

PREPARATION AND EVALUATION OF FAST DISSOLVING ORAL FILM OF PERINDOPRIL ERBUMINE TABLETS

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ABSTRACT

Perindopril Erbumine Tablets contain the active substance perindopril erbumine which belongs to a group of medicines known as angiotensin converting enzyme (ACE) inhibitors. These work by making your blood vessels wider, which makes it easier for your heart to pump blood through them. Fast dissolving oral films are useful in patients such as paediatric, geriatric, bedridden or developmentally disabled who face difficulty in swallowing conventional tablets or capsules and liquid orals or syrups leading to ineffective therapy. The delivery system consists of a very thin oral strip, which is simply placed on the patient's tongue or any oral mucosal tissue, instantly wet by saliva the film rapidly hydrates and adheres onto the site of application. The present study was aimed to formulate fast dissolving oral films to enhance bioavailability and avoid pre systemic metabolism. The key is to develop successful oral film by solvent casting method and selected the right compatible excipients using

FTIR studies. Oral film was fabricated using HPLC E5 and HEC polymer. The prepared films were evaluated for Organoleptic evaluations, film weight, thickness, folding endurance, tensile strength, drug content uniformity of films, surface pH, disintegration time and in-vitro dissolution studies. The formulation F5 has disintegration time of 7 seconds and is more promising and showed drug release of 98% after 5 minutes; hence formulation F5 was selected as best formulation.

INTRODUCTION

(perindopril erbumine) Tablets is the tert-butylamine salt of perindopril, the ethyl ester of a non-sulphydryl angiotensin-converting enzyme (ACE) inhibitor. Perindopril is the free acid form of perindopril erbumine, is a pro-drug and metabolized *in vivo* by hydrolysis of the ester group to form perindoprilat, the biologically active metabolite. ACEON® Tablets is available in 2 mg, 4 mg and 8 mg strengths for oral administration. The mechanism through which perindoprilat lowers blood pressure is believed to be primarily inhibition of ACE activity. ACE is a peptidyl dipeptidase that catalyzes conversion of the inactive decapeptide, angiotensin I, to the vasoconstrictor, angiotensin II. Angiotensin II is a potent peripheral vasoconstrictor, which stimulates aldosterone secretion by the adrenal cortex, and provides negative feedback on renin secretion. Inhibition of ACE results in decreased plasma angiotensin II, leading to decreased vasoconstriction, increased plasma renin activity and decreased aldosterone secretion.

An attempt has been made for the preparation of fast dissolving oral film of perindopril with an aim to provide the following advantages. Availability of larger surface area that leads to rapid disintegrating and dissolution in the oral cavity and promote the systemic absorption of APIs with no need of water or a spoon for administration and without chewing. The drug enters the systemic circulation with reduced hepatic first pass effect and provide rapid onset of action. Delivery can also be terminated relatively easily if required. Site specific action and local action can be achieved. Good mouth feel With the help of Mouth dissolving film drug delivery system. Those drugs can be given to the patients that are not crushed and not injected by patient fast dissolving oral films are best choice. Enhanced oral bioavailability of molecules that undergo first pass effect can be achieved. Mouth Dissolving Films are typically the size of a postage stamp and disintegrate on a patient's tongue in a matter of seconds for the rapid release of one or more APIs.

MEHODOLOGY

Materials used in the present work.

S.no	Ingrediens	Suppliers
1	Perindopril	Parachem
2	HPMC	Parachem
3	PEG	Parachem
4	Chitosan	Sisco research laboratories
5	Propylene glycol	Scientific fischer
6	Sucrose	Scienific fischer
7	Methanol	Merck

Instruments used in the present work

S.no	Name of instrument	Manufacturing company
1	Digital balance	Shimadzu
2	Dissolution apparatus	Lab India
3	UV-VIS Spectro photometer	Lab India
4	pH meter	Lab India
5	FT-IR Spectrophotometer	Shimadzu
6	Magnetic stirrer	Remi equipments p5rvt limited
7	Stability chamber	Labline

Preformulation Studies

Preformulation testing is an investigation of physical and chemical properties of drug substances alone and combined with excipients. It is the first step in the rational development of dosage form.

FT-Infrared spectroscopic studies

One of the requirements for the selection of suitable excipients or carrier for pharmaceutical formulation is its compatibility. Therefore in the present work a study was carried out in infrared spectrophotometer to find out if there is any possible chemical interaction of atenolol with sodium starch glycolate, HPMC, lactose, Magnesium stearate and talc.

Procedure

Weighed amount of drug (3mg) was mixed with 100mg of potassium bromide (dried at 40-50°C). The mixture was taken and compressed under 10-ton pressure in a hydraulic press to form a pellet. The pellet was scanned in IR spectrophotometer.

COMPOSITION OF FORMULATIONS

Formulation code	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15
Perindopril(mg)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
HPMC (mg)	250	250	350	350	450	450	250	250	350	350	450	450	250	350	450
Chitosan(mg)	125	250	175	350	225	450	-	-	-	-	-	-	-	-	-
PEG(mg)	-	-	-	-	-	-	125	250	175	350	225	450	-	-	-
Methanol(ml)	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Propyleneglycol(ml)	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Sucrose (mg)	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

Procedure for construction of standard curve

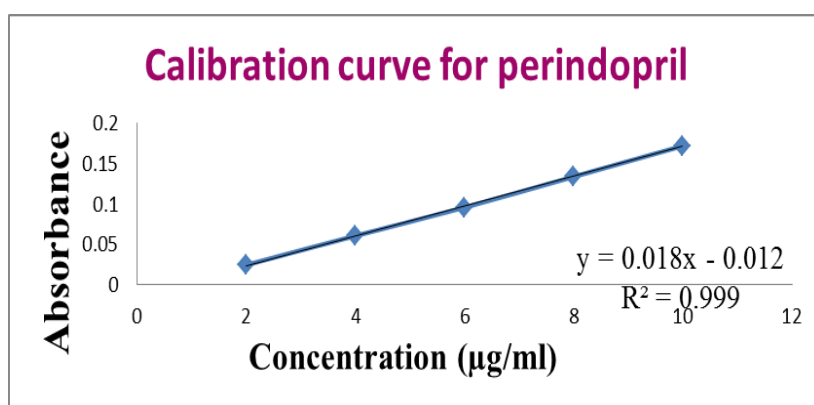
Standard stock solution of perindopril was prepared by dissolving 10 mg of drug in 10 ml of water to get concentration of 1000µg/ml. 10 ml of standard stock solution of perindopril was then diluted with water to get working standard solution of 100µg/ml. From the resultant

solution 2, 4, 6, 8, 10 $\mu\text{g/ml}$ were prepared from the above stock solution. The absorbance was measured at 210nm using distilled water as blank and plotted to get the calibration curve.

Calibration data for perindopril in water

S.no	Concentration ($\mu\text{g/ml}$)	Absorbance (210 nm)
1	2($\mu\text{g/ml}$)	0.025
2	4($\mu\text{g/ml}$)	0.061
3	6($\mu\text{g/ml}$)	0.096
4	8($\mu\text{g/ml}$)	0.134
5	10($\mu\text{g/ml}$)	0.174

Calibration curve for perindopril in water



Slope 0.018

Intercept 0.096

Regression 0.999

Method of preparation of Fast Dissolving Oal Film^[81,82]

Drug containing fast dissolving films were fabricated by the solvent casting method. The optimized amount of polymer was dissolved in 5ml of water and stirred continuously for 1 hour using magnetic stirrer. Optimized amount of sweetener, and Plasticizer were dissolved in 95% ethanol and then added to the polymeric solution, Then the optimized amount of drug was dissolved in 2ml of water and kept on sonication for proper dispersion. The drug solution was then added to the polymeric solution and stirred for 30 min using magnetic stirrer and was kept in undisturbed condition till the entrapped air bubbles were removed. The above solution was then casted on glass plate and was dried at controlled room temperature (25° - 30°C, 45% RH) as well as at increased temperature (microwave oven). The film took approximately 48 hr to dry at controlled room temperature. The dried film was then carefully removed from the glass plate and was cut into size required for testing.

EVALUATION OF THE PREPARED FILM^[83-92]**Film Thickness**

As the thickness of film is directly concern with drug content uniformity so it is necessary to ascertain uniformity in the thickness of the film. It can be measured by micrometer screw gauge or calibrated digital Vernier Calipers at different strategic locations. The thickness of each of 10 film of each type of formulation was measured and the average was determined.

Weight Variation

The mass of the films was determined by using analytical balance. When manufacturing the oral films, the film solutions were cast into sheets and then cut into smaller strips of 4 cm² (2cm×2 cm). Oral films were cut from different sheets and the variability between the respective polymers as well as the variability between the polymers were investigated. The individual weight each of 10 samples of each formulation was determined.

Hydration Study (water uptake/ swelling study): The film sample was weighed and placed on a preweighed stainless steel wire mesh. The wiremesh was then submerged in a petridish containing 20 ml distilled water. Increase in weight of the film was determined at regular time intervals until a constant weight was obtained. The hydration ratio of the film was calculated using following formula

$$\text{Hydration ratio} = \frac{W_t - W_0}{W_0}$$

Where W_t = weight of film at time t and

W_0 = weight of film at zero time.

Moisture Loss (Moisture Vapor Transmission)

The percent moisture loss was determined by placing prepared film in desiccators containing anhydrous calcium chloride. After three days, the film was taken and reweighed. The percent moisture loss was calculated using following formula

$$\text{Moisture loss} = \frac{W_0}{W_0 - W_t} \times 100$$

Where W_0 = initial weight

W_t = final weight.

Measurement of Mechanical Properties

To avoid mechanical failure of the film and to ensure that film can bear the stress during transportation and storage, the following mechanical properties were measured.

Tensile strength: Tensile strength is the maximum stress applied to a point at which the strip specimen breaks. It is calculated by the applied load at rupture divided by the cross-sectional area of the strip. It is given by the equation as follows.

$$\text{Tensile strength} = \frac{\text{Load at breakage}}{\text{Strip thickness} \times \text{Strip Width}}$$

The tensile testing gives an indication of the strength and elasticity of the film, reflected by the parameters - tensile strength, elastic modulus, % strain, and load at yield. The type of the polymer is characterized by following table.

Mechanical Properties of Film

Type of polymer	Tensile Strength	Elastic Modulus	% Strain
Soft and Weak	Low	Low	Low
Hard and Brittle	Moderate	High	Low
Soft and Tough	Moderate	Low	High
Hard and Tough	High	High	High

The mechanical properties of the film gives idea about to what extent the film can withstand the force or stress during processing, packaging, transport and handling. The desirable characteristics of film are moderate tensile strength, low elastic modulus, high % strain and high load at yield. From the above table, the polymer should give soft but tough film.

Percent Elongation

When stress is applied, a strip sample stretches and this is referred to as strain. Strain is basically the deformation of strip divided by original dimension of the sample. Generally elongation of strip increases as the plasticizer content increases.

$$\% \text{ Elongation} = \frac{\text{Increase in length} \times 100}{\text{Original length}}$$

Folding Endurance

Folding endurance is determined by repeated folding of the strip at the same place till the strip breaks. The number of times the film is folded without breaking is computed as the folding endurance value.

Surface pH

The surface pH of fast dissolving oral thin films was determined in order to investigate the possibility of any side effects *in vivo*. As an acidic or alkaline pH may cause irritation to the oral mucosa, it was determined to keep the surface pH as close to neutral as possible. A combined pH electrode was used for this purpose. Oral strip was slightly wet with the help of water. The pH was measured by bringing the electrode in contact with the surface of the film.

Compatibility studies

The drug-polymer compatibility was confirmed by taking IR spectrum and DSC thermogram of drug, polymer and physical mixture of drug-polymer.

Drug Content and Content Uniformity

The drug content and content uniformity test was performed to ensure uniform distribution of drug. This is determined by any standard assay method described for the particular API in any of the standard pharmacopoeia. Content uniformity is determined by estimating the API content in individual strip. Limit of content uniformity is 85–115 percent.

In vitro Disintegration and Dissolution Time

The disintegration time is the time when a film starts to break or disintegrate. Disintegration of orally fast dissolving films requires USP disintegration apparatus. Disintegration time will vary depending on the formulation but typically the disintegration range from 5 to 30 seconds. Although, no official guidance is available for oral fast disintegrating films strips. The dissolution time is the time when the film completely dissolves.

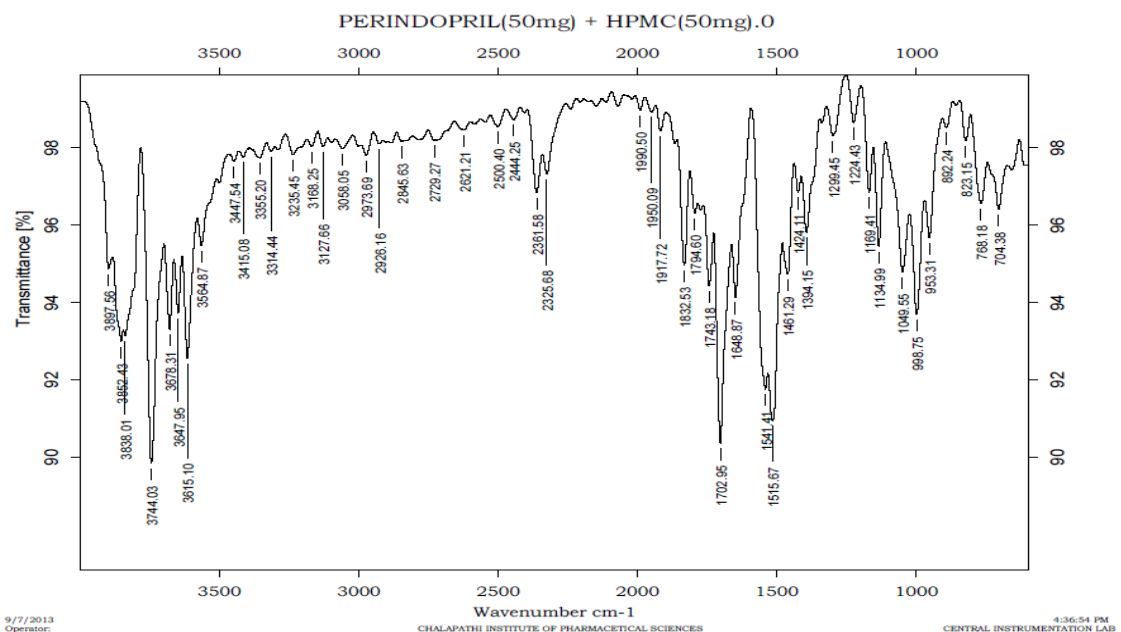
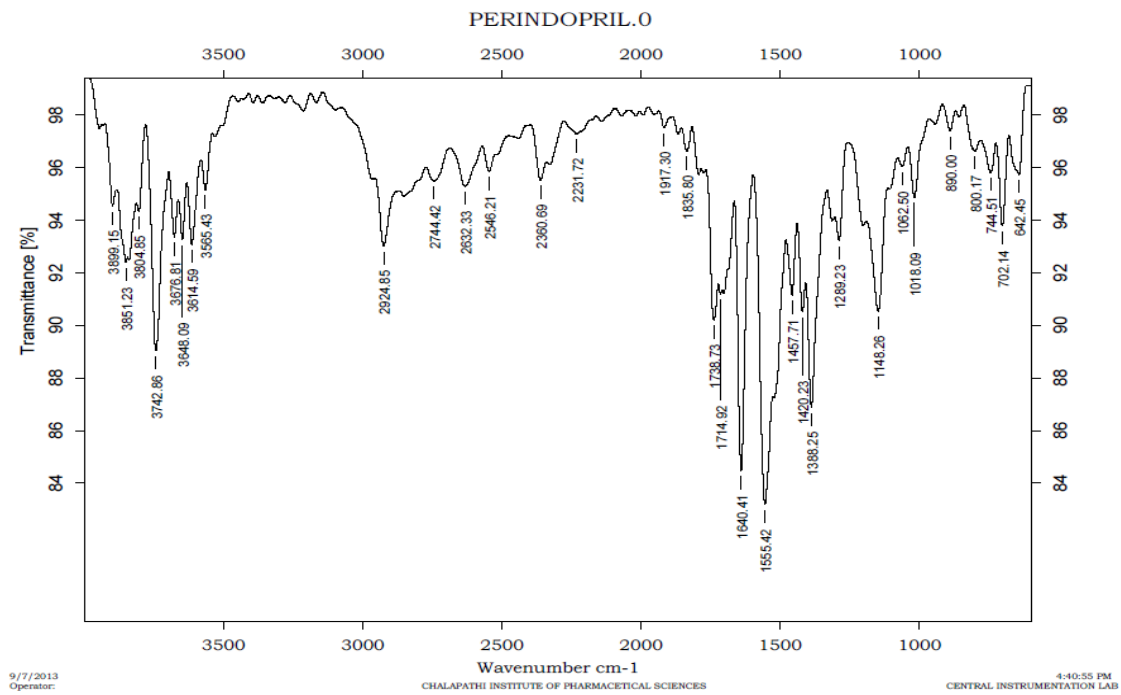
Dissolution test

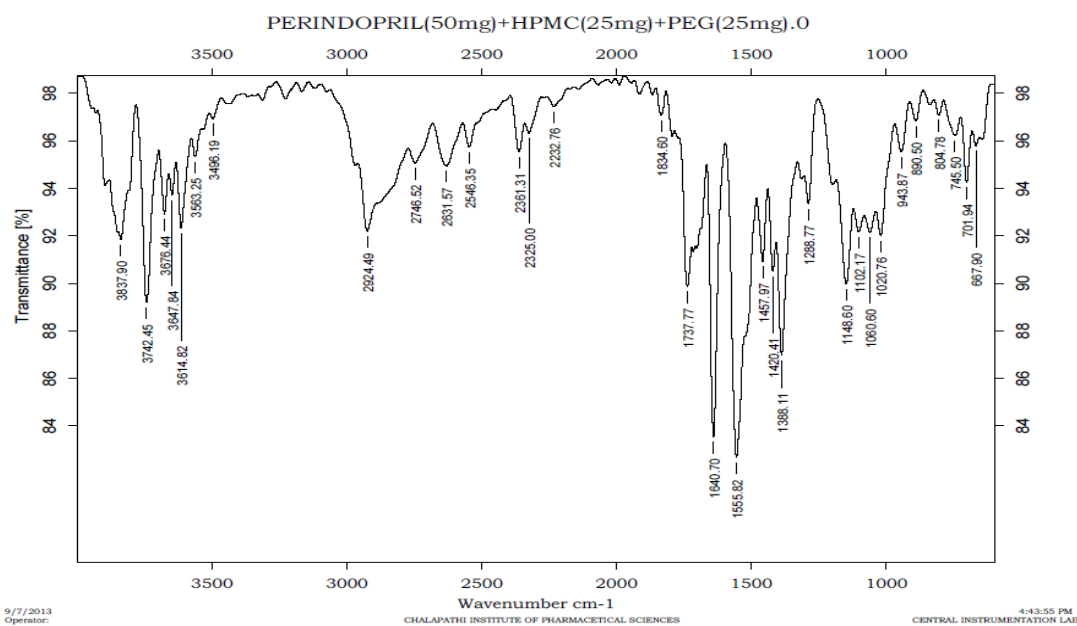
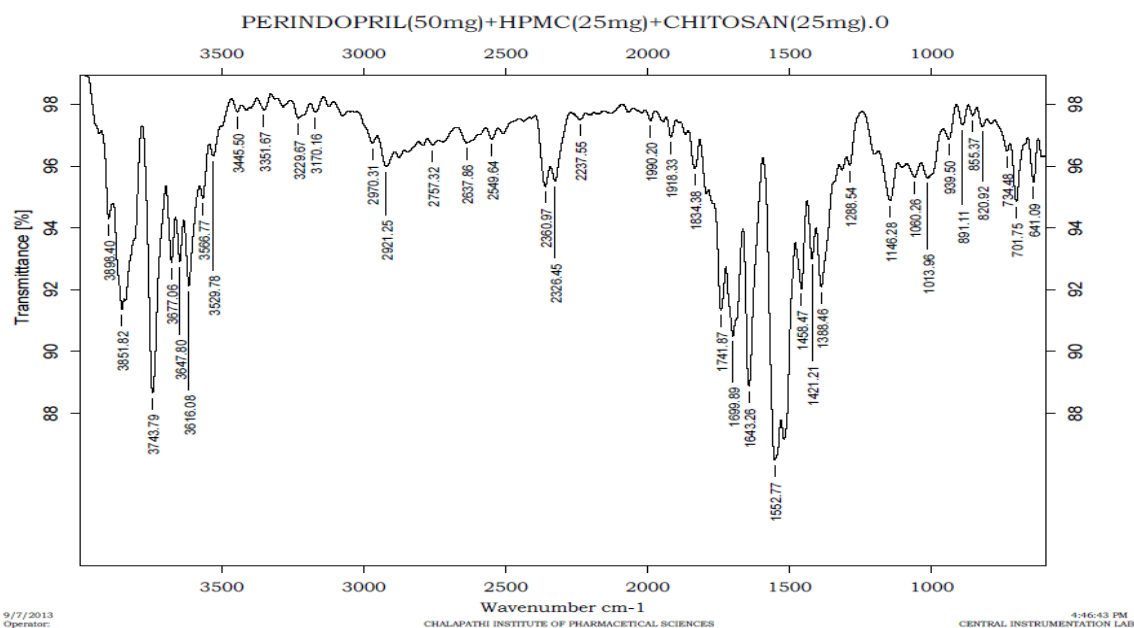
Dissolution testing can be performed using the standard basket or paddle apparatus described in any of the pharmacopoeia. The dissolution medium will essentially be selected as per the sink conditions and highest dose of the API. Many times the dissolution test can be difficult due to tendency of the strip to float onto the dissolution medium when the paddle apparatus is employed.

RESULTS AND DISCUSSION

Preformulation Studies

The pre formulation studies were done by FTIR spectroscopy method. The IR spectra of pure drug and polymers were compared with IR spectra of the powder blend of the various formulations. The absence of appearance or disappearance of characteristic peaks in the spectra confirms that there was no incompatibility between the drug and the polymers taken for the study.





In vitro drug release data for F1 (perindopril 4mg; HPMC 250mg; Chitosan 125mg) (1:0.5)

Time in mts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00778	1.01	3.03	75.75	24.25	1.38
10	0.00832	1.04	3.12	78.00	22.00	1.34
15	0.00922	1.09	3.27	81.75	18.25	1.26
30	0.00994	1.13	3.41	85.25	14.75	1.16
60	0.01066	1.17	3.53	88.25	11.75	1.07

In vitro drug release data for F2 (perindopril 4mg; HPMC 250mg; Chitosan 250mg)

(1:1)

Time in mts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un -dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00644	0.936	2.81	70.25	29.75	1.47
10	0.007474	0.993	2.98	74.50	25.50	1.40
15	0.008608	1.056	3.17	79.25	20.75	1.31
30	0.009094	1.083	3.25	81.25	18.75	1.27
60	0.00994	1.13	3.39	84.75	15.25	1.18

In vitro drug release data for F3 (perindopril 4mg; HPMC 350mg; Chitosan 175mg)

(1:0.5)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un -dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.007114	0.973	2.92	73.00	27.00	1.43
10	0.007834	1.013	3.04	76.00	24.00	1.38
15	0.009094	1.083	3.25	81.25	18.75	1.27
30	0.01012	1.140	3.42	85.50	14.50	1.16
60	0.01094	1.186	3.56	89.00	11.00	1.04

In vitro drug release data for F4 (perindopril 4mg; HPMC 350mg; Chitosan 350mg)

(1:1)

Time in mts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un -dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.0067	0.95	2.87	71.75	28.25	1.45
10	0.0076	1.00	3.01	75.25	24.75	1.39
15	0.0085	1.05	3.15	78.75	21.25	1.32
30	0.00886	1.07	3.22	80.50	19.50	1.29
60	0.00976	1.12	3.36	84.00	16.00	1.20

In vitro drug release data for F5 (perindopril 4mg; HPMC 450mg; Chitosan 225mg)

(1:0.5).

Time in mts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un -dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00706	0.97	2.91	72.75	27.25	1.43
10	0.00778	1.01	3.03	75.75	24.25	1.38
15	0.00922	1.09	3.29	82.25	17.75	1.24
30	0.00994	1.13	0.40	85.00	15.00	1.17
60	0.01066	1.17	3.52	88.00	12.00	1.07

In vitro drug release data for F6 (perindopril 4mg; HPMC 450mg; Chitosan 450mg) (1:1)

Time in mts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00688	0.96	2.90	72.5	27.5	1.43
10	0.0076	1.00	3.01	75.25	24.75	1.39
15	0.00832	1.04	3.13	78.25	21.75	1.33
30	0.00904	1.08	3.25	81.25	18.75	1.27
60	0.00958	1.11	3.34	83.50	16.50	1.21

In vitro drug release data for F7(perindopril 4mg; HPMC 250mg; PEG125mg) (1:0.5)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00832	1.04	3.125	788.12	21.88	1.34
10	0.00850	1.05	3.175	79.37	20.63	1.31
15	0.0100	1.134	3.403	85.07	14.93	1.17
30	0.0111	1.195	3.586	88.96	11.04	1.04
60	0.0126	1.281	3.844	96.10	3.9	0.59

In vitro drug release data for F8(perindopril 4mg; HPMC 250mg; PEG250mg) (1:1)

Time in mnts	Absorbance	Concentraion	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.005188	0.866	2.600	65.00	35	1.54
10	0.005512	0.884	2.654	66.35	33.65	1.52
15	0.006376	0.932	2.796	69.90	30.01	1.47
30	0.00670	0.950	2.851	72.27	28.73	1.45
60	0.00697	0.965	2.897	85.02	27.58	1.44

In vitro drug release data for F9(perindopril 4mg; HPMC 350mg; PEG175mg) (1:0.5)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.004396	0.822	2.466	61.65	38.35	1.58
10	0.00625	0.925	2.775	69.37	30.63	1.48
15	0.006358	0.931	2.795	69.87	30.13	1.47
30	0.00643	0.935	2.806	70.15	29.85	1.47
60	0.00695	0.964	2.892	89.76	27.70	1.44

In vitro drug release data for F10(perindopril 4mg; HPMC 350mg; PEG350mg) (1:1)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00794	1.019	3.059	76.47	23.53	1.37
10	0.00886	1.070	3.211	80.27	19.73	1.29
15	0.00925	1.092	3.277	81.92	18.08	1.25
30	0.01037	1.154	3.464	86.60	13.40	1.12
60	0.01058	1.166	3.499	87.47	12.53	1.09

In vitro drug release data for F11(perindopril 4mg; HPMC 450mg; PEG225mg) (1:0.5)

Time in mnts	Absorbance	Concentraion	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.003874	0.793	2.380	59.5	40.50	1.60
10	0.005602	0.889	2.669	66.72	33.28	1.52
15	0.008104	1.028	3.084	77.10	22.90	1.35
30	00.00832	1.04	3.120	78.00	22.00	1.34
60	0.00868	1.06	3.185	89.05	20.38	1.30

In vitro drug release data for F12(perindopril 4mg; HPMC 450mg; PEG450mg) (1:1)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.00868	1.06	3.191	79.77	20.23	1.30
10	0.00904	1.08	3.266	81.65	18.35	1.26
15	0.00947	1.104	3.3125	82.81	17.19	1.23
30	0.01022	1.146	3.44	86.00	14.00	1.14
60	0.01292	1.296	3.89	90.25	2.75	0.43

In vitro drug release data for F13(HPMC+DRUG) (250+4mg)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.0122	1.26	3.80	95.00	5.00	0.69
10	0.0124	1.27	3.81	95.25	4.75	0.67
15	0.0128	1.29	3.87	96.75	3.25	0.51
30	0.0128	1.29	3.89	97.25	2.75	0.43
60	0.013	1.31	3.95	98.75	1.25	0.096

In vitro drug release data for F14(HPMC+DRUG) (350+4mg)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.0106	1.17	3.52	88	12.00	0.30
10	0.0115	1.22	3.66	91.5	8.50	0.92
15	0.0121	1.25	3.77	94.25	5.75	0.75
30	0.01228	1.26	3.79	94.75	5.25	0.72
60	0.01	1.31	3.94	98.50	1.50	0.17

In vitro drug release data for F15(HPMC+DRUG) (450+4mg)

Time in mnts	Absorbance	Concentration	Amount dissolved	% Amt dissolved	%Amt un-dissolved	Log% Amnt un-dissolved
0	0	0	0	0	100	2
5	0.0106	1.17	3.52	88	12.00	0.30
10	0.0115	1.22	3.66	91.5	8.50	0.92
15	0.0121	1.25	3.77	94.25	5.75	0.75
30	0.01228	1.26	3.79	94.75	5.25	0.72
60	0.01	1.31	3.94	98.50	1.50	0.17

%Drug Content

Formulation	%Drug Content
F1	88.25
F2	84.75
F3	89.00
F4	84.00
F5	88.00
F6	83.50
F7	96.10
F8	85.02
F9	72.30
F10	89.76
F11	89.05
F12	90.25
F13	98.75
F14	98.50
F15	94.50

Disintegration Time(Sec)

Formulation	Time(sec)
F1	49
F2	53
F3	51
F4	54
F5	53
F6	59
F7	43
F8	45
F9	49
F10	49
F11	51
F12	53
F13	35
F14	38
F15	41

DISSOLUTION TIME

Formulation	Time(sec)
F1	159
F2	169
F3	162
F4	160
F5	163
F6	167
F7	145
F8	147
F9	148
F10	152
F11	156
F12	160
F13	120
F14	127
F15	135

Drug Content & Content Uniformity

Formulation	Absorbance	%Amt Dissolved
F1	0.00947	82.81±1.25
F2	0.00904	81.65±1.87
F3	0.00868	79.77±2.34
F4	0.00832	78.00±2.54
F5	0.00868	79.62±1.75
F6	0.0076	75.21±1.89
F7	0.0100	85.07±1.76
F8	0.00697	78.42±2.12
F9	0.00695	81.30±2.65

F10	0.00886	80.27±1.35
F11	0.00868	79.62±2.24
F12	0.00947	82.81±1.76
F13	0.0128	96.75±1.42
F14	0.0121	94.25±1.89
F15	0.01048	87.47±1.54

Film Thickness

Formulation	Thickness(mm)
F1	0.105±0.001
F2	0.109±0.002
F3	0.106±0.002
F4	0.107±0.001
F5	0.105±0.002
F6	0.105±0.001
F7	0.104±0.001
F8	0.101±0.002
F9	0.108±0.001
F10	0.106±0.002
F11	0.103±0.001
F12	0.109±0.001
F13	0.104±0.002
F14	0.105±0.001
F15	0.101±0.001

Mean Weight of Formulation (Mg)

Formulation	Mean weight(mg)
F1	36±3.4
F2	38±1.2
F3	110±7.2
F4	104±8.4
F5	40±1.0
F6	48±2.3
F7	77±1.2
F8	66±1.4
F9	59±1.0
F10	104±2.1
F11	79±0.9
F12	124±4.2
F13	45±1.0
F14	59±1.0
F15	63±2.1

% Moisture Loss

Formulation	% Moisture Loss
F1	0.029
F2	0.021
F3	0.017
F4	0.023
F5	0.032
F6	0.028
F7	0.040
F8	0.016
F9	0.017
F10	0.019
F11	0.021
F12	0.028
F13	0.020
F14	0.016
F15	0.017

Tensile Strength

Formulation	Tensile Strength (kg/mm²)
F1	1.75±0.23
F2	1.73±0.004
F3	1.69±0.037
F4	1.72±0.091
F5	1.71±0.003
F6	1.65±0.006
F7	1.62±0.040
F8	1.58±0.035
F9	1.62±0.002
F10	1.54±0.15
F11	1.61±0.07
F12	1.67±0.02
F13	1.51±0.042
F14	1.56±0.027
F15	1.57±0.036

% % Elongation

Formulation	%Elongation
F1	1.125
F2	0.930
F3	0.935
F4	1.10
F5	1.125
F6	1.150
F7	1.150
F8	1.175
F9	1.187
F10	1.196
F11	1.225
F12	1.175
F13	1.225
F14	1.203
F15	1.150

Surface Ph of Film

Formulation	Surface ph of film
F1	6.4±0.13
F2	6.6±0.16
F3	6.5±0.18
F4	6.4±0.15
F5	6.7±0.12
F6	6.5±0.14
F7	6.8±0.11
F8	6.3±0.15
F9	6.5±0.13
F10	6.7±0.12
F11	6.6±0.11
F12	6.7±0.15
F13	6.3±0.16
F14	6.4±0.13
F15	6.5±0.18

REFERENCES

1. "Oral Thin Films," in *Orally Disintegrating Tablet and Film Technologies*, 5th ed., *Technology Catalysts International, Falls Church, VA*, 2008.
2. American standard of testing and materials, ASTM D1004 – 08 Standard test methods for tear resistance (Graves Tear) of plastic film and sheeting.
3. Arya. A et. al. Fast dissolving films: an innovative drug delivery system and dosage form. *Int J Chem Tech*, 2010; 576-583.

4. Barnhart. S et.al. Thin film oral dosage forms, in: Modified release drug delivery technology. *Drug Pharm Sci* vol.183, 2nd edition, 209–216.
5. Barnhart SD et.al. The future of dissolvable films. *Drug Del Technol*, 2007; 7(8): 34-37.
6. Ciper M, et.al. Preparation and Characterization of Novel Fast Disintegrating capsules (Fastcaps) for Administration in the Oral Cavity. *Int J Pharma*, 2005; 303: 62–71.
7. Dinge A, et.al. Formulation and evaluation of Fast Dissolving Films for Delivery of Triclosan to the Oral Cavity. *AAPS Pharm Sci Tech.*, (June), 2008; 9(2): 349-356.
8. Galey, W.R., et.al. The in vitro permeability of skin and buccal mucosa to selected drugs and tritiated water. *J. Investigative Dermatol.* 1976; 67(6): 713-717.
9. Malke et.al, Formulation and evaluation of Oxacarbazine fast dissolve tablets. *Indian J. Pharmaceutical Sci.*, 2007; 69(2): 211-214.
10. "Oral Thin Films," in Orally Disintegrating Tablet and Film Technologies, 4th ed. (*Technology Catalysts International, Falls Church, VA*, 2006; 18-31.
11. Orally Disintegrating Tablet and Film Technologies, *Technology Catalysts 3rd Edition*, 2006.
12. Arya A et.al Fast dissolving strips: A novel approach for the delivery of verapamil, *Int. J. Chem Tech Res.*, 2010; 2(1).
13. Habib W et.al Fast-dissolve drug delivery system. *Crit. Rev. Ther. Drug Carrier Syst.*, 2000; 17: 61–72.
14. Liang C A et.al, Fast dissolving intraoral drug delivery systems. *Expert Opin. Ther. Patents.*, 2001; 11: 981-986.
15. Anderson Oet.al, Problems when swallowing tablets. *Tidsskr Nor Laegeforen*, 1995; 115: 947-949.
16. Joseph F et.al Paediatric formulations—Getting to the heart of the problem. *International Journal of Pharmaceutics*, 2005; 300: 56– 66.
17. Goel Honey et.al, Orally Disintegration systems: Innovations in formulation and Technology. *Recent Patents on Drug Delivery & Formulation*, 2008; 2: 258-274.
18. Bhowmik Debjit et.al, Fast Dissolving Tablet: An Overview. *Journal of Chemical and Pharmaceutical Research*, 2009; 1(1): 163-177.
19. Patel RA et.al, Fast dissolving films (fdfs) as a newer venture in fast dissolving dosage forms. *International Journal Drug Development & Research*, 2010; 2(2): 232-246.
20. Technology catalysts International Corporation, accessed on 2011 feb 14th Available from <http://www.technologycatalysts.com>.

21. Avani Amin et.al. Formulation and Characterization of Rapidly Dissolving Films of Cetirizine hydrochloride using Pullulan as a Film Forming Agent, *Ind J Pharm Edu Res.*, Jan-Mar, 2011; 45(1).
22. Liang AC et.al Fast Dissolving Intraoral Drug Delivery Systems. *Exp. Opin. Ther. Patents*, 2001; 11(6): 981–6.
23. Borsadia S et.al, Quick Dissolving Films-A Novel Approach to Drug Delivery. *Drug Delivery Technology*, 2003; 3(3): 63-66.
24. Klancke J et.al. Dissolution Testing of Orally Disintegrating Tablets. *Dissolution Technologies*, 2003; 10(2): 6–8.
25. Parakh SR et.al, Review of Mouth Dissolving Tablet Technologies. *Pharm Tech.*, 2003; 27(11): 92–100.
26. M.D. Nehal Siddiqui et.al, A Short Review on “A Novel Approach in Oral Fast Dissolving Drug Delivery System and Their Patents”, *Advances in Biological Research*, 2011; 5(6): 291-303.
27. Galey et.al. The in vitro permeability of skin and buccal mucosa to selected drugs and tritiated water. *J. Investigative*, 1976.
28. Borsadia SB et.al Quick-dissolving films: A novel approach to drug delivery. *Drug Deliv Technol*, 2003; 3: 1.
29. Peppas et.al, Surface interfacial and molecular aspects of polymer bioadhesion on soft tissues. *J. Controlled Release*, 1985; 2: 257-275.
30. Rathbone, M. et.al Oral cavity as a site for systemic drug delivery. *Advanced Drug Delivery Reviews*, 1994; 13(1-2): 1-22.
31. Tabak, L.A. et.al, Role of salivary mucins in the protection of the oral cavity. *J. Oral Pathology and Med.*, 1982; 11: 1-17.
32. Kulkarni, N. et.al Fast dissolving orally consumable films containing an antitussive and a mucosa coating agent, *U.S. Patent*, 2003; 2003/206942.
33. Gavaskar, B. et.al “Overview on fast dissolving films.” *Int. J.pharm. Pharma. Sci.*, 2010; 2(3): 29-33.
34. Kulkarni A.S. et.al ‘Exploration of different polymers for use in the formulation of oral fast dissolving strips. *J. Current Pharmaceutical Res.*, 2010; 2(1): 33-35.
35. Corniello, C. et.al. Quick dissolving strips: from concept to commercialization, *Drug Delivery Technol.*, 2006; 6: 68 -71.

36. Chien M.J. et.al, Film forming polymers in oral films. Poster presented at the 2006 Annual Meeting and Exposition of the American Association of Pharmaceutical Scientist, American Association of Pharmaceutical Scientists, 2006; 1-5.
37. Wale, A. and P.J. Weller, *Handbook of Pharmaceutical Excipients*. 2nd edition., 1994. 24, 27, 352, 448. http://www.watson-inc.com/film_edible.php.
38. Sau-hung, S. Fast dissolving orally consumable films. U.S. Patent., 2003; 6: 596,298.
39. Prakash, I. et.al Development of rebiana, a natural, non-caloric sweetener. *Food and Chemical Toxicol.*, 2008; 46(S2): S75-S82.
40. Israel, K. and M. Leo,. Salivary stimulant, U.S. Patent, 1989; 4820506.
41. [http://www. Patent storm.us /patents/ 6740332/ claims. html](http://www.Patent storm.us /patents/ 6740332/ claims. html).
42. Chapdelaine. et.al. Edible film formulations containing maltodextrin. *US Patent*, 2004; 6740332.
43. *Technical Brief*, 2010; 3 Particle Sciences Drug Development Services.
44. Coppens, K.A. et.al Hypromellose, Ethyl cellulose and Polyethylene oxide used in hot melt extrusion. *Pharmaceutical Technol.*, 2005; 1-6.
45. Mahesh, A. et.al Development of Taste Masked Fast Disintegrating Films of Levocetirizine Dihydrochloride for Oral Use. *Current Drug Delivery*, 2010; 7(1): 21-27.
46. Cilurzo, F. et.al Fast dissolving films made of maltodextrins. *European J. Pharmaceutics and Biopharmaceutics*, 2008; 70: 895-900.
47. Frey, Film Strips and Pharmaceuticals. *Pharmaceutical Manufacturing and Packaging Sourcer*, 2006; 92-93.
48. http://www.meldexinternational.com/Development/Enabling_Systems/Orally_Dissolving_Films/ SOLULEAVES % e 2% 84% a2 /default. aspx?id=1016.
49. Suresh B et.al. Quick dissolving films: A novel approach to drug delivery. *Drug. Development Technologies*, 2006; 1-7. <http://www. drugdeliverytech. Com>
50. Shojaei, A.H. et.al. Buccal Mucosa as A Route for Systemic Drug Delivery: A Review. *J. Pharmacy and Pharmaceutical Sci.*, 1998; 1(1): 15-30.
51. Harris, D.et.al. Drug delivery via the mucous membranes of the oral cavity. *J. Pharmaceutical Sci.*, 1992; 81: 1-10.
52. Wertz, P.W. et.al. Cellular and molecular basis of barrier function in oral epithelium. *Crit. Rev. Ther. Drug Carr. Sys.*, 1991; 8: 237-269.
53. Squier, C.A. et.al. Lipid content and water permeability of skin and oral mucosa. *The J. Investigative Dermatol.*, 96: 123-126.

54. Squier, C.A. et.al. Structure and function of the oral mucosa and implications for drug delivery. in eds. M.J. Rathbone, Oral. Mucosal. Drug. Delivery, Marcel Dekker, Inc., New York, New York, 1996; 1-26.
55. Galey, W.R. et.al. The *in vitro* permeability of skin and buccal mucosa to selected drugs and tritiated water, *J. Investigative Dermatol.*, 1976; 67: 713-717.
56. Aungst, B.J. et.al. Site dependence of absorption-promoting actions of Laureth-9, Na salicylate, Na EDTA and Aprotinin on rectal, nasal, 1988; 5(5): 305-308.
57. Oh, C.K. et.al. Biopharmaceutic aspects of buccal absorption of insulin. *Methods and Finding in Experimental and Clinical Pharmacol.*, 1990; 12: 205-212.
58. Wolany et.al. Buccal absorption of Sandostatin (octreotide) in conscious beagle dogs. *Proceed. Intern. Symp. Control. Rel. Bioact. Mater.*, 1990; 17: 224-225.
59. Kurosaki et.al. Enhanced permeability of keratinized oral-mucosa to salicylic acid with 1-dodecylazacycloheptan-2-one (Azone). *In vitro* studies in hamster cheek pouch. *International J. Pharmaceutics*, 1989; 49(1): 47-55.
60. Kurosaki, et.al. Enhancing effect of 1-dodecylazacycloheptan- 2-one (Azone) on the absorption of salicylic acid from keratinized oral mucosa and the duration of enhancement *in vivo*. *International J. Pharmaceutics*, 1989.
61. Siegel, I.A. et.al. Effects of surfactants on the permeability of canine oral mucosa *in vitro*. *Toxicology Letters*, 1985; 26(2-3): 153-157.
62. Siegel, I.A. et.al. Surfactant- induced increase of permeability of rat oral mucosa to non-electrolytes *in vivo*. *Archives of Oral Biol.*, 1985; 30: 43-47.
63. Kurosaki, et.al. Effect of surfactants on the absorption of salicylic acid from hamster cheek pouch as a model of keratinized oral mucosa, *International J. Pharmaceutics*, 1988; 47(1-3): 13-19.
64. Siegel, I.A. et.al. Mechanisms of non-electrolyte penetration across dog and rabbit oral mucosa *in vitro*. *Archives of Oral Biol.*, 1981; 26: 357-361.
65. Steward, A. et.al. The effect of enhancers on the buccal absorption of hybrid (BDBB) alpha-interferon. *International J. Pharmaceutics*, 1994; 104(2): 145-149.
66. Coutel-Egros, A. et.al. Combined effects of pH, cosolvent and penetration enhancers on the *in vitro* buccal absorption of propranolol through excised hamster cheek pouch. *International J. Pharmaceutics*, 1992; 84(2): 117-128.
67. Aungst, B.J. et.al. Comparison of the effects of various transmucosal absorption promoters on buccal insulin delivery. *International J. Pharmaceutics*, 1989; 53(3): 227-235.

68. Gandhi, R. et.al. Mechanisms of penetration enhancement for transbuccal delivery of salicylic acid. *International J. Pharmaceutics*, 1992; 85(1-3): 129-140.
69. Hoogstraate, A.J. et.al, Buccal delivery of fluorescein isothiocyanate-dextran 4400 and the peptide drug busserelin with glycodeoxycholate as an absorption enhancer in pigs. *J. Controlled Release*, 1996; 41(1-2): 77-84.
70. Nakane, S. et.al. Oramucosal delivery of LHRH: Pharmacokinetic studies of controlled and enhanced transmucosal permeation. *Pharmaceutical Development and Technol.*, 1996; 1: 251-259.
71. Senel, S. et.al. Enhancement of *in vitro* permeability of porcine buccal mucosa by bile salts: kinetic and histological studies. *J. Controlled Release*, 1994; 32: 45-56.
72. Hoogstraate A.J. et.al. Effects of bile salts on transport rates and routes of FTIC-labelled compounds across porcine buccal epithelium *in vitro*. *J. Controlled Release*, 1996; 40(1): 211-221.
73. Kurosaki, Y. et.al. Effects of surfactants on the absorption of salicylic acid from hamster cheek pouch as a model of keratinized oral mucosa. *International J. Pharmaceutics*, 1988; 47(1-3): 13-19.
74. Tabak, L.A. et.al protection of the oral cavity. *J. Oral Pathology and S.A. Ellison.*, Role of salivary mucin in the Med., 1982; 11: 1-17.
75. Peppas, N.A. et.al. Surface, interfacial and molecular aspects of polymer bioadhesion on soft tissues. *J. Controlled Release*, 1985; 2: 257-275.
76. Rathbone, M. et.al Oral cavity as a site for systemic drug delivery. *Advanced Drug Delivery Reviews*, 1994; 13(1-2): 1-22.
77. Perindopril from drug bank in GOOGLE
78. Hydroxy Propyl Methyl Cellulose, HAND BOOK OF PHARMACEUTICAL EXCEPENTS, published by; *The Pharmaceutical society of Great Britain*, 3rd Edition 916-924.
79. Mishra R, et.al. Quick API delivery. *Pharmaceutical Technology Europe*. 2007. Online available from http://www.ptemag.com/pharmtecheurope/Dosage_forms/Quick-APIdelivery/ArticleStandard/article/detail/464314?context=CategoryId=39142
80. Ivory AA, et.al. Rapidly dissolving edible film compositions with cellulose film forming polymers. *United states patent application publication*, 2004; 1-9.
81. Ding A, et.al, "Formulation and evaluation of fast dissolving films for delivery of triclosan to the oral cavity", *AAPS Pharm Sci Tech*, 9(2): 349-56.

82. Sharma R, et.al. Development of taste masked film of valdecoxib for oral use. *Ind J Pharm Sci.*, 2007; 320-23.
83. Yoo J, et.al. The Physiodynamic properties of mucoadhesive polymeric films developed as female controlled drug delivery system. *Int J Pharm.*, 2006; 309: 139-45.
84. Tanwar YS, et.al Chauhan CS, Sharma A. Development and evaluation of carvedilol transdermal patches. *Acta Pharm.*, 2007; 57: 151-59.
85. Dahima R, et.al. Formulation and In vitro evaluation of taste masked orodispersible tablet of metoclopramide hydrochloride using indion 204. *Int J Chemtech Res.*, 2010; 2: 447-53.
86. Bhise K, et.al. Taste mask, design and evaluation of an oral formulation using ion exchange resin as drug carrier, 2008; 9: 557-62.
87. Peh KK, et.al. Polymeric films as vehicle for buccal Delivery: Swelling, mechanical and bioadhesive properties. *J Pharm Pharm Sci.*, 1999; 2: 53-61.
88. Ahmed MG, et.al. Polymeric strips containing sparfloxacin for the long term treatment of periodontitis. *Int J Pharm Res.* 2008; 48-53.
89. Agarwal GP, et.al. Evaluation of free films. *Indian Drugs*, 1985; 23: 45-7.
90. Marina Koland et.al, "Mucoadhesive films of Losartan Potassium for Buccal delivery: Design and Characterization" *Indian J.Pharm. Educ. Res.*, 2010; 44(4): 315- 322.
91. Chen M, et.al "Film forming polymers in fast dissolve oral films", *AAPS Annual meetings-posters and papers*, T3200, 2006.