich *et al.*, *Bulletin of Experimental Biology and Medicine*,
15 **163**, 737 (2017), where it was attempted to microencapsulate an active ingredient in various substances, including 2-hydroxypropyl- β -cyclodextrin, with a view to developing sustained-release preparations based on polymeric carriers for emergency care.

20 We have found that it is possible to formulate an adrenergic receptor modulator, such as epinephrine, in the form of amorphous dry powder compositions by way of a process that, for example, spray-dries that active ingredient along with a carrier material comprising a specific component, as disclosed hereinafter (see also international patent application WO 2023/094826 A1) Such compositions may be manufactured in an
25 advantageous way (as described hereinafter), and also provide for astonishing improvements in stability of the relevant active ingredients, during storage and prior to administration, when compared to formulations employed in currently-available devices such as the EpiPen.

30 When such compositions comprising epinephrine were administered to healthy volunteers in a Phase I clinical study, they were found to exhibit excellent bioavailability and speed of absorption of active ingredients. Although nasal administration of the compositions was considered to be safe, with no severe adverse events (AEs) being reported in the study, nasal discomfort was common, although such discomfort was
35 typically mild, transient and tolerable.

Although mild discomfort is not considered to be a significant problem in what is designed to be a life-saving, emergency use, medication, in order to improve patient

experience in what is already an excellent product, attempts have been made to reduce the nasal irritation experienced by patients.

Disclosure of the Invention

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According to a first aspect of the invention, there is provided a pharmaceutically-acceptable composition in the form of a solid, amorphous, mono-particulate powder comprising a mixture of:

- (a) a pharmacologically-effective dosage amount of an adrenergic receptor modulator, or a pharmaceutically-acceptable salt thereof; and
- 10 (b) a pharmaceutically-acceptable carrier material, which carrier material comprises a maltodextrin,
- which solid composition, when dissolved in aqueous media, exhibits a pH of between about 4.5 and about 8.0,
- 15 which pharmaceutically-acceptable compositions are referred to hereinafter together as 'the compositions of the invention'.

Modulators (also known as 'stimulators' or 'agonists') of adrenergic receptors (including the α_{1A} , α_{1B} , α_{1C} , α_{1D} , α_{2A} , α_{2B} , α_{2C} , α_{2D} , β_1 , β_2 , β_3 sub-receptors) that may be mentioned

20 may include phenylephrine, oxymetazoline, methyldopa, clonidine, dexmedetomidine, lofexidine, dobutamine, mirabegron, dopamine, albuterol (salbutamol), formoterol, levalbuterol, olodaterol, salmeterol, pirbuterol, terbutaline, fenoterol, rimiterol, hexoprenaline, tretoquinol, karbuterol, tulobuterol, clenbuterol, procaterol, bitolterol, indacaterol, colterol, pseudoephedrine, ephedrine, more preferably norepinephrine,

25 isoprenaline and, particularly, epinephrine (also referred to as 'adrenaline'), as well as salts of any of the foregoing.

Compositions of the invention are in the form of an amorphous, mono-particulate powder. By 'mono-particulate', we mean that the plurality of particles that form the

30 powdered compositions of the invention comprise a homogeneous or a heterogeneous mixture, in which an adrenergic receptor modulator or salt thereof is encapsulated in an amorphous state within the carrier material as defined above, optionally in the presence of other ingredients. The particles of the powdered compositions of the invention are thus presented as an amorphous composite of the adrenergic receptor

35 modulator or pharmaceutically-acceptable salt thereof (hereinafter referred to as 'active ingredient'), the aforementioned carrier material and, optionally, other ingredients.

By being amorphous in their nature, compositions of the invention may be wholly amorphous and/or may be predominantly amorphous (for example more than about 50% by weight, such as more than about 75% by weight, including more than about 80% by weight, such as more than about 90% by weight, or more than about 95% by weight, including more than about 99% by weight amorphous). In the alternative, compositions of the invention may be less than about 50%, such as less than about 25%, more preferably less than about 20%, for example less than about 10%, including less than about 5%, or less than about 1% crystalline. The degree (%) of crystallinity may be determined by the skilled person using powder X-ray diffraction (PXRD). Other techniques, such as solid-state NMR, FT-IR, Raman spectroscopy, differential scanning calorimetry (DSC) microcalorimetry, and calculations of true density, may also be used.

As described hereinafter, despite being in an amorphous physical state, compositions of the invention exhibit remarkable and unexpected physical and chemical stability, and may thus be provided in the form of pharmaceutical products that show excellent shelf-life when stored under normal storage conditions.

Compositions of the invention are produced at least initially in the form of multiple small particles (i.e. as powders) by an appropriate technique. In general, appropriate techniques fall into 'solvent-based' methods, which include spray-drying, fluidized bed techniques, co-precipitation, supercritical fluid techniques, spray granulation, cryogenic techniques (including freeze-drying), electrospinning and rotating jet techniques, or 'fusion-based' methods, which include melt granulation, melt extrusion, high-shear mixing (e.g. KinetiSol®), milling and molten material on carrier techniques (e.g. Meltdose®). Preferred methods include freeze-drying and, more preferably, compositions of the invention are made by a process of spray drying.

Such powders may be suitable for delivery *via* any pharmaceutically-acceptable administration route directly to patients, or may be presented as an intermediate composition that may subsequently be formulated into a pharmaceutically-acceptable dosage form which is to be administered to one or more patients.

In this respect, there is provided a pharmaceutical formulation and/or a pharmaceutically-acceptable dosage form which formulation and/or dosage form is to be administered to a patient, and comprises one or more compositions of the invention.

Suitable pharmaceutical dosage forms may thus comprise liquid formulations, such as solutions, which may be prepared by dissolving a composition of the invention (e.g. just prior to administration) in a pharmaceutically-acceptable solvent (such as water), for delivery to such patients for example by injection or by infusion.

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Alternative pharmaceutical dosage forms may comprise liquid or semi-solid formulations, such as liquid suspensions and/or gel compositions which may comprise (e.g. particles of) a composition of the invention that is/are suspended or dissolved in an appropriate liquid or semi-solid carrier which may be loaded into an appropriate dosage form or delivered by, for example, injection or infusion, or may be formed after injection (e.g. subcutaneously or intramuscularly) to form an implant or a depot formulation.

Compositions of the invention may in the alternative be presented as part of an essentially solid pharmaceutical dosage form. The term 'solid' will be well understood by those skilled in the art to include any form of matter that retains its shape and density when not confined, and/or in which molecules are generally compressed as tightly as the repulsive forces among them will allow. An essentially solid formulation is thus one that is at least about 80%, such as at least about 90%, including at least about 95% (or at least about 99%) in such a form.

In this respect, compositions of the invention may be provided in any particulate form (e.g. as simple powders, granules, pellets and/or beads), comprising a plurality of particles that may individually and/or may collectively consist essentially of, and/or comprise, one or more such composition(s).

Compositions of the invention may thus be presented following their preparation (e.g. by spray-drying) in the form of simple powder mixtures, powder microspheres, coated powder microspheres, a lyophilised liposomal dispersion, or a combination thereof.

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If a pharmaceutically-acceptable dosage form of the invention 'consists essentially of' the particles of one or more compositions of the invention, this will be understood to mean that that dosage form comprises only one or more compositions of the invention, along with other features and/or components that do not materially affect the basic and novel characteristic(s) of the dosage form. Alternatively, in situations where the dosage forms of the invention 'consist essentially of' one or more compositions of the invention, this may be understood to mean that that dosage form comprises at least

about 90%, such as at least about 95%, including at least about 97% (e.g. about 99%) by weight of those one or more compositions of the invention in total.

5 Pharmaceutical dosage forms may in the alternative comprise one or more compositions of the invention in the form of a single unit dosage form, such as a pessary, a suppository or another form of insert, a pill, a capsule, a cake, a patch (e.g. a buccal patch), a film (e.g. an intraoral film) or a tablet (e.g. a sublingual tablet).

10 Capsules may be prepared by loading a composition of the invention as a spray-dried powder directly into a pharmaceutically-acceptable capsule made from an appropriate material designed for either sublingual or, preferably, peroral delivery, or by mixing a composition along with excipients prior to loading into such a capsule, which may involve a granulation step as described hereinafter, prior to loading into a capsule for such delivery.

15 Compositions of the invention may in this respect be granulated into a pellet or a pill, but they may also be formulated (that is, provided for administration) in the form of a dry, free-flowing powder.

20 By 'dry' we include essentially free of water and other liquid solvents, which includes that less than about 10%, such as less than about 6%, including less than about 5%, or less than about 4%, more preferably less than about 3%, such as less than about 2%, e.g. less than about 1% (by weight or by volume) of the formulation and/or composition comprises a liquid, such as water.

25 Flowability of powder compositions of the invention may be measured by standard techniques known to those skilled in the art including bulk density measurements, or measurements taken on a powder flow analyser (for example those sold by Stable Micro Systems or Meritics, both UK), including powder flow speed dependence tests, 30 caking tests, cohesion tests, etc. A preferred measurement of flowability is the standard angle of repose, which may be carried out using a revolving cylinder, a fixed funnel or a tilting box.

35 In the context of the present invention, the term 'free-flowing' is intended to include a powder that allows for efficient filling of a composition of the invention into a drug delivery device during manufacturing, and/or provides a sufficient shot weight when expelled from the device (*vide infra*).

The term may also include that the powder exhibits an angle of repose of no more than about 50°, such as no more than about 45°, including no more than about 40°, for example no more than about 35°, and more particularly no more than about 30°; a bulk density of no less than about 0.3 g/mL, for example no less than about 0.4 g/mL, such as no less than about 0.5 g/mL, and more particularly no less than about 0.6 g/mL; and/or a tap density of no less than about 0.5 g/mL, such as no less than about 0.6 g/mL, for example no less than about 0.7 g/mL, and in particular no less than about 0.8 g/mL.

Appropriate techniques for making dosage forms comprising dry powders or granulates include simple dry mixing, granulation (including dry granulation, wet granulation, melt granulation, thermoplastic pelletising, spray granulation), extrusion/spheronisation or, more preferably, freeze-drying or spray-drying (*vide infra*).

Dry granulation techniques are also well known to those skilled in the art and include any technique in which primary powder particles are aggregated under high pressure, including slugging and roller compaction, for example as described hereinafter.

Wet granulation techniques are well known to those skilled in the art and include any technique involving the massing of a mix of dry primary powder particles using a granulating fluid, which fluid comprises a volatile, inert solvent, such as water, ethanol or isopropanol, either alone or in combination, and optionally in the presence of a binder or binding agent. The technique may involve forcing a wet mass through a sieve to produce wet granules which are then dried, preferably to a loss on drying of less than about 3% by weight.

Melt granulation will be known by those skilled in the art to include any technique in which granules are obtained through the addition of a molten binder, or a solid binder which melts during the process (which binder materials may comprise the pharmaceutically acceptable carrier materials of the composition of the invention). After granulation, the binder solidifies at room temperature. Thermoplastic pelletising will be known to be similar to melt granulation, but in which plastic properties of the binder are employed. In both processes, the agglomerates (granules) obtained comprise a matrix structure.

Extrusion/spheronisation will be well known to those skilled in the art to include any process involving the dry mixing of ingredients, wet massing along with a binder, extruding, spheronising the extrudate into spheroids of uniform size, and drying.

Spray granulation will be known by those skilled in the art to include any technique involving the drying of liquids (solutions, suspensions, melts) while simultaneously building up granulates in a fluid bed. The term thus includes processes in which foreign
5 seeds (germs) are provided upon which granules are built up, as well as those in which inherent seeds (germs) form in the fluid bed due to abrasion and/or fracture, in addition to any spray coating granulation technique generally. The sprayed liquid coats the germs and assists further agglomeration of particles. It is then dried to form granules in the form of a matrix.

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The term 'freeze drying' includes lyophilisation or cryodesiccation, and any low temperature desolvatization (e.g. dehydration) process, in which product is frozen, pressure is lowered, and the frozen solvent (e.g. water) is removed by sublimation.

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Compositions of the invention may in the alternative be provided in the form of a tablet for peroral, buccal and/or sublingual use. Such tablets may be formed for example by direct compression/compaction of a composition of the invention, optionally following mixing it together with one or more appropriate excipients, such as a diluent, a disintegrant, a glidant and/or a lubricant, and may be achieved using techniques such
20 as those described in, for example, *Pharmaceutical Dosage Forms: Tablets. Volume 1*, 3rd Edition, Augsburger et al (eds.), CRC Press (2008) and the documents cited therein. Suitable compacting equipment includes standard tableting machines, such as the Kilian SP300 or the Korsch EK0, XP1, XL 100, and XL 200.

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Suitable disintegrants (as defined in, for example, Rowe *et al*, *Handbook of Pharmaceutical Excipients*, 6th ed. (2009)) that may be employed in tablets include cellulose derivatives such as hydroxypropyl cellulose (HPC), low substituted HPC, methyl cellulose, ethyl hydroxyethyl cellulose, carboxymethyl cellulose calcium, carboxymethyl cellulose sodium, microcrystalline cellulose, modified cellulose gum;
30 starch derivatives such as moderately cross-linked starch, modified starch, hydroxylpropyl starch and pregelatinized starch; and other disintegrants such as calcium alginate, sodium alginate, alginic acid, chitosan, colloidal silicon dioxide, docusate sodium, guar gum, magnesium aluminium silicate, polacrillin potassium and polyvinylpyrrolidone. Combinations of two or more disintegrants may be used.

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Preferred disintegrants include so-called 'superdisintegrants' (as defined in, for example, Mohanachandran *et al*, *International Journal of Pharmaceutical Sciences Review and Research*, **6**, 105 (2011)), such as cross-linked polyvinylpyrrolidone,

sodium starch glycolate and croscarmellose sodium. Combinations of two or more superdisintegrants may be used.

When disintegrants and/or superdisintegrants are employed in tablets, they may be employed in an (e.g. total) amount of between 0.5 and 15% by weight based upon the total weight of a composition. A preferred range is from 1 to 8%, such as from about 2 to about 7% (e.g. about 5%, such as about 4%) by weight.

If present, binder is preferably employed in an amount of between 0.5 and 20% by weight based upon the total weight of the tablet formulation. A preferred range is from 1.0 to 15%, such as from about 2.0 to about 12% (e.g. about 10%) by weight. Suitable binders include cellulose gum and microcrystalline cellulose.

As described herein, compositions of the invention are preferably made by a process of spray-drying.

Whether in the form of a powder or otherwise, dosage forms comprising compositions of the invention may otherwise be prepared by standard techniques, and using standard equipment, known to the skilled person. In this respect, the compositions of the invention may be combined with conventional pharmaceutical additives and/or excipients used in the art for relevant preparations, and incorporated into various kinds of pharmaceutical preparations using standard techniques in order to make dosage forms comprising compositions of the invention (see, for example, Lachman *et al*, 'The Theory and Practice of Industrial Pharmacy', CBS, 4th edition (2015); 'Remington: The Science and Practice of Pharmacy', Troy (ed.), Elsevier, 23rd edition (2020); and/or 'Aulton's Pharmaceutics: The Design and Manufacture of Medicines', Taylor and Aulton (eds.), Elsevier, 5th edition, 2017).

However they are manufactured, it is preferred that compositions of the invention are suitable for, and/or are formulated for, transmucosal delivery of the active ingredient into systemic circulation.

The term 'transmucosal' will be understood by those skilled in the art to mean that, however it is administered to a patient, a composition is presented at a relevant mucosal surface in such a form that the active ingredient(s) may be absorbed across that mucosal surface following its dissolution. Relevant mucosal surfaces thus include the oral, nasal, ocular, vaginal, cervical, pulmonary and/or anorectal mucosae, more

particularly the oral mucosa (including buccal and sublingual mucosae) and especially the nasal mucosa.

Thus, dosage forms comprising compositions of the invention may be directly administered to a mucosal surface (including pulmonarily, rectally, vaginally, buccally, sublingually or intranasally) of a patient for transmucosal delivery of active ingredient.

If administered to the sublingual mucosa, compositions of the invention may be in the form of e.g. sublingual tablets as described above, which may comprise disintegrants or disintegrating agents (which may be defined as any material that is capable of accelerating to a measurable degree the disintegration/dispersion of such composition of the invention), which may be achieved, for example, by the material being capable of swelling and/or expanding when placed in contact with aqueous media, as described hereinafter.

Alternatively, compositions of the invention may be administered sublingually in the form of a powder as described herein, which may be emptied into the mouth and under the tongue from an appropriate receptacle, such as a capsule or a sachet.

If compositions of the invention are suitable for, and/or are formulated for sublingual or, more notably, intranasal administration, then they are preferably administered in the form of a powder composition in which the dosage amount of the active ingredient is no more than about 100 mg. Such sublingual and/or nasal powder compositions may comprise a composition of the invention admixed with other excipients, or may consist essentially of a composition of the invention as hereinbefore defined.

Compositions of the invention that are suitable for, and/or are formulated for, intranasal administration are preferably provided by way of a dosing means that is suitable for nasal delivery. Such a dosing means may contain one e.g. spray-dried powder composition of the invention, or may contain two or more such compositions, within a reservoir of an appropriate applicator. In the latter instance, the dosing means contains two or more dosing amounts of said composition of the invention, which dosing amounts will each contain a pharmacologically-effective dose of the active ingredient(s).

Two or more compositions of the invention may be administered intranasally, either by repeated actuation of a device that either comprises, or is in communication with, that dosing means. Compositions of the invention may therefore be presented within an

appropriate device (e.g. a nasal applicator or dispenser (insufflator), for example as described hereinafter), and/or may be presented within a container or a reservoir that is part of, is adjunct to, and/or is suitable for being placed adjunct to, such an applicator. Such a container or reservoir may contain the one or more compositions
5 of the invention, each containing a pharmacologically-effective dosage amount of active ingredient.

In this way, appropriate dosing means and/or nasal applicators may be actuated only once to deliver a single composition of the invention comprising an appropriate dose
10 of an active ingredient following that actuation (i.e. a single-use dosing unit), may be actuated more than once to deliver two or more compositions of the invention, each comprising an appropriate dose of active ingredient, upon each such actuation (i.e. a multiple-use dosing unit), and/or applicators may be re-filled with a replacement source of composition(s) of the invention (e.g. a container or reservoir), comprising
15 one or more such compositions, to provide for single and/or multiple doses and/or dosing regimens.

Compositions of the invention may thus be administered in the form of a plurality of particles, which particles may individually and/or collectively consist of, and/or
20 comprise, compositions of the invention.

Compositions of the invention may thus be prepared (initially) in the form of solid, dry, free-flowing powders, as described herein.

25 As stated above, compositions of the invention are provided in the form of amorphous, mono-particulate powders. They are not composed of physical associations of two or more discrete, separate sets of particles of different ingredients in the form of a mixture, such as an ordered, or interactive, mixture of smaller particles of active ingredient associated with larger, but separate and chemically distinct, particles of
30 carrier substances. That said, compositions of the invention may be provided as small particles which may subsequently be adhered to separate, larger carrier particles in an interactive mixture, and such a presentation may be useful if the dosage form that is intended for inhalation, for example to the lung, (see e.g. *J. Drug Delivery*, Art. ID 5635010, 1-19 (2018)).

35 As mentioned hereinbefore, the process of making compositions of the invention enables the formation of pharmaceutical products that show excellent shelf-life, in terms of both physical and chemical stability, when stored under normal storage

conditions, as defined herein. This is somewhat surprising given that, in solution, epinephrine is known to be unstable at the pH ranges described herein, and stable at lower pHs (e.g. below about 4). See, for example, Connors *et al*, *Chemical Stability of Pharmaceuticals: A Handbook for Pharmacists*, John Wiley & Sons, 2nd edition (1986) at pages 438 to 447, which discloses that the optimum pH at which racemization and oxidation of epinephrine can be balanced to minimize loss of intact drug in solution is approximately pH 3.0-3.8.

However compositions of the invention are made, they are soluble in water/aqueous media and, when dissolved in such aqueous media, a pH is exhibited that is between about 4.5 and about 8.0. Preferred pH ranges may include an upper limit of about 7.5, such as about 7.0, such as about 6.5 and about 6.0. A preferred pH range is between about 4.5 and about 6.0, such as about 5.9, such as about 5.8, such as about 5.7, such as about 5.6 and more preferably between about 4.5 and about 5.5, which includes specific pH values of about 4.6, about 4.7, about 4.8, about 4.9, about 5.0, about 5.1, about 5.2, about 5.3 and about 5.4.

pH may also be measured *in situ* and/or *in vivo* in an individual (e.g. by measuring pH under the tongue or inside the nostril of a subject, within a limited period of time (e.g. within about 5 minutes, such as within about 3 minutes, including within about 2 minutes, within about 1 minute or within about 30 seconds following administration of a composition of the invention).

However, pH is more preferably measured *ex vivo* or *in vitro*, for example by dissolving a composition of the invention in an aqueous medium and measuring pH. Thus, pH may be measured by dissolving a composition of the invention in a fixed volume (such as between about 0.1 mL and about 5 mL, for example about 100 mg of a composition of the invention in about 5 mL) of an aqueous media, at or around room temperature (e.g. between about 20°C and about 28°C, such as about 25°C), and then measuring pH by one or more standard techniques, such as utilizing a pH probe (e.g. the Schott CG 842P pH Meter attached to a Schott FlatrodeTM-electrode (pH 0-14, 0-60°C)).

Appropriate aqueous media include aqueous buffers (such a standard phosphate buffer at a pH of about 6.8), bodily fluids (which may include mucous (especially nasal mucous), saliva or otherwise) simulated body fluids (which may include simulated saliva or, more preferably simulated, or artificial, nasal mucous, which is commercially-available from suppliers such as BioChemazone (Alberta, Canada)), but is preferably essentially pure water (which may also be isotonic). Appropriate water-based media

within which compositions of the invention may be dissolved may include water for injection, saline solutions, or preferably water that has been purified e.g. by distillation or, especially, deionized by use of e.g. an ion-exchange filtration systems (e.g. Milli-Q (MQ) water).

5

In order to ensure that compositions of the invention exhibit a pH within one or more of the above-stated ranges, active ingredient may be provided in the form of a salt, such as, in the case of epinephrine, a hydrochloride salt or the commercially available tartrate (or bitartrate) salt, and, before making a composition of the invention, ensuring that some sort of pH adjusting (e.g. increasing) step is carried out on an aqueous mixture including the active ingredient salt (as well as, optionally other essential components (i.e. maltodextrin, such as maltodextrin with a dextrose equivalent (DE) that is above 15, e.g. maltodextrin 19DE) and/or, if present, non-essential components such as one or more disaccharides and/or sucrose esters). This may be carried out for example by adding an appropriate amount of an aqueous base, such as (e.g. 1M) sodium hydroxide, prior to a final step that serves to remove aqueous solvent, such as freeze-drying or, more preferably, spray-drying. Addition of base in accordance with this process may be carried out after, but is more preferably carried out prior to, the addition of the other essential and/or non-essential components, from which mixture of components aqueous solvent is subsequently removed.

In an alternative and/or preferred embodiment, compositions of the invention may be made for example by providing active ingredient (such as epinephrine) in the form of a free acid/base compound. In the case of epinephrine, this compound is commercially available, but is known to have more limited aqueous solubility. It may be rendered soluble by adding an appropriate amount of an aqueous acid, such as (e.g. 0.1M) hydrochloric acid, to an aqueous mixture including said epinephrine (as well as, optionally other essential components (i.e. maltodextrin, such as maltodextrin with a DE above 15, e.g. maltodextrin 19DE) and/or, if present, non-essential components such as one or more disaccharides and/or sucrose esters). After this, pH may be increased using an appropriate amount of aqueous base, such as (e.g. 0.1M) sodium hydroxide, prior to a final step that serves to remove aqueous solvent, such as freeze-drying or, more preferably, spray-drying. Addition of acid and then base in accordance with this process may be carried out after, but is more preferably carried out prior to, the addition of the other essential and/or non-essential components, from which mixture of components aqueous solvent is subsequently removed.

By carrying out one or more of the above-mentioned pH-adjusting steps on a mixture as described above (i.e. an aqueous mixture comprising active ingredient (such as epinephrine) in the form of a salt as described herein, such as a hydrohalide (e.g. hydrochloride) salt, or the commercially available tartrate (or bitartrate) salt, or more preferably in the form of a free acid/base compound, pH may be adjusted as described above such that it is measured to be within one or more of the pH ranges mentioned herein at some point prior to, and preferably immediately prior to, the step of removing of the aqueous solvent, for example, by freeze-drying or, more preferably, by spray-drying, to make a composition of the invention. Thus, it is preferred that a pH measurement is made of the final solution that is made prior to the step of removing the aqueous solvent. For the avoidance of doubt however, irrespective of the points at which relevant pH measurements is/are taken, the pH adjustment step may also be carried out, before, during or after addition of essential components (i.e. maltodextrin, such as maltodextrin with a DE above 15, e.g. maltodextrin 19DE) and/or, if present, non-essential components, such as one or more disaccharides and/or sucrose esters.

Compositions of the invention are preferably prepared by a process of spray-drying. The process of 'spray-drying' will be understood by the skilled person to include any method of producing a dry powder from a liquid, including a solution or a suspension (including a slurry) that involves rapid drying using hot gas to convert a stream of liquid into vaporized solvent and particles of solid, which solid particles comprise the solute that was previously dissolved in a solution, and/or particles that were previously suspended in the evaporated liquid.

Appropriate spray-drying equipment includes some form of atomization means, such as a spray nozzle, which disperses the liquid into a spray with a relatively uniform droplet size. Such means may include any means that is capable of producing a dry, free-flowing powder, and may include high pressure swirl nozzles, rotary disks and/or atomizer wheels, high pressure single fluid nozzles, two-fluid nozzles and/or ultrasonic nozzles.

The spray-dryer may be a single effect or a multiple effect spray-dryer, and may comprise an integrated and/or an external vibrating fluidized bed, a particle separator, and/or a collection means which may be a drum or a cyclone.

Volatile solvents include aqueous solvents, i.e. those that include water, which may also, if necessary, include one or more organic solvents as co-solvents, such as lower alkyl alcohols (e.g. methanol, isopropanol or, more especially, ethanol), hydrocarbons

(e.g. C₅₋₁₀ alkanes), haloalkanes (e.g. dichloromethane), dimethylformamide, dimethylsulfoxide, ethyl acetate, acetone, etc., or mixtures thereof.

5 We prefer that mixing together the active ingredient, pharmaceutically-acceptable carrier material(s) as defined herein, and other optional ingredients as described herein (for example alkyl saccharides as described hereinafter), with the aqueous solvent results in a solution that can be spray-dried.

10 According to a still further aspect of the invention, there is provided a process for the manufacturing of a composition of the invention, wherein said process comprises the steps of:

- i) mixing or dissolving the adrenergic receptor modulator (e.g. epinephrine) or pharmaceutically-acceptable salt thereof in an appropriate volatile aqueous solvent,
- 15 ii) adjusting the pH of the resultant solution such that it is within one or more of the above-stated ranges, and/or in the range of between about 4 (such as about 4.5) and about 8 (such as about 7.5 or preferably about 7), more preferably between about 4.2 and about 6.5, such as between about 4.35 and about 6.0, and especially between about 4.5 and about 5.5, and
- 20 iii) spray-drying the mixture from step ii).

As stated above, pharmaceutically-acceptable carrier materials and/or other optional components may be added after step i), at the same time as, and/or after, step ii) in the above process.

25 The pharmaceutically-acceptable carrier material that is employed in a composition of the invention should be suitable (and/or approved) for pharmaceutical use and/or for transmucosal (e.g. sublingual or, notably, intranasal) delivery, capable of maintaining its physical and/or chemical integrity, and/or not affect the physical and/or chemical
30 integrity of the active ingredient and/or any other ingredients that are or may be present in the composition (such as alkyl saccharide), in the solid state, under normal storage conditions.

It is well known that significant difficulties may be experienced in attempting to obtain
35 both chemically- and physically-stable solid compositions, such as powders. If the physical form of a composition changes under normal storage conditions (e.g. from a free-flowing powder to an agglomerated mass that is difficult to discharge), it will likely lead to non-reproducibility of dose of active ingredient. This is particularly so when

dispensing a composition from, or *via*, a nasal applicator as described herein, where such agglomeration may result in the complete inability to dispense the active ingredient, which could be catastrophic in an emergency situation.

5 Compositions of the invention may thus have a minimum shot weight, as measured by individual powder shot weight relative to target weight of about 80%, such as about 85% (e.g. about 90%) up to about 120% (e.g. about 115%, such as about 110%), and/or a mean powder shot weight relative to target weight of about 85%, such as about 90% (e.g. about 95%) up to about 115% (e.g. about 110%, such as about
10 105%).

Similarly, for multiple dose units containing two or more doses of a composition, such stability is critical to ensure reproducibility of the dose of active ingredient over time. Either of these problems may have a detrimental effect on a subject's health, and/or
15 put a subject's well-being at significant risk.

For certain compositions of the invention, exposure to atmospheric water may result in powder compositions that are less solid-state stable. For example, exposure to certain (e.g. higher) relative humidities may affect the physical form of the composition, for example by deliquescence, and/or by lowering glass transition
20 temperatures of compositions, and/or individual components of the compositions, such as carrier materials, or in another way.

Accordingly, compositions of the invention, and pharmaceutical formulations and dosing means (such as nasal applicators) including them, are preferably packaged
25 within containers that substantially prevent the ingress of atmospheric water under the storage conditions defined herein. Such containers may include packaging materials, such as blister packs for tablets and capsules and heat-sealed aluminium pouches and/or thermoformed plastics. Such containers may also comprise a desiccant, such
30 as silica gel and/or appropriate molecular sieves, with a pore size of e.g. 3Å or 4Å.

The phrase 'maintaining physical and chemical integrity' essentially means chemical stability and solid-state stability.

35 By 'chemical stability', we include that any composition of the invention may be stored in isolated solid form, when formulated into a pharmaceutical formulation or dosage form, and/or when loaded into a pharmaceutical dosing means, such as a nasal applicator or a reservoir therefor (with or without appropriate pharmaceutical

packaging as described herein) or otherwise, under normal storage conditions, with an insignificant degree of chemical degradation or decomposition of either the composition *per se* or the active ingredient included therein.

- 5 The term 'chemical stability' also includes 'stereochemical' and/or 'configurational' stability, by which we mean resistance to stereochemical conversion, such as racemisation, at one or more chiral centres within a molecule of an active ingredient. This is particularly important in the case of epinephrine, where the R-enantiomer (i.e. the L-(-)-epinephrine) is the active enantiomer, and the S-enantiomer (i.e. the D-(+)-
10 epinephrine) is less active and may therefore be considered to be an impurity.

By 'physical stability', or 'solid-state stability', we include that any composition of the invention may be stored in an isolated solid form, when formulated into a pharmaceutical formulation or dosage form, and/or when loaded into a pharmaceutical
15 dosing means, such as a nasal applicator or a reservoir therefor (with or without appropriate pharmaceutical packaging as described herein) or otherwise, under normal storage conditions, with an insignificant degree of solid-state transformation (e.g. crystallisation, recrystallisation, loss of crystallinity, solid-state phase transition (e.g. between a glassy or a rubbery state, or to an agglomerated form)), hydration,
20 dehydration, solvatisation or desolvatisation of either the composition *per se* or the active ingredient included therein.

Examples of 'normal storage conditions' for compositions of the invention, whether in the form of a pharmaceutical formulation or dosage form, and/or when loaded into a
25 pharmaceutical dosing means loaded into applicators, devices, drug reservoirs (such as canisters or containers that may substantially prevent the ingress of atmospheric water as described herein) or otherwise, include temperatures of between about -50°C and about +80°C (preferably between about -25°C and about +75°C, such as about 50°C), and/or pressures of between about 0.1 and about 2 bars (preferably
30 atmospheric pressure), and/or exposure to at least about 460 lux of UV/visible light, and/or relative humidities of between about 5 and about 95% (preferably about 10 to about 40%), for prolonged periods (i.e. greater than or equal to about twelve, such as about six months).

- 35 Under such conditions, compositions of the invention (and/or active ingredients contained therein) whether included in an applicator or a reservoir therefor (with or without appropriate pharmaceutical packaging as described herein) or otherwise, may be found to be less than about 15%, more preferably less than about 10%, and

especially less than about 5%, chemically degraded/decomposed, and/or solid-state transformed, as appropriate. The skilled person will appreciate that the above-mentioned upper and lower limits for temperature and pressure represent extremes of normal storage conditions, and that certain combinations of these extremes will not be experienced during normal storage (e.g. a temperature of 50°C and a pressure of 0.1 bar).

Such chemical and, particularly, physical stability is of importance in a solid-state composition, such as a powder, to ensure that the appropriate dose is delivered to the patient.

Notwithstanding the above definition of 'normal storage conditions', compositions of the invention (and/or active ingredients contained therein), whether included in an applicator or a reservoir therefor (either of which may be with or without appropriate pharmaceutical packaging, and which packaging may or may not provide a barrier to moisture as described hereinbefore), or otherwise, may be less than about 10%, such as less than about 5%, such as less than about 4% (including less than about 3%, such as less than about 2.5% (e.g. about 2%), including less than about 1.5%, such as less than about 1%, and even less than about 0.5%) chemically, and/or stereochemically, degraded after storage for:

- (a) at least about 3 months, including at least about 6 months or at least about 12 months, at 40°C and 75% relative humidity;
- (b) at least about 18 months, such as at least about 24 months, including at least about 36 months at below about 30°C, such as about 30°C or about 25°C and/or at, for example, about 65%, such as about 60%, relative humidity; and/or
- (c) at least about 18 hours at above about 1 million lux of UV light.

Compositions of the invention can therefore be stored within a dosage form, such as an applicator or a reservoir therefor (with or without appropriate pharmaceutical packaging/barrier to moisture) or otherwise, at any temperature (e.g. as low as about -20°C) up to about 25°C (e.g. up to about 30°C), preferably with excursions up to about 40°C, for example up to about 50°C, up to about 60°C or even up to about 70°C.

Compositions of the invention comprise a carrier material that is at least in part composed of a maltodextrin.

The maltodextrin may have a dextrose equivalent (DE) that is 15 or below, for example 3, 4, 5, 6, 7, 8 or 9, preferably 10 or 11, more preferably 12, 13, 14 or 15. Particular DEs that may be mentioned include a DE of 15 or a DE of 12.

5 More preferably, the maltodextrin may have a DE that is above 15, for example up to 47, such as 38, 39, preferably 23, 24, 25 or 26, or, more preferably, 16, 17, 18, 20, 21 or 22, and especially a DE of 19. It will be understood by those skilled in the art that maltodextrins with DEs above 20 are referred to as 'glucose syrups'.

10 Maltodextrins are classified by DE, with the higher the DE value, the shorter the average length of the glucose chains. Maltodextrins with DEs above 15 thus have lower average molecular weights than those with DEs of 15 or below. All maltodextrins are mixtures of polysaccharides with different chain lengths and maltodextrins with DEs above 15 have less of the larger molecular weight sugar units.

15 Maltodextrins that are suitable for use in compositions of the invention should have a molecular weight that is nevertheless high enough such that, when it is employed in any given amount, it is capable of forming a suitable solid carrier material for the active ingredient, including the provision of an appropriate degree of physical stability.

20 More preferred pharmaceutically-acceptable carrier materials that may be employed in compositions of the invention include combinations of the relevant maltodextrin with a disaccharide component. Preferred disaccharides include maltitol, sucralose, sucrose, isomalt, maltose, preferably lactose (including β -D-lactose and α -D-lactose, especially α -D-lactose monohydrate), and particularly trehalose.

We have found that maltodextrins with lower DEs, such as those with a DE of 12 or below, contain longer polysaccharide chains (e.g. with greater than or equal to about 24 glucose units), which have a tendency to form helix structures that may form aggregates when presented in aqueous solutions along with other components, such as active ingredients and/or surfactants, like sucrose esters, which may give rise to a turbid solution prior to spray-drying. These aggregates may give rise to stability and/or processability issues during manufacture, requiring the use of in-line filters, and/or negatively impact dissolution and/or absorption of the active ingredient.

35 Although we have found that the aforementioned aggregate/turbidity problem may be alleviated to an extent by reducing the relative amount of maltodextrin that is included within a composition of the invention, which may be achieved by increasing the amount

of other ingredients, such as other carrier materials (e.g. disaccharide), the active ingredient or certain additives, such as sucrose esters, the higher the molecular weight of the maltodextrin, the more e.g. disaccharide or sucrose ester that needs to be added to alleviate the turbidity.

5

If more sucrose ester is added in order to reduce the number of aggregates and/or this turbidity, more may need to be added than is necessary to provide an appropriate (e.g. physical, chemical and/or biological) effect, including an absorption-enhancing effect, as noted herein. Conversely, increasing the amount of disaccharide relative to maltodextrin in the carrier material may have a negative impact on T_g, and therefore the solid-state stability of the composition as noted herein.

We have found that such issues may be reduced, and possibly avoided altogether, by using different maltodextrins altogether, namely those with higher DEs, such as those with a DE above 15, e.g. DE 18, DE 20 or, more preferably DE 19.

In any event, mixtures from any of the foregoing lists of disaccharides and/or maltodextrins, including those with a DE above 15 may be employed.

Total amounts of carrier materials that may be employed in compositions of the invention are typically in the range of about 5% to about 99.9%, including up to about 99% (e.g. up to about 95% or about 90%), such as about 10% (e.g. about 25%, including about 35%) to about 85%, including about 50% to about 75%, by weight, based upon the total weight of the composition (whether one dose of said composition is included in the dosing means or otherwise).

Whether provided as a combination of materials or otherwise, it is preferred that the carrier material is capable of giving rise to a composition of the invention that possesses a glass transition temperature (T_g) that:

(a) enables its production as a hard and/or brittle, 'glassy', amorphous, powdered physical form, that can be easily formulated into a pharmaceutical formulation or dosage form, and/or loaded into a suitable dosing means, such as a nasal applicator, or a drug reservoir and/or container within, or adjunct to, such an applicator, as described herein; and

(b) is high enough that, after such a pharmaceutical formulation, dosage form or dosing means, such as an applicator or reservoir, is packaged as described hereinbefore, and thereafter subjected to a high external temperature (e.g. up to between about 50°C and about 80°C), it remains in that glassy state, rather

than being transformed into a more viscous or rubbery state, and/or a crystalline state.

Such extreme external temperatures may for example be experienced inside vehicles (e.g. of first responders) in warm and/or sunny climates, which vehicles will frequently be parked for extended periods of time in full sun, where the resultant heat gain can be enormous. If the T_g of an (e.g. powder) composition is low, the composition may transform after exposure to such high temperatures to such a viscous/rubbery state, this will give rise to inefficient dosing of the composition, for example inefficient discharging of the composition from a dosing means, such as an applicator or a reservoir contained therein (and so too the dose(s) of active ingredient) once the dosing means or applicator is actuated. Furthermore, a too low T_g may affect the disintegration and/or dissolution of compositions of the invention in the form of tablets for sublingual or peroral use.

In this respect, we prefer that the lowest measurable T_g of a composition of the invention is at least about 35°C, including at least about 40°C, such as at least about 50°C, such as at least about 55°C, including at least about 60°C, when measured at a relative humidity of up to about 35%, such as up to about 30%, including up to about 25% (e.g. up to about 20%, such as less than about 15%, e.g. less than about 10%). By 'lowest measurable T_g', we include that the composition of the invention may comprise particles that are heterogenous in their nature. In particular, particles may comprise discrete regions of the carrier materials, or composite mixtures thereof, and so may possess individual and separate T_g values. It will be clear to the skilled person that the value of the lowest measurable T_g has a strong impact on the physical stability of the composition.

We have found that compositions of the invention are capable of giving rise to an appropriate level of physical and chemical stability of compositions and active ingredients (particularly epinephrine and salts thereof). In fact, the degree of chemical stability in particular is remarkable in comparison to current commercially-available products comprising epinephrine for the treatment of allergic reactions, like the EpiPen, and is in stark contrast to the general understanding in the art (where, as mentioned hereinbefore, epinephrine is disclosed to be unstable at the higher pH ranges described herein, and only stable at lower pHs (e.g. below about 4)).

A particularly preferred combination of carrier materials includes trehalose and a maltodextrin with a DE above 15, such as maltodextrin 19DE. We have found that such a combination of carrier materials can be spray-dried together along with an

active ingredient and also, if present, an alkyl saccharide in appropriate proportions to produce a composition of the invention that possesses both the desired physical and chemical stability under normal storage conditions, as defined herein.

5 When employed as the basis of the carrier material, we have found that relative amounts of a disaccharide and maltodextrin ingredients may be tailored to ensure the required level of physical and/or chemical stability of active ingredient whilst, at the same time, not lowering the T_g of the composition of the invention in such a manner that it affects its physical stability.

10

We have found that a ratio of between about 50:1 to about 1:50 of disaccharide:maltodextrin by weight, based on the total weight of the composition, may work depending on the active ingredient that is employed. Preferred ratios are in the range of about 10:1 to about 1:40 (including up to about 1:30 or up to about 15 1:20), for example between about 7:1, including about 5:1, such as about 4:1, about 3:1 or about 2:1, and about 1:10, such as about 1:8, including about 1:5, for example 1:3 or 1:2, more preferably from about 8:1 (e.g. about 7:1, about 6:1, about 5:1, about 4:1, about 3:1, about 2:1 or about 1:1) down to about 1:8 (e.g. down to about 1:7, about 1:6, about 1:5, about 1:4, about 1:3, about 1:2, or about 1:1), of 20 disaccharide:maltodextrin by weight, based on the total weight of the composition. More specific ratios of disaccharide:maltodextrin that may be mentioned include about 7:1, about 6:1, about 5:1, about 4:1, about 3:1, about, 2.5:1, about 2.25:1, about 2:1, about 1.75:1, about 1.5:1, about 1.25:1, about 1:1, about 1:1.25, about 1:1.5, about 1:1.75, about 1:2, about 1:2.25, about 1:2.5, more preferably about 2:1, about 25 1.5:1, or about 1.75:1.

Whatever their proportions in the final mixture, compositions of the invention may be prepared by spray drying the relevant ingredients to form a composite carrier material either prior to spray-drying that carrier material along with the other essential 30 ingredients to form a powder composition of the invention. More preferably, compositions of the invention may be made *in situ* by spray-drying all of the essential components of the composition of the invention together.

Combinations of adrenergic receptor modulators or salts thereof may be employed in 35 compositions of the invention.

Salts of adrenergic receptor modulators include any such salts that are known in the art and described for the drugs in question to in the medical literature, such as

Martindale – The Complete Drug Reference, 40th Edition, Pharmaceutical Press, London (2020) and the documents referred to therein (the relevant disclosures in all of which documents are hereby incorporated by reference).

- 5 Otherwise, pharmaceutically acceptable salts include acid addition salts and base addition salts, which salts may be formed by conventional means, for example by reaction of a free acid or a free base form of the relevant active ingredient with one or more equivalents of an appropriate acid or base, optionally in a solvent, or in a medium in which the salt is insoluble, followed by removal of said solvent, or said medium,
- 10 using standard techniques (e.g. *in vacuo*, by freeze-drying or by filtration). Salts may also be prepared using techniques known to those skilled in the art, such as by exchanging a counter-ion of a compound of the invention in the form of a salt with another counter-ion, for example using a suitable ion exchange resin.
- 15 Acid addition salts that may be mentioned include acid addition salts of:
- organic acids, including:
 - aliphatic carboxylic acids, such as formate salts, acetate salts, propionate salts, hexanoate salts, octanoate salts, decanoate salts, dodecanoate salts, oleate salts and stearate salts;
 - 20 ○ aromatic carboxylic acids, such as benzoate salts, naphthoate salts and derivatives thereof (including hydroxynaphthoate (xinafoate) salts and pamoate salts), salicylate salts and mandelate salts;
 - polyfunctional carboxylic acids, such as oxalate salts, citrate salts, fumarate salts, edetate salts, malate salts, maleate salts, mucate salts and succinate salts;
 - 25 ○ hydroxycarboxylic acids, such as tartrate salts, bitartrate salts, gluceptate salts, gluconate salts and derivatives thereof (including lactobionate salts), glycolate salts, lactate salts and polygalacturonate salts;
 - alkyl- or arylsulfonic acids, including methanesulfonate (mesylate) salts, methylbisulfate salts, ethanesulfonate (esylate) salts, trifluoromethylsulfonate (triflate) salts, 2-hydroxyethanesulfonate (isethionate) salts and esters thereof, benzenesulfonate (besylate) salts, toluenesulfonate (tosylate) salts, naphthalenesulfonate (napsylate) salts and camphorsulfonate (camsylate) salts;
 - 30
 - amino acids, including aspartate salts, glutamate salts and pantothenate salts; and
 - other acids, including 8-chlorotheophyllinate (teoclolate) salts; and
 - 35
 - inorganic acids, including:

- hydrohalide salts, such as hydrofluoride salts, hydrochloride salts, hydrobromide salts, hydroiodide salts and the like;
- sulfate salts, such as sulfate salts and bisulfate salts;
- phosphate salts, such as phosphate salts and diphosphate salts; nitrate salts;
- borate salts; and
- carbonate salts, such as carbonate and bicarbonate salts.

Particular acid addition salts that may be mentioned include carboxylate salts, such as succinate, tartrate, formate, acetate, benzoate, oxalate, fumarate, maleate, xinafoate and the like, sulfonate salts, such as methanesulfonate, ethanesulfonate, toluenesulfonate and the like, halide salts, such as hydrochloride, hydrobromide and the like, sulfate and phosphate salts, such as sulfate or phosphate and the like.

Preferred acid addition salts include inorganic acid addition salts, more particularly hydrohalide salts, such as hydrobromide salts and more particularly hydrochloride salts.

Particular salts of epinephrine that may be mentioned include hydrochloride salts and bitartrate salts.

In a further embodiment of the invention, compositions of the invention may be essentially free of tartaric acid and or tartrate ions, which includes that less than about 10%, such as less than about 6%, including less than about 5%, or less than about 4%, more preferably less than about 3%, such as less than about 2%, e.g. less than about 1%, less than about 0.1%, including less than about 0.01%, such as less than about 0.001% or even less than about 0.0001% (by weight) of the composition comprises tartaric acid and or tartrate ions.

When compositions of the invention are made by a solvent-based process, as described hereinbefore, including by way of a process of spray-drying, this may result in the presence of active ingredient in a form in which it is no longer in the form of a crystalline salt because it is freely dispersed within, and encapsulated by, the carrier materials in an amorphous form. However, despite not being in the form of a crystalline salt, which it would normally be in the case of a typical solid-state mixture and/or powder composition, compositions of the invention may provide for little to no loss in chemical stability of that active ingredient under the normal storage conditions mentioned herein.

The amount of active ingredient that may be employed in a single dose of a composition of the invention must be sufficient to exert its pharmacological effect. For transmucosally- (e.g. sublingually-, buccally- and, particularly, intranasally-) administered compositions of the invention, that amount should not exceed about 100 mg in a single dose. Actual doses of the relevant active ingredients mentioned above include those that are known in the art and described for the drugs in question to in the medical literature, such as *Martindale – The Complete Drug Reference*, 40th Edition, Pharmaceutical Press, London (2020) and the documents referred to therein, the relevant disclosures in all of which documents are hereby incorporated by reference. However, compositions of the invention may be found to exhibit good bioavailability and/or rapid absorption, resulting in a more rapid onset of action and/or higher plasma concentrations, compared to prior art compositions comprising the same active ingredient.

In this respect, pharmacologically-appropriate amounts of active ingredients in compositions of the invention may be less than those referred to in the literature (*vide supra*). Such amounts may nevertheless be determined by the skilled person and may vary with the type and severity of the condition that is to be treated, and what will be most suitable for an individual patient. This is also likely to vary with the nature of the formulation, as well as the type and severity of the condition that is to be treated, as well as the age, weight, sex, renal function, hepatic function and response of the particular patient to be treated.

Depending upon the potency of the active ingredient, and upon the final dosage form that is to be employed, the total amount of active ingredient that may be employed in a composition of the invention may be in the range of about 0.0002%, for example about 0.001%, such as about 0.01%, including about 0.1%, (e.g. about 1%, about 2% or about 5%), such as about 10% (e.g. about 20%) up to about 95%, such as about 75%, for example about 50%, e.g. about 40%, by weight based upon the total weight of the composition. This is independent of the number of separate doses of composition (which doses should be the same) that are initially present in a dosing means according to the invention.

For transmucosal, including pulmonary, buccal, sublingual or, preferably, intranasal, administration, appropriate doses of active ingredients (calculated as the free acid/base) per kg of body weight are in the range of about 1 µg/kg, such as about 2 µg/kg, including about 3 µg/kg, about 5 µg/kg or about 6 µg/kg up to about 15 µg/kg,

such as about 13 µg/kg, including about 12 µg/kg, such as about 10 µg/kg or about 8 µg/kg.

5 In the alternative, appropriate doses of active ingredients (calculated as the free acid/base) per unit dosage are in the range of about 1 µg (e.g. about 10 µg, such as about 250 µg) to about 100 mg (e.g. about 80 mg), such as between about 1 mg and about 60 mg (e.g. about 3 mg, such as about 10 mg to about 50 mg), depending on the active ingredient that is employed.

10 When administered transmucosally, including pulmonary, buccally, sublingually or, preferably, intranasally to adult patients, specific doses of epinephrine (calculated as the free base) are in the range of about 0.1 mg (e.g. about 0.5 mg) up to about 10 mg, such as up to about 5 mg, including up to about 3 mg or up to about 2 mg (e.g. up to about 1.9 mg, about 1.8 mg, about 1.7 mg, about 1.6 mg or up to about 1.5 mg, 15 including up to about 1.4 mg, about 1.3 mg, about 1.2 mg, about 1.1 mg, such as about 1 mg, or about 0.8 mg).

When administered transmucosally, including pulmonary, buccally, sublingually or, preferably, intranasally to paediatric patients, specific doses of epinephrine (calculated 20 as the free base) are in the range of about 0.05 mg (e.g. about 0.25 mg) up to about 5 mg, such as up to about 2.5 mg, including up to about 1.5 mg or up to about 1 mg (e.g. up to about 0.95 mg, about 0.9 mg, about 0.85 mg, about 0.8 mg or up to about 0.75 mg, including up to about 0.7 mg, about 0.65 mg, about 0.6 mg, about 0.55 mg, such as about 0.5 mg, or about 0.45 or about 0.4 mg).

25 For example, doses of epinephrine (calculated as the free base) of about 0.5 mg, about 1 mg or about 2 mg may be delivered intranasally by way of compositions including those specifically described hereinafter. Doses that are greater than those amounts (such as greater than about 1 mg) may, in the alternative, be delivered by way of 30 preloading a greater amount of the relevant composition into a nasal device, including a nasal applicator as defined herein (i.e. increasing the 'fill weight' *vide infra*), in order to provide a higher predetermined dose of epinephrine.

For other forms of administration (e.g. administration by injection or perorally), 35 appropriate doses of active ingredients (calculated as the free acid/base) per unit dosage are in the range of about 1 µg to about 500 mg (e.g. about 400 mg), such as between about 1 mg and about 300 mg (e.g. about 1 mg, about 3 mg, such as about 10 mg to about 200 mg), depending on the active ingredient that is employed.

For epinephrine and salts thereof, when administered *via* routes that are other than transmucosal, specific doses that may be employed in compositions of the invention (in each case calculated as the free base compound) include about 0.1 mg to about 10 mg, such as about 5 mg, including about 3 mg or about 2 mg (e.g. about 1 mg).

As mentioned hereinbefore, compositions of the invention may also include, or may also be administered along with, one or more alkyl saccharides. Compositions of the invention may be found in this respect to exhibit surprisingly good bioavailability and speed of absorption compared to corresponding compositions that do not include, for example, alkyl saccharides, and/or include different excipients that are known to act as surfactants.

Alkyl saccharides that may be employed include alkyl glycosides, which may be defined as any sugar joined by a linkage to an alkyl group, such as a C₇₋₁₈ alkyl glycoside. Alkyl glycosides thus may include alkyl maltosides (such as dodecyl maltoside), alkyl glucosides, alkyl sucrosides, alkyl thiomaltosides, alkyl thioglucosides, alkyl thiosucroses and alkyl maltotriosides. However, we prefer that the alkyl saccharide is a sugar ester.

Sugar esters that may be used in the compositions of the invention include trisaccharide esters, such as raffinose esters, monosaccharide esters, such as glucose esters, galactose esters and fructose esters, and/or, preferably, disaccharide esters, such as maltose esters, lactose esters, trehalose esters and, in particular, one or more sucrose esters.

Sucrose esters that may be employed in compositions of the invention have a hydrophilic-lipophilic balance value of between 6 and 20. The term 'hydrophilic-lipophilic balance' (HLB) is a term of art that will be well understood by those skilled in the art (see, for example, *'The HLB System: A Time-Saving Guide to Emulsifier Selection'*, published by ICI Americas Inc, 1976 (revised 1980), in which document, Chapter 7 (pages 20-21) provides a method of how to determine HLB values). The longer the fatty acid chains in the sucrose esters and the higher the degree of esterification, the lower the HLB value. Preferred HLB values are between 10 and 20, more preferably between 12 and 20.

Sucrose esters thus include C₈₋₂₂ saturated or unsaturated fatty acid esters, preferably saturated fatty acid esters and preferably C₁₀₋₁₈ fatty acid esters and most preferably

C₁₂ fatty acid esters. Particularly suitable fatty acids from which such sucrose esters may be formed include erucic acid, behenic acid, oleic acid, stearic acid, palmitic acid, myristic acid and lauric acid. A particularly preferred such fatty acid is lauric acid. Commercially-available sucrose esters include those sold under the trademark
5 Surfhope® and Ryoto® (Mitsubishi-Kagaku Foods Corporation, Japan).

Sucrose esters may be diesters or monoesters of fatty acids, preferably monoesters, such as sucrose monolaurate. The skilled person will appreciate that the term 'monolaurate' refers to a mono-ester of lauric acid, and that the terms 'lauric acid ester'
10 and 'laurate' have the same meaning and can therefore be used interchangeably. Commercially available sucrose monolaurate products are also sometimes referred to as 'sucrose laurate'. Commercially-available sucrose monolaurate (or sucrose laurate) products, such as Surfhope ® D-1216 (Mitsubishi-Kagaku Foods Corporation, Japan), which may contain small amounts of diesters and/or higher sucrose esters, and minor
15 amounts of other sucrose esters and free sucrose, are suitable for use in the invention. The skilled person will understand that any reference to a specific sucrose ester herein includes commercially available products comprising that sucrose ester as a principal component.

Preferred sucrose esters contain only one sucrose ester, which means that a single sucrose ester (e.g. a commercially-available sucrose ester product) contains a single sucrose ester as the/a principal component (commercially available products may contain impurities, for example a monoester product may contain small amounts of diesters and/or higher esters, such products may be considered to 'contain only one
20 sucrose ester' in the context of the present invention). As used herein, the term 'principal component' will be understood to refer to the major component (e.g. greater than about 50%, such as about 70% weight/weight or volume/volume) in a mixture of sucrose esters, such as commonly commercially available surfactant products, which are typically sold with a certain range of ester compositions.

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A particularly preferred sucrose ester is sucrose monolaurate.

Whether included within a composition of the invention, or in a final dosage form including one or more compositions of the invention, amounts of alkyl saccharide that
35 may be employed may be in the range of about 0.1% to about 10%, such as about 0.5% to about 5%, preferably about 0.75% to about 4.5% (e.g. to about 4%, such as about 3%, including about 2.5%, such as about 2%, for example 1.5%, such as about 1%), by weight, based upon the total weight of the composition.

Further, optional, additional excipients may be employed within, or administered along with, compositions of the invention, including one or more (further) surfactants. Surfactants that may be mentioned include polyoxyethylene esters (e.g. Myrj™), including polyoxyl 8 stearate (Myrj™ S8), polyoxyl 32 stearate (Gelucire® 48/16), polyoxyl 40 stearate (Myrj™ S40), polyoxyl 100 stearate (Myrj™ S100), and polyoxyl 15 hydroxystearate (Kolliphor® HS 15), polyoxyethylene alkyl ethers (e.g. Brij™), including polyoxyl cetostearyl ether (e.g. Brij™ CS12, CS20 and CS25), polyoxyl lauryl ether (e.g. Brij™ L9 and L23), and polyoxyl stearyl ether (e.g. Brij™ S10 and S20), and polyoxylglycerides (e.g. Gelucire®), including lauroyl polyoxylglycerides (Gelucire® 44/14) and stearyl polyoxylglycerides (Gelucire® 50/13), sorbitan esters (e.g. Span™), including sorbitan monopalmitate (Span™ 40) and sorbitan monostearate (Span™ 60), polysorbates (Tweens™), including polysorbate 80 (polyoxyethylene (80) sorbitan monopalmitate), such as polysorbate 40 (polyoxyethylene (20) sorbitan monopalmitate), polysorbate 60 (polyoxyethylene (20) sorbitan monostearate) and polysorbate 20 (polyoxyethylene (20) sorbitan monolaurate), and sodium lauryl sulfate; and monoacyl glycerols (monoglycerides), such as 2-oleoylglycerol, 2-arachidonoylglycerol, monolaurin, glycerol monomyristate, glycerol monopalmitate, glyceryl hydroxystearate and, preferably, glycerol monostearate, glycerol monooleate (e.g. Cithrol®) and glycerol monocaprylate (e.g. Capmul®). Other surfactants may include lauryl lactate, dipalmitoylphosphatidylcholine (DPPC) and poloxamers.

Other optional additional ingredients (excipients) that may be included within, or administered along with, compositions of the invention, include isotonicity and/or osmotic agents (e.g. sodium chloride), sterols (or steroid alcohols), such as cholesterol and phytosterols (e.g. campesterol, sitosterol, and stigmasterol); antioxidants (e.g. sodium metabisulfite or, in addition, α-tocopherol, ascorbic acid, potassium ascorbate, sodium ascorbate, ascorbyl palmitate, butylated hydroxytoluene, butylated hydroxyanisole, dodecyl gallate, octyl gallate, propyl gallate, ethyl oleate, monothioglycerol, vitamin E polyethylene glycol succinate, or thymol); chelating (complexing) agents (e.g. edetic acid (EDTA), citric acid, tartaric acid, malic acid, maltol and galactose, including salt forms of any of these agents); preservatives (e.g. benzalkonium chloride or, in addition, benzyl alcohol, boric acid, parabens, propionic acid, phenol, cresol, or xylitol); viscosity modifying agents or gelling agents (such as cellulose derivatives, including hydroxypropylcellulose, methylcellulose, hydroxypropyl methylcellulose, carboxymethylcellulose, etc., starches and modified starches, colloidal silicon dioxide, aluminium metasilicate, polycarbophils (e.g. Noveon®), carbomers

(e.g. Carbopol®) and polyvinylpyrrolidone); mucoadhesive polymers, such as carboxymethyl cellulose, modified cellulose gum and sodium carboxymethyl cellulose (NaCMC); starch derivatives, such as moderately cross-linked starch, modified starch and sodium starch glycolate; crosslinked polyvinyl pyrrolidone, acrylic polymers, such as carbomer and its derivatives (Polycarbophil, Carbopol®, etc.); polyethylene oxide (PEO); chitosan (poly-(D-glucosamine)); natural polymers, such as gelatin, sodium alginate, pectin; scleroglucan; xanthan gum; guar gum; poly co-(methylvinyl ether/maleic anhydride); and croscarmellose (e.g. croscarmellose sodium); pH buffering agents (e.g. citric acid, maleic acid, malic acid, or glycine, or corresponding salts thereof, such as sodium citrate); colouring agents; penetration enhancers (e.g. isopropyl myristate, isopropyl palmitate, pyrrolidone, or tricaprylin); other lipids (neutral and polar); aromatic carboxylic acids, such as benzoic acid optionally substituted with one or more groups selected from methyl, hydroxyl, amino, and/or nitro, for instance, toluic acid or salicylic acid; and, if appropriate, flavourings (e.g. lemon, peppermint powder or, preferably, menthol), sweeteners (e.g. neohesperidin, acesulfame K or, preferably, sucralose) and dyestuffs. Other excipients may include trisaccharides (e.g. raffinose) and mannitol, as well as pH adjusting agents (e.g. hydrochloric acid and sodium hydroxide).

Total amounts of such 'additional' excipients (including surfactants that are not an alkyl saccharide that may be present in compositions of the invention) that may be included within a composition of the invention *per se* (irrespective of the dosage form it is included in) may also be up to about 15% (e.g. about 10%), such as up to about 5%, by weight, based on the total weight of the composition.

Total amounts of such 'additional' excipients that may be included within a final dosage form including one or more compositions of the invention, may be up to about 99.99%, such as up to about 99.9%, including up to about 99%, for example up to about 90%, for example if the one or more additional excipients is a filler or a carrier in a tablet, a film or the like.

The skilled person will appreciate that, if any additional optional ingredients are included within compositions of the invention, the nature of those ingredients, and/or the amounts of those ingredients that are included, should not have a detrimental effect on the T_g of the composition for the reasons described hereinbefore. In this respect, such optional ingredients may be incorporated in the spray-drying process (i.e. mixed together along with the active ingredient and the carrier material(s) in the

appropriate volatile solvent and then spray-dried), or may be included separately to the spray-dried plurality of particles.

5 In particular, in view of the enhanced chemical stability that compositions of the invention provide for highly unstable active ingredients, such as epinephrine, and the fact that compositions of the invention are primarily intended for use in the treatment of patients that are susceptible to allergic reactions (and thus potentially sensitised to certain chemicals), it is preferred that compositions of the invention are essentially free of such 'additional' excipients, in particular the antioxidants and/or the preservatives
10 mentioned above, such as benzalkonium chloride, more especially sulphites, and/or chelating agents, such as EDTA, which includes that less than about 10%, such as less than about 6%, including less than about 5%, or less than about 4%, more preferably less than about 3%, such as less than about 2%, e.g. less than about 1%, less than about 0.1%, including less than about 0.01%, such as less than about 0.001% or even
15 less than about 0.0001% (by weight) of the composition comprises such additional excipients.

In this respect, compositions of the invention may consist essentially of a pharmacologically-effective dosage amount of the adrenergic receptor modulator, or salt thereof, the pharmaceutically-acceptable carrier material as defined herein (i.e. maltodextrin as defined herein and, optionally, co-carrier materials such as disaccharide), and (optionally) the alkyl saccharide material as defined herein. If a composition of the invention 'consists essentially of' the above ingredients, this will be understood to mean that that composition comprises only those ingredients, along with
25 other features and/or components that do not materially affect the basic and novel characteristic(s) of the composition. Alternatively, in situations where the compositions/dosage forms of the invention 'consist essentially of' those ingredients, this may be understood to mean that that composition comprises at least about 90%, such as at least about 95%, including at least about 97% (e.g. about 99% or even
30 about 99.9%) by weight of those ingredients in total.

According to a further aspect of the invention, there is provided the compositions of the invention for use in medicine (human and veterinary), and thus in the treatment of patients in need of medical treatment of a condition that the relevant active
35 ingredient is known to treat.

By 'treatment' of such conditions, we include the prophylaxis/prevention or the diagnosis of such conditions, in addition to therapeutic, symptomatic and palliative treatment.

- 5 Compositions of the invention are thus useful in the treatment of a variety of disorders, depending on the active ingredient(s) that is/are included in such a composition.

Compositions of the invention comprising dopamine may be employed in the correction of hemodynamic imbalances present in the shock syndrome due to myocardial
10 infarction, trauma, endotoxic septicemia, open-heart surgery, renal failure and chronic cardiac decompensation (congestive failure); compositions of the invention comprising oxymetazoline may be employed as a decongestant; compositions of the invention comprising dobutamine may be employed in the treatment of e.g. heart failure; compositions of the invention comprising mirabegron may be employed in the
15 treatment of overactive bladder syndrome; compositions of the invention comprising bronchodilators, such as albuterol (salbutamol), formoterol, levalbuterol, olodaterol, salmeterol and terbutaline may be employed in the treatment of asthma (including prevention of exercise-induced bronchospasm (EIB)), and/or chronic obstructive pulmonary disease (COPD; including bronchospasm associated therewith).
20 Compositions of the invention comprising terbutaline may also be employed in the treatment of premature labour.

Compositions of the invention comprising norepinephrine may be employed in blood pressure control (and/or cardiac arrest) induced in certain acute hypotensive states,
25 including sympathectomy, poliomyelitis, pheochromocytectomy, spinal anaesthesia, myocardial infarction, septicemia, blood transfusion or drug reactions). Compositions of the invention comprising isoprenaline may be employed in the treatment of bradycardia, heart block and, occasionally, asthma.

30 In particular, compositions of the invention comprising epinephrine are useful in the treatment of, for example, heart failure (e.g. heart attacks) and/or, more particularly, allergic reactions, including extreme or severe allergic reactions, anaphylaxis and/or anaphylactic shock, for example characterised by severe drops in blood pressure as a consequence of a reaction to, for example, insect stings/bites, foodstuffs, drugs and/or
35 other substances. Extreme and/or severe allergic reactions may further include sepsis and/or septic shock, which may be a reaction to, for example, infections by e.g. fungi, bacteria and/or viruses. Anaphylaxis and sepsis may further lead to dysfunction of organs, including organ failure and/or, ultimately, death.

Compositions of the invention comprising epinephrine are also useful in the treatment of, for example, any type-1 hypersensitivity reaction, in particular allergic asthma, allergic conjunctivitis, allergic rhinitis, anaphylaxis (including idiopathic anaphylaxis or exercise-induced anaphylaxis), angioedema, urticaria, eosinophilia, drug allergy (including antibiotic allergy), food allergy, allergic reactions to animal serums, insect bites and stings, diagnostic testing substances and other allergens; treatment of acute asthmatic attacks to relieve bronchospasm; treatment of systemic toxic responses (anaphylactoid reaction); treatment and prophylaxis of cardiac arrest and/or attacks of transitory atrioventricular heart block with syncopal seizures (Stokes-Adams Syndrome), including abrupt, transient loss of consciousness due to a sudden but pronounced decrease in the cardiac output, caused by a paroxysmal shift in the mechanism of the heartbeat; inducing increases in mean arterial blood pressure in adult patients with hypotension associated with septic shock; induction and maintenance of mydriasis during intraocular surgery; treatment of gastrointestinal and/or renal hemorrhage; treatment of superficial bleeding, premature labor, hypoglycemia, and cardiogenic, hemorrhagic, and traumatic shock; and/or treatment of croup (infections of the upper airways that obstructs breathing and causes a characteristic barking cough).

Compositions of the invention comprising epinephrine are particularly useful in the treatment and/or prevention (prophylaxis) of severe reactions, including anaphylaxis and sepsis and/or anaphylactic shock and septic shock as described above. Prevention and/or prophylaxis of these severe reactions may be effected by administration (including self-administration) of one or more compositions of the invention to a patient at risk of such a reaction following exposure (or suspected exposure) to a relevant substance as described above, to which that patient is sensitive and/or has been sensitized.

According to three further aspects of the invention there is provided:

- a composition of the invention comprising an adrenergic receptor modulator (e.g. epinephrine), or a pharmaceutically-acceptable salt thereof, for use in the treatment of an allergic reaction (for example by transmucosal, such as intranasal, administration of said composition);
- the use of a composition of the invention comprising an adrenergic receptor modulator (e.g. epinephrine), or a pharmaceutically-acceptable salt thereof, for the manufacture of an (e.g. transmucosal, such as an intranasal) medicament for the treatment of an allergic reaction; and

- a method of treatment of an allergic reaction, which method comprises the (e.g. transmucosal, such as intranasal) administration of a composition of the invention comprising an adrenergic receptor modulator (e.g. epinephrine), or a pharmaceutically-acceptable salt thereof, to a patient suffering from, or susceptible to, said condition.

There is further provided a method of treatment of an allergic reaction in a human patient, which comprises:

- (a) identifying a human patient that is, or is in danger of, an allergic reaction, and
- (b) administering a dosage amount that is suitable to treat said allergic reaction, of an adrenergic receptor modulator (e.g. epinephrine), or a pharmaceutically-acceptable salt thereof in the form of a composition of the invention into a body cavity of said patient that includes a mucosal surface, so presenting said composition at said mucosal surface to facilitate absorption of said adrenergic receptor modulator or salt thereof across said mucosal surface, and so treat or prevent said allergic reaction.

Compositions of the invention may be administered by any suitable dosing means that is known to the skilled person. Compositions of the invention may be administered transmucosally, and in particular intranasally, by way of a suitable nasal applicator, or a dispenser means, which means is capable of administering a suitable dose of active ingredient in the form of one or more compositions of the invention into the nasal cavity.

A suitable nasal dosing means and/or applicator should thus be capable of housing, and storing, the one or more doses of the relevant composition of the invention itself, or capable of being attached to a reservoir/container that houses and stores the one or more doses of said composition of the invention, and to do so without the consequence of a significant loss of physical and chemical integrity of the composition, including by way of ingress of water. In this way, the composition will be usable as soon as the applicator device is actuated by an end user (whether this is single dose or multiple dose usage), whereupon the applicator will deliver composition (e.g. powder) with an appropriate dose of active ingredient as defined herein to the nasal mucosa of a subject.

Appropriate applicator means have been described in the prior art. When used with compositions of the invention, such compositions may be loaded into a reservoir that is attached to, or forms part of, such an applicator means, whereupon it is contained

until the applicator means, or dispenser, is actuated. Hereinafter the terms 'applicator', 'dispenser', 'device' 'applicator means', 'dispensing means', 'applicator device', 'dispensing device' and 'insufflator' may be used interchangeably and mean the same thing.

5

Because of the unexpected stability of the compositions of the invention, there is no need to inspect the contents of the reservoir (i.e. the powder composition) prior to administration or use. This is to be contrasted with commercially-available devices, such as the EpiPen, where the product label comprises a requirement to check the integrity of the contents prior to dispensing, for very good reasons, including the instability of the liquid solution compositions contained therein to heat, cold and light.

In view of this, reservoirs containing compositions of the invention may be opaque, which will be understood by those skilled in the art to include 'not transparent or translucent, impenetrable to light, and/or not allowing light to pass through'.

Applicators comprising compositions of the invention therefore do not (or do not need to) include an inspection window through which the contents of the reservoir of an applicator can be observed and may, in this respect, be wholly opaque in its character, that is at least about 98%, such as at least about 99%, and particularly about 99.9% opaque, and/or no more than about 2%, such as no more than about 1% and particularly about 0.1% transparent, translucent and/or penetrable to light, to allow for inspection of reservoir's contents.

Such applicator means may thus also include a mechanism for expelling the powder composition as described herein from the reservoir through an exit (or 'dispensing') means, which dispensing means includes anything sized for placement within a human body cavity, such as a nostril, such as an appropriately-shaped nozzle.

The mechanism for expelling the powder may thus include a means for actuating the device, which may include breath-activated actuation (e.g. actuation by nasal inhalation) or include an actuating means for generating a force upon actuation of the device by a user.

Thus, the applicator should be capable of providing a reproducible and sufficient amount of powder composition in a single administration step (and in a manner in which the device does not require 'priming'), that will provide a therapeutic dose of active ingredient.

Furthermore, because of the unexpected stability of the compositions of the invention, and the lack of need to inspect the contents of the reservoir (i.e. the powder composition) prior to administration use, as soon as a patient has been identified as
5 exhibiting symptoms of an allergic reaction, or as being at risk of doing so, the applicator may be used to administer epinephrine, or pharmaceutically-acceptable salt thereof, to a mucosal surface to treat, or prevent, said allergic reaction. Thus the administration step identified above may be carried out immediately after the identification step, without a delay, which delay may mean sufficient time to:

- 10 (i) inspect the composition of the invention; and
- (ii) ascertain whether the relevant composition may be safely administered to the patient to treat said allergic reaction effectively.

Nasal applicators/inhalation devices that may be employed to administer compositions
15 of the invention in the form of powders may include multiple-dose applications, such as metered dose inhalation devices (MDIs), dry powder inhalation devices (DPIs; including low, medium and high resistant DPIs) and soft mist inhalation devices (SMIs) that may be adapted based on technology that is known in the field of delivery of active ingredients to the lung.

20 In MDIs, compositions of the invention should be capable of forming a stable suspension when suspended in solvents that are typically employed therein, such as a propellant, which propellant has a sufficient vapour pressure to form aerosols upon activation of the delivery device (e.g. a hydrocarbon, a fluorocarbon, a hydrogen-
25 containing fluorocarbon, or a mixture thereof).

However, if the nasal applicator is a single dose applicator from which a composition is dispensed following actuation, and is then disposed of after use, suitable applicator means or devices for delivering single doses of active ingredients include breath-
30 assisted and blow-assisted devices (such as the Optinose®), as well as those described in US patents US 6,398,074, US 6,938,798 and US 9,724,713 and international patent applications WO 2017/118827 A1, WO 2018/224762A1 and WO 2023/282821 A1 and, in particular, US patent applications US 2019/0358417 A1 and US 2023/0144040 A1, the relevant disclosures in all of which documents are incorporated herein by reference.
35 Figures 1 and 2 of the present application are based on FIG. 1 and FIG. 2, respectively, of US 6,398,074, and Figures 3 to 7 are based on FIG. 19 to FIG. 23, respectively, of US 9,724,713. Both are illustrations of applicators that may be employed to administer a composition of the invention intranasally.

In Figure 1, the device comprises an upper body/dispenser head 1 incorporating an outlet channel 40 (i.e. part of the 'exit means' as hereinbefore described) and a gripping means 60 allowing the user to actuate the device. Inside the upper
5 body/dispenser head 1 an element is mounted, designated in its assembly by reference number 2, that incorporates a reservoir 10 and an air chamber 22 for the air blast 20. It is possible for this element 2 to be produced in one piece with the body 1. A lower body 3 is also provided in order to be able to slide relative to the upper body 1 and relative to the element 2, the user exerting a push force on the lower body to actuate
10 the device.

The reservoir 10 contains a single dose of a composition of the invention. The reservoir 10 has an air inlet 11 and a product outlet 15. A product retention device 12, comprising a grid that is permeable to air, is disposed in the air inlet 11 to keep the
15 product in the reservoir 10 until the composition is dispensed. The product outlet 15 is blocked, preferably in a sealed fashion, by a closing ball 16, which is removed from its blocking position by the flow of air when the applicator is actuated and the product is being dispensed.

20 When a user actuates the device, a pressure is exerted on the plunger 25 in such a way that the piston 21 compresses the air 20 contained in the chamber 22. Since the grid 12 is permeable to air, the compression of the air in chamber 22 creates a blast of air that is transmitted to the reservoir 10 and consequently is applied to the closing ball 16 which is blocking the product outlet 15.

25 The dimensions of the closing ball 16 and its fixing at the reservoir product outlet 15 are such that the ball 16 is removed from its blocking position, when a minimum predetermined pressure is created through the reservoir 10 by way of a blast of the air 20.

30 The pre-compression created by the closing ball 16 ensures that when it is removed from its blocking position, the energy accumulated in the hand of the user is such that the piston 21 integral with the plunger 25 is propelled within the chamber 22 thereby creating a powerful blast of air 20, that is to say an air flow suitable to finely spray the
35 dose of composition of the invention.

When this minimum pressure is reached, the ball is quickly moved towards the outlet channel 40 of the device and the flow of air 20 created by the blast expels substantially all of the dose of composition of the invention that is contained within the reservoir 10.

5 Preferably, the outlet channel 40 has a diameter greater than the diameter of the closing ball 16 in order to allow the dose of product to be expelled through the outlet channel 40 by flowing around the ball 16. As shown in Figure 2, which represents the same device after actuation, the channel 40 comprises a means 41 of arresting or
10 is being expelled.

A further embodiment that may be employed to administer compositions of the invention intranasally is provided in US 9,724,713 at column 7, line 50 to column 8, line 61 and FIGS 19 to 23, which are reproduced as Figures 3 to 7 of the present
15 application.

In this embodiment, the reservoir 10 is secured in the upper body/dispenser head 1 which includes the dispenser outlet channel 40 (i.e. part of the 'exit means' as hereinbefore described), which has gripping means or finger rest 60, which allows the
20 user to actuate the device. A radial shoulder 37 (see Figure 5) of the upper body/dispenser head 1 advantageously defines the assembled position of the reservoir 10 in said of the upper body/dispenser head 1.

The mechanical opening system includes a set of rods 61, 62, wherein a second rod portion 62 is pushed by said first rod portion 61 when the device is actuated. At the
25 end of their actuation stroke, i.e. in the dispensing position, the set of rods 61, 62 co-operate with the closure element 16, which is spherical, in particular a ball as in the first embodiment discussed above, so as to expel it mechanically from its closed position.

30

In this embodiment, the piston 21 is separate from the first rod portion 61, and slides both relative to the air chamber 22 and to a cylindrical surface 614 that is secured to the first rod portion 61. Figure 7 is a diagrammatic perspective view of the air expeller of the device in Figures 3 to 6, in its rest position.

35

The air chamber 22 may thus be cylindrical, and in its rest position is put into communication with the surrounding air at fluting or grooves 615 that are formed in said cylindrical surface 614 and that co-operate with the piston 21, in particular in its

rest position. The piston 21 thus includes an inner lip 215 that slides in airtight manner over the cylindrical wall 614 during actuation, and that co-operates with said fluting 615 in its rest position. The piston 21 also includes an axial extension 216 that co-operates with a top edge 251 of the pusher element 25 (termed a 'plunger' in the first embodiment) that moves said piston 21 in the air chamber 22 during actuation.

A retainer member 42 is extended downwards by an axial extension 43 that comes into contact with the top axial end 610 of the first rod portion 61 during actuation.

10 In addition, in this embodiment, there is no outer body, but merely a cover 27 that is assembled on the bottom axial edge of the air chamber 22.

A spring 80 is provided between the radial flange 225 of the air chamber 22 and the part that forms the first rod portion 61 and the cylindrical surface 614, so as to return the air expeller automatically into its rest position after actuation.

The operating principle is as follows. In the rest position in Figure 3, the reservoir 10 is closed in sealed manner by the retainer member 42 and by the closure element/ball 16. The air expeller is open to the atmosphere by co-operation between the inner lip 215 of the piston 21 and the fluting 615 of the cylindrical surface 614.

When it is desired to actuate the device, the user presses on the pusher element 25. During this initial stroke, the inner lip 215 of the piston leaves the fluting 615 so as to come to co-operate in airtight manner with the cylindrical surface 614, thereby closing the air chamber 22. At the same moment, the top edge 251 of the pusher element 25 comes into contact with the axial extension 216 of the piston 21, and the top axial end 610 of the first rod portion 61 comes into contact with the axial extension 43 of the retainer member 42.

30 However, the top axial end 621 of the second rod portion 62 is still not in contact with the rounded surface 55 of the closure element/ball 16, as can be seen in Figure 4.

Continued actuation thus simultaneously moves the piston 21 in the air chamber, thereby compressing the air contained therein, and moves the retainer member 42 away from its position of closing the reservoir 10. When the second rod portion 62 contacts the rounded surface 55 of the closure element/ball 16, said closure element/ball is expelled mechanically from its closed position, so as to enable the composition to be expelled under the effect of the air compressed by the air expeller.

The dispensing position is shown in Figure 5. As can be seen in Figure 5, the retainer member 42 may become detached from the first rod portion 61 while the composition is being expelled under the effect of the compressed air provided by the air expeller.

5 In this position, said closure element/ball is expelled out from the reservoir 10 so as to enable the fluid or powder to be dispensed under the effect of the compressed air. The closure element/ball 16 thus becomes jammed in splines 3 of the upper body/dispenser head 1, which splines prevent in particular any risk of said closure element/ball 16 being expelled out from said upper body dispenser head 1.

10

When the user relaxes the device, as shown in Figure 6, the spring 80 that was compressed during actuation, returns the first rod portion 61 towards its rest position. This creates suction that sucks the closure element 16 and the retainer member 42 back towards, or close to, their closure positions. This thus blocks the path for new
15 suction so as to avoid soiling the air expeller while it returns automatically into its rest position, with the empty reservoir still assembled on the air expeller. However, the piston 21 remains in its dispensing position as a result of friction with the air chamber 22 and of the suction created in the reservoir 30, such that the cylindrical surface 614 slides over the inner lip 215 of the piston until said inner lip co-operates once again
20 with the fluting 615. At this moment, the air chamber 22 is once again in communication with the surrounding air, and suction is no longer created by the return into the rest position. The piston 21 is thus also entrained towards its rest position. This makes it possible to close the reservoir after use.

25 Optionally, the unit formed by the upper body/dispenser head 1 and the empty reservoir 10 could be removed from the air expeller and replaced by a new unit that includes a full reservoir.

Appropriate applicator devices that may be used include those available from Aptar
30 Pharma, France (UDS Monopowder). See for example international patent applications WO 2017/118827 A1, WO 2018/224762A1, WO 2023/282821, WO 2022/208014 and WO 2021/005311, and US patent applications US 2019/0358417 A1 and US 2023/0144040 A1, the relevant disclosures in all of which documents are hereby incorporated by reference. Other examples of applicator devices that may be used in
35 conjunction with compositions of the invention (especially those in the form of powders) include those described in US patent application US 2011/0045088, US patents Nos. US 7,722,566 (see e.g. FIGS. 1 and 7) and US 5,702,362 and international patent applications WO 2014/004400, WO 2017/118827 A1 and WO

2023/282821, and US patent applications US 2019/0358417 A1 and US 2023/0144040 A1, the relevant disclosures of which documents are hereby incorporated by reference.

5 According to a further aspect of the invention, there is provided a process for the manufacturing of an applicator device comprising a composition of the invention, wherein said process comprises the step of loading said composition into a reservoir that is within, or is adjunct to, said applicator device.

10 According to a further aspect of the invention, there is provided a needle-free applicator that is suitable for administering a solid, amorphous mono-particulate powder composition of the invention into a body cavity of a human patient, which cavity includes a mucosal surface, wherein the applicator comprises:

- (i) an (optionally opaque) reservoir that is within, or is adjunct, to said applicator comprising a composition of the invention;
- 15 (ii) an optional actuating means for generating a force upon actuation of the device by a user; and
- (iii) a dispensing means through which, following said actuation, said powder composition may be dispensed.

20 The term 'needle-free' means an apparatus for administering an active pharmaceutical ingredient that does not comprise an injection means that further includes a means of puncturing e.g. the skin or a mucosal surface, in order to inject said active ingredient into the body, for example subcutaneously or intramuscularly (as the aforementioned epinephrine autoinjectors do).

25

According to another aspect of the invention, there is provided an applicator and/or dispenser device comprising one or more compositions of the invention in the form of a powder, which applicator or device may be actuated one or more times to deliver one or more compositions of the invention, each comprising an appropriate dose of active ingredient, upon each such actuation, which applicator/dispenser device comprises:

- an outlet through which at least one composition is dispensed;
- a means of externally generating a force (e.g. an air-flow) upon actuation of the device by a user;
- 35 at least one (optionally replaceable and optionally opaque) reservoir that contains said one or more compositions of the invention, which reservoir is, or is capable of being placed, in direct or indirect communication with the dispenser outlet;

a displaceable, optionally reversible, sealing means in the device and/or the reservoir for retaining the one or more compositions within the reservoir until a composition is dispensed;

5 a mechanical opening system that co-operates with said sealing means such that a single composition of the invention is expelled mechanically by the forcing means when the device is actuated; and

optionally, a mechanism for re-sealing the device and/or the reservoir to retain further compositions within the reservoir until a further composition is to be dispensed.

10 According to a still further aspect of the invention there is provided an applicator and/or dispenser device comprising a single dose of a composition of the invention, suitable for dispensing that composition, which applicator/dispenser device comprises:

a dispenser outlet;

15 an air expeller for generating a flow of air while the device is being actuated, said air expeller including a piston that slides in an air chamber between a rest position and a dispensing position;

said piston slides in airtight manner within said air chamber;

at least one (e.g. opaque) reservoir that contains a dose of a composition of the invention, said reservoir including an air inlet that is connected to said air expeller;

20 a composition outlet that is connected to said dispenser outlet;

said air inlet including a displaceable sealing means (e.g. a retainer member) for retaining the composition in the reservoir until the composition is dispensed;

said composition outlet being closed by a closure element that is fitted in the composition outlet of the reservoir;

25 said device further including a mechanical opening system that co-operates with said closure element so as to expel it mechanically from its closed position while the device is being actuated; and

said piston of said air expeller, when in its rest position, co-operating in non-airtight manner with said air chamber.

30

In the latter aspect of the invention, it is preferred that:

(i) the air chamber within which said piston slides in airtight manner is substantially cylindrical;

(ii) the closure element is force fitted in the composition outlet of the reservoir;

35 (iii) said air chamber is in communication with the atmosphere in the rest position; and/or

- (iv) said piston includes an inner lip that is suitable for co-operating with a cylindrical surface, said cylindrical surface includes fluting that co-operates in non-airtight manner with said inner lip of the piston in its rest position.

5 Such devices may be filled with an appropriate amount of a single composition of the invention within the aforementioned reservoir for a single use, which amount (also known as 'fill weight') may be up to about 200 mg of a composition of the invention, such as about up to 150 mg, including up to about 100 mg, or up to about 75 mg, for example up to about 50 mg, up to about 40 mg, up to about 30 mg, up to about 25
10 mg, up to about 20 mg, up to about 15 mg, up to about 10 mg or up to about 5 mg.

Such a nasal applicator or dispensing device is capable of providing for an appropriate and reproducible powder spray pattern and/or plume geometry that enables efficient delivery of said powder to the nasal cavity (e.g. a nostril).

15

In compositions of the invention, mean particle sizes may be presented as weight-, number-, or volume-, based mean diameters. As used herein, the term 'weight based mean diameter' will be understood by the skilled person to include that the average particle size is characterised and defined from a particle size distribution by weight, i.e. a distribution where the existing fraction (relative amount) in each size class is defined as the weight fraction, as obtained by e.g. sieving (e.g. wet sieving). The term 'volume based mean diameter' is similar in its meaning to weight based mean diameter, but will be understood by the skilled person to include that the average particle size is characterised and defined from a particle size distribution by volume, i.e. a distribution
20 where the existing fraction (relative amount) in each size class is defined as the volume fraction, as measured by e.g. laser diffraction. As used herein, the term 'number based mean diameter' will be understood by the skilled person to include that the average particle size is characterised and defined from a particle size distribution by number, i.e. a distribution where the existing fraction (relative amount) in each size class is defined as the number fraction, as measured by e.g. microscopy. Other instruments that are well known in the field may be employed to measure particle size, such as equipment sold by e.g. Malvern Instruments, Ltd (Worcestershire, UK), Sympatec GmbH (Clausthal-Zellerfeld, Germany) and Shimadzu (Kyoto, Japan).

25

30

35 Although particle size is not (or rather may not be) critical when compositions of the invention are formulated for administration e.g. perorally, topically, to the oral, ocular or other mucosae, or by injection or infusion, powder compositions of the invention will typically have a volume-based mean diameter (VMD) within the range of about 0.2

μm, such as about 0.5 μm (e.g. about 1 μm) up to about 1,000 μm (e.g. up to about 500 μm, such as about 400 μm or about 500 μm), and the appropriate particle size range may be selected based on the dosage form in which it is intended to include such compositions.

5

However, the skilled person will understand that, to allow for effective intranasal administration, powders will typically have a volume-based mean diameter (VMD) within the range of about 5 μm up to about 300 μm (e.g. up to about 200 μm). Depending on the applicator device that is employed, the VMD may be in the range of
10 about 10 μm to about 100 μm, such as about 20 μm to about 60 μm.

Preferred particle size distributions for intranasal drug delivery may also include those in which the D10 is above about 3 μm and below about 75 μm (e.g. up to about 50 μm), such as greater than about 5 μm, such as above about 6 μm, above about 7 μm,
15 above about 8 μm, above about 9 μm, and including above about 10 μm, and the D90 is between about 80 μm and about 1,000 μm (e.g. about 500 μm), such as less than about 200, less than about 150 or less than about 125, for example less than about 100 μm. The skilled person will understand that the parameter 'D10' (or 'Dv(10)') means the size (or diameter) in a particle size distribution below which 10% of the
20 total volume of material in the sample is contained. Similarly, the 'D90' (or 'Dv(90)') means the size below which 90% of the material is contained.

By powders having particle size distributions and VMDs within the above ranges, we include the bulk VMD and/or the emitted VMD, that is the particle size distribution when
25 initially loaded into the device and/or when it is expelled therefrom, respectively.

Particle sizes may be measured by standard equipment, such as a dry (or a wet) particle size measurement technique, including dry dispersion technologies available from manufacturers such as Sympatec and Malvern.

30

Preferred particle shapes include spherical or substantially spherical, by which we mean that the particles possess an aspect ratio smaller than about 20, more preferably less than about 10, such as less than about 4, and especially less than about 2, and/or may possess a variation in radii (measured from the centre of gravity to the particle surface)
35 in at least about 90% of the particles that is no more than about 50% of the average value, such as no more than about 30% of that value, for example no more than about 20% of that value.

Nevertheless, particles may be any shape, including irregular shaped (e.g. 'raisin'-shaped), needle-shaped (in which case particle size may be best represented as the mean length of such needles), disc-shaped or cuboid-shaped, particles. For a non-spherical particle, the size may be indicated as the size of a corresponding spherical particle of e.g. the same weight, volume or surface area.

The spray angle of emitted (dispensed) powder composition of the invention from a nasal applicator and/or a dispenser device should preferably be less than about 90°.

Wherever the word 'about' is employed herein in the context of amounts, for example absolute amounts, such as doses, weights, volumes, sizes, diameters, aspect ratios, angles, pH values, etc., or relative amounts (e.g. percentages) of individual constituents in a composition or a component of a composition (including concentrations and ratios), timeframes, and parameters such as temperatures, pressure, relative humidities, etc., it will be appreciated that such variables are approximate and as such may vary by $\pm 10\%$, for example $\pm 5\%$ and preferably $\pm 2\%$ (e.g. $\pm 1\%$) from the actual numbers specified herein. This is the case even if such numbers are presented as percentages in the first place (for example 'about 10%' may mean $\pm 10\%$ about the number 10, which is anything between 9% and 11%).

Compositions of the invention have the advantage that they are capable of being stored over a wide range of temperatures and/or relative humidities, in isolation and/or in an applicator or a reservoir therefor (either of which may be packaged in appropriate pharmaceutical packaging, which packaging may or may not provide a barrier to moisture as described hereinbefore). Thus, compositions of the invention may be subject to low temperatures (e.g. below freezing) without impacting the amount of active ingredient that is administered to a subject. Further, applicators containing powder compositions of the invention may have the advantage that those compositions are more physically and chemically stable at all (including higher) temperatures than formulations contained in relevant prior art devices, such as the EpiPen.

Compositions of the invention further may also have the advantage that they provide for higher bioavailability of the active ingredient compared to prior art compositions, for example those comprising epinephrine. The compositions of the invention may provide for this higher bioavailability alongside a more rapid absorption, which will likely lead to a more rapid onset of action than such prior art and/or commercially-available compositions, and thus meets a significant medical need.

The applicators, compositions, pharmaceutical formulations, uses and methods described herein may also have the advantage that, in the treatment of the conditions for which the relevant active ingredient is known for, they may be more convenient for the first responder, physician and/or patient than, be more efficacious than, be less toxic than, have a broader range of activity than, be more potent than, produce fewer side effects than, have a lower inter-patient variability, or that it/they may have other useful pharmacological properties over, similar formulations or methods (treatments) known in the prior art, whether for use in the treatment of the aforementioned conditions by transmucosal, such as intranasal, administration or otherwise.

The invention is illustrated but in no way limited by way of the following examples with reference to the figures in which Figures 1 to 7 represent drawings of actuator devices that may be used to dispense powder compositions, and Figure 8 shows epinephrine plasma concentrations vs time (linear scale; arithmetic mean), by treatment, as obtained in a Phase I clinical study.

Comparative Example 1
Epinephrine Formulations

Four 1 mg epinephrine nasal powder formulations (Formulations 1-4) were made with 1.82 mg/dose of epinephrine bitartrate (Transo Pharm, Taiwan; corresponding to 1.00 mg/dose of epinephrine free base), sucrose monolaurate D-1216 (0.75 mg/dose Mitsubishi-Kagaku Foods Corporation, Japan), and varying amounts of trehalose (Sigma-Aldrich (Merck), Sweden) and maltodextrin with a DE of 19 (Glucidex IT 19DE; Roquette, France).

Bulk amounts of ingredients (total amounts as shown in Table 1 below) were weighed dispensed into a glass flask and dissolved in MQ-water (amounts shown in Table 1) by stirring at room temperature.

Table 1

Formulation	1	2	3	4
Epinephrine bitartrate	3.64	3.64	3.64	3.64
Trehalose dihydrate	11.06	22.10	30.94	41.44
Maltodextrin	34.22	23.82	15.48	5.58

Sucrose Laurate	1.50	1.50	1.50	1.50
Total solids	50.42	51.06	51.56	52.16
Water	453.8	459.5	464.0	469.4

The relative amounts of trehalose (anhydrous) and maltodextrin in mg per dose are shown in Table 2 below.

5 Table 2

Formulation	1	2	3	4
Trehalose (mg/dose)	5.00	10.00	14.00	18.75
Maltodextrin (mg/dose)	16.43	11.43	7.43	2.68

10 The resultant mixture was fed into a spray-dryer (ProCepT, Belgium) equipped with an ultrasonic nozzle operating at 25 kHz. The feed rate of the spray-dryer was set at 4.0 g/minute, the inlet temperature was set at 180°C, the gas flow was set at 300 L/min, and the cyclone gas was set at 1.5 bar.

15 The resultant spray-dried powder was collected as a fine, dry, and free-flowing, with a nominal dose of 1 mg epinephrine free base in a total amount of 25 mg of spray-dried powder to be administered (each of which also included 1 mg/dose of residual water).

20 The powder was analyzed for particle size distribution (PSD) by dry powder laser diffraction. The sample was dispersed with an Aero S dry dispersing unit (with compressed air at 0.5 bar) before sizing with a Mastersizer 3000 laser diffraction sensor (both Malvern Panalytical, UK), as shown in Table 3 below. The PSDs of the formulations were well within a distribution suitable for nasal administration.

Table 3

25

Formulation	1	2	3	4
Dv(10) (µm)	14.9	15.2	17.2	16.4
Dv(50) (µm)	31.7	31.0	33.0	30.5
Dv(90) (µm)	57.8	55.8	57.2	53.0

The assay and purity of the spray-dried epinephrine formulation was determined by HPLC/UV analysis. The assays, and the percentage of the total related substances (%RS) (i.e. impurities and degradation products) for bulk powder is set out in Table 4 below.

Table 4

Formulation	1	2	3	4
Assay (%)	100.1	100.3	100.1	100.6
RS (%, >0.10%) ¹	0.00	0.00	0.00	0.00

¹Only reporting peaks above 0.10% and not total over LOQ. Reported like this as this was CTM (GMP) batches.

The powder was filled in UDS powder devices (Aptar, France), 25 mg per device, using a Quantos powder dispenser (MT, USA). The filled devices were placed inside plastic vials with a desiccant (CSP, France) and placed inside one climate cabinet at 40°C and 75% relative humidity (40/75) and another at 25°C and 60% relative humidity (25/60).

The chemical stability of the drug substance after up to 9 months, with assay and total amounts of impurities and degradation products above 0.10% expressed as %RS, is summarized for the different compositions and packaging in Table 5 below.

Table 5

Formulation	1	2	3	4
(%Assay)				
Initial	101.0	99.6	102.0	100.4
40/75				
3 months	101.1	101.4	102.5	101.5
6 months	99.1	99.5	101.1	100.0
9 months	100.9	102.8	101.8	101.5
25/60				
3 months	101.1	100.4	100.0	100.4
6 months	99.6	98.7	100.3	100.9
9 months	102.5	103.2	100.3	99.9

(%RS)				
Initial	0.00 (0.05)	0.00 (0.04)	0.00 (0.03)	0.00 (0.02)
40/75				
3 months	0.10 (0.35)	0.14 (0.30)	0.13 (0.25)	0.14 (0.23)
6 months	0.33 (0.63)	0.21 (0.43)	0.23 (0.45)	0.31 (0.50)
9 months	0.56 (0.96)	0.26 (0.55)	0.34 (0.61)	0.34 (0.59)
25/60				
3 months	0.00 (0.08)	0.00 (0.06)	0.00 (0.06)	0.00 (0.04)
6 months	0.00 (0.16)	0.00 (0.07)	0.00 (0.08)	0.00 (0.06)
9 months	0.00 (0.15)	0.00 (0.09)	0.00 (0.08)	0.00 (0.08)

Comparative Example 2

Intranasally-Administered Epinephrine – Pharmacokinetic Study (Healthy Volunteers)

5

A Phase I clinical study was performed with the primary objective to determine the bioavailability of four epinephrine nasal powder relative to the reference commercial product EpiPen®. ('Ref'; epinephrine, intramuscular injection, 0.3 mg; Meda AB, Solna, Sweden).

10

Secondary objectives were to characterize additional PK parameters; compare the pharmacodynamic (PD) effects on systolic/diastolic blood pressure (SBP/DBP), mean arterial blood pressure (MAP), and heart rate (HR) between treatments; and assess the safety and tolerability of the investigational medicinal products (IMPs).

15

The study was a randomised sequence, single-centre, open label, 5-period crossover study to evaluate the comparative bioavailability of the 4 powder formulations to epinephrine intramuscular injection in healthy subjects. Each subject received each of Formulations 1 to 4, as well as Ref in a sequence according to a pre-set randomisation schedule, separated by a 24-hour wash-out period.

20

Subjects were randomised immediately before administration of the first dose of the relevant IMP or Ref (if used). A computer-generated randomisation schedule was used to allocate subject numbers to 1 of 10 treatment sequences.

- 5 There were 79 subjects screened for inclusion in the study up to 28 days before dosing. 40 eligible subjects (healthy male and non-pregnant, non-lactating, female subjects between 18 and 55 years of age with a body mass index between 18.5 and 30.0 kg/m²) were admitted to the clinical unit on the evening prior to IMP administration (Day -1) and remained on site until being discharge at 24 hours post-final dose (after receiving
10 all 5 treatments).

- Formulations 1 to 4 were administered intranasally by the specific intranasal device from Aptar Pharma, France (UDS Monopowder). Subjects received IMPs or Ref in the morning of Days 1, 2, 3, 4 and 5, with an appropriate interval between subjects based
15 on logistical requirements (approximately 10 minutes). IMPs were administered to alternate nostrils on each day of dosing. A follow up phone call took place 3 to 5 days after the final dose to ensure the ongoing wellbeing of the subjects.

- Of the 40 subjects that were enrolled, 37-39 received all IMPs and Ref. For analysis
20 purposes, 37-39 subjects were included in the safety population, safety analysis dataset and the PK population.

Plasma concentrations of epinephrine were analysed using non-compartmental analysis methods to obtain estimates of PK parameters as set out below:

Parameter	Definition
AUC(t)	area under the curve from time 0 to last measurable concentration
AUC(inf)	area under the curve from time 0 extrapolated to infinity
AUC(0-10)	area under the curve from time 0 to 10 min
AUC(0-20)	area under the curve from time 0 to 20 min
AUC(0-30)	area under the curve from time 0 to 30 min
AUC(0-45)	area under the curve from time 0 to 45 min
AUC(0-60)	area under the curve from time 0 to 60 min
C _{max}	maximum observed concentration
T(100 pg/mL)	time to the concentration of 100 pg/mL
T(200 pg/mL)	time to the concentration of 200 pg/mL
T(>100 pg/mL)	time above the concentration of 100 pg/mL
T(>200 pg/mL)	time above the concentration of 200 pg/mL
T	time of maximum observed concentration
T _{1/2}	apparent elimination half-life

The following parameters were used to analyse the PD effect.

Parameter	Definition
AUECt (mmHg*h (for BP), beats (for HR))	area under the effect curve from time 0 to last measurable concentration
AUEC20	area under the effect curve from time 0 to 20 min
AUEC45	area under the effect curve from time 0 to 45 min
AUEC90	area under the effect curve from time 0 to 90 min
E _{max}	maximum observed effect (mmHg/bpm)
T _{max} (min)	time to maximum observed effect

- 5 Log-transformed exposure parameters (AUCs and C_{max}) were compared with standard methods to assess relative bioavailability. A single mixed effects model was fitted for each parameter to obtain estimates of geometric mean ratios (GMRs) and corresponding confidence intervals (Cis) for all treatment comparisons of interest. Models included terms for actual treatment received, study day (i.e. period) and
- 10 planned sequence fitted as fixed effects and subject within sequence fitted as a random effect. Results were presented back-transformed to the linear scale. The following comparisons were of interest:

- Relative bioavailability compared to Ref: IMP:Ref GMRs for AUC(0-t), AUC(0-inf) and C_{max} were determined.
- Partial AUC:s compared to Ref: IMP:Ref GMRs for AUC(0-10), AUC(0-20), AUC(0-30), AUC(0-45), and AUC(0-60 min) were determined.

5

For PD parameters, comparisons were made using arithmetic mean differences and corresponding 90% confidence intervals.

The evaluation of safety parameters comprised analysis of adverse events (AEs), local tolerability, laboratory evaluations, vital signs, electrocardiogram (ECG) and physical examination findings, with endpoints (secondary) including:

10

- Frequency, intensity and seriousness of adverse events (AEs).
- Clinically significant changes in local tolerability, vital signs, safety laboratory parameters, safety 12-lead electrocardiogram (ECGs) and physical examinations.

15

During screening, subjects reviewed and signed the informed consent form (ICF), had their health status and eligibility reviewed, and underwent safety and tolerability assessments, including a physical examination, safety laboratory tests, 12-lead electrocardiograms (ECGs), and collection of medical history, vital signs (BP and HR), height, weight and body mass index (BMI).

20

Secondary objectives of the clinical study included assessment of the safety and tolerability of the IMPs.

Baseline safety and tolerability assessments conducted on Day 1 included the collection of vital signs, baseline symptoms, prior medications and a visual inspection of the nasal cavity. Baseline symptoms and prior medications were recorded from admission up until IMP administration.

25

Discharge safety and tolerability assessments (on day 6) included a physical examination, safety laboratory tests, 12-lead ECG, local tolerability assessment and the collection of vital signs.

30

A final telephone follow-up remote visit (Visit 3, end-of-study) *via* telephone was conducted from Day 8 to Day 10 (or 3 to 5 days after last IMP administration at early withdrawal) to follow-up on adverse events (AEs) and concomitant medications.

35

AEs were collected by subject interview from the start of IMP administration (Visit 2) until the follow-up visit (Visit 3).

- Local tolerability was assessed by visual inspection of the nasal cavity (for IMPs) or Ref (i.e. the EpiPen) injection site at <-01:00 hours pre-administration (baseline) and at 01:00, 04:00 and 23:00 hours after each IMP administration. Local tolerability was assessed on a 5-point scale. Nasal and respiratory AEs were also considered in the assessment of intranasal local tolerability for the IMPs.
- Safety assessments also included vital signs (systolic/diastolic BP and HR), as well as physical examinations, safety laboratory profiles and 12-lead ECGs.

Efficacy Results

- Arithmetic mean epinephrine plasma concentrations vs time, by treatment (linear scale) are shown in Figure 8. Geometric mean epinephrine plasma concentrations vs time, by treatment (semi log scale) are described in Table 6 below.

Table 6

20

Parameter	Formulation				Ref
	1	2	3	4	
N	37	38	39	39	37
AUC(t) (pg*h/mL) ^a	388 (59.3)	480 (68.7)	478 (62.1)	459 (67.1)	308 (47)
AUC(0-20) (pg*h/mL) (%) ^a	38.4 (133)	40.6 (143)	56.7 (97.1)	56.6 (110) [n=18]	47.3 (74)
Cmax (pg/mL) ^a	269 (82.4)	305 (98.1)	377 (73.0)	361 (99.6)	325 (55.8)
T(100 pg/mL) (min) ^a	7.08 (94.33) n=35	5.65 (102.72) n=36	5 (75.9) n=38	5.53 (67.85) n=38	2.15 (151.96) n=36
T(>100 pg/mL) (min) ^b	87.13 (0-296.63)	138.27 (0-287.58)	123.47 (0-285.19)	120.4 (0-357.86)	73.58 (0-209.91)
T(200 pg/mL) (min) ^a	8.74 (85.79) n=26	8.84 (113.37) n=29	7.35 (94.97) n=33	8.2 (71.16) n=35	3.9 (168.47) n=30

T(>200 pg/mL) (min) ^b	18.69 (0-105.53)	48.52 (0-189.18)	44.28 (0-140.72)	35.82 (0-159.08)	18.29 (0-242.75)
Tmax (min) ^a	21.1 (99.2)	24.3 (84)	21.4 (103)	20.5 (76.6)	10.5 (202)

N = number of subjects in the dataset; n = number of subjects with an observation.

^aGeometric mean (geometric CV%); ^bMedian (range)

5 The analysis of relative bioavailability (GMR, 90% CI) is shown in Table 7 below.

Table 7

Comparison	AUC(0-t) (%)	Cmax (%)
1:Ref	129.72 (108.6,154.95)	84.91 (66.22,108.87)
2:Ref	161.47 (135.42,192.54)	97.60 (76.21,125.01)
3:Ref	157.29 (132.07,187.32)	117.38 (91.79,150.1)
4:Ref	148.98 (125.21,177.26)	112.08 (87.7,143.24)

10 All IMP Formulations displayed higher overall plasma exposure, and similar or higher peak plasma exposure, of epinephrine compared to Ref.

Table 8 below shows descriptive statistics of epinephrine partial AUCs (as geometric means; geometric CV%) by treatment. Table 9 shows partial AUCs for Formulations 1-4 compared to Ref (GMR, 90% CI).

15

Table 8

Parameter	Formulation				Ref
	1	2	3	4	
AUC(0-10 min) (pg.h/mL)	10.1 (154)	-	15.2 (194)	15.3 (112)	22.5 (96.6)

AUC(0-20 min) (pg.h/mL)	38.4 (133)	40.6 (143)	56.7 (97.1)	56.6 (110)	47.3 (74)
AUC(0-30 min) (pg.h/mL)	67.1 (115)	75.9 (122)	96.6 (84.7)	93.6 (109)	75.3 (66.6)
AUC(0-45 min) (pg.h/mL)	111 (92.4)	130 (113)	149 (76.6)	145 (102)	116 (61.8)
AUC(0-60 min) (pg.h/mL)	146 (84.6)	178 (105)	196 (70.3)	191 (96.8)	149 (59.1)

Table 9

Comparison	AUC(0-10) (%)	AUC(0-20) (%)	AUC(0-30) (%)	AUC(0-45) (%)	AUC(0-60) (%)
1:Ref	45.77 (32.21, 65.04)	82.9 (61.20, 112.28)	91.35 (69.09, 120.79)	98.17 (76.22, 126.45)	102.38 (80.44, 130.32)
2:Ref	53.03 (37.31, 75.38)	88.83 (65.68, 120.15)	104.62 (79.22, 138.17)	117.37 (91.21, 151.03)	126.19 (99.40, 160.20)
3:Ref	66.55 (47.02, 94.18)	119.67 (88.64, 161.55)	128.84 (97.73, 169.85)	130.21 (101.35, 167.28)	134.88 (106.41, 170.96)
4:Ref	68.19 (48.21, 96.44)	119.85 (88.84, 161.68)	125.14 (95.00, 164.85)	125.98 (98.14, 161.70)	129.58 102.32, 164.10

5

All IMP formulations displayed similar or higher plasma exposure of epinephrine than Ref after the first 20 minutes after dosing.

The effect of all IMP formulations and Ref on systolic (Table 10) and diastolic (Table 11) blood pressure are shown below.

10

Table 10

Parameter	Formulation				Ref
	1	2	3	4	
E _{max}	18.4 (8.36)	19.1 (10.5)	18.4 (10.6)	20.7 (8.72)	11.2 (6.61)
T _{max}	25 (1, 361)	20 (1, 241)	25 (1, 360)	30 (4, 362)	6 (1, 240)
E _{min}	-4.28 (6.81)	-3.81 (5.68)	-4.74 (6.79)	-5.44 (6.61)	-8.37 (6.05)
T _{min}	90 (1, 360)	150 (1, 360)	150 (1, 362)	238 (1, 361)	90 (1, 360)
AUEC _{20min}	2.95 (2.65)	2.8 (2.93)	3.07 (3.2)	3.08 (2.8)	0.62 (1.57)
AUEC _{45min}	7.4 (5.17)	7.08 (6.18)	6.98 (6.15)	7.42 (5.83)	1.13 (3.47)
AUEC _{90min}	13.82 (9.37)	12.52 (10.57)	12.37 (10.03)	13.92 (9.63)	1.1 (6.98)
AUEC _t	27 (36.17)	23 (32.33)	25.67 (31.33)	27.17 (39.83)	-6.35 (37.17)

Table 11

5

Parameter	Formulation				Ref
	1	2	3	4	
E _{max}	13.6 (8.82)	12.4 (7.78)	11.4 (8.03)	12.1 (9.2)	5.78 (3.97)
T _{max}	25 (1, 361)	15 (1, 360)	10 (1, 362)	12 (1, 360)	20 (1, 360)
E _{min}	-4.81 (4.49)	-4.81 (4.77)	-4.7 (4.77)	-5.76 (5.09)	-8.75 (5.62)
T _{min}	40 (1, 361)	60 (1, 360)	60 (1, 362)	90 (6, 360)	17.5 (2, 360)
AUEC _{20min}	1.41 (2.08)	1.1 (1.9)	1.11 (1.8)	1.11 (1.9)	-0.77 (1.11)

AUEC45min	3.27 (4.37)	2.23 (4.35)	2.22 (3.93)	2.4 (4.12)	-1.95 (2.38)
AUEC90min	5.97 (8.57)	3.62 (8.58)	3.63 (7.13)	4.58 (8.35)	-3.88 (4.77)
AUECt	14.78 (27.67)	9.93 (27)	10.27 (26.83)	7.23 (29.33)	-9.65 (22.17)

The effect of all IMP formulations and Ref on mean arterial blood pressure is shown in Table 12, and the effect on heart rate is shown in Table 13, respectively, below.

5 Table 12

Parameter	Formulation				Ref
	1	2	3	4	
<u>E_{max}</u>	<u>13.8</u> (7.72)	<u>12.6</u> (8.02)	<u>12.2</u> (8.12)	<u>13.4</u> (8.46)	<u>6.2</u> (4.74)
<u>T_{max}</u>	<u>15</u> (1, 361)	<u>20</u> (1, 245)	<u>20</u> (1, 365)	<u>15</u> (1, 362)	<u>7</u> (1, 360)
<u>E_{min}</u>	<u>-3.54</u> (4.54)	<u>-3.09</u> (4.01)	<u>-3.50</u> (4.65)	<u>-4.40</u> (4.9)	<u>-7.18</u> (4.92)
<u>T_{min}</u>	<u>60</u> (1, 361)	<u>90</u> (2, 360)	<u>90</u> (1, 362)	<u>150</u> (1, 360)	<u>55</u> (2, 360)
<u>AUEC20min</u>	<u>1.92</u> (2.12)	<u>1.67</u> (2.08)	<u>1.77</u> (2.15)	<u>1.77</u> (2.00)	<u>-0.31</u> (1.11)
<u>AUEC45min</u>	<u>4.65</u> (4.33)	<u>3.85</u> (4.62)	<u>3.8</u> (4.42)	<u>4.07</u> (4.35)	<u>-0.92</u> (2.45)
<u>AUEC90min</u>	<u>8.58</u> (8.37)	<u>6.58</u> (8.53)	<u>6.53</u> (7.45)	<u>7.7</u> (8.28)	<u>-2.22</u> (4.85)
<u>AUECt</u>	<u>18.83</u> (27.33)	<u>14.28</u> (25.67)	<u>15.4</u> (25.00)	<u>13.85</u> (30.00)	<u>-8.55</u> (25.00)

Table 13

Parameter	Formulation				Ref
	1	2	3	4	
E _{max}	15.7 (5.71)	15.9 (6.93)	16.8 (9.09)	19.1 (8.44)	14.9 (6.02)
T _{max}	10 (1, 240)	12 (1, 240)	12 (4, 360)	12 (1, 360)	8 (1, 360)
E _{min}	-4.64 (5.05)	-5.87 (4.17)	-5.13 (4.1)	-4.51 (4.97)	-6.68 (3.97)
T _{min}	150 (1, 361)	150 (1, 361)	150 (1, 362)	90 (1, 360)	150 (1, 361)
AUEC _{20min}	2.25 (1.72)	2.1 (1.62)	2.27 (1.95)	2.73 (1.97)	1.43 (1.22)
AUEC _{45min}	4.58 (3.70)	4.08 (3.85)	4.73 (4.35)	5.52 (4.72)	2.98 (2.92)
AUEC _{90min}	7.87 (7.80)	7.10 (7.17)	8.42 (9.02)	9.85 (9.55)	4.47 (6.13)
AUEC _t	16.22 (29.5)	7.00 (20.83)	15.17 (28.83)	19.5 (30.17)	-1.54 (26.0)

5 Tables 14-17 show PD parameters for Formulations 1-4 compared to Ref (arithmetic mean difference, 90% CI). Table 14 shows comparisons for systolic blood pressure (SBP), Table 15 for diastolic blood pressure (DBP), Table 16 for mean arterial blood pressure (MAP), and Table 17 for heart rate (HR).

Table 14

10

Comparison	AUEC _t	AUEC ₂₀	AUEC ₄₅	AUEC ₉₀	E _{max}	E _{min}
1:Ref	33.60 (22.26, 44.95)	2.39 (1.54, 3.24)	6.40 (4.63, 8.17)	12.91 (9.81, 16.01)	7.43 (4.38, 10.48)	4.16 (2.09, 6.23)
2:Ref	29.99 (18.76, 41.22)	2.24 (1.40, 3.08)	6.11 (4.35, 7.86)	11.70 (8.64, 14.76)	8.06 (5.04, 11.08)	4.69 (2.64, 6.73)

3:Ref	32.77 (21.53, 44.01)	2.52 (1.67, 3.36)	6.00 (4.25, 7.76)	11.59 (8.53, 14.66)	7.31 (4.29, 10.33)	3.80 (1.75, 5.84)
4:Ref	33.53 (22.33, 44.72)	2.48 (1.65, 3.32)	6.32 (4.58, 8.07)	12.88 (9.82, 15.93)	9.52 (6.51, 12.53)	2.99 (0.95, 5.03)

Table 15

Comparison	AUECt	AUEC20	AUEC45	AUEC90	E _{max}	E _{min}
1:Ref	24.25 (15.63, 32.86)	2.19 (1.63, 2.76)	5.25 (4.01, 6.50)	9.89 (7.46, 12.32)	7.94 (5.03, 10.86)	3.91 (2.25, 5.57)
2:Ref	20.26 (11.73, 28.79)	1.94 (1.39, 2.50)	4.35 (3.12, 5.58)	7.76 (5.36, 10.17)	6.69 (3.81, 9.57)	4.08 (2.43, 5.72)
3:Ref	20.43 (11.90, 28.96)	1.95 (1.39, 2.51)	4.33 (3.10, 5.56)	7.75 (5.34, 10.16)	5.7 (2.82, 8.58)	4.16 (2.52, 5.81)
4:Ref	17.41 (8.91, 25.91)	1.91 (1.35, 2.46)	4.42 (3.19, 5.64)	8.58 (6.18, 10.98)	6.34 (3.47, 9.21)	3.12 (1.48, 4.76)

5 Table 16

Comparison	AUECt	AUEC20	AUEC45	AUEC90	E _{max}	E _{min}
1:Ref	27.37 (18.86, 35.87)	2.26 (1.65, 2.86)	5.64 (4.32, 6.95)	10.90 (8.45, 13.35)	7.70 (4.96, 10.45)	3.62 (2.07, 5.17)
2:Ref	23.50 (15.08, 31.92)	2.04 (1.44, 2.64)	4.93 (3.63, 6.24)	9.08 (6.65, 11.50)	6.57 (3.85, 9.28)	4.23 (2.69, 5.77)
3:Ref	24.54 (16.12, 32.97)	2.14 (1.54, 2.74)	4.89 (3.58, 6.19)	9.03 (6.60, 11.46)	6.11 (3.40, 8.83)	3.81 (2.27, 5.35)

4:Ref	22.79 (14.40, 31.18)	2.10 (1.50, 2.70)	5.05 (3.75, 6.35)	10.01 (7.60, 12.43)	7.27 (4.56, 9.98)	2.88 (1.35, 4.42)
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Table 17

Comparison	AUECt	AUEC20	AUEC45	AUEC90	Emax	Emin
1:Ref	17.67 (8.29, 27.05)	0.91 (0.38, 1.44)	1.77 (0.52, 3.02)	3.70 (1.16, 6.24)	1.09 (-1.33, 3.52)	1.98 (0.40, 3.56)
2:Ref	8.15 (-1.13, 17.43)	0.74 (0.21, 1.26)	1.24 (0.01, 2.48)	2.79 (0.27, 5.31)	1.19 (-1.20, 3.59)	0.80 (-0.76, 2.36)
3:Ref	16.18 (6.90, 25.47)	0.89 (0.36, 1.42)	1.88 (0.64, 3.12)	4.10 (1.59, 6.62)	2.07 (-0.32, 4.47)	1.53 (-0.03, 3.09)
4:Ref	20.71 (11.47, 29.96)	1.31 (0.79, 1.83)	2.56 (1.33, 3.79)	5.35 (2.84, 7.86)	4.29 (1.91, 6.68)	2.18 (0.62, 3.74)

5 For SPB, DBP and MAP (Tables 14-16), the AUEC parameters and Emax were significantly higher for all IMPs compared to Ref (90% CI > 0). For HR (Table 17), most IMPs had higher AUEC parameters compared to Ref, and there was a trend towards a higher Emax as well.

10 All epinephrine nasal powder formulations (1-4), had higher total exposure of epinephrine (AUC(t)) than Ref and similar or higher Cmax compared to Ref. Tmax was somewhat lower than Ref for Formulations 1-4, but as shown in Table 9, after 20 min, all four epinephrine nasal powder formulations had similar or higher epinephrine exposure than Ref.

15

Nasal administration of epinephrine nasal powder was considered to be safe, with no severe adverse events (AEs) being reported in the trial. The most commonly reported AEs were nasal discomfort, rhinalgia, headache and palpitations.

20

Safety and Tolerability Results

All test formulations produced mild discomfort through local irritation including visible effects on the nasal mucosa, however these effects were mostly mild and tolerated.

5

Additional AEs and other safety parameters were overall consistent with the known pharmacology of epinephrine, including cardiovascular and neurological effects:

- increases in blood pressure and pulse rate were seen in the study, however none of the changes in vital signs were considered clinically significant from a safety perspective; and
- there were no trends in laboratory parameters or individual laboratory findings that raised any safety concerns.

10

Abnormal ECG findings and trends were reported during the study including one significant finding leading to subject withdrawal (prolonged QRS complex) and trends on various ECG parameters.

15

Nasal administration of epinephrine nasal powder was considered to be safe, with no severe adverse events (AEs) being reported in the trial. Nasal discomfort was experienced by a majority of the study subjects, but was mostly mild, transient and tolerable.

20

Example 1

Spray-Dried Epinephrine Free Base Formulation I

25

Epinephrine free base (Cambrex, Italy) was dissolved in approx. 35 mL MQ-water (10% solid load), and acidified with 7 mL (Ex. F and G) or 11 mL (otherwise) of 0.1M HCl (aq.) at room temperature under stirring in a glass flask. After dissolution, pH was either maintained as is, or was adjusted to between 4.5 and 5.5 by the addition of 0.1M NaOH (aq.; qs). pH was measured at this stage, and is presented in Table 18 below.

30

Then amounts of trehalose (dihydrate; Pfanstiehl, US), maltodextrin (Glucidex IT 19 DE (MD19); Roquette, France), sucrose monolaurate D-1216 (SM; Mitsubishi-Kagaku Foods Corporation, Japan), were then added to the solution.

35

The resultant solutions were then spray-dried under the conditions described in Comparative Example 1 above, to produce fine, dry and free-flowing powders (Ex. A

to G), each with a nominal dose of 1 mg adrenaline free base in 25 or 37.5 mg powder, and with compositions as described in Table 18 below (amounts are shown in grams).

Table 18

5

Ex.	Epinephrine	Trehalose	MD19	SM	NaOH	pH
A	0.201	3.097	1.687	0.152	-	3.07
B	0.200	3.092	1.677	0.150	qs	4.84
C	0.204	3.096	1.684	0.149	-	3.05
D	0.201	3.093	1.680	0.151	qs	5.31
E	0.203	1.113	3.543	0.152	qs	5.15
F	0.131	1.065	3.500	0.149	qs	5.06
G	0.133	2.977	1.702	0.145	qs	5.27

The powders were analyzed for particle size distribution (PSD) by dry powder laser diffraction. Samples were dispersed with an Aero S dry dispersing unit (with compressed air at 0.5 bar) before sizing with a Mastersizer 3000 laser diffraction sensor (both Malvern Panalytical, UK), as shown in Table 19 below. The PSDs of the formulations were well within a distribution suitable for nasal administration.

10

Table 19

15

Ex.	Dv10	Dv50	Dv90
A	17.9	33.3	57.5 ₂₀
B	17.5	33.0	47.6
C	16.5	31.5	56.6
D	16.6	32.3	57.9
E	17.0	34.0	61.5
F	16.6	33.6	61.1 ₂₅
G	16.4	31.0	55.3

The assay and purity of the spray-dried formulations were determined by HPLC/UV analysis. The assay after preparation was between 95 and 105.5%, and the

percentages of the total related substances (%RS) (i.e. impurities and degradation products) were in the range of between 0.04 and 1.43% (as shown in Tables 20 and 21 below).

5 The chemical stability of the formulations after up to 6 months of storage inside a climate cabinet at 40°C and 75% relative humidity (40/75) was measure as described in Comparative Example 1 above. For each storage condition, formulations in DUMA containers packed in a heat-sealed aluminum sachet with desiccant were placed in the cabinet.

10

The stability of drug substance, expressed as assay (Table 20 below), and total amounts of impurities and degradation products expressed as %RS (Table 21 below), is summarized for the different compositions and packaging, in which NA means 'not analysed'.

15

Table 20

Ex.	Initial	1M	3M	6M
A	97.6	86.6	86.6	71.7
B	98.5	100.8	104.8	102.9
C	98.5	88.1	82.9	74.7
D	95.0	99.0	104.2	101.6
E	105.5	107.9	107.3	102.2
F	101.1	103.5	105.5	107.5
G	99.8	101.4	102.4	105.2

20

Table 21

Ex.	Initial	1M	3M	6M
A	1.18	9.40	14.24	21.52
B	0.10	0.16	0.18	0.18
C	1.43	9.30	14.32	19.97
D	0.07	0.14	0.19	0.20

E	0.04	0.08	0.12	0.09
F	0.06	0.07	0.14	0.09
G	0.06	0.08	0.13	0.11

The enantiomeric purity of samples stored under the same conditions was also determined by chiral HPLC, according to a standard, USP-based method. Enantiomeric stability expressed as (% of S-adrenaline) is summarized for the different compositions in Table 22 below.

Table 22

10

Ex.	Initial	1M	3M	6M
A	0.7	15.7	NA	21.55
B	0.4	0.6	NA	0.66
C	1.1	16.0	NA	22.54
D	0.4	0.5	NA	0.62
E	0.4	NA	0.54	0.49
F	0.5	NA	0.55	0.50
G	0.5	NA	0.55	0.48

It can be seen from the above results that, surprisingly, formulations spray dried from solutions in which pH had been adjusted to between 4.5 and 5.5 are more stable under these storage conditions, not only chemically (with regards to total amounts of impurities and degradation products), but also in terms of enantiomeric stability.

Example 2

Spray-Dried Epinephrine Free Base Formulation II

20 Epinephrine free base (Cambrex, Italy) was dissolved in approx. 114 mL MQ-water and acidified with 42 mL 0.1 M HCl (aq.) (Ex. H) or dissolved in 167 mL 0.1 M HCl (aq.) (Ex. I) at room temperature under stirring in a glass flask. After dissolution, pH was adjusted to 4.9 by the addition of 0.1 M NaOH (aq.; qs). Then amounts of trehalose (dihydrate; Pfanstiehl, US), maltodextrin (Glucidex IT 19 DE (MD19); Roquette, France), sucrose monolaurate D-1216 (SM; Mitsubishi-Kagaku Foods Corporation, Japan), were added to the solution.

The resultant solutions were then spray-dried under the conditions described in Comparative Example 1 above, to produce fine, dry and free-flowing powders (Ex. H and I), with a nominal dose of 0.5 mg and 2 mg adrenaline free base in 25 mg powder, and with compositions as described in Table 23 below (amounts are shown in grams).

5

The pH was the measured pH of the feed solution before addition of excipients.

Table 23

Ex.	Epinephrine	Trehalose	MD19	SM	NaOH	pH
H	0.750	24.206	12.572	1.126	qs	4.93
I	3.000	21.220	12.577	1.125	qs	4.90

10

The powders were analyzed for particle size distribution (PSD) by dry powder laser diffraction. Samples were dispersed with an Aero S dry dispersing unit (with compressed air at 0.5 bar) before sizing with a Mastersizer 3000 laser diffraction sensor (both Malvern Panalytical, UK), as shown in Table 24 below. The PSDs of the

15

formulations were well within a distribution suitable for nasal administration.

Table 24

Ex.	Dv10	Dv50	Dv90
			20
H	18.4	34.4	62.6
I	22.1	42.2	74.1

25

The assay and purity of the spray-dried formulations were determined by HPLC/UV analysis. The assay after preparation was around 99% and the percentages of the total related substances (%RS) were below 0.1% (as shown in Tables 25 and 26 below).

The chemical stability of the formulations after up to 6 months of storage inside a

30

climate cabinet at 40°C and 75% relative humidity (40/75) was measure as described in Comparative Example 1 above. For each storage condition, formulations in DUMA containers packed in a heat-sealed aluminum sachet with desiccant were placed in the cabinet.

The stability of drug substance, expressed as assay (Table 25 below), and total amounts of impurities and degradation products expressed as %RS (Table 26 below).

5 Table 25

Ex.	Initial	3M	6M
H	98.8	99.8	100.3
I	99.2	99.5	100.8

Table 26

Ex.	Initial	3M	6M
H	0.07	0.19	0.10
I	0.05	0.27	0.05

10

Example 3

Local Tolerability Assessment

15 An epinephrine nasal powder formulation is prepared according to one or more of Ex. A to G, as described in Example 1 above, and/or as described in Example 2 above.

Formulations, as 1 mg and 2 mg doses of epinephrine, are administered to 30 healthy volunteers according to a pre-set randomisation schedule. Each subject receives both doses, and for the 1 mg dose, this is also received after a nasal allergen challenge.

20

Doses are separated by a wash-out period of approximately 24 hours, and before the allergen challenge there is a wash-out period of 12-14 days. Subjects are randomised immediately before administration of the first dose.

25 All formulations are administered intranasally by the specific intranasal device from Aptar Pharma, France (UDS Monopowder), and the administration is done alternating between nostrils on each day of dosing.

Local tolerability is assessed by visual inspection of the nasal cavity at < -01:00 hours pre-administration (baseline) and at 01:00, 05:00 and 23:00 hours after each administration. Local tolerability is assessed by study personnel and rated on a 5-point scale, 0-4 with grade 0 representing normal mucosa. Local tolerability is further
5 assessed by study subject self-rating of discomfort according to a discomfort visual-analogue scale (VAS). A time component assessing time point of worst discomfort as well as study subject self-rating according to VAS at 30 minutes post dose may also be added. Assessment of discomfort may further be made by study-subject
10 questionnaire responses related to pain and/or irritation in the nasal, sinus, throat, mouth, and/or eye area.

Most subjects experience at a low degree of discomfort according to the VAS self-rating, and the formulation is well tolerated for both doses, especially as compared to experiences of subjects in the study described in Comparative Example 2 above.

Claims

1. A pharmaceutically-acceptable composition in the form of a solid, amorphous, mono-particulate powder comprising a mixture of:
 - 5 (a) a pharmacologically-effective dosage amount of an adrenergic receptor modulator, or a pharmaceutically-acceptable salt thereof; and
 - (b) a pharmaceutically-acceptable carrier material, which carrier material comprises a maltodextrin,which solid composition, when dissolved in aqueous media, exhibits a pH of
10 between about 4.5 and about 8.0.
2. The composition as claimed in Claim 1, wherein the pH range is between about 4.5 and about 6.0, or about 4.5 and about 5.5.
- 15 3. The composition as claimed in Claim 1 or Claim 2, wherein the carrier material further comprises a disaccharide, selected from the group consisting of maltitol, trehalose, sucralose, sucrose, isomalt, maltose and lactose.
4. The composition as claimed in Claim 3, wherein the disaccharide comprises lactose
20 and/or trehalose.
5. The composition as claimed in any one of the preceding claims, wherein the carrier material comprises a maltodextrin with a dextrose equivalent (DE) that is above 15.
- 25 6. The composition as claimed in any one of the preceding claims, wherein the carrier material comprises maltodextrin 19DE.
7. The composition as claimed in any one of the preceding claims, wherein the carrier
30 material comprises a combination of trehalose and maltodextrin 19DE.
8. The composition as claimed in any one of Claims 3 to 7, wherein the ratio of disaccharide:maltodextrin by weight, based on the total weight of the composition, is in the range of about 10:1 to about 1:20.
- 35 9. The composition as claimed in Claim 8, wherein the ratio is in the range of about 2:1 to about 1:8.

10. The composition as claimed in any one of the preceding claims, wherein the lowest measurable glass transition temperature of the composition is at least about 35°C when measured at a relative humidity of up to about 35%.
- 5 11. The composition as claimed in any one of the preceding claims, wherein the composition further comprises a sucrose ester.
12. The composition as claimed in Claim 11, wherein the sucrose ester comprises sucrose monolaurate.
- 10 13. The composition as claimed in any one of the preceding claims which is suitable and/or adapted for nasal delivery.
14. A composition as claimed in Claim 13, wherein the powder has a particle size distribution that includes a D10 that is above about 5 µm.
- 15 15. The composition as claimed in Claim 13 or Claim 14, wherein the powder has a particle size distribution that includes a volume-based mean diameter within the range of about 10 µm and about 100 µm.
- 20 16. The composition as claimed in any one of Claims 13 to 15, wherein the particle size distribution of said powder includes a D10 above about 10 µm.
17. The composition as claimed in any one of Claims 13 to 16, wherein the particle size distribution of said powder includes a D90 below about 200 µm.
- 25 18. The composition as claimed in Claim 17, wherein the particles of said powder have a D90 below about 100 µm.
- 30 19. The composition as claimed in any one of the preceding claims wherein the pharmacologically-effective dosage amount of the adrenergic receptor agonist or salt thereof is between about 1 µg and about 100 mg (calculated as the free acid/base).
- 35 20. The composition as claimed in any one of the preceding claims, wherein the adrenergic receptor modulator is epinephrine (adrenaline).
21. The composition as claimed in Claim 20, wherein the pharmacologically-effective dosage amount of epinephrine is between about 0.1 mg and about 10 mg (calculated as the free base).
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22. The composition as claimed in Claim 21, wherein the dosage amount is between about 0.5 mg and about 3 mg (calculated as the free base).
- 5 23. The composition as claimed in any one of Claims 20 to 22, wherein the composition consists essentially of epinephrine or pharmaceutically-acceptable salt thereof as the active ingredient.
24. The composition as claimed in any one of the preceding claims, wherein pH is
10 measured after dissolving about 100 mg of the composition in about 5 mL of deionized water at 25°C.
25. A process for the manufacturing of a composition as defined in any one of the preceding claims, wherein said process comprises the steps of:
- 15 i) dissolving and/or mixing the adrenergic receptor modulator or pharmaceutically-acceptable salt thereof in an appropriate volatile aqueous solvent,
ii) adjusting the pH of the resultant solution such that it is between about 4 and about 8, and/or is within the range as defined in Claim 1 or Claim 2,
20 iii) adding the pharmaceutically-acceptable carrier material, and
iv) spray-drying the mixture from step i).
26. A composition obtainable by a process as defined in Claim 25.
- 25 27. A nasal applicator device suitable and/or adapted for delivery of a composition as defined in any one of Claims 1 to 24 or 26 to the nose, which comprises, or is adjunct and/or attached to, a reservoir, within which reservoir said composition is contained.
- 30 28. The nasal applicator as claimed in Claim 27, which is configured such that said device, upon actuation, is capable of depositing said pharmacologically-effective dosage amount of epinephrine, or salt thereof, to the nasal mucosa.
29. A process for the manufacturing of an applicator device as claimed in Claims 27 or
35 Claim 28, which comprises a process as claimed in Claim 25 followed by loading the composition so formed into a reservoir within, or adjunct or attached to, said applicator device.
30. A container that substantially prevents ingress of atmospheric water by comprising
40 thermoformed plastics and/or molecular sieves with a pore size of 3Å or 4Å, which

container contains, or is capable of receiving, a nasal applicator device as defined in Claim 27 or Claim 28.

- 5 31. The container as claimed in Claim 30, which comprises a material selected from the group: heat-sealed aluminium pouches and thermoformed plastics and/or a desiccant selected from the group: silica gel and molecular sieves with a pore size of 3Å or 4Å.
- 10 32. A composition as defined in any one of Claims 1 to 24 or 26 for use in the treatment of an allergic reaction.
33. A use of a composition as defined in any one of Claims 1 to 24 or 26 for the manufacture of a medicament for the treatment of an allergic reaction.
- 15 34. A method of treatment of an allergic reaction, which method comprises the administration of a composition as defined in any one of Claims 1 to 24 or 26 to a patient suffering from, or susceptible to, said condition.
- 20 35. A method of treatment of an allergic reaction, which method comprises removing the nasal applicator device from the container as defined in Claim 30 or Claim 31 and actuating said nasal applicator device to deposit an effective dose of epinephrine, or salt thereof, to the nasal mucosa of a patient suffering from, or susceptible to, allergic reaction.
- 25 36. A composition for use as claimed in Claim 32, a use as claimed in Claim 33, or a method as claimed in Claim 34 or Claim 35, wherein the allergic reaction is to an insect sting or bite, a foodstuff or a drug and/or another chemical substance.
- 30 37. A composition for use, as use, or a method, as claimed in Claim 36, wherein the reaction comprises anaphylaxis.
38. A composition for use, as use, or a method, as claimed in Claim 36 or Claim 37, wherein the composition is administered to the nose by way of an applicator as defined in Claim 27 or Claim 28.