Beispiel 14

Herstellung für 1000 Einheiten

0,84 g Polyoxyäthylenpolyoxypropylenpolymeres
werden in
95,00 g Äthylalkohol unter Rühren gelöst, in diese
Lösung wird eine Pulvermischung aus
17,08 g Hydroxypropylcellulose und
17,08 g Cellulose eingetragen.

Die erhaltene Suspension wird auf einem geeigneten Folienziehgerät zu einem Ausstrich mit einer Schichtdicke von 500 µm ausgezogen und anschließend getrocknet.

Zusammensetzung für eine Einheit:

0,84 mg Polyoxyäthylenpolyoxypropylenpolymeres
17,08 mg Hydroxypropylcellulose
17,08 mg Cellulose
35,00 mg

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Patentansprüche

1.) Arzneimittelstoffträger in Folienform mit inkorporiertem Wirkstoff, dadurch gekennzeichnet, daß er in Wasser oder organischen Lösungsmitteln lösliche Folienbildner enthält.

2.) Arzneimittel nach Anspruch 1, dadurch gekennzeichnet, daß die Folienbildner in Wasser und in organischen Lösungsmitteln löslich sind.

3.) Arzneimittel nach Anspruch 1 und 2, dadurch gekennzeichnet, daß nichtionogene, wasserlösliche Hydroxyalkyläther der Cellulose als Folienbildner verwendet werden.

4.) Arzneimittel nach Anspruch 1 bis 3, dadurch gekennzeichnet, daß Hydroxypropylcellulose, Hydroxyäthylcellulose und/oder Methylhydroxypropylcellulose als Folienbildner verwendet werden.

5.) Arzneimittel nach Anspruch 1, dadurch gekennzeichnet, daß der Wirkstoffanteil in der Folie etwa 0-60 % beträgt.

6.) Arzneimittel nach Anspruch 1 und 5, dadurch gekennzeichnet, daß der Arzneimittelwirkstoff im Trägermaterial gelöst oder gleichmäßig suspendiert ist.

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7.) Verfahren zur Herstellung eines Arzneimittels in Folienform, dadurch gekennzeichnet, daß man den Wirkstoff und/oder das Trennmittel löst bzw. suspendiert, einen Folienbildner und gegebenenfalls einen Füllstoff einträgt, gegebenenfalls homogenisiert, die Lösung bzw. Suspension auf einer Folienziehmaschine zu einem Ausstrich auszieht und die durch Trocknung des Ausstrichs erhaltene Folie in beliebige Abschnitte (Einheit) aufteilt.

8.) Verfahren nach Anspruch 7, dadurch gekennzeichnet, daß man den Folienbildner in Mengen von etwa 6-20 %, den Füllstoff in Mengen von etwa 0-30 % und das Trennmittel vorzugsweise in Mengen von 0,01-2 % einsetzt.

9.) Verfahren nach Anspruch 7, dadurch gekennzeichnet, daß man als Lösungs- bzw. Suspensionsmittel Wasser und/oder ein organisches Lösungsmittel verwendet.

10.) Verfahren nach Anspruch 7 und 9, dadurch gekennzeichnet, daß das Lösungs- bzw. Suspensionsmittel zu etwa 48-84 % enthalten ist.

11.) Verfahren nach Anspruch 7, dadurch gekennzeichnet, daß die Schichtdicke des Ausstrichs etwa 0,1-2 mm beträgt und die der trockenen Folie etwa 0,05-1 mm beträgt.

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12.) Verwendung von in Wasser und/oder organischen Lösungsmitteln löslichen Filmbildnern für die Herstellung von Arzneimittelwirkstoffträgern.

13.) Verwendung nach Anspruch 12 von nichtionogenen, wasserlöslichen Hydroxyalkyläthern der Cellulose.

14.) Verwendung nach Anspruch 12 von Hydroxypropylcellulose, Hydroxyäthylcellulose und/oder Methylhydroxypropylcellulose.

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Arzneimittel in Folienform mit
inkorporiertem Wirkstoff

Das Hauptpatent ..... (Patentanmeldung P 24 32 925.7) betrifft Arzneimittelwirkstoffträger in Folienform mit inkorporiertem Wirkstoff zu inneren und äußeren Anwendung.

Es wurde gefunden, daß man Folien mit inkorporiertem Wirkstoff bei gleichbleibender Dicke und gleichmäßiger Wirkstoffverteilung erhält, wenn man Folienbildner verwendet, die in Wasser und/oder organischen Lösungsmitteln löslich sind.

Zur Herstellung des erfindungsgemäßen Arzneimittels in Folienform werden der Wirkstoff und/oder das Trennmittel gelöst bzw. suspendiert, der Folienbildner und gegebenenfalls der Füllstoff eingetragen, gegebenenfalls homogenisiert und die Lösung bzw. Suspension auf einer Folienziehmaschine zu einem Ausstrich ausgezogen. Die durch Trocknung des Ausstrichs erhaltene Folie wird in beliebige Abschnitte (Dosierungseinheiten) aufgeteilt.

In Weiterentwicklung der Erfindung des Hauptpatents wurde nun gefunden, daß man mit einem Ausstrich Folien herstellen kann, in denen nebeneinander unterschiedliche Wirkstoffe und/oder

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verschiedene Wirkstoffkonzentrationen inkorporiert sind. Mit Hilfe eines Spezialrakels, das aus zwei oder mehreren Kammern besteht, können unterschiedliche Lösungen bzw. Suspensionen ohne Vermischen zu einem zusammenhängenden Ausstrich ausgezogen werden. Die Breite und die Dicke des Ausstrichs ist für jede Kammer separat einstellbar. Gewünschtenfalls können Zonen (Streifen) mit unterschiedlichen Wirkstoffen bzw. verschiedenen Konzentrationen durch unterschiedliche Farbstoffe sichtbar gemacht werden. Durch Trocknung des nassen Ausstrichs wird eine Folie erhalten, die bei entsprechender Teilung, zum Beispiel durch Perforation, Einheiten mit verschiedenen Wirkstoffen und/oder Wirkstoffkonzentrationen bzw. Einheiten ohne Wirkstoff liefert. Folien mit unterschiedlichen Wirkstoffen und/oder verschiedenen Wirkstoffkonzentrationen werden zur Herstellung von Mehrphasenpräparaten benötigt, beispielsweise zur Herstellung von Präparaten zur Konzeptionsverhütung.

Durch die Möglichkeit der räumlichen Trennung von miteinander inkompatibler Wirkstoffe in einer Folieneinheit wird die Stabilität der einzelnen Wirkstoffe verbessert.

Die Erfindung betrifft demnach Arzneimittelwirkstoffträger in Folienform mit inkorporiertem Wirkstoff gemäß Hauptpatent ..... (Patentanmeldung P 24 32 925.7), dadurch

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gekennzeichnet, daß in einer Folie für mehrere Dosierungseinheiten nebeneinander unterschiedliche Wirkstoffe und/oder verschiedene Wirkstoffkonzentrationen inkorporiert sind.

Erfindungsgemäß werden Folienbildner verwendet, die in Wasser oder in organischen Lösungsmitteln löslich sind. Bevorzugt geeignet sind Folienbildner, die sich sowohl in Wasser als auch in organischen Lösungsmitteln lösen.

Als Folienbildner kommen zum Beispiel in Betracht: Poly-N-Vinylpyrrolidon, Vinylpyrrolidon-Vinylacetat, Methyl- und Äthylcellulose, vorzugsweise jedoch nichtionogene, wasserlösliche Hydroxyalkyläther der Cellulose, wie Hydroxypropylcellulose, Hydroxyäthylcellulose und Methylhydroxypropylcellulose.

Dem Folienbildner können Füllstoffe und Wirkstoffe und zweckmäßigerweise eine geringe Menge eines Trennmittels zugesetzt werden.

Geeignete Trennmittel sind u.a. Polyoxyäthylenpolyoxypropylenpolymeres (PLURONIC F 68 (R)), Polyoxylstearate, Alkyl- bzw. Acylsubstituierte Polyadditionsprodukte des Äthylenoxids, zum Beispiel CREMOPHOR EL (R), Silikone und Silkontrennemulsionen, Glycerin, Propylenglykol und Metallseifen.

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Als Füllstoffe sind zum Beispiel Cellulose, Zucker, wie zum Beispiel Lactose, Dextrose, Rohrzucker usw., Stärken, mehrwertige Alkohole, wie zum Beispiel Mannit, Calciumcarbonat, Calciumphosphat, Talkum, Geschmacks- und Farbstoffe geeignet. Farbstoffe werden in löslicher Form oder als Pigmente eingesetzt. Die Füllstoffe können teilweise oder vollständig durch Wirkstoffe ersetzt werden. Werden lösliche Füll- bzw. Wirkstoffe verwendet, entsteht eine transparente, glatte Folie, werden unlösliche Füll- bzw. Wirkstoffe verwendet, entsteht eine weiße oder farbige, papierartige Folie.

Erfindungsgemäß können alle in der Human- und Veterinärmedizin verwendeten Wirkstoffe eingesetzt werden. Für die innere Anwendung kommt insbesondere die orale Verabreichung infrage. Unter der äußeren Anwendung sollen insbesondere die topikale Verabreichung auf der Haut und in Körperhöhlungen wie Nase, Ohr, Vagina usw. verstanden werden. Als Wirkstoffe seien beispielsweise genannt: Gestagene, Östrogene, Gemische aus Gestagenen und Östrogenen, Tranquilizer, Antidiabetika, Sulfonamide, Antibiotika, Trichomonadenmittel, Entzündungshemmer, wie zum Beispiel Corticoide, usw.

Der Arzneimittelwirkstoff kann im Trägermaterial gelöst oder gleichmäßig suspendiert vorliegen. Der Wirkstoffanteil in der

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Folie kann etwa 0-60 % betragen. Als Einzeldosis (Einheit) werden Flächen geschnitten bzw. perforiert, die Wirkstoffmengen enthalten wie sie üblicherweise auch in Tabletten, Dragees, Salben, Zäpfchen usw. enthalten sind. So kann die Wirkstoffmenge pro Einzeldosis je nach Anwendungsart beliebig hoch sein und zwischen etwa 1 µg und 0,5 g betragen, wobei die untere und obere Dosis leicht unter- oder überschritten werden können. Selbstverständlich können auch wirkstofffreie Träger (Placebos) hergestellt werden.

Zur Herstellung der Folien mit unterschiedlichen Wirkstoffen und/oder verschiedenen Wirkstoffkonzentrationen werden zwei oder mehrere unterschiedliche Lösungen bzw. Suspensionen aus Wirkstoff und/oder Trennmittel, Folienbildner und gegebenenfalls Füllstoff hergestellt, die unterschiedlichen Lösungen bzw. Suspensionen mit Hilfe eines Spezialrakels, das aus zwei oder mehreren Kammern besteht, auf einer Folienziehmaschine zu einem Ausstrich ausgezogen und die durch Trocknung des Ausstrichs erhaltene Folie in Einheiten mit unterschiedlichen Wirkstoffen und/oder verschiedenen Wirkstoffkonzentration bzw. Einheiten ohne Wirkstoff geteilt.

Pro Lösung bzw. Suspension wird der Folienbildner in Gewichtsmengen von etwa 6-20 %, der Füllstoff in Gewichtsmengen von etwa 0-30 % und das Trennmittel vorzugsweise in Gewichtsmengen von 0,01-2 % eingesetzt.

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Das Lösungs- bzw. Suspensionsmittel ist zu etwa 48-84 % (W/W) enthalten und besteht aus Wasser und/oder einem oder mehreren organischen Lösungsmitteln. Als organische Lösungsmittel kommen physiologisch verträgliche Lösungsmittel oder solche Lösungsmittel in Betracht, die bei der Trocknung bis auf einen physiologisch unbedenklichen Rest entfernt werden können. Solche Lösungsmittel sind zum Beispiel Äthylalkohol, Isopropanol, Methylenchlorid usw. und ihre Mischungen. Wasser und Äthylalkohol bzw. Gemische aus Wasser und Äthylalkohol werden bevorzugt angewandt.

Die Schichtdicke des nassen Ausstrichs beträgt etwa 0,1 bis 2 mm und die der trockenen Folie etwa 0,05 bis 1 mm, vorzugsweise 0,07 bis 0,3 mm.

Die Erfindung betrifft auch die Verwendung von in Wasser und/oder organischen Lösungsmitteln löslichen Folienbildnern für die Herstellung von Arzneimittelwirkstoffträgern in Folienform mit inkorporiertem Wirkstoff, wobei in einer Folie für mehrere Dosierungseinheiten unterschiedliche Wirkstoffe und/oder ver-

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schiedene Wirkstoffkonzentrationen inkorporiert sind, insbesondere die Verwendung von nichtionogenen, wasserlöslichen Hydroxyäthern der Cellulose, wie Hydroxypropylcellulose, Hydroxyäthylcellulose und/oder Methylhydroxypropylcellulose.

Das Verfahren zur Herstellung des Arzneimittels in Folienform in einem Arbeitsgang (kontinuierliches Verfahren) bietet den Vorteil, daß der Wirkstoff homogen verteilt in dem Wirkstoffträger vorliegt. Durch die Konzentration des Wirkstoffs im Träger, die Dicke der Folie und die Fläche der Folie kann man die Einzeldosis sehr einfach variieren.

Aus der belgischen Patentschrift Nr. 637 363 ist ein diskontinuierliches Verfahren der gesonderten Herstellung einer Folie und der nachträglichen Aufbringung des Wirkstoffes bekannt: Das bekannte Verfahren hat den Nachteil, daß die Dosierungsgenauigkeit nicht sehr gut ist und daß der nur oberflächlich gebundene Wirkstoff leicht abgelöst wird. Außerdem enthält die dort beschriebene Folie Carboxymethylcellulose, die den Wirkstoff teilweise einschließt und nur verzögert oder überhaupt nicht freigibt.

Die beispielsmäßig beschriebenen Folien sind vorwiegend für die orale Applikation geeignet.

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Beispiel 1

Zweiphasenpräparat

Teil 1 : 21 Einheiten mit Wirkstoff

Teil 2 : 7 Einheiten ohne Wirkstoff

Herstellung für 3000 Einheiten Teil 1

0,75 g D-Norgestrel,
0,15 g Äthinylöstradiol und
0,54 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus
237,00 g Äthylalkohol und
12,00 g Wasser gelöst. In diese Lösung werden
44,28 g Hydroxypropylcellulose und
44,28 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Herstellung für 1000 Einheiten Teil 2

0,18 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus
79,00 g Äthylalkohol und
4,00 g Wasser gelöst. In diese Lösung werden
14,91 g Hydroxypropylcellulose und
14,91 g Cellulose eingetragen und gegebenenfalls homogenisie

Die so erhaltenen Suspensionen werden auf einem geeigneten Folienziehgerät mit einem Zweikammer-Spezialrakel (Breite der Kammern: 1 = 54 mm; 2 = 18 mm) zu einem Ausstrich von 0,5 mm ausgezogen und anschließend getrocknet. Bei entsprechender Teilung in Einheiten zu 18 x 18 mm, zum Beispiel durch Perforation, können über die Breite der Folie drei Einheiten mit Wirkstoff und eine wirkstofffreie Einheit abgeteilt werden. Aus dem Folienband lassen sich nun beliebig viele Abschnitte im Verhältnis von drei Einheiten mit Wirkstoff und einer Einheit ohne Wirkstoff herstellen.

Zusammensetzung für je eine Einheit:

Teil 1 (wirkstoffhaltig)		Teil 2 (wirkstofffrei)
0,25 mg	D-Norgestrel	-
0,05 mg	Äthinylöstradiol	-
14,76 mg	Hydroxypropylcellulose	14,91 mg
14,76 mg	Cellulose	14,91 mg
0,18 mg	Polyoxyäthylenpolyoxypropylenpolymeres	0,18 mg
30,00 mg	Gewicht pro Einheit	30,00 mg

Fläche pro Einheit: ca. 3 cm^2.

Aussehen: weiß.

Beispiel 2

Dreiphasenpräparat (Zweiwirkstoffstufenpräparat)

Teil 1 : 11 Einheiten mit 0,05 mg D-Norgestrel
0,05 mg Äthinylöstradiol

Teil 2 : 10 Einheiten mit 0,125 mg D-Norgestrel
0,050 mg Äthinylöstradiol

Teil 3 : 7 Einheiten ohne Wirkstoff

Herstellung für 1100 Einheiten Teil 1:

0,055 g D-Norgestrel,
0,055 g Äthinylöstradiol und
0,198 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus
86,900 g Äthylalkohol und
4,400 g Wasser gelöst. In diese Lösung werden
16,346 g Hydroxypropylcellulose und
16,346 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Herstellung für 1000 Einheiten Teil 2:

0,125 g D-Norgestrel,
0,050 g Äthinylöstradiol und
0,180 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus

79,000 g Äthylalkohol und
4,000 g Wasser gelöst. In diese Lösung werden
14,823 g Hydroxypropylcellulose und
14,822 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Herstellung für 700 Einheiten Teil 3:

0,189 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus
82,950 g Äthylalkohol und
4,200 g Wasser gelöst. In diese Lösung werden
15,656 g Hydroxypropylcellulose und
15,655 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Die so erhaltenen Suspensionen werden auf einem geeigneten Folienziehgerät mit einem Dreikammer-Spezialrakel (Breite pro Kammer 18 mm) zu einem Ausstrich ausgezogen und getrocknet. Bei entsprechender Teilung, zum Beispiel durch Perforation, zu Einheiten von 18 x 18 mm für Teil 1, 18 x 19,8 mm für Teil 2 und 18 x 28 mm für Teil 3 können über die Breite der Folie drei Einheiten mit unterschiedlichem Wirkstoffgehalt abgeteilt werden. Aus dem Folienband lassen sich Präparate mit 11 Einheiten Teil 1, 10 Einheiten Teil 2 und 7 Einheiten Teil 3 abtrennen.

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Zusammensetzung pro Einheit:

Teil 1	Teil 2	Teil 3	Inhaltsstoffe
0,050 mg	0,125 mg	-	D-Norgestrel
0,050 mg	0,050 mg	-	Äthinylöstradiol
0,180 mg	0,180 mg	0,270 mg	Polyoxyäthylenpolyoxypropylenpolymeres
14,860 mg	14,823 mg	22,366 mg	Hydroxypropylcellulose
14,860 mg	14,822 mg	22,364 mg	Cellulose
30,000 mg	30,000 mg	45,000 mg	Gewicht pro Einheit
ca. 3 cm^2	ca. 3,5 cm^2	ca. 5 cm^2	Fläche pro Einheit
weiß	weiß	weiß	Aussehen

B e i s p i e l 3

Dreiphasenpräparat

Teil 1 : 11 Einheiten mit 0,05 mg D-Norgestrel
0,05 mg Äthinylöstradiol

Teil 2 : 10 Einheiten mit 0,125 mg D-Norgestrel
0,050 mg Äthinylöstradiol

Teil 3 : 7 Einheiten mit 50,00 mg Eisen(II)fumarat

Herstellung für 1100 Einheiten Teil 1:

0,066 g Lebensmittelgelb Nr. 2 (Tartrazin; E 102) werden in
4,400 g Wasser gelöst und anschließend in
86,900 g Äthylalkohol eingetragen. In dieser Lösung werden
0,055 g D-Norgestrel,
0,055 g Äthinylöstradiol und
0,198 g Polyoxyäthylenpolyoxypropylenpolymeres gelöst.
In diese Lösung werden
16,313 g Hydroxypropylcellulose und
16,313 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Herstellung für 1000 Einheiten Teil 2:

0,065 g Lebensmittelorange Nr. 2 (Sunset Yellow; E 110) werden in
4,000 g Wasser gelöst und anschließend in
79,000 g Äthylalkohol eingetragen. In dieser Lösung werden
0,125 g D-Norgestrel,
0,050 g Äthinylöstradiol und
0,180 g Polyoxyäthylenpolyoxypropylenpolymeres gelöst.
In diese Lösung werden
14,790 g Hydroxypropylcellulose und
14,790 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Herstellung für 700 Einheiten Teil 3:

0,042 g Saccharin,

0,042 g Sahne-Essenz und

0,406 g Polyoxyäthylenpolyoxypropylenpolymeres werden in einer Mischung aus

55,300 g Äthylalkohol und

2,800 g Wasser gelöst. In diese Lösung werden

35,000 g Eisen(II)fumarat,

17,500 g Hydroxypropylcellulose,

5,950 g Kakao und

4,060 g Cellulose eingetragen und gegebenenfalls homogenisiert.

Die so erhaltenen Suspensionen werden auf einem geeigneten Folienziehgerät mit einem Dreikammer-Spezialrakel (Breite pro Kammer 18 mm) zu einem Ausstrich ausgezogen und anschließend getrocknet. Bei entsprechender Teilung, zum Beispiel durch Perforation, zu Einheiten von 18 x 18 mm für Teil 1, 18 x 19,8 mm für Teil 2 und 18 x 28 mm für Teil 3 können über die Breite der Folie drei Einheiten mit unterschiedlichem Wirkstoffgehalt abgeteilt werden. Aus dem Folienband lassen sich Präparate mit 11 Einheiten Teil 1, 10 Einheiten Teil 2 und 7 Einheiten Teil 3 abtrennen.

Zusammensetzung pro Einheit:

Teil 1	Teil 2	Teil 3	Inhaltsstoffe
0,050 mg	0,125 mg	-	D-Norgestrel
0,050 mg	0,050 mg	-	Äthinylöstradiol
-	-	50,000 mg	Eisen(II)fumarat
0,180 mg	0,180 mg	0,580 mg	Polyoxyäthylenpolyoxypropylen-polymeres
0,060 mg	-	-	Lebensmittelgelb Nr. 2
-	0,065 mg	-	Lebensmittelorange Nr. 2
14,830 mg	14,790 mg	25,000 mg	Hydroxypropylcellulose
14,830 mg	14,790 mg	5,800 mg	Cellulose
-	-	8,500 mg	Kakao
-	-	0,060 mg	Saccharin
-	-	0,060 mg	Sahne-Essenz
30,000 mg	30,000 mg	90,000 mg	Gewicht pro Einheit
ca.3 cm^2	ca.3,5 cm^2	ca.5 cm^2	Fläche pro Einheit
gelb	orange	braun	Aussehen

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Patentansprüche

1.) Arzneimittelwirkstoffträger in Folienform mit inkorporiertem Wirkstoff gemäß Hauptpatent.....(Patentanmeldung P 24 32 925.7), dadurch gekennzeichnet, daß in einer Folie für mehrere Dosierungseinheiten nebeneinander unterschiedliche Wirkstoffe und/oder verschiedene Wirkstoffkonzentrationen inkorporiert sind.

2.) Arzneimittel nach Anspruch 1, dadurch gekennzeichnet, daß sie in Wasser oder organischen Lösungsmitteln lösliche Folienbildner enthalten.

3.) Arzneimittel nach Anspruch 1, dadurch gekennzeichnet, daß die Folienbildner in Wasser und in organischen Lösungsmitteln löslich sind.

4.) Arzneimittel nach Anspruch 1 bis 3, dadurch gekennzeichnet, daß nichtionogene, wasserlösliche Hydroxyalkyläther der Cellulose als Folienbildner verwendet werden.

5.) Arzneimittel nach Anspruch 1 bis 4, dadurch gekennzeichnet, daß Hydroxypropylcellulose, Hydroxyäthylcellulose und/oder Methylhydroxypropylcellulose als Folienbildner verwendet werden.

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6.) Arzneimitel nach Anspruch 1, dadurch gekennzeichnet, daß der Wirkstoffanteil in der Folie etwa 0-60 % beträgt.

7.) Arzneimittel nach Anspruch 1 und 6, dadurch gekennzeichnet, daß der Arzneimittelwirkstoff im Trägermaterial gelöst oder gleichmäßig suspendiert ist.

8.) Verfahren zur Herstellung von Folien mit unterschiedlichen Wirkstoffen und/oder verschiedenen Wirkstoffkonzentrationen, dadurch gekennzeichnet, daß man zwei oder mehrere unterschiedliche Lösungen bzw. Suspensionen aus Wirkstoff und/oder Trennmittel, Folienbildner und gegebenenfalls Füllstoff gemäß Hauptpatent.....(Patentanmeldung P 24 32 925.7) herstellt, die unterschiedlichen Lösungen bzw. Suspensionen mit Hilfe eines Spezialrakels, das aus zwei oder mehreren Kammern besteht, auf einer Folienziehmaschine zu einem Ausstrich auszieht und die durch Trocknung des Ausstrichs erhaltene Folie in Einheiten mit unterschiedlichen Wirkstoffen und/oder verschiedenen Wirkstoffkonzentrationen bzw. Einheiten ohne Wirkstoff teilt.

9.) Verfahren nach Anspruch 8, dadurch gekennzeichnet, daß man den Folienbildner in Mengen von etwa 6-20 %, den Füllstoff in Mengen von etwa 0-30 % und das Trennmittel vorzugsweise in Mengen von 0,01-2 % einsetzt.

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10.) Verfahren nach Anspruch 8, dadurch gekennzeichnet, daß man als Lösungs- bzw. Suspensionsmittel Wasser und/oder ein organisches Lösungsmittel verwendet.

11.) Verfahren nach Anspruch 8 und 10, dadurch gekennzeichnet, daß das Lösungs- bzw. Suspensionsmittel zu etwa 48-84 % enthalten ist.

12.) Verfahren nach Anspruch 8, dadurch gekennzeichnet, daß die Schichtdicke des Ausstrichs etwa 0,1-2 mm beträgt und die der trockenen Folie etwa 0,05-1 mm beträgt.

13.) Verwendung von in Wasser und/oder organischen Lösungsmitteln löslichen Folienbildnern für die Herstellung von Arzneimittelwirkstoffträgern nach Anspruch 1.

14.) Verwendung nach Anspruch 13 von nichtionogenen, wasserlöslichen Hydroxyalkyläthern der Cellulose.

15.) Verwendung nach Anspruch 13 von Hydroxypropylcellulose, Hydroxyäthylcellulose und/oder Methylhydroxypropylcellulose.

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(54) Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder dergleichen sowie Verfahren zu deren Herstellung

Eine neue Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder andere Wirkstoffe besteht aus einem Trägermaterial in Form eines Releasepapiers, eines Releasefilms oder einer Releasefolie, die einseitig mit einer wirkstoffhaltigen Beschichtung versehen ist, welche nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist. Die abgezogenen wirkstoffhaltigen Abschnitte eignen sich insbesondere als orale Arzneimittel.

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Patentansprüche

1. Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder dergleichen in Form eines folienförmigen Trägermaterials mit einer wirkstoffhaltigen Beschichtung, **dadurch gekennzeichnet,** daß das Trägermaterial ein Releasepapier, ein Releasefilm oder eine Releasefolie ist und daß das Trägermaterial einseitig mit der wirkstoffhaltigen Beschichtung versehen ist, welche nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist.

2. Darreichungsform nach Anspruch 1, dadurch gekennzeichnet, daß das Trägermaterial ein silicon- oder wachsbeschichtetes Releasepapier ist.

3. Darreichungsform nach Anspruch 1 oder 2, dadurch gekennzeichnet, daß die wirkstoffhaltige Beschichtung durch Stanzung in Dosiseinheiten vorzerteilt ist.

4. Darreichungsform nach einem der Ansprüche 1 bis 3, dadurch gekennzeichnet, daß die Beschichtung einen oder mehrere Arzneimittelwirkstoffe enthält.

5. Darreichungsform nach einem der Ansprüche 1 bis 4, dadurch gekennzeichnet, daß die Beschichtung wasserlösliche Quellstoffe als polymere Filmbildner und gegebenenfalls Weichmacher enthält.

6. Darreichungsform nach einem der Ansprüche 1 bis 5, dadurch gekennzeichnet, daß sie zur Viskositätseinstellung polymere Quellstoffe enthält, welche gleichzeitig als Haftvermittler dienen können.

7. Darreichungsform nach einem der Ansprüche 1 bis 6, dadurch gekennzeichnet, daß die Beschichtung in mehreren Schichten unterschiedlicher Zusammensetzung aufgebracht ist.

8. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß miteinander inkompatible Wirkstoffe in getrennten Schichten nacheinander auf das Trägermaterial aufgebracht sind.

9. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß eine Wirkstoffschicht zwischen mindestens zwei weiteren Schichten angeordnet ist, welche die Wirkstoff-Resorption im Magen/Darmtrakt in an sich bekannter Weise steuern.

10. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß über der Wirkstoffschicht eine weitere Schicht aufgebracht ist, die den Wirkstoff gegen Berührung mit der Atmosphäre und/oder gegen Licht schützt.

11. Darreichungsform nach einem der Ansprüche 1 bis 10, dadurch gekennzeichnet, daß die Rückseite des Trägermaterials mit die Wirkstoffzusammensetzung und/oder deren Einnahme betreffenden Informationen bedruckbar ist.

12. Verfahren zur Herstellung der Arzneimitteldarreichungsform der Ansprüche 1 bis 11, dadurch gekennzeichnet, daß man eine wirkstoffhaltige Zusammensetzug mit Hilfe von Walzen auf die nichthaftend ausgerüstete Seite eines Releasepapiers, eines Releasefilms oder einer Releasefolie aufbringt.

Beschreibung

Arzneimittel können in Form von Pulvern, Tropflösungen oder Säften oral verabreicht werden. Da bei diesen Abgabeformen eine genaue Dosierung jedoch schwierig ist, werden vom Hersteller dosierte Applikationsformen wie Tabletten, Dragees oder Kapseln generell bevorzugt. Auch Reagentien und andere Wirkstoffe, z.B. Süßstoffe, werden für eine genaue dosierte Anwendung häufig tablettiert. Die Herstellungstechnik für Tabletten, Dragees, Kapseln und dergleichen ist zwar weitgehend ausgereift, doch sind eine Reihe von systembedingten Nachteilen nicht zu übersehen.

Für niedrig dosierte Wirkstoffe muß ein großer Anteil an Hilfsstoffen zugesetzt werden, um zu einer handhabbaren Größe der Einzeldosis zu gelangen. Weiterhin ist eine genaue Kennzeichnung einzelner Tabletten oder Dragees praktisch nicht möglich. Es haben sich deshalb Durchdrückpackungen durchgesetzt, welche eine Mehrzahl von Tabletten, Dragees oder auch Kapseln enthalten und welche mit den notwendigen Informationen, insbesondere dem Namen des Präparates bedruckt sind. Die Herstellung solcher Verpackungen erfordert naturgemäß einen zusätzlichen Arbeitsgang und es werden Umverpackungen in Form von Faltschachteln benötigt, welche ein beträchtliches Leervolumen aufweisen und dadurch zusätzlich Lagerraum beanspruchen. Ein besonders gravierender Nachteil von Dragees und Kapseln besteht darin, daß eine Zerteilung praktisch unmöglich ist, die kleinste Dosis somit vorgegeben ist. Auch bei Tabletten ist eine genaue Zerteilung schwierig, lediglich größere Tabletten mit einer Kerbe als Sollbruchstelle lassen sich allenfalls teilen, wobei häufig ungleichgroße Bruchstücke entstehen.

Es sind bereits Versuche zur Schaffung einer neuen Darreichungsform für die orale Verabreichung von Arzneimitteln bekanntgeworden, welche aus wirkstoffhaltigen Folien bestehen. Gemäß der BE-PS 6 37 363 wird ein papierartiges Trägermaterial aus unlöslichen Zellulosefasern mit einer Wirkstofflösung getränkt bzw. beschichtet und eine Dosierung durch Perforation der Trägerfolie nach Art eines Briefmarkenbogens erreicht. Aus den DE-OS 24 32 925 und 24 49 865 ist es bekannt, Arzneimittelwirkstoffe in Folienbildner einzuarbeiten, bei denen es sich vorzugsweise um wasserlösliche Verbindungen wie Methyl- und Ethylzellulose, insbesondere aber Hydroxypropylzellulose, Hydroxyethylzellulose oder Methylhydroxypropylzellulose handelt. Auch die so erhaltenen wirkstoffhaltigen Folien lassen sich zur Dosierung durch Perforation in einzelne Abschnitte aufteilen. Diese Vorschläge haben keinen Eingang in die Praxis gefunden und in dem neuesten Lehrbuch der "Arzneiformenlehre" von P.H. List, 4. Auflage, Stuttgart, 1985, finden sie keine Erwähnung. Dies beruht ersichtlich darauf, daß die bislang bekanntgewordenen Vorschläge es nicht ermöglichen, die geforderte Gewichtskonstanz und gleichmäßige Wirkstoffverteilung zu erreichen, welche heute gefordert werden. Die Ph. Eur. setzt zum Beispiel Maßstäbe für die Gleichförmigkeit des Gewichtes einzeldosierter Arzneiformen, wobei diese dem jeweiligen Durchschnittsgewicht entsprechend nach höchstzulässigen Abweichungen in % gestaffelt sind. Die Forderung liegt im allgemeinen bei +/− 5 bis max. 10%. Entsprechende Werte für feste Arzneiformen bestehen auch hinsichtlich anderer Parameter wie Zerfallzeit und Lösungsgeschwindigkeit.

Die oben erwähnten Vorschläge des Standes der Technik führen zu Produkten ungenügender Akzeptanz durch die Patienten (Papierabschnitte lassen sich nur schlecht einnehmen) und erlauben keine exakte Dosierung pro Flächeneinheit, wie sie unbedingt gefordert werden muß. Bei Inkorporieren des Wirkstoffes in eine Folie bereitet nicht nur die genaue Dosierung Schwierigkeiten, sondern ein wesentlicher weiterer Nachteil besteht darin, daß für jeden Wirkstoff eine entsprechen

de Folie gesondert hergestellt werden muß, so daß die Wirtschaftlichkeit des Herstellungsverfahrens nicht gegeben ist.

Der Erfindung liegt demgegenüber die Aufgabe zugrunde, eine "zweidimensionale" Darreichungs- und Dosierungsform zu schaffen, welche die genannten Nachteile nicht aufweist, sich leicht herstellen läßt und mit großer Flexibilität an die Anforderungen des Marktes und verschiedener Wirkstoffe angepaßt werden kann.

Gegenstand der Erfindung ist eine Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder dergleichen in Form eines folienförmigen Trägermaterials mit einer wirkstoffhaltigen Beschichtung, wobei diese Darreichungsform dadurch gekennzeichnet ist, daß das Trägermaterial ein Release-Papier, ein Release-Film oder eine Release-Folie ist und daß das Trägermaterial einseitig mit der wirkstoffhaltigen Beschichtung versehen ist, welche nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist.

Die erfindungsgemäße Darreichungsform weist mehrere wesentliche Vorteile auf:

- Da der Träger im Gegensatz zu den vorbekannten Ausführungsformen keinen Teil der Darreichungsform bildet, kann er die erforderliche Festigkeit aufweisen, ohne die Akzeptanz des Arzneimittels durch Patienten zu beeinträchtigen,
- die wirkstoffhaltige Schicht kann bei hochwirksamen Arzneimitteln sehr dünn sein, da das Trägermaterial die mechanische Festigkeit gewährleistet,
- mit Hilfe moderner Auftragverfahren läßt sich die wirkstoffhaltige Beschichtung mit konstanter Schichtdicke aufbringen, so daß die erforderlichen Toleranzen eingehalten werden können,
- falls eine Sterilisierung erforderlich ist, kann diese wegen der geringen Schichtdicke problemlos mittels Strahlenbehandlung erreicht werden,
- der Träger läßt sich auf der Vorder- und insbesondere der Rückseite mit verschiedenen Informationen bedrucken,
- aufgrund der relativ großen Fläche von beispielsweise 4 bis 10 cm^2 lassen sich ausführliche Informationen für den Benutzer auf das unbeschichtete Trägermaterial oder auch nachträglich aufdrucken,
- die Dosiseinheiten lassen sich durch entsprechende Vorzerteilung flexibel gestalten, so daß für verschiedenen Dosierungen (z.B. für Erwachsene und Kinder) nur ein Produkt hergestellt werden muß; die Vorzerteilung kann ggf. auch erst in der Apotheke oder im Krankenhaus nach ärztlichen Angaben vorgenommen werden.

Mit den vorbekannten Darreichungsformen in Folienform hat die erfindungsgemäße Darreichungsform darüber hinaus den Vorteil des äußerst geringen Platzbedarfes gemeinsam. Statt Faltschachteln können daher beispielsweise Taschen oder Beutel aus Kunststoffolie oder kunststoffbeschichtetem Papier verwendet werden, in welche das Produkt eingesiegelt wird, ähnlich wie feuchte Erfrischungstücher.

Als Trägermaterialien eignen sich die verschiedensten Materialien, beispielsweise Papiere mit einem Gewicht von etwa 80 bis 120, vorzugsweise 100 g/m^2, Kunststoffilme bzw. -folien auf Basis von Polyethylen, Polyvinylchlorid, Polyvinylidenchlorid, Polyester und anderen indifferenten Polymeren oder dünne Metallfolien, beispielsweise solche aus Aluminium. Bevorzugt werden siliconisierte Papiere, welche in unterschiedlichen Qualitäten im Handel erhältlich sind, und welche insbesondere zur Abdeckung von selbstklebenden Produkten wie Pflastern, Klebebändern oder Haftetiketten Verwendung finden. Die an sich auch geeigneten mit Wachs oder Paraffin beschichten Release-Papiere sind dagegen in der Praxis weitgehend durch die mit inerten Siliconen beschichteten Papiere ersetzt worden. Bei einem Auftrag der wirkstoffhaltigen Beschichtung auf nur eine Seite der Trägerfolie reicht es aus, wenn nur diese mit einer nicht haftenden Beschichtung versehen ist. Die Rückseite sollte dagegen vorzugsweise so beschaffen sein, daß sie mit Informationen unterschiedlicher Art gut und dauerhaft bedruckbar ist.

Die Möglichkeit der vorder- und rückseitigen Bedruckung ist ein besonderer Vorteil der erfindungsgemäßen Darreichungsform. Beispielsweise können die Kennzeichnung, Angaben über die Inhaltsstoffe sowie Dosierungsangaben aufgedruckt werden. Gegebenenfalls läßt sich sogar der ganze Inhalt eines Beipackzettels rückseitig aufdrucken mit der Folge, daß ein separater Beipackzettel, der auch häufig verlorengeht, überflüssig wird. Bei Arzneimitteln, welche regelmäßig genommen werden müssen, beispielsweise bei hormonalen Contrazeptiva, kann der gesamte Verabreichungsplan so angebracht werden, daß eine einfache Einnahmekontrolle gewährleistet ist. Da die einzelnen Dosiseinheiten von dem Träger abgezogen werden, bleibt dieser bis zum vollständigen Aufbrauch des Arzneimittels erhalten und es gehen keine der aufgedruckten Informationen verloren.

Für die wirkstoffhaltige Beschichtung findet vorzugsweise eine wäßrige Beschichtungsmasse Verwendung, die physiologisch inert ist und deren Einzelkomponenten für Arzneimittel bzw. Lebensmittel geeignet sind. Dabei handelt es sich zum einen um wasserlösliche Quellstoffe in der Art polymerer Filmbildner, vorzugsweise Gelatine, Zellulosen oder Hemizellulosen, quellende oder lösliche Stärken. Vorzugsweise werden ferner Weichmacher zugesetzt, insbesondere mehrwertige Alkohole wie Glycerin oder Sorbitol. Zur Einstellung der erwünschten Viskosität der Beschichtungsmasse, welche etwa die Konsistenz eines Schleimes aufweist, finden polymere Quellstoffe Verwendung, vorzugsweise Alginate, Pectine, Chitine, Lecithine oder Polyethylenglykole. Diese letzteren Stoffe können gleichzeitig als Haftvermittler dienen. Andererseits können auch wasserlösliche Gumme oder Gummi arabicum zugesetzt werden, um die Haftung der Beschichtung auf dem Trägermaterial zu verbessern. Schließlich können noch Konservierungsmittel wie z.B. p-Hydroxybenzoesäureester, Farbstoffe (Lebensmittelfarbstoffe), Pigmente wie Titandioxid oder Aroma- und Süßstoffe zugesetzt werden.

Coatingmassen mit einem Wassergehalt von ungefähr 50% und einer Viskosität von etwa 30 bis zu 10000 cPs haben sich als besonders geeignet erwiesen. Die Rezeptur und Herstellung ähnelt derjenigen eines Arzneimittelsaftes, in welchem der Wirkstoff bzw. die Wirkstoffkombination gelöst oder gleichmäßig dispergiert wird. Die Beschichtungsmasse muß ausreichende Homogenität und galenische Stabilität aufweisen, damit ein gleichmäßiger Wirkstoffgehalt der fertigen Beschichtung sichergestellt ist.

Folgende Rahmenrezeptur hat sich bewährt:

Gelatine	8 bis 10 g
Stärke	3 bis 8 g

Glycerin	1 bis 2 g
Wasser	30 bis 50 g

In dieser Grundmasse wird der Wirkstoff gelöst bzw. dispergiert. Im Fall der Verwendung einer Dispersion muß der Wirkstoff für eine gleichmäßige Verteilung äußerst feinteilig sein. Vorzugsweise liegt die mittlere Teilchengröße im Bereich von etwa 1 bis 20 µm.

Die gewünschte Dosis des Wirkstoffes und die angestrebte Fläche der Dosiseinheiten bestimmen letztlich die Dicke der Schicht, wobei der Feuchtigkeitsgehalt der Beschichtungsmasse und der fertigen Beschichtung zu berücksichtigen sind.

Im Rahmen der Erfindung ist es auch möglich, die Beschichtungsmasse zu einer wirkstoffhaltigen Folie zu verarbeiten und diese anschließend, gegebenenfalls unter Verwendung eines physiologisch einsetzbaren inerten Klebstoffes, auf das Trägermaterial aufzukaschieren. Diese Ausführungsform kommt insbesondere dann in Betracht, wenn die wirkstoffhaltige Beschichtung eine größere Dicke aufweisen soll, so daß die Verarbeitung zu einer Folie möglich und sinnvoll ist.

Die erfindungsgemäße Darreichungsform ist besonders geeignet für Arzneimittel, welche niedrig dosiert verabreicht werden, d.h. bei welchen die Einzeldosis für die orale Applikation zwischen 0 mg (Placebo) und etwa 20 mg liegt. Geeignete Arzneimittelwirkstoffe finden sich in allen Bereichen der oralen Therapie; hervorzuheben sind u.a. Analeptika, Antibiotika, Antidiabetika, Antiemetika, Antiepileptika, Antihypertonika, Cortikoide, Geriatrika, Hypnotika, Cardiaka, Hytostatika und Biowirkstoffe.

Die Beschichtung kann einen oder mehrere Arzneimittelwirkstoffe enthalten. Falls bei Verwendung mehrerer Wirkstoffe diese nicht ohne weiteres miteinander verträglich sind, ist es bei der erfindungsgemäßen Darreichungsform möglich, die Beschichtung in mehreren Schichten unterschiedlicher Zusammensetzung aufzubringen und die Wirkstoffe dadurch voneinander zu trennen, wobei erforderlichenfalls eine wirkstofffreie Zwischenschicht vorgesehen werden kann. Weiterhin ist es möglich, über der wirkstoffhaltigen Schicht noch eine weitere Schutzschicht vorzusehen, welche den/die Wirkstoff(e) gegen eine Berührung mit der Atmosphäre und/oder gegen Licht schützt. In diesen Fällen muß die Schutzschicht demgemäß luft- und feuchtigkeitsundurchlässig und/oder durch Zusatz entsprechender Farbstoffe bzw. Pigmente lichtundurchlässig sein.

Weiterhin kann durch entsprechenden Aufbau der Beschichtung die Wirkstoffabgabe nach Verabreichung des Arzneimittels gesteuert werden. Beispielsweise ist es möglich, eine Wirkstoffschicht zwischen mindestens zwei weiteren Schichten anzuordnen, welche die Wirkstoffresorption im Magen/Darmtrakt in an sich bekannter Weise steuern. Dabei kann die Wirkstoffschicht z.B. zwischen zwei säureunlöslichen Schichten angeordnet werden, so daß bei Verabreichung der Magen passiert wird und die Resorption erst im Darmtrakt erfolgt. In ähnlicher Weise können unterschiedliche Wirkstoffe in verschiedenen Schichten übereinander auf die Trägerfolie aufgebracht werden, damit die Resorption nacheinander und/oder verzögert erfolgt. Ähnliche pharmakokinetische Effekte lassen sich durch das Einarbeiten (z.B. Suspendieren) von unterschiedlich vorbehandelten mikroverkapselten Wirkstoffen erzielen.

Die Aufbringung der wirkstoffhaltigen Beschichtungen auf den Träger, z.B. ein Release-Papier oder eine Release-Kunststoffolie, erfolgt vorzugsweise mit Hilfe eines Glattwalzen-Beschichtungsverfahrens. Die vorzugsweise auf ca. 60 bis 80°C erwärmte Beschichtungsmasse wird dabei au einem geschlossenen Auftragssystem auf eine beheizte Walze in dünner Schicht übertragen. Mit verzögertem Gleichlauf in bestimmten wählbaren Verhältnissen wird die Masse auf eine parallel angeordnete Walze übertragen, wobei eine Reduzierung der Schichtdicke im Verhältnis 1:2 bis 1:10 erfolgen kann, wodurch gleichzeitig die Toleranzen bei der Auftragung um diese Faktoren verringert werden. Im Gleichlauf erfolgt dann über ein weiteres Walzensystem die Beschichtung des Trägermaterials. Bei einer Anpassung der Wirkstoffbeschichtungsmasse an den Release-Wert des Trägermaterials kann auf den Zusatz eines Klebemittels völlig verzichtet werden. Gegebenenfalls können jedoch auch geeignete Haftvermittler zugesetzt werden.

Bei Aufbringung mehrerer Schichten, wie dies oben bereits beschrieben wurde, werden diese nacheinander aufgebracht, wobei ggf. jede Beschichtung zuvor eine Trocknungsstation durchläuft. Diese kann beispielsweise aus einem temperierten Walzenpaar und einem in Sektionen steuerbaren Trockentunnel bestehen. Nach dem letzten Beschichtungsvorgang wird das beschichtete Material auf Rollen aufgewickelt.

Die wirkstoffhaltige Beschichtung wird anschließend in Dosiseinheiten vorzerteilt, welche ähnlich wie Haftetiketten vom Trägermaterial abziehbar sind. Normalerweise wird diese Vorzerteilung beim Arzneimittelhersteller erfolgen, es ist jedoch auch denkbar, das beschichtete Material beispielsweise an Krankenhäuser oder Apotheken auszuliefern, wo dann die Vorzerteilung dosisabhängig oder auch individuell nach ärztlicher Vorgabe durchgeführt werden kann.

Die Vorzerteilung erfolgt in besonders einfacher Weise durch Stanzung, wobei es möglich ist, diesen Schritt mit der Bedruckung des Trägermaterials zu kombinieren. In vielen Fällen wird es allerdings günstiger sein, die Bedruckung des Trägermaterials vor der Beschichtung vorzunehmen.

Vor oder besser nach Vorzerteilung der wirkstoffhaltigen Beschichtung in Dosiseinheiten wird das beschichtete Trägermaterial zu gebrauchsfertigen Abschnitten zerschnitten, welche eine bestimmte Anzahl von Dosiseinheiten enthalten. Es ist auch denkbar, das Material auf Rollen zu schmalen Bändern zu zerschneiden. Von einer solchen Einzelrolle können dann die einzelnen Dosiseinheiten ähnlich wie einzelne Haftetiketten abgezogen werden.

Vorstehend wurde die Erfindung im wesentlichen im Zusammenhang mit Arzneimitteln beschrieben, worauf sie jedoch keineswegs beschränkt ist. Beispielsweise lassen sich in derselben Weise auch Dosierungsformen für chemische Reagentien, Aromastoffe und dergleichen herstellen.

Zur näheren Erläuterung der Erfindung sollen die nachfolgenden Ausführungsbeispiele dienen.

Beispiel 1

Herstellung eines Cardiakum

Zum Naßauftrag auf ein Releasepapier (Silikonpapier mit einem Flächengewicht von 100 g/m²) wurde eine Beschichtungsmasse gemäß folgender Rezeptur hergestellt:

Gelatine	10,0 Gew.-Teile	= 22,22%
Kartoffelstärke	3,0 Gew.-Teile	= 6,67%
Glycerin	1,5 Gew.-Teile	= 3,33%
Titandioxid	0,3 Gew.-Teile	= 0,67%
α-Actyldigoxin	0,2 Gew.-Teile	= 4,44%
Wasser	30,0 Gew.-Teile	= 66,67%

Diese Beschichtungsmasse wurde in einer Schichtdikke von 90 g/m² mittels Walzen auf das Releasepapier aufgebracht. Nach dem Trocknen wies die Beschichtung einen Restwassergehalt von 11,76% auf. Das Beschichtungsgewicht lag bei 34 g/m², was einem Arzneimittelanteil von 0,4 g/m² entspricht. Ein Abschnitt von 2 × 2,5 cm = 5 cm² (entsprechend den Abmessungen einer üblichen Briefmarke) enthält 0,2 mg α-Acetyldigoxin, was mit dem Gehalt der handelsüblichen Tabletten übereinstimmt.

Beispiel 2

Herstellung eines Contrazeptivum

Zum Naßauftrag auf ein Releasepapier (einseitig siliconisiertes Papier von 110 g/m²) wurde eine Beschichtungsmasse von schleimartiger Konsistenz nach folgender Rezeptur hergestellt:

Gelatine	10,00 Gew.-Teile	= 22,222%
Maisstärke	3,17 Gew.-Teile	= 7,044%
Glycerin	1,50 Gew.-Teile	= 3,333%
Titandioxid	0,30 Gew.-Teile	= 0,667%
Levonorgestrel	0,03 Gew.-Teile	= 0,067%
Wasser	30,00 Gew.-Teile	= 66,663%

Die Beschichtungsmasse wurde mittels eines Walzenübertragungsverfahrens mit einem Beschichtungsgewicht von 45 g/m² auf das Releasepapier aufgebracht. Nach dem Trocknen wies die Beschichtung einen Restwassergehalt von 11,76% auf. Bei einem Beschichtungsgewicht von 17 g/m² betrug der Arzneimittelanteil 0,03 g/m².

Ein Abschnitt von 2,5 × 4 cm bzw. zwei Abschnitte von 2,5 × 2 cm = 10 cm² enthalten somit 0,03 mg Levonorgestrel, was dem Gehalt der handelsüblichen Dragees entspricht.

– Leerseite –

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Description

This invention relates to an oral bandage that can be adhered to the oral mucosa to prevent a drug administered to the oral mucosa from running out and to cover or protect the affected part of the oral mucosa, and to oral preparations comprising such a bandage having incorporated therein a topical drug.

In the field of dental and oral surgery, various topical preparations in the form of ointments or solutions have hitherto been administered to the oral mucosa for prophylaxis and therapy of oral diseases, such as periodontal disease, stomatitis, etc. The most serious problem in administering drugs to the oral mucosa is that the drug runs away in a short time by salivary secretion or through eating or drinking, thereby failing to fully exert its medical effects.

On the other hand, protection of the affected part in the oral cavity has scarcely been conducted because no effective oral bandage has been developed. As mentioned above, the continuous salivary secretion and taking of foods and drinks constitute an insuperable barrier to the protection of the oral mucosa.

In recent years, many proposals have been made in an attempt to effectively administer a drug to the mucosa of the oral cavity, so as to overcome the above-described problems. Among them, proposals relevant to the present invention relate to preparations adhesive to the oral mucosa, which contain water-soluble high-molecular substances as an adhesive. When water-soluble high-molecular substances absorb a small amount of water, they become a viscous aqueous solution or gel having adhesion, though varying in extent with their kind. Making use of this property, various preparations adhesive to the oral mucosa have been proposed, including pastes as disclosed in Japanese Patent Publication No. 27491/81, sponges as disclosed in Japanese Patent Publication No. 25211/81, tablets as disclosed in Japanese Patent Publication No. 7605/83, sheets as disclosed in Japanese Patent Publication No. 16676/69 and Japanese Patent Application (OPI) No. 186913/84 (the term "OPI" has herein used means "unexamined published application").

However, these conventional preparations only are intended to have enough adhesion to allow them to remain in position for a period of time enough to administer the drug to the mucosa. In other words, these preparations do not possess strong adhesion for an extended period of time as required for an oral bandage. On the contrary, an oral bandage is intended to prevent running-off of the administered drug or to provide protection by adhesion to the affected or injured part of the oral cavity. Therefore, it is required to have strong and long-lasting adhesion to the oral mucosa which may be less adherable due to the administered drug or stomatorrhagia. Since both adhesive strength and duration of adhesion of the aforesaid conventional preparations adhesive to the oral mucosa are not so high as demanded for an oral bandage, application of bases used in these preparations to an oral bandage can never satisfy the above-described requirements of an oral bandage. The conventional adhesive tapes which are intended to be applied to the skin cannot be, of course, used as an oral bandage because they have no adhesion to a wet surface such as oral mucosa.

Japanese Patent Application (OPI) No.186913/84 is directed to an invention that four components of gelatin or agar, gluten, carboxyvinyl polymer, and vinyl acetate resin or gum are essential. It is therefore apparent that the cited reference differs from the present application in which a homogeneous state is maintained by a two component system.

In the JPA document a water-soluble material and a water-insoluble material are mixed together with water in such a manner that a water content is 0.5-20 w/w%. From this fact, it is apparent that a homogeneous state cannot be obtained.

Even if a base material having such a state is adhered to the oral mucosa, water at the adhering portion is not absorbed uniformly with respect to the base material, resulting in an ununiform absorption, and as a result, the system of the base material tends to break, and its adhesion is not maintained for a long period of time.

On the other hand, in the homogeneous state as in the present invention, absorption of water from the adhering portion is uniformly conducted over the whole base material. Consequently, it is difficult to proceed breakage of the system, and the adhesion is sufficiently maintained over a long period of time.

An oral bandage is required to have not only strong and long-lasting adhesion to the oral mucosa as described above but also softness sufficient to be adhered to any desired site of complicated shape in the oral mucosa and, in addition, safety from worsening of the injury due to irritation. However, an oral bandage having such performance characteristics has not yet been developed.

The present invention is intended to meet the above-described situations.

Accordingly, an object of this invention is to provide an oral bandage having high adhesive strength for a prolonged period of time and softness with which to adhere to desired site of the oral mucosa or teeth.

Another object of this invention is to provide an oral preparation adhesive to the oral mucosa by which an active ingredient can be surely and effectively administered to the oral mucosa.

According to the invention we provide an oral bandage comprising a soft adhesive film consisting of a mixture of (a) an acrylic acid polymer, methacrylic acid polymer and/or maleic anhydride polymer and (b) a vinyl acetate polymer, the polymers (a) and (b) being uniformly dissolved in each other without regions of phase separation, so as to be substantially water-insolubilized; and optionally a basic substance capable of neutralizing said polymers (a) and an oral preparation comprising such an oral bandage having incorporated therein a topical drug.

The term "compatible state" as herein used means such a state that the polymers (a) and (b) (hereinafter simply referred to as "polycarboxylic acids") and the vinyl acetate polymer (hereinafter referred to as polyvinyl acetate) are uniformly dissolved in each other without forming small individual regions due to phase separation.

Water-soluble high-molecular compounds, such as polycarboxylic acids and polycarboxylic acid anhydrides have per se a shape-retention property. When they absorb a small amount of water, they exhibit strong adhesiveness but soon take up excess water to cause reduction in viscosity and degradation, thus resulting in losing their adhesiveness by being substantially dissolved in water. Moreover, since polycarboxylic acids in a dissolved state are acidic, they heavily irritate the sensitive injured part of the oral mucosa to cause worsening of the condition.

The present inventors have conducted extensive investigations on water-insolubilization of the above-described water-soluble high-molecular compounds, such as polycarboxylic acids, polycarboxylic acid anhydrides, etc., aiming at effective utilization of these compounds exhibiting excellent adhesion upon absorption of water as an oral bandage, while eliminating the above-described disadvantages, i.e., loss of adhesion due to over-absorption of water and irritation of the injured part. As a result, it has now been found that polycarboxylic acids and polyvinyl acetate are compatible with each other, and mixing of these two components in a compatible state substantially realizes water-insolubilization of the polycarboxylic acids without impairing the strong adhesion upon water absorption. Therefore, even if such a compatible mixture of the two components is shaped into a thin and soft film, it can exert strong adhesion for an extended period of time without undergoing degradation due to water absorption in a wet state.

It has further been found that incorporation of a basic substance (salt or base) capable of neutralizing the polycarboxylic acids into the above-described compatible mixture can further relieve the irritation on the injured part of the oral mucosa.

It has furthermore been found that incorporation of topical drugs into adhesive film and/or film support comprising the above-described compatible mixture can provide film-like oral preparations retaining the strong adhesion, by which the drug can be surely, simply and effectively administered to the oral mucosa, thus permitting prevention and treatment of oral diseases.

In the accompanying drawing:

The graph is a characteristic curve of (dissolved amount)/(total dissolved amount) of a drug, over a period of time.

A soft film comprising a compatible mixture of the polycarboxylic acids and polyvinyl acetate according to the present invention does not show adhesion in a dry state but comes to exhibit strong adhesion upon water absorption, such adhesion being substantially unchangeable even when immersed in water. Such a characteristic can first be manifested when the polycarboxylic acids and polyvinyl acetate are in a compatible state, not appearing when they are not in a compatible state.

As described above, the mixture of the polycarboxylic acids and polyvinyl acetate in a compatible state exhibit characteristics unpredictable from those of a mixture in a phase-separated state. More specifically, a film in a phase-separated state is turbid, whereas a film in a compatible state has such a high transparency that no independent small region is observed under an optical microscope. Further, when immersed in water, the polycarboxylic acids is dissolved out from the film in a phase-separated state, resulting in degradation as a whole; while the film in a compatible state only undergoes uniform swelling with very little elution of the polycarboxylic acids into water, which indicates that the polycarboxylic acids is substantially water-insolubilized. The compatible state (compatibility) of the polycarboxylic acids and polyvinyl acetate can be determined by making use of insolubilization of the polycarboxylic acids.

When a basic substance capable of neutralizing polycarboxylic acids is mixed with the above-described compatible mixture, the state of its mixing has no substantial influence on the adhesion property. Therefore, the basic substance may be mixed either in a compatible state or in a coarse dispersion.

Compatibility between the polycarboxylic acids and polyvinyl acetate can be clearly observed if the

mixture consists of only these two components as mentioned above. However, differrences in compatibility become unclear in those mixtures containing a basic substance having a neutralizing effect. In other words, in a mixture containing a basic substance, the mixing state of the basic substance being not restricted, even if the polycarboxylic acids and polyvinyl acetate are in a compatible state, the basic substance, if being mixed in a coarse dispersion, makes the film turbid. Thus, the mixing state of the polycarboxylic acids and polyvinyl acetate cannot always be observed visually or under an optical microscope.

Nevertheless, as described above, it has been confirmed that water-solubility of polycarboxylic acids can be markedly inhibited in a compatible mixture with polyvinyl acetate and that such a compatible mixture is uniformly swollen without degradation even when immersed in water for a considerably long period of time. This property can be recognized irrespective of whether a basic substance having a neutralizing effect be present or not.

Accordingly, this property can be made use of in determination of compatibility between polycarboxylic acids and polyvinyl acetate. This method of determination can be regarded reasonable from the fact that the oral bandage according to the present invention can be adhered to the oral mucosa for a long period of time owing to the limited water-solubility of the polycarboxylic acids.

In the present invention, the compatibility between polycarboxylic acids and polyvinyl acetate is determined from the amount of dissolved polycarboxylic acids. That is, the compatible state as herein referred to specifically means that the dissolution ratio of polycarboxylic acids as obtained by the following method is 40% by weight or less. In the case of an oral bandage containing a salt having a neutralizing effect, it means that the dissolution ratio of polycarboxylic acids as obtained by the following method is 50% by weight or less, taking into account dissolving of the salt.

Method of determing Dissolution Ratio:

A film comprising polycarboxylic acids and polyvinyl acetate is ground and weighed. The ground sample is put in a mesh bag and left to stand still in 300 times or more the weight of pure water at 20°C for one hour. The bag is then taken out, and the amount of polycarboxylic acids dissolved out into the water is determined by neutralization titration or the like technique. This value is divided by the amount of the polycarboxylic acids initially contained in the film to obtain the dissolution ratio.

In the case when the film contains a basic substance, the dissolution ratio is obtained in the same manner as above except that the bag after the immersion is weighed to obtain the total amount of dissolved polycarboxylic acids and dissolved salt from, for example, weight reduction and this value is divided by the sum of the polycarboxylic acids and the basic substance initially contained in the film to obtain the dissolution ratio.

Since the oral bandage in accordance with the present invention comprises a soft film which is not adhesive in a dry state but shows adhesion only upon absorption of water, it can be stored as such without requiring any special storage conditions. On use, the oral bandage is stuck onto the oral mucosa whereupon it absorbs saliva or moisture of the mucous membrane to rapidly exerts strong adhesion to the mucous membrane. Thus, it firmly adheres to the affected part or injured part of the oral cavity that is less adherable due to the drug administered, stomatorrhagia, and the like. This adhesion lasts for a markedly prolonged period of time, which is a well-marked characteristic of the present invention. Such adhesion of long duration can first be attained by the adhesive film comprising the polycarboxylic acids and polyvinyl acetate in a compatible state as set forth above.

The mechanism accounting for the long-lasting adhesion is not clear, but it is believed that the polycarboxylic acids contributes to adhesiveness to the wet mucosa and the polyvinyl acetate contributes to water resistance in a compatible mixture thereof, thus functioning together to give adhesion of long duration.

The mixing state of the basic substance capable of neutralizing polycarboxylic acids has no influence on the adhesion, but the kind of the basic substance to be used exerts delicate influences on the adhesion and the like. For example, polyvalent metal salts, e.g., zinc oxide, calcium oxide, etc., function to reduce adhesion and to enhance water resistance, while monovalent metal salts, e.g., sodium acetate, etc., or a monovalent base, e.g., sodium hydroxide, triethanolamine, etc., functions to reduce water resistance and to enhance adhesion.

As described above, since the oral bandage in accordance with the present invention has adhesion of long duration, it can prevent the drug administered to the affected part of the oral cavity from running off to accelerate healing with a remarkably increased absorption of the drug and also give protection to the injured part of the oral cavity for a long period of time to expedite recovery.

Further, since the irritation due to eluted polycarboxylic acids can be reduced by adding a basic substance having a neutralizing effect to the adhesive film, a situation wherein the injured part of the oral

cavity becomes worse due to application of the oral bandage can be avoided.

In addition, the adhesive film according to the present invention is not merely composed of a water-soluble high-molecular substance but comprises a substantially water-insoluble soft film, in which polycarboxylic acids and polyvinyl acetate exist in a compatible state. Therefore, adhesion of long duration can be produced in a very thin film. In other words, too a thin film solely made of a water-soluble high-molecular substance is readily dissolved out in saliva in a short time to rapidly lose its adhesiveness so that a film made of such a material should have a considerably large thickness. However, a thick film produces a feeling foreign to the applied part and also reduces softness of the oral bandage. On the contrary, the oral bandage of the present invention does not require such a large thickness, thus giving no uncomfortable feeling.

The oral bandage according to the present invention can be produced by, for example, dissolving polycarboxylic acids and polyvinyl acetate in a solvent common to both and rapidly flow-casting the solution in a thin film, followed by drying.

The oral bandage containing a basic substance having a neutralizing effect according to the present invention can be produced by, for example, dissolving polycarboxylic acids and polyvinyl acetate in a solvent common to both, adding a basic substance capable of neutralizing the polycarboxylic acids to the solution, and rapidly flow-casting the mixture in a thin film, followed by drying. Incorporation of the basic substance may be carried out by dissolving in the solution or by dispersing a powderous basic substance in the solution. The above-described flow casting method is advantageous to easily produce a very thin film.

In the present invention, a topical drug can be incorporated into the oral bandage of the invention to obtain oral preparations. The method of incorporation is not particularly restricted, and usually comprises adding the topical drug directly or in the form of a solution to the solution of polycarboxylic acids and polyvinyl acetate, rapidly casting the composition in a thin film and drying. the acrylic polymers include an acrylic acid homopolymer and copolymers of acrylic acid and acrylic esters, e.g., butyl acrylate, 2-ethylhexyl acrylate,
methacrylic esters, e.g., methyl methacrylate,
or vinyl monomers, e.g., vinyl acetate, and copolymers, e.g., carboxyvinyl polymer. Examples of the methacrylic polymers include a methacrylic acid homopolymer and copolymers of methacrylic acid and comonomers as enumerated for the acrylic polymers. Specific examples of the maleic anhydride polymers include copolymers of maleic anhydride and methyl vinyl ether,

These compounds can be used either individually or in combination of two or more thereof. It is preferable that these Polycarboxylic acids contain 20% by weight or more of a -COOH group in case of methacrylic polymers or 16% by weight or more or a -CO-O-CO- group in case of maleic anhydride polymers.

The vinyl acetate polymer which can be used in the present invention typically includes a vinyl acetate homopolymer. In addition, copolymers of vinyl acetate and vinyl monomers, e.g., acrylic esters, and partial saponification products of a vinyl acetate homopolymer may also be employed. These vinyl acetate polymers may be used either individually or in combinations of two or more thereof. The polyvinyl acetate preferably has an average molecular weight (viscosity-average molecular weight) of not less than 60,000. Use of polyvinyl acetate having an average molecular weight less than 60,000 reduces water resistance of the adhesive, resulting in failing of the expected effects.

The basic substance which can be used for neutralizing polycarboxylic acids includes not only salts but bases. Typical examples of the salt include salts of metals and weak acids, metal oxides, metal hydroxides, amines, and mixtures thereof. Specific examples of the salt of metals and weak acids are salts of sodium, potassium, calcium, magnesium, etc. and carboxylic acids, e.g., acetic acid, lactic acid, citric acid, etc. Specific examples of the metal oxides are zinc oxide, calcium oxide, magnesium oxide, etc. Specific examples of the metal hydroxides are sodium hydroxide, potassium hydroxide, calcium hydroxide, magnesium hydroxide, etc. Specific examples of the amines are triethanolamine, diisopropanolamine, etc. These compounds can be used either alone or in combination. A preferred amount of the basic substance to be added varies widely depending on the kind thereof. In the case of using a polyvalent metal salt, for example, it is preferably added in an amount of from 0.2 to 0.8 equivalent based on the polycarboxylic acids. If its amount is less than 0.2 equivalent, the effect to relieve irritation on the injured part of the oral mucosa becomes insufficient. If it exceeds 0.8 equivalent, sufficient duration of adhesion can hardly be attained. In case of using a monovalent metal salt or a monovalent base, it is preferably added in an amount of from 0.03 to 0.2 equivalent based on the polycarboxylic acids. Amounts less than 0.03 equivalent reduce the effect of relieving irritation on the injured part, and amounts exceeding 0.2 equivalent reduce water resistance of the adhesive film, resulting in difficulty in obtaining sufficient adhesion.

The solvent common to the polycarboxylic acids and polyvinyl acetate includes lower alcohols, such as

methanol, ethanol, etc.; mixed solvents comprising a lower alcohol in a larger proportion and a compatible organic solvent, such as acetone, ethyl acetate, etc.; and mixed solvents comprising a lower alcohol or the above-described mixed solvent and water. The mixed solvent of a lower alcohol and an organic solvent preferably contains not more than 30% by weight of the organic solvent because the organic solvent of more than 30% by weight makes it difficult to dissolve polycarboxylic acids. The mixed solvent of a lower alcohol or a lower alcohol-organic solvent mixed solvent and water preferably contains not more than 30% by weight of water because a water content exceeding 30% by weight is liable to make it difficult to dissolve the polyvinyl acetate.

In the preparation of the oral bandage or oral; preparations of the invention, it is preferable that the polycarboxylic acids to polyvinyl acetate mixing ratio fall within such a range that the value A as obtained according to the following formula ranges from 15 to 45:

$$A = \frac{\left(\begin{matrix}\text{Weight of -COOH} \\ \text{in Adhesive Film}\end{matrix}\right) + \frac{5}{4}\left(\begin{matrix}\text{Weight of -CO-O-CO-} \\ \text{in Adhesive Film}\end{matrix}\right)}{\left(\begin{matrix}\text{Weight of Polycarboxylic Acids in Adhesive Film} \\ \text{+ Weight of Polyvinyl Acetate in Adhesive Film}\end{matrix}\right)} \times 100$$

As the value A becomes larger, the adhesion to the mucous membrane increases, but the duration of adhesion tends to decrease. To the contrary, the smaller the value A, the lesser the ahesion, but the duration of adhesion tends to increase. If the value A is less than 15, sufficient adhesion is hard to obtain. If it exceeds 45, it becomes difficult to obtain sufficient duration of adhesion. Accordingly, the mixing ratio of polycarboxylic acids and polyvinyl acetate is preferably adjusted so that the value A falls within a range of from 15 to 45. Taking the case of using polyacrylic acid as a polycarboxylic acid for instance, with the proportion of polyacrylic acid in the adhesive film being between 24 and 72% by weight, the value A falls within the above-recited range to obtain good results.

When the polycarboxylic acids and polyvinyl acetate are dissolved in a common solvent, care should be taken so as to sufficiently dissolve the both components. On this occasion, concentrations of the polycarboxylic acids, polyvinyl acetate, etc. are not particularly limited. However, too a high concentration of the high-molecular substance makes the resulting solution highly viscous, and such a viscous solution is difficult to flow-cast in a film. Therefore, it is preferable to give care that the concentrations of the high-molecular substances may not exceed 40% by weight.

In the preparation of the adhesive film according to the present invention, the solution comprising the polycarboxylic acids and polyvinyl acetate and, if necessary, a basic substance and/or a topical drug is cast on an appropriate film, such as polyethylene-laminated paper, having been subjected to releaseability-imparting treatment, and the casted film is rapidly dried with hot air in a drying oven or a drying tower. Suitable time and temperature in drying vary depending on the composition of a common solvent used, solid content of the solution, thickness of the cast film, the pressure and the like but, in general, preferably range from 60° to 120° C in temperature and from 1 to 20 minutes in time under an atmospheric pressure. A very thin film that can be, as such, used as an oral bandage can be thereby produced. The thickness of the resulting film is preferably be adjusted to a range of from 5 to 100 μm by controlling the amount of the casting solution, and the like. If a film thickness is less than 5 μm, it is difficult to obtain sufficient adhesion. A film having a thickness exceeding 100 μm tends to produce a feeling foreign to the mouth and to impair softness of the film.

As described above, the adhesive film in accordance with the present invention comprises a polycarboxylic acids and a vinyl acetate polymer not in a merely mixed state but in a compatible state with each other, in which the polycarboxylic acids is substantially water-insolubilized. Hence, even being very thin, it exerts strong adhesion for an extended period of time without suffering degradation due to water absorption. Besides, the film can easily be deformed according to the form of the oral mucosa and adhered thereto simply by pressing because of its softness.

The oral bandage and oral preparations according to the present invention may solely comprise the adhesive film but may further comprise a soft film support in combination.

A composite comprising the adhesive film and a support can be produced by laminating the adhesive film on a soft film support in a usual manner, such as hot pressing or by the use of an adhesive. Alternatively, the lamination can be carried out simultaneously with the preparation of the adhesive film by casting the film-forming composition on a soft film support, followed by drying. The latter process has an advantage over the former in simplifying the production procedure since hot pressing or adhesion with an adhesive is unnecessary.

The soft film support which can preferably be used in the present invention is substantially impermeable to water. Such a support typically includes plastic films, such as polyethylene, polyvinyl acetate resin, an ethylene-vinyl acetate copolymer, polyvinyl chloride, polyurethane, etc., metal foils, such as aluminum foil, tin foil, etc., laminates of cloth or paper and a plastic film, and the like. Of these, plastic films are preferred in view of safety and feeling in use. A preferred thickness of the film support is from 10 to 100 μm in view of handling properties and freedom from a foreign feeling on use. A thickness of the composite film, i.e., a total thickness of the adhesive film and the film support, is preferably in the range of from 30 to 150 μm. If it is less than 30 μm, handling properties and operation properties are deteriorated. A thickness exceeding 150 μm is liable to give a foreign feeling on use.

When the oral bandage of the invention contains a topical drug to obtain an oral preparation as described before, the topical drug may be incorporated into the adhesive film and/or the above-described film support. In the latter case, incorporation of the drug can be carried out by kneading with a resin material for the support, mixing the drug in the form of its solution with a resin material, absorbing onto a support, impregnating into a support, or a like method.

The topical drug which can be used in the present invention may be either solid or liquid at room temperature as long as it may be incorporated into the adhesive film or the film support by dissolving or dispersing.

Specific examples of the topical drugs to be used in the present invention are adrenal corticosteroids, e.g., Triamcinolone acetonide, Dexamethasone, Betamethasone, Prednisolone, Fluocinolone, Hydrocortisone, Beclomethasone, etc. and salts thereof; anti-inflammatory agents, e.g., Flurbiprofen, Ibuprofen, Diclofenac, Indomethacin, Bendazac, Flufenamic acid, Bufezamac, Cyclospoline, Clidanac, Glycyrrhizin, Ketoprofen, Piroxicam, Pranoprofen, Benzydamine, Ibuprofenpiconol, Etofenamate, Lysozyme, Chymotrypsin, Epidihydrocholesterine, Hinokitiol, α-Amylase, Azulene, Chlorophllin, Cromoglic acid, Tranilast, Serratiopeptidase, Pronase, Glucanase, Lithospermi Radix extract, etc. and salts thereof; antimicrobial agents, e.g., Acrynol, Cetyl pyridinium, Chlorhexidine, Domifen, Iodine, Monensin, Sanginalline, Metronidazol, Dequalinium, Tetracycline, Minocycline, Ofloxacin, Penicilline, Doxycycline, Oxycycline, Cefatrizin, Nystatin, Clindamycin, Fradiomycin, sulfate, etc. and salts thereof; analgesics, e.g., Ethyl aminobenziate, Camphor, Eugenol, Dibucaine, Phenol, Menthol, Creosote, Diphenhydramine, Lidocaine, Tetracaine, Procaine, Cocaine, Piprocaine, Mepivacaine, Promoxin, Dicronin, Guaiacol, etc. and salts thereof; hemostatics, e.g., Tranexamic acid, ε-Aminocapronic acid, Alginic acid, Bioflavonoide, Ascorbic acid, Thrombin, oxidized Cellulose, Cetraxate, Epinephrine, Ferric chloride, Fibrinogen, Carbazochrome, Adrenochrome, etc. and salts thereof; vasodilators, e.g., Inositol hexanicotinate, Cyclanderate, Cinnarizine, Tolazoline, Acetylcholine, etc. and salts thereof; agents activaing cellular function, e.g., Solcoseryl, Proglumide, Sucralfate, Gefarnate, Nicametate, Glutamine, Aceglutamide aluminum, Ethylcysteine, Chitin, Tocopherol nicotinate, Ubidecarenone, etc. and salts thereof; antiviral agents, e.g., Aciclovir, Idoxuridine, Betrabin, Amantadine, etc. and salts thereof; agents affecting calcium metabolism, e.g., Vitamin D, Endotoxin, Hydroxyapatite, Collagen, Cataboline, 2-Chloroadenosine, Norcardia, Calcitriol, Prostaglandins for alveolar bone, Osteoclast activating factors for alveolar bone, Parathormone for alveolar bone, Calcitonine for alveolar bone, etc. and salts thereof; astringents, e.g., Tannin, Tanninc acid, Zinc fluoride, Sodium fluoride, Strontium fluoride, Potassium nitate, Stannous fluoride, Aluminum potassium sulfate, Berberine, Bismuth compounds, Strontium chloride, Aluminum lactate, etc. and salts thereof.

The amount of these topical drugs to be incorporated in the oral preparation varies depending on the kind thereof, but from considerations of pharmacological effects and adhesion to the mucous membrane, it usually ranges from 0.0001 to 35% by weight, and preferably from 0.0002 to 20% by weight, based on the preparation. When positive administration of the drug to the oral mucosa is expected, the drug is preferably present in the adhesive film side. In the treatment of bad breath, and the like, it may be prevent in the support side.

The composite film composed of the adhesive film and the support has enhanced strength while retaining the excellent adhesion of long duration. As an additional effect, the composite film can present adhesion of foreign matters, such as foods, onto the back side of the oral bandage or oral preparations. Further, use of a substantially water-impermeable support effectively prevents permeation of water through the back side to thereby prolong the duration of adhesion.

The adhesive film or support of the oral bandage or oral preparations according to the present invention may further contain other additives, such as coloring matters, flavoring materials, softening agents, and the like, as long as they do not impair adhesiveness or pharmacological effects. For example, when both the adhesive film and the support are colorless, incorporation of a coloring matter in one of them makes it easy to distinguish the surface or back of the bandage or preparation.

According to the present invention, both of the adhesive film and the composite film composed of the

adhesive film and a support are very soft and, when applied to the oral mucosa, absorb water in the oral cavity to get further softened. Therefore, they can be easily fitted to any site of the oral cavity to thereby produce strong adhesion for an extended period of time. The adhesive strength of the adhesive film or the composite film of the invention was measured using a crosslinked collagen swollen with water as a substitute for the oral mucosa at a peel angle of 180° and, as a result, was found to be from 25 to 200 g/2.5 cm-width. Adhesive strength smaller than 25 g/2.5 cm-width cannot ensure adhesion to the oral mucosa for a long period of time, and that greater than 200 g/2.5 cm-width is liable to injure the mucous membrane upon peeling. Taking these facts into account, the oral bandage or preparations according to the present invention can be reasonably regarded as exhibiting the optimum adhesive strength.

The above-described adhesive strength is naturally subject to variations depending on the kind of adherends. That is, the adhesive film exerts sufficient adhesion to mucous membranes, the teeth, the skin, cross-linked collagen films, and the like, with the adhesive strength being not impaired even when immersed in water. But the adhesive film scarcely shows adhesion to plastics material or regenerated cellulose film, and the adhesion thereto is very weak and rapidly disappears in water. This property is entirely favorable for storage of prodducts. No special moisture-proof packaging is needed because the products do not adhere to packaging materials, storage cases, etc. Further, it is not necessary to cut the oral bandage or oral preparations into small lengths for storage, and they can be formed in a tape and wound on a spool without sticking to each other. They may be stored as they are, but if there is a fear of contamination, the surface that is to be adhered can be protected with paper or a plastic film.

The oral bandage and oral preparations containing a basic substance for neutralization according to the present invention are highly safe from harm to the injured part of the oral cavity due to the irritant polycarboxylic acids which are dissolved out when applied to the injured parts. That is, the adhesive film of the invention containing no basic substance for neutralization may be applied to the skin of shaved guinea pigs, the eye mucous membrane of rabbits, the oral mucosa of healthy persons, etc. without causing any substantial irritation. However, irritation is noted when it is applied to the injured skin of a shaved guinea pig caused by stripping the corneum with an adhesive tape. To the contrary, the products containing a basic substance for neutralization cause substantially no irritation on such an injured skin as well as on the normal mucous membranes.

The oral bandages or preparations according to the present invention possess excellent water resistance attributed to substantial water-insolubilization of the polycarboxylic acids constituting the adhesive film so that they are only swollen but not degraded even when immersed in water. Therefore, they retain adhesiveness for a long period of time, generally 3 to 4 hours or even more, e.g., for one day, onto the oral mucosa.

Further, the oral preparations comprising the oral bandage of the invention having incorporated therein a topical drug are effective in producing pharmacological effects and very easy to handle since they can be adhered to the wet surface of affected parts of the oral cavity simply by pressing thereonto for the prevention or treatment of oral diseases.

This invention will now be illustrated in greater detail with reference to the following examples, are not intended to limit the present invention. In these examples, all the parts and percents are given by weight unless otherwise indicated.

EXAMPLE 1

Five parts of a carboxyvinyl polymer as a polycarboxylic acid and 5 parts of polyvinyl acetate (degree of polymerization: ca. 1,500) were poured in 90 parts of methanol as a common solvent, followed by mixing to form a uniform solution. The resulting solution was flow-casted on a release paper, dried, and peeled off to obtain an adhesive film having a thickness of 30 μm. The value A of this film was 31.3. The dissolution ratio of the polycarboxylic acid, that is a criterion of the compatible state, was 9%, indicating that the film had a compatible state.

The adhesive film thus prepared was laminated on 15 μm thick aluminium foil by hot pressing to obtain an oral bandage.

COMPARATIVE EXAMPLE 1

Five parts of polyvinyl acetate (degree of polymerization: ca. 1,500) were dissolved in 20 parts of toluene, and to the solution was added 5 parts of a toluene-insoluble carboxyvinyl polymer, followed by thoroughly stirring to prepare a uniform suspension. The suspension was then flow-casted on a release paper, dried, hot pressed and peeled off to obtain an adhesive film having a thickness of 30 μm. The

resulting film had the same value A as in Example 1 but a ratio of dissolution of the polycarboxylic acid of 67%, which indicated that the carboxylvinyl polymer and polyvinyl acetate were in a phase-separated state.

The adhesive film thus prepared was laminated on 15 μm thick aluminum foil by hot pressing to obtain an oral bandage.

COMPARATIVE EXAMPLE 2

Five parts of a carboxyvinyl polymer were dissolved in 45 parts of pure water. Separately, 5 parts of polyvinyl acetate (degree of polymerization: ca. 1,500) was dissolved in 20 parts of toluene. The both solutions were mixed and then stirred in a small-sized stirrer at 5,000 rpm for 3 minutes to obtain a suspension. The resulting suspension was flow-casted on a release paper, dried and peeled off to obtain an adhesive film having a thickness of 30 μm. The value A of this film was the same as in Example 1, but the dissolution ratio of the polycarboxylic acid was 79%, indicating that the carboxyvinyl polymer and polyvinyl acetate were in a phase-separated state.

The resulting film was laminated on 15 μm thick aluminum foil by hot pressing to obtain an oral bandage.

The compatible state of each of the samples obtained in the foregoing examples was evaluated by macroscopic observation to see the appearance of the film and also under an optical microscope to observe whether small independent regions of the polycarboxylic acid or polyvinyl acetate were formed or not. Formation of such small regions indicates phase separation.

Further, each of the samples was cut in a size of 5 x 5 cm, immersed in water at 37°C for 10 minutes, dried and weighed to determine weight reduction. The weight reduction (%) as an average of 10 runs was taken as a parameter of solubility of the film.

Furthermore, the dissolution ratio of the polycarboxylic acid after 2 hour- and 4-hour immersion in the same manner as described above for the dissolution ratio after 1 hr-immersion.

The results obtained are shown in Table 1 below. In Table 1, the solubility (weight reduction) is an average of 10 sample pieces. The dissolution ratio after 1 hr-immersion as measured in the foregoing examples is also shown in Table 1.

TABLE 1

	Example 1	Comparative Example 1	Comparative Example 2
Compatible State:			
Appearance	transparent	turbid	turbid
Formation of Small Regions	no small regions observed	small regions observed	small regions observed
Solubility (%)	0.1	6.9	7.7
Dissolution Ratio (%):			
1 Hr-Immersion	9	67	79
2 Hr-Immersion	10	-	-
4 Hr-Immersion	12	-	-

As is apparent from Table 1 above, in the adhesive film of Example 1, the polycarboxylic acid and polyvinyl acetate are in a good compatible state, making a contrast to those of Comparative Examples 1 and 2. In particular, the results of polycarboxylic acid dissolution ratios reveal that the most of the

polycarboxylic acid, an adhesive component, in the films of Comparative Examples 1 and 2 is dissolved out into water through immersion for one hour, whereas the dissolution ratio of the film of Example 1 after 1 hour-immersion is as low as 9%, which increases only to 12% even by immersion for 4 hours, said ratio showing no further increase through additional immersion, though not shown in Table 1. It can be seen from these results that a major proportion of the total amount of the dissolved polycarboxylic acid is dissolved out during the first one-hour immersion. The change in the proportion of the dissolved amount to the total dissolved amount with time is shown in Figure 1.

Then, the oral bandages obtained in the foregoing examples were subjected to adhesion test and peel test at a peel angle of 180° C in accordance with the following test methods.

Adhesion Test:

A sample was cut out round to a diameter of 10 mm. The cut piece was attached to a crosslinked collagen film swollen with water which was fixed on a phenolic resin plate and immersed in water at 37° C to observe the state of the film.

Peel Test:

A sample was cut into a strip of 2.5 cm in width and 15 cm in length. The strip was attached to a collagen film and immersed in water in the same manner as in the adhesion test, and a peel strength at a peel angle of 180° C was measured by means of a Schopper type tensile strength tester.

The results obtained are shown in Table 2 below.

TABLE 2

	Example 1	Comparative Example 1	Comparative Example 2
State of Film And Adhesion in Water	No change observed except a swelling of the periphery. Firmly adhered for 5 hrs.	Remarkable swelling from the periphery. Spontaneously separated from the adherend in 0.5 to 1.5 hrs.	Gradual swelling all over the film. Still adhered for 30 mins but with little adhesion. Spontaneously separated from the adherend in 1.5 to 2.0 hrs.
Peel Strength (g/2.5cm-width): Immersion Time:			
10 mins	110	12	20
30 mins.	105	unmeasurable	unmeasurable
60 mins.	95	"	"
120 mins.	85	"	"
240 mins.	90	"	"

As can be seen from Table 2, the samples of Comparative Examples 1 and 2 peel apart from the adherend in the early stage of immersion in water, becoming unmeasurable for peel strength when immersed for 30 minutes. On the contrary, the sample according to the present invention exhibits excellent adhesion in water, with its peel strength after 4 hour-immersion showing about 80% of the initial value. These results prove that the oral bandage of the present invention exerts strong adhesion of extremely long

duration.

EXAMPLE 2

A 10% methanolic solution of a carboxyvinyl polymer (CVP) and a 10% methanolic solution of polyvinyl acetate (PVAc) (degree of polymerization: ca. 2,500) were mixed at a CVP to PVAc ratio as shown in Table 3. The mixed solution was flow-casted on a release paper and dried to obtain an adhesive film having a thickness of 20 μm. The value A of each sample thus prepared is shown in Table 3.

The resulting film was laminated on a 50 μm thick film of polyvinyl acetate (degree of polymerization: ca. 2,500) by hot pressing to obtain an oral bandage.

Each of the samples thus obtained was determined for the dissolution ratio of the polycarboxylic acid (immersion time: 1 hour), adhesiveness in water and peel strength at a peel angle of 180° C after 10 minutes-immersion in accordance with the methods as described in Example 1. The adhesiveness in water was expressed in terms of the time until the sample was spontaneously separated from the adherend. These test results are shown in Table 3.

TABLE 3

Mixing Ratio (CVP:PVAc)	2:8	3:7	5:5	7:3	8:2
Value A	12.5	18.8	31.3	43.8	50.0
Dissolution Ratio (%)	2	5	8	22	35
Adhesion Time (hr)	>8	>8	>8	3.2	1.5
Peel Strength (g/2.5 cm-width)	20	60	110	160	200

It can be seen from Table 3 above that when the value A falls within the range of from 15 to 45 with the CVP:PVAc ratio being from 3:7 to 7:3, the films are excellent in both adhesion time and peel strength as well as in dissolution ratio of the polycarboxylic acid, indicating usefulness as an oral bandage. However, the film having a CVP:PVAc ratio of 2:8 has the value A smaller than 15 and shows poor adhesion. On the other hand, the film having a CVP:PVAc ratio of 8:2 has a short adhesion time and a high polycarboxylic acid dissolution ratio due to the value A exceeding 45. Accordingly, these films out of the scope of the present invention are regarded as hard to use with exceptions for special purposes of use.

EXAMPLE 3

Four parts of an alternating copolymer of methyl vinyl ether and maleic anhydride and 6 parts of polyvinyl acetate (degree of polymerization: ca. 1,000) were dissolved in 90 parts of methanol. The resulting solution was flow-casted on a release paper, dried at 80° C and peeled to obtain an adhesive film having a thickness of 60 μm. The value A of this film was 23.0, and the dissolution ratio (immersion time: 1 hour) was 12%.

The oral bandage thus obtained was cut into a circle having a diameter of 10 mm. The cut piece was adhered to the palatine mucosa of 10 panel members, and the time until the sample was separated apart (peeling time) was determined. As a result, the average peeling time was 4.0 hours.

EXAMPLE 4

Six parts of polyacrylic acid (degree of polymerization: ca. 5000) and 14 parts of partially saponified polyvinyl acetate (degree of saponification: 20 mol%; degree of polymerization: ca. 1,500) were dissolved in 80 parts of methanol, and the resulting solution was flow-casted on a release paper, dried at 80° C and

peeled off to obtain an adhesive film having a thickness of 70 μm. The value A of this film was 37.5, and the dissolution ratio of the polycarboxylic acid (immersion time: 1 hour) was 37%.

Separately, an ethylene-vinyl acetate copolymer (vinyl acetate content: 30 mol%) was hot-pressed to form a film support having a thickness of 80 μm. The above obtained adhesive film and the film support were laminated by the use of a hot laminator to produce an oral bandage.

The resulting oral bandage was cut in a strip of 7 mm in width and 20 mm in length. The cut piece was adhered to the gingival mucosa of 10 panel members, and the time until the strip was separated therefrom (peeling time) was measured. As a result, the average peeling time was 7.6 hours.

EXAMPLE 5

Four parts of a carboxyvinyl polymer and 6 parts of polyvinyl acetate (degree of polymerization: ca. 2,000) were dissolved in 92 parts of isopropanol, and 2 parts of titanium dioxide was added thereto as a coloring matter was added thereto, followed by thoroughly mixing with stirring. The mixture was flow-casted on a release paper, dried at 90° C and peeled off to obtain an adhesive film having a thickness of 15 μm. The value A of this film was 25, and the dissolution ratio of the polycarboxylic acid (immersion time: 1 hour) was 6%. Separately, 0.1 part of Food Red 3 aluminum lake was added to 100 parts of a 20% ethyl acetate solution of polyvinyl acetate (degree of polymerization: ca. 2,000), followed by thoroughly mixing while stirring. The mixture was flow-casted on a release paper, dried at 180° C and peeled off to prepare a film support having a thickness of 30 μm. The above prepared adhesive film and the film support were laminated by hot pressing to obtain an oral bandage.

The thus obtained oral bandage was cut in a circle having a diameter of 20 mm. The cut piece was adhered to the buccal mucosa of 10 panel members, and the time until the bandage was separated therefrom (peeling time) was determined. As a result, an average peeling time was 5.6 hours.

The performance of the oral bandage to prevent running-off of a drug administered was evaluated using a food dye as a model of a drug and a crosslinked collagen film swollen with water as an adherend as follows. That is, 9.5 parts of lactose and 5 parts of Food Red 102 were ground in a mortar, and the mixture was pounched out into tablets of 5.0 mm in diameter and 0.5 mm in thickness. One of the tablets was placed on a water-swollen crosslinked collagen film that was fixed on a phenolic resin plate, and the oral bandage cut round to a diameter of 15 mm was adhered thereonto so as to cover the tablet. The sample was then immersed in water at 37° C. As a result, the time required for the dye in the tablet to be dissolved out into water was 4.1 hours as an average of 10 runs, indicating a sufficient performance property to prevent running-off of a drug administered.

Thereafter, the storage stability of the oral bandage was evaluated as follows. The oral bandage was cut in a tape of 18 mm in width and 3 m in length. The tape was rolled up, wrapped with a cellophane film, packed in a paper box of 6 cm x 6 cm x 2 cm and preserved under ambient conditions for 3 months. As a result, no change in shape or adhesion properties was noted, to confirm excellent storage stability of the oral bandage.

EXAMPLE 6

Three parts of a carboxyvinyl polymer, 2 parts of a methyl vinyl ether-maleic anhydride copolymer and 5 parts of polyvinyl acetate (degree of polymerization: ca. 2,000) were dissolved in 90 parts of methanol. The resulting mixed solution was flow-casted on a release paper, dried at 60° C and peeled off to obtain an adhesive film having a thickness of 15 μm. The value A of this film was 30.3, and the dissolution ratio of the polycarboxylic acid (immersion time: 1 hour) was 10%.

The thus obtained film was laminated on a 30 μm thick film support of polyvinyl acetate (degree of polymerization: ca. 1,500) by hot pressing to obtian an oral bandage.

The resulting oral bandage was cut round to a diameter of 10 mm, adhered to the gingival mucosa of 10 panel members, and the time until the bandage was separated therefrom (peeling time) was measured. As a result, the peeling time was 5.4 hours in average.

EXAMPLE 7

Into 90 parts of methanol were poured 4.7 parts of a carboxyvinyl polymer and 4.7 parts of polyvinyl acetate (degree of polymerization: ca. 1,500), and 0.6 part of diisopropanolamine was further added thereto, followed by mixing to form a uniform solution. The resulting solution was flow-casted on polyethylene-laminated paper dried in a drier at 80° C for 8 minutes and peeled off to prepare an adhesive film having a

thickness of 40 μm. The value A of this film was 31, and the dissolution ratio of the polycarboxylic acid was 12%, which value indicated the compatible state of the film.

The thus obtained adhesive film was laminated on a 40 μm polyvinyl acetate film (degree of polymerization: ca. 2,000) by hot pressing at 100 °C to obtain an oral bandage.

COMPARATIVE EXAMPLE 3

In 30 parts of toluene were dissolved 4.7 parts of polyvinyl acetate (degree of polymerization: ca. 1,500) and 0.6 parts of diisopropanolamine, and 5 parts of a toluene-insoluble carboxyvinyl polymer powder was added to the solution, followed by sufficiently mixing while stirring to prepare a uniformly dispersed suspension. The resulting suspension was flow-casted on polyethylene-laminated paper dried in a drier at 100 °C for 10 minutes and peeled off to obtain an adhesive film having a thickness of 40 μm. The value A of this film was equal to that of the adhesive film of Example 7, but the dissolution ratio of the polycarboxylic acid was 72%, indicating that the carboxyvinyl polymer and the polyvinyl acetate were in a phase-separated state.

The adhesive film thus obtained was laminated on a 40 μm thick polyvinyl acetate film by hot pressing at 100 °C in the same manner as in Example 7 to obtain an oral bandage.

COMPARATIVE EXAMPLE 4

In 45 parts of pure water were dissolved 4.7 parts of a carboxyvinyl polymer and 0.6 part of diisopropanolamine. Separately, 4.7 parts of polyvinyl acetate (degree of polymerization: ca. 1,500) was dissolved in 30 parts of toluene. The two solutions were mixed and stirred in a small-sized stirrer at 5,000 rpm for 5 minutes to prepare a suspension. The resulting suspension was flow-casted on polyethylene-laminated paper, dried in a drier at 100 °C and peeled off to obtain an adhesive film having a thickness of 40 μm. The value A of this film was equal to that of the film of Example 7, but the dissolution ratio of the polycarboxylic acid was 77%, indicating that the carboxyvinyl polymer and the polyvinyl acetate were in a phase-separated state.

The film thus obtained was laminated on a 40 μm thick polyvinyl acetate film by hot pressing at 100 °C in the same manner as in Example 7 to obtain an oral bandage.

Each of the samples obtained in Example 7 and Comparative Examples 3 and 4 was evaluated for the compatible state, the adhesiveness (adhesion time) and the peel strength. The compatible state was observed in the same manner as in Example 1, and the adhesiveness and peel strength were determined in the same manner as in Example 2. Further, each sample cut round to a diameter of 10 mm was adhered to the palatine mucosa of 5 healthy male panel members, and the time until the sample was separated therefrom was measured. The adhesion was effected after lunch, and the panel members were allowed to drink and talk, ad lib. The results obtained are shown in Table 4 below.

TABLE 4

	Example 7	Comparative Example 3	Comparative Example 4
Compatible State:			
Appearance	trans-parent	turbid	turbid
Formation of Small Regions	no small regions observed	small regions observed	small regions observed
Adhesiveness (Adhesion Time) (min)	185[1)]	70[2)]	55[2)]
Peel Strength (g/2.5 cm-width)	35	10	12
Peeling Time (min)	210	25	40

Note: 1): Strong adhesion was retained for 60 minutes.

2): Only slight adhesion was noted with insubstantial adhesive strength after 60 minutes.

As is apparent from the results of Table 4, the polycarboxylic acid and the polyvinyl acetate in the film of Example 7 are in a good compatible state, making a contrast to the films of Comparative Examples 3 and 4. More specifically, the films of Comparative Examples 3 and 4 are separated from the adherend in the early stage of the adhesion test and undergo great reduction in adhesion through immersion in water for 10 minutes in the peel test. Further, these comparative samples are separated from the adherend in the test using a panel. To the contrary, the oral bandage according to the present invention exhibits excellent results in the adhesion test, peel test and panel test, demonstrating strong adhesion of long duration.

COMPARATIVE EXAMPLE 5

In order to ascertain high safety of the oral bandage of the present invention, a comparative adhesive film containing no diisopropanolamine was prepared as follows.

Carboxyvinyl polymer	5.0 parts
Polyvinyl acetate (degree of polymerization: ca. 2,000)	5.0 parts
Methanol	90.0 parts

The above components were mixed while stirring to prepare a uniform solution. The solution was flow-casted on polyethylene-laminated paper, dried in a drier at 80°C for 8 minutes and peeled off to obtain an

adhesive film having a thickness of 40 μm. The resulting film was laminated on a 40 μm thick polyvinyl acetate film (degree of polymerization: ca. 2,000) by hot pressing at 100 °C to obtain a comparative oral bandage.

Irritation of the oral bandage as obtained in Example 7 on the normal skin and injured skin of a guinea pig was determined as compared with the above obtained comparative sample in accordance with the following test method.

The back of female Hartley guinea pigs (body weight: 300 to 400 g) was shaved with an electric clipper and an electric shaver to expose the normal skin. An adhesive tape was attached to the normal skin followed by peeling 7 times, whereby the stratum corneum was removed therefrom to form injured skin.

The sample was cut round to a diameter of 10 mm, dipped in water and adhered to each of the normal skin and the injured skin. The adhered sample was covered with absorbent cotton and further closely covered thereon with an adhesive tape for tight covering. Six hours later, the sample was removed, and irritation score was judged after 1 hour and 24 hours from the removal according to the following four grades:

0 : No change
0.5: Slight Erythema
1 : Moderate Erythema
2 : Severe erythema with edema

The results obtained are shown in Table 5 below. Each score shown in Table 5 is an average of 6 runs.

TABLE 5

	Normal Skin		Injured Skin	
	1 Hr	24 Hrs	1 Hr	24 Hrs
Example 7	0.3	0.3	0.5	0.5
Comparative Example 5	0.3	0.4	0.4	2.0
Non-Treated Group	0.1	0.2	0.2	0.3

The results of Table 5 above demonstrate that the sample according to the present invention causes no irritation on not only the normal skin but the injured skin as compared with the comparative sample, although there is no difference in irritation on the normal skin between the sample of the invention and the comparative sample.

EXAMPLE 8

Carboxyvinyl polymer	8.0 parts
Polyvinyl acetate (degree of polymerization: ca. 1,500)	2.0 parts
ZnO	3.6 parts
Methanol	26.4 parts

The above components were kneaded to obtain a uniform mixture. The mixture was flow-casted on polyethylene-laminated paper having been subjected to releasability-imparting treatment, dried in a drier at 100 °C for 3 minutes and peeled off to obtain an adhesive film having a thickness of 10 μm. The value A of this film was 50. The resulting film was then laminated on a 40 μm thick film of a mixture of polyvinyl acetate (degree of polymerization: ca. 800) and polybutene (95:5) by hot pressing at 100 °C to obtain an oral bandage.

The sample was evaluated for peel strength, peeling time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results obtained are as follows:

Peel Strength: 60 g/2.5 cm-width
Peeling Time: 186 minutes
Irritation Score: 0.6

EXAMPLE 9

Carboxyvinyl polymer	3.4 parts
Polyvinyl Acetate (Degree of polymerization: ca. 1,000)	8.4 parts
Sodium citrate ($Na_3C_6H_5O_7$)	0.2 part
Methanol	71.0 parts
Pure water	17.0 parts

The above components were mixed to obtain a uniform solution, and the solution was flow-casted on a polyethylene terephthalate film, dried in a drier at 80 °C for 15 minutes and peeled off to obtain an adhesive film having a thickness of 80 μm. The value A of this film was 18. The resulting film was then laminated on 15 μm thick aluminum foil by hot pressing at 100 °C to obtain an oral bandage.

The sample was evaluated for peel strength, peel time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results obtained are as follows:

Peel Strength: 25 g/2.5 cm-width
Peeling Time: 258 minutes
Irritation Score: 0.3

EXAMPLE 10

Methyl vinyl ether/maleic anhydride alternating copolymer	4.0 parts
Polyvinyl acetate (degree of polymerization: ca. 1,500)	6.0 parts
Sodium hydroxide	0.5 part
Methanol	67.5 parts
Ethyl acetate	22.0 parts

The above components were mixed to prepare a uniform solution, and the solution was flow-casted on 15 μm thick aluminum foil and dried in a drier at 60 °C for 15 minutes to obtain a composite oral bandage having a total thickness of 35 μm. The value A of the adhesive film constituting the composite oral bandage was 23.

The sample was evaluated for peel strength, peeling time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results obtained are as follows:

Peel Strength: 54 g/2.5 cm-width
Peeling Time: 222 minutes
Irritation Score: 0.5

EXAMPLE 11

Polyacrylic acid	7.0 part
Saponified polyvinyl acetate (saponification degree: 20 mol%)	3.0 parts
ZnO	0.8 part
Methanol	89.2 parts

The above components were mixed to prepare a uniform solution. The solution was flow-casted on polyethylene-laminated paper, and dried in a drier at 80°C for 10 minutes to obtain a composite oral bandage having a thickness of 50 μm. The value A of the adhesive film constituting the composite was 44.

The sample was evaluated for peel strength, peeling time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results obtained are as follows:

Peel Strength: 70 g/2.5 cm-width
Peeling Time: 166 minutes
Irritation Score: 1.0

EXAMPLE 12

Carboxyvinyl polymer	4.0 parts
Polyvinyl acetate (degree of polymerization: ca. 2,000)	6.0 parts
Diisopropanolamine	0.7 part
ZnO	1.4 parts
Methanol	87.9 parts

The above components were mixed to prepare a uniform solution. The solution was flow-casted on a polyethylene terephthalate film, dried in a drier at 80°C for 15 minutes and peeled off to obtain an adhesive film having a thickness of 30 μm. The value A of this film was 25.

Polyvinyl acetate (degree of polymerization: ca. 2,000)	80.0 parts
Titanium white	19.5 parts
Food Red 3 aluminum lake	0.5 part

The above components were mixed and formed into a film of 30 μm in thickness, and the above prepared adhesive film was laminated thereon by hot pressing at 100°C to obtain an oral bandage.

The resulting sample was evaluated for peel strength, peeling time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results obtained are as follows:

Peel Strength: 35 g/2.5 cm-width
Peeling Time: above 300 minutes
Irritation Score: 0.4

EXAMPLE 13

Carboxyvinyl polymer	3.0 parts
Methyl vinyl ether/maleic anhydride alternating copolymer	2.0 parts
Polyvinyl acetate (degree of polymerization: ca. 1,500)	4.3 parts
Triethanolamine	0.7 part
Methanol	80.0 parts
Pure water	10.0 parts

The above components were mixed to prepare a uniform solution. The solution was flow-cast on polyethylene-laminated paper, dried in a drier at 80°C for 10 minutes and peeled off to obtain an adhesive film having a thickness of 25 μm. The value A of this film was 33.

The resulting film was laminated on a 30 μm thick polyvinyl acetate film (degree of polymerization: ca. 1,500) by hot pressing at 100°C to obtain an oral bandage.

The resulting sample was evaluated for peel strength, peeling time (panel test) and irritation on the injured skin in the same manner as for the sample of Example 7. The results are as follows:

Peel Strength: 42 g/2.5 cm-width
Peeling Time: 190 minutes
Irritation Score: 0.4

EXAMPLES 14 to 19

Oral preparations comprising an adhesive film or a composite of an adhesive film and a support, in which the adhesive film and/or the support contained a topical drug as shown in Table 6 below, were prepared using the materials shown in Table 6. In each example, the adhesive film and the support were prepared in the same manner as described in the corresponding example shown in the column of "material" in Table 6 except for film thickness.

TABLE 6

Example No.	Adhesive Film			Support		
	Material	Drug and Its Content (wt%)	Thickness (μm)	Material	Drug and Its Content (wt%)	Thickness (μm)
14	Example 1	Mepivacaine 5	30	Example 1	-	15
15	Example 2 (CVP/PVAc= 5/5)	-	20	Example 2	Cetylpyridinium chloride 2	50
					ℓ-Menthol 3	
16	Example 3	Lithospermi Radix extract	60	PVAc*	-	30
17	Example 4	Chlorhexidine-hydrochloride 2	100	-	-	-
18	Example 5	Predonisolone 0.2	40	Example 5	-	30
19	Example 6	Sodium azulene-sulfonate 0.5	20	Example 6	-	30

Note: *: Polyvinyl acetate having a degree of polymerization of about 2,000.

EXAMPLES 20 to 37

Oral preparations comprising an adhesive film and a support, in which the adhesive film or both the adhesive film and the support contained a topical drug as shown in Table 7 below, were prepared using the film materials shown in Table 7. In each example, the adhesive film and the support were prepared in the same manner as described in the corresponding example shown in the column of "material" in Table 7 except for film thickness.

TABLE 7

Example No.	Adhesive Film Material	Drug and Its Content (wt%)	Thickness (μm)	Support Material	Drug and Its Content (wt%)	Thickness (μm)
20	Example 7	Triamcinolone acetonide 0.05	30	Example 7	-	40
21	Example 7	Dipotassium glycyrrhetinate 1.0	30	Example 7	-	40
22	Example 7	Fradiomycin sulfate 1.0 Hydrocortisone acetate 0.5	30	Example 7	-	40
23	Example 7	Ethyl aminobenzoate 10.0	30	Example 7	-	40
24	Example 7	Tocopherol nicotinate 2.0 Cetylpyridinium chloride 0.2	30	Example 7	-	40
25*	Example 8	Tetracycline hydrochloride 3	20	Example 8	-	30
26*	Example 8	Strontium chloride 5	20	Example 8	-	30
27*	Example 8	Tranexamic acid 0.1	20	Example 8	-	30

* Dried at 70°C for 15 minutes

TABLE 7 (cont'd)

Example No.	Adhesive Film: Material	Adhesive Film: Drug and Its Content (wt%)	Adhesive Film: Thickness (μm)	Support: Material	Support: Drug and Its Content (wt%)	Support: Thickness (μm)
28	Example 9	Dexamethasone 0.1	60	Example 9	-	9
29	Example 9	Sodium fluoride 5	60	Example 9	-	9
30	Example 9	Lysozyme chloride 0.5	60	Example 9	-	9
31	Example 11	Lidocaine 5	50	Ethylene-vinyl acetate copolymer (vinyl acetate content: 28 wt%)	-	60
32	Example 12	Aluminum lactate 5	60	Example 12	-	30
33	Example 13	Dibucaine hydrochloride 0.5	30	Example 13	Dibucaine hydrochloride 0.5	30
34	Example 13	Dequalinium hydrochloride 2	30	Example 13	Dequalinium hydrochloride 2	30
35	Example 13	Calcitriol 0.001	40	Example 13	-	30
36	Example 13	1α,(OH)-vitamin D_3 0.005	40	Example 13	-	30
37	Example 13	1α,24(R)-$(OH)_2$-vitamin D_3 0.005	40	Example 13	-	30

The effects of the oral preparations obtained in Example 14 to 37 were evaluated by the following clinical examples.

CLINICAL EXAMPLE 1

Effect on Stomatitis

A patient (50-year-old, female) suffered from stomatitis of 5 mm in diameter on her buccal mucosa. The oral preparation of Example 20 was applied on the affected part three times a day. The inflammation subsided on the third day.

CLINICAL EXAMPLE 2

Effect on Stomatitis

A patient (27-year-old, male) with stomatitis of 6 mm in diameter on his gingival mucosa had much pain at meals. The oral preparation of Example 3 was prescribed to him with a direction to apply to the affected part at meals. He had no pain on the injured site during a meal.

CLINICAL EXAMPLE 3

Effect on the injured site by toothbrushing

A patient (8-year-old, female) had a injured site on her gingival mucosa due to brushing with a toothbrush. The oral preparation of Example 21 was applied to the injured part three times a day, while toothbrushing instructions were given to the patient. The wound healed on the 2nd day.

CLINICAL EXAMPLE 4

Effect on Halitosis

A patient (21-year-old, female) complained of bad breath. Ten oral bandages of Example 15 were prescribed to her with directions to apply to the cervix dentis of the jaw twice a day. On re-examination after 1 week, subjective symptoms disappeared.

CLINICAL EXAMPLE 5

Prophylactic Effect on Infection

$\lfloor\overline{456}$ Flap operation was performed on a patient (39-year-old, male) with adult periodontitis having deep pockets. The oral preparation of Example 22 was applied on the operated part, and a pack was further applied thereon. When the pack was removed on the third day, granulation was found to be normal. The patient further received only the oral preparation twice a day for 4 days, and the postoperative course was uneventful.

CLINICAL EXAMPLE 6

Effect on Periodontal Disense

The oral preparation of Example 24 was applied to $\lfloor\overline{345}$ of a patient (45-year-old, male) with adult periodentitis having deep pockets once a day for 4 weeks. As a control, $\underline{\lfloor 345}$ were not treated with the oral preparation.

As a result, in the treated part, the gingival index decreased from 2 to 1 and the pocket depth decreased from 5.5 mm to 4.0 mm. On the other hand, almost no improvement of symptoms was noted in the control part.

CLINICAL EXAMPLE 7

Effect on Dentin Hyperesthesia

A patient (36-year-old, female) complained of dentin hyperesthesia accompanied by sharp pain in $\underline{\lfloor 4}$. Thirty units of the oral preparation of Example 26 were prescribed to her with a direction to apply to the affected part twice a day.

On re-examination after 3 weeks, the symptoms completely disappeared.

CLINICAL EXAMPLE 8

Effect on dentin hyperesthesia

A patient (56-year-old, female) complained of dentin hyperesthesia accompanied by sharp pain in $\lfloor\overline{2}$. The oral preparation of Example 9 were applied to the affected part twice a day.

On re-examination after four weeks, the symptoms completely disappered.

CLINICAL EXAMPLE 9

Local Anesthetic Effect

The oral preparation of Example 31 was preoperatively applied to the gingiva of a patient (41-year-old, female) with proliferative gingivitis. Thereafter, gingivectomy was performed on the patient, but the patient experienced neither pain during the operation nor paresthesia in the part where the oral preparation was not administered. Further, the postoperative course was uneventful.

Claims

1. An oral bandage comprising a soft adhesive film consisting of a mixture of (a) an acrylic acid polymer, methacrylic acid polymer and/or maleic anhydride polymer and (b) a vinyl acetate polymer, the polymers (a) and (b) being uniformly dissolved in each other without regions of phase separation, so as to be substantially water-insolubilized; and optionally a basic substance capable of neutralizing said polymers (a).

2. An oral bandage as claimed in Claim 1, wherein the weight ratio of the polymer(s) (a) to polymer (b) in the film is such that the value obtained from the following formula is from 15 to 45:

$$\frac{(\text{weight of } -COOH) + \frac{5}{4}(\text{Weight of } -CO-O-CO-)}{\text{Total weight of polymers (a) and (b)}} \times 100$$

3. An oral bandage as claimed in Claim 1 or 2, wherein said vinyl acetate polymer has an average molecular weight determined by viscosity of at least 60,000.

4. An oral bandage as claimed in any preceding claim, wherein said acrylic or methacrylic polymer contains 20% by weight or more of -COOH group and said maleic anhydride polymer contains 16% by weight or more of -CO-O-CO- group.

5. An oral bandage as claimed in any preceding claim, wherein said mixture was obtained by dissolving the polymers (a) and (b) in a solvent common to both.

6. An oral bandage as claimed in Claim 5, wherein said solvent is selected from lower alcohols, mixtures of a lower alcohol in a larger proportion and a compatible organic solvent, mixtures of a lower alcohol in a larger proportion and water, and mixtures of a lower alcohol in a larger proportion, a compatible organic solvent and water.

7. An oral bandage as claimed in Claim 6, wherein said mixture of a lower alcohol and an organic solvent contains not more than 30% by weight of the organic solvent.

8. An oral bandage as claimed in Claim 6, wherein said mixture of a lower alcohol and water or of a lower alcohol, an organic solvent and water contains not more than 30% by weight of water.

9. An oral bandage as claimed in any preceding claim wherein said basic substance (c) is at least one salt or base.

10. An oral bandage as claimed in Claim 9, wherein said basic substance is a monovalent metal salt or monovalent base and is present in an amount of from 0.03 to 0.2 equivalent based on the said

polymers (a).

11. An oral bandage as claimed in any preceding claim, wherein said oral bandage further comprises a soft film support.

12. An oral preparation comprising an oral bandage as defined in any preceding claim and a topical drug incorporated therein.

Revendications

1. Emplâtre pour la cavité buccale comprenant un film adhésive souple consistant en un mélange de (a) un polymère d'acide acrylique, un polymère d'acide méthacrylique et/ou un polymère d'anhydride maléique et (b) un polymère d'acétate de vinyle, les polymères (a) et (b) étant uniformément dissous l'un dans l'autre sans régions de séparation de phase de manière à être substantiellement rendus insolubles dans l'eau, et à choix une substance basique capable de neutraliser les dits polymères (A).

2. Emplâtre buccal selon la revendication 1, dans lequel le rapport du poids du/des polymère(s) (a) au polymère (b) dans le film est tel que la valeur obtenue par la formule ci-jointe va de 15 à 45:

$$\frac{(\text{poids du } -COOH) + \frac{5}{4}(\text{poids du } -CO-O-CO-)}{\text{poids total des polymères (a) et (b)}} \times 100$$

3. Emplâtre buccal selon la revendication 1 ou 2, dans lequel le dit polymère d'acétate de vinyle a un poids moléculaire moyen déterminé par la viscosité d'au moins 60'000.

4. Emplâtre buccal selon l'une quelconque des revendications précédentes, dans lequel le dit polymère acrylique ou méthacrylique contient 20% en poids ou plus du groupe -COOH et le dit polymère d'anhydride maléique contient 16% en poids ou plus du groupe -CO-O-CO.

5. Emplâtre buccal selon l'une quelconque des revendications précédentes, dans lequel le dit mélange a été obtenu par dissolution des polymères (a) et (b) dans un solvant qui leur est commun à tous deux.

6. Emplâtre buccal selon la revendication 5, dans lequel le dit solvant est sélectionné parmi les alcools inférieurs, les mélanges d'un alcool inférieur dans une proportion plus grande et d'un solvant compatible, les mélanges d'un alcool inférieur dans une proportion plus grande et d'eau, et les mélanges d'un alcool inférieur dans une portion plus grande, d'un solvant organique compatible et d'eau.

7. Emplâtre buccal selon la revendication 6, dans lequel le dit mélange d'un alcool inférieur et d'un solvant organique ne contient pas plus de 30% en poids de solvant organique.

8. Emplâtre buccal selon la revendication 6, dans lequel le dit mélange d'un alcool inférieur et d'eau ou d'un alcool inférieur, d'un solvant organique et d'eau ne contient pas plus de 30% en poids d'eau.

9. Emplâtre buccal selon l'une quelconque des revendication précédentes, dans lequel la substance basique (c) est au moins un sel ou une base.

10. Emplâtre buccal selon la revendication 9, dans lequel la dite substance basique est un sel de métal monovalent ou une base monovalente et est présente dans une quantité allant de 0,03 à 0,2 équivalente sur la base des dits polymères (a).

11. Emplâtre buccal selon l'une des revendications précédentes, dans lequel le dit emplâtre buccal comprend de plus un support souple de film.

12. Préparation pour la cavité de la bouche comprenant un emplâtre buccal selon l'une quelconque des revendications précédentes et un médicament topique qui lui est incorporé.

Patentansprüche

1. Oraler Verband, enthaltend einen weichen Klebefilm, bestehend aus einer Mischung von (a) einem Acrylsäurepolymer, Methacrylsäurepolymer und/oder Maleinanhydridpolymer und (b) einem Vinylacetatpolymer, wobei die Polymere (a) und (b) einheitlich ineinander aufgelöst sind, ohne Zonen von Phasentrennung, so dass sie im wesentlichen wasserinsolubilisiert sind; und gegebenenfalls eine basische Substanz, die fähig ist, die genannten Polymere (a) zu neutralisieren.

2. Oraler Verband gemäss Anspruch 1, worin das Gewichtsverhältnis des (der) Polymer(e) (a) zu Polymer (b) im Film so ist, dass der Wert, der von folgender Formel erhalten wird, 15 bis 45 ist:

$$\frac{\text{(Gewicht von -COOH)} + \frac{5}{4}\text{ (Gewicht von -CO-O-CO)}}{\text{Gesamtgewicht der Polymere (a) und (b)}} \times 100$$

3. Oraler Verband gemäss Anspruch 1 oder 2, worin das genannte Vinylacetatpolymer ein mittleres durch Viskosität bestimmtes Molekulargewicht von mindestens 60'000 besitzt.

4. Oraler Verband gemäss einem der vorhergehenden Ansprüche, worin das genannte Acryl- oder Methacrylpolymer 20 Gew.-% oder mehr -COOH-Gruppen aufweist und das genannte Maleinanhydridpolymer 16 Gew.-% oder mehr -CO-O-CO-Gruppen aufweist.

5. Oraler Verband gemäss einem der vorhergehenden Ansprüche, worin die genannte Mischung durch Auflösen der Polymere (a) und (b) in einem für beide üblichen Lösungsmittel erhalten wurde.

6. Oraler Verband gemäss Anspruch 5, worin das genannte Lösungsmittel ausgewählt ist aus niederen Alkoholen, Mischungen von niederen Alkohlen in einem grösseren Anteil und einem verträglichen organischen Lösungsmittel, Mischungen eines niederen Alkoholes in einem grösseren Anteil und Wasser, Mischungen eines niederen Alkoholes in einem grösseren Anteil, einem verträglichen organischen Lösungsmittel und Wasser.

7. Oraler Verband gemäss Anspruch 6, worin die genannte Mischung eines niederen Alkohols und einem organischen Lösungsmittel nicht mehr als 30 Gew.-% des organischen Lösungsmittels enthält.

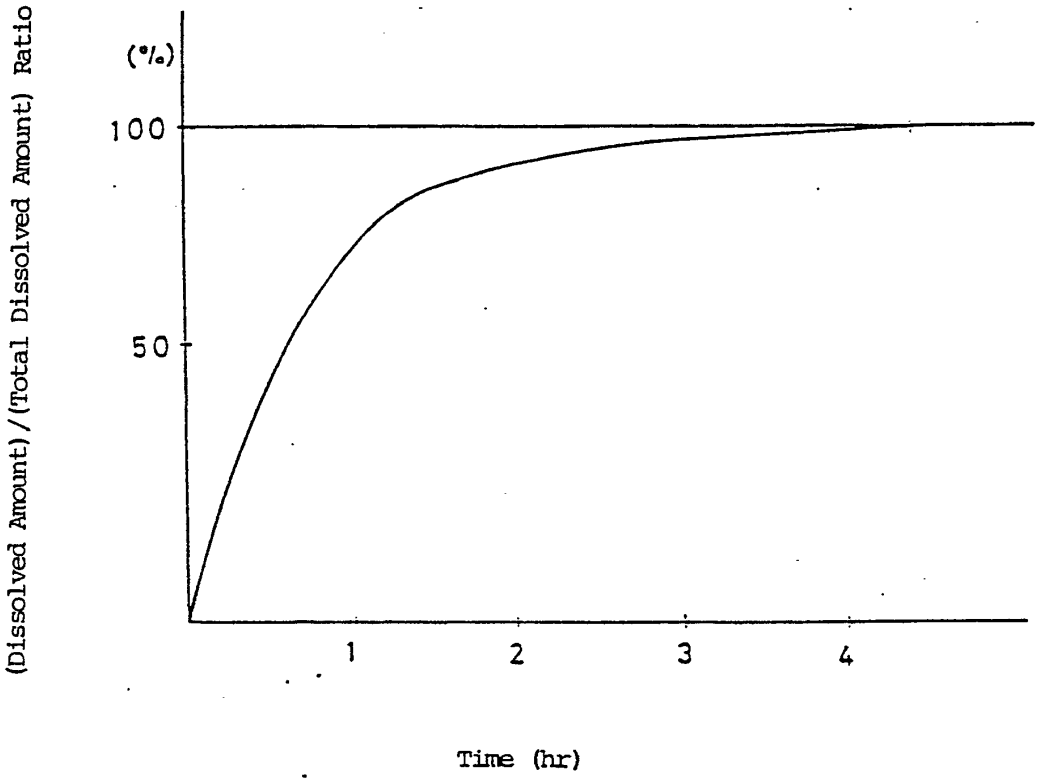
8. Oraler Verband gemäss Anspruch 6, worin die genannte Mischung eines niederen Alkohols und Wasser oder eines niederen Alkohols, eines organischen Lösungsmittels und Wasser nicht mehr als 30 Gew.-% Wasser enthält.

9. Oraler Verband gemäss einem der vorhergehenden Ansprüche, worin die genannte basische Substanz (c) mindestens ein Salz oder eine Base ist.

10. Oraler Verband gemäss Anspruch 9, worin die genannte basische Substanz ein monovalentes Metallsalz oder eine monovalente Base ist und in einem Anteil von 0,03 bis 0,2 Aequivalenten auf Basis des genannten Polymers (a) vorhanden ist.

11. Oraler Verband gemäss einem der vorhergehenden Ansprüche, worin der genannte orale Verband im weiteren einen weichen Trägerfilm aufweist.

12. Orale Zubereitung, enthaltend einen oralen Verband gemäss der Definition eines der vorhergehenden Ansprüche und eines einverleibten topischen Medikamentes.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(54) **Verfahren zur Herstellung einer Darreichungs- und Dosierungsform für Arzneimittel-Wirkstoffe, Reagentien oder andere Wirkstoffe.**

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ACTORUM AG

Beschreibung

Arzneimittel können in Form von Pulvern, Tropflösungen oder Säften oral verabreicht werden. Da bei diesen Abgabeformen eine genaue Dosierung jedoch schwierig ist, werden vom Hersteller dosierte Applikationsformen wie Tabletten, Dragees oder Kapseln generell bevorzugt. Auch Reagentien und andere Wirkstoffe, z.B. Süßstoffe oder Aromastoffe, werden für eine genaue dosierte Anwendung häufig tablettiert. Die Herstellungstechnik für Tabletten, Dragees, Kapseln und dergleichen ist zwar weitgehend ausgereift, doch sind eine Reihe von systembedingten Nachteilen nicht zu übersehen.

Für niedrig dosierte Wirkstoffe muß ein großer Anteil an Hilfsstoffen zugesetzt werden, um zu einer handhabbaren Größe der Einzeldosis zu gelangen. Weiterhin ist eine genaue Kennzeichnung einzelner Tabletten oder Dragees praktisch nicht möglich. Es haben sich deshalb Durchdrückpackungen durchgesetzt, welche eine Mehrzahl von Tabletten, Dragees oder auch Kapseln enthalten und welche mit den notwendigen Informationen, insbesondere dem Namen des Präparates bedruckt sind. Die Herstellung solcher Verpackungen erfordert naturgemäß einen zusätzlichen Arbeitsgang und es werden Umverpackungen in Form von Faltschachteln benötigt, welche ein beträchtliches Leervolumen aufweisen und dadurch zusätzlich Lagerraum beanspruchen. Ein besonders gravierender Nachteil von Dragees und Kapseln besteht darin, daß eine Zerteilung praktisch unmöglich ist, die kleinste Dosis somit vorgegeben ist. Auch bei Tabletten ist eine genaue Zerteilung schwierig, lediglich größere Tabletten mit einer Kerbe als Sollbruchstelle lassen sich allenfalls teilen, wobei häufig ungleichgroße Bruchstücke entstehen.

Es sind bereits Versuche zur Schaffung einer neuen Darreichungsform für die orale Verabreichung von Arzneimitteln bekannt geworden, welche aus wirkstoffhaltigen Folien bestehen. Gemäß der BE-A 637 363 wird ein papierartiges Trägermaterial aus unlöslichen Zellulosefasern mit einer Wirkstofflösung getränkt bzw. durch Auftragen oder -streuen beschichtet und eine Dosierung durch Perforation der Trägerfolie nach Art eines Briefmarkenbogens erreicht. Die Wirkstoffdosierung ist dabei zwangsläufig äußerst ungenau. Aus den DE-A 2 432 925 und DE-A 2 449 865 ist es bekannt, Arzneimittelwirkstoffe in Folienbildner einzuarbeiten, bei denen es sich vorzugsweise um wasserlösliche Verbindungen wie Methyl- und Ethylzellulose, insbesondere aber Hydroxypropylzellulose, Hydroxyethylzellulose oder Methylhydroxypropylzellulose handelt. Daneben können die Folien Füllstoffe und Trennmittel enthalten. Die DE-A 2 746 414 beschreibt ebenfalls die Verarbeitung von wirkstoffhaltigen Folienmassen auf Basis von beispielsweise Gelatine oder Zellulosederivaten und weiteren Zusätzen wie Stärke zu Folien, in die der Wirkstoff eingearbeitet ist. Die erhaltenen wirkstoffhaltigen Folien lassen sich zur Dosierung durch Perforation in einzelne Abschnitte aufteilen.

Aus der GB-A 1 061 557 ist es bekannt, Gelatinefolien oder Reispapier mit einer Wirkstofflösung zu imprägnieren oder mit einer Wirkstofflösung bzw. -schmelze zu beschichten. Die Beschichtung erfolgt durch Besprühen mit der Lösung oder durch Laminieren von zwei Trägerfolien mit der dazwischen liegenden Wirkstoffschmelze. Diese Herstellungsverfahren ermöglichen keine exakte Dosierung des Wirkstoffes: Beim Aufsprühen einer Wirkstofflösung kann ebenso wie beim Beschichten mit einer Schmelze eine völlig gleichmäßige Schichtdicke nicht sichergestellt werden. Darüber hinaus haftet die nur aus dem Wirkstoff bestehende Beschichtung häufig schlecht auf der Trägerfolie.

Die JA-A 76/54 917 erwähnt die Möglichkeit, eßbare Folien, z.B. Gelatinefolien, mit Wirkstofflösungen zu bedrucken, welche Verdickungsmittel wie Hydroxylpropylzellulose enthalten. Auch bei dieser Vorgehensweise erhält man häufig nur schlecht haftende Beschichtungen.

Alle diese Vorschläge haben keinen Eingang in die Praxis gefunden und in dem neuesten Lehrbuch der "Arzneiformenlehre" von P.H. List, 4. Auflage, Stuttgart, 1985, finden sie keine Erwähnung. Dies beruht ersichtlich darauf, daß die bislang bekanntgewordenen Vorschläge es nicht ermöglichen, die geforderte Gewichtskonstanz und gleichmäßige Wirkstoffverteilung zu erreichen, welche heute gefordert werden. Die Pharmakopoea Europae setzt zum Beispiel Maßstäbe für die Gleichförmigkeit des Gewichtes einzeldosierter Arzneiformen, wobei diese dem jeweiligen Durchschnittsgewicht entsprechend nach höchstzulässigen Abweichungen in % gestattelt sind. Die Forderung liegt im allgemeinen bei +/– 5 bis max. 10%. Entsprechende Werte für feste Arzneiformen bestehen auch hinsichtlich anderer Parameter wie Zerfallzeit und Lösungsgeschwindigkeit.

Die oben erwähnten Vorschläge des Standes der Technik führen zu Produkten ungenügender Akzeptanz durch die Patienten (z.B. lassen sich Papierabschnitte nur schlecht einnehmen) und erlauben keine exakte Dosierung pro Flächeneinheit, wie sie unbedingt gefordert werden muß. Bei Inkorporieren des Wirkstoffes in eine Folie bereitet nicht nur die genaue Dosierung Schwierigkeiten, sondern ein wesentlicher weiterer Nachteil besteht darin, daß für jeden Wirkstoff eine entsprechende Folie gesondert hergestellt werden muß, so daß die Wirtschaftlichkeit des Herstellungsverfahrens nicht gegeben ist.

Der Erfindung liegt demgegenüber die Aufgabe zugrunde, eine "zweidimensionale" Darreichungs- und Dosierungsform zu schaffen, welche die genannten Nachteile nicht aufweist, sich leicht herstellen läßt und mit großer Flexibilität an die Anforderungen des Marktes und verschiedener Wirkstoffe angepaßt werden kann.

Gegenstand der Erfindung ist ein Verfahren zur Herstellung einer Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder andere Wirkstoffe in Form einer wasserlöslichen Folie auf Basis von Stärken, Gelatinen, Glycerin und/oder Sorbit sowie gegebenenfalls natürlichen und/oder synthetischen Harzen und Gummen, welches dadurch gekennzeichnet ist, daß man

a) eine wäßrige Zusammensetzung, deren Rezeptur derjenigen der Trägerfolie entspricht, aus dem Wirkstoff sowie Stärken, Gelatinen, Glycerin und/oder Sorbit sowie gegebenenfalls natürlichen und/oder synthetischen Harzen und Gummen herstellt, und

b) diese Beschichtungsmasse kontinuierlich mittels eines Walzenauftragsverfahrens in genau vorbestimmter Menge (Schichtdicke) auf mindestens eine Seite der wasserlöslichen wirkstofffreien Folie aufbringt.

Die erfindungsgemäß hergestellte Darreichungsform weist eine Reihe wesentlicher Vorteile auf:

– Eine Trägerfolie kann für die verschiedensten Wirkstoffe verwendet werden und somit in größerer Menge wirtschaftlich produziert werden,
– die wirkstoffhaltige Schicht kann bei hochwirksamen Arzneimitteln sehr dünn sein, da das Trägermaterial die ausreichende mechanische Festigkeit gewährleistet,
– die Beschichtung haftet hervorragend auf der Trägerfolie, weil beide dieselbe Rezeptur aufweisen,
– mit Hilfe der modernen Walzen-Auftragverfahren läßt sich die wirkstoffhaltige Beschichtung mit konstanter Schichtdicke aufbringen, so daß die erforderlichen Toleranzen eingehalten werden können,
– falls eine Sterilisierung erforderlich ist, kann diese wegen der geringen Schichtdicke problemlos mittels Strahlenbehandlung erreicht werden,
– der Träger läßt sich auf der Vorder- und insbesondere der Rückseite unter Verwendung physiologisch verträglicher Druckfarben mit verschiedenen Informationen bedrucken,
– aufgrund der relativ großen Fläche von beispielsweise 4 bis 10 cm^2 lassen sich ausführliche Informationen für den Benutzer auf das unbeschichtete Trägermaterial oder auch nachträglich aufdrucken,
– die Dosiereinheiten lassen sich durch entsprechende Vorzerteilung, z.B. eine Perforierung, flexibel gestalten, so daß für verschiedene Dosierungen (z.B. für Erwachsene und Kinder) nur ein Produkt hergestellt werden muß; die Vorzerteilung kann ggf. auch erst in der Apotheke oder im Krankenhaus nach ärztlichen Angaben vorgenommen werden.

Mit den früher beschriebenen Darreichungsformen in Folienform hat die erfindungsgemäße darüberhinaus den Vorteil des äußerst geringen Platzbedarfes gemeinsam. Statt Faltschachteln können daher beispielsweise Taschen oder Beutel aus Kunststoffolie oder kunststoffbeschichtetem Papier verwendet werden, in welche das Produkt eingesiegelt wird, ähnlich wie feuchte Erfrischungstücher.

Die Herstellung der Trägerfolie erfolgt in an sich bekannter Weise mit einer kontinuierlich arbeitenden Folienmaschine auf Rollenbasis. Das Streichverfahren zur Herstellung der Trägerfolie arbeitet nach dem Walzenprinzip, d.h. die wasserhaltige Zusammensetzung für die Trägerfolie wird mittels Rollen und Rakel angetragen und zu dünnen Bahnen ausgestrichen, auf der Rolle vorgetrocknet und im Haupttrockengang auf die gewünschte Endfeuchte nachgetrocknet. Das erhaltene Endprodukt ist so fest und elastisch, daß es auf Rollen gewickelt werden kann und lagerfähig ist, wenn die Restfeuchtigkeit nicht zu hoch ist (Gefahr der Schimmelbildung).

Die Folienbreite kann beliebig sein und wird günstigerweise auf die Breite der Beschichtungsmaschine zugeschnitten. Es bietet sich jedoch an, bereits bei der Herstellung beide Breiten aufeinander abzustimmen.

Es ist technisch auch möglich, die Folienherstellung und die Beschichtung zeitlich nacheinander auf derselben Anlage vorzunehmen, wodurch die Wirtschaftlichkeit wesentlich erhöht werden kann.

Die verwendete Zusammensetzung wird unter Umpumpen bei der gewünschten Temperatur, Viskosität und Homogenität gehalten. Die Trocknung der Folie erfolgt anschließend in einem Wärmetunnel. Die so gewonnene Trägerfolie stellt den indifferenten Träger für die spätere Beschichtung mit verschiedene Wirkstoffe enthaltenden Beschichtungsmassen dar.

Zur Herstellung der wasserlöslichen Trägerfolie dient eine physiologisch unbedenkliche Zusammensetzung. Die "Wasserlöslichkeit" soll dabei so definiert sein, daß die Herstellung der Folie aus einer wäßrigen Zusammensetzung erfolgt und daß sich die fertige Folie später bei der Anwendung wiederum in Wasser bzw. im Magensaftmilieu löst oder darin quillt.

Als Folienbildner kommen insbesondere Gelatinen sowie Stärken (Kartoffelstärke, Weizenstärke, Maisstärke) sowie ferner Poly-N-vinylpyrrolidon (PVP), Methyl- und Ethylzellulose sowie Polyvinylalkohol (PVA) infrage. Ferner können wäserlösliche Acrylharzdispersionen Verwendung finden. Geeignete Weichmacher sind insbesondere polyfunktionelle Alkohole wie Glycerin und Sorbit (Karion®).

Die Komponenten werden in geeigneter Weise mit Wasser kalt angemischt und unter leichtem Erwärmen und ständigem Rühren zu einem streichfähigen Schleim verarbeitet. Das Einrühren von Luft muß soweit wie möglich vermieden werden, um eine klare, allenfalls leicht opaleszierende Masse zu erhalten.

Die Stärke der Trägerfolie beträgt vorzugsweise zwischen etwa 50 und 250 µm. Sie ist in weitem Maße steuerbar. Auch die Eigenschaften der Trägerfolie lassen sich durch entsprechende Kombination der Folienbildner und Weichmacher qualitativ stark beeinflussen. Die Trägerfolie soll eine möglichst gleichmäßige Stärke aufweisen (vorzugsweise z.B. 100 µm), leicht elastisch und knickfähig sein, ohne zu brechen. Dabei sollte der Stärkeanteil ausreichend hoch sein, damit beim Aufbringen der Beschichtungsmasse Feuchtigkeit aufgenommen wird, ohne daß es zu einem Kleben der Oberfläche oder zum Erweichen der ganzen Folie kommt.

Folgende Rahmenrezeptur hat sich für die Trägerfolie bewährt:
Gelatine 8 bis 10 g
Stärke 4 bis 8 g
Glycerin 1 bis 2 g

Polyvinyl-pyrrolidon 1 bis 2 g
Wasser 30 bis 50 g

Wasserlösliche natürliche und/oder synthetische Harze, z.B. Acrylharze, und Gumme sind ebenfalls geeignet. Ggf. können der Masse noch übliche weitere Stoffe zugefügt werden, z.B. Konservierungsmittel wie p-Hydroxybenzoesäure-Ester, inerte lösliche oder unlösliche Füllstoffe, Geschmackstoffe, Zucker oder andere Süßungsmittel, weitere Weichmacher, insbesondere Polyole, Wachse oder Farbstoffe.

Die Möglichkeit der vorder- und rückseitigen Bedruckung der Trägerfolie ist ein besonderer Vorteil der erfindungsgemäßen Darreichungsform. Beispielsweise können die Kennzeichnung, Angaben über die Inhaltsstoffe sowie Dosierungsangaben aufgedruckt werden. Gegebenenfalls läßt sich sogar der ganze Inhalt eines Beipackzettels rückseitig aufdrucken mit der Folge, daß ein separater Beipackzettel, der auch häufig verlorengeht, überflüssig wird. Bei Arzneimitteln, welche regelmäßig genommen werden müssen, beispielsweise bei hormonalen Contrazeptiva, kann der gesamte Verabreichungsplan so angebracht werden, daß eine einfache Einnahmekontrolle gewährleistet ist. Zur Bedruckung müssen physiologisch verträgliche Farben (Lebensmittelfarben) verwendet werden, da die Trägerfolie einen Teil der oral verabreichten Darreichungsformen bildet.

Für die wirkstoffhaltige Beschichtungsmasse findet eine wäßrige Zusammensetzung Verwendung, die physiologisch inert ist und deren Einzelkomponenten für Arzneimittel bzw. Lebensmittel geeignet sind. Wesentlich ist die gegenseitige physikalisch-chemische Affinität und Verträglichkeit zwischen Beschichtungsmasse und Trägerfolie, welche besonders gut ist, weil die verwendeten Komponenten gleich sind bzw. sehr ähnliche Eigenschaften besitzen. Unter Berücksichtigung des zugeführten Wirkstoffes entspricht die Rezeptur der Beschichtungsmasse demgemäß der oben für die Trägerfolie genannten, wobei die genaue Einstellung auf Feststoffgehalt und Viskosität mittels indifferenter Quell- und Füllstoffe erfolgt.

Die Masse enthält somit einmal polymere Filmbildner, vorzugsweise Gelatine und quellende oder lösliche Stärken sowie ggf. Zellulosen oder Hemizellulosen. Ferner werden Weichmacher zugesetzt, insbesondere mehrwertige Alkohole wie Glycerin oder Sorbit. Zur Einstellung der erwünschten Viskosität der Beschichtungsmasse, welche die Konsistenz eines Schleimes aufweist, finden polymere Quellstoffe Verwendung, vorzugsweise Alginate, Pectine, Chitine, Lecithine oder Polyethylenglykole. Diese letzteren Stoffe können gleichzeitig als Haftvermittler dienen. Andererseits können auch wasserlösliche synthetische oder natürliche Harze oder Gumme oder Gummi arabicum zugesetzt werden, um die Haftung der Beschichtung auf dem Trägermaterial zu verbessern. Schließlich können noch Konservierungsmittel wie z.B. p-Hydroxybenzoesäureester, Farbstoffe (Lebensmittelfarbstoffe), Pigmente wie Titandioxid oder Aroma- und Süßstoffe zugesetzt werden.

Coatingmassen mit einem Wassergehalt von ungefähr 50% und einer Viskosität von etwa 30 bis zu 10 000 cPs haben sich als besonders geeignet erwiesen. Die Rezeptur und Herstellung ähnelt derjenigen eines Arzneimittelsaftes, in welchem der Wirkstoff bzw. die Wirkstoffkombination gelöst oder gleichmäßig dispergiert wird. Die Beschichtungsmasse muß ausreichende Homogenität und galenische Stabilität aufweisen, damit ein gleichmäßiger Wirkstoffgehalt der fertigen Beschichtung sichergestellt ist.

In dieser Grundmasse wird der Wirkstoff gelöst bzw. dispergiert. Im Fall der Verwendung einer Dispersion muß der Wirkstoff für eine gleichmäßige Verteilung äußerst feinteilig sein. Vorzugsweise liegt die mittlere Teilchengröße im Bereich von etwa 1 bis 20 µm.

Die gewünschte Dosis des Wirkstoffes und die angestrebte Fläche der Dosiseinheiten bestimmen letztlich die Dicke der Schicht, wobei der Feuchtigkeitsgehalt der Beschichtungsmasse und der fertigen Beschichtung zu berücksichtigen sind.

Die erfindungsgemäße Darreichungsform ist besonders geeignet für Arzneimittel, welche niedrig dosiert verabreicht werden, d.h. bei welchen die Einzeldosis für die orale Applikation zwischen 0 mg (Placebo) und etwa 20 mg liegt. Geeignete Arzneimittelwirkstoffe finden sich in allen Bereichen der oralen Therapie; hervorzuheben sind u.a. Analeptika, Antibiotika, Antidiabetika, Antiemetika, Antiepileptika, Antihypertonika, Cortikoide, Geriatrika, Hypnotika, Cardiaka, Hypostatika und Biowirkstoffe.

In einem Beschichtungsgang lassen sich ca. 4 bis 20 g Wirkstoff je m^2 (= 10.000 cm^2) Trägerfolie aufbringen, so daß 10 cm^2 (= 2 übliche Briefmarken) bis zu 20 mg Wirkstoff aufnehmen können.

Die Beschichtungsmasse wird normalerweise auf eine Seite der Trägerfolie aufgebracht, doch ist auch eine beidseitige Beschichtung, insbesondere bei zwei verschiedenen Wirkstoffen möglich. Jede Beschichtung kann einen oder mehrere Arzneimittelwirkstoffe enthalten. Falls bei Verwendung mehrerer Wirkstoffe diese nicht ohne weiteres miteinander verträglich sind und in einer Beschichtungsmasse enthalten sein können, ist es bei der erfindungsgemäßen Darreichungsform möglich, die Beschichtung in mehreren Schichten unterschiedlicher Zusammensetzung aufzubringen und die Wirkstoffe dadurch voneinander zu trennen, wobei erforderlichenfalls eine wirkstofffreie Zwischenschicht vorgesehen werden kann. Weiterhin ist es möglich, über der wirkstoffhaltigen Schicht noch eine weitere Schutzschicht vorzusehen, welche den/die Wirkstoff(e) genen eine Berührung mit der Atmosphäre und/oder gegen Licht schützt. In diesen Fällen muß die Schutzschicht demgemäß luft- und feuchtigkeitsundurchlässig und/oder durch Zusatz entsprechender Farbstoffe bzw. Pigmente lichtundurchlässig sein.

Weiterhin kann durch entsprechenden Aufbau der Beschichtung die Wirkstoffabgabe nach Verabreichung des Arzneimittels gesteuert werden. Beispielsweise ist es möglich, eine Wirkstoffschicht zwischen mindestens zwei weiteren Schichten anzuordnen, welche die Wirkstoffresorption im Magen/Darmtrakt in an sich bekannter Weise steuern.

Dabei kann die Wirkstoffschicht z.B. zwischen zwei säureunlöslichen Schichten angeordnet werden, so daß bei Verabreichung der Magen passiert wird und die Resorption erst im Darmtrakt erfolgt. In ähnlicher Weise können unterschiedliche Wirkstoffe in verschiedenen Schichten übereinander auf die Trägerfolie aufgebracht werden, damit die Resorption nacheinander und/oder verzögert erfolgt.

Ähnliche pharmakokinetische Effekte lassen sich durch das Einarbeiten (z.B. Suspendieren) von unterschiedlich vorbehandelten mikroverkapselten Wirkstoffen erzielen.

Die Beschichtung des Trägermaterials mit der wirkstoffhaltigen Beschichtungsmasse erfolgt mittels eines Walzenauftragverfahrens. Dieses für die quantitative Beschichtung besonders geeignete Verfahren arbeitet nach einem dem Tiefdruck ähnlichen Verfahren, welches als "Akkugravur" bezeichnet wird. Hierfür geeignete Maschinen sind im Handel (Fa. Pagendarm, Hamburg) und erlauben Auftragsgewichte bis zu 80 g/m² bei Bahngeschwindigkeiten von mehreren 100 m/min. Die reproduzierbare Gewichtskonstanz liegt für 20 g/m² bei nur +/- 2,5% für 1 g/m² und für ca. +/- 10% über die gesamte Fläche. Der Auftrag der Beschichtungsmasse erfolgt kontinuierlich über Walzen mit spezieller Feingravur, wobei die eingravierten Rillen zur Laufrichtung der Trägerfolie vorzugsweise einen Winkel von 30 bis 60, insbesondere 45° bilden. In die Walzen können 27 bis 80 Rillen/cm eingeätzt sein. Entsprechend ihrer Form und Tiefe kann die Gravur eine definierte Menge der Beschichtungsmasse aufnehmen und anschließend an die Trägerfolie weitergeben. Durch Variation der Vorlaufgeschwindigkeit, der Laufrichtung und der Gravur sowie durch indirektes Auftragen über eine weitere geschwindigkeitsvariable Walze lassen sich die Beschichtungsmengen sehr exakt einstellen.

Eine zweiseitige Beschichtung ergibt häufig Vorteile, da Probleme durch Verwerfen des Trägermaterials und durch unterschiedliche Hygroskopizität ausgeglichen werden. Mehrfach- und auch Streifenbeschichtungen, ja sogar Druckbildbeschichtungen, sind möglich und bieten bei der Verarbeitung von inkompatiblen Wirkstoffen eine große Variabilität.

Ein anderes geeignetes Auftragverfahren entspricht dem Streichen von Papier oder von Folien. Dabei werden Rohpapiere dadurch verbessert, daß sie ein- oder zweiseitig mit Coatingmaterialien beschichtet werden. Die wässrigen Beschichtungsmassen gelangen zunächst auf ein Walzwerk, welches sie mittels einer rotierenden Walze aufnimmt, mit einen Rakel bestimmten Abstandes auf eine definierte Schichtdicke abstreift, worauf die Walze die Beschichtungsmasse auf den Träger abgibt. Die Trägerfolie, welche 0,30 bis 7,50 m breit sein kann, durchläuft anschließend einen Trockentunnel und wird dann auf Rollen aufgewickelt. Dieser Vorgang ist in einem oder mehreren Schritten ein- oder zweiseitig wiederholbar, wobei auch eine bereits beschichtete Fläche nochmals beschichtet werden kann. Das Gewicht des Trägermaterials nimmt um das der Trockenmasse zu. Die Genauigkeit des Auftragverfahrens mittels dieses Rakel-Verfahrens liegt reproduzierbar bei +/- 5%. Sie ist abhängig von der jeweiligen Schichtdicke, die variabel zwischen 4 und 40 g/m² betragen kann. Innerhalb der einzelnen Fertigungen kann eine Gewichtstoleranz pro Flächeneinheit bis unter +/- 1 % erreicht werden.

Bei Aufbringung mehrerer Schichten, wie dies oben bereits beschrieben wurde, werden diese nacheinander aufgebracht, wobei ggf. jede Beschichtung zuvor eine Trocknungsstation durchläuft. Diese kann beispielsweise aus einem temperierten Walzenpaar und einem in Sektionen steuerbaren Trockentunnel bestehen. Nach dem letzten Beschichtungsvorgang wird das beschichte Material auf Rollen aufgewickelt.

Die wirkstoffbeschichtete Trägerfolie wird anschließend in Dosiseinheiten vorzerteilt, welche ähnlich wie Briefmarken abtrennbar sind. Normalerweise wird diese Vorzerteilung beim Arzneimittelhersteller erfolgen, es ist jedoch auch denkbar, das beschichtete Material beispeilsweise an Krankenhäuser oder Apotheken auszuliefern, wo dann die Vorzerteilung dosisabhängig oder auch individuell nach ärztlicher Vorgabe durchgeführt werden kann.

Die Vorzerteilung erfolgt in besonders einfacher Weise durch Perforierung oder Stanzung, wobei es möglich ist, diesen Schritt mit der Bedruckung des Trägermaterials zu kombinieren. In vielen Fällen wird es allerdings günstiger sein, die Bedruckung des Trägermaterials vor der Beschichtung vorzunehmen.

Vor oder besser nach Vorzerteilung der wirkstoffhaltigen Beschichtung in Dosiseinheiten wird das beschichtete Trägermaterial zu gebrauchsfertigen Abschnitten zerschnitten, welche eine bestimmte Anzahl von Dosiseinheiten enthalten. Es ist auch denkbar, das Material auf Rollen zu schmalen Bändern zu zerschneiden. Von einer solchen Einzelrolle können dann die einzelnen Dosiseinheiten ähnlich wie einzelne Briefmarken abgetrennt werden.

Da als Grundstoffe für die Herstellung der erfindungsgemäßen Darreichungsform überwiegend Naturstoffe wie Stärken und Gelatine verwendet werden, erhält man insgesamt Produkte, welche den bekannten Oblaten ähneln und deren orale Einnahme keinerlei Schwierigkeiten bereitet. Wichtig ist, daß das Fertigprodukt weitgehend von Wasser befreit ist, d.h. einen Wassergehalt von wengier als 10 und vorszugsweise von weniger als 2% aufweist, da sonst Schimmelbildung auftreten kann.

Vorstehend wurde die Erfindung im wesentlichen im Zusammenhang mit Arzneimitteln beschrieben, worauf sie jedoch keineswegs beschränkt ist. Beispielsweise lassen sich in derselben Weise auch Dosierungsformen für chemische Reagentien, Aromastoffe und dergleichen herstellen.

Zur näheren Erläuterung der Erfindung soll das nachfolgende Ausführungsbeispiele dienen.

Beispiel

Herstellung einer Arzneimittel-Darreichungsform in Form einer beschichteten Folie.

Zur Herstellung einer wasserlöslichen Trägerfolie wurde von folgender Zusammensetzung ausgegangen:
Gelatine 10,0 Gew.-Teile = 25%
Kartoffelstärke 8,0 Gew.-Teile = 20%
Glycerin 1,5 Gew.-Teile = 3,75%
gereinigtes Wasser 20,5 Gew.-Teile = 51,25%

Die Viskosität der schleimartigen Zusammensetzung betrug bei 50°C ca. 3000 cPs. Mit Hilfe des Streichverfahrens wurde die Masse zu einer Folie verarbeitet, welche nach dem Trocknen noch 9,3% Restwasser enthielt.

Unter Verwendung derselben Grundstoffe wie für die Trägerfolie wurde die Beschichtungsmasse gemäß folgender Rezeptur hergestellt:
Gelatine 10,0 Gew.-Teile = 18,2%
Kartoffelstärke 5,0 Gew.-Teile = 9,1%
Glycerin 1,0 Gew.-Teile = 1,8%
Wirkstoff 5,0 Gew.-Teile = 9,1%
gereinigtes Wasser 34,0 Gew.-Teile = 61,8%

Die Viskosität der schleimartigen Zusammensetzung betrug temperatur- und wirkstoffabhängig zwischen 4.000 und 10.000 cPs. Zur Herstellung der Beschichtungsmasse wurde zunächst die Gelatine in einer ausreichenden Menge Wasser gelöst. Dazu wurde Wasser von 90 bis 95°C vorgelegt, in das die Gelatine unter Rühren eingetragen wurde. In einem getrennten Ansatz wurde der Wirkstoff zusammen mit dem Glycerin in Wasser gelöst. Schließlich wurde die Kartoffelstärke bei 50 bis 60°C unter Rühren in einer ausreichenden Menge Wasser angerührt. Die Gelatinelösung und die Kartoffelstärkesuspension wurden zusammengegeben und die Wirkstoffsuspension wurde in die Mischung langsam eingerührt, wobei Lufteinschlüsse vermieden wurden. Die Temperatur wurde auf 55 bis 60°C gehalten. Zuletzt wurde der gewünschte Wassergehalt durch Zugabe von weiterem Wasser eingestellt.

Die Beschichtungsmasse wurde mittels Akkugravur mit einem Naßbeschichtungsgewicht von 55 g/m² auf die Trägerfolie aufgebracht. Nach dem Trocknen betrug das Beschichtungsgewicht 23 g/m² entsprechend einem Wirkstoffgehalt von 5 g/m². Die wirkstoffbeschichtete Folie wurde anschließend kastenartig perforiert, so daß die einzelnen Abschnitte bei Abmessungen von 2 x 2,5 cm eine Fläche von 5 cm² aufwiesen. Ein solcher Abschnitt enthielt 2.5 mg Wirkstoff.

Nach dem Trocknen lag die Restfeuchtigkeit des Produktes bei 8,6%.

Es wurde eine Darreichungsform erhalten, welche bei oraler Einnahme im Mund rasch quillt und zergeht und sich demgemäß leicht schlucken läßt.

Patentansprüche

1. Verfahren zur Herstellung einer Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder andere Wirkstoffe in Form einer wasserlöslichen Folie auf Basis von Stärken, Gelatinen, Glycerin und/oder Sorbit sowie gegebenenfalls natürlichen und/oder synthetischen Harzen und Gummen, dadurch gekennzeichnet daß man
   a) eine wässrige Zusammensetzung, deren Rezeptur derjenigen der Trägerfolie entspricht, aus dem Wirkstoff sowie Stärken, Gelatinen, Glycerin und/oder Sorbit sowie gegebenenfalls natürlichen und/oder synthetischen Harzen und Gummen herstellt, und
   b) diese Beschichtungsmasse kontinuierlich mittels eines Walzenauftragsverfahrens in genau vorbestimmter Menge (Schichtdicke) auf mindestens eine Seite der wasserlöslichen wirkstofffreien Folie aufbringt.

2. Verfahren nach Anspruch 1, dadurch gekennzeichnet, daß man der Zusammensetzung für die Trägerfolie und die Beschichtung zusätzlich inerte lösliche und/oder unlösliche Füllstoffe, Zucker und/oder andere Süßungsmittel, weitere Weichmacher, insbesondere Polyole, Wachse, Farbstoffe, Geschmacksstoffe und/oder Konservierungsmittel zusetzt.

3. Verfahren nach einem der Ansprüche 1 oder 2, dadurch gekennzeichnet, daß man für die Herstellung der Trägerfolie und der Beschichtungsmasse eine Zusammensetzung verwendet, die 8 bis 10 Gew.-Teile Gelatine, 4 bis 8 Gew.-Teile Stärke, 1 bis 2 Gew.-Teile Glycerin und 20 bis 50 Gew.Teile Wasser enthält.

4. Verfahren nach Anspruch 3, dadurch gekennzeichnet, daß man eine Beschichtungsmasse einsetzt, die bis zu 10 Gew.-Teile des Wirkstoffes enthält.

5. Verfahren nach einem der Ansprüche 1 bis 4, dadurch gekennzeichnet, daß man der Beschichtungsmasse zur Einstellung der Viskosität indifferente Quell- und Füllstoffe zusetzt.

6. Verfahren nach einem der Ansprüche 1 bis 5, dadurch gekennzeichnet, daß man die Beschichtungsmasse kontinuierlich mittels Rasterwalzen, welche eine genau definierte Menge der Beschichtungsmasse aufnehmen und wieder abgeben, auf die Trägerfolie aufbringt.

7. Verfahren nach einem der Ansprüche 1 bis 5, dadurch gekennzeichnet, daß man die Beschichtungsmasse kontinuierlich mittels glatter Walzenpaare, welche in geschwindigkeitsversetztem Gleichlauf die Masse aufnehmen und in definierter Menge abgeben, auf die Trägerfolie aufbringt.

8. Verfahren nach einem der Ansprüche 1 bis 7, dadurch gekennzeichnet, daß man zur Herstellung eines Kombinationspräparates auf die Ober- und die Unterseite der Trägerfolie unterschiedliche Wirkstoffe aufbringt.

Claims

1. Process for the manufacture of a presentation and dosage form for pharmaceutical active substances, reagents or other active substances in the form of a water-soluble foil based on starches, gelatines, glycerin and/or sorbite and also in some cases on natural and/or synthetic resins and gums, characterized in that
   a) an aqueous composition, the formulation of which corresponds to that of the carrier foil, is manufactured from the active substance and from starches, gelatines, glycerin and/or sorbite and also in some cases from natural and/or synthetic resins and gums, and that

b) this coating substance is applied continuously in a precise pre-determined quantity (layer thickness) to at least one side of the active-substance-free-water-soluble foil by means of a roller coating process.

2. Process according to claim 1, characterized in that inert, soluble and/or insoluble fillers, sugars and/or other sweeteners, other softeners, particularly polyols, waxes, colorants, flavouring agents and/or preservatives are also added to the composition for the carrier foil and the coating.

3. Process according to one of claims 1 or 2, characterized in that, for the manufacture of the carrier foil and the coating substance, a composition is used which contains 8 to 10 parts by weight of gelatine, 4 to 8 parts by weight of starch, 1 to 2 parts by weight of glycerin and 20 to 50 parts by weight of water.

4. Process according to claim 3, characterized in that a coating substance is used which contains up to 10 parts by weight of the active substance.

5. Process according to one of claims 1 to 4, characterized in that inert swelling agents and fillers are added to the coating substance to regulate the viscosity.

6. Process according to one of claims 1 to 5, characterized in that the coating substance is continuously applied by means of grid rollers which take up and then release a precisely defined quantity of the coating substance.

7. Process according to one of claims 1 to 5, characterized in that the coating substance is applied to the carrier foil continuously by means of smooth pairs of rollers synchronized but out of phase which take up the substance and release a pre-defined quantity.

8. Process according to one of claims 1 to 7, characterized in that different active substances are applied to the top and bottom of the carrier foil for the manufacture of a compound preparation.

Revendications

1. Procédé de fabrication d'une forme d'administration et de dosage pour des principes actifs de médicaments, des réactifs ou d'autres substances actives, sous forme d'une feuille hydrosoluble à base d'amidons, de gélatines, de glycérol et/ou de sorbitol, et éventuellement de résines et gommes naturelles et/ou synthétiques, procédé caractérisé en ce que l'on

a) fabrique une composition aqueuse, dont la formulation correspond à celle de la feuille support, à partir de la substance active ainsi que d'amidons, de gélatines, de glycérol et/ou de sorbitol, et éventuellement de résines et gommes naturelles et/ou synthétiques, et

b) dépose en continu, à l'aide d'un cylindre d'enduction, cette masse, en quantité exactement prédéterminée (épaisseur de couche), sur au moins une des faces de la feuille hydrosoluble dépourvue de substance active.

2. Procédé selon la revendication 1, caractérisé en ce que l'on ajoute en plus, à la composition pour la feuille support et le revêtement, des charges inertes solubles et/ou insolubles, des sucres et/ou d'autres édulcorants, en outre des plastifiants, en particulier des polyols, des cires, des colorants, des aromatisants et/ou des conservateurs.

3. Procédé selon l'une des revendications 1 ou 2, caractérisé en ce que, pour la fabrication de la feuille support et du revêtement, on utilise une composition qui renferme de 8 à 10 parties en poids de gélatine, 4 à 8 parties en poids d'amidon, 1 à 2 parties en poids de glycérol et 20 à 50 parties en poids d'eau.

4. Procédé selon la revendication 3, caractérisé en ce que l'on met en œuvre une masse d'enduction qui renferme jusqu'à 10 parties en poids de la substance active.

5. Procédé selon l'une des revendications 1 à 4, caractérisé en ce que l'on ajoute des agents gonflants et charges inertes à la masse d'enduction, pour ajuster la viscosité.

6. Procédé selon l'une des revendications 1 à 5, caractérisé en ce que l'on dépose en continu la masse d'enduction sur la feuille support, à l'aide de cylindres à trame, qui prennent puis rétrocèdent une quantité exactement définie de la masse d'enduction.

7. Procédé selon l'une des revendications 1 à 5, caractérisé en ce que l'on dépose en continu la masse d'enduction sur la feuille support, à l'aide de paires de cylindres lisses, qui prennent la masse avec un syndrome décalé de la vitesse et la rétrocèdent en quantité définie.

8. Procédé selon l'une des revendications 1 à 7, caractérisé en ce que, pour fabriquer une préparation combinée, on dépose différentes substances actives sur la face supérieure et sur la face inférieure de la feuille support.

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(54) Bioadhesive extruded film for intra-oral drug delivery and process.

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Description

BACKGROUND OF THE INVENTION

Field of the Invention

The present invention relates to a controlled-releasing medicament-containing preparation for intra-oral use. In particular it is more especially concerned with such a preparation (and the process of using it) in the form of a very thin extruded thermoplastic film (which can be in single layer or laminated multi-layer form) having at least one bioadhesive layer containing 22.4-68.3% by weight of a specified thermoplastic cellulose ether and 23.75-60% by weight of a specified homopolymer of ethylene oxide which can adhere to the mucosa of the oral cavity. The extruded film drug delivery system of the present invention, which has incorporated therein the medicament to be dispensed, is so thin and flexible when wet as to be unobtrusive to the patient after it has been properly positioned and placed in the mouth.

Description of the Prior Art

Several systems have previously been described which pertain to the delivery of drugs into the oral cavity. These include:

1. Treatment of periodontal disease with tetracycline. chlorhexidine or metronidazole loaded into hollow cellulose acetate fibers. These fibers are packed in the periodontal pockets and provide controlled release of the drug to the infected area.
2. Cast films containing ethyl cellulose/propylene glycol with chlorhexidine or metronidazole for treatment of periodontal disease.
3. An orthodontic appliance with a hydroxyethyl methacrylate/methyl methacrylate copolymer (HEMA/MMA) matrix. Sodium fluoride is incorporated into the HEMA/MMA matrix to provide sustained fluoride release and enhanced anticaries activity. HEMA/MMA with fluoride may also be attached to the tooth in the form of a wafer-like tablet.
4. Silicone/ethyl cellulose/polyethylene glycol films containing sodium fluoride are applied as coatings on orthodontic bands or in chewing gum. Controlled release of fluoride and anticaries activity is claimed.

The above systems are discussed in the "The Compendium of Continuing Education" Vol VI, No. 1, Jan.1985 p. 27-36 review article "Controlled Drug Delivery: A New Means of Treatment of Dental Disease", by J. Max Goodson, D.D.S., Ph.D. of the Forsyth Dental Center. Other systems, described in GB patent application 2,042,888 and U.S. Patents 4,292,299/4,226,848 (Teijin Ltd., Japan), use combinations of cellulosic and polyacrylate polymers. The preferred materials are hydroxypropyl cellulose ("Klucel") and a copolymer of acrylic acid ("Carbopol") that is administered in the form of thin tablets (discs), granules or powder. Other polymers that might be added are vinyl copolymers, polysaccharides, gelatin and collagen. U.S. patent 4,517,173 (Nippon Soda Co. Ltd, Japan) uses various celluloses in a multi-layered non-extruded cast film preparation.

Examples of prior art products currently on the market include ointments such as ORABASE* with Benzocaine (Squibb), Kenalog* (Triamcinolone Acetonide) in ORABASE* (Squibb) and Mycostatin* (Nystatin) ointment (Squibb).

The prior art products and delivery systems described above are useful but have the following disadvantages:

Tablets, appliances, hollow fibers are "bulky" in the mouth, are difficult to keep in place and inconvenient to apply.

Ethyl cellulose and/or silicone films do not adhere to mucosal tissue.

Ointments (i.e., ORABASE*) have an unpleasant feel and do not last very long.

Except for ORABASE*, all the foregoing systems require professional application to the tooth or periodontal pockets.

The bioadhesive film of the present invention alleviates many of the above problems. It may be applied easily by the consumer. It has very little or no mouthfeel, it has good adhesion to the mucosal tissues, and provides controlled release of the medicament.

Also EP-A-0 063 604 discloses a mucous membrane-adhering film preparation in which the one surface of water-soluble high polymer film containing pharmaceutical agents is treated to be made difficultly water-soluble. JP-A-5 890 507 discloses a film formed by an injection moulding machine or an extrusion moulding machine, the film comprising a mixture of a water-soluble polymer (water-soluble cellulose derivative), an active component (drug absorbable through the mucous membrane) arbitrary additives (diluent, taste or

scent improvers, colorants etc) and a plasticizer (polyethylene glycol).

Object of the Invention

It is an object of this invention to provide an extruded film that is an effective and convenient intra-oral drug delivery system and method for applying and delivering controlled dosages of therapeutic agents into the oral cavity. This technology may also be extended for controlled drug delivery in skin care, gynecological applications, wound care and like uses.

Summary of the Invention

The invention involves a pharmaceutically acceptable controlled-releasing medicament-containing extruded single or multi-layered thin film, capable of adhering to a wet mucous surface, comprising a water soluble or swellable polymer matrix bioadhesive layer which can adhere to a wet mucous surface and which bioadhesive layer consists essentially of 22.4-68.3% by weight of hydroxypropyl cellulose of molecular weight above 100,000 23.75-60% of a homopolymer of ethylene oxide of molecular weight above 100,000, 0-12.5%, of a water-insoluble polymer selected from ethyl cellulose, propyl cellulose, Carboxy methyl cellulose free acid, polyethylene and polypropylene, and 2.85-5% of a plasticizer, said film having incorporated therein a pharmaceutically effective amount of said medicament, the presence of medicament and optional components making the total 100%.

The present invention is directed to an extruded single or multi-layered laminated thin (1-10 mils or 0.025-0.25 mm) film, composed of selected water soluble and/or insoluble polymers. Various therapeutic agents are incorporated into the film during manufacture which are useful for treatment of oral disorders (i.e., denture discomfort, caries, periodontal disease, aphthous ulcers, etc.).

The extruded film of the present invention must have at least one bioadhesive layer, but may also have a reservoir layer and/or an outer protective barrier membrane layer. The therapeutic agent may be incorporated into any or all of the layers. When properly formulated and fabricated, these films will adhere to wet mucosal surfaces, provide a protective barrier for injured tissue and deliver controlled/sustained dosages of medication to the infected areas. The film may be designed for localized drug delivery (i.e., the periodontal pocket, an aphthous lesion), or may allow diffusion of the drug into the oral cavity.

An example of a non-localized system would be the delivery of sodium fluoride for caries prevention. A single or laminated film with good adhesion to the tooth or mucosal tissue may be employed in which the fluoride release rates may be controlled by varying film solubilities and/or concentration of fluoride in a multi-layered film.

An example of a localized application of medication would be in the treatment of aphthous lesions. A laminated two layer film with benzocaine incorporated into the adhesive layer would directly contact the injured mucosa. The outer layer would consist of non-soluble/non-adhesive polymers that provide durability, protection and directs the delivery of benzocaine toward the lesion.

The film forming polymers that are useful in this invention are selected from pharmaceutical grade materials, or those that are considered generally regarded as safe (GRAS) as food additives. They include, hydroxypropyl cellulose, and polyethylene oxide homopolymers. Small amounts of other polymers. e.g., polyvinyl ether-maleic acid copolymers and the like may be used in small amounts as well, replacing a small portion of the other polymers. The above materials are either water soluble or swellable and are most useful in the bioadhesive layer of the film. Various non-soluble polymers may also be incorporated for modification of the film's permeability properties, such as ethyl cellulose, propyl cellulose, polyethylene, polypropylene and carboxymethylcellulose (free acid) in an amount of up to 12.5% by weight. By varying the ratios of the above polymers both the solubility and the adhesive properties of each layer of film may be controlled. Therefore, depending on the desired delivery rate, the type of disorder to be treated, the area to be treated and the medication being administered it is possible to custom design the film by selecting and blending various polymers. The final film product may also be fabricated into flexible tapes of varied thickness and width, "spots" of different sizes and shapes or other pre-shaped forms.

The medicaments and pharmaceutical agents set forth in the prior art discussed above may generally be delivered by the drug delivery system of the present invention. Usable medicaments are those which are capable of withstanding the heats and pressures generated in the extrusion process involved in making the film of the present invention. Preferred medicaments include:

Anesthetics/Analgesics - benzocaine, dyclonine HCl, phenol, aspirin, phenacetin, acetaminophen, potassium nitrate, etc.

Anticaries Agents - sodium fluoride, sodium monofluorophosphate, stannous fluoride, etc.

Anti-inflammatories - hydrocortisone acetate, triamcinolone acetonide, dipotassium, glycyrrhizinate, etc.
Antihistamines - chlorpheniramine maleate, ephedrine HCL, diphenhydramine HCL, etc.
Antibiotics - i.e., tetracycline, doxycycline hyclate, meclocycline, minocycline, etc.
Antibacterials - chlorhexidine, cetyl pyridinium chloride, benzethonium chloride, dequalinium chloride, silver sulfadiazene, phenol, thymol, hexedine, hexetidine, alexidine, etc.
Fungistats - nystatin, miconazole, ketoconazole, etc.

The above are illustrative examples of therapeutic agents that are used to treat oral disorders. The present invention is not to be limited to these specific materials especially where it is intended to deliver drug outside of the oral cavity e.g. to skin where other drugs may be desirable.

The film of the present invention has the advantage of being an extruded film, rather than a cast film. When a multi-layered film is involved, the different layers can be coextruded and then laminated together, or else each layer can be separately extruded one on the other, and then laminated together, so that the final multi-layered film is still very thin. The films of the present invention can be made in thicknesses of only 1-10 mils or 0.025-0.25 mm. The films are so thin that when placed in the mouth after they become wet they soon become unobtrusive, and hardly noticeable by most patients.

The film must always have a bioadhesive layer, which enables it to adhere to wet mucosal surfaces. The bioadhesive layer has 22.4-68.3 wt % of hydroxpropyl cellulose, 23.75-60 wt % of a homopolymer of ethylene oxide and 2.85-5 wt % of a glycol plasticizer (all percents are % by weight).

The Hydroxypropyl cellulose (HPC), useful for purposes of the present invention is commercially available from Hercules, Inc. (Wilmington, DE) under the tradename KLUCEL*. Preferred grades include Klucel MF, with a molecular weight around 600,000 and having a viscosity of 4,000-6,000 cps (Brookfield) in 2 percent water solutions, or Klucel HP, having a molecular weight around 1,000,000 and viscosity of 1500-2500 cps in 1 percent water solution. Any HPC having a Molecular Weight above about 100,000 is useful for purposes of this invention.

The homopolymer of ethylene oxide useful for purposes of the present invention has a relatively high molecular weight, i.e., above 100,000 and preferably above 3,000,000. Such polymers are commercially available from various sources. The Union Carbide Corporation material, "Polyox WSR-301", which has a molecular weight of approximately 4,000,000 - 5,000,000 is most preferred for purposes of the present invention.

The "plasticizer" useful for purposes of the present invention are selected from glycols such as propylene glycol and polyethylene glycol; polyhydric alcohols such as glycerin and sorbitol; glycerol esters such as glycerol triacetate; fatty acid triglycerides such as NEOBEE* M-5 and MYVEROLS*; mineral oil; vegetable oils such as castor oil, etc.

For the uses for the present invention contemplated here, the plasticizer should be non-toxic. The purpose of the plasticizer is to improve polymer melt processing by reducing the polymer melt viscosity and to impart flexibility to the final product.

The preferred plasticizer for use in the present invention is either propylene glycol or polyethylene glycol (such as is available from Union Carbide Corporation as their series of Carbowaxes which runs from 200 to 600 molecular weight, of which we prefer to use Carbowax 400, which has a molecular weight of 400, average.

In addition to the polymers and plasticizer which are required ingredients of the films of the present invention, minor amounts of other non-essential but customary ingredients will often be used if desired, e.g., antioxidants, preservatives, flavors, colorants.

Detailed Description

The following examples will serve to illustrate the present invention in greater detail. The units shown in the examples are parts by weight. The thickness of the layers is expressed in either mils (.001 inches) or millimeters. For easy conversion, 4 mils is approximately equal to 0.1 mm.

EXAMPLE 1 - TRIPLE LAYERED LAMINATE CONTAINING SODIUM FLUORIDE FOR ANTICARIES PROTECTION:

This three layered film laminate is comprised of a "bioadhesive" layer, a sodium fluoride "reservoir" layer and, an "outer protective barrier membrane" layer, in which the composition and thickness of each layer are as shown below:

Ingredients	Bioadhesive Layer (4 mils) (0.1 mm)	% w/w Reservoir Layer (1 mil) (0.025 mm)	Outer Protective Barrier Membrane Layer (1 mil) (0.025 mm)
Polyethylene oxide homopolymer (Union Carbide-Polyox* WSR-301)	60.0	-	-
Hydroxypropyl Cellulose (Hercules, Inc.-Klucel* MF)	30.0	20.0	24.0
Polyethylene (Allied Chemical-6A) (Low Density)	5.0	-	-
Propylene Glycol, U.S.P.	3.0	-	-
Polyethylene Glycol 400 (Union Carbide)	2.0	-	-
Ethyl Cellulose (Hercules, Inc.-N100F)	-	59.0	69.6
Caprylic/Capric Triglyceride (PVO Incorporated-Neobee M-5)	-	5.0	6.0
Sodium Fluoride, U.S.P.	-	16.0	0.4
	100.0	100.0	100.0

The process used to make the above laminate was :

a) Powder Blending - Each layer is made separately and all ingredients used therein except propylene glycol and Neobee M-5 (liquid plasticizers) are placed in a Patterson Kelley (PK) V-blender equipped with liquid addition capabilities. The ingredients which are all powders are blended for approximately 10-15 minutes while the liquid plasticizer is slowly added to the mix. Three separate powder blends are made, one for each layer.

b) Extrusion Process - A standard Johnson 2-1/2 inch (0,0635 m) vinyl/polyolefin extruder equipped with a single three stage screw was used to extrude the "powder blend". The temperature conditions for the water soluble powders are however quite different from those used for vinyls and polyolefins. The

temperature (°C) profile for the "reservoir" and "membrane layers" of the triple laminate was as follows:

Barrel Zone 1	100
Barrel Zone 2	125
Barrel Zone 3	135
Barrel Zone 4	145
Barrel Zone 5	160
Barrel Zone 6	170
Adapter -	180
Die Zone 1	180
Die Zone 2	180
Die Zone 3	180

The films which had a width of 18 inches (0,45 m), were extruded at approximately 20 feet/minute (6 m/min) through a flat lipped die. The temperature profile for the "bioadhesive layer" was:

Barrel Zone 1	125
Barrel Zone 2	140
Barrel Zone 3	165
Barrel Zone 4	170
Barrel Zone 5	185
Barrel Zone 6	185
Adapter -	185
Die Zone 1	185
Die Zone 2	185
Die Zone 3	185

Each layer is extruded separately with the first layer extruded as a "free film". Successive layers are extruded onto each other and laminated by passing them through heated stainless steel rollers.

Test Results:

In vitro fluoride ion release studies were conducted on samples of the above described triple laminate film measuring 0.5 cm x 1.25cm (0.625 cm^2) according to the following procedures:
The test sample is adhered to a glass slide by prewetting the film and placing the bioadhesive layer on the glass surface. The slide is then immersed in a beaker containing 100 ml of distilled water with continuous stirring. Five milliliter aliquots are withdrawn from the solution, at prescribed time intervals, and analyzed for fluoride content with an Orion Ionanlyzer equipped with a fluoride specific electrode. Release rates are then calculated from the data.

The results obtained indicated fluoride release rates in the order of 0.05-0.2 mgs/cm^2/hr for 24 hours. This falls within the desirable range for maintaining constant low levels of fluoride in the mouth and enhanced anticaries activity. Release rates may be tailored to desired use levels by modification of the film composition and construction.

EXAMPLE 2 - SINGLE LAYER ADHESIVE FILM CONTAINING HYDROCORTISON ACETATE (0.5%) AS AN ANTI-INFLAMMATORY AGENT:

The composition of the film, which was 0.1 mm. thick, was as follows:

Ingredients	% w/w
Ethylene Oxide Homopolymer (Polyox* WSR-301)	59.4
Hydroxypropyl Cellulose (Klucel* MF)	30.0
Polyethylene (AC-6A)	5.0
Propylene Glycol	3.0
Polyethylene Glycol 400	2.0
Butylated Hydroxy Toluene (BHT) FCC (preservative)	0.1
Hydrocortisone Acetate	0.5
	100.0

The powder blending process and extruder conditions used were the same as those described in Example I for the "bioadhesive layer" of the sodium fluoride trilaminate. In vitro tests were performed on the above film and demonstrated a prolonged drug release pattern.

EXAMPLE 3 - SINGLE LAYER ADHESIVE FILM CONTAINING TRIAMCINOLONE ACETONIDE (0.1%) AS AN ANTI-INFLAMMATORY:

The composition of the film, which was 0.1 mm. thick, was as follows:

Ingredients	% w/w
Ethylene Oxide Homopolymer (Polyox WSR-301)	59.9
Hydroxypropyl Cellulose (Klucel MF)	29.9
Polyethylene (AC-6A)	5.0
Propylene Glycol	3.0
Polyethylene Glycol 400	2.0
BHT	0.1
Triamcinolone Acetonide	0.1
	100.0

The powder blending process and extruder conditions used to make the film of this Example 3 were the same as those of the "bioadhesive layer" of Example I.

Other desired active medicament ingredients may be incorporated into the adhesive films of any of Examples 1-3 in place of the particular medicament used in said examples. These include Benzocaine (analgesic), Potassium nitrate (analgesic), Silver sulfadiazene (antimicrobial).

Chlorhexidine (antimicrobial), miconazole nitrate (antifungal), Benzethonium chloride (antimicrobial), Tetracycline (antibiotic) and other similar therapeutic compounds.

EXAMPLE 4 - ANALGESIC FILMS WITH POTASSIUM NITRATE

This example shows 5 variations of the film having different solubilities, resulting in different release rates.

Ingredients	% w/w 1	2	3	4	5
Polyethylene oxide homopolymer (Polyox* WSR-301)	23.75	57.00	55.00	55.00	57.00
Hydroxypropyl Cellulose, N.F. (Klucel* HF)	68.30	-	-	-	-
Hydroxypropyl Cellulose, N.F. (Klucel* MF)	-	28.40	29.90	22.40	22.40
Ethyl Cellulose	-	4.75	5.00	12.50	12.50
Polyethylene Glycol 400	1.90	1.90	2.00	2.00	2.00
Polyethylene Glycol 8000	0.95	-	-	-	-
Propylene Glycol, U.S.P.	-	2.85	3.00	3.00	3.00
BHT, F.C.C.	0.10	0.10	0.10	0.10	0.10
Potassium Nitrate, F.C.C.	5.00	5.00	5.00	5.00	3.00

The above ingredients are blended in a Patterson-Kelly powder blender equipped with liquid addition capabilities. The resulting powder blend is then extruded into film on a Killion or Johnson vinyl extruder using processing procedures similar to those of the bioadhesive layer of Example I.

EXAMPLE 5 - ANESTHETIC FILMS WITH BENZOCAINE (LAMINATE)

This is an example of a two-layer laminate. The processing conditions used were similar to those of the bioadhesive layer and outer protective barrier membrane layer of Example I.

A.	Inner medicated bioadhesive layer	
	Polyoxyethylene Homopolymer (Polyox* WSR-301)	57.00
	Hydroxypropyl Cellulose, N.F. (Klucel* MF)	28.40
	Polyethylene (AC-6A)	4.75
	Propylene Glycol, U.S.P.	2.85
	Polyethylene Glycol 400	1.90
	BHT, F.C.C.	0.10
	Benzocaine, U.S.P.	5.00
		100.00
B.	Outer protective/barrier layer	
	Hydroxypropyl Cellulose (Klucel* MF)	78.00
	Ethyl Cellulose	20.00
	Polyethylene Glycol 400	2.00
		100.00

Part A was extruded on a Johnson extruder followed by subsequent extrusion and lamination of Part B to A.

Samples were applied to oral lesions, and provided profound anesthetic effects (lasting several hours) within minutes of application.

The identical two-layer laminate may also be made by coextruding the inner medicated bioadhesive layer (Part A) and the outer protective barrier layer (Part B) through separate die slots within a coextruder and laminating the two layers together.

EXAMPLE 6 - ANESTHETIC FILMS WITH PHENOL AND DYCLONINE HCl

Four variations of a single layer bioadhesive film were made as shown below:

Ingredients	1	2	3	4
Polyethylene oxide homopolymer (Polyox* WSR-301)	59.10	54.00	59.70	58.20
Hydroxypropyl Cellulose (Klucel HF)	29.45	26.91	29.75	29.00
Ethyl Cellulose	4.93	4.50	4.98	4.85
Propylene Glycol, U.S.P.	2.96	2.70	2.99	2.91
Polyethylene Glycol 400	1.97	1.80	1.99	1.94
BHT, F.C.C.	0.09	0.09	0.09	0.10
Phenol, U.S.P.	1.50	-	-	-
Dyclonine HCl	-	10.00	0.50	3.00

Following the procedures for the bioadhesive layer of Example I, the powders were blended in P-K blender equipped with liquid addition capabilities. Resulting powders were extruded on a Killion laboratory-sized extruder.

EXAMPLE 7 - SILVER SULFADIAZENE FILMS - ANTIMICROBIAL

Three different single-layered bioadhesive films containing 1.0% 0.5% and 0.5% respectively of silver sulfadiazene (SSD) were prepared on a heated Carver laboratory press (designed to simulate extruded conditions) as shown below.

Ingredients	% w/w A	% w/w B
Polyethylene oxide homopolymer (Polyox* WSR-301)	60.00	60.00
Hydroxypropyl Cellulose (Klucel* HF)	28.9	29.4
Polyethylene (AC-6A)	5.0	5.0
Propylene Glycol, U.S.P.	3.0	3.0
Polyethylene Glycol 400	2.0	2.0
BHT, F.C.C.	0.1	0.1
Silver Sulfadiazine	1.0	0.5
	100.0	100.0

Effects on wound repair and activity against Staphylococcus aureus were evaluated in the guinea pig model. Full-thickness excisions were inoculated with 3.8 x 10^5 organisms, (Staph. aureus) and wound surface microbiology samples taken 10 minutes and 24 hours after treatment. Test films were placed on the wound and covered with BIOCLUSIVE* Transparent Dressings secured with elastic tape. Wound contraction was measured over an eight-day period using OPTOMAX* Computer-Assisted Image Analysis. The three films tested were the following:

A. 1.0% Silver Sulfadiazene, 125 ° C/2 minutes/4 tons
B. 0.5% Silver Sulfadiazene, 125 ° C/2 minutes/4 tons
C. 0.5% Silver Sulfadiazene, 150 ° C/3 minutes/4 tons

SILVADENE Cream and un untreated occluded control. The results indicated that:

1. SILVADENE* treated wounds significantly inhibited full-thickness wound contraction.
2. Film A, B and C inhibited wound contraction relative to that of BIOCLUSIVE* dressed wounds.
3. The three SSD films each permitted substantially faster wound contraction than that of wounds treated daily with SILVADENE* cream.
4. All films were very active against S. aureus 24 hours after inoculation.

The films may be scaled up by using an extruder. This example demonstrates the feasibility of such a film to perform its intended purpose. Use of a press for larger samples would result in a non-uniform and lower-quality film than an extruded film.

Based on the above findings, the films were very effective antibacterial agents, while mildly inhibiting wound contraction. They offer clinicians a convenient and more effective delivery system for antimicrobials which can be place in wounds beneath any dressing or can be laminated to any acceptable dressing face.

Claims

1. A pharmaceutically acceptable controlled-releasing medicament-containing extruded single or multilayered thin film, capable of adhering to a wet mucous surface, comprising a water soluble or swellable polymer matrix bioadhesive layer which can adhere to a wet mucous surface and which bioadhesive layer consists essentially of 22.4-68.3% by weight of a hydroxypropyl cellulose having a molecular weight above 100,000, 23.75-60% by weight of a homopolymer of ethylene oxide having a molecular weight above 100,000, 0-12.5% by weight of a water-insoluble polymer selected from ethyl cellulose, propyl cellulose, carboxymethyl cellulose free acid, polyethylene and polypropylene, and 2.85-5% of a plasticizer, said film having incorporated therein a pharmaceutically effective amount of said medicament, the presence of medicament and optional components making the total 100%.

2. The extruded film of claim 1, made in a form which is so thin and flexible when wet as to be unobtrusive to the patient when properly positioned and placed in the patient's mouth.

3. The extruded film of claim 2 having a thickness no greater than 0.25 millimeters.

4. The extruded film of claim 3 wherein, in the bioadhesive layer the homopolymer of ethylene oxide has a molecular weight from 3,000,000 to 5,000,000.

5. The extruded film of Claim 3, in multi-layer laminated form, which in addition to the bioadhesive layer also contains a reservoir layer in which at least a major portion of the medicament is contained.

6. The extruded multi-layer film of Claim 5 in which the reservoir layer consists essentially of a polymer matrix comprised of both a water soluble or swellable polymer and a non-water soluble polymer selected from ethyl cellulose, propyl cellulose, polyethylene and polypropylene, and also hydroxypropyl cellulose.

7. The extruded film of Claim 4 in multi-layer laminated form, which in addition to the bioadhesive layer also contains an outer protective-barrier membrane layer.

8. The extruded multi-layer film of Claim 7 in which the outer protective-barrier membrane layer is thinner than the bioadhesive layer, and said outer protective barrier layer consists essentially of a polymer matrix of a major proportion of a non-water-soluble polymer selected from ethyl cellulose, propyl cellulose, polyethylene and polypropylene, and a minor proportion of hydroxypropyl cellulose.

9. The extruded multi-layer film of Claim 1 in the form of a triple layered laminate containing sodium fluoride for anticaries protection having the following composition:

Ingredients	Bioadhesive Layer (0.1 mm)	% w/w Reservoir Layer (0.025 mm)	Outer Protective Barrier Membrane Layer (0.025 mm)
Polyethylene oxide homopolymer (MW 3,000,000 minimum)	60.0	-	-
Hydroxypropyl Cellulose (MW 1,000,000)	30.0	20.0	24.0
Polyethylene (Low Density)	5.0	-	-
Propylene Glycol, U.S.P.	3.0	-	-
Polyethylene Glycol (MW 400)	2.0	-	-
Ethyl Cellulose	-	59.0	69.6
Caprylic/Capric Triglyceride	-	5.0	6.0
Sodium Fluoride	-	16.0	0.4
	100.0	100.0	100.0

Patentansprüche

1. Ein pharmazeutisch verträglicher, dünner extrudierter Film, der ein Medikament enthält und kontrolliert freisetzt, mit einer einzigen oder mit mehreren Schichten, der die Fähigkeit aufweist, daß er auf der nassen Schleimhautoberfläche festkleben kann, umfassend eine wasserlösliche oder quellbare Polymermatrix einer bioadhäsiven Schicht, die auf der nassen Oberfläche der Schleimhaut kleben kann, wobei die bioadhäsive Schicht im wesentlichen aus 22,4 - 68,3 Gew.-% Hydroxypropyl-Cellulose mit einem Molekulargewicht von oberhalb 100 000, 23,75 - 60 Gew.-% eines Homopolymers von Ethylenoxid mit einem Molekulargewicht von oberhalb 100 000, 0 - 12,5 Gew.-% eines wasserunlöslichen Polymers, ausgewählt aus Ethyl-Cellulose, Propyl-Cellulose, Carboxymethyl-Cellulose in Form der freien Säure, Polyethylen und Polypropylen und 2,85 - 5 % eines Weichmachers besteht, wobei der Film eine pharmazeutisch wirksame Menge des Medikamentes inkorporiert enthält und das Medikament und die wahlweise enthaltenen Komponenten insgesamt 100 % ergeben.

2. Extrudierter Film nach Anspruch 1, der in einer Form hergestellt ist, die so dünn und flexibel ist, daß er, wenn er naß ist, den Patienten nicht stört, wenn er im Mund des Patienten an die richtige Stelle gelegt und eingebracht worden ist.

3. Extrudierter Film nach Anspruch 2 mit einer Dicke, die nicht größer als 0,25 mm ist.

4. Extrudierter Film nach Anspruch 3, bei dem die bioadhäsive Schicht des Homopolymers von Ethylenoxid ein Molekulargewicht von 3 000 000 bis 5 000 000 aufweist.

5. Extrudierter Film nach Anspruch 3 in einer mehrschichtigen laminierten Form, die zusätzlich zur bioadhäsiven Schicht noch eine Reservoir-Schicht enthält, in der zumindest ein Hauptanteil des Medikamentes enthalten ist.

6. Extrudierter mehrschichtiger Film nach Anspruch 5, in dem die Reservoir-Schicht im wesentlichen aus einer polymeren Matrix besteht, die sowohl aus einem wasserlöslichen und quellbaren Polymer und einem nichtwasserlöslichen Polymer besteht, das ausgewählt ist aus Ethyl-Cellulose, Propyl-Cellulose, Polyethylen und Polypropylen und auch Hydroxypropyl-Cellulose.

7. Extrudierter Film nach Anspruch 4 in Form eines mehrschichtigen Laminates, das zusätzlich zur bioadhäsiven Schicht auch eine äußere Schicht aus einer protektiven Membranbarriere enthält.

8. Extrudierter mehrschichtiger Film nach Anspruch 7, bei dem die äußere Schicht mit einer protektiven Membranbarriere dünner ist als die bioadhäsive Schicht und in dem die protektive Barriereschicht im wesentlichen aus einer Polymermatrix aus einem Hauptanteil eines nichtwasserlöslichen Polymers, das ausgewählt ist aus Ethyl-Cellulose, Propyl-Cellulose, Polyethylen und Polypropylen und einem geringeren Anteil von Hydroxypropyl-Cellulose, besteht.

9. Extrudierter mehrschichtiger Film nach Anspruch 1 in Form eines dreischichtigen Laminats, das Natriumfluorid zum Antikariesschutz enthält und das die folgende Zusammensetzung aufweist:

Bestandteile	bioadhäsive Schicht (0,1 mm)	% Gew./Gew. Reservoirschicht (0,025 mm)	äußere protektive Schicht der Membranbarriere (0,025 mm)
Homopolymer des Polyethylenoxids (MG mindestens 3 000 000)	60,0	-	-
Hydroxypropyl-Cellulose (MG 1 000 000)	30,0	20,0	24,0
Polyethylen (geringe Dichte)	5,0	-	-
Propylen-Glycol, U.S.P.	3,0	-	-
Polyethylen-Glycol (MG 400)	2,0	-	-
Ethyl-Cellulose	-	59,0	69,6
Capryl/Caprinsäure-Triglycerid	-	5,0	6,0
Natriumfluorid	-	16,0	0,4
	100,0	100,0	100,0

Revendications

1. Film mince extrudé mono- ou multicouche pharmaceutiquement acceptable contenant un médicament à libération contrôlée pouvant adhérer sur une surface de muqueuse humide, comprenant une couche bioadhésive de matrice de polymère gonflable ou soluble dans l'eau qui peut adhérer sur une surface de muqueuse humide et cette couche bioadhésive est constituée essentiellement de 22,4-68,3 % d'hydroxypropylcellulose ayant un poids moléculaire supérieur à 100 000, de 23,75-60% en poids d'un homopolymère d'oxyde d'éthylène ayant un poids moléculaire supérieur à 100 000, 0-12,5 % en poids d'un polymère insoluble dans l'eau choisi parmi l'éthylcellulose, la propylcellulose, la carboxyméthylcellulose exempte d'acide, le polyéthylène et le polypropylène, et 2,85-5 % d'un plastifiant, ledit film

contient une quantité pharmaceutiquement efficace du médicament qui y est incorporée, la présence du médicament et de composants éventuels faisant le complément du total de 100 %.

2. Film extrudé de la revendication 1, d'une forme suffisamment fine et souple quand il est humide de façon à ne pas gêner le patient quand il est placé et positionné correctement dans la bouche du patient.

3. Film extrudé de la revendication 2 ayant une épaisseur non supérieure à 0,25 millimètre.

4. Film extrudé de la revendication 3 dans lequel, dans la couche bioadhésive l'homopolymère d'oxyde d'éthylène a un poids moléculaire de 3 000 000 à 5 000 000.

5. Film extrudé de la revendication 3 sous forme feuilletée multicouche, qui contient aussi en plus de la couche bioadhésive une couche réservoir dans laquelle se trouve au moins une portion majeure du médicament.

6. Film multicouche extrudé de la revendication 5 dans lequel la couche réservoir est constituée essentiellement d'une matrice polymère contenant à la fois un polymère gonflable ou soluble dans l'eau et un polymère non soluble dans l'eau choisi parmi l'ethylcellulose, la propylcellulose, le polyéthylène et le polypropylène, et aussi de l'hydroxypropylcellulose.

7. Film extrudé de la revendication 4 sous forme feuilletée multicouche, qui contient en plus de la couche bioadhésive une couche membrane barrière de protection externe.

8. Film extrudé multicouche de la revendication 7 dans lequel la membrane barrière protectrice externe est plus mince que la couche bioadhésive, et ladite couche barrière protectrice externe est constituée essentiellement d'une matrice polymère composée en proportion majoritaire d'un polymère non soluble dans l'eau choisi dans le groupe de l'éthylcellulose, de la propylcellulose, du polyéthylène et du polypropylène, et d'une proportion mineure d'hydroxypropylcellulose.

9. Film multicouche extrudé de la revendication 1 sous forme d'un lamifié à triple couche contenant du fluorure de sodium pour la protection anticaries qui a la composition suivante :

Ingrédients	couche Bioadhésive 0,1 mm	% pds/pds Couche Réservoir (0,025 mm)	couche Membrane Barrière Protectrice Externe (0,025 mm)
Oxyde de Polyéthylène homopolymère (PM 3 000 000 minimum)	60,0	-	-
Hydroxypropylcellulose (PM 1 000 000)	30,0	20,0	24,0
Polyéthylène (basse densité)	5,0	-	-
Propylèneglycol, U.S.P.	3,0	-	-
Polyéthylèneglycol (PM 400)	2,0	-	-
Ethylcellulose	-	59,0	69,6
Triglycéride caprylique/caprique	-	5,0	6,0
Fluorure de sodium	-	16,0	0,4
	100,0	100,0	100,0

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(54) **Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder dergleichen sowie Verfahren zu deren Herstellung.**

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Beschreibung

Arzneimittel können in Form von Pulvern, Tropflösungen oder Säften oral verabreicht werden. Da bei diesen Abgabeformen eine genaue Dosierung jedoch schwierig ist, werden vom Hersteller dosierte Applikationsformen wie Tabletten, Dragees oder Kapseln generell bevorzugt. Auch Reagentien und andere Wirkstoffe, z.B. Süßstoffe, werden für eine genaue dosierte Anwendung häufig tablettiert. Die Herstellungstechnik für Tabletten, Dragees, Kapseln und dergleichen ist zwar weitgehend ausgereift, doch sind eine Reihe von systembedingten Nachteilen nicht zu übersehen.

Für niedrig dosierte Wirkstoffe muß ein großer Anteil an Hilfsstoffen zugesetzt werden, um zu einer handhabbaren Größe der Einzeldosis zu gelangen. Weiterhin ist eine genaue Kennzeichnung einzelner Tabletten oder Dragees praktisch nicht möglich. Es haben sich deshalb Durchdrückpackungen durchgesetzt, welche eine Mehrzahl von Tabletten, Dragees oder auch Kapseln enthalten und welche mit den notwendigen Informationen, insbesondere dem Namen des Präparates bedruckt sind. Die Herstellung solcher Verpackungen erfordert naturgemäß einen zusätzlichen Arbeitsgang und es werden Umverpackungen in Form von Faltschachteln benötigt, welche ein beträchtliches Leervolumen aufweisen und dadurch zusätzlich Lagerraum beanspruchen. Ein besonders gravierender Nachteil von Dragees und Kapseln besteht darin, daß eine Zerteilung praktisch unmöglich ist, die kleinste Dosis somit vorgegeben ist. Auch bei Tabletten ist eine genaue Zerteilung schwierig, lediglich größere Tabletten mit einer Kerbe als Sollbruchstelle lassen sich allenfalls teilen, wobei häufig ungleichgroße Bruchstücke entstehen.

Es sind bereits Versuche zur Schaffung einer neuen Darreichungsform für die orale Verabreichung von Arzneimitteln bekannt geworden, welche aus wirkstoffhaltigen Folien bestehen. Gemäß der BE-PS 637 363 wird ein papierartiges Trägermaterial aus unlöslichen Zellulosefasern mit einer Wirkstofflösung getränkt bzw. beschichtet und eine Dosierung durch Perforation der Trägerfolie nach Art eines Briefmarkenbogens erreicht. Aus den DE-OS 24 32 925 und 24 49 865 ist es bekannt, Arzneimittelwirkstoffe in Folienbildner einzuarbeiten, bei denen es sich vorzugsweise um wasserlösliche Verbindungen wie Methyl- und Ethylzellulose, insbesondere aber Hydroxypropylzellulose, Hydroxyethylzellulose oder Methylhydroxypropylzellulose handelt. Auch die so erhaltenen wirkstoffhaltigen Folien lassen sich zur Dosierung durch Perforation in einzelne Abschnitte aufteilen. Aus DE-A-2746414 ist es ferner bekannt, derartige Dosierfolien mit weiteren Wirkstoffhaltigen oder- freien folien zu Dosierlaminaten zu vereinigen. Dadurch lassen sich inkompatible Wirkstoffe verarbeiten oder die Lösungsgeschwindigkeit bereinflussen. Diese Laminate insgesamt werden in form von Dosiereinheiten verwendet. Diese Vorschläge haben keinen Eingang in die Praxis gefunden und in dem neuesten Lehrbuch der "Arzneiformenlehre" von P.H. List, 4. Auflage, Stuttgart, 1985, finden sie keine Erwähnung. Dies beruht ersichtlich darauf, daß die bislang bekanntgewordenen Vorschläge es nicht ermöglichen, die geforderte Gewichtskonstanz und gleichmäßige Wirkstoffverteilung zu erreichen, welche heute gefordert werden. Die Ph. Eur. setzt zum Beispiel Maßstäbe für die Gleichförmigkeit des Gewichtes einzeldosierter Arzneiformen, wobei diese dem jeweiligen Durchschnittsgewicht entsprechend nach höchstzulässigen Abweichungen in % gestaffelt sind. Die Forderung liegt im allgemeinen bei +/- 5 bis max. 10%. Entsprechende Werte für feste Arzneiformen bestehen auch hinsichtlich anderer Parameter wie Zerfallzeit und Lösungsgeschwindigkeit.

Die oben erwähnten Vorschläge des Standes der Technik führen zu Produkten ungenügender Akzeptanz durch die Patienten (Papierabschnitte lassen sich nur schlecht einnehmen) und erlauben keine exakte Dosierung pro Flächeneinheit, wie sie unbedingt gefordert werden muß. Bei Inkorporieren des Wirkstoffes in eine Folie bereitet nicht nur die genaue Dosierung Schwierigkeiten, sondern ein wesentlicher weiterer Nachteil besteht darin, daß für jeden Wirkstoff eine entsprechende Folie gesondert hergestellt werden muß, so daß die Wirtschaftlichkeit des Herstellungsverfahrens nicht gegeben ist.

Der Erfindung liegt demgegenüber die Aufgabe zugrunde, eine "zweidimensionale" Darreichungs- und Dosierungsform zu schaffen, welche die genannten Nachteile nicht aufweist, sich leicht herstellen läßt und mit großer Flexibilität an die Anforderungen des Marktes und verschiedener Wirkstoffe angepaßt werden kann.

Gegenstand der Erfindung ist eine Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien oder dergleichen in Form eines folienförmigen Trägermaterials mit einer wirkstoffhaltigen Beschichtung, wobei diese Darreichungsform dadurch gekennzeichnet ist, daß das Trägermaterial ein Release-Papier, ein Release-Film oder eine Release-Folie ist und daß das Trägermaterial einseitig mit der wirkstoffhaltigen Beschichtung versehen ist, welche nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist.

Die erfindungsgemäße Darreichungsform weist mehrere wesentliche Vorteile auf:

- Da der Träger im Gegensatz zu den vorbekannten Ausführungsformen keinen Teil der Darreichungsform bildet, kann er die erforderliche Festigkeit aufweisen, ohne die Akzeptanz des Arzneimittels

durch Patienten zu beeinträchtigen,

- die wirkstoffhaltige Schicht kann bei hochwirksamen Arzneimitteln sehr dünn sein, da das Trägermaterial die mechanische Festigkeit gewährleistet,
- mit Hilfe moderner Auftragverfahren läßt sich die wirkstoffhaltige Beschichtung mit konstanter Schichtdicke aufbringen, so daß die erforderlichen Toleranzen eingehalten werden können,
- falls eine Sterilisierung erforderlich ist, kann diese wegen der geringen Schichtdicke problemlos mittels Strahlenbehandlung erreicht werden,
- der Träger läßt sich auf der Vorder- und insbesondere der Rückseite mit verschiedenen Informationen bedrucken,
- aufgrund der relativ großen Fläche von beispielsweise 4 bis 10 cm^2 lassen sich ausführliche Informationen für den Benutzer auf das unbeschichtete Trägermaterial oder auch nachträglich aufdrucken,
- die Dosiseinheiten lassen sich durch entsprechende Vorzerteilung flexibel gestalten, so daß für verschiedene Dosierungen (z.B. für Erwachsene und Kinder) nur ein Produkt hergestellt werden muß; die Vorzerteilung kann ggf. auch erst in der Apotheke oder im Krankenhaus nach ärztlichen Angaben vorgenommen werden.

Mit den vorbekannten Darreichungsformen in Folienform hat die erfindungsgemäße Darreichungsform darüberhinaus den Vorteil des äußerst geringen Platzbedarfes gemeinsam. Statt Faltschachteln können daher beispielsweise Taschen oder Beutel aus Kunststoffolie oder kunststoffbeschichtetem Papier verwendet werden, in welche das Produkt eingesiegelt wird, ähnlich wie feuchte Erfrischungstücher.

Als Trägermaterialien eignen sich die verschiedensten Materialien, beispielsweise Papiere mit einem Gewicht von etwa 80 bis 120, vorzugsweise 100 g/m^2, Kunststoffilme bzw. -folien auf Basis von Polyethylen, Polyvinylchlorid, Polyvinylidenchlorid, Polyester und anderen indifferenten Polymeren oder dünne Metallfolien, beispielsweise solche aus Aluminium. Bevorzugt werden siliconisierte Papiere, welche in unterschiedlichen Qualitäten im Handel erhältlich sind, und welche insbesondere zur Abdeckung von selbstklebenden Produkten wie Pflastern, Klebebändern oder Haftetiketten Verwendung finden. Die an sich auch geeigneten mit Wachs oder Paraffin beschichten Release-Papiere sind dagegen in der Praxis weitgehend durch die mit inerten Siliconen beschichteten Papiere ersetzt worden. Bei einem Auftrag der wirkstoffhaltigen Beschichtung auf nur eine Seite der Trägerfolie reicht es aus, wenn nur diese mit einer nicht haftenden Beschichtung versehen ist. Die Rückseite sollte dagegen vorzugsweise so beschaffen sein, daß sie mit Informationen unterschiedlicher Art gut und dauerhaft bedruckbar ist.

Die Möglichkeit der vorder- und rückseitigen Bedruckung ist ein besonderer Vorteil der erfindungsgemäßen Darreichungsform. Beispielsweise können die Kennzeichnung, Angaben über die Inhaltsstoffe sowie Dosierungsangaben aufgedruckt werden. Gegebenenfalls läßt sich sogar der ganze Inhalt eines Beipackzettels rückseitig aufdrucken mit der Folge, daß ein separater Beipackzettel, der auch häufig verlorengeht, überflüssig wird. Bei Arzneimitteln, welche regelmäßig genommen werden müssen, beispielsweise bei hormonalen Contrazeptiva, kann der gesamte Verabreichungsplan so angebracht werden, daß eine einfache Einnahmekontrolle gewährleistet ist. Da die einzelnen Dosiseinheiten von dem Träger abgezogen werden, bleibt dieser bis zum vollständigen Aufbrauch des Arzneimittels erhalten und es gehen keine der aufgedruckten Informationen verloren.

Für die wirkstoffhaltige Beschichtung findet vorzugsweise eine wässrige Beschichtungsmasse Verwendung, die physiologisch inert ist und deren Einzelkomponenten für Arzneimittel bzw. Lebensmittel geeignet sind. Dabei handelt es sich zum einen um wasserlösliche Quellstoffe in der Art polymerer Filmbildner, vorzugsweise Gelatine, Zellulosen oder Hemizellulosen, quellende oder lösliche Stärken. Vorzugsweise werden ferner Weichmacher zugesetzt, insbesondere mehrwertige Alkohole wie Glycerin oder Sorbitol. Zur Einstellung der erwünschten Viskosität der Beschichtungsmasse, welche etwa die Konsistenz eines Schleimes aufweist, finden polymere Quellstoffe Verwendung, vorzugsweise Alginate, Pectine, Chitine, Lecithine oder Polyethylenglykole. Diese letzteren Stoffe können gleichzeitig als Haftvermittler dienen. Andererseits können auch wasserlösliche Gumme oder Gummi arabicum zugesetzt werden, um die Haftung der Beschichtung auf dem Trägermaterial zu verbessern. Schließlich können noch Konservierungsmittel wie z.B. p-Hydroxybenzoesäureester, Farbstoffe (Lebensmittelfarbstoffe), Pigmente wie Titandioxid oder Aroma- und Süßstoffe zugesetzt werden.

Coatingmassen mit einem Wassergehalt von ungefähr 50% und einer Viskosität von etwa 30 bis zu 10000 cPs haben sich als besonders geeignet erwiesen. Die Rezeptur und Herstellung ähnelt derjenigen eines Arzneimittelsaftes, in welchem der Wirkstoff bzw. die Wirkstoffkombination gelöst oder gleichmäßig dispergiert wird. Die Beschichtungsmasse muß ausreichende Homogenität und galenische Stabilität aufweisen, damit ein gleichmäßiger Wirkstoffgehalt der fertigen Beschichtung sichergestellt ist.

Folgende Rahmenrezeptur hat sich bewährt:

Gelatine	8 bis 10 g
Stärke	3 bis 8 g
Glycerin	1 bis 2 g
Wasser	30 bis 50 g

In dieser Grundmasse wird der Wirkstoff gelöst bzw. dispergiert. Im Fall der Verwendung einer Dispersion muß der Wirkstoff für eine gleichmäßige Verteilung äußerst feinteilig sein. Vorzugsweise liegt die mittlere Teilchengröße im Bereich von etwa 1 bis 20 µm.

Die gewünschte Dosis des Wirkstoffes und die angestrebte Fläche der Dosiseinheiten bestimmen letztlich die Dicke der Schicht, wobei der Feuchtigkeitsgehalt der Beschichtungsmasse und der fertigen Beschichtung zu berücksichtigen sind.

Im Rahmen der Erfindung ist es auch möglich, die Beshichtungsmasse zu einer wirkstoffhaltigen Folie zu verarbeiten und diese anschließend, gegebenenfalls unter Verwendung eines physiologisch einsetzbaren inerten Klebstoffes, auf das Trägermaterial aufzukaschieren. Diese Ausführungsform kommt insbesondere dann in Betracht, wenn die wirkstoffhaltige Beschichtung eine größere Dicke aufweisen soll, so daß die Verarbeitung zu einer Folie möglich und sinnvoll ist.

Die erfindungsgemäße Darreichungsform ist besonders geeignet für Arzneimittel, welche niedrig dosiert verabreicht werden, d.h. bei welchen die Einzeldosis für die orale Applikation zwischen 0 mg (Placebo) und etwa 20 mg liegt. Geeignete Arzneimittelwirkstoffe finden sich in allen Bereichen der oralen Therapie; hervorzuheben sind u.a. Analeptika, Antibiotika, Antidiabetika, Antiemetika, Antiepileptika, Antihypertonika, Cortikoide, Geriatrika, Hypnotika, Cardiaka, Hypostatika und Biowirkstoffe.

Die Beschichtung kann einen oder mehrere Arzneimittelwirkstoffe enthalten. Falls bei Verwendung mehrerer Wirkstoffe diese nicht ohne weiteres miteinander verträglich sind, ist es bei der erfindungsgemäßen Darreichungsform möglich, die Beschichtung in mehreren Schichten unterschiedlicher Zusammensetzung aufzubringen und die Wirkstoffe dadurch voneinander zu trennen, wobei erforderlichenfalls eine wirkstofffreie Zwischenschicht vorgesehen werden kann. Weiterhin ist es möglich, über der wirkstoffhaltigen Schicht noch eine weitere Schutzschicht vorzusehen, welche den/die Wirkstoff(e) gegen eine Berührung mit der Atmosphäre und/oder gegen Licht schützt. In diesen Fällen muß die Schutzschicht demgemäß luft- und feuchtigkeitsundurchlässig und/oder durch Zusatz entsprechender Farbstoffe bzw. Pigmente lichtundurchlässig sein.

Weiterhin kann durch entsprechenden Aufbau der Beschichtung die Wirkstoffabgabe nach Verabreichung des Arzneimittels gesteuert werden. Beispielsweise ist es möglich, eine Wirkstoffschicht zwischen mindestens zwei weiteren Schichten anzuordnen, welche die Wirkstoffresorption im Magen/Darmtrakt in an sich bekannter Weise steuern. Dabei kann die Wirkstoffschicht z.B. zwischen zwei säureunlöslichen Schichten angeordnet werden, so daß bei Verabreichung der Magen passiert wird und die Resorption erst im Darmtrakt erfolgt. In ähnlicher Weise können unterschiedliche Wirkstoffe in verschiedenen Schichten übereinander auf die Trägerfolie aufgebracht werden, damit die Resorption nacheinander und/oder verzögert erfolgt. Ähnliche pharmakokinetische Effekte lassen sich durch das Einarbeiten (z.B. Suspendieren) von unterschiedlich vorbehandelten mikroverkapselten Wirkstoffen erzielen.

Die Aufbringung der wirkstoffhaltigen Beschichtungen auf den Träger, z.B. ein Release-Papier oder eine Release-Kunststoffolie, erfolgt vorzugsweise mit Hilfe eines Glattwalzen-Beschichtungsverfahrens. Die vorzugsweise auf ca. 60 bis 80 °C erwärmte Beschichtunsmasse wird dabei au einem geschlossenen Auftragsystem auf eine beheizte Walze in dünner Schicht übertragen. Mit verzögertem Gleichlauf in bestimmten wählbaren Verhältnissen wird die Masse auf eine parallel angeordnete Walze übertragen, wobei eine Reduzierung der Schichtdicke im Verhältnis 1:2 bis 1:10 erfolgen kann, wodurch gleichzeitig die Toleranzen bei der Auftragung um diese Faktoren verringert werden. Im Gleichlauf erfolgt dann über ein weiteres Walzensystem die Beschichtung des Trägermaterials. Bei einer Anpassung der Wirkstoffbeschichtungsmasse an den Release-Wert des Trägermaterials kann auf den Zusatz eines Klebemittels völlig verzichtet werden. Gegebenenfalls können jedoch auch geeignete Haftvermittler zugesetzt werden.

Bei Aufbringung mehrerer Schichten, wie dies oben bereits beschrieben wurde, werden diese nacheinander aufgebracht, wobei ggf. jede Beschichtung zuvor eine Trocknungsstation durchläuft. Diese kann beispielsweise aus einem temperierten Walzenpaar und einem in Sektionen steuerbaren Trockentunnel bestehen. Nach dem letzten Beschichtungsvorgang wird das beschichte Material auf Rollen aufgewickelt.

Die wirkstoffhaltige Beschichtung wird anschließend in Dosiseinheiten vorzerteilt, welche ähnlich wie Haftetiketten vom Trägermaterial abziehbar sind. Normalerweise wird diese Vorzerteilung beim Arzneimittelhersteller erfolgen, es ist jedoch auch denkbar, das beschichtete Material beispielsweise an Krankenhäuser oder Apotheken auszuliefern, wo dann die Vorzerteilung dosisabhängig oder auch individuell nach ärztlicher Vorgabe durchgeführt werden kann.

Die Vorzerteilung erfolgt in besonders einfacher Weise durch Stanzung, wobei es möglich ist, diesen

Schritt mit der Bedruckung des Trägermaterials zu kombinieren. In vielen Fällen wird es allerdings günstiger sein, die Bedruckung des Trägermaterials vor der Beschichtung vorzunehmen.

Vor oder besser nach Vorzerteilung der wirkstoffhaltigen Beschichtung in Dosiseinheiten wird das beschichtete Trägermaterial zu gebrauchsfertigen Abschnitten zerschnitten, welche eine bestimmte Anzahl von Dosiseinheiten enthalten. Es ist auch denkbar, das Material auf Rollen zu schmalen Bändern zu zerschneiden. Von einer solchen Einzelrolle können dann die einzelnen Dosiseinheiten ähnlich wie einzelne Haftetiketten abgezogen werden.

Vorstehend wurde die Erfindung im wesentlichen im Zusammenhang mit Arzneimitteln beschrieben, worauf sie jedoch keineswegs beschränkt ist. Beispielsweise lassen sich in derselben Weise auch Dosierungsformen für chemische Reagentien, Aromastoffe und dergleichen herstellen.

Zur näheren Erläuterung der Erfindung sollen die nachfolgenden Ausführungsbeispiele dienen.

Beispiel 1
Herstellung eines Cardiakum

Zum Naßauftrag auf ein Releasepapier (Silikonpapier mit einem Flächengewicht von 100 g/m^2) wurde eine Beschichtungsmasse gemäß folgender Rezeptur hergestellt:

Gelatine	10,0	Gew.-Teile	= 22,22%
Kartoffelstärke	3,0	-"- -"-	= 6,67%
Glycerin	1,5	-"- -"-	= 3,33%
Titandioxid	0,3	-"- -"-	= 0,67%
α-Acetyldigoxin	0,2	-"- -"-	= 0,44%
Wasser	30,0	-"- -"-	= 66,67%

Diese Beschichtungsmasse wurde in einer Schichtdicke von 90 g/m^2 mittels Walzen auf das Releasepapier aufgebracht. Nach dem Trocknen wies die Beschichtung einen Restwassergehalt von 11,76% auf. Das Beschichtungsgewicht lag bei 34 g/m^2, was einem Arzneimittelanteil von 0,4 g/m^{2}entspricht. Ein Abschnitt von 2 × 2,5 cm = 5 cm^2 (entsprechend den Abmessungen einer üblichen Briefmarke) enthält 0,2 mg α-Acetyldigoxin, was mit dem Gehalt der handelsüblichen Tabletten übereinstimmt.

Beispiel 2
Herstellung eines Contrazeptivum

Zum Naßauftrag auf ein Releasepapier (einseitig siliconisiertes Papier von 110 g/m^2) wurde eine Beschichtungsmasse von schleimartiger Konsistenz nach folgender Rezeptur hergestellt:

Gelatine	10,00	Gew.-Teile	= 22,222%
Maisstärke	3,17	-"- -"-	= 7,044%
Glycerin	1,50	-"- -"-	= 3,333%
Titandioxid	0,30	-"- -"-	= 0,667%
Levonorgestrel	0,03	-"- -"-	= 0,067%
Wasser	30,00	-"- -"-	= 66,663%

Die Beschichtungsmasse wurde mittels eines Walzenübertragungsverfahrens mit einem Beschichtungsgewicht von 45 g/m^2 auf das Releasepapier aufgebracht. Nach dem Trocknen wies die Beschichtung einen Restwassergehalt von 11,76% auf. Bei einem Beschichtungsgewicht von 17 g/m^2 betrug der Arzneimittelanteil 0,03 g/m^2.

Ein Abschnitt von 2,5 × 4 cm bzw. zwei Abschnitte von 2,5 × 2 cm = 10 cm^2 enthalten somit 0,03 mg Levonorgestrel, was dem Gehalt der handelsüblichen Dragees entspricht.

Patentansprüche

1. Darreichungs- und Dosierungsform für Arzneimittelwirkstoffe, Reagentien, Aromastoffe oder dergleichen in Form eines folienförmigen Trägermaterials mit einer wirkstoffhaltigen Beschichtung, dadurch gekennzeichnet, daß das Trägermaterial ein Releasepapier, ein Releasefilm oder eine Releasefolie ist und daß das Trägermaterial einseitig mit der wirkstoffhaltigen Beschichtung versehen ist, welche nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist.

2. Darreichungsform nach Anspruch 1, dadurch gekennzeichnet, daß das Trägermaterial ein silicon- oder wachsbeschichtetes Releasepapier ist.

3. Darreichungsform nach Anspruch 1 oder 2, dadurch gekennzeichnet, daß die wirkstoffhaltige Beschichtung durch Stanzung in Dosiseinheiten vorzerteilt ist.

4. Darreichungsform nach einem der Ansprüche 1 bis 3, dadurch gekennzeichnet, daß die Beschichtung einen oder mehrere Arzneimittelwirkstoffe enthält.

5. Darreichungsform nach einem der Ansprüche 1 bis 4, dadurch gekennzeichnet, daß die Beschichtung wasserlösliche Quellstoffe als polymere Filmbildner und gegebenenfalls Weichmacher enthält.

6. Darreichungsform nach einem der Ansprüche 1 bis 5, dadurch gekennzeichnet, daß sie zur Viskositätseinstellung polymere Quellstoffe enthält, welche gleichzeitig als Haftvermittler dienen können.

7. Darreichungsform nach einem der Ansprüche 1 bis 6, dadurch gekennzeichnet, daß die Beschichtung in mehreren Schichten unterschiedlicher Zusammensetzung aufgebracht ist.

8. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß miteinander inkompatible Wirkstoffe in getrennten Schichten nacheinander auf das Trägermaterial aufgebracht sind.

9. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß eine Wirkstoffschicht zwischen mindestens zwei weiteren Schichten angeordnet ist, welche die Wirkstoff-Resorption im Magen/Darmtrakt in an sich bekannter Weise steuern.

10. Darreichungsform nach Anspruch 7, dadurch gekennzeichnet, daß über der Wirkstoffschicht eine weitere Schicht aufgebracht ist, die den Wirkstoff gegen Berührung mit der Atmosphäre und/oder gegen Licht schützt.

11. Darreichungsform nach einem der Ansprüche 1 bis 10, dadurch gekennzeichnet, daß die Rückseite des Trägermaterials mit die Wirkstoffzusammensetzung und/oder deren Einnahme betreffenden Informationen bedruckbar ist.

12. Verfahren zur Herstellung der Arzneimitteldarreichungsform der Ansprüche 1 bis 11, dadurch gekennzeichnet, daß man eine wirkstoffhaltige Zusammensetzung mit Hilfe von Walzen auf die nichthaftend ausgerüstete Seite eines Releasepapiers, eines Releasefilms oder einer Releasefolie aufbringt.

Claims

1. Presentation and dosage form for pharmaceutical active substances, reagents, aromas or the like in the form of a foil-like carrier material with an active-substance-containing coating, characterized in that the carrier material is a release paper, a release film or a release foil and that the carrier material is provided on one side with the active-substance-containing coating, which can be removed dosewise from the carrier material following prior division into dosage units.

2. Presentation form according to claim 1, characterized in that the carrier material is a silicone or wax-coated release paper.

3. Presentation form according to claims 1 or 2, characterized in that the active-substance-containing coating substance is pre-divided into dosage units by punching.

4. Presentation form according to one of claims 1 to 3, characterized in that the coating contains one or more pharmaceutical active substances.

5. Presentation form according to one of claims 1 to 4, characterized in that the coating contains water-soluble swelling substances as polymeric foil formers and optionally softeners.

6. Presentation form according to one of claims 1 to 5, characterized in that it contains, to set the viscosity, polymeric swelling substances, which can simultaneously serve as adhesion promoters.

7. Presentation form according to one of claims 1 to 6, characterized in that the coating is applied in the form of several layers having differing composition.

8. Presentation form according to claim 7, characterized in that incompatible active substances are applied one after the other as separate layers to the carrier material.

9. Presentation form according to claim 7, characterized in that an active substance layer is arranged between at least two other layers which control the absorption of the active substance in the gastro-intestinal tract in a manner known per se.

10. Presentation form according to claim 7, characterized in that a further layer is applied onto the active substance layer, said layer protecting the active substance against contact with the atmosphere and/or against light.

11. Presentation form according to one of claims 1 to 10, characterized in that the back of the carrier material can be printed with the active substance composition and/or information concerning the intake thereof.

12. Process for preparing the pharmaceutical presentation form according to claims 1 to 11, characterized in that an active-substance-containingcomposition is applied with the aid of rollers to the non-adhesively finished side of a release paper, a release film or a release foil.

Revendications

1. Forme de présentation ou de dosage de principes actifs médicamenteux, réactifs, substances aromatisantes ou similaires, sous la forme d'un matériau support en forme de feuille muni d'un revêtement contenant le principe actif, caractérisée en ce que le matériau support est un papier détachable, un film détachable ou une feuille détachable et, le matériau support est muni d'un côté du revêtement contenant le principe actif, que l'on peut détacher par doses du matériau support après l'avoir préalablement divisé en doses unitaires.

2. Forme de présentation selon la revendication 1, caractérisée en ce que le matériau support est un papier détachable revêtu de silicone ou de cire.

3. Forme de présentation selon la revendication 1 ou 2, caractérisée en ce que le revêtement contenant le principe actif est préalablement divisé en doses unitaires par poinçonnage.

4. Forme de présentation selon l'une quelconque des revendications 1 à 3, caractérisée en ce que le revêtement contient un ou plusieurs principe(s) actif(s) médicamenteux.

5. Forme de présentation selon l'une quelconque des revendications 1 à 4, caractérisée en ce que le revêtement contient des substances épaississantes, comme des agents filmogènes polymères et, le cas échéant, des plastifiants.

6. Forme de présentation selon l'une quelconque des revendications 1 à 5, caractérisée en ce qu'elle contient des substances épaississantes polymères pour ajustement de la viscosité, celles-ci pouvant servir en même temps d'agents adhésifs.

7. Forme de présentation selon l'une quelconque des revendications 1 à 6, caractérisée en ce que le

revêtement est constitué de plusieurs couches de compositions différentes.

8. Forme de présentation selon la revendication 7, caractérisée en ce que des principes actifs incompatibles entre eux sont appliqués successivement sur le matériau support, dans des couches séparées.

9. Forme de présentation selon la revendication 7, caractérisée en ce qu'une couche de principe actif est placée entre au moins deux autres couches qui règlent, par des moyens connus par eux-mêmes, la résorption du principe actif dans l'estomac/le tractus intestinal.

10. Forme de présentation selon la revendication 7, caractérisée en ce que l'on étale, sur la couche de principe actif, une couche supplémentaire qui préserve le principe actif, une couche supplémentaire qui préserve le lumière.

11. Forme de présentation selon l'une quelconque des revendications 1 à 10, caractérisée en ce que l'on peut imprimer au verso du matériau support la composition du principe actif et/ou des informations concernant sa prise.

12. Procédé pour préparer la forme de présentation de médicament des revendications 1 à 11, caractérisé en ce que l'on étale, à l'aide de cylindres, une composition contenant le principe actif sur le côté laissé non adhésif d'un papier détachable, d'un film détachable ou d'une feuille détachable.

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Description

BACKGROUND OF THE INVENTION

The present invention relates to a composition having a complex network structure that is formed by mixing glucomannan and optionally another natural polysaccharide with a polyhydric alcohol such as glycerin or a concentrated solution thereof in the presence of absence of an alkali. The present invention also relates to a film prepared from this composition.

The composition of the present invention can be dissolved in water to form a viscous solution. A film formed of this composition is water-resistant and may be given greater strengthand heat-resisting property. The film finds utility in various applications such as edible films, semipermeable membranes for separating low-molecular weight materials from those having high molecular weights ; wound dressings, and the shells of soft capsules.

The principal use of glucomannan has been to produce konjak by reacting it with an alkali in an aqueous solution, then heating the reaction product to form a gel. The gel formed bythis method has an inhomogeneous structure and finds no utility other than as konjak. Other natural polysaccharides have been used in an aqueous solution as thickeners, gelling agents, water retainers, stabilizers, dispersants, emulsifiers, binders, etc.

Compounds having multiple hydroxyl groups as exemplified by polyhydric alcohols, sugar alcohols, monosaccharides, dissaccharides and oligosaccharides have been used solely as additives such as sweeteners, humectants, softening agents and plasticizers. Moreover, these compounds have been used singly and no attempt has been made to allow the natural polysaccharidesto react directly with polyhydric alcohols in the presence of a small amount of water.

Edible films currently available include starch-based waters, gelatin-based collagen film, and pullulan films. All of these films except those based on gelatin lack resistance to water. Even gelatin films lack high resistance to acid, alkalies and heat. Films formed of cyclodextrins or special proteins obtained by extracting nucleic acids, cell membranes, etc. from yeasts are expensive and their high cost is not justified by corresponding improvements in water resistance, heat resistance and strength.

In the production of smoked meat products such as hams and sausages, semipermeable membranes such as those made of animal guts, regenerated cellulose or cellulose derivatives are used to allow the fragrant and seasoning components in the smoke to penetrate into the meat. However, the supply of animal guts is not abundant and, in addition, they lack strength and are not uniform in size. The supply of regenerated cellulose and cellulose derivatives is also limited because strict regulations against pollution has rendered the construction of new plants practically impossible.

Gelatin has heretofore been used as the shell matereal of soft capsules for cunfining drugs, flavors or seasonings but the user of gelatin is limited to applications where oily substances are employed.

Electrolytes or low-molecular weight materials have been separated from high-molecular weight materials by such means as electrodialysis, reverse osmosis, and ion-exchange membrane technology. However, these methods use a large number of electrodes or require high pressures so that the equipment for practicing these methods is becoming more and more complex. In order to desalt foods by these methods, large-sized equipmentis necessary and it often occurs that other seasoning componentsare eliminated as well as the sodium salt with the result that the taste of the food is impaired.

In the treatment of skin losses due to burns or other external injuries, the affected area is temporarily covered to prevent loss of water or body fluids from the wound, or any exudate from the wound is desplaced to prevent bacterial infection so that the formation of granulations and the epidermis is promoted. The films which have been used or attempted to be used for these purposes are formed of such materials as silicone rubber, poly -E -caprolactone, poly (vinyl alcohol) , polyamino acids,fibrin membranes, collagen, polyurethane and pigskin.

However, freeze-dried pigskin and other polyamino acid based wound dressings are all made of polypeptides which are subject to biochemical decomposition. In order to avoid the adverse effects of the degradation products which are liberated, these wound dressings have to be replaced at short intervals, typically every other day. However, replacement of the wound dressing involves much pain for the patient. Furthermore, the film itself has insufficient strength to attain satisfactory coverage. Wound dressings made of synthetic resins such as polyurethane and silicone rubber do not have sufficient affinity for the wound surface to achieve satisfactory permeation to oxygen and water. Nomal skin generally allows water to be evaporated in an approximate amount of 350g/m^2 per day, but it has been difficult to prepare synthetic resin films that exhibit this amount of water evaporation and which yet has sufficient strength.

It has been proposed to prepare a composite wound dressing by laminating a polyamino acid based

film with a synthetic resin film but this composite film still suffers from the defects of the respective film components.

SUMMARY OF THE INVENTION

The present inventors have found that if glucomannan, either independently or in combination with other natural polysaccharides, is mixed with a compound having multiple hydroxyl groups or with a concentrated solution thereof in the presence of absence ofan alkali, the respective components react with each other to form a composition having a dense three-dimensional structure. The present inventors have also found that a viscous solution formed by dissolving this composition in water has unique physicochemical properties that have been unattainable by glucomannan, other natural polysaccharides or polyhydric alcohols, and that various products having the characteristics shown below can be prepared from this composition. The present invention has been accomplished on the basis of these findings.

Firstly, edible films having desirable properties s such as water resistance, heat resistance and strength can be prepared from the above-described viscous aqueous solution either directly or after being mixed with other foods or food materials. The so prepared films may be eaten as such or used as edible food packages.

Secondly, the viscous aqueous solution may be dried into film form and the resulting film may be used in the production of processed meat products (e.g. hams and sausages) as semipermeable membranes having sufficient strength and heat resistance to withstand smoking condition.

Thirdly, the viscous aqueous solution may be processed to form a film that is suitable for use as the shell of a soft capsule, and using this film, soft capsules capable of confining non-oily drugs, health foods, seasonings or flavors can be prepared.

Fourthly, the film made from the viscous aqueous solution also serves as a high-performance filter medium that is capable of efficient separation of low-molecular weight substances from high-molecular weight substances at reasonably low pressures.

Fifthly, the membrane formed by drying the viscous aqueous solution into film form is a superior wound dressing that achieves close contact with the skin and exhibits superior vapor and oxygen permeation without undergoing any biodegradation during prolonged attachment to the skin.

Sixthly, the viscous aqueous solution cools to provide a gel-like or semifluid foodstuff having unique properties.

DETAILED DESCRIPTION OF THE INVENTION

The glucomannan used in the preparation of the composition of the present invention is the polysaccharide naturally occurring in Amorphophallus Koniac K. Koch which is the rhizome of a plane belonging to Colocasia antiquorum; it is composed of particles referred to as idioblasts which range from 0.5 to 1.05 mm in length and from 0.37 to 0.5 mm in breadth. The chemical structure of glucomannan is a chain of a 1 : 2 mixture of glucose and mannose with acetyl and phosphate groups forming pendant ester linkages.

Illustrative polyhydric alcohols that can be used in the present invention are polhydric alcohols in the narrow sense of the term such as propylene glycol and glycerin. These polyhydric alcohols are liquid and may be directly used; however, because of their high hygroscopicity they contain water and are in the form of concentrated aqueous solutions. Moreover they can be used as water solution of concentration in the range of 30 to 90 %. Illustrative sugar alcohols include sorbital, mannitol, maltitol, xylytol and saccharified products of reducing sugar. Illustrative monosaccharides include glucose, fructose, galactose and xylose. Illustrative disaccharides are saccharose, maltose and lactose. Starches such as sweet potato, potato and corn that have been decomposed with enzymes or acids are usable as oligosaccharides, and include di-, tri-, tetra-, penta- and hexasaccharides. The polyhydric alcohols listed above, both in the broad and narrow sense of the term, which are in a powder form at ordinary temperatures, are used as aqueous solutions having concentrations in the range of 30-90 wt %, preferably 50-80 wt %, more preferable 65-75wt%.

Other natural polysaccharides that may be used in the present invention include the following:

alginic acid which are intracellular polysaccharides in brown algae,

sodium alginate,

propylene glycol ester of alginic acid, and

agar;

carrageenan which is an intracellular polysaccharide in red algae and is hydrolyzed into D-galactose and D-galactose sulfate ester ;

locust bean gum which is a polysaccharide that is present in the seeds of leguminous locust bean and

carob and which is chiefly composed of glucomannan;

guar gum that is a polysaccharide present in the seed of leguminous guar and which is hydrolyzed into galactose and mannose ;

tamarind seed polysaccharide which is a polysaccharide present in the seed of leguminous Tamarindus indica and which is hydrolyzed into glucose, xylose and galactose ;

pectin which is a generic term for a group of polysaccarides that are the materials of construction of the cell walls of plants such as fruit and vegitables and which are hydrolyzed in to galacturonic acid;

xanthan gum is a polysaccharide produced by the microorganism Xanthomonas campestris during fermantation in the present of glucose and other appropriate essential elements;

chitin which is one kind of mucopolysaccharides;

pullulan which has a repeating unit of α -1,6 linkage derived from maltotriose ; and

cellulose,

cyclodextrin and

starches.

These natural polysaccharides are optionally used in amounts of 0.05 - 20 parts by weight, preferably from 0.1 to 10 parts by weight, per part by weight of glucomannan.

In the present invention, reaction is preferably carried out in the presence of an alkali. Ordinary inorganic or organic alkaline substances may be employed and suitable ones inclueded: sodium hydroxide, potassium hydroxide, calcium hydroxide, magnesium hydroxide, barium hydroxide, sodium carbonate, potassium carbonate, calcium carbonate, ammonium carbonate, magnesium carbonate, sodium bicarbonate, ammonium bicarbonate, basic amino acids and amines. The addition of these alkalis is generally effective in providing films with improved strength and heat resistance.

Part of the glucomannan and optionally used natural polysaccharides may be replaced by proteins to provide composition which generally have improved heat resistance. Solutions of these compositions in warm water have good mouth feel and can be readily eaten. Illustrative proteins are soybeen protein, wheat protein, milk protein, egg white, collagen, decomposed collagen and microbial proteins. Decomposition products of these proteins, such as polypeptides and amino acids, may also be used.

The present invention is characterized by reacting glucomannan directly with at least one compound selected from among the polyhydric alcohols, sugar alcohols, monosaccharides, disaccharides and oligosaccharides. The component made of at least one compound selected from polyhydric alcohols, sugar alcohols, monosaccharides, disaccharides and oligosaccharides is used in an amount which ranges from 0.05 to 10 parts by weight, preferably from 0.10 to 5.0 parts by weight, more preferably from 0.15 to 1.0 part by weight, per part by weight of the powder component made of glucomannan and optionally of other natural polysaccharides and proteins. Generally, a higher content of the polyhydric alcohol renders it difficult for a three-dimensional network to develop.

The reactants are mixed at a temperature ranging from 5 to 150 °C, preferably from 10 to 100 °C, more preferably from 20 to 80 °C. Mixing at low temperatures will cause no problem because the intended reaction can be allowed to proceed satisfactorily by heating the mixture in a subsequent step such as drying. Generally, mixing at high temperatures provides a composition having a dense structure whereas a brittle composition having a coarse network results if low mixing temperatures are used.

The composition formed by mixing the starting materials described above is a powder that is usually moist to some extent. A solution of this composition in water is viscous and will solidify irreversibly when left to stand at ordinary temperatures, frozen, refrigerated or heated. The properties, in particular the strength, heat resistance and the temperature for dissolution in water, of the solidified product can be altered by proper adjustment of the combination of the starting materials used. Therefore, the solidified product can be used as a base for semifluid or gel-like foods such as jelly and jam. Films may be formed from the viscous solution by shaping it into a soldified form of a suitable thickness between 1 and 1,000 μm by any of the known techniques such as wet casting, freeze-drying and extrusion molding. Some of the films formed by these methods are heat-resistant and heat-sealable. If desired, the viscous solution may be coated or sprayed onto a foodstuff and dried to form an edible film on the food.

Films having thicknesses in the range of 1-1,000 μm, preferably 2- 300 μm, are useful as semipermeable membranes. In a more preferable embodiment, a thin and reinforced semipermeable membrane can be formed by preparing a thin fibrous product from an appropriate material such as paper, nonwoven fabric, woven fabric or net, then filling the voids in the fibrous product with the filter film of the present invention. Filling of the voids in the thin fibrous product may also be achieved by coating the film with the viscous solution or submerging the film in the solution, followed by drying of the film.

Filtration may be achieved by any known technique such as simple filtering under gravity, ultrafiltration or reverse osmosis. The filter medium may be an assembly of hollow fibers or a module of a spirally wound

sheet.

In the simplest way, afoodstuff having high sodium chloride concentration is placed on top of the semipermeable membrane of the present invention which is in contact with an underlying water layer; in the absence of any applied pressure, sodium chloride and other low-molecular weight substances in the upper layer will permeate through the membrane to enter the underlying aqueous layer.

Soy sauce, miso and pickled products contain a large amount of sodium chloride in order to ensure that they can be transported long distances or to achieve various purposes such as storage, preservation or good manufacturing practice. The filter film of the present invention is capable of allowing the sodium chloride content of these food products to be lowered without impairing their taste.

In producing processed meat products such as hams and sausages, the meat wrapped in a semipermeable membrane must be smoked. Conventionally, the semipermeable membrane is formed of regenerated cellulose, cellulose derivatives, alginates, collagen, or sheep or bovine gut. However, as already mentioned, these materials have problems in terms of their physical strength and heat resistance, and in particular, sheep and bovine guts are not uniform in size and shape and suffer from instability in supply.

Fibrous products are usually porous and the films prepared by impregnating or coating them with the edible composition of the present invention serve as ideal casing materials wherein the semipermeable membrane formed of the edible material isreinforced with the fibrous product. Such casing materials may be prepared as follows: a fibrous product of a given width is shaped into a tubular base, which is continuously impregnated with an aqueous solution of the composition of the present invention and dried to form a strong fibrous casing.

The shell of conventional soft capsules is formed from an aqueous solution of gelatin and glycerin and is only capable of confining oily products. The soft capsules formed from an aqueous solution of the composition of the present invention are capable of confining not only oily products but also water-soluble substances and, hence, are applicable to enlarged areas of use, for instance: (1) water-soluble vitamins such as vitamins B_1, B_2, B_5, B_6, B_{12}, niacin folic acid and vitamin C; (2) nutrients such as liquid glycides, proteins and minerals; (3) diets formed of soft capsules that incorporate liquid seasonings or flavors and which are readily edible after cooking ; and (4) cosmetics in soft capsules that are to be punctured with a needle to allow the contents to be used.

Soft capsules may be prepared from the composition of the present invention as follows : the composition is dissolved in water and the solution is allowed to flow out of a spreader box to form a gel which is subsequently shaped into a film form, two sheets of the film thus obtained are passed through a pair of die rolls to adhere to each other ; a predetermined amount of the content (ie, fill) is forced with a pump to obtain a caplule form, which is subsequently dried to form a soft capsule.

The film prepared in accordance with the present invention is also useful as an ideal wound dressing. It swells readily upon absorbing body fluids from a wounded site of the human body but its three-dimensional network will remain intact. The film increases in thickness but its area remains the same so as to allow the absorbed moisture to be evaporated from its furface. The film supplies the wound surface not only with moisture but also with the drug applied onto the outer surface of the film ; at the same time, the film allows the unwanted exudate to be liberated on its surface. Therefore, the film does not have to be peeled off until after the wound has healed. The thickness of the film used as a wound dressing generally ranges from 1 to 1,000μm, preferably form 5 to 200 μm, more preferably from 7 to 50 μm.

When the composition of the present invention is dissolved in water, a vicous solution or slurry with a solids content of 2-10 % will form and this can be incorporated in a large amount in suitable food materials. The incorporated composition will solidify irreversibly be being left to stand at ordinary temperatures, frozen, refrigerated or heated. The properties, in particular the strength, heat resistance and the temperature for dissolution in water of the solidified product can be altered by properly adjusting the combination of starting materials used. Furthermore, the solidifed product retains the tast flavor of the food material present.

The food materials that can be mixed with the viscous solution or paste of the composition of the present invention are diverse and include: seaweeds ; marine products such as shrimp, cuttlefish, fish (e.g. bonito, tuna and salmon) , and fish roe; vegitables such as spinach, cabbage, carrot and pumpkin; fruits such as orange, grape, apple and pineapple ; meats such as beef, pork, chicken, and corned beef ; processed foods such as cheese, jam, mayonnaise and miso ; seasonings such as soy sauce and sodium glutamate ; as well as spices and flavors such as peanut, almond, mustard, pepper, curry, cocoa, coffee an chocolate.

These food materials may be mixed with the viscous solution or slurry of the composition of the present invention either directly, or after being conditioned for a given particle size or shape, or after being formed into a paste. The mixing ratio of these food material to the glucomannan /polyhydric alcohol composition of

the present invention is not limited to any particular value because it largely depends on the type of food material used or the specific formulation of the composition. It should however be noted that a preferable mixing ratio is such that the mixture can be readily formed into a film, and that the shaped food is easy to handle and does not reveal the mouth feel of the composition.

The aqueous solution of the composition of the present invention is viscous and its properties, in particular its strength, heat resistance and temperature for dissolution in water, can be altered by allowing it to stand at ordinary temperatures, freezing, refrigerating or heating the same. Therefore, the aqueous solution, after being shaped into a gelled block of an appropriate hardness, may be mixed with a non-alcoholic beverage such as juice or yogurt or foods, and the resulting mixture can be safely heated without melting to thereby provide a composite dietary product that shows a desirable combination having the sort of mouth feed that is possessed by dissimilar components. There is no particular limitation on the size of the gel block and its hardness varies with the type of base used: if the base is a liquid material such as juice, the moisture content of the block is preferably increased to provide a soft texture, whereas if the base is jelly or any other material that has a certain amount of self-retaining property, its moisture content is decreased to provide a hardness slightly lower than that of the jelly. In either case, the resulting product is composed to two dissimilar materials and yet displays good palatability.

Glucomannan has a complex structure containing various side chains and reactive groups and, because of the presence of many hydroxyl groups at high concentrations, glucomannan enters into reaction to form a complex matrix even under a substantially water-free condition. The matrix forming reaction will be enhanced by the presence of an alkali and an even more complex compound will form. In the presence of both an alkali and water, the development of a three-dimensional network is further promoted to form an irreversibly solidified product, which can be processed to provide a characteristic gel-like base or a coating.

The present invention is hereinafter described in greater detail with reference to the following examples to which the scope of the invention is by no means limited and wherein all parts are on a weight basis.

EXAMPLE 1

Eight parts of glucomannan was mixed with 2 parts of glycerin for 15 minuites an 70 °C to form a sample of the composition of the present invention which was a somewhat moist powder. Two parts and a half of this composition were mixed with 97.5 parts of water to form a viscous aqueous solution. This solution was coated onto the peel of orange and dried at 50 °C for 1 hour to provide orange having an edible film coating on its peel. This orange and uncoated orange were stored at 25 °C for 10 days. Thereafter, the appearance of the two oranges and the mouth feel of their pulp were compared. Compared with the uncoated orange, the one having an edible film coat had undergone a smaller degree of water evaporation and oxidation, retained more luster and experienced less surface discoloration. The pulp of the coated orange was fresher and more palatable.

EXAMPLE 2

Three parts of the composition prepared in Example 1 was mixed with 0.04 parts of a vitamin E powder (70% natural vitamin E and 30 % emulsifier) and 97 parts of water to form an aqueous solution. An orange whose peel was coated with the resulting aqueous solution as in Example 1 was stored at 25 °C for 15 days together with an uncoated orange. The results of comparison of the two oranges were the same as in Example 1.

EXAMPLES 3 - 10

The components listed in Table 1 were mixed for 10 minutes at 80 °C in the amounts also shown in Table 1, so as to prepare eight additional samples of the composition of the present invention. Three parts of each of the samples was mixed with 97 parts of water and the resulting aqueous solutions were cast by the wet process to form translucent edible films having thicknesses ranging from 10 to 20 μm. The films prepared in Examples 3 to 6 were water-resistant and stable in the following solutions: aqueous solutions with NaCl concentrations of 5% or more ; acidic aqueous solutions with pH of 2.5 - 4.5; alkaline aqueous sloutions with pH of 9.0 - 12.0 ; aqueous solutions with ethanol concentrations of 10 % or more. The films prepared in Examples 7 - 10 were not only water-resistant; they were resistant to hot water and stable in aqueous solutions heated to 80 - 100 °C.

Table 1

(unit in parts by weight)

Example No.		3	4	5	6	7	8	9	10
natural polysaccharide	glucomannan	5	5	5	5	5	5	5	5
	carrageenan	3			2		4		3
	agar		2					1	
	locust bean gum			2					1
	xanthan gum				1		0.5		
alkali	calcium carbonate							0.3	0.1
	calcium hydroxide					0.05			
	sodium bicarbonate						0.5		0.3
glycerin			1.5		1.5	1		1	
sorbitol (70% aq.sol.)		1.5					1		
saccharose (80% aq. sol.)				1.5					1

EXAMPLE 11

An edible package film 15 μm thick was formed from a composition having the same formulation as used in Example 3. Stripped lobster (150g) was wrapped with this film and stored at-25°C for 3 months. The frozen lobster as wrapped in the film was thawed in a microwave oven and cooked. The cooked lobster had the edible film on it but one did not sense any peculiar feel as a result of the presence of the film.

EXAMPLE 12

An edible film 15μm thick was formed from a composition having the same formulation as used in Example 8. Vegitable salad with dressing was sandwiched between two slices of bread. During subsequent storage, the dressing did not permeate into the bread at all. After the strage, the bread was eaten ; it tasted good and the taste of the edible film was not sensed.

EXAMPLE 13

Components	Amount (in parts)
Glucomannan	5
Sodium bicarbonate	0.1
Calcium Carbonate	0.02
Glycerin	1

These components were mixed at 75 °C for 20 minutes. Three parts of the resulting composition were dissolved in 97 parts of water. The aqueous solution was applied continuously to form a uniform coating on the inner surface a fluoroethylen resin-coated cylindrical pipe having a diameter of 120 mm. The applied coat was dried to form a tubular casing.

Processed meat was packed into the casing at a pressure of up to 2 kg/cm^2 without causing its disruption. The packed meat was smoked and sterilized by heating in hot water (80 °C) for 2 hours to produce a satisfactory ham.

EXAMPLE 14

Components	Amount (in parts)
Glucomannan	5
Agar	0.5
Calcium carbonate	0.5
Sodium citrate	0.3
Sorbitol (70% aq. sol.)	1

These components were mixed at 80 °C for 10 minuites. Three parts and a half of the resulting composition were dissolved in 96.5 parts of water to form a viscous aqueous solution. A sheet of porous paper having a thickness of 100 μm was prepared, with wood pulp and cotton linter being used as chief components. The two side edges of the sheet were adhered together to form a tubular base. The wall of this base was impregnated with the previously prepared viscous aqueous solution and dried to form a casing that was formed of a sample of the film of the present invention that had a thickness of 120 -130 μm and which was reinforced with a fibrous product.

Processed meat was packed into the casing at a pressure of up to 6 kg/cm^2 without causing its disruption. The packed meat was smoked and sterilized by heating in hot water (80 °C) for 2 hours to produce a satisfactory sausage.

EXAMPLE 16

A mixture of gelatin (100 parts) and glycerin (30 parts) was dissolved in 60 parts of water at 75 °C with stirring and defoamed with a vacuum pump. The solution was shaped into a 450 μm thick film on an automatic rotary continuous soft capsule filling machine. A film 25 μm thick that was prepared asin Example 6 was stacked on the inside surface of the 450 μm thick film to form a double-layered film. Two units of this double-layered film were passed between a pair of die rolls to be adhered to each other and an aqueous solution of 30% L-ascorbic acid was forced in with a filling pump to form capsules each containing 500 mg of the fill. The capsules were dried to produce soft capsules.

EXAMPLE 16

Components	Amount (in parts)
Glucomannan	5
Carrageenan	0.5
Calcium carbonate	0.12
Glycerin	1

These components were mixed at 70 °C for 30 minutes. Three parts of the resulting composition was dissolved in 97 parts of water to form a viscous aqueous solution. the solution was formed into an edible film 15 μm thick by the wet casting method. As in Example 15, a dual-layered capsule shell was formed by staking this film over a gelatin film. Using this shell, soft capsules each containing 5 g of seasonings for instant chicken soup were produced. On of these capsules was mixed well with 150 ml of hot water (90 °C) under agitation ; the capsule was disintegrated in the water to provide chicken soup.

EXAMPLE 17

A mixture of gelain (100 parts) and glycerin (30 parts) was dissolved in 10 parts of water at 75 °C with stirring. Thesolution was defoamed with a vacuum pump and designated A. In a separate step, 5 parts of glucomannan, 3.5 parts of carrageenan and 1.5 parts of glycerin were mixed at 70 °C to form a sample of the composition of the presnet invention ; 3 parts of the composition was dissolved in 97 parts of water to form an aqueous solution which was designated B. An intimate blend of solution A (60 parts) and solution B (40 parts) was fed into an automatic rotary continuous soft capsule filling machine to form soft No. 5 oval capsules by the known rotary die method, with each capsule having confined therein 290 mg of an astringent lotion. Just prior to use, each soft capsule was punctured with a needle to recover to lotion in an amount sufficient for single use.

EXAMPLE 18

Components	Amount (in parts)
Glucomannan	5
Carrageenan	3
Cellulose	1
Glycerin	2

These components were mixed at 80 °C for 10 minutes and 2.5 parts of the resulting composition was dissolved in 97 parts of water. The solution was formed into a circular film (thickness, 15 μm ; diameter, 29 mm) by the wet casting method. The film was set in a filtration vessel which was filled with 450 ml of tap water in its lower compartment and with 150 ml of soy sauce (18% NaCl) in its upper compartment. The vessel was left to stand at 20 °C for a given period and the contents of NaCl and amino acid nitrogen in the soy sauce were measured at predetermined intervals. The results are shown in Table 2.

Table 2

(effective surface area of film: 960.6 mm²)

Time (min)	NaCl (%)	Amino acid N_2	Increase in water content (%)
0	16.4	0.91	0
30	15.7	0.86	0.7
60	16.5	0.82	1.6
90	15.0	0.86	2.7
120	14.1	0.79	4.1
150	13.3	0.78	5.7

As Table 2 shows, the NaCl content of the soy sauce decreased with time and this was accompanied by gradual depletion of amino acids and increase in the moisture content. However, most of the amino acids that flowed out were those having low molecular weights such as glycin and alanine and their depletion did not cause any substantial deterioration of the taste of the soy sauce. The soy sauce prepared in accordance with the present invention had a generally mellow taste and its sodium chloride content was low.

EXAMPLE 19

An aqueous solution of the composition used in Example 18 was heated to 70 °C with stirring and applied to a thin sheet of paper (basis weight: 16g / m^2) to form a film having a thickness of 35μm. This fiber-reinforced film was tested as in Example 18. The results were substantially the same as those obtained in Example 18. The film prepared in this example was superior to that prepared in Example 18 in terms of self-retaining property and tensile strength.

EXAMPLE 20

Components	Amount (in parts)
Glucomannan	5
Xanthan gum	0.5
Calcium hydroxide	0.06
Glycerin	1

These components were mixed at 60 °C for 20 minuites to obtain a sample of the composition of the present invention. Three parts of this composition were dissolved in 97 parts of water and a thin layer of the solution was spread onto a fluoroethylen resin-coated sheet. The coating was freeze-dried by a conventional method to prepared a wound dressing in a film form having a thickness of 12 μm. The film was sterilized, coated with a drug layer and attached to the surface of a wound produced by a third-degree burn. The treatment that ensured consisted of delivering the drug daily onto the surface of the film. Formation of granulations continued steadily without suppuration and in 10 days normal skin tissue was restored,

whereupon the film separated from the skin spontaneously.

EXAMPLE 21

An aqueous solution of the composition used in Example 20 was coated onto a nonwoven polyester fabric (basis weight : 10g / m^2) and freeze-dried by a known method so as to make a film having a thickness of 30μm. This film was used as a wound dressing to cure a burn in accordance with the same regimen as employed Example 20. The results were substantially the same as those obtained in Example 20.

EXAMPLE 22

Components	Amount (in parts)
Glucomannan	5
Alginic acid	1
Guar gum	0.5
Glycerin	1

These components were mixed at 65°C for 20 minutes to form a sample of the composition of the present invention. Three partsof this composition were dissolved in 97 parts of water. Seventyfive parts of the solution were mixed with 25 parts of a beef fillet and the blend was shaped into an edible film (thickness : 25μm) by the wet casting method. The film was laid down on a slice of bread ; the product had a characteristic flavor originating from the blending of the taste of beef with the bread.

EXAMPLE 23

Components	Amount (in parts)
Glucomannan	5
Tamarind seed polysaccharide	1
Gelatin	1
Glucose (80% aq. sol.)	1

These components were mixed at 60°C for 40 minuites to form a sample of the composition of the present invention. Three parts of this composition were dissolved in 97 parts of water to form a viscous aqueous solution. Eighty parts of this solution were blended with 20 parts of a dried spinach powder (particle size : 100-Tylermesh pass) and the blend was shaped into an edible film (15μm thick) by a known freeze-drying technique. This film was rolled around a bar of cooked rice so as to provide a low-calorie dietary product.

EXAMPLE 24

Components	Amount (in parts)
Glucomannan	5
Carrageenan	5
Calcium carbonate	0.2
Glycerin	1.5

These components were mixed at 70 °C for 30 minutes to form a sample of the composition of the present invention. Five parts of this composition were mixed and kneaded with 95 parts of cocoa paste and the necessary seasonings to make a chocolate mass, which was refined and molded into a sheet. Although conventional chocolate products are soften at 35 °C or higher, the chocolate sheet of the Example 24 did not soften until it was heated to 50 °C.

Claims

1. A glucomannan/polyhydric alcohol composition prepared by uniformly mixing at 5 to 150 °C 1 part by weight of a glucomannan powder with 0,05 to 10 parts by weight of an aqueous solution of 30-100 wt.-% of at least one polyhydric alcohol selected from the group consisting of propylene glycol, glycerin, sugar alcohols, monosaccharides, disaccharides and oligosaccharides.

2. A composition according to claim 1, characterized in that the components are mixed in the presence of an alkali.

3. A composition according to claim 1 or 2 wherein part of the glucomannan is replaced by another natural polysaccharide.

4. A composition according to claim 3, wherein the other natural polysaccharide is carrageenan.

5. A film prepared by a process comprising the steps of: dissolving a glucomannan/polyhydric alcohol composition according to anyone of the claims 1 to 4 in water, forming the solution into a film by shaping it into a solidified form of a suitable thickness between 1 and 1000 µm by any of the known techniques, and drying the film.

6. A film according to claim 5, characterized in that it is edible.

7. A film according to claim 5 or 6 which is reinforced with a thin fibrous product.

8. The use of a film according to anyone of the claims 5 to 7 as a food packaging.

9. The use of a film according to anyone of the claims 5 to 7 as a casing in the manufacture of smoked food products.

10. The use of a film according to anyone of the claims 5 to 7 as a shell of a soft capsule.

11. The use of a film according to anyone of the claims 5 to 7 as a semipermeable membrane for separating a high-molecular weight substance from a low-molecular weight substance.

12. The use of a film according to anyone of the claims 5 to 7 as a wound dressing.

Patentansprüche

1. Glucomannan/mehrwertiger Alkohol-Zusammensetzung, erhalten durch gleichförmiges Vermischen bei

5 bis 150 °C von 1 Gew.-Teil eines Glucomannanpulvers mit 0,05 bis 10 Gew.-Teilen einer wäßrigen Lösung von 30 bis 100 Gew.-% mindestens eines mehrwertigen Alkohols, ausgewählt aus der aus Propylenglykol, Glycerin, Zuckeralkoholen, Monosacchariden, Disacchariden und Oligosacchariden bestehenden Gruppe.

2. Zusammensetzung nach Anspruch 1, dadurch gekennzeichnet, daß die Komponenten in Gegenwart von Alkali vermischt werden.

3. Zusammensetzung nach Anspruch 1 oder 2, bei der ein Teil des Glucomannans durch ein anderes, natürliches Polysaccharid ersetzt ist.

4. Zusammensetzung nach Anspruch 3, bei der das andere natürliche Polysaccharid Carrageen ist.

5. Film bzw. Folie, erhalten durch ein Verfahren, das die Schritte umfaßt:
Auflösen einer Glucomannan/mehrwertiger Alkohol-Zusammensetzung gemäß einem beliebigen der Ansprüche 1 bis 4 in Wasser,
Überführung der Lösung in einen Film bzw. eine Folie durch Überführen derselben in eine verfestigte Form mit einer geeigneten Dicke zwischen 1 und 1000 µm durch eine beliebige, bekannte Arbeitsweise,
und
Trocknen des Films bzw. der Folie.

6. Film bzw. Folie nach Anspruch 5, dadurch gekennzeichnet, daß er bzw. sie eßbar ist.

7. Film bzw. Folie nach Anspruch 5 oder 6, der bzw. die mit einem dünnen, faserförmigen Produkt verstärkt ist.

8. Verwendung eines Films bzw. einer Folie gemäß einem beliebigen der Ansprüche 5 bis 7 als Verpackung für Lebensmittel.

9. Verwendung eines Films bzw. einer Folie gemäß einem beliebigen der Ansprüche 5 bis 7 als Umhüllung bei der Herstellung von geräucherten Lebensmitteln.

10. Verwendung eines Films bzw. einer Folie gemäß einem beliebigen der Ansprüche 5 bis 7 als Hülle einer Weichkapsel.

11. Verwendung eines Films bzw. einer Folie gemäß einem beliebigen der Ansprüche 5 bis 7 als semipermeable Membran zur Abtrennung einer Substanz mit hohem Molekulargewicht von einer Substanz mit niedrigem Molekulargewicht.

12. Verwendung eines Films bzw. einer Folie gemäß einem beliebigen der Ansprüche 5 bis 7 als Wundverband bzw. Wundabdeckung.

Revendications

1. Composition à base de glucomannan et d'alcool polyhydrique, préparée en mélangeant uniformément à la température de 5 à 150 °C, une partie en poids de poudre de glucomannan avec 0,05 à 10 parties en poids d'une solution aqueuse de 30-100% en poids d'au moins un alcool polyhydrique, choisi parmi le groupe comportant propylène glycol, glycérine, alcools de sucres, monosaccharides, disaccharides et oligosaccharides.

2. Composition selon la revendication 1, caractérisée en ce que les composants sont mélangés en présence d'un alcali.

3. Composition selon la revendication 1 ou 2, dans laquelle une partie du glucomannan est remplacée par un autre polysaccharide naturel.

4. Composition selon la revendication 3, dans laquelle l'autre polysaccharide naturel est le carrageenan.

5. Film préparé par un procédé comprenant les étapes de :
dissoudre une composition à base de glucomannan et d'alcool polyhydrique selon l'une quelconque des revendications 1 à 4, dans l'eau, former avec solution un film en la traitant dans une forme solidifiée, d'une épaisseur convenable, entre 1 et 1000 µm par n'importe quelle technique connue, et sécher le film.

6. Film selon la revendication 5, caractérisé en ce qu'il est comestible.

7. Film selon la revendication 5 ou 6, qui est renforcé avec un produit fibreux mince.

8. Utilisation d'un film selon l'une quelconque des revendications 5 à 7, comme emballage de nourriture.

9. Utilisation d'un film selon l'une quelconque des revendications 5 à 7, comme emballage dans la fabrication des produits alimentaires fumés.

10. Utilisation d'un film selon l'une quelconque des revendications 5 à 7, comme enveloppe d'une capsule molle.

11. Utilisation d'un film selon l'une quelconque des revendications 5 à 7, comme membrane semiperméable pour séparer une substance de poids moléculaire élevé d'une substance de faible poids moléculaire.

12. Utilisation d'un film selon l'une quelconque des revendications 5 à 7, comme pansement d'une plaie.

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Description

This invention relates to a drug preparation applicable to the oral mucosa to maintain a long-term administration of a systemic drug.

Known dosage forms for intraoral administration of drugs include solutions, ointments, troches, buccal tablets, and sublingual tablets. Recently, slow-releasing intraoral tablets of the track-field type which are less causative of a feeling of foreign matter (as described in JP-A-55-59109, JP-A-58-154547, and JP-A-58-154548, the term "JP-A" as used herein means an "unexamined published Japanese patent application") and slow-releasing Nifedipine tablets of the track-field type applied to the oral mucosa (as described in JP-A-61-15829 and JP-A-61-17510) have been proposed. For the purpose of further reducing an adverse feeling in the oral cavity, a medical bandage using, as a base, a water-soluble high polymer which exhibits adhesion when dissolved or gelled with water (as described in JP-A-60-142927), preparations applicable to the oral mucosa comprising a water-soluble film having incorporated thereinto a steroid or non-steroid agent (as described in JP-A-61-280423), and sheet preparations comprising a support sheet having thereon a drug, gelatin, agar, gluten, a carboxyvinyl polymer, a polyhydric alcohol, a gum, and a wax as essential components (as described in JP-A-61-85315) have also been proposed.

More recently, there have been proposed bases for application to the oral mucosa which comprise a mixture of a water-soluble substance and a water-insoluble substance; for example, an intraoral bandage composed by a soft film in which at least one of a polycarboxylic acid and a polycarboxylic acid anhydride, and a vinyl acetate polymer are mixed in a compatible state as disclosed in JP-A-61-249472 and JP-A-61-249473; a base comprising a water-insoluble or sparingly water-soluble support having thereon an adhesive layer containing an acrylic acid polymer which exhibits adhesion when dissolved in or swollen with water and a water-insoluble cellulose derivative as disclosed in JP-A-63-160649; a composite for application to the oral mucosa comprising a surface layer containing ethyl cellulose and a vinylpyrrolidone polymer or copolymer having thereon an adhesive layer as disclosed in JP-A-63-171564 and JP-A-63-171565; and an adhesive composition containing a vinylpyrrolidone polymer or copolymer, at least one of hydroxyethyl cellulose and hydroxypropyl cellulose, and a water-retaining softener as disclosed in JP-A-63-174660.

However, none of these known intraoral preparations or bases satisfies both duration of adhesion and freedom from an adverse feeling in the oral cavity on use. For example, since solutions, ointments or the like preparations easily run away with saliva or water , it is difficult to maintain efficacy for a long time with these preparations. Troches, which are large tablets prepared by punching a mixture of a drug and a base, e.g., sacchardides, cause a considerable adverse feeling. Buccal tablets and sublingual tablets are generally designed for rapid mucosal absorption of drugs and are, therefore, of short duration. The track-field type tablets, though slowly releasing a drug, have a thickness as large as 1.3 to 3 mm and lack softness, still involving the problem of an adverse feeling on use. The preparations for application to the oral mucosa comprise a water-soluble film containing a drug have softness and thereby cause a reduced adverse feeling in the oral cavity. However, since the film base is water-soluble, it is easily dissolved in saliva or water in the oral cavity and is, therefore, poor in duration of efficacy. The bases comprising a mixture of a water-soluble substance and a water-insoluble substance are soft and less causative of an adverse feeling upon use. Also, they take time to disappear in the oral cavity and are thus expected to have a longer duration of pharmaceutical effects as compared with bases comprising a water-soluble substance alone. These bases nevertheless exhibit adhesion only for 2 to 10 hours at the longest.

Hence, an intraoral preparation satisfying all three requirements, i.e., freedom from a feeling of foreign matter on use, excellent shape retention on water absorption, and long-term adhesion to the wet oral mucosa, has not yet been developed.

EP-A-0106107 discloses a drug preparation applicable to the oral mucosa comprising an adhesive sheet containing prostaglandin, said sheet comprising a homogeneous mixture comprising one or more high molecular weight compounds. The high molecular Weight compounds may be, for example, a vinyl acetate resin, polyacrylic acid salts and cellulose derivatives.

EP-A-0241179 discloses a pharmaceutical composition comprising a mixture of an active ingredient and a polymer capable of dissolving in an aqueous medium of pH 4.0 or higher.

SUMMARY OF THE INVENTION

It is the object of this invention to provide a drug preparation applicable to the oral mucosa for administering a systemic drug, which is less causative of an adverse feeling in the oral cavity on use, excellent in shape retention on water absorption, and adhesive to the oral mucosa for an extended time.

Said object is achieved by a drug preparation applicable to the oral mucosa comprising a soft

adhesive film containing a systemic drug, the adhesive film comprising a homogeneous mixture comprising a vinyl acetate homopolymer, an acrylic acid polymer, and a cellulose derivative capable of being dissolved in or swollen with water and a lower alcohol, wherein said mixture contains maximum 0.2 equivalent based on said acrylic acid polymer, of a salt or base.

Figure 1 illustrates the relationship of the rate of Propranolol Hydrochloride release to the time.

Figure 2 illustrates the relationship of the rate of Sodium Indometacin release to the time.

When the drug preparation applicable to the oral mucosa according to the present invention is applied to, for example, the fore gingiva of the upper jaw, the adhesive film base absorbs saliva and water in the oral cavity to exhibit adhesion to the oral mucosa. The adhesiveness in retained for a long period of time because of the excellent shape retention. Since the film base is homogeneous and soft, it is tightly adhered to the oral mucosa without causing an adverse feeling during application. The terminology "homogeneous" as used herein means that the vinyl acetate homopolymer, acrylic acid polymer and cellulose derivative in the mixture are homogeneously mixed under optical microscopic observation and that each of these components does not exist solely in parts.

The adhesive film of the drug preparation according to the present invention is obtained using a homogeneous mixture of a vinyl acetate homopolymer, an acrylic acid polymer, and a cellulose derivative. A two-component mixture comprising only the vinyl acetate homopolymer and the acrylic acid polymer forms a homogenous and soft film but is swollen with saliva or water in the oral cavity and is inferior in shape retention on application to the oral mucosa. Further, a two-component mixture comprising only the acrylic acid polymer and the cellulose derivative forms a homogeneous and soft film but does not withstand long-term use in the oral cavity because of water-solubility of these components. Furthermore, a two-component mixture comprising only the vinyl acetate homopolymer and the cellulose derivative hardly forms a homogeneous and soft film.

The vinyl acetate homopolymer which can be used in the present invention is not particularly limited, and any known vinyl acetate homopolymer (as disclosed, e.g., in S.Imoto, Plastic Zairyo Koza - (Lectures on Plastic Materials) vol.14 Vinyl Acetate Resins, published by Nikkan Kogyo Press, Japan, on May 15, 1970) can be used as such either alone or in combination thereof. The weight average molecular weight of the vinyl acetate homopolymer is preferably from 40,000 to 200,000.

Examples of the acrylic acid polymer which can be used in the present invention includes an acrylic acid homopolymer; copolymers of acrylic acid and vinyl monomers, such as acrylic esters (e.g., butyl acrylate and 2-ethylhexyl acrylate), methacrylic esters (e.g., methyl methacrylate), and vinyl acetate; and other polymers, e.g., a carboxyvinyl polymer. Among these, an acrylic acid polymer having a carboxyl group content of 20% by weight or more is preferred. These polymers may be used either alone or in combinations thereof.

The cellulose derivative which can be used in the present invention must be capable of being dissolved in or swollen with water and a lower alcohol. Examples of the cellulose derivatives include methyl cellulose, ethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, and hydroxypropylmethyl cellulose. The degree of substitution of the cellulose derivative is preferably from 0.1 to 4.5, and more preferably from 1.0 to 2.5. Hydroxypropyl cellulose having a degree of substitution of from 1.3 to 2.0 is most preferred. These cellulose derivatives may be used either alone or as a mixture of two or more thereof.

The weight ratio of acrylic acid polymer (B) to cellulose derivative (C) (B/C) preferably ranges from 1/9 to 9/1. To ensure long-term adhesion to the oral mucosa, the weight ratio B/C suitably ranges from 3/7 to 6/4. The weight ratio of vinyl acetate homopolymer (A) to the sum of acrylic acid polymer (B) and cellulose derivative (C) (A/(B + C)) preferably ranges from 2/8 to 8/2. To further ensure long-term adhesion to the oral mucosa, the weight ratio B/C more preferably ranges from 4/6 to 6/4.

Thus, the working time of the preparation in the oral cavity, which partly depends on the duration of adhesion, can be appropriately controlled by varying the ratio of vinyl acetate homopolymer (A), acrylic acid polymer (B), and cellulose derivative (C).

If desired, the drug preparation of the present invention may further contain a salt or a base. Since the drug preparation comprising only the above-described components assumes acidicity attributed to the acrylic acid polymer, it sometimes give a slight irritation to excitable parts, such as an injured part. Where such an irritation due to acidicity gives rise to troubles, incorporation of a salt or base having a neutralizing effect substantially removes the irritation to the injured part.

Examples of suitable salts and bases are salts of metals and weak acids, e.g., a salt of an alkali metal (e.g., sodium and potassium) and a carboxylic acid (e.g., acetic acid, lactic acid, and citric acid); metal hydroxides, e.g., sodium hydroxide and potassium hydroxide; amines, e.g., triethanolamine and diisopropanol amine; and mixtures thereof. A salt of an alkali metal (e.g., sodium and potassium) and a carboxylic acid (e.g., acetic acid, lactic' acid, and citric acid) is preferably used.

The amount of the salt or base to be incorporated is maximum 0.2 equivalent based on the acrylic acid polymer. For example, a monovalent metal salt is preferably used in an amount of from 0.03 to 0.2 equivalent based on the acrylic acid polymer. Amounts less than 0.03 equivalent produce insufficient effects to reduce the irritation of an injured part. If the amount exceeds 0.2 equivalent, water resistance of the adhesive film is reduced, failing to attain sufficient adhesion to the oral mucosa.

The drug preparation applicable to the oral mucosa according to the present invention can be obtained as follows. A vinyl acetate homopolymer, an acrylic acid polymer, and a cellulose derivative are dissolved in a solvent commonly compatible to them, and a systemic drug is added to the solution to form a film-forming composition. The systemic drug in the composition may be either in a dissolved state or in a dispersed state so that the mode of addition is arbitrarily chosen. The film-forming composition is cast on a releasable liner and dried to form a film.

Examples of the solvent commonly compatible to the film-forming components include an alcohol and a water-alcohol mixed solvent. Taking the solubility of the cellulose derivative into consideration, lower alcohols, e.g., methanol and ethanol are exemplified as the alcohol. The water content in the mixed solvent is preferably not more than 30% by weight. If it exceeds 30% by weight, the vinyl acetate homopolymer tends to be hardly dissolved.

Examples of the releasable liner on which the film-forming composition is cast include a release-treated polyethylene laminated paper, a polyethylene film, and a silicon-treated polyethylene terephthalate film.

Drying of the cast film is carried out in a high-temperature air bath using a drying oven or a drying tower, and a vacuum drier.

The thickness of the drug preparation of the present invention can be adjusted by controlling the amount of the composition cast and is preferably in the range of from 5 to 500 μm. From the standpoint of film strength and feeling on use, a thickness of from 10 to 100 μm is more preferred.

The drug preparation applicable to the oral mucosa according to the present invention basically comprises a homogeneous and soft adhesive film which is obtained from a vinyl acetate homopolymer, an acrylic acid polymer, and a cellulose derivative as described above. If desired, a water-insoluble support may be provided on the adhesive film to endew the preparation with improved shape retention on water absorption.

Examples of the water-insoluble support includes a film of a synthetic resin, e.g., polyethylene, a vinyl acetate homopolymer, an ethylene-vinyl acetate copolymer, polyvinyl chloride, and polyurethane; a metal foil, e.g., an aluminum foil and a tin foil; and a laminate film comprising cloth or paper and a synthetic resin film. From the viewpoint of safety and feeling on use, it is preferable to use a film of a synthetic resin, e.g., polyethylene, a vinyl acetate homopolymer, and an ethylene-vinyl acetate copolymer as a support. In order to assure ease in handling and to avoid to give an adverse feeling on use, the water-insoluble support preferably has a thickness of from 10 to 100 μm.

The above-described drug preparation of a laminate type can be prepared by, for example, hot pressing the adhesive film and the water-insoluble support film. Alternatively, the laminate type drug preparation can be obtained by casting the film-forming composition on the water-insoluble support followed by drying.

The thus obtained drug preparation according to the present invention, when applied to the wet oral mucosa, absorbs water and is swollen with the water to exhibit excellent adhesion and shape retention for an extended time without causing an adverse feeling, thereby liberating a systemic drug present in the preparation for a prolonged time while protecting the site. During the application, the drug can be prevented from running off due to saliva, etc., and the administration of the drug can be maintained in a stable manner.

The drug preparation of the present invention contains a systemic drug and administers it through the oral mucosa. Some drugs, when orally administered, are difficult in manifestation of efficacy commensurate with dosages because they undergo primary metabolism in the liver. Moreover, some drugs produce undesired side effects to organs, such as stomach. In order to eliminate these disadvantages associated with oral administration of drugs, preparations applicable to the skin which deliver the active ingredient by cutaneous absorption have recently called attention. However, the skin essentially functions to prevent entrance of a foreign substance into the body and does not easily absorb drugs. This is the reason why studies have been directed to the administration route through the oral mucosa which is considered to have a higher absorption of a drug than the skin. By the route through the oral mucosa, the drug preparation according to the present invention makes it possible to effectively deliver a systemic drug present in the preparation into the body.

The systemic drug which can be incorporated into the drug preparation of the invention may be either solid or liquid at room temperature, and any systemic drug which can be dissolved or dispersed in the soft adhesive film can be employed. The method for dissolving or dispersing the systemic drug in the soft adhesive film is not particularly

limited. For example, the vinyl acetate homopolymer, the acrylic acid polyer and the cellulose derivative are dissolved in a solvent which is compatible With these components, and the systemic drug is separately dissolved or dispersed in the same solvent. The resulting solutions (or solution and dispersion) are mixed with each other to form a film-forming composition, and the film-forming composition is then cast on a releasable liner followed by drying so as to form the preparation.

Examples of the systemic drugs include general anesthetic agents, hypnotics, sedatives, antiepileptics, analeptics, awakening agents, anti-dizziness agents, psychoneurotropic agents, neuromuscular blocking agents, autonomic neutrotropic agents, antispasmodics, anti-Perkinson's disease, antihistaminics, stimulation therapeutics, antiallergic agents, cardiotonics, antiarrhythmics, diuretics, hypotensives, vasopressors, coronary vasopressors, peripheral vasopressors, anti-arteriosclerotic agents, agents for other circulatory organs, respiration accelerating agents, antitussive expectorants, treating agents of peptic ulcers, pituitary hormone, thyroid hormone, parathormone, androkinin, female sex hormone (i.e., vesicular ovarian follicle hormone and corpus luteum hormone), other hormones, oxytocics, agents for the urogenital system, oxygen preparations, anti-diabetic agents, other metabolic drugs, anti-tumor agents, antibiotics, chemotherapeutics, and narcotics.

The amount of the systemic drug to be incorporated into the drug preparation depends on the kind of the drug and is usually selected from 0.001 to 40% by weight, preferably from 0.002 to 20% by weight, based on the adhesive film in view of the pharmacological effects and adhesion to the oral mucosa.

The drug preparation applicable to the oral mucosa according to the present invention is less causative of an adverse feeling on use, excellent in shape retention on water absorption, and adhesive to the oral mucosa for an extended period of time. Accordingly, the present invention makes it possible to maintain a stable administration of a systemic drug.

As described above, the drug preparation applicable to the oral mucosa of the present invention which comprises a soft adhesive film prepared from a homogeneous mixture of a vinyl acetate homopolymer, an acrylic acid polymer, and a specific cellulose derivative is soft, less causative of an adverse feeling in the oral cavity on use and excellent in shape retention on water absorption. Further, since the drug preparation can be adhered to the oral mucosa for a long period of time, a systemic drug present in the preparation can be stably administered for a long time. Furthermore, because of the homogeneity and softness of the film base, the drug preparation can be deformed in perfect accordance with the shape of the oral mucosa simply by lightly pressing and adhered close to the mucosa.

The present invention is now illustrated in greater detail by way of the following examples. In these examples, all parts, percents and ratios are by weight unless otherwise specified.

Prior to conducting the examples, an agar gel as a substitution for the oral mucosa was prepared as follows.

Preparation of Agar Gel:

Distilled water was added to 2 g of an agar powder (Japanese Pharmacopeia) to make 100 g, and the mixture was boiled to completely dissolve the agar. The solution was poured into a dish and allowed to cool to prepare an agar gel.

EXAMPLE 1

Five parts of a vinyl acetate homopolymer (weight average molecular weight: 129,000), 2 parts of a carboxyvinyl polymer (carboxyl group content: 58-63% by weight) (as the acrylic acid polymer), 3 parts of hydroxypropylmethyl cellulose (degree of substitution: 1.86-1.90) (as the cellulose derivative), 0.2 part of diisopropanolamine (as the base for neutralizing the acrylic acid polymer), and 2 parts of Propranolol Hydrochloride (as the systemic drug) were added to 90 parts of a 2/8 water-methanol mixture as a common solvent to prepare a film-forming composition containing the systemic drug. The composition was cast on a silicon-release paper, dried, and stripped off to obtain a 30 μm thick adhesive film. A 20 μm thick soft alumina foil as a water-insoluble support was hot-pressed on the resulting adhesive film to obtain a drug preparation applicable to the oral mucosa.

EXAMPLE 2

Five parts of a vinyl acetate homopolymer (weight average molecular weight: 129,000), 2 parts of a carboxyvinyl polymer (carboxyl group content: 58-63% by weight) (as the acrylic acid polymer), 3 parts of hydroxypropylmethyl cellulose (degree of substitution: 1.86-1.90) (as the cellulose derivative), and 0.5 parts of Sodium Indometacin (as the systemic drug) were added to 90 parts of a 1/9 water-methanol mixture as a common solvent to prepare a film-forming composition. The composition was cast on a silicon-release paper, dried, and stripped off to obtain a 60 μm thick adhesive film. A 20 μm thick soft vinyl acetate film as a water-insoluble support was hot-pressed on the resulting adhesive film to obtain a preparation applicable to the oral

mucosa.

Evaluation:

Specimens having a size of 1 cm x 2 cm were cut out of each of the drug preparations obtained in Examples 1 and 2 and adhered to the surface of the above-prepared agar gel. After a prescribed period of time, the specimen was peeled off the agar gel and extracted from 50 mℓ of methanol. The drug in the extract was determined by high performance liquid chromatography. The resulting data of Examples 1 and 2 were plotted in Figs. 1 and 2, respectively, with rate of drug release as ordinate and time as abscissa.

It can be seen from Figs. 1 and 2 that the drug preparation according to the present invention keeps adhered to the agar gel, a substitution for the oral mucosa, for a long time so that the active ingredient in the preparation is stably and steadily released with time.

Further, the specimens were adhered to the oral mucosa of panel members to conduct organoleptic tests of the feeling. As a result, the specimens were judged to have little adverse feeling.

Claims

1. A drug preparation applicable to the oral mucosa comprising a soft adhesive film containing a systemic drug, said adhesive film comprising a homogeneous mixture comprising a vinyl acetate homopolymer, an acrylic acid polymer, and a cellulose derivative capable of being dissolved in or swollen with water and a lower alcohol, wherein said mixture contains maximum 0,2 equivalent based on said acrylic acid polymer of a salt or base.

2. The drug preparation of claim 1, wherein said cellulose derivative is selected from the group consisting of methyl cellulose, ethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, and hydroxypropylmethyl cellulose.

3. The drug preparation of claim 1, wherein said acrylic acid polymer and cellulose derivative are present in a weight ratio of from 1/9 to 9/1.

4. The drug preparation of claim 3, wherein said acrylic acid polymer and cellulose derivative are present in a weight ratio of from 3/7 to 6/4.

5. The drug preparation of claim 1, wherein the weight ratio of said vinyl acetate homopolymer to the sum of said acrylic acid polymer and cellulose derivative is from 2/8 to 8/2.

6. The drug preparation of claim 5, wherein said acrylic acid polymer and cellulose derivative are present in a weight ratio of from 4/6 to 6/4.

7. The drug preparation of claim 1, wherein said adhesive film has a thickness of from 5 to 500 μm.

8. The drug preparation of claim 1, wherein said preparation further comprises a water-insoluble soft film support laminated on said adhesive film.

9. The drug preparation of claim 8, wherein said support has a thickness of from 10 to 100 μm.

10. The drug preparation of claim 8, wherein said support is a polyethylene film, a vinyl acetate homopolymer film or an ethylene-vinyl acetate copolymer film.

Patentansprüche

1. Auf die Mundschleimhaut aufbringbare Arzneimittelzubereitung umfassend einen weichen Klebefilm, der ein systemisches Arzneimittel enthält, wobei der Klebefilm ein homogenes Gemisch, umfassend ein Vinylacetathomopolymer, ein Acrylsäurepolymer und ein Cellulosederivat, das in Wasser und einem niederen Alkohol aufgelöst oder damit gequollen werden kann, umfaßt, worin das Gemisch maximal 0,2 Äquivalente, bezogen auf das Acrylsäurepolymer, eines Salzes oder einer Base enthält.

2. Arzneimittelzubereitung nach Anspruch 1, worin das Cellulosederivat ausgewählt ist aus der Gruppe bestehend aus Methylcellulose, Ethylcellulose, Hydroxyethylcellulose, Hydroxypropylcellulose und Hydroxypropylmethylcellulose.

3. Arzneimittelzubereitung nach Anspruch 1, worin das Acrylsäurepolymer und das Cellulosederivat in einem Gewichtsverhältnis von 1/9 bis 9/1 vorhanden sind.

4. Arzneimittelzubereitung nach Anspruch 3, worin das Acrylsäurepolymer und das Cellulosederivat in einem Gewichtsverhältnis von 3/7 bis 6/4 vorhanden sind.

5. Arzneimittelzubereitung nach Anspruch 1, worin das Gewichtsverhältnis des Vinylacetathomopolymers zu der Summe des Acrylsäurepolymers und des Cellulosederivats 2/8 bis 8/2 beträgt.

6. Arzneimittelzubereitung nach Anspruch 5, worin das Acrylsäurepolymer und das Cellulosederivat in einem Gewichtsverhältnis von 4/6 bis 6/4 vorhanden sind.

7. Arzneimittelzubereitung nach Anspruch 1, worin der Klebefilm eine Dicke von 5 bis 500 µm hat.

8. Arzneimittelzubereitung nach Anspruch 1, worin die Zubereitung ferner einen wasserunlöslichen weichen Filmträger auf dem Klebefilm laminiert umfaßt.

9. Arzneimittelzubereitung nach Anspruch 8, worin der Träger eine Dicke von 10 bis 100 µm hat.

10. Arzneimittelzubereitung nach Anspruch 8, worin der Träger ein Polyethylenfilm, ein Vinylacetathomopolymerfilm oder ein Ethylen-Vinylacetat-Copolymerfilm ist.

Revendications

1. Préparation pharmaceutique applicable sur la muqueuse buccale, comprenant un film adhésif souple contenant un médicament systémique, ledit film adhésif comprenant un mélange homogène qui comprend un homopolymère d'acétate de vinyle, un polymère d'acide acrylique et un dérivé de cellulose capable de se dissoudre ou de gonfler dans l'eau et un alcool inférieur, ledit mélange contenant au maximum 0,2 équivalent, par rapport audit polymère d'acide acrylique, d'un sel ou d'une base.

2. Préparation pharmaceutique selon la revendication 1, dans laquelle ledit dérivé de cellulose est choisi dans le groupe constitué par la méthylcellulose, l'éthylcellulose, l'hydroxyéthylcellulose, l'hydroxypropylcellulose et l'hydroxypropylméthylcellulose.

3. Préparation pharmaceutique selon la revendication 1, dans laquelle ledit polymère d'acide acrylique et ledit dérivé de cellulose sont présents en un rapport en masse compris entre 1/9 et 9/1.

4. Préparation pharmaceutique selon la revendication 3, dans laquelle ledit polymère d'acide acrylique et ledit dérivé de cellulose sont présents en un rapport en masse compris entre 3/7 et 6/4.

5. Préparation pharmaceutique selon la revendication 1, dans laquelle le rapport en masse dudit homopolymère d'acétate de vinyle à la somme dudit polymère d'acide acrylique et dudit dérivé de cellulose est compris entre 2/8 et 8/2.

6. Préparation pharmaceutique selon la revendication 5, dans laquelle ledit polymère d'acide acrylique et ledit dérivé de cellulose sont présents en un rapport en masse compris entre 4/6 et 6/4.

7. Préparation pharmaceutique selon la revendication 1, dans laquelle ledit film adhésif a une épaisseur de 5 à 500 µm.

8. Préparation pharmaceutique selon la revendication 1, dans laquelle ladite préparation comprend en outre un support formé d'un film souple insoluble dans l'eau laminé sur ledit film adhésif.

9. Préparation pharmaceutique selon la revendication 8, dans laquelle ledit support a une épaisseur de 10 à 100 µm.

10. Préparation pharmaceutique selon la revendication 8, dans laquelle ledit support est un film de polyéthylène, un film d'un homopolymère d'acétate de vinyle ou un film de copolymère éthylène-acétate de vinyle.

Figure 1

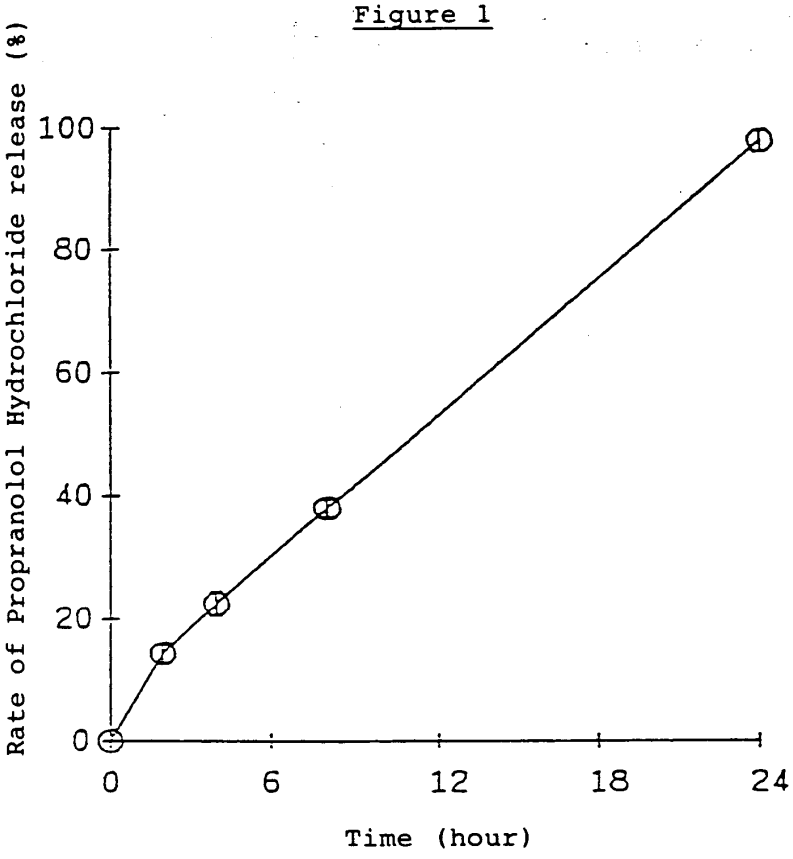
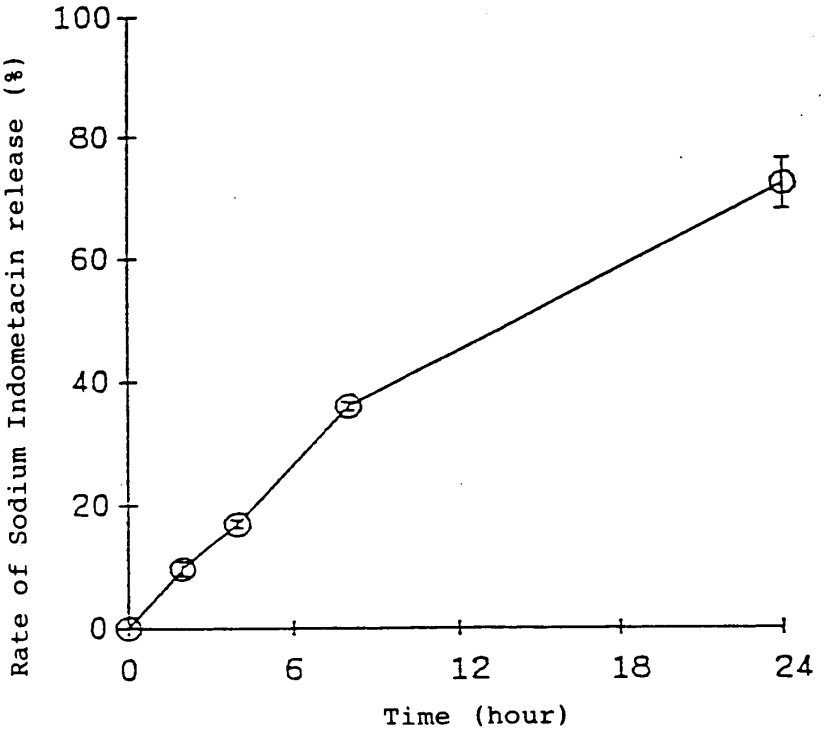

Rate of Propranolol Hydrochloride release (%)
100
80
60
40
20
0
0
6
12
18
24
Time (hour)

Figure 2


Rate of Sodium Indometacin release (%)
100
80
60
40
20
0
0
6
12
18
24
Time (hour)

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Beschreibung

Zahnpflegemittel werden seit vielen Jahren als Pasten, sogenannte Zahnpasten hergestellt. Dabei ist der wesentliche Ausgangsstoff eine Schlämmkreide, die mit Wasser, Glycerin, waschaktiven Stoffen und Verdickungsmitteln zu einer Paste verarbeitet und in Tuben oder Spendern abgefüllt wird. Die Zahnpasta hat den Markt erobert, während andere Zahnpflegemittel wie Tropfen, Zahnseifen und - pulver oder Granulate kaum noch eine Rolle spielen. Mit den Mitteln soll der bakterielle Zahnbelag entfernt, Kariesprophylaxe betrieben sowie die Reinigung der Zähne schonend und durch die Bürstenbehandlung wesentlich unterstützt durchgeführt und der Mundraum gründlich gereinigt und angenehm erfrischt werden.

In neuerer Zeit hat sich das Bild der Zahnpasten nicht wesentlich verändert, obwohl die Rezepturen in vielerlei Hinsicht abgewandelt wurden. Die Verwendung einer recht groben Kreideform zum mechanischen Reinigen der Zähne wich mehr und mehr modernen, feineren Poliermitteln auf Basis von Aluminiumoxid oder Siliciumdioxid (Kieselgele). Neben Tensiden finden strukturbildende Komponenten und ausgefeilte Geschmackskorrigentien Verwendung. Oft werden Wirkstoffe wie insbesondere verschiedene Fluorderivate oder Mineralsalze zugefügt. Das Volumen konnte teilweise reduziert werden; sicherlich hat die Einführung und allgemeine Verwendung elektrischer Zahnbürsten hierbei einen starken Einfluß gehabt.

Die Handhabung von Zahnpasten ist jedoch mit einer Reihe von Nachteilen verbunden. Weil die Dosierung aus einfachen Tuben Schwierigkeiten bereitet, hat man in neuerer Zeit Zahnpastaspender entwickelt, welche jeweils eine vorbestimmte Menge Zahnpasta abgeben. Diese Spender sind jedoch verhältnismäßig groß und daher keinesfalls zur Mitnahme auf Reisen geeignet. Tuben sind druckempfindlich und daher auf Reisen ebenfalls nicht ideal. Sowohl in Spendern als auch in Tuben kann Zahnpasta austrocknen, so daß die angebrauchten Behälter dann weggeworfen werden müssen. Ferner lassen sich sowohl Tuben als auch Spender nicht vollständig entleeren. Nach Verbrauch bleiben die aus Metall oder Plastik hergestellten Behälter zurück und verursachen Umweltprobleme.

Aus der GB-A-21 63 348 sind Zahnreinigungstabletten bekannt, welche durch Zerbeißen und längeres Kauen im Munde eine pastenartige Konsistenz annehmen und dann zur Zahnreinigung dienen können. Eine Anwendung in der üblichen Weise durch Aufbringung auf eine Zahnbürste und anschließendes Einführen in den Mund ist nicht möglich. Verbrauchern mit schadhaften Zähnen oder Zahnersatz ist ein Zerbeißen spröder, harter Tabletten nicht möglich. Ferner können Kautabletten dieser Art auch nicht zur Reinigung künstlicher Zähne bzw. Gebisse verwendet werden.

Der Erfindung liegt demgegenüber die Aufgabe zugrunde, eine neue Verabreichungs- und Dosierungsform für Mund- und Zahnpflegemittel zu entwickeln, welche die vorstehend genannten Nachteile nicht aufweist, sich jedoch ähnlich wie Zahnpasta mit Hilfe einer Zahnbürste anwenden läßt.

Insbesondere soll eine genaue Dosierung für eine Zahnreinigung ermöglicht und sichergestellt werden, daß das Mittel vollständig aufgebraucht werden kann, ohne daß Reste in der Packung zurückbleiben.

Das erfindungsgemäße Mund- und Zahnpflegemittel auf Basis von Tensiden, Poliermitteln, Aromastoffen sowie weiteren üblichen Zusätzen ist dadurch gekennzeichnet, daß die Wirk- und Zusatzstoffe in ein Bindemittel oder eine Bindemittelmischung eingearbeitet sind, welche aus wasserlöslichen oder -quellbaren, physiologisch unbedenklichen Folienbildnern bestehen, wobei die gebildete Folie in Dosiseinheiten vorzerteilt ist.

Als Bestandteile des Mund- und Zahnpflegemittels kommen die Komponenten in Frage, welche üblicherweise zur Herstellung von Zahnpasten Verwendung finden, wobei natürliche Rohstoffe besonders bevorzugt sind. Wichtig ist darüber hinaus, daß alle Bestandteile völlig ungiftig und physiologisch unbedenklich sind, was selbstverständlich auch für die verwendeten Folienbildner gilt. Als wesentliche Bestandteile von Zahnpflegemitteln sind zu nennen:

- Schleifmittel wie Kreide (Calciumcarbonat), Calcium- und Natriumphosphate, Aluminiumoxid oder Siliciumdioxid, insbesondere Kieselgele
- Tenside (Schaummittel) wie Natriumlaurylsulfat, Natriumlaurylsulfoacetat, Sarcoside, Monoglyceridsulfate und andere
- Aromastoffe wie Pfefferminzöl, Krauseminzöl, Anisöl, Zimtöl, Nelkenöl, Menthol und ähnliche
- Süßstoffe wie Saccharin, Cyclamat, Aspartam und ähnliche.

Die in Zahnpasten üblicherweise enthaltenen flüssigen Komponenten wie Glycerin, Propylenglykol oder Sorbitsirup müssen den erfindungsgemäßen Mitteln in Folienform nicht in den üblichen Mengen zugesetzt werden, da hier die für Tuben oder Spender erforderliche Plastizität keine Rolle spielt. Weitere übliche Zusätze wie Fluorverbindungen, Mittel gegen Zahnsteinbildung, antibakterielle Wirkstoffe und ähnliche, wie sie in Mund- und Zahnpflegemitteln üblicherweise Verwendung finden, können auch erfindungsgemäß eingesetzt werden.

Als wasserlösliche bzw. -quellbare Folienbildner eignen sich vor allem Stärken, Gelatinen, Glycerin und-/oder Sorbit sowie ferner natürliche oder synthetische Harze und Gumme. Folgende Rahmenrezeptur hat sich

bewährt:

Gelatine	8 - 10 g
Stärke	3 - 8 g
Glycerin	1 - 2 g
Wasser	30 - 50 g.

In dieser Grundmasse werden die Bestandteile des Mund- und Zahnpflegemittels gelöst bzw. dispergiert, um eine gleichmäßige Verteilung der Stoffe zu erreichen. Die so erhaltene Mischung kann erfindungsgemäß in verschiedener Weise zu einem folienförmigen Mund- und Zahnpflegemittel verarbeitet werden:

a) Es ist einmal möglich, die Masse direkt zu einer Folie zu verarbeiten, welche im allgemeinen eine Dicke zwischen 0,1 und etwa 3 mm aufweist. Durch Sollbruchstellen mittels Stanzung oder Perforierung kann diese Folie in Dosiseinheiten vorzerteilt werden, wobei die Streifenbreite und -länge vorzugsweise etwa der Zahnbürstengröße, d.h. der von den freien Borstenenden gebildeten Fläche des Borstenblocks oder der Längsquerschnittfläche des Borstenblocks in der Borstenebene entsprechen sollte.

b) Alternativ kann die Masse auf eine Trägerfolie aufgebracht werden, deren Zusammensetzung derjenigen des Bindemittels der Masse entspricht, wie dies in der EP-A-219,762 im einzelnen offenbart ist. Auch die auf diese Weise erhaltenen Folien können wie oben angegeben vorzerteilt werden.

c) Es ist ferner möglich, die Masse auf eine Releasefolie oder ein Releasepapier aufzubringen, wie dies aus der EP-A-259 749 bekannt ist. In diesem Fall wird die Beschichtung in einzelne Abschnitte der oben angegebenen Größe vorzerteilt, welche sich ähnlich wie Haftetiketten von der Trägerfolie vor Gebrauch abziehen lassen.

In allen Fällen erhält man eine Darreichungs- und Dosierungsform, deren Anwendung besonders leicht ist, da die jeweils zu verwendende Menge gleichmäßig vorgegeben ist. Eine Dosis wird in Form eines Folienabschnittes abgetrennt bzw. abgezogen und auf die angefeuchtete Zahnbürste bzw. zwischen die Borsten gelegt, wo sie durch die Feuchtigkeitsberührung haftet und anquillt. Durch das Einführen in die Mundhöhle und in Verbindung mit dem Speichel und der intensiven Zahnbürstenbewegung wird der Streifen an- und aufgelöst, so daß die Inhaltsstoffe zur vollen Wirkung gelangen. Nach der Anwendung und der anschließenden Mundspülung mit Wasser verbleiben keinerlei Rückstände im Mund.

Gewünschtenfalls können die Folien in unterschiedlicher Weise bedruckt, geprägt oder gestanzt werden, wobei beispielsweise für Kinder auch bildliche Darstellungen möglich sind. Es entfällt das Öffnen und Schließen von Tubenverschlüssen, es wird keine Zahnpasta vergeudet und die erfindungsgemäße Darreichungsform läßt sich auch besondes gut auf Reisen einsetzen, da sie leicht ist, ein Auslaufen nicht befürchtet werden muß und sie äußerst wenig Platz beansprucht. Die Verpackung ist umweltfreundlich in Pappschachteln ohne Verwendung von Metallen oder Kunststoff möglich.

Die Mittel der Erfindung eignen sich nicht nur zur Zahnpflege im Mund, sondern bei geeigneter Zusammensetzung auch zur Reinigung und Pflege von künstlichen Zähnen und Gebissen. Für diesen letzteren Einsatzzweck ist eine Mehrfachbeschichtung besonders günstig, bei der sich in einer Schicht die reinigenden, desinfizierenden und sauren Komponenten befinden, während sich, ggf. getrennt durch eine ebenfalls wasserlösliche Sperrschicht, in einer zweiten Schicht die CO_2 bzw. O_2 abgebenden Substanzen enthalten sind.

Beispiel

Ein erfindungsgemäßes Zahnpflegemittel hat folgende Zusammensetzung:

Amylogum	57,0 g
Honig	25,0 g
Zitronensäure	2,0 g
Titandioxid	1,0 g
Aroma	1,0 g
Siliciumdioxid	3,0 g
Ca-Hydrog-phos.	10,0 g
Na-Laurylsulfat	1,0 g

Mit der erforderlichen Menge Wasser wird ein Brei hergestellt, der zu einer Folie verarbeitet wird, die ca. 0,5 mm dick ist. Durch Perforation wird die Folie in Abschnitte von 8 x 35 mm unterteilt.

Gegebenenfalls kann die Masse auch als Beschichtung auf ein Releasepapier als Träger aufgebracht und durch Stanzung in Abschnitte der angegebenen Größe vorzerteilt werden.

Patentansprüche

1. Mund- und Zahnpflegemittel auf Basis von Tensiden, Poliermitteln, Aromastoffen sowie weiteren üblichen Zusatzstoffen, dadurch gekennzeichnet, daß die Wirk- und Zusatzstoffe in ein Bindemittel oder eine Bindemittel-Mischung eingearbeitet sind, welche aus wasserlöslichen oder -quellbaren, physiologisch unbedenklichen Folienbildnern bestehen, und daß diese Mischung zu einer Folie verarbeitet ist, wobei die so gebildete Folie in Dosiseinheiten vorzerteilt ist.

2. Mund- und Zahnpflegemittel gemäß Anspruch 1, dadurch gekennzeichnet, daß es als Folienbildner Stärken, Gelatinen, Glycerin und/oder Sorbitol oder natürliche und/oder synthetische Harze und Gumme enthält.

3. Mund- und Zahnpflegemittel gemäß Anspruch 1, dadurch gekennzeichnet, daß es als Folienbildner Amylogum enthält.

4. Mund- und Zahnpflegemittel nach den Ansprüchen 1 bis 3, dadurch gekennzeichnet, daß es als Folienbildner eine Mischung aus 8 bis 10 Gewichtsteilen Gelatine, 4 bis 8 Gewichtsteilen Stärke und 1 bis 2 Gewichtsteilen Glycerin enthält.

5. Mund- und Zahnpflegemittel nach den Ansprüchen 1 bis 4, dadurch gekennzeichnet, daß es aus einer Trägerfolie aus dem Bindemittel oder der Bindemittel-Mischung besteht, auf welche eine Schicht aufgebracht ist, welche die Bestandteile des Pflegemittels zusammen mit Bindemittel oder der Bindemittel-Mischung enthält, wobei das Bindemittel oder die Bindemittel-Mischung in der Trägerfolie und in der Beschichtung im wesentlichen die gleiche qualitative Zusammensetzung aufweisen.

6. Mund- und Zahnpflegemittel nach den Ansprüchen 1 bis 4, dadurch gekennzeichnet, daß eine Beschichtung aus den Bestandteilen des Pflegemittels und dem Bindemittel oder der Bindemittel-Mischung auf eine Trägerfolie in Form eines Trennpapiers, eines Trennfilms oder einer Trennfolie aufgebracht ist, wobei die Beschichtung nach Vorzerteilung in Dosiseinheiten von dem Trägermaterial dosisweise abziehbar ist.

Claims

1. Oral and dental hygiene preparation based on surfactants, polishing agents, flavours, and other conventional additives, characterised in that the active ingredients and additives are incorporated in a binder or a binder mixture comprising water-soluble or water-swellable, physiologically harmless film formers, and in that said mixture is processed to a film, the film thus formed being predivided into dose units.

2. Oral and dental hygiene preparation according to claim 1, characterised in that it contains as film formers starches, gelatins, glycerol and/or sorbitol or natural and/or synthetic resins and gums.

3. Oral and dental hygiene preparation according to claim 1, characterised in that it contains starch gum as film former.

4. Oral and dental hygiene preparation according to claims 1 to 3, characterised in that it contains as film former a mixture of 8 to 10 parts by weight of gelatin, 4 to 8 parts by weight of starch and 1 to 2 parts by weight of glycerol.

5. Oral and dental hygiene preparation according to claims 1 to 4, characterised in that it comprises a carrier film made of the binder or the binder mixture, onto which is deposited a layer which contains the constituents of the hygiene preparation together with binder or the binder mixture, whereby the binder or the binder mixture in the carrier film and in the coating have essentially the same qualitative composition.

6. Oral and dental hygiene preparation according to claims 1 to 4, characterised in that a coating consisting of the constituents of the hygiene preparation and the binder or the binder mixture is deposited on a carrier film in the form of a release paper, a release film or a release sheet, whereby the coating can be removed in doses from the carrier material after predivision into dose units.

Revendications

1. Préparation d'hygiène bucco-dentaire à base d'agents tensio-actifs, d'agents de polissage, de substances aromatiques ainsi que d'autres ingrédients habituels, caractérisée en ce que les principes actifs et les ingrédients additionnels sont incorporés à un agent liant ou à un mélange d'agents liants, qui sont constitués d'agents filmogènes solubles ou gonflables dans l'eau, physiologiquement sans danger, le film formé étant prédivisé en unités de dosage.

2. Préparation d'hygiène bucco-dentaire selon la revendication 1, caractérisée en ce qu'elle contient à titre d'agents filmogènes des amidons, des gélatines, de la glycérine et/ou du sorbitol ou des résines et des gommes naturelles et/ou synthétiques.

3. Préparation d'hygiène bucco-dentaire selon la revendication 1, caractérisée en ce qu'elle contient à titre d'agent filmogène de l'amylogum.

4. Préparation d'hygiène bucco-dentaire selon les revendications 1 à 3, caractérisée en ce qu'elle contient à titre d'agent filmogène un mélange de 8 à 10 parties en poids de gélatine, de 4 à 8 parties en poids d'amidon et de 1 à 2 parties en poids de glycérine.

5. Préparation d'hygiène bucco-dentaire selon les revendications 1 à 4, caractérisée en ce qu'elle est constituée d'une feuille de support formée de l'agent liant ou du mélange d'agents liants, feuille de support sur laquelle est appliquée une couche qui contient les composants de la préparation d'hygiène conjointement avec l'agent liant ou le mélange d'agents liants, l'agent liant ou le mélange d'agents liants de la feuille de support et du revêtement ayant essentiellement la même composition qualitative.

6. Préparation d'hygiène bucco-dentaire selon les revendications 1 à 4, caractérisée en ce que l'on applique un revêtement formé des composants de la préparation d'hygiène et de l'agent liant ou du mélange d'agents liants sur une feuille de support sous la forme d'un papier de séparation, d'un film de séparation ou d'une feuille de séparation, le revêtement pouvant être séparé de la matière de support par doses individuelles après prédivision en unités de dosage.

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(54) **Non-porous collagen sheet for therapeutic use, and the method and apparatus for preparing it.**

(57) Type I collagen gel with an H_2O content not exceeding 20% by weight, in the form of a sheet of thickness between 0.02 and 2 mm, of compact transparent structure, with a capacity for absorbing aqueous biological liquids limited to a maximum of 15 times its weight, being free from native collagen degradation products, and suitable for the therapeutic treatment of wounds and burns.

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Collagen is a scleroprotein widespread in nature. It represents about one third of the total proteins of the human body.

Medical practice has recently seen the introduction of the use of collagen as a stimulating agent in the cicatrization process involving an interaction effect with various growth factors, because of its capturing action on fibronectin, a glycoprotein which promotes cell attachment and the migration and replication of the resultant cells (see "Il collageno nella cicatrizzazione" by B. Palmieri, publ. Artestampa, January 1990, pp. 40-42) and other actions which are still not totally clear. The known collagen product, using a particular non-denaturing process, is prepared in stable form by a process of extraction from animal organs rich in this scleroprotein, purification and subsequent lyophilization.

The final product is in the form of mats of greater or lesser thickness, characterised by high absorbent power (exudates and liquids in general) because of its structure in the form of fibres which are spaced apart and branched in such a manner as to make a large specific surface available for absorption (up to 50 times its weight). The hydrophilic nature of collagen also greatly favours this absorbent power.

In addition to the aforesaid function, the role of collagen in cicatrization is characterised by collagen/platelet interaction and the formation of a bond between the collagen, the fibronectin and the growth factors, molecules which are known to be implicated in regulating the cicatrization process (see pages 45-46 of the aforesaid text).

There are however cases in which the absorbent formation of the collagen sponge and its hydrophilic nature lead to an excessive loss of physiological liquids. It is well known that an evaporation process normally occurs through the undamaged skin, and this increases considerably in the case of skin lesion, resulting in dehydration of the underlying layers. The phenomenon is accentuated for example in burn cases, when large skin portions are damaged traumatically. In this case the absorbent effect of lyophilized collagen further increases the process of evaporation, with consequent damage to the underlying structure.

The present invention provides a product which while maintaining the rapid cicatrization characteristics of collagen, at the same time prevents excessive evaporation, allows constant inspection of the bed of the wound without having to be removed (transparency), is simple and practical to use, adheres satisfactorily to the injured surface, does not require frequent replacement, can transpire to allow oxygenation of the bed of the wound while preventing its contamination by bacteria, is absorbable but not soluble in the biological liquids with which it comes into contact, unless by specific enzymatic action, and is structurally homogeneous.

Another important characteristic of the collagen according to the invention is that of being suitable as interposition material for preventing accretions in the internal surgery operations.

To obtain a product with these characteristics, type I collagen was used as defined in Table 1 on page 3 of the aforestated text, this having the characteristic of being insoluble in the various types of biological liquids. Type I collagen present in the skin represents about 80% of the total located in the deep dermis, 90-95% in the tendons and 100% in the bones. Type I collagen is therefore the most biologically similar to that present in the human skin.

Because of its insolubility, in order to obtain a product of homogeneous structure, use was made of the known method of dispersing fibrous collagen in a dilute acetic acid solution of about pH 2.5 and maintaining agitation until a good dispersion of the collagen fibres in the liquid is obtained. At this pH value the fibres swell to form a gel. The gel obtained, still comprising fibre fractions which have not completely gelled and possibly corpuscles of extraneous substances, is further diluted with an acetic acid solution of pH 2.5-3.5 until a sufficiently fluid mass is obtained, which is then filtered.

The filtering, which is done under vacuum, uses a special filter, indicative (but not limitative) characteristics of which are given hereinafter, and allows practically total elimination of the inevitable air bubbles which form during gelling and are difficult to eliminate given the viscosity of collagen gel.

By the effect of the vacuum, which has to be of the order of 30 mmHg residual pressure, these bubbles increase their volume, the passage through the mesh then breaks down and eliminates them. It has been found experimentally that the best filtration conditions to achieve the described phenomenon are a gel temperature of 10-30 °C, preferably 25-28 °C, and a residual vacuum of 20-60 mmHg, preferably about 30 mmHg.

These data are indicative and have been found experimentally to be the most effective, although not representing a limitation on the operating conditions of this process.

The filtered gel is collected in a closed vessel maintained under vacuum and constructed in such a manner that the filtered gel runs along vessel partition walls located below the filter mesh and structured to produce a continuous liquid film which does not allow further air absorption after filtration, following inclusion of air bubbles.

The filtered gel is further maintained under vacuum at 20-25 mmHg for a further hour to allow total elimination of any air bubbles which may still

be present in the gel.

FILTER APPARATUS

The filter required for filtering the collagen gel, which besides eliminating the solid particles, which are retained on the mesh, also eliminates the air bubbles contained in it, consists of an upper cylindrical stainless steel shell provided with a scraping stirrer to keep the collagen gel mixed and to remove solid particles from the mesh so that they do not clog it. The bottom of the cylindrical shell houses a stainless steel mesh with a mesh size of less than 0.1 mm (Taurail meshes have been found to be particularly effective).

The lower part (below the mesh) consists of a cylindrical shell in which vacuum can be generated by a suitable pump. The air bubbles contained in the gel which filters through the mesh increase considerably in volume because of the vacuum.

At about 3 mm below the filter mesh there is a device consisting of a series of stainless steel plates which are vertically or raking placed and parallel between them. The filtered gel descends along these plates in the form of a continuous liquid film and runs by gravity towards the bottom of the vessel.

Those air bubbles which do not break down by the effect of the reduced pressure remain mainly in the upper part of the device whereas the gel, now free or almost free of air, runs to the bottom of the vessel. Any very small bubbles still present in the filtered gel decrease considerably in volume when returned to atmospheric pressure, so that they become practically absent.

In this respect, during filtration because of the difference between the pressure of the gel environment before filtration and the residual pressure below the mesh (about 30 mmHg), the bubble volume increases more than 25 times. Likewise, on passing from vacuum to the environmental pressure the bubble volume decreases 25 times. Hence the air bubbles of diameter less than 0.100 mm (advisable mesh passage size) have a diameter of less than 0.034 mm when returned to atmospheric pressure, ie are practically invisible. During drying, these residual bubbles are eliminated without leaving appreciable craters in the structure of the obtained sheet.

This means that extremely uniform thicknesses can be obtained over the entire sheet surface, so avoiding any porosity which could represent a point of preferential attack by enzymatic action, which would annul the protective effect against invasion by micro-organisms.

DRYING

The filtered gel obtained as described, free from extraneous particles and air bubbles and perfectly clear and transparent, can then be used for preparing films of desired thickness and diameter.

For this, after analysis to exactly determine the concentration of the filtered gel, exactly measured quantities for obtaining films with the desired collagen thickness must be metered into suitable containers. This metering is generally effected by a suitable peristaltic pump which prevents incorporating air into the gel while at the same time preventing heating or friction which could damage the structure of the collagen protein. The containers are of tray shape and are formed of antiadherent material.

The described trays loaded with the gel in a controlled environment (relative humidity 60-80% temperature 20-22 °C, environment class 10,000 or less) are placed in a suitable controlled drying oven where they are left to stand for at least two hours to obtain perfect gel thickness uniformity. The oven is purged with a nitrogen stream for about 30 minutes to totally eliminate air and remove oxygen, in order to ensure constant operating conditions and prevent possible oxidation.

This operation has also been shown to practically totally block the growth of micro-organism colonies, which sometimes occurs if the procedure is carried out with air present in the environment.

Drying is effected in a nitrogen stream under closed cycle.

The drying, being the critical stage for obtaining films with the desired characteristics, is conducted under particular conditions in an appropriate oven shown schematically in Figure 1.

In this, the reference numeral 1 indicates the drying trays resting on perforated side walls, V indicates the fan for circulating nitrogen through the apparatus, N_2 indicates the nitrogen feed valve, GF indicates the refrigeration unit with coil, S represents a parallel plate device for separating condensate droplets, T_1 indicates a first thermometer, SC indicates the condensed water discharge, R indicates the heating device, T_2 indicates a second thermometer, I_1 indicates a first hygrometer, MO indicates an oxygen meter (analyzer), Sg indicates the gas discharge, Tr indicates an overpressure trap and I_2 indicates a second hygrometer.

The oven is arranged in this manner to satisfy the following requirements:

1) the facility for eliminating air by purging with nitrogen to a residual oxygen content of less than 2%;

2) the facility for varying the nitrogen cooling and heating temperature to a maximum of 30 °C, to control the relative humidity in the drying chamber and the water evaporation rate;

3) the facility for regulating the rate of nitrogen

circulation through the chamber so as not to create high flow points and hence maintain a uniform drying rate over the entire surface and prevent the formation of creases which, besides being undesirable from the appearance aspect, are an indication of different collagen concentrations and poor homogeneity of drying (localized drying).

The H_2O content of the product must not be higher than 20% by weight. It is preferable to achieve a higher level of drying (down to 2% or 3% of H_2O), in particular to ensure proper elimination of the acetic acid present in the initial gel. The dried product obtained easily reabsorbs moisture from the environment, while being maintained within the maximum limit of 20%.

EXAMPLE

The conditions found experimentally to be most appropriate for conducting a drying cycle are given below by way of non-limiting example.

1st stage:

Nitrogen purging until the oxygen content is less than 1%, standing for two hours to come to equilibrium, loaded gel level 10 mm, gel collagen concentration 0.5%.

2nd stage:

Starting of nitrogen circulation by fan.
Nitrogen temperature after cooling -5 °C (T_1).
Nitrogen temperature after heating 26-28 °C (T_2).
Time about 12 hours.
Relative humidity entry to drying region (point I_1) 12-14%.
Relative humidity exit of drying region (point I_2) 70-80%.

3rd stage:

Nitrogen temperature after cooling -15 °C (T_1).
Nitrogen temperature after heating 26-28 °C (T_2).
Time about 12 hours.
Relative humidity entry to drying region (point I_1) 6-7%.
Relative humidity exit of drying region (point I_2) 45-50%.

4th stage:

Final drying
Nitrogen temperature after cooling -40 °C (T_1).
Nitrogen temperature after heating 26-28 °C (T_2).
Time about 12 hours.

5th stage:

Product discharge, preparation of a new load. Complete removal of water from the cooling coil and purging the oven by nitrogen circulation at 70-80 °C for two hours, cooling to 20 °C and loading new product.

The nitrogen flow rate through the drier is adjusted on the basis of the required degree of drying.

A semi-transparent film with a thickness of about 200 micron is obtained. The thickness can vary in general between 0.02 and 2 mm.

This represents a non-specific item for the purposes of the therapeutic application as it determines only the product absorption time but not its specific characteristics. The degree of drying can also vary as stated.

The characteristics of the film obtained are:

- maintaining of the "native" structure of collagen fibre (the classical triple spiral structure of collagen has been demonstrated by the electron microscope)
- absence of degradation products such as monomers or dimers of collagen not organized into fibrils, or gelatin, an indication of potential allergenicity
- high protein nitrogen content (exceeding 90%)
- high hydroxyproline content (exceeding 12%)
- low absorbent power (about 10-15 times its weight against 50 times for the lyophilized product of the known art)
- high resistance to enzymatic attack
- good product transparency
- excellent plasticity after immersion in physiological solution.

The product obtained in this manner is sterilized by irradiation with gamma rays and used in the treatment of burns and generally all cases of skin removal or damage.

The result is excellent both in terms of tolerance (no case of allergenicity or hypersensitivity to the medicament has been recorded, the native characteristic of the product remaining unaltered during the process) and in terms of pain attenuation.

The cicatrization time is very rapid and product absorption considerably longer compared with equivalent treatment using lyophilized collagen (sponge) and consequently there is lesser need to replace it. Exudate loss is very low, and much lower than that when using lyophilized collagen.

The transparency of the product means that the progress of the injury can be viewed without the need to remove the collagen sheet (generally a painful procedure).

The product can be presented in the form of sheets of different dimensions (square, rectangular, round, elliptical or others) supported or not supported by adhesives (such as plasters) or by sheets of inert substances such as nylon, polyurethane, polyethylene etc., or associated during the drying process, or subsequently, with pharmacologically active substances.

Claims

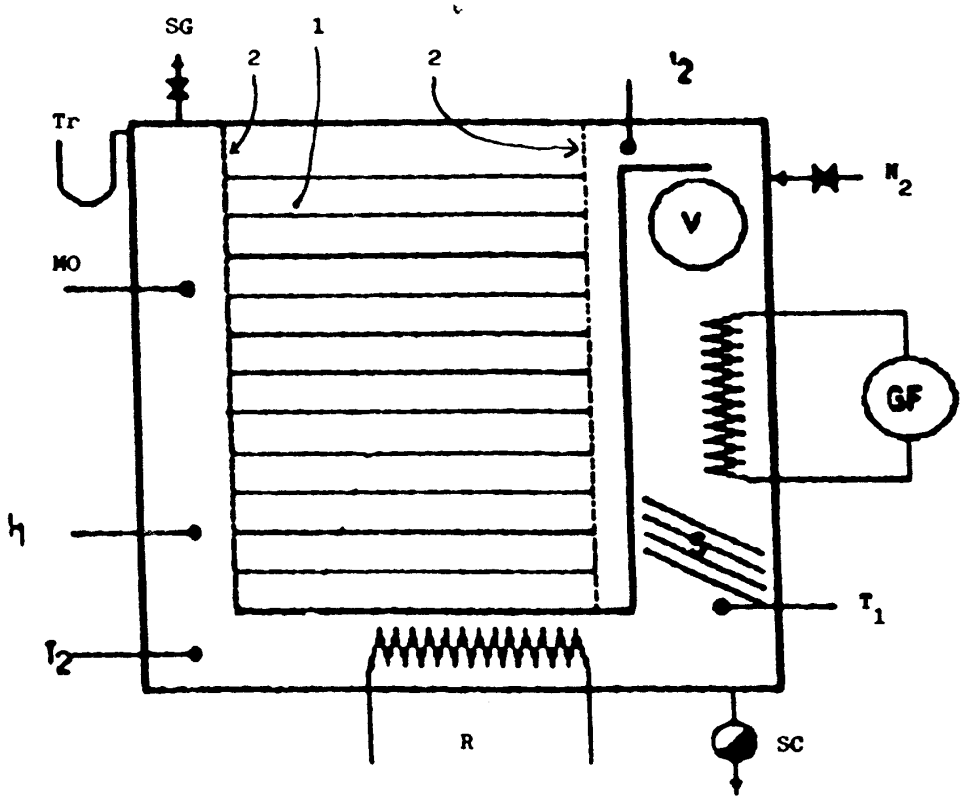
1. Type I collagen gel with an H_2O content not exceeding 20% by weight, in the form of a sheet of thickness between 0.02 and 2 mm, of compact transparent structure, with a capacity for absorbing aqueous biological liquids limited to a maximum of 15 times its weight, being free from native collagen degradation products, and suitable for the therapeutic treatment of wounds and burns.

2. A method for preparing collagen gel sheets claimed in claim 1 from aqueous diluted collagen gel of pH 2.5-3.5, comprising filtering the gel through a filter surface with a passage size of less than 0.1 mm, the filter being under a vacuum of 20-60 mmHg and provided with a device for preventing the incorporation of gas bubbles into the filtrate, then drying the liquid gel contained in trays with a nitrogen stream under controlled temperature and relative humidity conditions.

3. A device suitable for filtering the collagen gel in accordance with claim 2, consisting of a metal mesh with a mesh size of less than 0.1 mm and provided with a pack of parallel plates in the region below the filter mesh, for the purpose of conveying the filtrate as a continuous liquid film.

4. A device suitable for drying the collagen gel in accordance with claim 2, comprising a drying region for the liquid contained in trays, means for circulating a nitrogen stream in closed circuit through the drying region and through the cooling and heating regions, and means for controlling the cooling and heating temperature to obtain a gas stream of controlled relative humidity entering the drying region.

FIG. 1



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(54) Method of preparing a water soluble film

(57) The present invention provides a method of preparing a water soluble film. The method comprises (a) preparing a solution comprising a film former, a water soluble plasticizer, a pharmaceutically active agent, and a solvent; (b) drying the solution at a temperature of from about 50 to about 100° C to form a film; and (c) curing the film at a temperature of from about 15 to about 60° C and at a relative humidity of at least about 30%. The film former is a polyacrylic acid, cellulose derivatives, polyethylene oxide, polyvinyl alcohol, or any combination of any of the foregoing. The water soluble plasticizer contains at least one of a hydroxyl, amido, or amino group and has a boiling point greater than about 150° C. The water soluble film of the present invention may be incorporated into vaginal devices, such as tampons and applicators. This method produces a uniform and homogeneous film which is more flexible and drips less than prior water soluble films, especially those incorporated into vaginal dosage forms. As a result, the film is less irritating. Furthermore, unlike most prior art water soluble films, the film may be shaped to provide a larger contact area within a body cavity, such as the vagina, in order to increase drug delivery. The film is also non-messy.

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Description

[0001] This application claims priority from U.S. Serial No. 60/172,085, filed December 23, 1999, which is incorporated herein by reference.

FIELD OF THE INVENTION

[0002] The present invention relates to a method of preparing a water soluble film for use in dosage unit forms, such as tampons and applicators.

BACKGROUND OF THE INVENTION

[0003] Current vaginal dosage forms, except the sponge and film, are messy to use and readily drip out of the vagina. Furthermore, the sponge requires removal after use and is believed to cause infection. Films often cause irritation due to their rigidity and sharp edges.

[0004] U.S. Patent Nos. 5,393,528 and 5,529,782 disclose a device having a dissolvable element for administration of an agent material in an internal body area. The dissolvable element is a film made of polyvinyl alcohol, polyethylene oxide, and/or a complex carbohydrate material.

SUMMARY OF THE INVENTION

[0005] The present invention provides a method of preparing a water soluble film. The method comprises the steps of (a) preparing a solution comprising a film former, a water soluble plasticizer, a pharmaceutically active agent, and a solvent; (b) drying the solution at a temperature of from about 50 to about 100° C to form a film; and (c) curing the film at a temperature of from about 15 to about 60° C and a relative humidity of at least about 30%. The film former is a polyacrylic acid, cellulose derivative, polyethylene oxide, polyvinyl alcohol, or any combination of any of the foregoing. The water soluble plasticizer contains at least one of a hydroxyl, amido, or amino group and has a boiling point greater than about 150° C. The water soluble film of the present invention may be incorporated into vaginal devices, such as tampons and applicators. The formulation of the film may be optimized as known in the art to provide controlled release of the pharmaceutically active agent.

[0006] This method produces a uniform and homogeneous film which is more flexible and drips less than prior water soluble films, especially those incorporated into vaginal dosage forms. As a result, the film is less irritating. Furthermore, unlike most prior art water soluble films, the film may be shaped to provide a larger contact area within a body cavity, such as the vagina, in order to increase drug delivery. The film is also non-messy.

[0007] Another embodiment of the present invention is a dosage unit form, such as a tampon or applicator, comprising a water soluble film prepared by the aforementioned method.

DETAILED DESCRIPTION OF THE INVENTION

[0008] The method of the present invention comprises the steps of (a) preparing a solution comprising a film former, a water soluble plasticizer, a pharmaceutically active agent, and a solvent; (b) drying the solution at a temperature of from about 50 to about 100° C to form a film; and (c) curing the film at a temperature of from about 15 to about 60° C and at a relative humidity of at least about 30%. The inventors have discovered that curing the film under the aforementioned conditions produces a significantly more flexible film which drips less when administered into the vagina and other body cavities than the same film prepared without curing. The film is also non-messy, uniform, and homogeneous.

[0009] The solution may be prepared by mixing the ingredients, if the pharmaceutically active agent is water soluble.

[0010] Water insoluble pharmaceutically active agents may be dispersed, preferably uniformly, in the solvent by any method known in the art. The other ingredients may be added before or after dispersing the pharmaceutically active agent.

[0011] The film former is a polyacrylic acid, cellulose derivative, polyethylene oxide, polyvinyl alcohol, or any combination of any of the foregoing. Suitable cellulose derivatives include, but are not limited to, hydroxyethyl cellulose, carboxymethyl cellulose, hydroxypropyl cellulose, hydroxypropylmethyl cellulose, and any combination of any of the foregoing. The film former is preferably polyvinyl alcohol. More preferably, the film former is a partially hydrogenated polyvinyl alcohol, such as Elvanol™ grade 51-05, 52-22, and 50-42 available from DuPont Co. of Wilmington, DE, and Airvol™ grade 205S and 523S available from Air Products & Chemicals, Inc., of Allentown, PA. The viscosity of the polyvinyl alcohol generally ranges from about 3 to about 1000 cps and preferably ranges from about 3 to about 50 cps. The solution typically comprises from about 5 to about 40% by weight and preferably from about 15 to about 35% by

weight of film former, based upon 100% total weight of solution.

[0012] The water soluble plasticizer contains at least one of a hydroxyl, amido, or amino group and has a boiling point greater than about 150° C. Preferably, the boiling point of the plasticizer is greater than about 180° C. Suitable plasticizers include, but are not limited to, polyhydroxy compounds, such as propylene glycol, polyethylene glycol, glycerin, and any combination of any of the foregoing. Other suitable plasticizers include, but are not limited to, fatty acid derivatives having a melting point less than about 45 ° C, such as ehydrogenated vegetable oil available as Wecobee™ from Stepan Company of Northfield, IL, and hydrogenated coco-glycerides available as Witepsol H15™ from Hüls America of Somerset, N.J.; and fatty alcohol derivatives having a hydroxy value of greater than about 30. The solution typically comprises from about 0.1 to about 10% by weight and preferably from about 0.5 to about 5% by weight of water soluble plasticizer, based upon 100% total weight of solution.

[0013] The pharmaceutically active agent may be water-insoluble or water soluble. Suitable pharmaceutically active agents include, but are not limited to, imidazole antifungal agents, such as imidazole antifungal agents include, but are not limited to, miconazole, econazole, terconazole, ketoconazole, saperconazole, itraconazole, clotrimazole, tioconazole, and butaconazole; antibacterial agents, such as nystatin, neomycin, polymycin, tetracycline, clindamycin, and metronidazole; antiseptic agents, such as oxyquinoline benzoate and aminacrine; hormones, such as estrogens, testolactone, androgens, progestins, megestrol acetate, medroxyprogesterone acetate, esterified estrogens, conjugated estrogens, estradiol, polyestradiol, ethinyl estradiol, estropipate, diethylstilbestrol diphosphate, polyestradiol phosphate, and leuprolide acetate; anti-inflammatory agents, hydrocortisone, triamcinolone, betamethasone, flucinonide, and halcinonide; anesthetics, such as lidocaine and benzocaine; spermicides, such as nonoxynol-9 and octoxynol-9; and any combination of any of the foregoing. A preferred imidazole antifungal agent is miconazole nitrate. A preferred antibacterial agent is metronidazole. A preferred spermicide is nonoxynol-9.

[0014] Generally, the amount of pharmaceutically active agent in the solution is an amount effective to accomplish the purpose for which it is being used. The amount of pharmaceutically active agent is typically a pharmaceutically effective amount. However, the amount can be less than a pharmaceutically effective amount when the film is used in a dosage unit form, because the dosage unit form may contain a multiplicity of films or may contain a divided pharmaceutically effective amount. The total effective amount can then be determined in cumulative units containing, in total, a pharmaceutically effective amount of pharmaceutically active agent. The total amount of pharmaceutically active agent may be determined by those skilled in the art. Generally, the solution comprises from about 1 to about 30% by weight and preferably from about 5 to about 20% by weight of pharmaceutically active agent, based upon 100% total weight of solution.

[0015] The solvent may be water, ethanol, glycerin, ethylene glycol, amides, amines, or any combination of any of the foregoing. The solvent is preferably water or a mixture of water and ethanol. Preferably, the mixture comprises less than about 30% by weight of ethanol, based upon 100% total weight of mixture. The solution typically comprises from about 20 to about 90% by weight and preferably from about 40 to about 80% by weight of solvent, based upon 100% total weight of solution.

[0016] According to a preferred embodiment of the present invention, the solution comprises about 26.4% by weight of polyvinyl alcohol, about 2.4% by weight of glycerin, about 11.2% by weight of nonoxynol 9, and about 60% by weight of water, based upon 100% total weight of solution.

[0017] The solution may include other adjuvants, such as surfactants, preservatives, viscosity enhancers, colorants, fragrances, flavorants, lubricants, fillers, binders, wetting agents, penetration agents, pH adjusters, disintegrants, excipients, or any combination of any of the foregoing. Suitable surfactants include, but are not limited to, polyethylene glycol ether of cetearyl alcohol, such as ceteareth-20; hydrogenated coco-glycerides; and any combination of any of the foregoing.

[0018] The solution typically has a viscosity of from about 15,000 to about 30,000 cps at room temperature prior to drying. Generally, the water soluble film prepared by the method of the present invention has a thickness of from about 0.03 to about 0.50 mm. Preferably, the thickness of the film is from about 0.05 to about 0.10 mm.

[0019] The drying step is generally performed at a temperature of from about 50 to about 100° C. Preferably, the drying step is performed in two stages. In the first stage, the solution is heated to from about 50 to about 70° C. The solution in the first stage is typically heated for less than about 5 minutes. The solution is then heated to from about 70 to about 100° C during the second stage. The solution in the second stage is typically heated for less than about 25 minutes.

[0020] The curing step is preferably performed immediately after the drying step. Curing is generally performed at a temperature of from about 15 to about 60° C and at a relative humidity of at least about 30%. Preferably, the curing step is performed at a temperature of from about 25 to about 60° C. The curing step is preferably performed at a relative humidity of at least about 50% and more preferably at a relative humidity of from about 60 to about 90%. The solution may be dried and cured with a drying tunnel having multiple zones or chambers, such as a 5, 6, or 7 zone drying tunnel.

[0021] A preferred water soluble film prepared by the method of the present invention comprises about 66% by weight of polyvinyl alcohol, about 6% by weight of glycerin, and about 28% by weight of nonoxynol 9, based upon 100% total

weight of water soluble film.

[0022] The water soluble film may be coated or laminated onto a substrate, such as non-woven fiber or cotton, by pouring or casting the solution onto the substrate and then drying and curing the solution as described above. Casting may be performed by any method known in the art, such as with a weigh boat, stainless steel tray, teflon rod, cone shape rod, and reverse roller.

[0023] The water soluble film alone or coated or laminated on a substrate may be incorporated into a dosage unit form for administration into a body cavity, such as the vagina, rectum, and mouth. The dosage unit form may be a tampon or an applicator. For example, the film coated on a substrate may be utilized as a liner for a tampon. The dosage unit form is preferably flexible. The dosage unit form may be any shape, such as a flat sheet or thimble shape. Preferably, the film is contoured to maximize its contact area with the body cavity for which it is intended to be administered.

[0024] According to one embodiment, the outer wrap of the tampon is comprised of non-woven fiber laminiated with the water soluble film. According to another embodiment, the water soluble film is positioned between the inside material of a tampon, such as cotton, and an outer wrap, such as a non-woven fiber material.

[0025] A dosage unit form of the present invention containing an antifungal agent, such as miconazole, may be administered to treat yeast infections. It is possible to treat a yeast infection in 3 days, instead of the common 5 day period, with a dosage unit form of the present invention, since a film prepared by the present method has very little drip and may have controlled release of the antifungal agent.

[0026] The film may be formulated to be puncture resistant and tear resistant. Also, the film may be formulated to achieve desired release rates of the pharmaceutically active agent as known in the art.

[0027] The following examples are intended to describe the present invention without limitation.

Examples 1-32

[0028] Water soluble films having the formulations of Table 1 were prepared as follows. Water was heated to 50-80° C. The film former, *i.e.,* polyvinyl alcohol, is added to the water with constant mixing. The active ingredient, *i.e.,* nonoxynol-9, was added to the solution with constant mixing. The solution was mixed, deaerated, and cooled to room temperature. The solution was coated onto a substrate in the casting device indicated in Table 1 below. The substrate for Examples 1-8 was polypropylene. The substrate for Examples 9-18 and 32 was stainless steel. The substrate for Examples 19-25 was polyester. The substrate for Examples 26-28 was teflon. The substrate for Example 29 was a polyester liner. The substrate for Example 30 was aclar with foil liner. The substrate for Example 31 was a polyethylene and paper liner.

[0029] The solution was dried in a multi-zone drying tunnel to form a film. In Examples 1-28 and 31, the solution was dried at a temperature of about 60-90° C for less than about 30 minutes. In Examples 29 and 30, the solution was first dried at a temperature of about 60-75° C for less than about 8 minutes and then dried at a temperature of about 75-90° C for less than about 15 minutes. In Example 32, the solution was first dried at a temperature of about 60-80° C for less than about 5 minutes and then dried at a temperature of about 70-90° C for less than about 25 minutes.

[0030] After drying, the film was cured with moisture at a relative humidity of about 30-60% and at about room temperature. For examples 29 and 32, the film was cured with moisture at a relative humidity of about 60-90% and at a temperature of about 40-60° C.

[0031] The thickness of the film was measured. The results are shown in Table 1 below.

Table 1

Example	Casting Device	Nonoxynol-9 (% by weight)	Polyvinyl alcohol (<60 cps) (% by weight)	Polyvinyl alcohol (<30 cps) (% by weight)	Polyvinyl alcohol (<10 cps) (% by weight)	Plasticizer (% by weight)	Dry Film Thickness (mm)
1	Weigh Boat	33.33	33.33	-	-	33.33% PG	0.3
2	Weigh Boat	33.33	33.33	-	-	33.33% PEG 300	0.3
3	Weigh Boat	33.33	50.00	-	-	16.67% PEG 300	0.45
4	Weigh Boat	33.33	58.33	-	-	8.33% Glycerin	0.3
5	Weigh Boat	33.33	41.67	-	-	25.00% Glycerin	0.1
6	Weigh Boat	33.33	50.00	-	-	16.67% Glycerin	0.1
7	Weigh Boat	33.33	50.00	-	-	16.67% PG	0.2
8	Weigh Boat	33.33	41.67	-	-	25.00% PG	0.1
9	Stainless Steel Tray	33.00	58.67	-	-	8.33% Glycerin	0.07
10	Stainless Steel Tray	33.33	63.33	-	-	3.33% Glycerin	0.05

Example	Casting Device	Nonoxynol-9 (% by weight)	Polyvinyl alcohol (<60 cps) (% by weight)	Polyvinyl alcohol (<30 cps) (% by weight)	Polyvinyl alcohol (<10 cps) (% by weight)	Plasticizer (% by weight)	Dry Film Thickness (mm)
11	Stainless Steel Tray	33.33	58.33	-	-	8.33% PEG 300	-
12	Stainless Steel Tray	33.33	58.67	-	-	8.33% PG	0.06
13	Stainless Steel Tray	27.78	69.44	-	-	2.78% Glycerin	-
14	Stainless Steel Tray	33.33	-	-	58.33	8.33% Glycerin	0.06
15	Stainless Steel Tray	32.79	-	-	49.18	18.03% Glycerin	0.07
16	Stainless Steel Tray	33.33	-	-	41.67	25.00% Glycerin	-
17	Stainless Steel Tray	33.33	-	-	63.33	3.33% Glycerin	0.07

Example	Casting Device	Nonoxynol-9 (% by weight)	Polyvinyl alcohol (<60 cps) (% by weight)	Polyvinyl alcohol (<30 cps) (% by weight)	Polyvinyl alcohol (<10 cps) (% by weight)	Plasticizer (% by weight)	Dry Film Thickness (mm)
18	Stainless Steel Tray	28.33	-	-	68.00	3.67% Glycerin	-
19	Resource I®	33.33	-	58.33	-	8.33% Glycerin	-
20	Resource I®	33.11	-	62.913	-	3.97% Glycerin	-
21	Resource I®	33.33	-	49.50	-	17.16% Glycerin	-
22	Resource I®	33.33	-	-	63.35	3.33% Glycerin	-
23	Resource I®	33.33	50.00	-	-	16.33% PEG 300	-
24	Resource I®	33.33	58.33	-	-	8.33% PEG 300	-
25	Resource I®	33.33	63.33	-	-	3.33% PEG 300	-
26	Teflon Rod, Thimble	33.33	-	-	63.35	3.33% Glycerin	-
27	Cone Shape Rod, Thimble	31.58	-	-	60.00	3.16% Glycerin & 5.26% H-15	-

Example	Casting Device	Nonoxynol-9 (% by weight)	Polyvinyl alcohol (<60 cps) (% by weight)	Polyvinyl alcohol (<30 cps) (% by weight)	Polyvinyl alcohol (<10 cps) (% by weight)	Plasticizer (% by weight)	Dry Film Thickness (mm)
28	Cone Shape Rod, Thimble	30.51	-	-	57.97	3.05% Glycerin & 8.47% H-15	-
29	Reverse Roller, Scale-up Run, with Polyester Liner	33.33	-	-	63.33	3.33% Glycerin	-
30	Reverse Roller, Scale-up Run, with Aclar and Foil Liner	33.33	-	-	63.36	3.30% Glycerin	-

Example	Casting Device	Nonoxynol-9 (% by weight)	Polyvinyl alcohol (<60 cps) (% by weight)	Polyvinyl alcohol (<30 cps) (% by weight)	Polyvinyl alcohol (<10 cps) (% by weight)	Plasticizer (% by weight)	Dry Film Thickness (mm)
31	Knife Over Roller, Scale-up Run, with Polyethylene and Paper Liner	28.00	-	-	67.00	5.00% Glycerin	-
32	Extrusion, Scale-up Run, with Stainless Steel Surface Carrier	28.00	-	-	67.00	5.00% Glycerin	-

* - Resource I is a casting device for solutions available from Byk-Gardner Instruments of Silver Spring, MD.

The polyvinyl alcohol is a water soluble polyvinyl alcohol, such as Elvanol™ available from DuPont Co. of Wilmington, DE, or Airvol™ available from Air Products & Chemicals, Inc., of Allentown, PA.

PG is propylene glycol.

PEG 300 is polyethylene glycol having an average of 300 ethylene oxide repeating units.

H-15 is Witepsol H-15, which is hydrogenated coco-glycerides and is available from Hüls America of Somerset, NJ.

[0032] The release rate of nonoxynol-9 from the films prepared and VCF® available from Apothecus Pharmaceutical Corp. of Oyster Bay, NY, in a citrate phosphate buffer having a pH of 4.0 was determined by the USP basket method

(United States Pharmacopeia Method Section <711>). The results are shown in Table 2 below. The time to plateau is the time after which there is no significant increase in the release rate.

Table 2

Formulation	Time to Plateau (minutes)	Release Rate (% by weight per minute)
VCF®[1]	15-20	5.45
Example 6	50-60	2.59
Example 7	50-60	3.76
Example 9	40-50	2.33
Example 10	40-50	2.97
Example 12	40-50	3.15
Example 14	10-15	6.08
Example 15	10-15	6.66
Example 17	10-15	6.01
Example 19	15-20	5.82
Example 20	30-40	4.33
Example 21	30-40	3.93
Example 22	10-15	6.10
Example 23	40-50	2.34
Example 24	30-40	2.72
Example 25	30-40	2.76
Example 26	10-15	7.23
Example 27	5-10	8.47
Example 28	5-10	8.89
Example 29	<15	>6.0
Example 30	<15	>6.0
Example 31	<15	>6.0
Example 32	<15	>16

Examples 33-42

[0033] Water soluble films having the formulations of Table 3 were prepared as described in Examples 1-32. In Examples 33-41, the solution was dried at a temperature of about 60-90° C for less than about 30 minutes. In Example 42, the solution was first dried at a temperature of about 60-75 ° C for less than about 8 minutes and then dried at a temperature of about 75-90° C for less than about 15 minutes. After drying, the film was cured with moisture at a relative humidity of about 30-60% and at about room temperature.

[0034] The substrate for Examples 33-35 was polyester. The substrate for Examples 36-41 was polyester and non-woven fiber. The substrate for Example 42 was a fiber and polyester liner.

[0035] The release rate of miconazole nitrate from the films prepared in a citrate phosphate buffer having a pH of 4.0 was determined by the USP basket method for Examples 33-35 and by the following modified USP method for Examples 36-38, 40, and 41. A dialysis membrane with known molecular weight cut-off and diameter was used instead of a mesh basket for holding the test samples. The membrane limited the amount of dissolution medium which contacted the release layer or composition. This modified dissolution procedure was designed to mimic a vaginal environment where only limited amounts of a medium are typically in contact with the composition. Each release layer and composition was tested in an aqueous medium and in a buffered aqueous medium, which were maintained at a pH of about 4.

[0036] The results are shown in Table 3 below.

Table 3

Example	Casting Device	Polyvinyl alcohol (<30 cps) (% by weight)	Plasticizer (% by weight)	Miconazole Nitrate (% by weight)	Release Rate
33	Resource I	36.2	18.4% Glycerin & 9.2% EB2	36.2	3.3%/min
34	Resource I	40.0	19.9% Glycerin	40.1	4.7%/min
35	Resource I	38.0	19.0% Glycerin & 4.8% EB2	38.2	4.7%/min
36	Resource I & Fiber	36.2	18.4% Glycerin & 9.2% EB2	36.2	3.50%/hr
37	Resource I & Fiber	34.7	17.3% Glycerin & 13.2% EB2	34.8	3.13%/hr
38	Resource I & Fiber	38.0	19.0% Glycerin & 5.0% EB2	38.0	3.33%/hr
39	Resource I & Fiber	39.6	20.6% Glycerin	39.8	-
40	Resource I, Fiber, & OB Tampon	34.7	17.3% Glycerin & 13.2% EB2	34.8	0.81%/hr
41	Resource I, Fiber, & OB Tampon	38.0	19.0% Glycerin & 5.0% EB2	38.0	1.07%/hr
42	Reverse Roller, Scale-up Run, Fiber & Polyester Liner	38.1	19.1% Glycerin & 4.7% EB2	38.1	-
EB2 is Eumulgin B2, which is ceteareth-20 and is available from Henkel Corp. of Hoboken, NJ. The polyvinyl alcohol is a water soluble polyvinyl alcohol, such as Elvanol™ available from DuPont Co. of Wilmington, DE, or Airvol™ available from Air Products & Chemicals, Inc., of Allentown, PA.					

Examples 43-46

[0037] Water soluble films having the formulations of Table 4 were prepared as described in Examples 1-32. In Examples 43-46, the solution was dried at a temperature of about 60-90 ° C for less than about 30 minutes. After drying, the film was cured with moisture at a relative humidity of about 30-60% and at about room temperature. The substrate for Example 43-46 was polyester.

[0038] The time for the dissolution rate to plateau was determined as discussed above.

[0039] The results are shown in Table 4 below.

Table 4

Example	Casting Device	Polymer (% by weight)	Plasticizer (% by weight)	Metro-nidazole (% by weight)	Dissolution (Time to Plateau) (min)
43	Resource I	67.2% PVA 52-22	21.7% PEG 400	11.1	20-30
44	Resource I	58.22% PVA 52-22	18.9% PG & 15.7% EB2	7.2	20-30
45	Resource I	34.9% PVA 52-22 and 11.7% PVA 71-30	20.9% PG & 17.5% EB2	15.0	10-15

Table 4 (continued)

Example	Casting Device	Polymer (% by weight)	Plasticizer (% by weight)	Metro-nidazole (% by weight)	Dissolution (Time to Plateau) (min)
46	Resource I	46.6% HPMC E50LV	20.9% PG & 17.5% EB2	15.0	5-10

PG is propylene glycol

PEG is polyethylene glycol.

EB2 is Eumulgin B2, which is ceteareth-20 and is available from Henkel Corp. of Hoboken, NJ.

PVA is a water soluble polyvinyl alcohol, such as Elvanol™ available from DuPont Co. of Wilmington, DE, or Airvol™ available from Air Products & Chemicals, Inc., of Allentown, PA.

HPMC is hydroxypropyl methylcellulose.

Example 47

[0040] A water soluble film having the formulation of Table 5 was prepared as follows. Glycerin and nonoxynol-9 were added into cold water and mixed until uniform. The solution was heated to about 60-80° C and the film former, *i. e.,* polyvinyl alcohol, was added under constant mixing. The solution was mixed, deaerated, and cooled to about room temperature. The solution was coated onto a stainless steel surface with a web thickness of 0.01 to 0.03 cm. The solution was dried in a multi-zone drying tunnel at a temperature of about 60-90° C for less than about 30 minutes to form a film. The film was then cured with moisture at a relative humidity of about 65-90% and at a temperature of about 40-60° C.

Table 5

Ingredient	% by weight
Polyvinyl Alcohol (5 cps)	66.0
Glycerin	6.0
Nonoxynol-9	28.0

[0041] All patents, publications, applications, and test methods mentioned above are hereby incorporated by reference. Many variations of the present matter will suggest themselves to those skilled in the art in light of the above detailed description. All such obvious variations are within the patented scope of the appended claims.

Claims

1. A method of preparing a water soluble film, the method comprising the steps of:

(a) preparing a solution comprising:

(i) a film former selected from the group consisting of polyacrylic acids, cellulose derivatives, polyethylene oxide, polyvinyl alcohol, and any combination of any of the foregoing,

(ii) a water soluble plasticizer having at least one of a hydroxyl, amido, or amino group and a boiling point greater than about 150° C,

(iii) a pharmaceutically active agent, and

(iv) a solvent;

(b) drying the solution at a temperature of from about 50 to about 100° C to form a film; and

(c) curing the film at a temperature of from about 15 to about 60° C and at a relative humidity of at least about 30%.

2. The method of claim 1, wherein the solution has a viscosity of from about 15,000 to about 30,000 cps at room temperature prior to drying.

3. The method of claim 1, wherein the film former is polyvinyl alcohol.

4. The method of claim 1, wherein the film former is a partially hydrogenated polyvinyl alcohol.

5. The method of claim 1, wherein the plasticizer is a polyhydroxy compound.

6. The method of claim 5, wherein the plasticizer is selected from the group consisting of propylene glycol, polyethylene glycol, glycerin, and any combination of any of the foregoing.

7. The method of claim 1, wherein the pharmaceutically active agent is selected from imidazole antifungal agents, antibacterial agents, antiseptic agents, hormones, anti-inflammatory agents, anesthetics, spermicides, and any combination of any of the foregoing.

8. The method of claim 1, wherein the pharmaceutically active agent is nonoxynol-9.

9. The method of claim 1, wherein the pharmaceutically active agent is miconazole.

10. The method of claim 1, wherein the water soluble film further comprises

(i) a surfactant,
(ii) a preservative,
(iii) a viscosity enhancer,
(iv) a colorant,
(v) a fragrance,
(vi) a flavorant,
(vii) a lubricant,
(viii) a filler,
(ix) a binder,
(x) a wetting agent,
(xi) a penetration agent,
(xii) a pH adjuster,
(xiii) a disintegrant,
(xiv) an excipient, or
(xv) any combination of any of the foregoing.

European Patent Office

EUROPEAN SEARCH REPORT

Application Number
EP 00 31 1610

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Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.Cl.7)
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TECHNICAL FIELDS SEARCHED (Int.Cl.7)

A61K

The present search report has been drawn up for all claims

Place of search	Date of completion of the search	Examiner
THE HAGUE	22 February 2001	Ventura Amat, A

CATEGORY OF CITED DOCUMENTS

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(54) Title: FAST DISSOLVING ORALLY CONSUMABLE FILMS

(57) Abstract

Physiologically acceptable films, including edible films, are disclosed. The films include a water soluble film–forming polymer such as pullulan. Edible films are disclosed that include pullulan and antimicrobially effective amounts of the essential oils thymol, methyl salicylate, eucalyptol and menthol. The edible films are effective at killing the plaque–producing germs that cause dental plaque, gingivitis and bad breath. The film can also contain pharmaceutically acitve agents. Methods for producing the films are also disclosed.

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BF	Burkina Faso	**GR**	Greece			**TR**	Turkey
BG	Bulgaria	**HU**	Hungary	**ML**	Mali	**TT**	Trinidad and Tobago
BJ	Benin	**IE**	Ireland	**MN**	Mongolia	**UA**	Ukraine
BR	Brazil	**IL**	Israel	**MR**	Mauritania	**UG**	Uganda
BY	Belarus	**IS**	Iceland	**MW**	Malawi	**US**	United States of America
CA	Canada	**IT**	Italy	**MX**	Mexico	**UZ**	Uzbekistan
CF	Central African Republic	**JP**	Japan	**NE**	Niger	**VN**	Viet Nam
CG	Congo	**KE**	Kenya	**NL**	Netherlands	**YU**	Yugoslavia
CH	Switzerland	**KG**	Kyrgyzstan	**NO**	Norway	**ZW**	Zimbabwe
CI	Côte d'Ivoire	**KP**	Democratic People's Republic of Korea	**NZ**	New Zealand		
CM	Cameroon			**PL**	Poland		
CN	China	**KR**	Republic of Korea	**PT**	Portugal		
CU	Cuba	**KZ**	Kazakstan	**RO**	Romania		
CZ	Czech Republic	**LC**	Saint Lucia	**RU**	Russian Federation		
DE	Germany	**LI**	Liechtenstein	**SD**	Sudan		
DK	Denmark	**LK**	Sri Lanka	**SE**	Sweden		
EE	Estonia	**LR**	Liberia	**SG**	Singapore		

FAST DISSOLVING ORALLY CONSUMABLE FILMS

SPECIFICATION

FIELD OF THE INVENTION

This invention relates to fast dissolving orally consumable films. The films are used to deliver breath deodorizing agents, antimicrobial agents and salivary stimulants to the oral cavity. The films can also be used to deliver pharmaceutically active agents.

BACKGROUND OF THE INVENTION

In a more perfect world, people would thoroughly cleanse their mouths after each meal as part of their routine oral hygienic practices. Unfortunately, several factors conspire to prevent widespread compliance with this basic requirement of a good oral cleaning regimen.

Oral cleansing can be difficult or inconvenient at times, depending on the nature of the cleansing and the situation in which the cleansing must occur. Brushing, flossing, cleaning your tongue and gargling using a variety of devices and compositions well-suited for the privacy of one's home are common oral care practices. However, the devices and compositions used in oral cleansing practices are less convenient to use away from home, where bathroom facilities might be scarce, unavailable or unsanitary.

As brushing, flossing, cleaning your tongue and gargling in public are not considered to be socially acceptable behaviors in many, if not all cultures, a variety of

less obtrusive oral cleansing products have been developed. These include breath-freshening gums and lozenges. Although gums and lozenges have been formulated to achieve a variety of beneficial effects, they are not always socially acceptable. For example, gum is expressly banned from certain institutions, such as schools as well as in certain countries, such as Singapore. Gums and mints are used over extended periods of time, and they require an amount of sucking or chewing action on the part of the consumer, which can be distracting, tedious and undesirable.

Another portable oral cleansing product is a mouthspray. Like a mouthwash, a mouthspray can provide the consumer with a quick burst of strong breath-freshening action, which might be overwhelming in an extended-consumption product like gum or lozenges. On the other hand, mouthsprays are obtrusive. Spraying a mouthspray typically generates a noise, which undesirably draws the attention of the public to the consumer. Moreover, mouthsprays are typically packaged in relatively expensive and complex metal canisters, which can clog in use and are not environmentally friendly. Furthermore, misdirecting the spray not only wastes the product, but can result in irritated eyes, a sticky face and/or stained clothing.

It has been proposed to use an edible film as a vehicle for unobtrusively delivering breath-freshening agents. See JP 5-236885. This Japanese patent application does not, however, teach the inclusion of antimicrobial agents in the film, using the film to decrease the amount of undesirable bacteria within the oral cavity, or stimulating saliva. Furthermore, this patent application does not disclose employing

its film for purposes other than breath freshening or within cavities other than the mouth.

U.S. Patent No. 5,518,902 to Ozaki et al. (Hayashibara) discloses high pullulan content products, such as edible films, dentifrices and pharmaceuticals (column 3, lines 44-56 and Example B-8). The products can include a variety of ingredients in addition to pullulan, such as other polysaccharides, polyhydric alcohols, antiseptics and flavor-imparting agents (column 4, line 58 to column 5, line 11). None of the essential oils, such as thymol, eucalyptol, methyl salicylate or menthol, are mentioned as suitable ingredients.

U.S. Patent No. 5,411,945 to Ozaki et al. (Hayashibara) discloses a pullulan binder and products produced therewith, including edible films (Example B-2). The products can include a variety of ingredients in addition to pullulan, such as other polysaccharides, antibacterial agents, flavor-imparting agents and pharmaceutically active substances (column 4, lines 5-15). None of the essential oils are mentioned as suitable ingredients.

U.S. Patent No. 4,851,394 to Kubodera discloses glucomannan/polyhydric alcohol edible films, which can comprise pullulan (column 3, line 59 to column 4, line 21). The films are contrasted with existing pullulan-based films, which are said to lack resistance to water (column 1, lines 40-44). None of the essential oils are mentioned as suitable ingredients.

U.S. Patent No. 3,784,390 Hijiya et al. discloses pullulan films and their use in

coating and packing materials for foods, pharmaceuticals and other oxygen sensitive materials. All of the examples in this patent teach mixing pullulan in hot water.

U.S. Patent No. 4,623,394 Nakamura et al. discloses a gradually disintegrable molded article that can be a film made with pullulan. The articles contain a particular heteromannan, which can be locust bean gum.

U.S. Patent No. 4,562,020 Hijiya et al. discloses a process for producing a self-supporting film of a glucan, which can be pullulan.

Japanese Patent Document JP5-1198 discloses films made of polyvinyl alcohol and at least one of carrageenan, water-soluble cellulose alpha-starch and water-soluble polysaccharides.

WO 99/17753 discloses rapidly dissolving films for delivery of drugs to be adsorbed in the digestive tract.

WO 98/26780 discloses a flat, foil, paper or wafer type presentation for the application and release of active substances in the buccal cavity. The specific active ingredient disclosed in WO 98/26780 is buprenorphine.

WO 98/20862 discloses a film for use in the oral cavity that can contain a cosmetic or pharmaceutical active substance.

WO 98/26763 discloses a flat, foil, paper or wafer like presentation for release of active substances into the buccal cavity. The particular active disclosed is apomorphine.

Despite the existence of rapidly dissolving orally consumable films in the prior

art, there is still room for improvement in such films, and in processes for making them.

All references cited herein are incorporated herein by reference in their entireties.

SUMMARY OF THE INVENTION

The invention provides a physiologically acceptable film, which is particularly well adapted to adhere to and rapidly dissolve in the mouth of a consumer. In a first embodiment of the invention, the film delivers at least one oral care agent, such as antimicrobial agents and salivary stimulants. The antimicrobial agents are effective against germs that cause halitosis, dental plaque, and gingivitis. The salivary stimulants are effective against the condition known as xerostomia or dry mouth. Additionally, the oral care films are a breath freshener effective against oral malodor. The film former used to make the films according to the present invention entraps the oral care agents in the oral cavity to provide extended efficacy.

In a second embodiment of the invention, the rapidly dissolvable film acts as a vehicle for administering a pharmaceutically active agent orally, through a mucous membrane or an open wound of a patient.

The invention is also directed to a method for producing a supple, non-self-adhering film especially suitable for oral delivery. The method comprises mixing a film forming agent and at least one stabilizing agent to provide a film-forming mixture; dissolving water-soluble ingredients in water to provide an aqueous solution;

combining the film-forming mixture and the aqueous solution to provide a hydrated polymer gel; mixing oils to form an oil mixture; adding the oil mixture to the hydrated polymer gel and mixing to provide a uniform emulsified gel; casting the uniform gel on a substrate; and drying the cast gel to provide a film.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is a photograph of an agar plate spread with *Streptococcus mutans*, ATCC 25175, and exposed to a film according to the present invention that contains 0.391 mg of essential oils.

Fig. 2 is a photograph of an agar plate spread with *Streptococcus mutans*, ATCC 25175, and exposed to drops of an essential oil mixture containing 0.391 mg of essential oils per drop.

DETAILED DESCRIPTION OF PREFERRED EMBODIMENTS

Description of Oral Care Film Compositions

The first embodiment of the invention is a physiologically acceptable film that is particularly well adapted to adhere to and dissolve in a mouth of a consumer to deliver an antimicrobial agent that kills germs that cause halitosis, dental plaque and gingivitis. Thus, the film can be an effective tool in the prevention and treatment of halitosis, dental plaque accumulation, dental tartar accumulation and gingivitis. This film preferably comprises pullulan, thymol, methyl salicylate, eucalyptol and menthol.

LISTERINE® brand mouthwash is, perhaps, the most well-known example of an antiseptic oral composition that has proven effective in killing microbes in the oral

cavity that are responsible for plaque, gingivitis and bad breath. LISTERINE® brand mouthwash achieves its antimicrobial effect through a combination of essential oils that penetrate and kill the microorganisms. These essential oils include precisely balanced amounts of thymol, methyl salicylate, menthol and eucalyptol (hereinafter "the essential oils") in a hydro alcoholic solution. Many bad breath bacteria live in pits or fissure on the surface of the tongue. Listerine® Antiseptic mouthwash reduces bad breath because of high concentrations of antimicrobial agents in a liquid medium that can easily penetrate into these pits and fissures. This would not be possible with a solid dosage form containing low amounts of these antimicrobial ingredients. However, the preferred consumable film of the invention captures a significant portion of the hygienic benefits and the consumer appeal of LISTERINE® brand mouthwash, in a more portable and unobtrusively consumed form.

It was a significant challenge to maintain the essential oil interaction and relatively high oil content of LISTERINE® brand mouthwash in a film. However, the inventors have overcome this challenge in providing the film of the invention.

A further aspect of this invention is that while the amounts of LISTERINE® essential oils are relatively high for incorporation in a film, the film according to the present invention still delivers a lower total amount of essential oils per unit dose when compared to that of LISTERINE® mouthwash. Yet the film suprisingly provides antimicrobial efficacy in the oral cavity. The inventors theorize that the preferred film forming ingredient, pullulan, forms a thin layer on the oral surfaces

entrapping the small amount of essential oils which are capable of penetrating into the pits and fissures of the oral cavity to provide sustained antimicrobial efficacy.

Although the inventors are presently unaware of any other breath-freshening consumable film that provides antimicrobial efficacy, they are aware of a consumable film disclosed in JP 5-236885, which is said to possess breath-freshening activity, but is not described as possessing any ingredients having significant antimicrobial activity. Moreover, JP 5-236885 teaches that its film should contain flavor and extract in amounts of 5 to 7 wt %, with the flavor being added as an oil (the essential oils are not disclosed), whereas the film of the invention preferably has an oil content of at least about 10 wt %, more preferably about 15 wt % to about 30 wt %, most preferably about 15 wt % to about 25 wt %. Except as otherwise noted in the examples, the amounts of oils and other ingredients in the film are wt% after the film formulation has been dried to create the film.

The amounts of the specific essential oils used in the film compositions can vary as long as they are in amounts sufficient to provide antimicrobial efficacy. Generally the amount of thymol, methyl salicylate and eucalyptol is from about 0.01 to about 4 wt % of the film composition, preferably about 0.50 to about 3.0 wt % and even more preferably from about 0.70 to about 2.0 wt % of the film. Menthol can be added from about 0.01 to about 15 wt % of the composition, preferably about 2.0 to about 10 wt % and even more preferably from about 3 to about 9 wt % of the film. The amounts added can be readily determined to those skilled in the art and can

exceed these amounts as long as the total oil content does not create sticking or other processing problems. In certain embodiments, the essential oils are combined in amounts synergistically effective to kill the plaque-producing germs that cause dental plaque, gingivitis and bad breath.

A major difficulty in formulating a film having such a relatively high oil content is that simply increasing the amount of oil in the film without determining the precise proportions of the many other ingredients typically results in a film that is too moist and therefore difficult to handle or process. The inventors have discovered how to provide a high oil content film that is moist enough so that it is not brittle, but is not so moist that it feels undesirably slimy or significantly adheres to adjacent films. Thus, a non-self-adhering film according to the invention can be stored in contact with another such film (e.g., in a stack), or can be wound about itself (e.g., around a spool), without having to place a non-stick agent (e.g., a plastic film, paper or other support) between adjacent portions of film.

The film-forming agent used in the films according to the present invention can be selected from the group consisting of pullulan, hydroxypropylmethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, polyvinyl pyrrolidone, carboxymethyl cellulose, polyvinyl alcohol, sodium alginate, polyethylene glycol, xanthan gum, tragacanth gum, guar gum, acacia gum, arabic gum, polyacrylic acid, methylmethacrylate copolymer, carboxyvinyl polymer, amylose, high amylose starch, hydroxypropylated high amylose starch, dextrin, pectin, chitin, chitosan, levan,

elsinan, collagen, gelatin, zein, gluten, soy protein isolate, whey protein isolate, casein and mixtures thereof. A preferred film former is pullulan, in amounts ranging from about 0.01 to about 99 wt %, preferably about 30 to about 80 wt %, more preferably from about 45 to about 70 wt % of the film and even more preferably from about 60 to about 65 wt % of the film.

The film of the invention preferably comprises pullulan as a film-forming agent and the essential oils as antimicrobial/flavoring agents, and can further comprise water, additional antimicrobial agents, additional film-forming agents, plasticizing agents, additional flavoring agents, sulfur precipitating agents, saliva stimulating agents, cooling agents, surfactants, stabilizing agents, emulsifying agents, thickening agents, binding agents, coloring agents, sweeteners, fragrances, and the like.

Due to the relatively high oil content in the oral care film, it is preferable to avoid substantial amounts of humectant in the film (and more preferable to have no humectant in the film), so as to avoid producing an overly moist, self-adhering film. In particular, it is preferred to formulate the film with a plasticizing agent other than glycerin, which is also a humectant, and with a sweetener other than sorbitol, which is a mild humectant.

Sulfur precipitating agents that reduce oral malodor can also be added to the oral care films according to the present invention. These agents bind with, and inactivate, the volatile sulfur compounds that cause a large percentage of oral malodor. Sulfur precipitating agents useful in the present invention include metal salts such as

copper salts and zinc salts. Preferred salts include copper gluconate, zinc citrate and zinc gluconate. The amount of sulfur precipitating agent is from about 0.01 to about 2 wt %, preferably about .15 wt % to about 1.5 wt %, even more preferably about .25 wt % to about 1.0 wt % of the film.

Saliva stimulating agents can also be added to the oral care films according to the present invention. Useful saliva stimulating agents are those disclosed in U.S. Patent No. 4,820,506, which is incorporated by reference herein in its entirety. Saliva stimulating agents include food acids such as citric, lactic, malic, succinic, ascorbic, adipic, fumaric and tartaric acids. Preferred food acids are citric, malic and ascorbic acids. The amount of saliva stimulating agents in the film is from about 0.01 to about 12 wt %, preferably about 1 wt % to about 10 wt %, even more preferably about 2.5 wt % to about 6 wt %.

Preferred plasticizing agents include triacetin in amounts ranging from about 0 to about 20 wt %, preferably about 0 to about 2 wt %. Other suitable plasticizing agents include monoacetin and diacetin.

Preferred cooling agents include monomenthyl succinate, in amounts ranging from about 0.001 to about 2.0 wt %, preferably about 0.2 to about 0.4 wt %. A monomenthyl succinate containing cooling agent is available from Mane, Inc. Other suitable cooling agents include WS3, WS23, Ultracool II and the like.

Preferred surfactants include mono and diglycerides of fatty acids and polyoxyethylene sorbitol esters, such as, Atmos 300 and Polysorbate 80. The

surfactant can be added in amounts ranging from about 0.5 to about 15 wt %, preferably about 1 to about 5 wt % of the film. Other suitable surfactants include pluronic acid, sodium lauryl sulfate, and the like.

Preferred stabilizing agents include xanthan gum, locust bean gum and carrageenan, in amounts ranging from about 0 to about 10 wt %, preferably about 0.1 to about 2 wt % of the film. Other suitable stabilizing agents include guar gum and the like.

Preferred emulsifying agents include triethanolamine stearate, quaternary ammonium compounds, acacia, gelatin, lecithin, bentonite, veegum, and the like, in amounts ranging from about 0 to about 5 wt %, preferably about 0.01 to about 0.7 wt % of the film.

Preferred thickening agents include methylcellulose, carboxyl methylcellulose, and the like, in amounts ranging from about 0 to about 20 wt %, preferably about 0.01 to about 5 wt %.

Preferred binding agents include starch, in amounts ranging from about 0 to about 10 wt %, preferably about 0.01 to about 2 wt % of the film.

Suitable sweeteners that can be included are those well known in the art, including both natural and artificial sweeteners. Suitable sweeteners include, e.g.:

A. water-soluble sweetening agents such as monosaccharides, disaccharides and polysaccharides such as xylose, ribose, glucose (dextrose), mannose, galactose, fructose (levulose), sucrose (sugar), maltose, invert sugar (a mixture of

fructose and glucose derived from sucrose), partially hydrolyzed starch, corn syrup solids, dihydrochalcones, monellin, steviosides, and glycyrrhizin;

B. water-soluble artificial sweeteners such as the soluble saccharin salts, i.e., sodium or calcium saccharin salts, cyclamate salts, the sodium, ammonium or calcium salt of 3,4-dihydro-6-methyl-1,2,3-oxathiazine-4-one-2, 2-dioxide, the potassium salt of 3,4-dihydro-6-methyl-1,2,3-oxathiazine-4-one-2,2-dioxide (acesulfame-K), the free acid form of saccharin, and the like;

C. dipeptide based sweeteners, such as L-aspartic acid derived sweeteners, such as L-aspartyl-L-phenylalanine methyl ester (aspartame) and materials described in U.S. Pat. No. 3,492,131, L-alpha-aspartyl-N-(2,2,4,4--tetramethyl-3-thietanyl)-D-alaninamide hydrate, methyl esters of L-aspartyl-L-phenylglycerin and L-aspartyl-L-2,5,dihydrophenyl-glycine, L-aspartyl-2,5-dihydro- L-phenylalanine, L-aspartyl-L-(1-cyclohexyen)-alanine, and the like;

D. water-soluble sweeteners derived from naturally occurring water-soluble sweeteners, such as a chlorinated derivative of ordinary sugar (sucrose), known, for example, under the product description of sucralose; and

E. protein based sweeteners such as thaumatoccous danielli (Thaumatin I and II).

In general, an effective amount of auxiliary sweetener is utilized to provide the level of sweetness desired for a particular composition, and this amount will vary with

the sweetener selected. This amount will normally be 0.01 % to about 10 % by weight of the composition when using an easily extractable sweetener. The water-soluble sweeteners described in category A above, are usually used in amounts of about 0.01 to about 10 wt %, and preferably in amounts of about 2 to about 5 wt %. Some of the sweeteners in category A (e.g., glycyrrhizin) can be used in amounts set forth for categories B-E below due to the sweeteners' known sweetening ability. In contrast, the sweeteners described in categories B-E are generally used in amounts of about 0.01 to about 10 wt %, with about 2 to about 8 wt % being preferred and about 3 to about 6 wt % being most preferred. These amounts may be used to achieve a desired level of sweetness independent from the flavor level achieved from any optional flavor oils used. Of course, sweeteners need not be added to films intended for non-oral administration.

The flavorings that can be used include those known to the skilled artisan, such as natural and artificial flavors. These flavorings may be chosen from synthetic flavor oils and flavoring aromatics, and/or oils, oleo resins and extracts derived from plants, leaves, flowers, fruits and so forth, and combinations thereof. Representative flavor oils include: spearmint oil, cinnamon oil, peppermint oil, clove oil, bay oil, thyme oil, cedar leaf oil, oil of nutmeg, oil of sage, and oil of bitter almonds. Also useful are artificial, natural or synthetic fruit flavors such as vanilla, chocolate, coffee, cocoa and citrus oil, including lemon, orange, grape, lime and grapefruit and fruit essences including apple, pear, peach, strawberry, raspberry, cherry, plum, pineapple, apricot

and so forth. These flavorings can be used individually or in admixture. Commonly used flavors include mints such as peppermint, artificial vanilla, cinnamon derivatives, and various fruit flavors, whether employed individually or in admixture. Flavorings such as aldehydes and esters including cinnamyl acetate, cinnamaldehyde, citral, diethylacetal, dihydrocarvyl acetate, eugenyl formate, p-methylanisole, and so forth may also be used. Generally, any flavoring or food additive, such as those described in Chemicals Used in Food Processing, publication 1274 by the National Academy of Sciences, pages 63-258, may be used. Further examples of aldehyde flavorings include, but are not limited to acetaldehyde (apple); benzaldehyde (cherry, almond); cinnamic aldehyde (cinnamon); citral, i.e., alpha citral (lemon, lime); neral, i.e. beta citral (lemon, lime); decanal (orange, lemon); ethyl vanillin (vanilla, cream); heliotropine, i.e., piperonal (vanilla, cream); vanillin (vanilla, cream); alpha-amyl cinnamaldehyde (spicy fruity flavors); butyraldehyde (butter, cheese); valeraldehyde (butter, cheese); citronellal (modifies, many types); decanal (citrus fruits); aldehyde C-8 (citrus fruits); aldehyde C-9 (citrus fruits); aldehyde C-12 (citrus fruits); 2-ethyl butyraldehyde (berry fruits); hexenal, i.e. trans-2 (berry fruits); tolyl aldehyde (cherry, almond); veratraldehyde (vanilla); 2,6-dimethyl- 5-heptenal, i.e. melonal (melon); 2-6-dimethyloctanal (green fruit); and 2-dodecenal (citrus, mandarin); cherry; grape; mixtures thereof; and the like.

The amount of flavoring employed is normally a matter of preference subject to such factors as flavor type, individual flavor, and strength desired. Thus, the amount

may be varied in order to obtain the result desired in the final product. Such variations are within the capabilities of those skilled in the art without the need for undue experimentation. In general, amounts of about 0.1 to about 30 wt % are useable with amounts of about 2 to about 25 wt % being preferred and amounts from about 8 to about 10 wt % are more preferred.

The compositions of this invention can also contain coloring agents or colorants. The coloring agents are used in amounts effective to produce the desired color. The coloring agents useful in the present invention, include pigments such as titanium dioxide, which may be incorporated in amounts of up to about 5 wt %, and preferably less than about 1 wt %. Colorants can also include natural food colors and dyes suitable for food, drug and cosmetic applications. These colorants are known as FD&C dyes and lakes. The materials acceptable for the foregoing spectrum of use are preferably water-soluble, and include FD&C Blue No. 2, which is the disodium salt of 5,5-indigotindisulfonic acid. Similarly, the dye known as Green No. 3 comprises a triphenylmethane dye and is the monosodium salt of 4-[4-N-ethyl-p-sulfobenzylamino) diphenyl-methylene]-[1-N-ethyl-N-p-sulfonium benzyl)-2,5-cyclo-hexadienimine]. A full recitation of all FD&C and D&C dyes and their corresponding chemical structures may be found in the Kirk-Othmer Encyclopedia of Chemical Technology, Volume 5, Pages 857-884, which text is accordingly incorporated herein by reference.

Antimicrobial Efficacy of Oral Care Films

The preferred embodiment of the oral care film composition according to the

present invention contains the essential oils used in Listerine® mouthwash to provide antimicrobial efficacy. The films are shaped and sized to be placed in the oral cavity. The film adheres to a surface in the mouth, usually the roof of the mouth or the tongue, and quickly dissolves. The amount of essential oils in one individual film that is a preferred size for placing in the mouth is significantly lower than that in the recommended amount, 20ml, of Listerine® mouthwash.

In a preferred formula according to the present invention, the amount of thymol and eucalyptol in the film is about 70 times less than in the mouthwash. The amount of methyl salicylate in the film is about 46 times less than in the mouthwash. The amount of menthol in the film is about 2.8 times less than in the mouthwash. These figures are based on comparing a 20 ml dose of liquid mouthwash with a 0.0358 gram film.

The inventors have unexpectedly found that the film provides sustained antimicrobial efficacy at these low amounts of oils. The inventors believe that the efficacy of the essential oils is enhanced by the creation of a layer of pullulan in the oral cavity that holds the essential oils. This is unexpected because pullulan is water-soluble and the film dissolves very quickly.

The extended antimicrobial activity is shown in the following experiments.

The purpose of these experiments was to determine the antibacterial efficacy of an application of a breath film on tongue malodor microorganisms thirty, sixty or ninety minutes after use. The thirty minute study also tested the efficacy of using two

films. Subjects' baseline oral malodor microbial recoverable counts were determined by plating the microorganisms recovered from a tongue swab on a selective agar medium. The test product was dispensed and subjects dissolved one or two breath films on their tongue. Subjects remained on the premises and returned for a second tongue swab thirty, sixty or ninety minutes after placement of the test product on their tongue. After a forty-eight hour washout period, subjects returned for a no treatment control.

The thirty minute single film use group showed a reduction in mean log malodor microbial counts compared to the control group. The data was borderline statistically significant ($p=0.052$). The difference between the one film group and the no treatment control group represented a 42.7% reduction in malodor microbial colony counts.

Statistically significant malodor microbial reduction was also observed with the two film use group. A 79.6% reduction in malodor microbial colony counts was obtained ($p<0.001$).

Statistically significant malodor microbial reduction was observed sixty minutes after use of a single breath film. A 69.8% reduction in malodor microbial colony counts was obtained ($p=0.002$).

Significant malodor reduction was also observed ninety minutes after use of a single breath film. A 69.1% reduction in malodor microbial colony counts was obtained ($p=0.006$).

The data from these studies support the following conclusions: (1) Pullulan polymer-based breath film containing essential oils is an effective antibacterial composition against oral malodor causing bacteria and (2) significant *in vivo* bacterial reductions were achieved at thirty, sixty and ninety minutes post use.

Experimental Procedures

The procedures used in these antimicrobial studies were as follows. The subject were required to refrain from all oral hygiene procedures (e.g., toothbrushing, oral lavage) eating or drinking any food, beverage or confectionery products from midnight prior to the study and until the study was completed on each test day. Subjects refrained from smoking on mornings prior to the odor evaluations.

In vivo Germ Kill Assay

1. Materials

Test tubes containing 10 ml of sterile 0.01% peptone

Sterile Swabs

OOPS III Agar (B.-F. Turng, G.E. Minah, and W.A. Falkler. Development of an Agar Medium for Detection of Oral H_2S-producing Organisms. J Dent Res 76 IADR Abstracts 1997.):

Columbia Agar Base (Catalogue # DF0792-17-3)	44 grams
Distilled Water	1 liter
Lead Acetate[a] (Sigma L3396)	0.2 grams
Hemin Solution[b] (Sigma H-1652)	2 ml

Glutathione[c] (Sigma G4251) 1.2 grams

Forty-four grams of Columbia Blood Agar Base was suspended in 1 liter distilled water and boiled to dissolve completely. The media was sterilized at 121-124°C for 15 minutes.

[a] Dissolved 0.2 grams of lead acetate in 1 ml of distilled H_2O and filter sterilized. Added after autoclaving the base media.

[b] Dissolved 50 mg of hemin in 1 ml of 1N NaOH; qs'd to 100 ml with distilled H_2O. Filter sterilized. Added 2 ml per liter of OOPS III after autoclaving base media.

[c] Dissolved 1.2 grams of glutathione in 10 ml of distilled H_2O. Filter sterilized. Added after autoclaving base media.

2. Procedure

a. All media were prereduced in an anaerobic chamber overnight. Plates were loosely wrapped in plastic bags to prevent excessive drying.

b. Panelists refrained from oral hygiene, eating and drinking from midnight prior to the assay and until the assay was complete. Twelve panelists were used for the sixty and ninety minute experiments. Eighteen panelists were used for the thirty minute experiments.

c. Each panelist swabbed the right side of his tongue by placing the swab at the midpoint of the tongue and swiping forward to the tip. The swab was placed in a tube of peptone.

d. The panelist received a film treatment, either a single or double film. Panelists

placed the breath film on the left side of their tongue covering the tongue from the midpoint to the tip and allowed the film to dissolve with the mouth slightly open for thirty seconds to prevent the film from sticking to the palate.

e. After thirty or sixty minutes, panelists swabbed the left side of the tongue by placing the swab at the midpoint of the tongue and swiping forward to the tip. The swab was placed in a tube of peptone.

f. The tubes of peptone were vortexed vigorously for 10 seconds, and serial dilutions were made. The 10^{-4} dilution was plated in duplicate on OOPS III Agar using a Spiral Biotech Autoplate 4000 (Bethesda, MD). All plates were identified with the subject's initials, assay date, sampling time station, and replicate number.

g. The plates were incubated in an anaerobic chamber at 35-37°C for 7 days to permit full development of colonies without overgrowth.

h. After a 48 hour wash out period, panelists returned for the no treatment control. No film was applied, and steps (e) through (g) were followed as described above.

i. After a 48 hour wash out period, the sixty minute panelists returned for another single film application. Steps (a) through (h) were followed, with the exception that panelists returned after 90 min in step e.

j. The dark-pigmented colonies (H_2S-producing organisms) were counted as whole plate counts by hand under appropriate magnification or by Segment

counts using a Spiral Biotech counting template. The appropriate code was entered on the data sheet to permit interpretation of the counts. The CFU's counted were converted to CFU/ml by dividing by the appropriate exponential volume constant listed in Table A and multiplying by 1000. This value was then multiplied by the dilution factor of the plate (10^4).

Table A. Exponential Volume Constants for Segment Pairs

Last Counted Segment	Exponential Volume Constant
8	1.214
9	2.968
10	5.500
11	9.157
12	14.482
13	25.015
Total Plate	50.030

The film used in the *in vivo* germ kill tests was Example 19 as described in Table 2. The films used in the study were approximately 22mm x 32mm, between about 0.0013 and 0.0015 inches thick and weighed between about 35 to about 37 mg.

The enhanced activity of the essential oil containing pullulan film is also shown in Figures 1 and 2. Figure 1 is a photograph of an agar plate spread with *Streptococcus mutans*, ATCC # 25175, to which a piece of an essential oil pullulan

film according to the present invention was added. The piece of film delivered approximately .391 mg of essential oils using Example 15 listed below.

Figure 2 is a photograph of an agar plate spread with Streptococcus mutans, ATCC # 25175 to which drops of essential oils have been added. The drops were 148 ul in volume and contained 0.391 mg of essential oils. The percentages of each essential oil in the drop are 2.200% menthol, 0.186% eucalyptol, 0.186% methyl salicylate and 0.1300% thymol in a hydro alcohol solution.

The area or zone of inhibition around the film in Figure 1 is much larger than the dimensions of the film. This is due to the presence of pullulan because the oils in the pullulan film were spread by the pullulan, diffused outward and did not wash away after repeated rinses. In contrast, the essential oils in Figure 2 did not diffuse away from the droplet, remained as a circle and easily washed off after 1-2 rinses. This shows that the antimicrobial efficacy of the essential oils is enhanced by the presence of pullulan.

Methods For Preparing Essential Oil Containing Films

Methods for preparing films according to the invention are capable of encapsulating the oil ingredients within the film-forming matrix and maintaining the integrity of the film, even when the film contains oils in amounts of 10 wt % or more.

In certain methods for preparing films according to the invention, the film-forming ingredients are mixed and hydrated with water separately from the water-soluble ingredients, which are mixed in aqueous solution separately from the organic

ingredients and surfactants. In these methods, the final formulation is preferably produced by mixing the film-forming phase with the aqueous phase, then mixing in the organic phase, which includes surfactants, such as Polysorbate 80 and Atmos 300. This mass is mixed until emulsified. In other embodiments, the aqueous and film forming phases are combined into a single phase by dissolving the water soluble ingredients in the water and then adding the gums to hydrate. The organic phase is then added to this single aqueous phase.

The resulting formulation is cast on a suitable substrate and dried to form a film. The film is preferably air-dried or dried under warm air and cut to a desired dimension, packaged and stored. The film can contain from about 0.1% to about 10 wt % moisture, preferably from about 3 % to about 8 wt % moisture, even more preferably from about 4 to about 7 wt % moisture.

The film-forming phase can include pullulan and stabilizing agents such as xanthan gum, locust bean gum and carrageenan. These ingredients are mixed and then hydrated in water for about 30 to about 48 hours to form a gel. The water is preferably heated to a temperature of about 25 to about 45 °C to promote hydration. The amount of water is about 40 to 80 % of the gel. The resulting hydrated gel is then chilled to a temperature of about 20 to about 30 °C for about 1 to about 48 hours. The water is preferably deionized.

The aqueous phase can include ingredients such as coloring agent(s), copper gluconate and sweetener. The water is preferably deionized and the amount of water

used is about 5 to about 80 wt % of the final gel mixture.

If sodium saccharin and copper gluconate are both ingredients in the formulation, it is preferable to dissolve them separately in solution to avoid precipitation.

In a preferred method of producing essential oil containing films according to the invention, it is possible to hydrate the film-forming ingredients and combine all of the ingredients without heating. The preferred method of producing films comprises dissolving the water-soluble ingredients in water to form an aqueous mixture; mixing the film-forming ingredients in powder form to form a powder mixture; adding the powder mixture to the aqueous mixture to form a hydrated polymer gel; stirring the hydrated polymer at room temperature for about 30 minutes to about 48 hours; mixing the cooling agent, thymol and menthol in the flavor oil to form an oil mixture; adding methyl salicylate; eucalyptol and surfactants to the oil mixture; adding the oil mixture to the hydrated polymer gel and mixing until uniform; deaerating the film until air bubbles are removed, casting the uniform mixture on a suitable substrate; and drying the cast mixture to form a film.

The preferred method for making an essential oil containing film hydrates the film-forming ingredients without heating the water. Heating the ingredients increases energy costs in the manufacturing process. Moreover, heating results in undesirable losses of volatile ingredients to evaporation, which also affects the germ killing activity of the composition due to the loss of essential oils. Further, mixing the oils in

two steps minimizes the amount of flavor lost.

While not wishing to be bound by any theories, it is believed that the film-forming ingredients can be hydrated and mixed without heating due to an ionic effect known as the Donnan equilibrium. Hydrating the film-forming agents in the presence of electrolytes in solution effectively lowers the viscosity of the polymer gel being formed, thus increasing the efficiency of the hydrating process. The water-soluble ingredients of the formulation provide the electrolytes, which are dissolved in the hydration solution prior to addition of the film-forming ingredients. High-shear mixing also accelerates hydration, which delumps the powders, providing greater surface area for water contact. In addition, local heating effects, generated in the shear regions, provide energy for hydration without substantially raising the temperature of the mass.

It is preferable to avoid adding both copper gluconate and saccharin at the same time to the aqueous solution, as a precipitate will form. Thus, it is preferred to combine sweeteners other than saccharin with copper gluconate.

Description of Film Compositions That Deliver Pharmaceutical Agents

A second embodiment of the invention is a fast dissolving film that includes at least one physiologically acceptable, pharmaceutically active agent. The expression "physiologically acceptable" as used herein is intended to encompass compounds, which upon administration to a patient, are adequately tolerated without causing undue negative side effects. The expression encompasses edible compounds.

The expression "pharmaceutically active agents" as used herein is intended to encompass agents other than foods, which promote a structural and/or functional change in and/or on bodies to which they have been administered. These agents are not particularly limited; however, they should be physiologically acceptable and compatible with the film. Suitable pharmaceutically active agents include, but are not limited to:

A. antimicrobial agents, such as triclosan, cetyl pyridium chloride, domiphen bromide, quaternary ammonium salts, zinc compounds, sanguinarine, fluorides, alexidine, octonidine, EDTA, and the like,

B. non-steroidal anti-inflammatory drugs, such as aspirin, acetaminophen, ibuprofen, ketoprofen, diflunisal, fenoprofen calcium, naproxen, tolmetin sodium, indomethacin, and the like,

C. anti-tussives, such as benzonatate, caramiphen edisylate, menthol, dextromethorphan hydrobromide, chlophedianol hydrochloride, and the like,

D. decongestants, such as pseudoephedrine hydrochloride, phenylepherine, phenylpropanolamine, pseudoephedrine sulfate, and the like,

E. anti-histamines, such as brompheniramine maleate, chlorpheniramine maleate, carbinoxamine maleate, clemastine fumarate, dexchlorpheniramine maleate, diphenhydramine hydrochloride, diphenylpyraline hydrochloride, azatadine meleate, diphenhydramine citrate, doxylamine succinate, promethazine hydrochloride, pyrilamine maleate, tripelennamine citrate, triprolidine

hydrochloride, acrivastine, loratadine, brompheniramine, dexbrompheniramine, and the like,

F. expectorants, such as guaifenesin, ipecac, potassium iodide, terpin hydrate, and the like,

G. anti-diarrheals, such a loperamide, and the like,

H. H_2–antagonists, such as famotidine, ranitidine, and the like; and

I. proton pump inhibitors, such as omeprazole, lansoprazole, and the like,

J. general nonselective CNS depressants, such as aliphatic alcohols, barbiturates and the like,

K. general nonselective CNS stimulants such as caffeine, nicotine, strychnine, picrotoxin, pentylenetetrazol and the like,

L. drugs that selectively modify CNS function such as phenyhydantoin, phenobarbital, primidone, carbamazepine, ethosuximide, methsuximide, phensuximide, trimethadione, diazepam, benzodiazepines, phenacemide, pheneturide, acetazolamide, sulthiame, bromide, and the like,

M. antiparkinsonism drugs such as levodopa, amantadine and the like,

N. narcotic-analgesics such as morphine, heroin, hydromorphone, metopon, oxymorphone, levorphanol, codeine, hydrocodone, xycodone, nalorphine, naloxone, naltrexone and the like,

O. analgesic-antipyretics such as salycilates, phenylbutazone, indomethacin, phenacetin and the like,

P. psychopharmacological drugs such as chlorpromazine, methotrimeprazine, haloperidol, clozapine, reserpine, imipramine, tranylcypromine, phenelzine, lithium and the like.

The amount of medicament that can be used in the rapidly dissolving films, according to the present invention, is dependent upon the dose needed to provide an effective amount of the medicament. Examples of doses for specific medicaments that can be delivered per one strip of rapidly dissolving oral film are reviewed in Table 1.

TABLE 1

MEDICAMENT	DOSE
Chlorpheniramine Maleate	4 mg.
Brompheniramine Maleate	4 mg.
Dexchlorpheniramine	2 mg.
Dexbrompheniramine	2 mg.
Triprolidine Hydrochloride	2.5 mg.
Acrivastine	8 mg.
Azatadine Maleate	1 mg.
Loratidine	10 mg.
Phenylephrine Hydrochloride	10 mg.
Dextromethorphan Hydrochloride	10-20 mg.
Ketoprofen	12.5 mg.
Sumatriptan Succinate	35 - 70 mg.
Zolmitriptan	2.5 mg.
Loperamide	2 mg.
Famotidine	10 mg.
Nicotine	2 mg.
Diphenhydramine Hydrochloride	25 mg.
Pseudoephedrine Hydrochloride	30 mg.

The ingredients used to make the pharmaceutical containing films are similar to those used to make oral care films. Specifically, the plasticizing agents, cooling agents, surfactants, stabilizing agents, emulsifiers, thickening agents, binding agents, film formers, sweeteners, flavors and colors described above can also be used in all of the films according to the present invention.

The films that deliver a pharmaceutical agent can also include a triglyceride. Examples of triglycerides include vegetable oils such as corn oil, sunflower oil, peanut oil, olive oil, canola oil, soybean oil and mixtures thereof. A preferred triglyceride is olive oil. The triglyceride is added to the film in amounts from about 0.1 wt % to about 12 wt %, preferably in a range from about 0.5 wt % to about 9 wt %, of the film.

The films that contain pharmaceutical agents also can include a preservative. The preservative is added in amounts from about 0.001 wt % to about 5 wt %, preferably from about 0.01 wt % to about 1 wt % of the film. Preferred preservatives include sodium benzoate and potassium sorbate.

The pharmaceutical agent containing films can also include a polyethylene oxide compound. The molecular weight of the polyethylene oxide compound ranges from about 50,000 to about 6,000,000. A preferred polyethylene oxide compound is N-10 available from Union Carbide Corporation. The polyethylene oxide compound is added in amounts from about 0.1 wt % to about 5 wt %, preferably from about 0.2 wt % to about 4.0 wt % of the film.

The pharmaceutical agent containing films can also include propylene glycol.

The propylene glycol is added in amounts from about 1 wt % to about 20 wt %, preferably from about 5 wt % to about 15 wt % of the film.

The active ingredient used in the film can be coated to mask the taste of the active ingredient or to prevent the active ingredient from numbing the tongue or other surfaces in the oral cavity. The coatings that can be used are known to those skilled in the art. These include polymers such, as Eudragit® E, cellulosics, such as ethylcellulose, and the like.

An additional way to mask the taste of the active ingredient is by using an ion exchange resin such as Amberlite RP-69, available from Rohm and Haas, and Dow XYS-40010.00, available from the Dow Chemcial Co.

Examples

The invention will be illustrated in more detail with reference to the following Examples, but it should be understood that the present invention is not deemed to be limited thereto.

Preparation Method I

The following method was used to prepare the films of Examples 1-13.

A. The film-forming ingredients (e.g., xanthan gum, locust bean gum, carrageenan and pullulan) other than Polysorbate 80 and Atmos 300 are mixed and hydrated in hot purified water to form a gel and stored in a refrigerator overnight at a temperature of approximately 4 °C to form preparation A.

B. The coloring agent(s), copper gluconate and sweetener are added to and

dissolved in purified water to form preparation B.

C. Preparation B is added to preparation A and mixed well to form preparation C.

D. The flavoring agent and the oils (e.g., cooling agent, thymol, methyl salicylate, eucalyptol and menthol) are mixed to form preparation D.

E. The polysorbate 80 and Atmos 300 are added to preparation D and mixed well to form preparation E.

F. Preparation E is added to preparation C and mixed well to form preparation F.

Preparation F is poured on a mold and cast to form a film of a desired thickness at room temperature. The film is dried under warm air and cut to a desired dimension, packaged and stored.

Preparation Method II

Examples 14-18 were prepared using a preferred method, which comprised the following steps:

A. dissolve copper gluconate, acesulfame K, aspartame, glycerin, sorbitol and dye in purified water to form an aqueous mixture;

B. mix pullulan, xanthan gum, locust bean gum and carrageenan together in powder form to form a powder mixture;

C. add the powder mixture from step B to the aqueous mixture from step A to form a hydrated polymer gel;

D. stir the hydrated polymer from step C at slow speed (about 50-100 RPM) overnight at room temperature;

E. mix and dissolve cooling agent, thymol and menthol in the flavor oil;

F. add methyl salicylate, eucalyptol, Polysorbate 80 and Atmos 300 to the oil mixture from step E;

G. add the oil mixture from step F to the hydrated polymer gel from step D and mix until uniform;

H. cast the uniform mixture from step G on a suitable backing; and

I. dry the cast mixture to form a film.

Example 1

Example 1 produced a film according to the invention having a blue-green tint, a mint odor and a refreshing mint taste.

Examples 2-4

Examples 2-4 contain sorbitol, glycerin or both. These examples yielded products that easily broke off pieces, or were too moist and/or self-adhering. However they did produce films that rapidly dissolved in the oral cavity with a refreshing mint taste.

Examples 5-6

Examples 5 and 6 removed glycerin and sorbitol. The resultant films did not stick together during processing and packaging and were more moisture stable over a

long time frame.

Examples 7-9

Examples 7-9 were produced to determine the effect of Avicel® on germ killing activity. While Examples 7-9 produced more acceptable films from a processing and handling perspective, they had diminished antimicrobial activity relative to films without Avicel®, such as Example 8.

Examples 10-15

Examples 10 - 15 varied the amounts of aspartame and menthol to alter the sweetness and coolness of the film.

Example 16

Example 16 was prepared by replacing the sorbitol replaced with maltitol, which has less humectant properties. The resultant film was less sticky during processing and long term storage.

Example 17

Example 17 is prepared in which pullulan is replaced with another film former, polyvinyl pyrrolidone, to produce films according to the invention.

Example 18

Example 18 is prepared in which pullulan is partially replaced with another film former, konjac gum, to produce films according to the invention.

Example 19

Example 19 represents a film containing a salivary stimulant, citric acid.

Example 20

Example 20 is the film composition used in the antimicrobial efficacy studies described above.

The formulas for examples 1 - 20 are summarized in Table 2. The amounts in these examples are presented as the actual weight (grams) or w/w %. These formulas create the solution/gel that is cast and dried into a film. The actual amount of each ingredient in the finished, dried film depends upon the amount of relative moisture removed during drying.

Table 2

Ingredient	Ex. 1 w/w%	2 wt (g)	3 wt (g)	4 wt (g)	5 wt (g)	6 wt (g)	7 wt (g)	8 wt (g)	9 wt (g)
Xanthan Gum, Food Grade	0.1070						11.60	12.60	11.60
Xanthan Gum (1% solution)		3.85	3.85	3.85	3.85	3.85			
Locust Bean Gum, Clarified	0.2150						23.40	25.40	23.40
Locust Bean Gum (1% solution)		7.70	7.70	7.70	7.70	7.70			
Polyvinyl Pyrrolidone									
Konjac Gum									
Carrageenan	1.0730						116.60	126.10	116.60
Carrageenan (5% solution)		7.70	7.70	7.70	7.70	7.70			
Avicel	51.5780						500.00		500.00
Pullulan		74	74	74	74	74	5604.00	6513.00	5949.00
Pullulan (25% sol)									
Thymol NF	0.4070	0.146			0.146	0.146	40.70	40.70	40.70
Methyl Salicylate NF	0.4210	0.151			0.151	0.151	58.50	58.50	58.50
Eucalyptol	0.5850	0.21			0.21	0.21	42.10	42.10	42.10
Menthol USP	5.8830	2.23			2.11	2.11	588.00	588.00	588.00
Mint flavor	8.3640	2			3.0	3.0	836.00	836.00	836.00
Citric Acid									
Copper gluconate	1.1150	0.275			0.41	0.14	112.00	112.00	112.00
Purified water, USP/EP	22.32	2	10.22	12.22	8.0	8.0	2230.00	2230.00	2230.00
Sod. saccharin USP granulate	6.6910	1.8	1.4	1.4	2.0	2.4			
Sodium saccharin							609.00	609.00	609.00
Acesulfame-K									
Aspartame									
Cooling agent		0.05			0.05	0.05	13.90	13.90	13.90
Maltitol									
Sorbitol (crystalline)							64.30	64.30	64.30
Sorbitol 70% sol.		4	4.0						
Glycerin		2		2.0			136.00	136.00	136.00
Polysorbate 80 NF/EP	0.5580	0.3	0.2	0.2	0.2	0.2	112.00	112.00	112.00
Atmos 300	0.5580						112.00	112.00	112.00
Atlas 3000		0.3	0.2	0.2	0.2	0.2			
Hi Set C Starch									77.0
FD&C Green # 3	0.0084	0.3	0.3	0.3	0.3	0.3	0.84	0.84	0.84
D&C Yellow #10									

Table 2 cont.

Ingredient	10 wt (g)	11 wt (g)	12 wt (g)	13 wt (g)	14 w/w%	15 w/w%	16 w/w%	17 w/w%	18 w/w%	19 w/w%	20 w/w%
Xanthan Gum, Food Grade	0.0385	0.0385	0.0385	0.0385	0.0342	0.0342	0.0342	0.04	0.04	0.34	0.0342
Xanthan Gum (1% solution)											
Locust Bean Gum, Clarified	0.077	0.077	0.077	0.077	0.0684	0.0684	0.0684	0.07	0.07	0.68	0.0684
Locust Bean Gum (1% solution)											
Polyvinyl Pyrrolidone								16.5			
Konjac Gum									5.0		
Carrageenan	0.385	0.385	0.385	0.385	0.342	0.342	0.342	0.34	0.34	.34	0.342
Carrageenan (5% solution)											
Avicel											
Pullulan	18.5	18.5	18.5	18.5	16.43	16.43	16.43		11.0	16.34	16.43
Pullulan (25% sol)											
Thymol NF	0.146	0.146	0.146	0.146	0.130	0.13	0.13	0.13	0.13	0.129	0.13
Methyl Salicylate NF	0.21	0.21	0.21	0.21	0.186	0.186	0.186	0.186	0.186	0.185	0.18
Eucalyptol	0.21	0.21	0.21	0.21	0.186	0.186	0.186	0.186	0.186	0.185	0.18
Menthol USP	2.11	1.95	2.36	2.36	2.096	2.520	2.096	2.096	2.096	2.084	2.096
Mint flavor	3.0	3.0	3.0	3.0	2.664	2.344	2.664	2.664	2.664	2.649	2.0
Citric Acid											2.5
Copper gluconate	0.4	0.4	0.4	0.4	0.355	0.355	0.355	0.35	0.35	0.353	0.355
Purified water, USP/EP	84.25	84.25	84.25	84.25	74.81	74.63	74.81	75	75	74.39	72.2168
Sod. saccharin USP granulate											
Sodium saccharin											
Acesulfame-K	0.5	0.5	0.5	0.5	0.444	0.444	0.444	0.45	0.45	.04420	0.444
Aspartame	1.30	1.60	1.30	1.60	1.421	1.421	1.421	1.4	1.4	1.413	1.421
Cooling agent	0.10	0.10	0.10	0.10	0.089	0.089	0.089	0.089	0.089	0.088	0.89
Maltitol							2.80				
Sorbitol (crystalline)											
Sorbitol 70% sol.										0.199	
Glycerin										0.418	
Polysorbate 80 NF/EP	0.4	0.4	0.4	0.4	0.355	0.355	0.355	0.355	0.355	0.353	0.355
Atmos 300					0.355	.0355	0.355	0.355	0.355	0.353	0.355
Atlas 3000	0.4	0.4	0.4	0.4							
Hi Set C Starch											
FD&C Green # 3	0.003	0.003	0.003	0.003	0.0026	0.0026	0.0026	0.0026	0.0026		
D&C Yellow #10											

The following examples are films according to the second embodiment of the present invention, in which the rapidly dissolving film contains a pharmaceutical agent. Examples 21A-21E, listed in Table 3, are medicament containing rapidly dissolvable oral film formulas. The amounts in Table 3 are in milligrams.

TABLE 3

Example Number	21A	21B	21C	21D	21E
Dextromethorphan HBr	7.500				
Phenylepherine HCI		10.0000	10.0000		
Chlorpheniramine Maleate			4.0000		
Loperamide HCI				2.0000	
Nicotine					2.0000
Xanthan Gum	0.0818	0.0818	0.0818	0.0818	0.0818
Locust Bean Gum	0.0954	0.0954	0.0954	0.0954	0.0954
Carrageenan	0.4088	0.4088	0.4088	0.4088	0.4088
Pullulan	21.8036	21.8036	21.8036	21.8036	21.8036
Sodium Benzoate	0.0954	0.0954	0.0954	0.0954	0.0954
Acesulfame Potassium Salt	0.6814	0.6814	0.6814	0.6814	0.6814
Aspartame NF	1.9078	1.9078	1.9078	1.9078	1.9078
Purified Water	*	*	*	*	*
Cooling agent	0.1363	0.1363	0.1363	0.1363	0.1363
Menthol	2.7255	2.7255	2.7255	2.7255	2.7255
Polysorbate 80 NF	0.4770	0.4770	0.4770	0.4770	0.4770
Atmos 300	0.4770	0.4770	0.4770	0.4770	0.4770
Propylene Glycol	4.0882	4.0882	4.0882	4.0882	4.0882
Olive Oil	0.6814	0.6814	0.6814	0.6814	0.6814
Titanium Dioxide	0.3407	0.3407	0.3407	0.3407	0.3407
Total Dose Weight	41.5000	44.0000	48.0000	36.0000	36.0000

*Calculated assuming complete evaporation of water from the films after drying

Table 4 summarizes additional films according to the present invention. The amounts in Table 4 are % w/w prior to drying.

Table 4

Examples	22A	22B	22C	22D	22E	22F	22G	22H	22I
Xanthan Gum	.03	.03	.06	.03	.03	.03	.06	.06	.06
Locust Bean Gum	.07	.07	.07	.07	.07	.07	.07	.07	.07
Carrageenan	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Pullulan	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Sodium Benzoate	0.1	0.1	0.1	.07	.07	.07	.07	.07	0.7
Acesulfame Potassium	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Aspartame	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Water	qs100	qs100	qs100	Qs100	qs100	qs100	qs100	qs100	Qs100
Cooling agent	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Menthol	2.0	2.0	2.0	1.3	2.0	2.0	2.0	2.0	2.0
Polysorbate 80	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Atmos 300	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Propylene Glycol	1.0	1.0	1.0	1.0	1.0	1.0	3.0	3.0	3.0
Peg 1450	-	3.10	-	-	-	-	-	-	-
Olive Oil	-	-	-	1-2	2.0	2.0	.5-2	-	.5
Polyox N-10	-	-	-	-	-	-	-	-	1.0
Titanium Dioxide	-	0.25	0.25	0.25	0.25	-	0.25	-	0.25

Example 22A was used to make films containing a) 7.5 mg of dextromethorphan hydrobromide, b) 2.5 mg of tripolidine, c) 4.0 mg of chlorpheniramine maleate and d) 12.5 mg of diphenhydramine hydrochloride.

Example 22B was used to make a film containing 10 mg of dextrometorphan hydrobromide.

Example 22C was used to make a film containing 10 mg of dextromethorphan hydrobromide.

Example 22D was used to make a film containing a) 10 mg of phenylepherine hydrochloride, b) 10 mg of phenylepherine hydrochloride and 4 mg of chlorpheniramine maleate and c) 10 mg of dextromethorphan hydrobromide.

Example 22E was used to make a film containing 7.5 mg dextromethorphan hydrobromide.

Example 22F was used to make a film containing 20 mg of coated dextromethorphan hydrobromide to provide a 7.5 mg dose.

Example 22G was used to make a film containing a) 7.5 mg dextromethorphan hydrobromide, b) 10 mg phenylepherine hydrochloride and c) 10 mg phenylepherine hydrochloride and 4 mg chlorpheniramine maleate.

Example 22H was used to make a film containing 15 mg of dextromethorphan hydrobromide.

Example 22I was used to make a film containing 15 mg of dextromethorphan

hydrobromide.

Processes For Making Pharmecutical Containing Films

Example 22A was made using the following procedure.

1. Add the sodium benzoate and sweeteners to water.
2. Mix the locust bean gum, xanthan gum and carrageenan together.
3. Add the gum mixture to the mixture of step 1 and mix until dissolved.
4. Mix the active ingredient with either water or propylene glycol. Heat if needed.
5. Add the remaining ingredients to the mixture of step 4 or mix the remaining ingredients in a separate mixture.
6. Add the mixtures of step 4 and step 5 to the mixture of step 3. Cast and dry to make a film and cut to a size to achieve the desired dose.

Examples 22B-22E were made using the following procedure.

1. Add the sodium benzoate to water heated to 50 C. Mix to dissolve.
2. Separately, add the Peg 1450, titanium dioxide and active ingredient to the mixture of step 1, mixing with each addition.
3. Mix the locust bean gum, xanthan gum and carrageenan together.
4. Add the gums to the mixture of step 2 and mix until dissolve.
5. Add the remaining ingredients together with heat if needed.
6. Add the mixture of steps 4 and 5 together. Cast and dry to make a film and cut to a size to achieve the desired dose.

Examples 22F - 22I were made in the same manner as Examples 20B - 20E, except the active was dispersed right before the film was cast.

While the invention has been described in detail and with reference to specific examples thereof, it will be apparent to one skilled in the art that various changes and modifications can be made therein without departing from the spirit and scope thereof.

CLAIMS

WHAT IS CLAIMED IS:

1. A consumable film adapted to adhere to and dissolve in a mouth of a consumer, wherein said film comprises at least one water soluble polymer and an antimicrobial effective amount of at least one essential oil selected from the group consisting of thymol, methyl salicylate, eucalyptol and menthol.

2. The consumable film according to claim 1, comprising at least two of said essential oils.

3. The consumable film according to claim 1, comprising at least three of said essential oils.

4. The consumable film according to according to claim 1, comprising thymol, methyl salicylate, eucalyptol and menthol.

5. The consumable film according to claim 4, further comprising a salt of gluconic acid.

6. The consumable film according to claim 4, further comprising copper gluconate.

7. The consumable film according to claim 1, wherein said water soluble polymer is selected from the group consisting of pullulan, hydroxyproplymethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, polyvinyl pyrrolidone, carboxymethyl cellulose, polyvinyl alcohol, sodium alginate, polyethylene glycol, tragacanth gum, guar gum, acacia gum, arabic gum, polyacrylic acid,

methylmethacrylate copolymer, carboxyvinyl polymer, amylose, high amylose starch, hydroxypropylated high amylose starch, dextrin, pectin, chitin, chitosan, levan, elsinan, collagen, gelatin, zein, gluten, soy protein isolate, whey protein isolate, casein and mixtures thereof.

8. The consumable film according to claim 7, wherein said water soluble polymer is pullulan.

9. The consumable film of claim 8, comprising:

about 40 to about 80 wt % pullulan;

about 0.01 to about 4 wt % thymol;

about 0.01 to about 4 wt % methyl salicylate;

about 0.01 to about 4 wt % eucalyptol; and

about 0.01 to about 15 wt % menthol.

10. The consumable film according to claim 7, further comprising:

about 0.01 to about 5 wt % of at least one stabilizing agent;

about 0.001 to about 0.1 wt % of at least one of at least one coloring agent;

about 0.1 to about 8 wt % of water;

about 0.1 to about 15 wt % of at least one sweetening agent;

about 0.1 to about 15 wt % of at least one flavoring agent;

about 0.1 to about 4 wt % of at least one cooling agent; and

about 0.1 to about 5 wt % of at least one surfactant.

11. The consumable film according to according to claim 10, wherein said least one stabilizing agent is selected from the group consisting of xanthan gum, locust bean gum and carrageenan, and said at least one sweetening agent is selected from the group consisting of saccharin, aspartame and acesulfame K.

12. The consumable film according to claim 1, wherein said film does not substantially adhere to itself.

13. The consumable film according to claim 1, wherein said film is free of glycerin and sorbitol.

14. The consumable film according to claim 1, wherein said film is free of humectants.

15. The consumable film according to claim 1, wherein the essential oils comprises at least about 10 wt % of the film.

16. The consumable film according to claim 15, wherein the essential oils comprises at least about 15 wt % of the film.

17. The consumable film according to claim 1, further comprising water in an amount from about 3 wt % to about 8 wt %.

18. A method for preparing a physiologically compatible film, said method comprising:

mixing at least one water soluble film former and at least one stabilizing agent to provide a film-forming mixture;

dissolving water-soluble ingredients in water to provide an aqueous solution;

combining said film-forming mixture and said aqueous solution to provide a hydrated polymer gel;

mixing oils to form an oil mixture;

adding said oil mixture to said hydrated polymer gel and mixing to provide a uniform gel;

casting the uniform gel on a substrate; and

drying the cast gel to provide said film.

19. The method according to claim 18, wherein at least one surfactant is mixed into said oil mixture.

20. The method according to claim 18, wherein the total amount of said oils in said oil mixture is at least about 5 wt % of the total weight of ingredients in said method.

21. The method according to claim 20, wherein said total amount of oils is at least about 15 wt %.

22. The method according to claim 18, wherein said drying is conducted until said film has a moisture content of about 3 wt % to about 8 wt %.

23. The method according to claim 18, wherein, prior to being combined with said aqueous solution, said film-forming mixture is hydrated with water at a temperature of about 25 to about 50°C and subsequently chilled to a temperature of about 4 to about 30°C for about 2 to 48 hours.

24. The method according to claim 18, wherein said film-forming mixture is

a powder, which is directly combined with said aqueous solution.

25. The method according to claim 24, wherein said hydrated polymer gel is formed without heating.

26. The method according to claim 25, wherein said hydrated polymer gel is stirred at room temperature for about 2 to about 48 hours.

27. The method according to claim 26, wherein said oil mixture is prepared by mixing thymol and menthol in a flavor oil, and subsequently adding methyl salicylate and eucalyptol.

28. A non-self-adhering film produced according to the method of claim 18.

29. The method according to claim 18, wherein the water soluble film former is selected from the group consisting of pullulan, hydroxyproplymethyl cellulose, hydroxyethyl cellulose, hydroxypropyl cellulose, polyvinyl pyrrolidone, carboxymethyl cellulose, polyvinyl alcohol, sodium alginate, polyethylene glycol, tragacanth gum, guar gum, acacia gum, arabic gum, polyacrylic acid, methylmethacrylate copolymer, carboxyvinyl polymer, amylose, high amylose starch, hydroxypropylated high amylose starch, dextrin, pectin, chitin, chitosan, levan, elsinan, collagen, gelatin, zein, gluten, soy protein isolate, whey protein isolate, casein and mixtures thereof.

30. The method according to claim 29, wherein said water soluble polymer is pullulan.

31. A consumable film adapted to dissolve in the mouth of a consumer,

wherein said film comprises a single layer including pullulan and at least one pharmaceutical agent.

32. The consumable film according to claim 31, wherein said pharmaceutical agent is selected from the group consisting of antimicrobial agents, non-steroidal anti-inflammatory agents, anti-tussives, decongestants, anti-histamines, expectorants, anti-diaherrals, H_2 –antagonists, proton pump inhibitors, central nervous system agents, analgesics. and mixtures thereof.

33. The consumable film according to claim 32, wherein the antimicrobial agent is selected from the group consisting of triclosan, cetyl pyridium chloride, domiphen bromide, quaternary ammonium salts, zinc compounds, sanguinarine, fluorides, alexidine, octonidine, EDTA and mixtures thereof.

34. The consumable film according to claim 32, wherein the non-steroidal anti-inflammatory agent is selected from the group consisting of aspirin, acetaminophen, ibuprofen, diflunisal, fenoprofen calcium, naproxen, tolmetin sodium, indomethacin, and mixtures thereof.

35. The consumable film according to claim 32, wherein the anti-tussive is selected from the group consisting of benzonatate, caramiphen edisylate, dextromethorphan hydrobromide, chlophedianol hydrochloride and mixtures thereof.

36. The consumable film according to claim 32, wherein the decongestant is selected from the group consisting of pseudoephedrine hydrochloride, phenylepherine, phenylpropanolamine and mixtures thereof.

37. The consumable film according to claim 32, wherein the anti-histamine is selected from the group consisting of brompheniramine maleate, chlorpheniramine maleate, carbinoxamine maleate, clemastine fumarate, dexchlorpheniramine maleate, diphenhydramine hydrochloride, diphenhydramine citrate, diphenylpyraline hydrochloride, doxylamine succinate, promethazine hydrochloride, pyrilamine maleate, tripelennamine citrate, triprolidine hydrochloride and mixtures thereof.

38. The consumable film according to claim 32, wherein the expectorant is selected from the group consisting of guaifenesin, ipecac, potassium iodide, terpin hydrate and mixtures thereof.

39. The consumable film according to claim 32, wherein the anti-diarrheal is loperamide.

40. The consumable film according to claim 32, wherein the H_2 –antagonist is selected from the group consisting of famotidine, ranitidine and mixtures thereof.

41. The consumable film according to claim 32, wherein the proton pump inhibitor is selected from the group consisting of omeprazole, lansoprazole, and mixtures thereof.

42. A method for delivering and enhancing the retention of an effective amount of an antimicrobial agent to the oral cavity comprising introducing in the oral cavity a rapidly dissolving film comprising pullulan and an antimicrobial agent comprising menthol and at least one of methyl salicylate, eucalyptol and thymol, wherein said pullulan enhances the retention of the antimicrobial agent in the oral

cavity.

43. The method according to claim 42, wherein the antimicrobial agent comprises menthol, methyl salicylate, eucalyptol and thymol.

44. The method according to claim 42, wherein the amount of pullulan in the film is from about 40 wt% to about 80 wt %.

45. The method according to claim 42, wherein the amount of antimicrobial agent in the film is from about 5 wt% to about 12 wt%.

46. The method according to claim 43, wherein the amount of antimicrobial agent in the film is from about 5 wt % to about 12 wt%.

47. A method for delivering and enhancing the retention of an effective amount of an antimicrobial agent to the oral cavity comprising introducing in the oral cavity the consumable film according to claim 9.

FIG-1

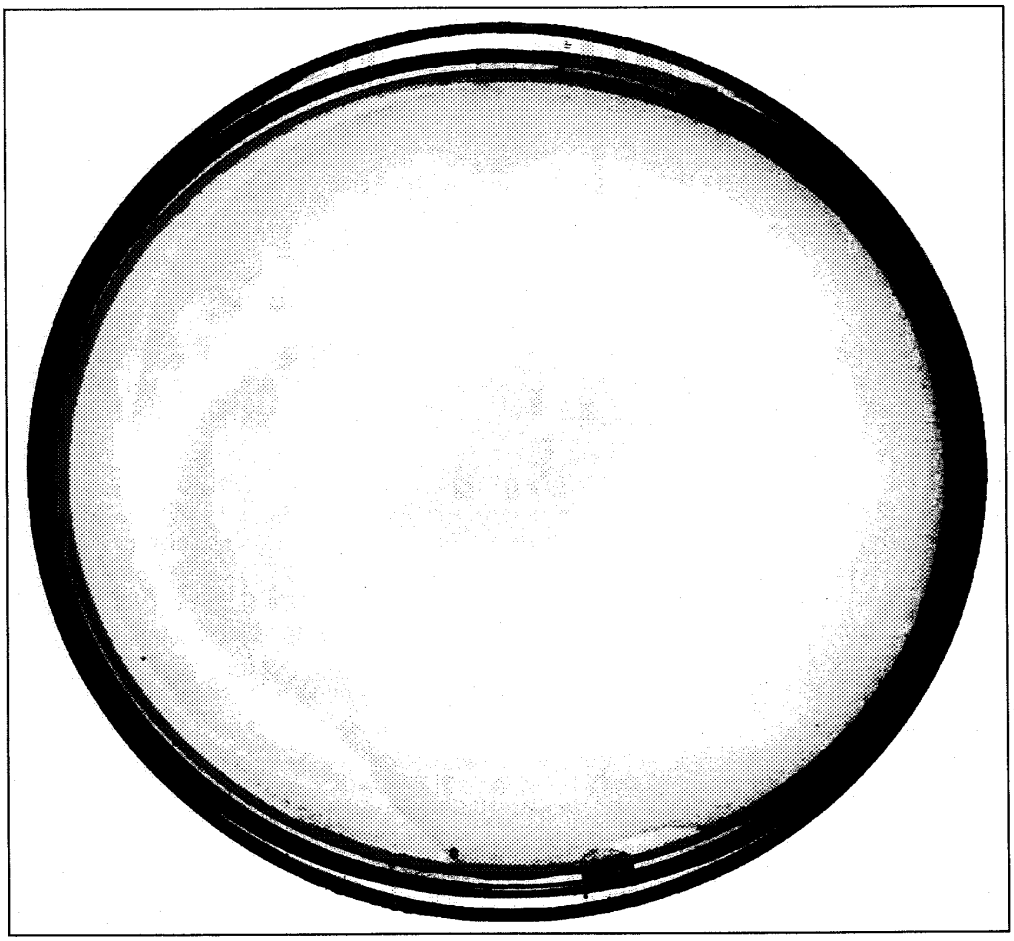
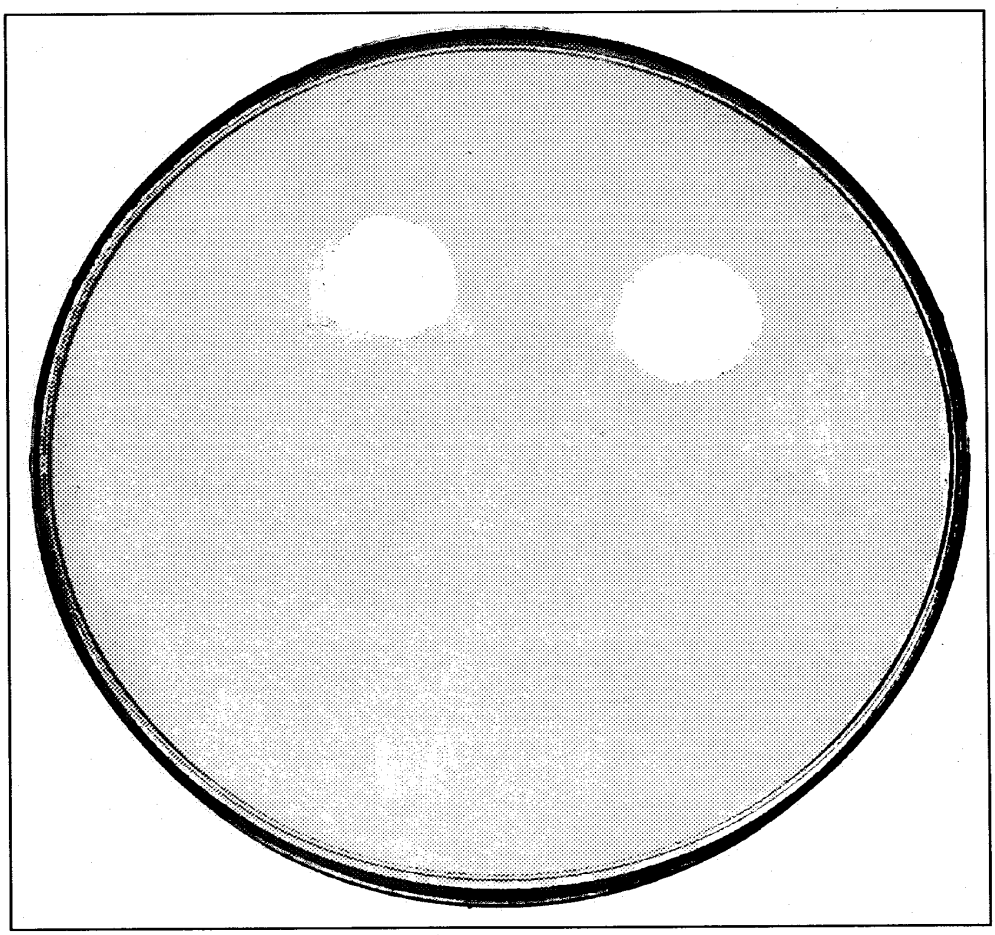


FIG-2



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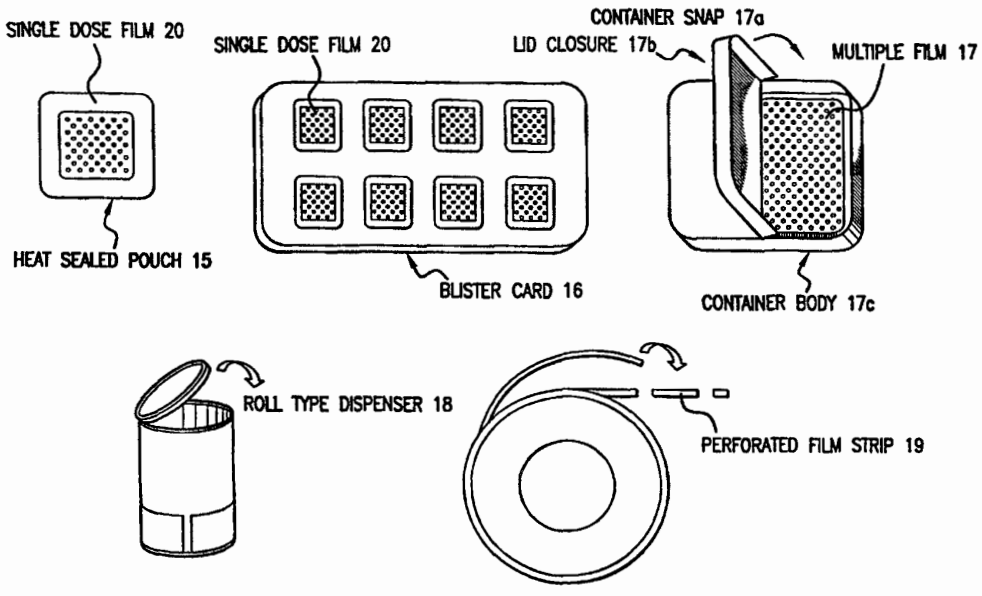

(57) Abstract

A dosage unit comprising a water–soluble hydrocolloid and a mucosal surface–coat–forming film, such film including an effective dose of active agent. In the dosage unit slidenafil citrate, nicotine, hydromorphone, oxybutynine or estradiol are used as active agents.

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COMPOSITIONS AND METHODS FOR MUCOSAL DELIVERY

Technical Description

The present invention is directed to a device and method for administering agents in a dissolving film configuration.

Background to the Invention

Many pharmaceutical dosage forms are administrated orally in the form of solid shaped articles such as tablets, pills, caplets and capsules that retain their shape under moderate pressure. Generally these dosage forms are designed to be swallowed whole or chewed to deliver the medication with adequate amounts of liquid. Some patients, particularly pediatric and geriatric patients, have difficulty swallowing or chewing solid dosage forms. Certain patients such as children or animals resist taking medication, and may try to hide a solid pill in order to spit it out later. In addition, many pediatric and geriatric patients are unwilling to take a solid dosage form because the active agent is difficult to swallow or is retained in the pharynx or gullet even when liquids are consumed with the dosage unit. Furthermore, the availability of liquids at the time of administering medications may be limited for certain patients and may be restricted for certain diseases and/or treatments. Chewable tablets provide some advantages over the conventional tablets. However, they are not suitable for children wearing braces and the taste of the medication may be unpleasant and difficult to mask in a chewable tablet. At the same time, water may be still required for the administration of chewable tablets.

In addition, the standard oral dosage forms, such as tablets, pills, caplets, and capsules, are designed for short residence time in the mouth. Absorption of the agent from these dosage forms occurs in the gastrointestinal (GI) tract, after the agent has separated from the dosage form and dissolved in the gastric fluids. For some active agents, it is desirable to achieve absorption through the oral mucosal tissues in order to accelerate onset of the therapeutic effect.

Many active agents are poorly absorbed, even after they are dispersed in the stomach, because of low solubility or slow dissolution rate in the gastric fluids. Tablets may be formulated so as to be quick dissolving. These tablets are commonly placed on the tongue and disintegrate rapidly in the oral cavity. However, these dosage units are

not fixed to a mucosal surface and may move around in the mouth. Consequently, they do not overcome a risk associated with choking or gagging that occurs with subjects having limited control of their swallowing reflexes. However, once placed in the mouth, these tablets dissolve rapidly in the saliva to provide a liquid formulation which is then swallowed. Quick dissolving tablets may be formed from a particulate support matrix containing the therapeutic agent, where the particulate support matrix is a protein (US 5,807,576, US 5,635,210, US 5,595,761). Alternatively, the tablet may be formed from a laminate with several layers and an outer coating (JP 100535518). Tablets have also been manufactured from shearform matrices which are substantially amorphous sugar formed when crystalline sugar is subjected to heat and shear (WO 95/07194; WO 95/35293). Other methods of forming quick dissolving tablets include wet granulation methods (EP 0627 218) and dry granulation methods (EP 0124027A1) and by freeze-drying techniques (EP 0084705A2). Generally, quick dissolving tablets are formed using complex multi-step manufacturing processes. In addition, these tablets may have poor mechanical strength, are fragile and friable and have insufficient holding capacity for active ingredients (US 5,720,974) and may be difficult to store and handle.

Therapeutic compounds are sometimes provided as powders or granules which may be difficult to swallow and cause unpleasant sensations in the mouth. Furthermore, many quick dissolving tablets contain particulates (>25 microns) which leave a "gritty" and unpleasant taste in the mouth. In the elderly, powders may cause choking and discomfort associated with trapping of granules in dentures. Powders and granules are generally packaged in a sealed pouch which requires tearing before use. This causes problems for geriatric patients and those suffering from arthritis in the fingers as well as for children. Consequently, problems of spillage of the contents arise in this group of patients. Furthermore, these oral preparations should be taken with water which for certain patients are inconvenient and may cause reduced patient compliance.

Liquid, syrups or suspensions are an alternative to solid dosage forms and are considered desirable for pediatric and geriatric patients who have problems in swallowing tablets. However, these dosage forms are often difficult to measure accurately and administer easily. Liquid formulations deteriorate rapidly upon exposure to heat or atmosphere and consequently have a relatively short shelf life. Furthermore, liquid formulations require a relatively large volume and are bulky to store.

In addition to solid and liquid dosage forms, rapidly dissolving buccal/oral delivery systems have been developed. These systems are commonly freeze dried preparations which are more expensive to manufacture as compared to tablets (US 5,648,093). Furthermore, freeze dried preparations are brittle and fragile when handled and must be kept in dry conditions to avoid disintegration. The instability of freeze-dried preparations has been reduced somewhat by the addition of mannitol (US 4,946,684). WO 9820862 reports a film that is formed according to a method that does not utilize freeze drying and avoids problems described in the art such as rigidity of the films, delayed softening and poor solubility in the mouth (US 4,876,092; EP 0200508; EPO 381194; CA-PS 1-26331; DE 2449865.5; DE 3630603; EP 0452446 and EP 0219762). However, the film described in WO 9820862 relies on the use of at least two different non-ionic surfactants to achieve immediate wettability.

It is desirable that a dosage unit should provide a non-invasive, effective and economic means to deliver an active agent to the target site. Where the target site is the plasma, additional issues arise concerning the rate of delivery of the active agent to that site as measured by bioavailability. For many types of active agent, fast onset of the therapeutic effect is desirable. Traditional oral dosages, such as tablets, are limited in onset time by the rate of absorption in the gastro-intestinal tract. Formulations have been developed which, when applied in the mouth, lead to faster onset that the traditional oral dosages because they target the oral mucosa. These formulations include dosage units containing 75%-90% polyethylene glycol that melt at body temperature, in the mouth.(US 5,004,601 and 5,135,752) Other formulations include liquid forms, lozenges or tablets that are administered sublingually or by a sweetened matrix on a stick. (US 5,770,606, Streisand et al. and Zhang et al., Christie et al., Sasaki et al.). Whereas the above references address the delivery route, they do not address the problems of bioavailability that arise from poor solubility or low dissolution rate.

A delivery device that addresses the above limitations would represent a desirable improvement on existing delivery systems.

Summary of the Invention

A novel dosage unit and its method of manufacture and use is provided. In an embodiment, the dosage unit includes a water-soluble hydrocolloid, mucosal surface-coat-forming film, such film including an effective dose of an active agent.

In an embodiment of the invention, the hydrocolloid includes a polymer selected from the group consisting of a natural, semi-natural and synthetic biopolymer being exemplified by a polysaccharide and a polypeptide. In addition to the hydrocolloid, the film may further include one or more of an emulsifier, a plasticizer, a taste modifying agent, a water soluble inert filler, a preservative, a buffering agent, a coloring agent, a permeation enhancer, and a stabilizer. The film may further include an active agent selected from the group consisting of a therapeutic agent, a dietary supplement and a hygiene aid. Embodiments of the invention utilize effective amounts of sildenafil citrate, nicotine, hydromorphone , oxybutynine or estradiol as active agents in the dosage unit. The active agent may be encapsulated within a second polymer having dissolution properties that are different from those of the hydrocolloid. More than one active agent may be included in the film. In an embodiment of the invention, the emulsifier may have a concentration of 0.1-10%w. The water inert filler may include a concentration range of 0.5-50% and the preservative may include a concentration range of 0.01-10%. A mucosal adhesion enhancer such as starch graft copolymer may be included in the dosage unit.

In embodiments of the invention, the dosage unit may further include any of the following features: a dry film thickness in the range of 1-20 mil, more particularly less than 10 mils, a dry tack value of less than 3.5g, more particular less than 2 g, a wet tack value of greater than 35g, a tensile strength greater than 1500psi, a modulus in the range of 35,000-300,000 psi, a tear propagation resistance in the range 0.001N-1N, a disintegration time in a range from 1-300 seconds, a dissolution time in a range from 10-600 seconds, and a percentage elongation less than 20%.

In embodiments of the invention, methods are provided for making a dosage unit, that include in one embodiment, dissolving a hydrocolloid in a solvent so as to form a substantially homogeneous preparation; adding to the hydrocolloid preparation, an active agent and at least one reagent selected from the group consisting of an emulsifier, a plasticizer, a taste modifier, a water soluble inert filler, a coloring agent, a preservative, a permeation enhancer, a stabilizer and a buffering agent to form a coatable mixture; and forming a mucosal surface-coat forming film from the mixture for packaging as a dosage unit. The method may further include the step of coating the mixture onto a backing film. In a further embodiment, the reagents including: a hydrocolloid, an active agent,

and at least one reagent selected from the group consisting of an emulsifier, a plasticizer, a taste modifier, a water soluble inert filler, a coloring agent, a preservative, a permeation enhancer, a stabilizer, and a buffering agent, may be combined in any order in a vessel having a heating source and a mechanical mixing device, the combined ingredients being mixed during and after the addition of the ingredients to the vessel, an effective amount of heat being applied for melting a substantial portion of the mixture. The mixture may then be formed into a film in a dry extrusion process.

In an embodiment of the invention, a method is provided for administering an active agent to a subject, that includes obtaining a water-soluble hydrocolloid, mucosal surface-coat-forming film, such film including an effective dose of an active agent; and placing the film on a mucosal surface coat forming film in the subject; so as to release the active agent.

In a further embodiment of the invention, a dosage unit is provided that includes a water soluble hydrocolloid and an effective dose of sildenafil citrate in a mucosal-surface contacting film. More particularly, an effective dose of sildenafil citrate is formed into a solid dispersion with xylitol for treating erectile dysfunction. The sildenafil/xylitol dispersion may be mixed with at least one reagent selected from the group consisting of an emulsifier, a plasticizer, a taste modifier, a coloring agent, a preservative, a permeation enhancer, a stabilizer and a buffering agent. The solid dispersion of sildenafil and xylitol may arise at a ratio of 9 parts sildenafil to one part xylitol. According to embodiments of the invention directed to a dosage unit and method of making a dosage unit suitable for erectile dysfunction, the water solubility of sildenafil in the solid dispersion is at least 20 mg/ml, more particularly about 50mg/ml. More particularly, the film may be capable of completely dissolution at the oral mucosal surface within 10-600 seconds.

Brief Description of the Figures

Figure 1 shows possible application sites in the oral cavity for the inventive dosage unit. (**1**) is the upper lip; (**2**) is the gingiva; (**3**) is the hard palate; (**4**) is the cheek; (**5**) is the lingual; (**6**) is the sublingual; (**7**) is the lower lip.

Figure 2 illustrates one manufacturing process for the dosage unit. (**8**) is the

mixing and degassing tank; (**9**) is the coating slot with thickness controller; (**10**) is the polyester backing belt; (**11**) is the drying oven with aeration controller; (**12**) is the intraoral film; (**13**) is the die cutting and (**14**) is the intraoral unit dose.

Figure 3 shows examples of packaging and dispensing devices for the intraoral delivery system. (**15**) is a heat sealed single pouch; (**16**) is a multi-unit blister card; (**17**) is a multi-unit dispensing pack, **17(a)** the container snap and **17(b)** the lid closure; (**18**) is a multi-unit roll-type dispenser cylinder; (**19**) is a perforated film strip; and (**20**) is a single dose film.

Figure 4 demonstrates the disintegration and dissolution time of the intraoral delivery system as a function of thickness.-- • -- is disintegration time and -- ○ -- is dissolving time.

Figure 5 shows the release profiles of -- ▾ -- nicotine, -- ▽ -- oxybutynin, -- • -- hydromorphone and -- ○ -- estradiol.

Figure 6 shows the pharmacokinetics in six subjects after administration of a dissolving film sildenafil formulation and after administration of the commercial tablet containing the same dosage of sildenafil. Sildenafil film -- ○ -- Viagra -- ▽ –.

Detailed Description of Invention

Delivery of active agents in solid form via the mouth causes problems to patients who may choke on the dosage unit. This effect is caused at least in part by the mobility of the dosage unit within the mouth. We have developed a new class of dosage units which are not mobile in the mouth because on contact with the moist mucosal surface, the film becomes a coating that adheres to the mucosal surface and then disintegrates and dissolves over a time frame controlled in the design of the dosage. The dosage unit, in an embodiment of the invention, is in the form of a flexible, non-tacky, dry conveniently packaged film. Once removed from the package and placed on a mucosal surface, the mucosal surface-coat-forming film hydrates substantially immediately to form a coating on the moist surface of the mucous membrane and then disintegrates and dissolves to release the active agent from the film.

The dosage unit may release the active agent over a period of time that is determined by a number of different factors. These factors include the dimensions of the

film, the concentration of the active agent, the solubility of the agent at the mucosal surface and how the agent is dispersed throughout the film. The thickness of the film is a factor in determining the rate of dissolution. A thick film will dissolve more slowly than an otherwise similar thin film. A thick film may be desirable for its holding capacity for active agents that are required in high dosages. Although the surface area of a film can be adjusted up to about 5 square centimeters, increased thickness may also be desirable for purposes of achieving effective active agent dosages. The active agent can form a solid dispersion with a water soluble inert filler for purposes of increasing the solubility of the agent when released from the film thereby enhancing bioavailability of the active agent. This is exemplified here by sildenafil which is incorporated in a film with a water soluble inert filler, for example, xylitol, which has been found here to enhance the bioavailability of this agent. Solubilizing agents that are well known in the art may be included in the film. The extent of uptake of the active agent from the dosage unit at the mucosal surface can be controlled by the dissolution rate of the film. A dissolving film will release the active agent and this in turn will cause the active agent to be swallowed and taken up in the GI tract. In contrast, slow release of the active agent at the mucosal surface will give rise to increased uptake by the mucosal surface. A further parameter governing the release of an active agent at the mucosal surface is the manner in which the agent is dispersed in the film. For example, the agent may be dispersed as colloidal particles or microencapsulated within the film or alternatively may be mixed throughout the film as a reagent during casting.

The dosage unit of the invention may be used as a vehicle for delivering a wide range of active agents. For example, the active agent may be a small molecule, a protein, a nucleic acid including antisense molecules or other biological or synthetic molecules.

The term "mucosal surface-coat-forming" as applied to a film as used in this description and in the following claims unless specified otherwise , means a film that coats the mucosal surface on contact, and may not thereafter be manually recovered or moved from the contact site; and subsequently disintegrates and dissolves so as to release the active agent. It should be noted that for purposes of the description of the invention and the claims,

"mucosal surface" refers to any moist surface of the body. This includes the surfaces identified in Figure 1. It further includes a wound surface where lymph fluid bathes the

tissue surface.

Embodiments of the present invention include a process, composition and method of use for a quick dissolving film for local and systemic delivery of pharmaceutical agents to a mucosal surface in a subject. In the following text, specific reference may be made to the oral cavity by way of example. However, it is not intended to limit the scope of the invention to the oral cavity. The dosage unit of the invention may be applied to any mucosal surface as deemed appropriate for the systemic or local delivery of an active agent including vaginal, rectal, and ocular surfaces. For purposes of oral delivery, the films may be applied on lingual, sub-lingual, buccal, gingival, and palatal surfaces (Figure 1).

For vaginal delivery of such agents as contraceptive agents including nonoxynol or anti-infectives including antifungal agents, antibacterial agents and anti-viral agents, or fragrant or hygiene agents; the film should be non-sticky when removed from the packaging but should have mucoadhesive properties when applied in the vagina. Although films containing active agents for use in the vagina have been used, they appear to have some significant drawbacks most particularly the lack of adhesive properties at the mucosal surface. This makes these films impractical to administer. (US 5,380,529; 5,595,980 and 5,529,782).

Embodiments of the invention provide improved dosage forms to deliver active agents that are appropriate for all age groups and that physician, parents, patients and family members can administer easily. These dosage forms are economical to prepare and have an extended shelf life. They are easy to handle and non-tacky before administration so as to avoid disintegration prior to use and are conveniently packaged for shelf life, ease of storage and distribution. The dosage form may be administered to the subject by placing the film on a mucous surface, at which time the film becomes a mucoadhesive coating, characterized by the property that it can no longer exist in an independent form and is subsequently dispersed in solution.

Embodiments of the invention provide a delivery system for active agents and other active agents that will dissolve and completely release their contents on a moist mucosal surface -for example in the oral cavity. The release of the active agent occurs without mastication or the need for intake of water. With particular reference to the oral cavity, an embodiment of the invention provides active agents that remain in the oral

cavity for treatment or modification of the oral environment; for example, for periodontal disease treatment or breath-odor control. Furthermore, embodiments of the invention further provide improvements that include: improved organoleptic properties (smell and taste), and texture and feel of dosage forms intended to be placed in the oral cavity; a dosage form which "melts" in the mouth and leaves a smooth pleasant after feel following dissolution; and a prolonged retention of the active agent in the mouth following dissolution of the quick dissolving dosage form to extend the residence time of the active agent cleared from the mouth by the production of saliva and subsequent swallowing. Depending on the optimal program for a specific application of the invention, the disintegration time and the dissolution time can be controlled within a prescribed range by adjustment of the formulation and the thickness of the film. In some cases, it is desirable for release of the active agent to occur after dissolution of the film. For these applications, the active agent may be encapsulated in a material with dissolution properties that are different from those of the hydrocolloid. Encapsulation of the active agent also may be utilized to achieve masking of taste for active agents that are bitter. In some cases, two or more different active agents may be included in the film. An example where multiple active agents frequently are administered is cold medications, which often contain several active agents.

"Coating solution" is defined here and in the claims as a viscous and homogeneous mixture of hydrocolloids, active agents and other additives in a solvent. The coating solution is treated according to the method of the invention to form a film.

"Subject" is defined here and in the claims as a human or animal species.

"Thickness" is defined here and in the claims by measurements in mil (a mil = one thousandth of an inch) determined when a film is placed between two microscopic slides.

"Permeation enhancer" as defined here and in the claims is a natural or synthetic molecule which facilitates the absorption of an active agent through a mucosal surface.

"Enzyme inhibitor" as defined here and in the claims is a natural or synthetic molecule which inhibits enzymatic metabolism of an active agent in the saliva or in a mucosal tissue.

"Water Content" is defined here and in the claims as % residual water content per unit dose as measured according to the Karl Fisher method and expressed as percent of

the dry weight of the film.

"The hydration rate" is defined here and in the claims as the speed of absorbing water at 25°C. and 75% relative humidity in 24 hours.

"Percentage of swelling" is defined here as a percentage of the initial volume that is increased before dissolving. In an embodiment of the invention, the percentage of swelling is less than 10% in 60 seconds.

Taste modifying agents include flavoring agents, sweetening agents and taste masking agents and are exemplified by: the essential oils or water soluble extracts of menthol, wintergreen, peppermint, sweet mint, spearmint, vanillin, cherry, chocolate, cinnamon, clove, lemon, orange, raspberry, rose, spice, violet, herbal, fruit, strawberry, grape, pineapple, peach, kiwi, papaya, mango, coconut, apple, coffee, plum, watermelon, nuts, durean, green tea, grapefruit, banana, butter, camomile, sugar, dextrose, lactose, mannitol, sucrose, xylitol, malitol, acesulfame potassium, talin, glycyrrhizin, sucralose, aspartame, saccharin, sodium saccharin, sodium cyclamate and honey.

Emulsifying agents include solubilizers and wetting agents and are exemplified by polyvinyl alcohol, sorbitan esters, cyclodextrins, benzyl benzoate, glyceryl monostearate, polyoxyethylene alkyl ethers, polyoxyethylene stearates, poloxamer, polyoxyethylene castor oil derivatives, hydrogenated vegetable oils, bile salts, polysorbates and ethanol.

Plasticizers may include glycerin, sorbitol, propylene glycol, polyethylene glycol, triacetin, triethyl citrate (TEC), acetyl triethyl citrate (ATEC) and other citrate esters.

Active agents (for human and veterinary applications) include therapeutic agents, nutritional supplements and hygiene aids. The therapeutic agents are exemplified by analgesics, a-adrenergic receptor blockers, anti-Alzheimer's disease medication, antianginal, antianxiety, antiarrythmics, antiarthritics, antibiotics, anticoagulants/thrombolytics, anticonvulsants/anti-Parkinson medication, anti-depressants, anti-diabetics, anti-diarrheal, anti-epileptics, anti-fungal, anti-gout, anti-heartworm medication for dogs, anti-histamines, anti-hypertensives, anti-inflammatories, anti-infectives, antimigraines, anti-nasuants/anti-emetics, anti-neoplastics/anti-tumor active agents, anti-pruitics, anti-psychotics, anti-pyretics, anti-spasmodics, anti-virals, bronchial dilators/anti-asthmatics, calcium antagonists, cardiac agents, cardiotonics, central nervous system actives, contraceptives, coronary vasodilators, cough/cold

remedies, dietary supplements, including vitamins and minerals, diuretics, fertility active agents, flea control agents for animals (Ivermectin), H_2 receptor antagonists, herbal actives, hormones, hypoglycemics, hypolipidemics, muscle relaxants, ovulation stimulators, peptide active agents, polypeptide active agents, proteins such as insulin, calcitonin, LHRH and the like. Sedatives and hypnotics, sexual dysfunction active agents, sleep aids, smoking cessation aids, steroids and steroidals, tranquilizers, laxatives, ophthalmic preparations, nutritional supplements, breath fresheners, breath deodorants, saliva substitutes, antigingivitis agents, anti-cavity agents, anti-plaque agents, diagnostic indicators, and local anesthetics. Also included are active agents for treatment of osteoporosis, hormone replacement, treatment of periodontal disease, antiseptics, corticosteroids, non steroidal anti-inflammatory agents, antiviral agents and vaccines.

Water soluble inert fillers include mannitol, xylitol, sucrose, lactose, maltodextrin, dextran, dextrin, modified starches, dextrose, sorbitol, and dextrates. The water soluble inert fillers may be used in embodiments of the invention as inert carriers to form a high water soluble dispersion with active agents.

Buffering agents include acidulants and alkalizing agents exemplified by citric acid, fumaric acid, lactic acid, tartaric acid, malic acid, as well as sodium citrate, sodium bicarbonate and carbonate, sodium or potassium phosphate and magnesium oxide.

Coloring agents may include FD & C coloring agents, natural coloring agents, and natural juice concentrates, pigments such as titanium oxide, silicon dioxide and zinc oxide.

Stabilizers as used here and in the claims, include anti-oxidants, chelating agents, and enzyme inhibitors as exemplified by ascorbic acid, vitamin E, butylated hyroxyanisole (BHA), butylated hydroxytoluene (BHT), propyl gallate, dilauryl thiodipropionate, thiodipropionic acid, gum guaiac, citric acid, edetic acid and its salts and glutathione.

Preservatives which here include anti-microbial agents and non-organic compounds are exemplified by sodium benzoate, parabens and derivatives, sorbic acid and its salts, propionic acids and its salts, sulfur dioxide and sulfites, acetic acid and acetates, nitrites and nitrates.

The mechanical properties of the film is determined by tensile strength modulus,

percent elongation (ASTM D882, standard test method for tensile properties of thin plastic sheet) and tear propagation resistance (ASTM D1938, standard test method for tear propagation resistance of plastic film and thin sheet by single tear method). The mechanical properties are measured here using standard protocols as described in Annual Book of ASTM Standards, American National Standards Institute, NY 1995.

The "tensile strength" (psi) is the property of film that requires a load to cause load deformation failure of film.

The "% elongation" is measured when the film snaps as sufficient force is applied so as to exceed the elastic limit.

The "release study" is the percentage of active agents released from the film as a function of time in a suitable dissolution vessel and medium under specified conditions of temperature and pH.

"Dry tack" is quantitative values for tackiness (grams) of dry film by Texture Analyzers (Model TA.XT2i with 6mm diameter stainless steel cylinder probe) from Texture Technologies Corp. The tackiness after the addition of 10 ml of water on the same surface area is defined as the wet tack (gram) to simulate the adhesion of film upon the contact with a moist mucosal surface. In an embodiment of the invention, the dry tack ranges from 0.2-3.5grams, with a preferred range of 0.4-2.0grams and the wet tack is in the range of 35-150 grams with a preferred range of 40-100 grams.

"Tear propagation resistance" is defined here and in the claims as the average force (N) necessary to propagate a tear across a film or sheet under a specified rate of extension as defined in ASTM D1938 and is interpreted from the load time chart. In a preferred embodiment of the invention, the tear resistance ranges from 0.001N-1N with a preferred range of 0.01-1N.

"Disintegration time" is defined here and in the claims as the time (second) at which a film breaks when brought into contact with water or saliva. In an embodiment of the invention, the disintegration time ranges from 1-300 seconds.

"Dissolving time" is defined here and in the claims as the time (seconds or minutes) at which not less than 80% of the tested film is dissolved in an aqueous media or saliva. In an embodiment of the invention, the dissolution time ranges from 10-600 seconds.

"Modulus" is a measurement of stiffness of a film.

A factor that plays a significant role in determining the properties of mucosal surface-coat-forming composition is the viscosity of the hydrocolloid. The viscosity of the hydrocolloid depends on its molecular size, derivation, hydrophobicity and hydrophilicity and the presence of other additives in the formulation. A comparison of films formed from the hydrocolloid, hydroxymethylcellulose, having different viscosity values is shown in Table 9a and 9b.

In embodiments of the invention, a hydrocolloid concentration in the range of 5-99% of the dry weight of the films is provided, more particularly greater than 10%. These films have dry tack and wet tack properties that improve ease of handling and use. The low dry tack properties of the film provide for a physically attractive and easily handled film that is neither fragile nor sticky and can be easily removed from packaging and placed on a mucosal surface. The wet tack properties of the film provide the advantage of stickiness of the moistened film such that when the film is placed on the mucosa, it remains attached at that site until it dissolves. In contrast, if the wet tack is too low, the film can move in the mouth and may be swallowed before dissolving and possibly give rise to choking. Furthermore, the low moisture content and low dry tack of the film enhances the shelf-life of the film and the flexibility of the dosage forms. These properties render the films suitable for easy making, packaging, handling and application.

In an embodiment of the invention, a water soluble polymer (2% polymer solution) is selected having a gelation temperature greater than 70°C. The hydration rate of a hydrocolloid having these features is rapid with a percentage moisture absorption of polymers in the range of 5-20% at 75% humidity at room temperature. The hydration rate is selected according to the desired wettability of the film thereby obviating the need for surfactants. The wet tack of the hydrated film ranges from 35-150 grams more particularly 40-100 grams. The percentage swelling may be less than 10% within 60 seconds. The film is cast so as to have a thickness of 1-20mil. The water content of the film ranges from 0.5-10% with a preferred range of 1-5%. In embodiments of the invention, the film may be formed using a mixture of two or more types of the same hydrocolloid that differ only in molecular weights and/or different degrees of substitution. The time of dissolution of the film is in the range of 10-600seconds, (see Figure 4), the time of disintegration of the film may be 1-300 seconds. The active agent

in the film may be encapsulated in a polymer having different chemical or physical properties from the hydrocolloid of the film and having dissolution properties different from those of the hydrocolloid. Examples of the films formed according to the invention having properties that fall into the above ranges are provided in Table 1,3,6 and 7.

The ease of handling is characterized by the dry tack of the film and the flexibility is reflected by the tensile strength, modulus, % elongation and tear resistance of the film. For example, the dry tack is in the range of 0.2-3.5 grams more particularly 0.4-2.0 grams. The tensile strength may be in the range of 1500-10,000 psi, more particularly 2000-8000, more particularly greater than 2000psi, the modulus is in the range of 35,000 -300,000 and the % elongation is less than 20% more particularly 1-10% for a film having a thickness of 2 mil.

In embodiments of the invention, the hydrocolloid may be a water soluble non-gelling (at room temperature) natural polysaccharide or derivatives including pectin and derivatives, guar gum arabic, tragacanth gum, xanthan gum, gellan sodium salt, propyleneglycol alginate, starches (amylose, amylopectin), modified starches, hydroxyethyl starch, pullulan, carboxymethyl starch, gum ghatti, okra gum, karaya gum, dextrans, dextrins and maltodextrins, konjac, acemannan from *aloe*, locust bean gum, tara gum, quince seed gum, fenugreek seed gum, scleroglucan, gum arabic, psyllium seed gum, tamarind gum, oat gum, quince seed gum, carrageenans, scleraglucan, succinoglucan, larch arabinogalactan, flaxseed gum, chondroitin sulfates, hyaluronic acid, curdlan, chitosan, deacetylated konjac, and *rhizobium* gum.

In embodiments of the invention, the hydrocolloid may be a water soluble non-gelling polypeptide or protein exemplified by gelatins, albumins, milk proteins, soy protein, and whey proteins. The hydrocolloid may further be selected from a group of synthetic hydrocolloids exemplified by any of the following: polyethylene-imine, hydroxyethyl cellulose, sodium carboxymethyl cellulose, carboxymethyl cellulose, hydroxypropyl cellulose, hydroxypropyl methyl cellulose, methyl cellulose, ethyl cellulose, polyacrylic acids, low molecular weight polyacrylamides and their sodium salts (carbomers), polyvinylpyrollidone, polyethylene glycols, polyethylene oxides, polyvinyl alcohols, pluronics, tetronics, and other block co-polymers, carboxyvinyl polymers, and colloidal silicon dioxide. A preferred embodiment of the invention

utilizes a hydroxypropyl methyl cellulose having a methoxy content of about 19-30% and hydroxypropyl content of 7-12% and a molecular weight of approximately 50,000 - 250,000 daltons (Table 9).

In addition to hydrocolloids and the active agents, the films may contain any or all of the following ingredients: emulsifying agents, solubilizing agents, wetting agents, taste modifying agents, plasticizers, active agents, water soluble inert fillers, preservatives, buffering agents, coloring agents, and stabilizers. In a preferred embodiment, the percentage dry weight concentration of at least single ingredients incorporated in a film in each of the following categories is as follows: emulsifying agent (0.1%-10%), plasticizer (0.5-20%), active agents (0.01-75%), taste modifying agents (0.1-10%), coloring agents (0.01-5%), water soluble inert fillers (0.5-50%), preservatives (0.01-10%), buffering agents (0.1-10%) and stabilizers (0.01-5%).

Methods for manufacturing the dosage unit of the invention include the solvent casting methods as shown in Figure 2 or alternatively extrusion methods as exemplified in Example 11. The extrusion method involves blending ingredients to form a film using mechanical force and moderate heat. Significantly, the above processes do not rely on a freeze drying step. Nor do the above processes rely on extremes of heat or cold during manufacture.

In an embodiment of the invention, the solvent casting method includes a natural or synthetic hydrocolloid that is completely dissolved or dispersed in water or in a water alcoholic solution under mixing to form a homogenous formulation. In addition to the active agent and the hydrocolloid, any of the ingredients listed above may be added and dispersed or dissolved uniformly in the hydrocolloid solution. The active ingredients and flavoring agents can be incorporated before or after film forming. This homogeneous mixture (coating solution) with a solid content of 5-50% and a viscosity of 500-15000cps was degassed (**8**) and coated on the non-siliconized side of a polyester film (**10**) at 5-50mil wet film thickness (**9**), more preferably 5-20mil wet film thickness and dried under aeration at a temperature between 40-100°C so as to avoid destabilizing the agents contained within the formulation (**11**). The manufacturing process for forming the dosage unit is illustrated in Figure 2. The dry film formed by this process is a glossy, stand alone, self supporting, non-tacky and flexible film (**12**). The dry film is

then cut into a suitable shape (**13**) and surface area for active agent delivery at the preferred site. For example, the cast film can be die-cut into different shapes and sizes using a rotary die. The film may be cut into a size that contains for example, a single dosage unit. For example, a dosage unit may include a film size with surface area of $5cm^2$ that contains a dosage of active agent in the range of 20-250 mg (**14**). The size of the film may be varied according to the dosage required. The dosage contained in each square centimeter is selected according to the active agent. Films are then packaged into a single pouch package, multi-unit blister card or multiple unit dispensers (Figure 3).

In contrast to the above method, the dry extrusion method does not rely on placing the hydrocolloid in a solvent. Instead, the ingredients of the dosage unit are mixed together in dry form and heated. The heated blend is then forced through an extrusion die to form a film of selected thickness. The film can then be cut and packaged.

The dry extrusion method has a number of advantages. First, it is an economical process. Second, because there is no drying oven, extrusion of the film is faster than solvent coating. Third, the dry extrusion avoids the step of removing residual solvent. Some residual solvent is generally present in the solvent coating process and can affect the safety or stability of the film. Where a film requires an organic solvent rather than water, removal of the solvent from the film may be required by environmental regulations. The extrusion process avoids any need for recovering solvent and avoids residual solvent in the film.

The dosage unit may be prepared for use by selecting a film that is capable of delivering an effective dose and administering the film to the patient by placing it on a mucosal surface such as the oral mucosa (Figure 1) where it dissolves in the body fluid for example, saliva (0.5-10 minutes) and is swallowed in liquid form. Figure 4 graphically represents the rate of disintegration and dissolution for different thickness films. Figure 5 shows the release profile of four active agents from films according to Examples 5-8. The fraction of the dose absorbed through the mucosal tissue can be facilitated by the use of a permeation enhancer into the film.

The overall bioavailability of the active agent which is absorbed both locally at the mucous membrane and systemically within the gastrointestinal system is improved

compared to the same dose of the active agent given in a conventional oral tablet or capsule dosage form. This is exemplified in Figure 6 and Table 11 which show the improved bioavailability of Sildenafil film over Viagra. The oral retention characteristics, mouth feel properties, flavor and taste of the film can be modified based on the hydrocolloid and other excipients used to prepare the films and the medications.

The invention is illustrated but not meant to be limited to the examples provided below. According to Examples 1-8, the hydrocolloid was dissolved in water under agitated mixing to form a uniform and viscous solution. Additional ingredients were then added sequentially to the viscous solution such as peppermint, aspartame, propyl glycol, benzoic acid and citric acid under agitated mixing until they were uniformly dispersed or dissolved in the hydrocolloid. The resultant mixture was degassed in a vacuum chamber until trapped air bubbles were removed. The viscosity, pH and specific gravity were measured. The formulation was then coated on the non-siliconized side of a polyester film at a wet thickness of 10 mil and dried in a hot air circulating oven at 50°C for 9 minutes. A glossy, substantially transparent, stand alone, self-supporting, non-tacky and flexible film was obtained after drying. The dry film was cut into different shapes for measurement of dry tack, wet tack, tensile strength modulus, elongation, tear resistance, residual water content, disintegration and dissolution. The dosage form was 25-250 mg in various shapes, sizes, and thickness.

Example 9 shows how the properties of dosage units vary when different hydroxymethylcellulose polymers are utilized. Example 10 shows how mucoadhesion can be increased up to at least 84% using an enhancer exemplified by starch graft copolymer. In vivo studies of the dosage unit show that it is well tolerated by patients (Example 12) and shows enhanced bioavailability (Example 13).

Examples

Examples 1-3: Quick dissolving films, compositions and associated properties

The films were prepared as follows: a homogeneous mixture of ingredients was prepared in a coating solution in the amounts indicated in Table 1. The amounts are given as percentage weight of coating solution. The mixture was degassed in a vacuum chamber and coated on the non-siliconized side of a polyester film and dried in a hot air circulating oven to form a self supporting non-tacky and flexible film. The film was then cut into dosage units ready for packaging.

Table 1: Formulation of quick dissolving films using several different hydrocolloids.

Composition: coating solution %	Ex. 1	Ex. 2	Ex. 3
Pullalan (P-20) w%		17.5	
Methocel E5 w%	21.06		
POLYOX WSR N-10 w%			1.8
PVA (Vinol 125) w%		1.5	
Cellulose gum w%			8.1
Propylene glycol w%	1.0		2.5
Aspartame w%	0.8	0.475	0.46
Peppermint w%	1.0	1.0	0.6
Citric acid w%	0.7	0.8	
Cremphor EL40 w%	1.0	1.0	
Benzoic acid w%	0.013	0.1	0.01
FD&C blue #1 w%	qs.		
FD&C yellow #5 w%	qs.		
Ethanol w%		10.6	
Water w%	74.42	67.025	85.6

Table 2: Properties of the film formed from the coating solution of Table 1.

Properties of dry film	Ex. 1	Ex. 2	Ex. 3
Thickness (mil)	2.1	2.5	2.6
Water content %	1.7	8.5	8.0
Dry tack (g)	0.67	0.55	0.60
Wet tack (g)	60.16	86.64	72.27
Tensile strength (psi)	5242	2381	2036
% Elongation (sec)	2.9	4	2.9

Modulus (psi)	266834	272502	44566
Tear resistance (N)	0.02	0.16	0.01
Disintegration (sec)	12	20	12
Dissolving time (sec)	41	60	39

Table 3: Dry weight percentages for components of Example 1 according to Tables 1 and 2.

Ingredients	**Percentage (w/w)**
Methocel E5	82.35
Propylene glycol	3.91
Aspartame	3.13
Citric acid	2.74
Peppermint oil	3.91
PEG-40 Hydrogenated castor oil	3.91
Benzoic acid	0.5
FD&C blue #1	qs.
FD&C yellow #5	qs.