

# Role of Excipients in Dermal and Transdermal Delivery of Drugs

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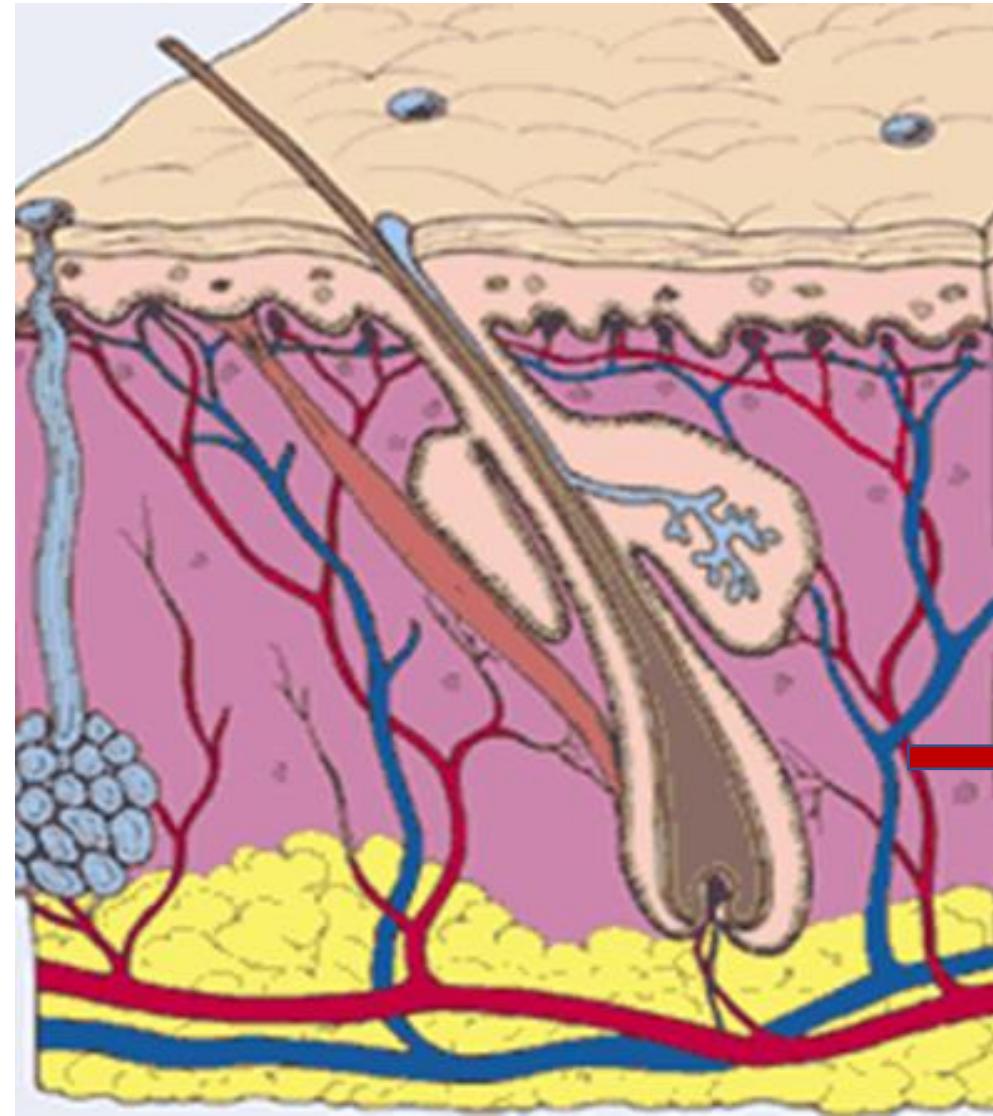
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# Dermal versus Transdermal Delivery



Skin Protectants  
Antifungals  
Antiseptics  
Emollients

Anti-inflammatory  
Local Anesthetic  
Antiviral  
Corticosteroids

Fentanyl  
Hormones  
Nitroglycerin  
Nicotine

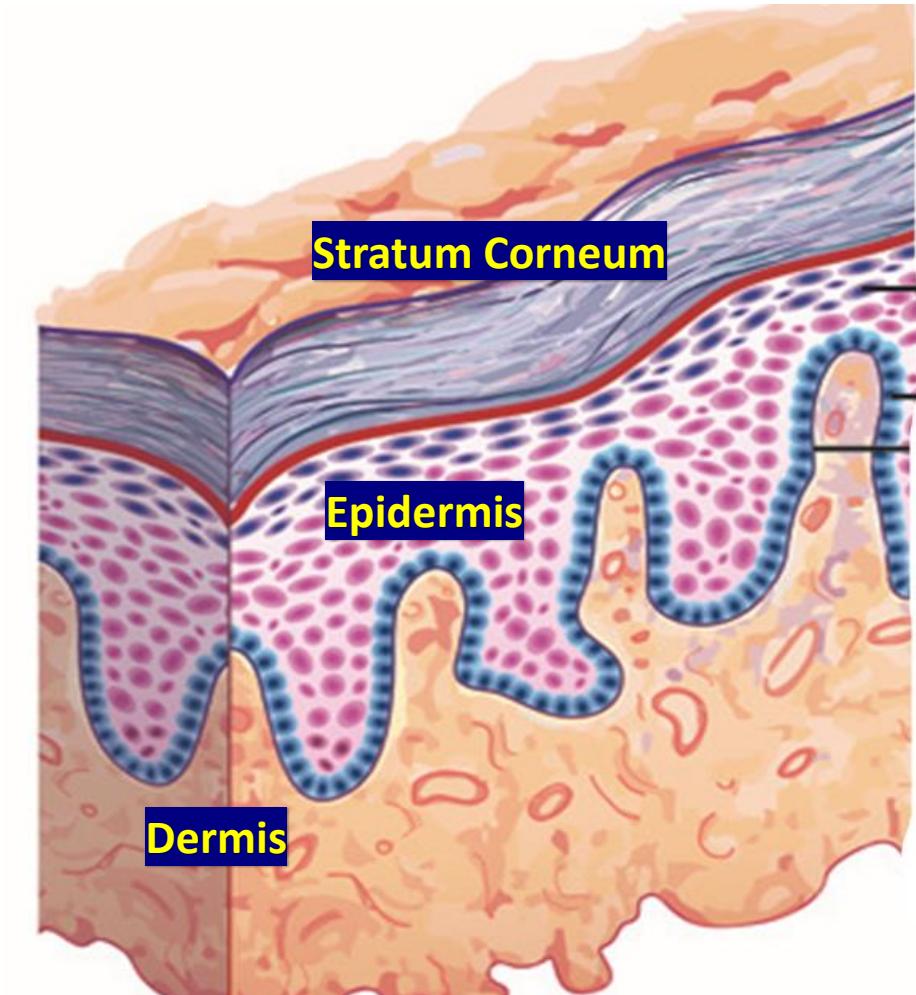
Local Delivery

Intradermal Delivery

Transdermal Delivery  
(Semisolids or patches)

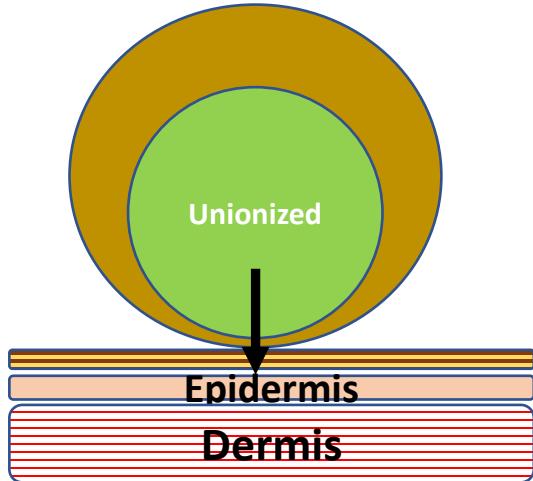
# What do we know so far about Topical drug delivery?

- Stratum corneum is the topmost layer and consists of lipids and keratinocytes.
- <500Da, Log P 1-3, low melting, molecules permeate well.
- The stratum corneum is poorly permeable to macromolecules and highly polar molecules
- The drug that makes its way across the stratum corneum and epidermis will eventually end up in systemic circulation.

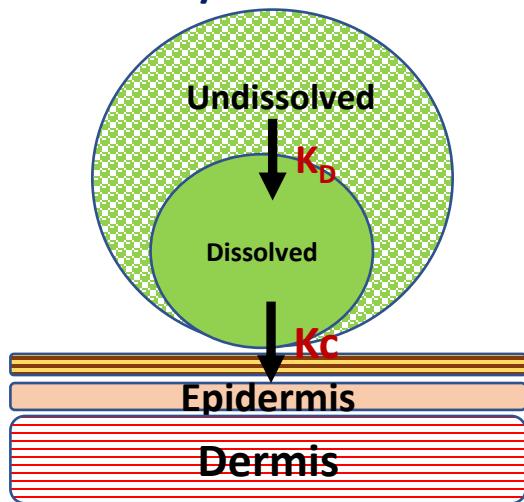


# Critical Quality Attributes Products

## pH of the formulation



## Dissolved/Undissolved drug



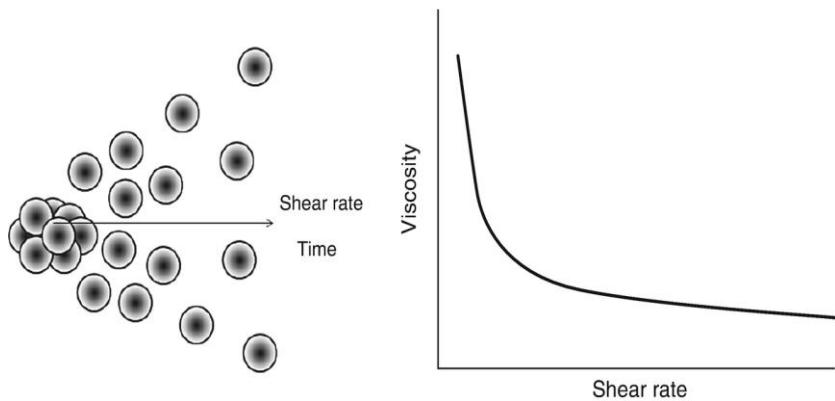
## Solvent Activity ( $a_w$ )

$$a_w = \rho / \rho_0$$

$\rho$  = Partial vapor pressure of solvent in the product

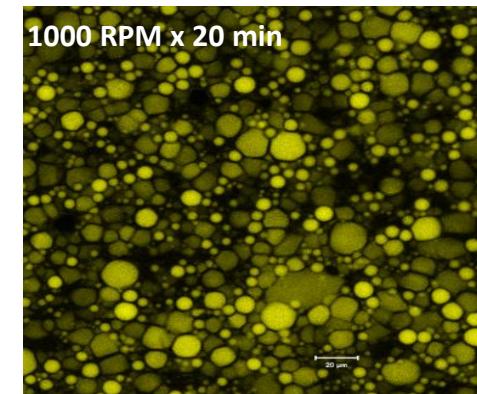
$\rho_0$  = Vapor pressure of pure water

## Rheological Behavior

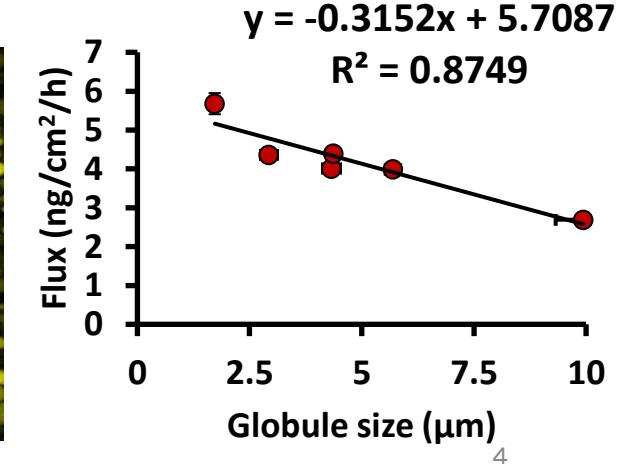


## Rate of dissolution of drug

- Particle Size
- Polymorphic form
- Morphology of particles



## Globule Size



# Metamorphosis and Excipients

Application induced  
changes in the formulation  
characteristics



Evaporative  
metamorphosis



Drug penetration  
from remnant  
vehicle of drug

**Primary  
Phase**

**Secondary  
Phase**

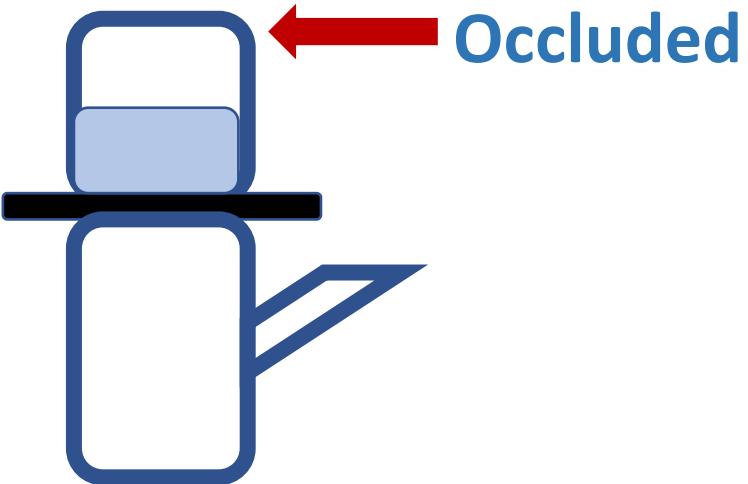
Changes in the formulation  
due to mode of application.

Changes predominantly due  
to evaporation of solvents

No major changes in the  
composition

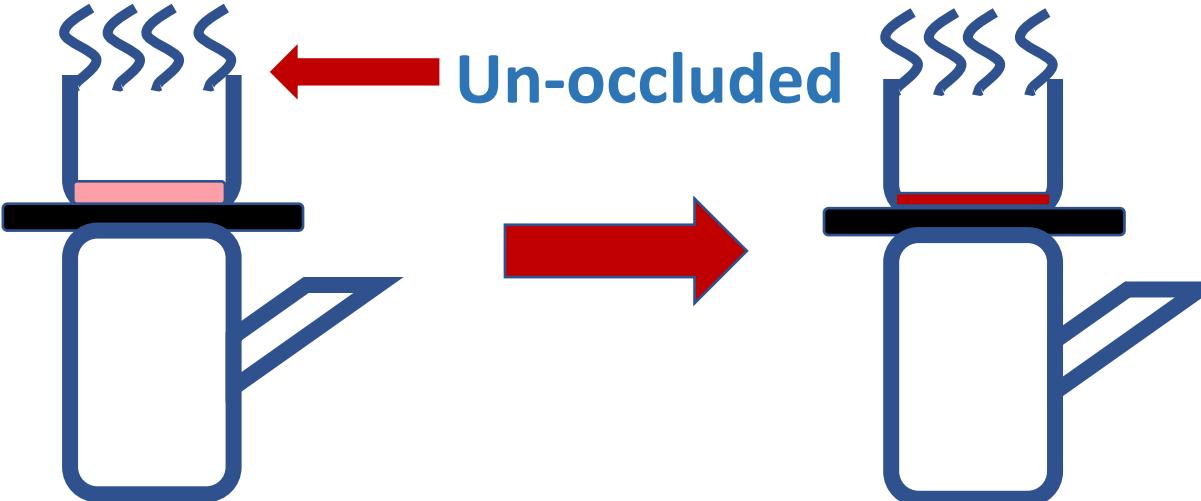
# In vitro Permeation Testing

**Infinite Dose**



- No evaporation
- No change in composition
- Drug concentration change is negligible
- No change in CQA

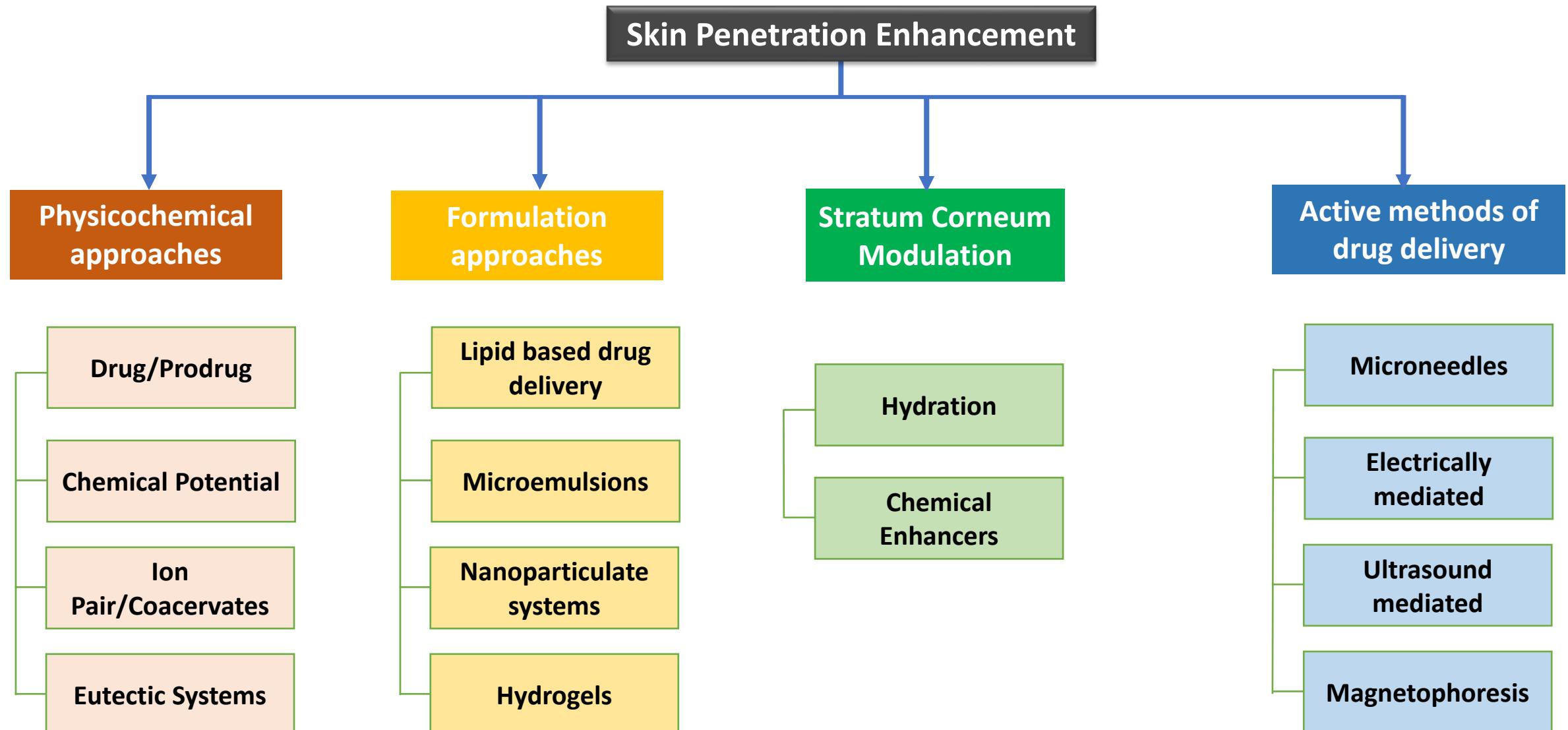
**Finite Dose**



- Evaporation of solvents
- Mimics in vivo condition

- Change in composition
- Change in conc. of drug is significant
- Change in CQA

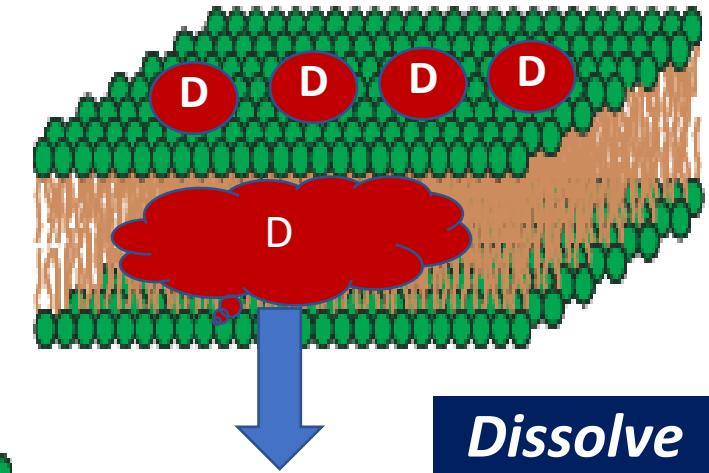
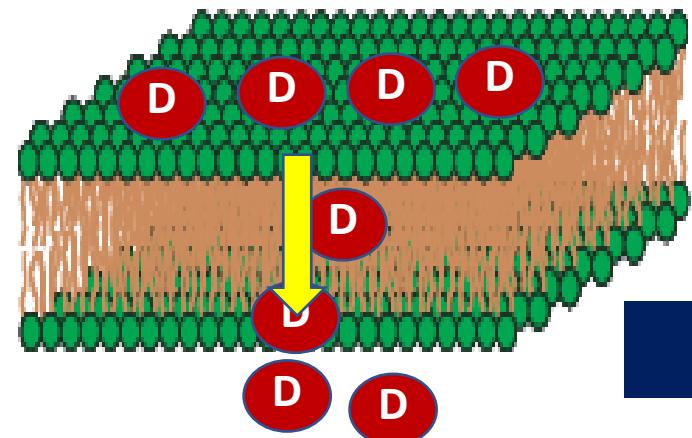
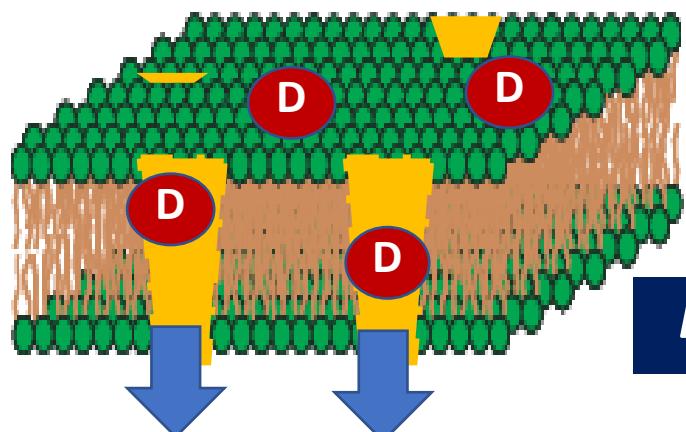
# Approaches to Enhance the Dermal Drug Absorption



# Chemical Permeation Enhancers

## Chemical Permeation Enhancers

- Solvents
- lipids
- Surfactants
- Terpenes

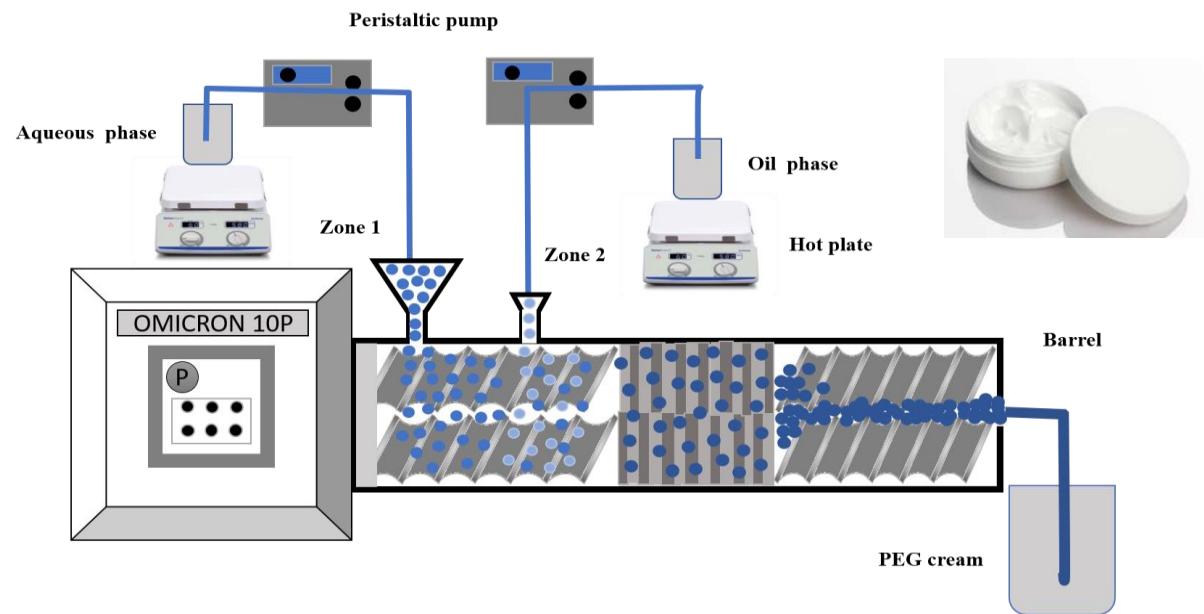
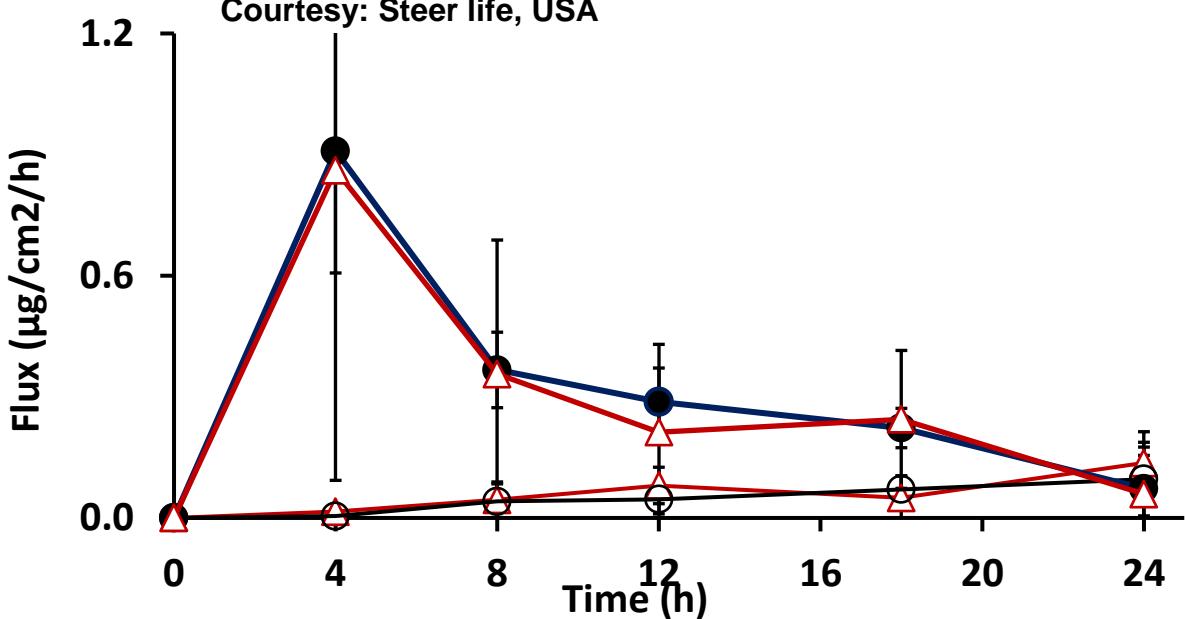
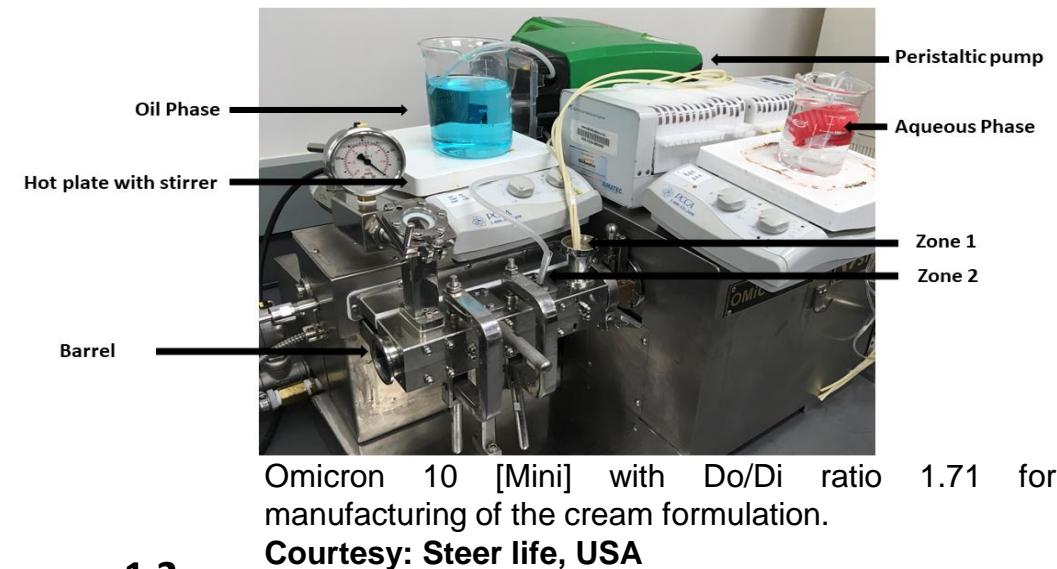


*Drive*

*Dissolve*

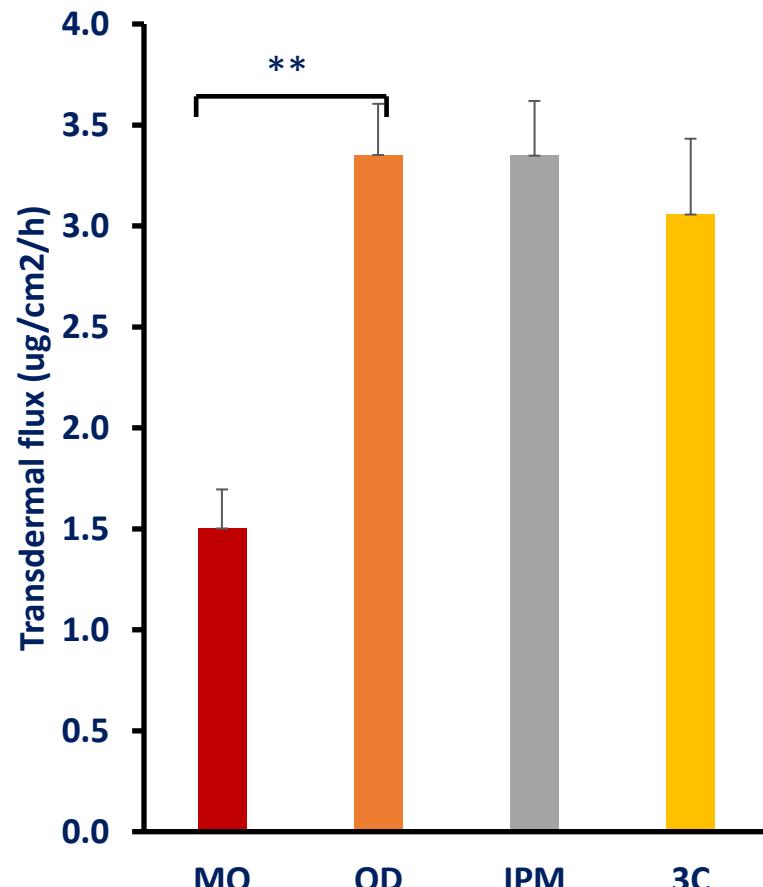
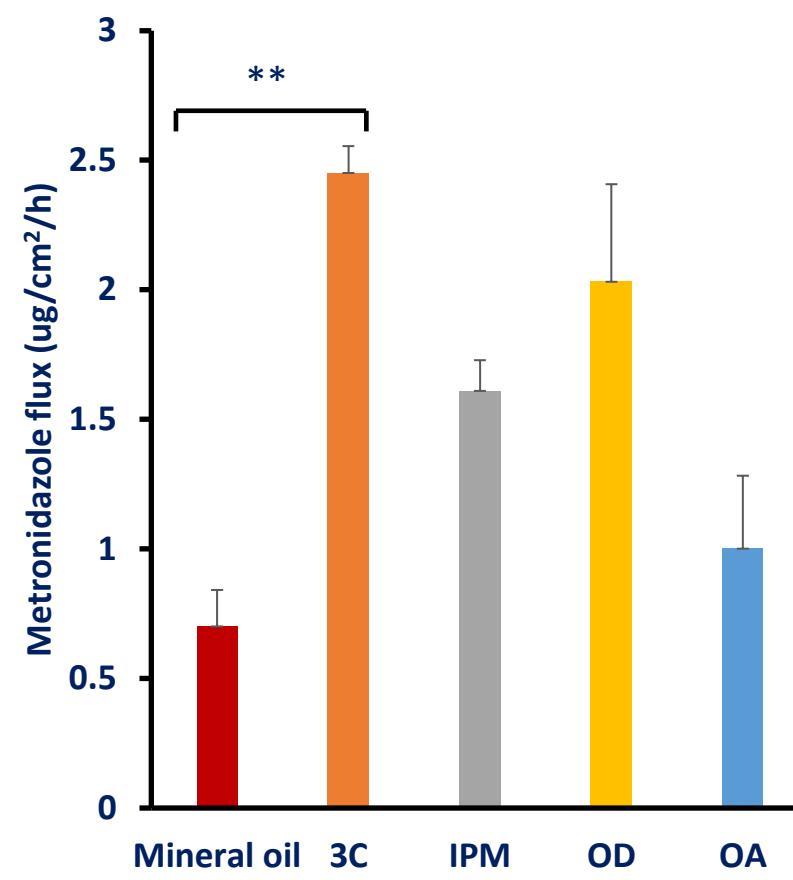
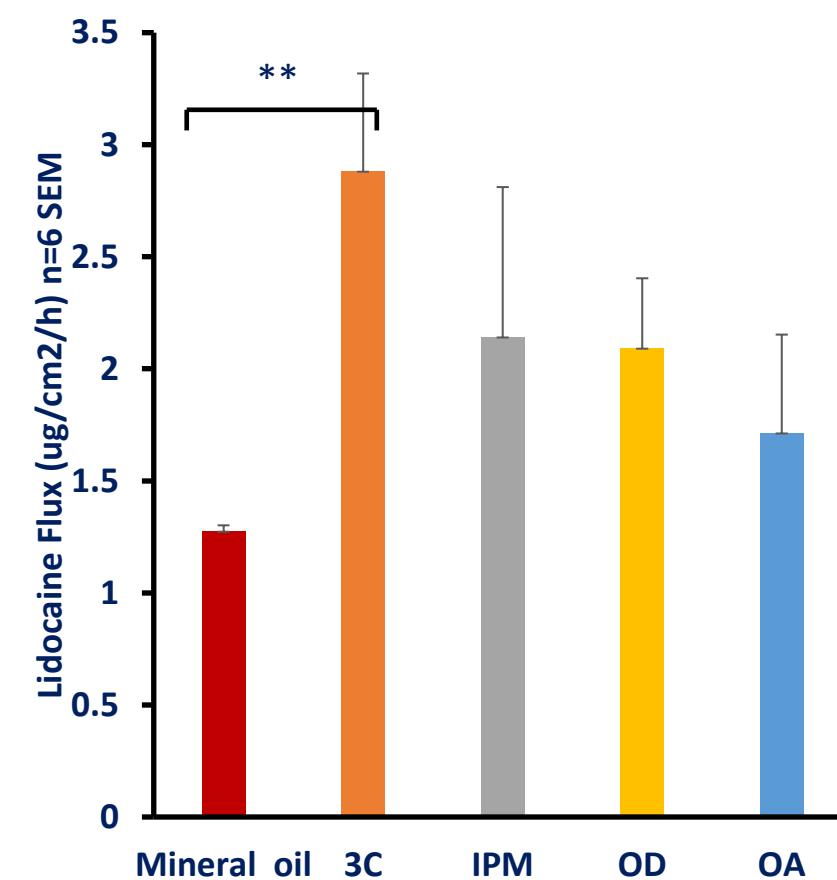
*Disrupt*

# Continuous Manufacturing of Creams using HME



Composition	AUC ( $\mu\text{g}/\text{cm}^2$ )	$J_{\max}$ ( $\mu\text{g}/\text{cm}^2/\text{h}$ )
Labrafil M 1944 CS.	$0.81 \pm 0.02$	$0.18 \pm 0.10$
Light Mineral oil	$0.56 \pm 0.05$	$0.12 \pm 0.08$
Labrafil M 1944 CS + Transcutol P	$9.31 \pm 0.89$	$0.91 \pm 0.30$
Light mineral oil + Transcutol P	$8.75 \pm 2.46$	$0.87 \pm 0.75$

# Dermal Delivery of Drugs-Role of Emollients



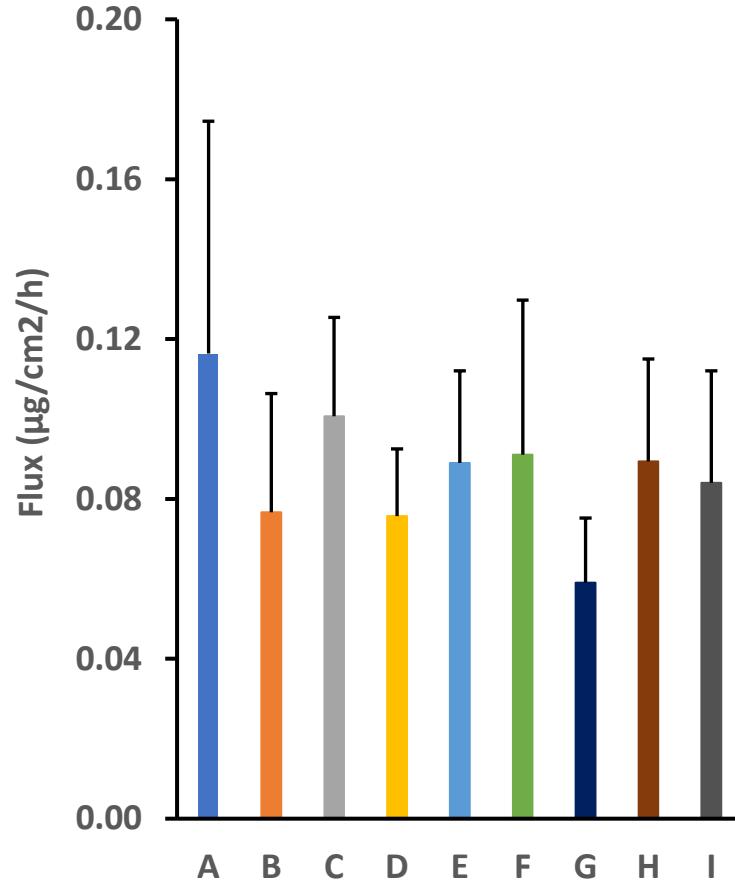
Metronidazole

Lidocaine

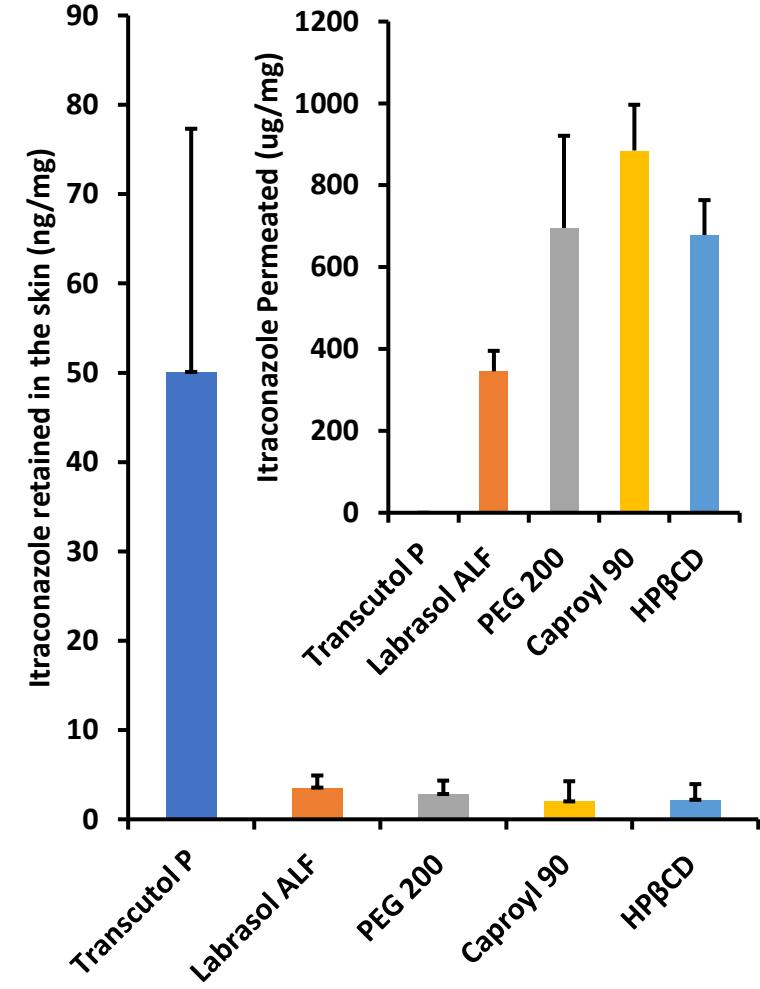
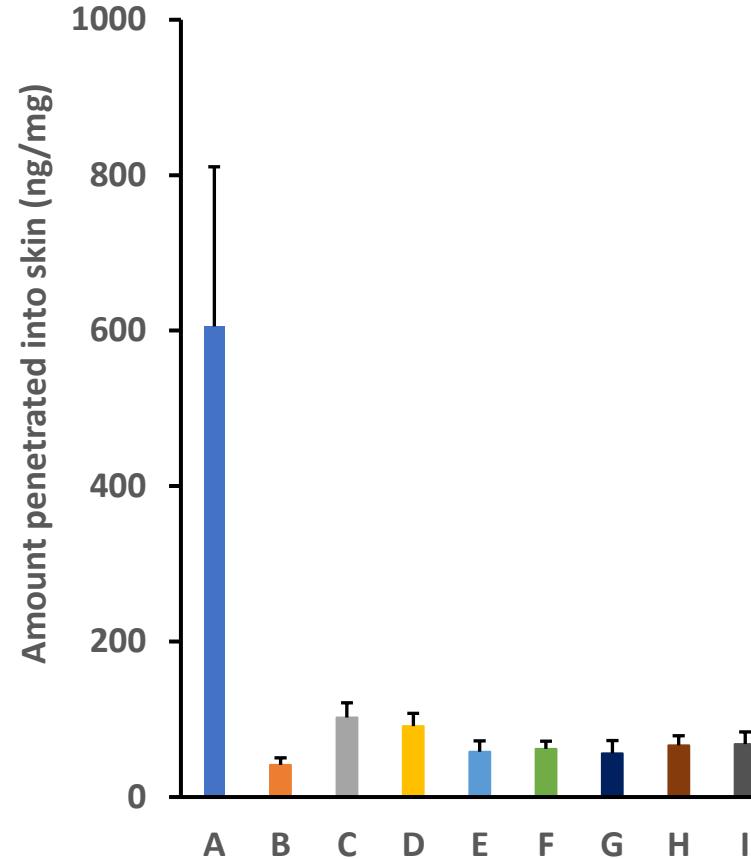
Ketoprofen

Source of Emollients: BASF, Kollicream® 3C, Kollicream® IPM, Kollicream® OD and Kollicream® OA

# Dermal Delivery of Drugs-Role of Enhancers

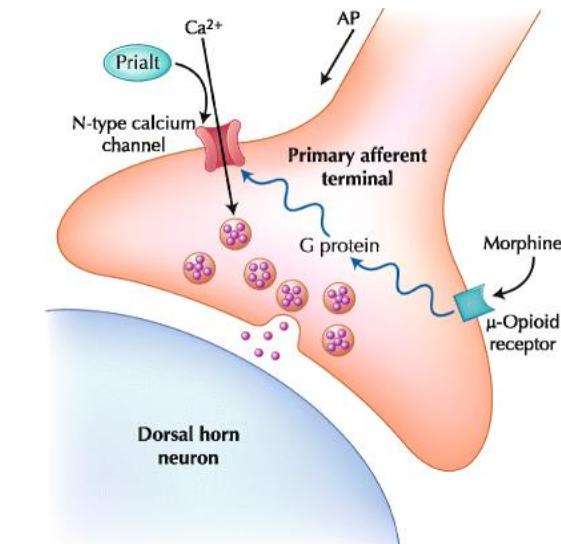


(A) Transcutol P: water (1:1), (B) Transcutol P: Labrasol (1:1), (C) Transcutol P: Labrasol: water (2:1:1), (D)  
Transcutol P:Lauroglycol FCC (1:1), (E) Transcutol P:Plurol Oleique CC 497 (1:1), (F) Transcutol P:Labrafil M 1944  
CS (1:1), (G) Transcutol P:Capryol PGMC (1:1), (H) Transcutol P: Labrafac Lipophile WL (1:1), (I) Transcutol P



Source of Lipid excipients: Gattefosse

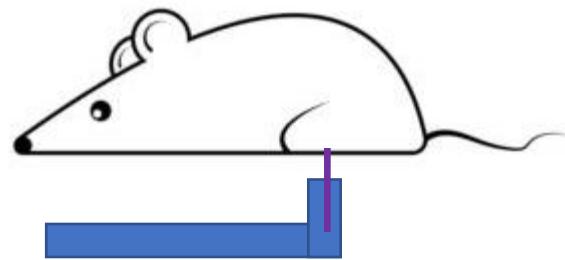
# Passive Delivery of Peptide- Topical Treatment for Vulvodynia



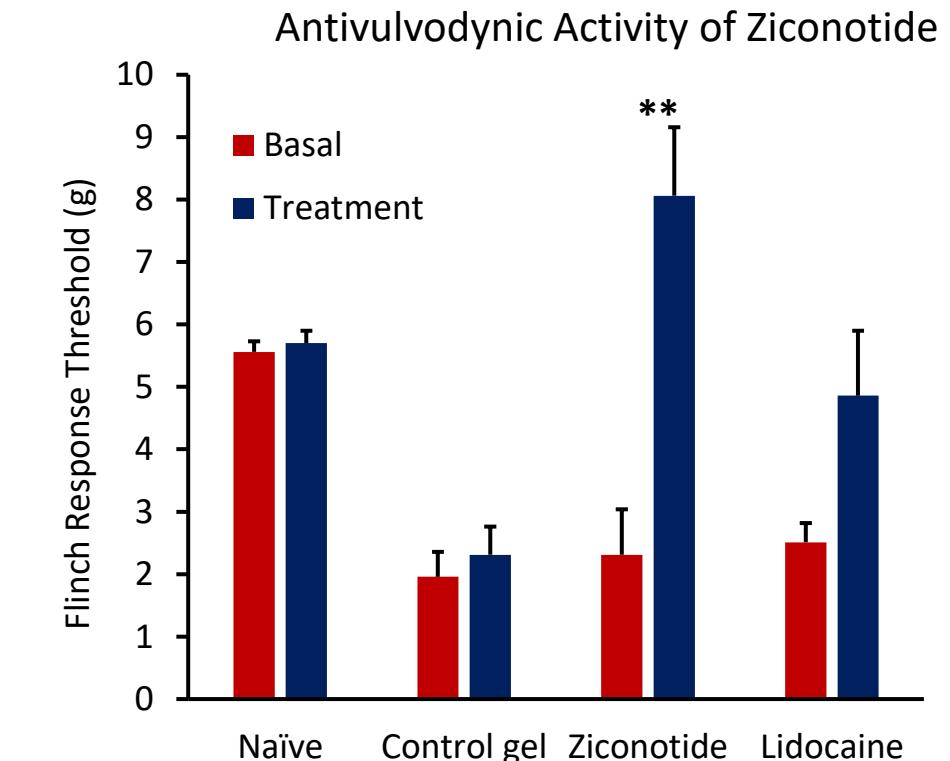
(Courtesy of Elan Corporation)



Induction of candidiasis  
fungal infection



- Intraplantar administration of ziconotide in rats demonstrated significant antinociception.
- Ziconotide is shown to act on CaV.2.2 receptors to produce its locoregional analgesia.
- Ziconotide in the mouse model of vulvodynia exhibited significantly potentiated the flinch response threshold.

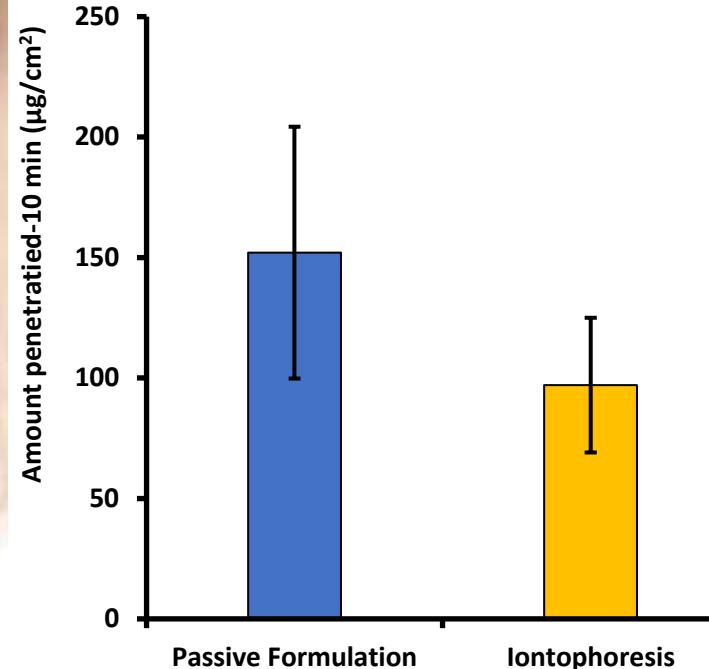


After 6h , ziconotide significantly potentiated the flinch response threshold compared to the lidocaine group( $p<0.01$ )

# Topical Pilocarpine Formulation for Diagnosis of Cystic Fibrosis



Sweat test- Diagnosis of cystic fibrosis  
Pilocarpine iontophoresis

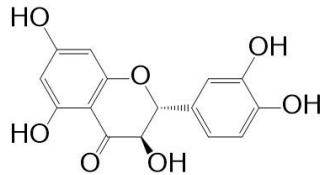


Formulation	Penetration enhancer	Enhancer concentration (%w/w)	Amount Permeated after 10 min ( $\mu\text{g}/\text{cm}^2$ )
S12	PMS10:4:10	PEG 200 - 10% Menthol - 4% Salicylic acid - 10%	$105.45 \pm 41.58$

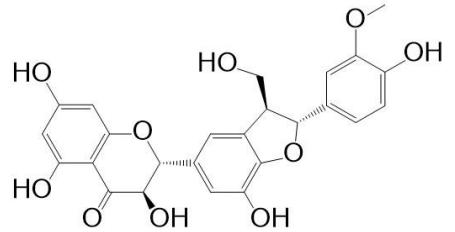
**Human Subject n=20 in each group**

Formulation	Sweat Collected (mg)	Chloride Concentration (mMol/L)
Test formulation	$77.28 \pm 18.97$	$11.67 \pm 6.22$
Control	$16.75 \pm 9.71$	-

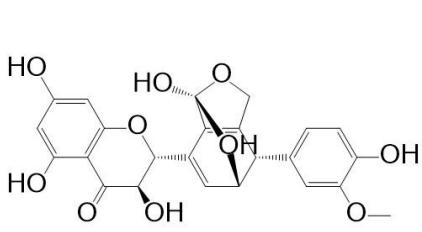
# Dermal Delivery of Drugs-Role of Complexing Agents



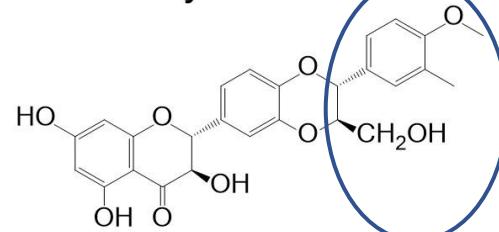
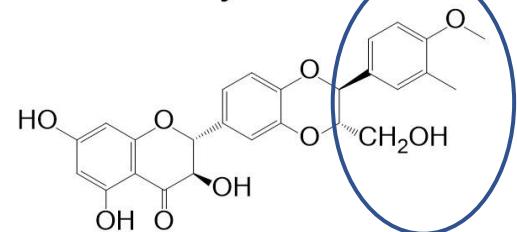
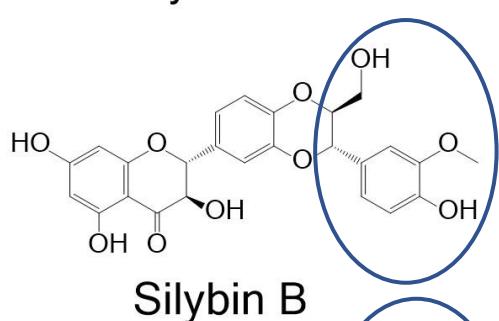
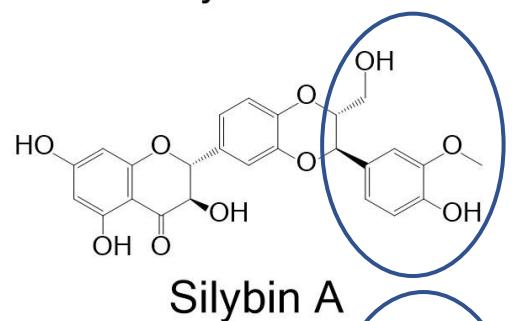
Taxifolin



Silychristin



Silydianin

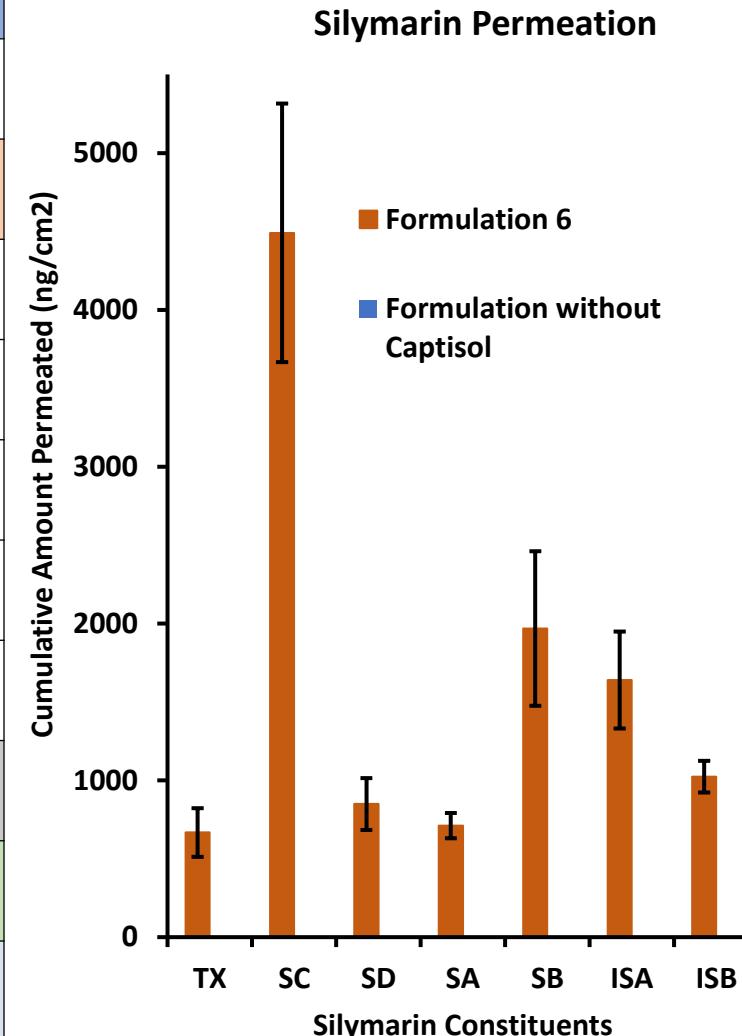


Silymarin Constituents	Silymarin constituents (mg/gm of extract)	Solubility in water ( $\mu\text{g/mL}$ )	Log P	Solubility in 100 mM Captisol (mg/mL)
Taxifolin	<b><math>11.1 \pm 0.36</math></b>	<b><math>135 \pm 3.31</math></b>	<b><math>1.06 \pm 0.06</math></b>	<b><math>2.62 \pm 0.31</math></b>
Silychristin	<b><math>57.1 \pm 1.18</math></b>	<b><math>145 \pm 9.87</math></b>	<b><math>1.51 \pm 0.01</math></b>	<b><math>5.25 \pm 0.28</math></b>
Silydianin	<b><math>19.0 \pm 0.57</math></b>	<b><math>55.9 \pm 1.56</math></b>	<b><math>1.16 \pm 0.05</math></b>	<b><math>7.71 \pm 0.20</math></b>
Silybin-A	<b><math>21.4 \pm 0.74</math></b>	<b><math>3.45 \pm 0.45</math></b>	<b><math>2.29 \pm 0.03</math></b>	<b><math>2.24 \pm 0.12</math></b>
Silybin-B	<b><math>35.8 \pm 1.08</math></b>	<b><math>11.0 \pm 0.24</math></b>	<b><math>2.26 \pm 0.07</math></b>	<b><math>4.40 \pm 0.18</math></b>
Isosilybin-A	<b><math>28.2 \pm 0.86</math></b>	<b><math>7.29 \pm 0.20</math></b>	<b><math>2.55 \pm 0.40</math></b>	<b><math>2.75 \pm 0.08</math></b>
Isosilybin-B	<b><math>7.81 \pm 0.26</math></b>	<b><math>1.52 \pm 0.03</math></b>	<b><math>2.69 \pm 0.27</math></b>	<b><math>0.79 \pm 0.03</math></b>

Source of Captisol®: Ligand Pharmaceuticals Inc

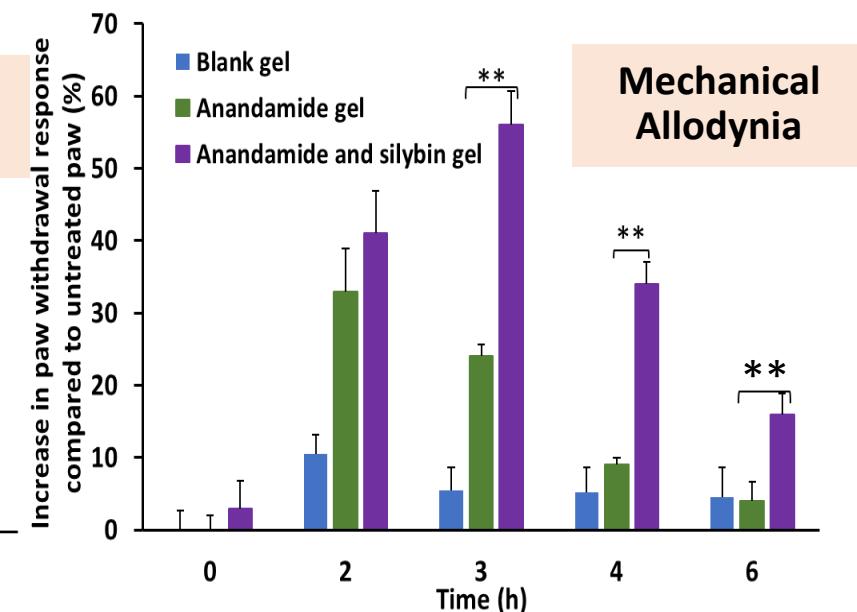
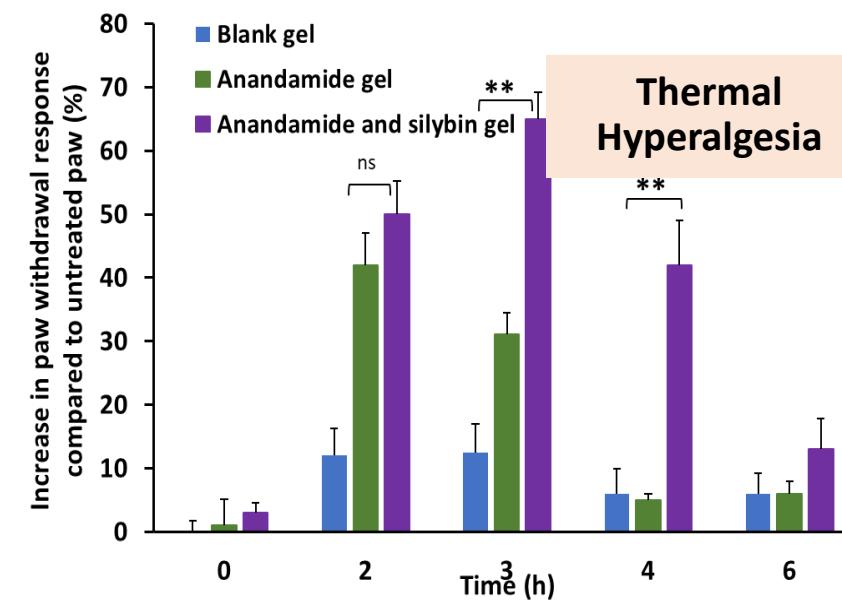
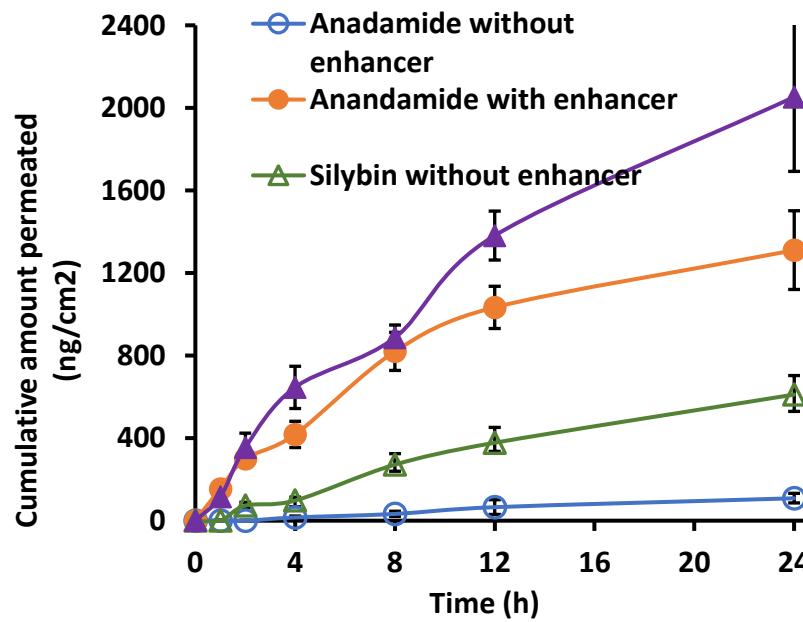
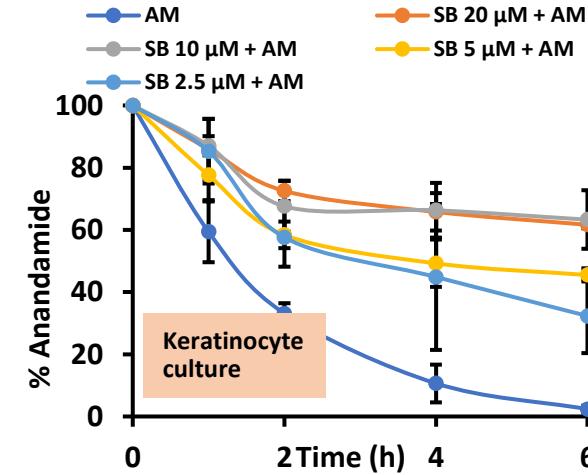
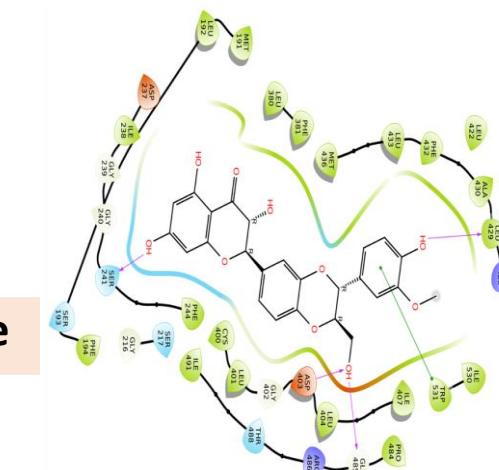
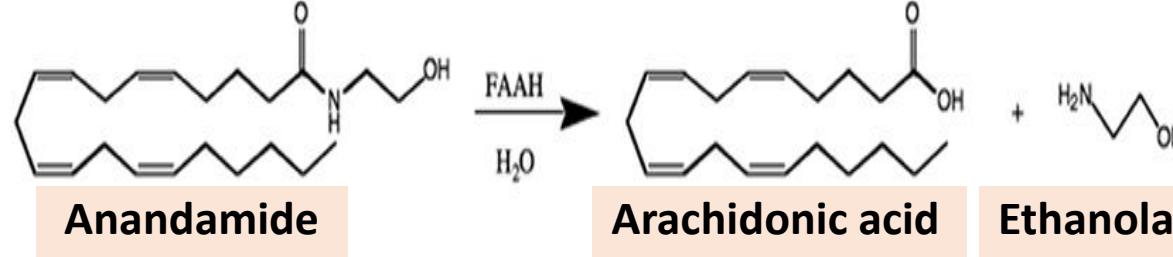
# Dermal Delivery of Drugs-Role of Complexing Agents

Enhancers	Taxifolin	Silychristin	Silydianin	Silybin A	Silybin B	Isosilybin A	Isosilybin B
No Captisol	BLQ	BLQ	BLQ	BLQ	BLQ	BLQ	BLQ
No enhancer	BLQ	50 ± 3.89	81.3 ± 7.41	20.4 ± 4.82	32.4 ± 6.21	31.3 ± 5.12	BLQ
TPGS (10%)	BLQ	127 ± 9.54	116 ± 9.32	69.9 ± 10.2	63.9 ± 5.87	54.2 ± 7.41	32.8 ± 4.06
Taurine (5%)	BLQ	110 ± 11.5	327 ± 76.2	48.8 ± 6.23	96.4 ± 14.8	67.6 ± 10.2	24.8 ± 4.17
Tween 80 (10%)	BLQ	56.1 ± 6.32	63.9 ± 7.61	33.0 ± 3.91	49.5 ± 7.84	27.2 ± 2.86	20.9 ± 3.67
TPGS : Tween 80 (5 : 5%)	5.22 ± 1.2	59.9 ± 4.81	78.6 ± 8.93	34.6 ± 3.47	43.2 ± 9.23	27.2 ± 5.23	22.8 ± 3.14
Phenyl piperazine (0.15%)	16.4 ± 6.83	92.6 ± 11.8	68.5 ± 5.87	36.0 ± 5.76	67.1 ± 7.95	56.9 ± 7.48	26.9 ± 1.89
PEG 400 (20%)	7.12 ± 1.75	86.3 ± 6.41	135 ± 8.89	45.6 ± 7.84	55.7 ± 6.32	69.4 ± 10.2	34.2 ± 2.32
Propylene glycol (20%)	44.8 ± 2.62	616 ± 69.1	1525 ± 182	113 ± 16.2	308 ± 45.1	216 ± 26.4	61.9 ± 3.48
Transcutol (20%)	35.8 ± 4.45	348 ± 35.7	468 ± 36.9	57.8 ± 11.9	128 ± 17.4	106 ± 17.1	26.2 ± 1.43



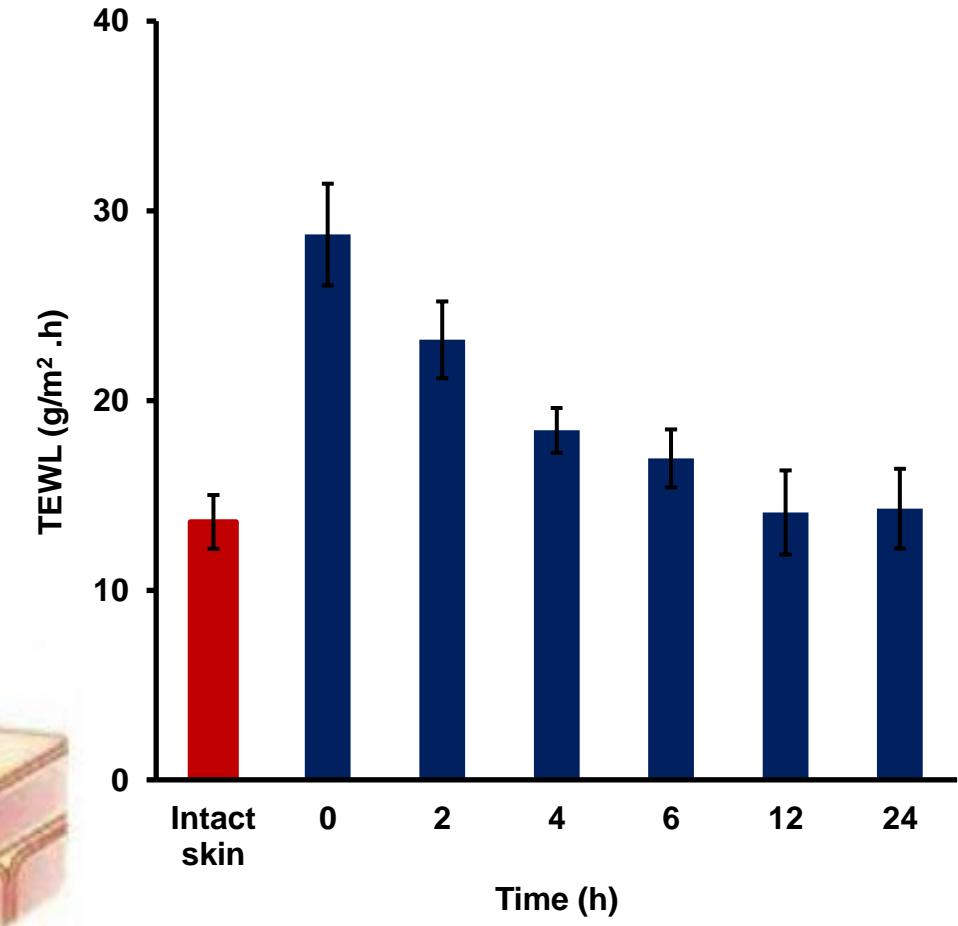
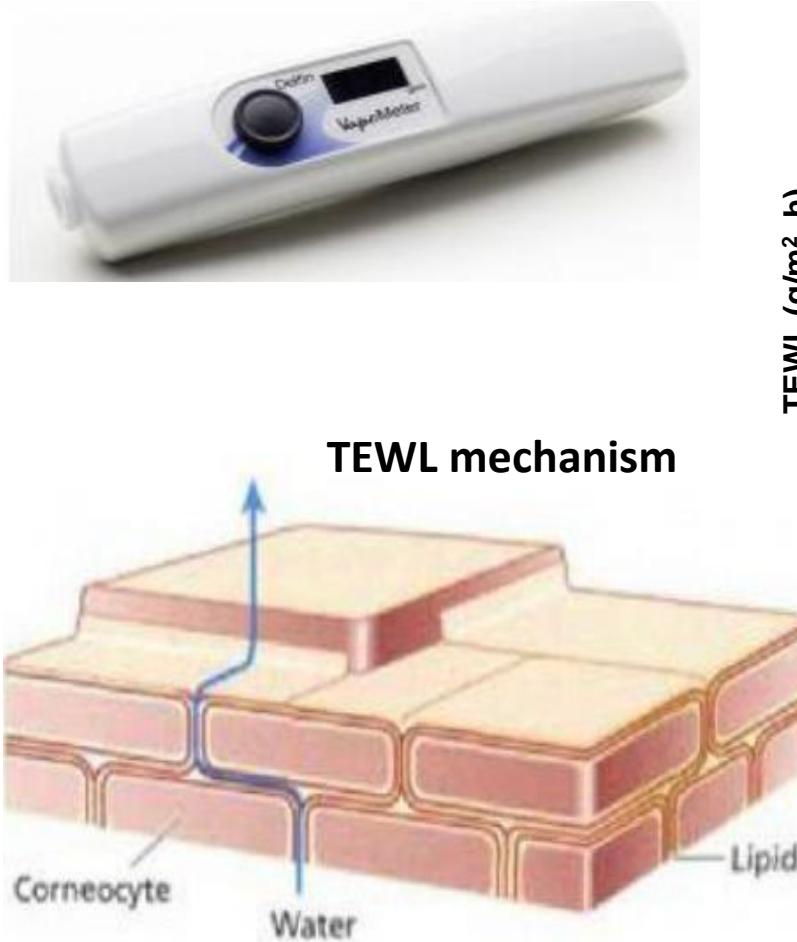
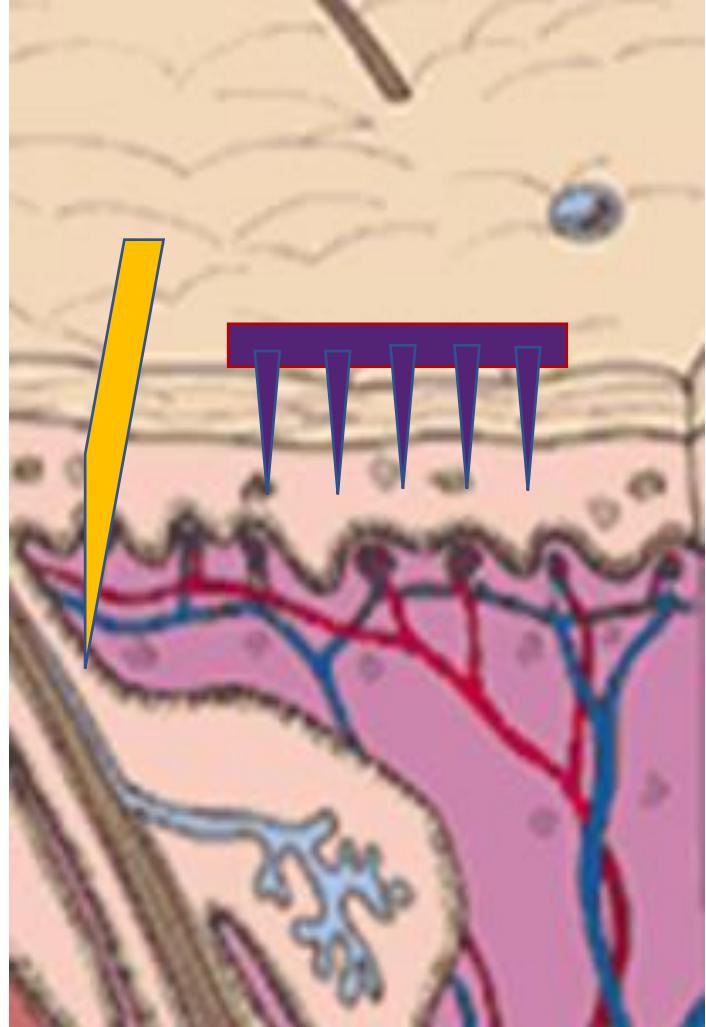
\* Control (silymarin in 0.5% Brij S20), BLQ: Below limit of quantitation, NA: Not applicable

# Dermal Delivery of Drugs-Role of Enzyme Inhibitors

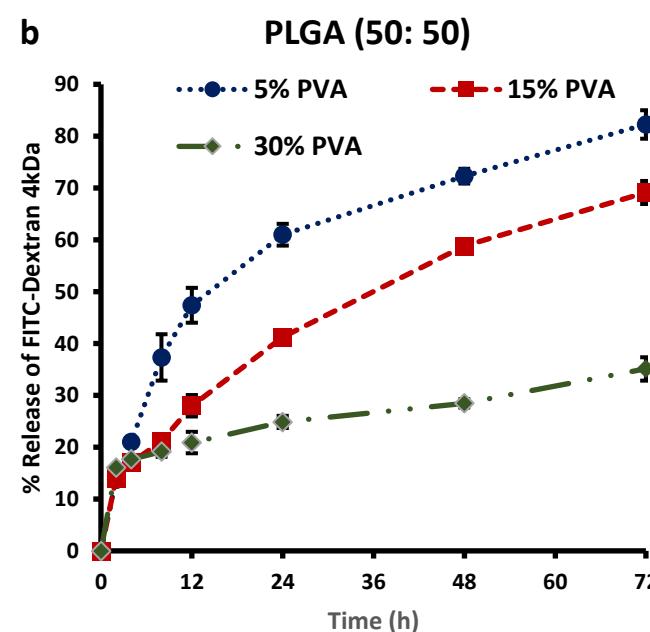
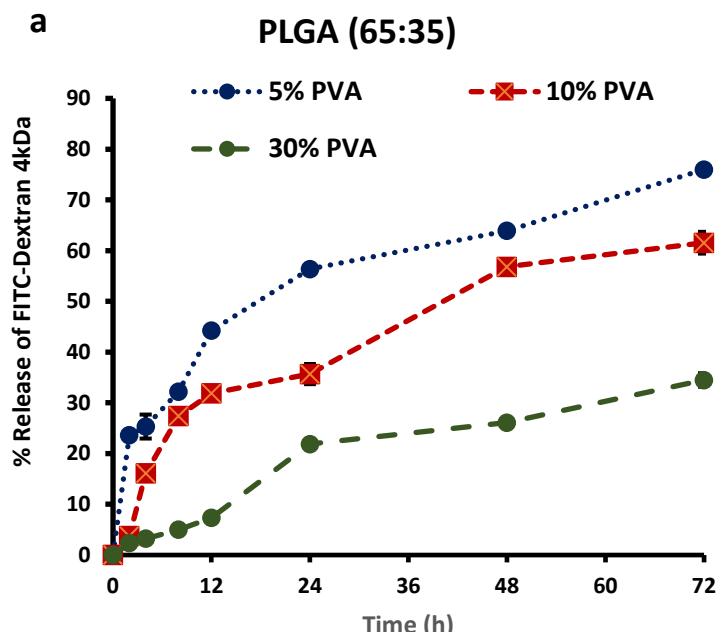
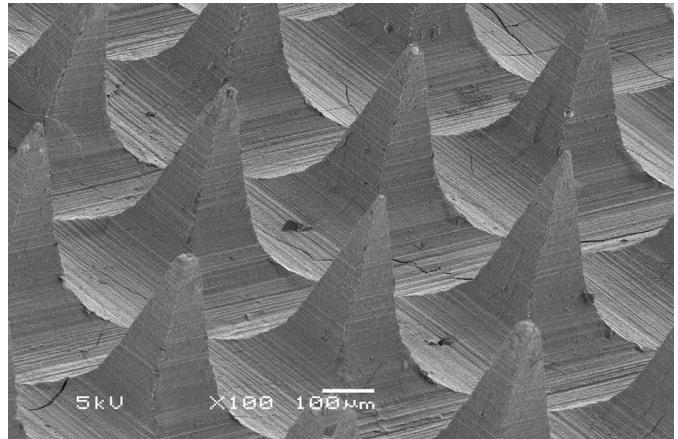
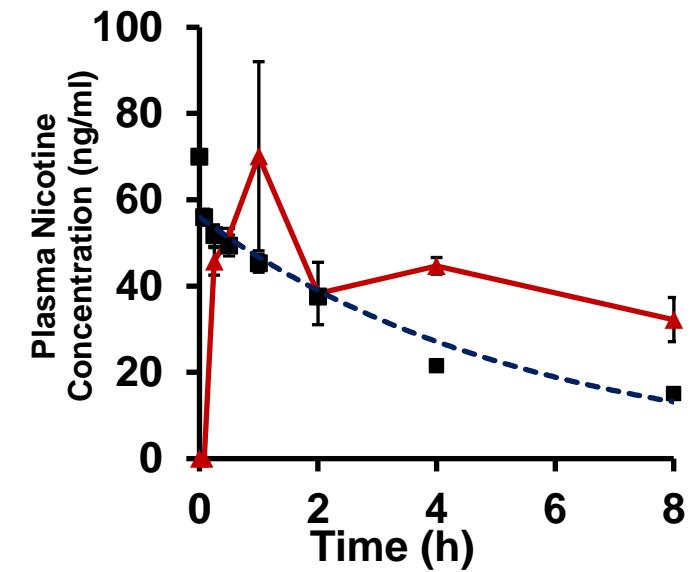
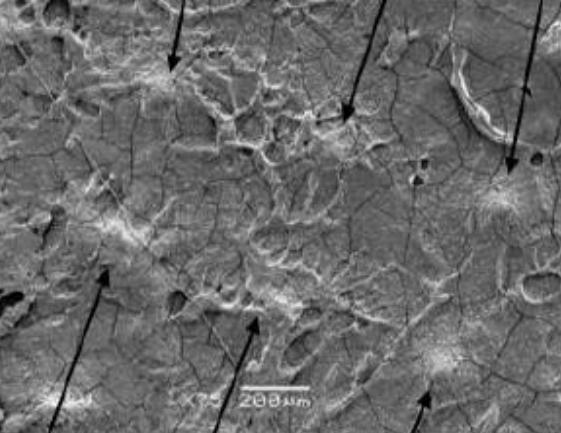
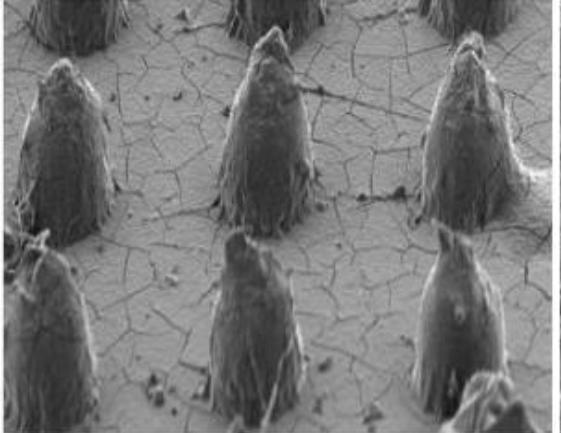
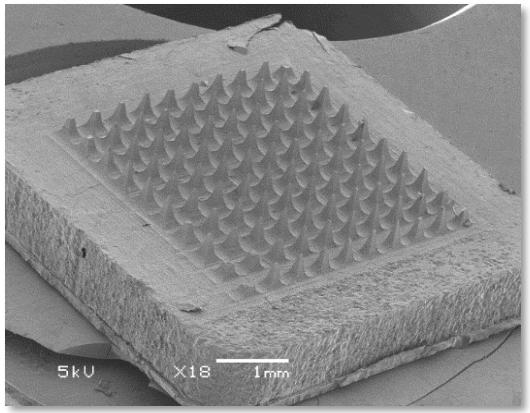


Percentage increase in paw withdrawal threshold in chemotherapy induced neuropathic rat models

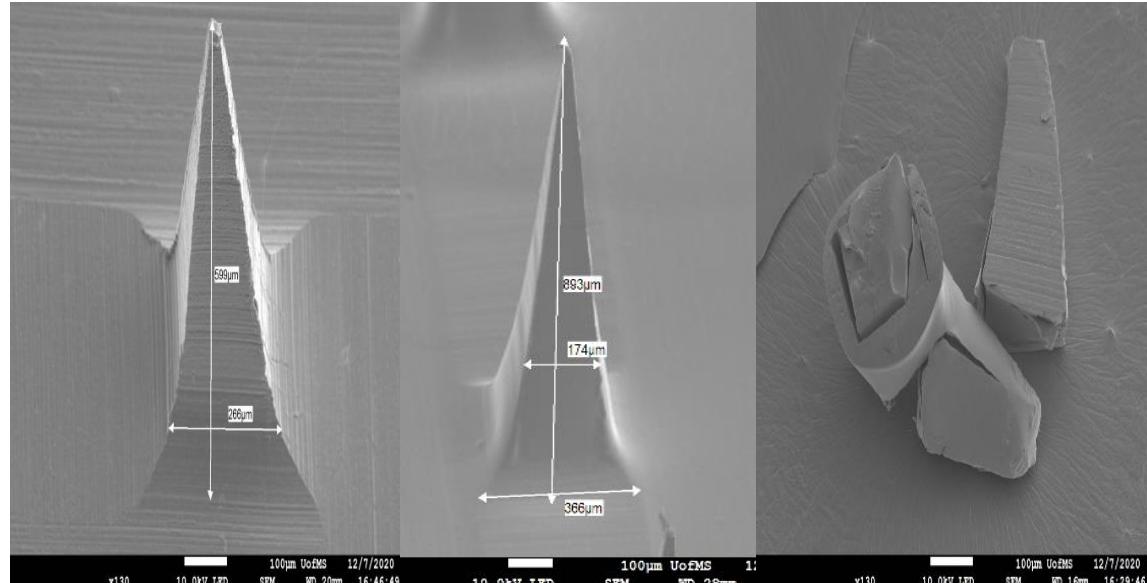
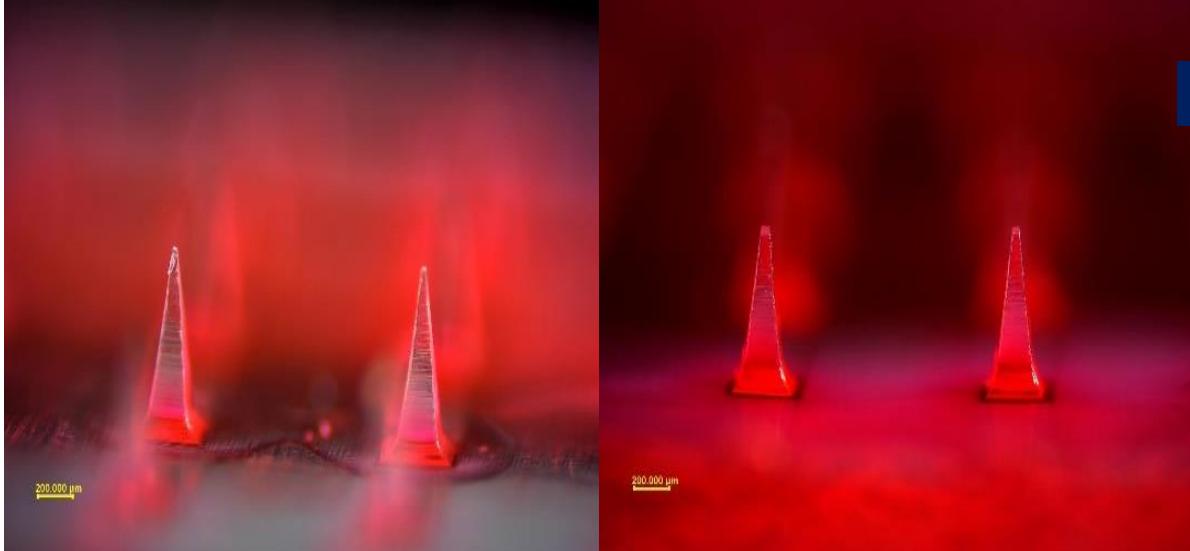
# Microneedles-Barrier Perturbation and Recovery



# Dissolving Polymeric Microneedles



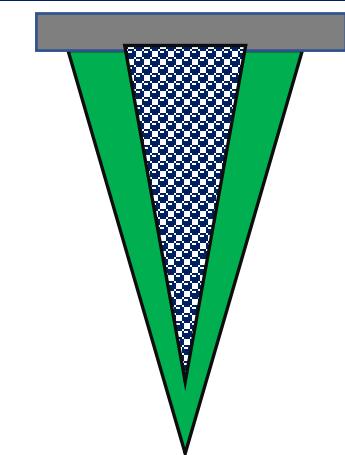
# Polymer Coated Polymeric Microneedles



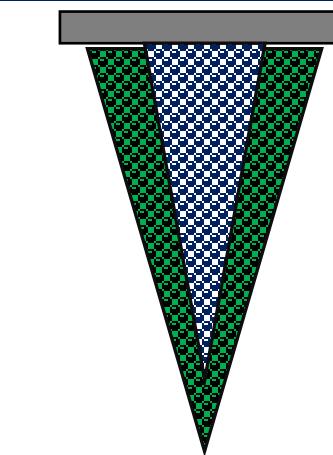
Drug in the Core only

Drug in the Core and Coat

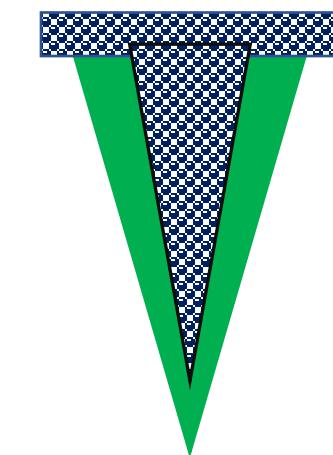
Drug in the Core and Base



Type 1

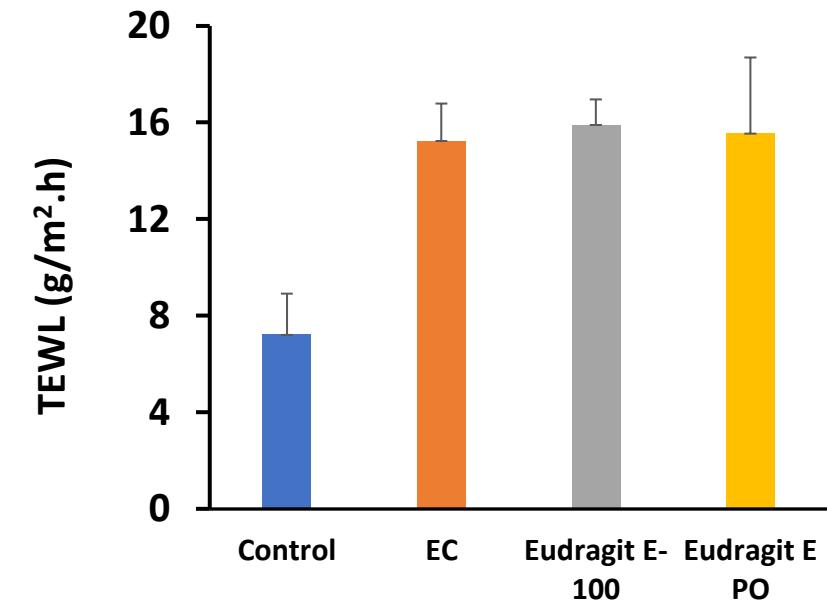
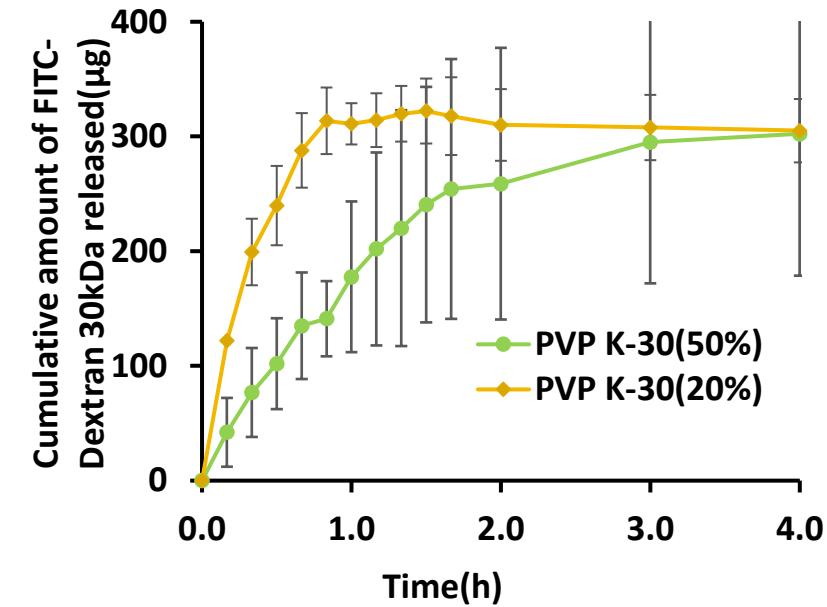
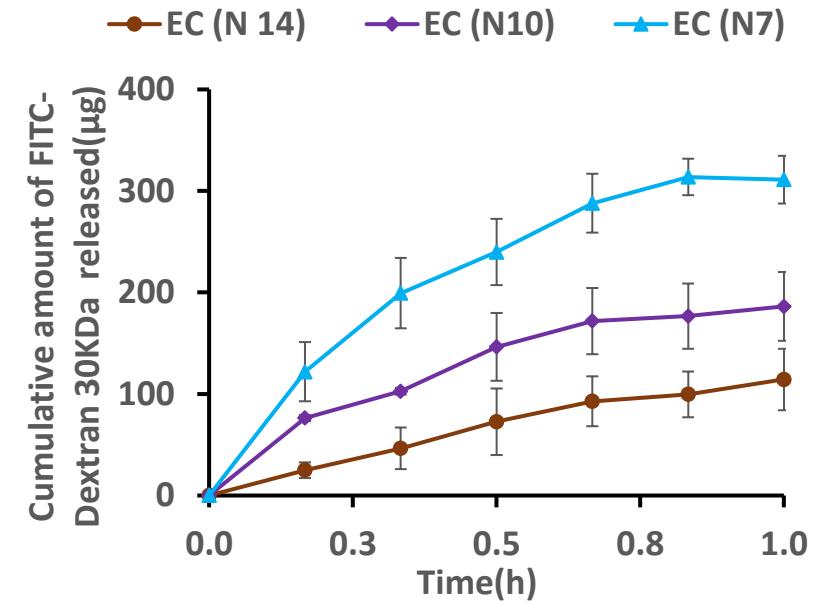
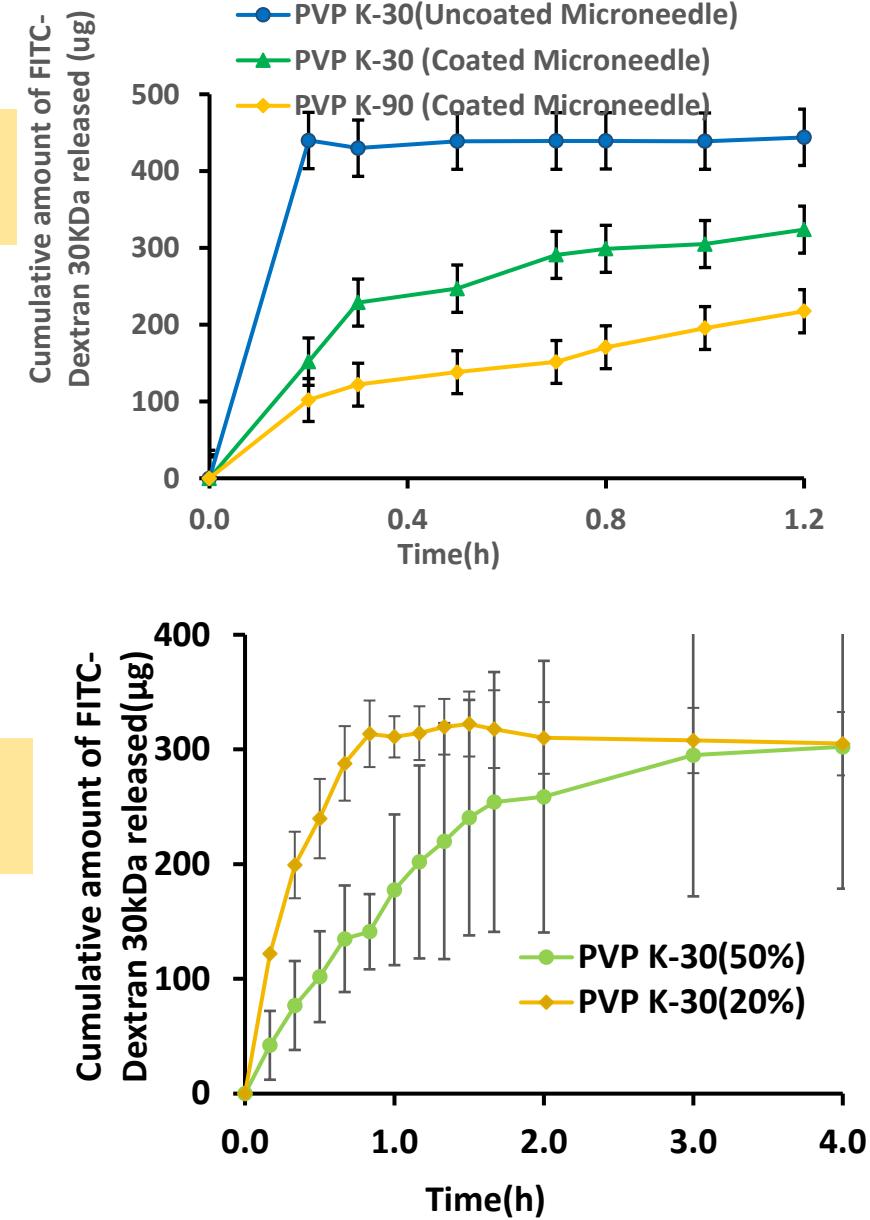
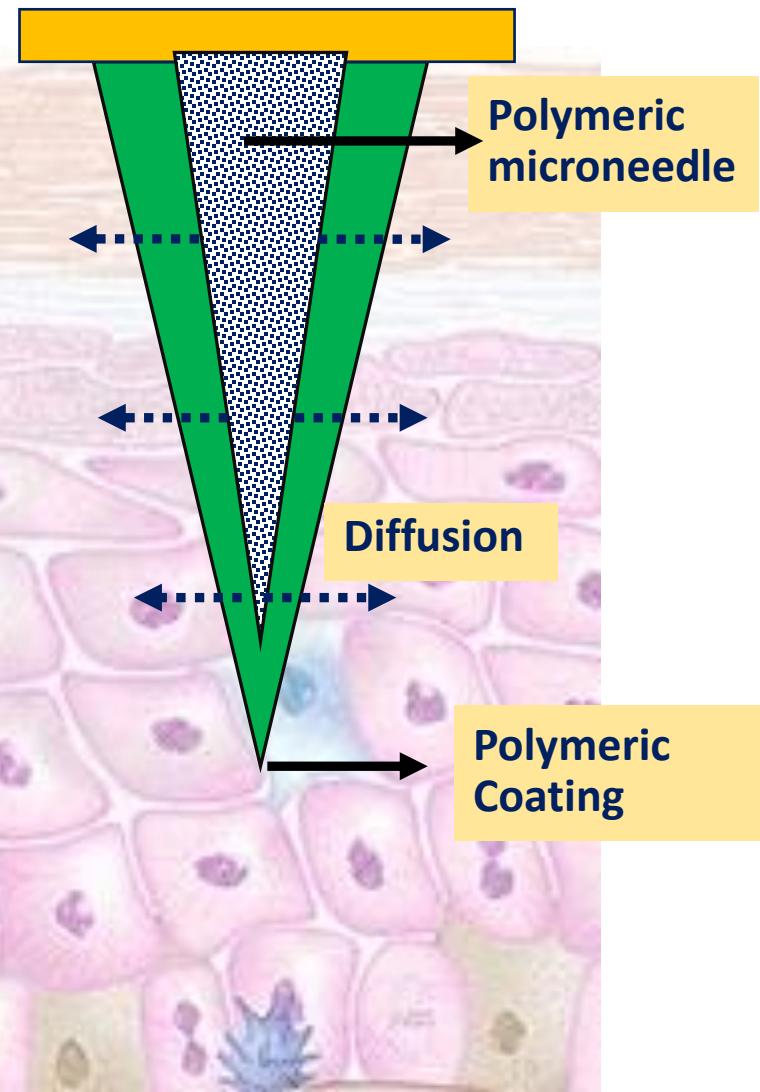


Type 2

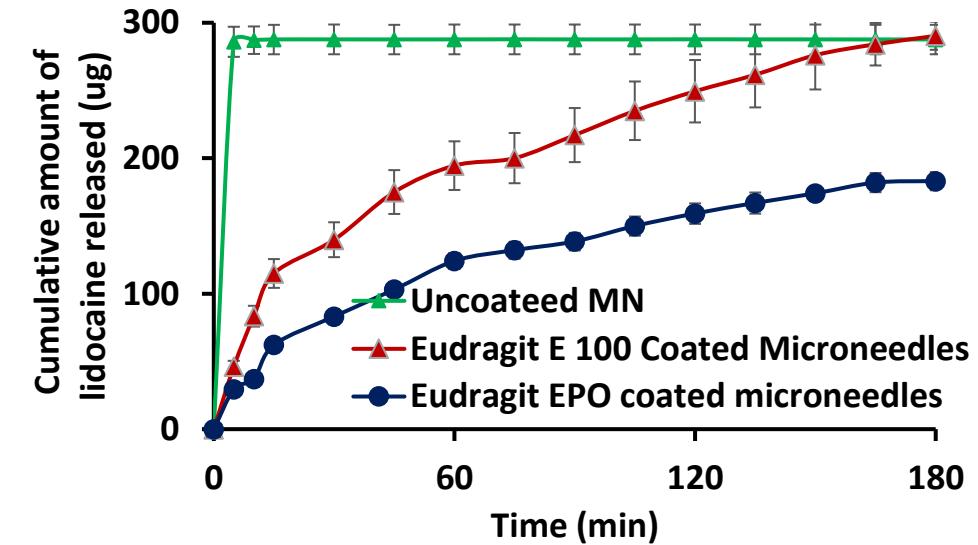
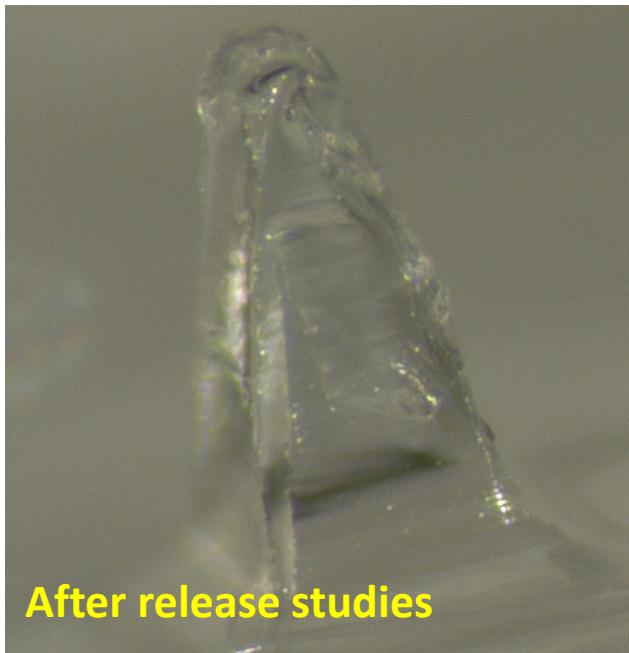
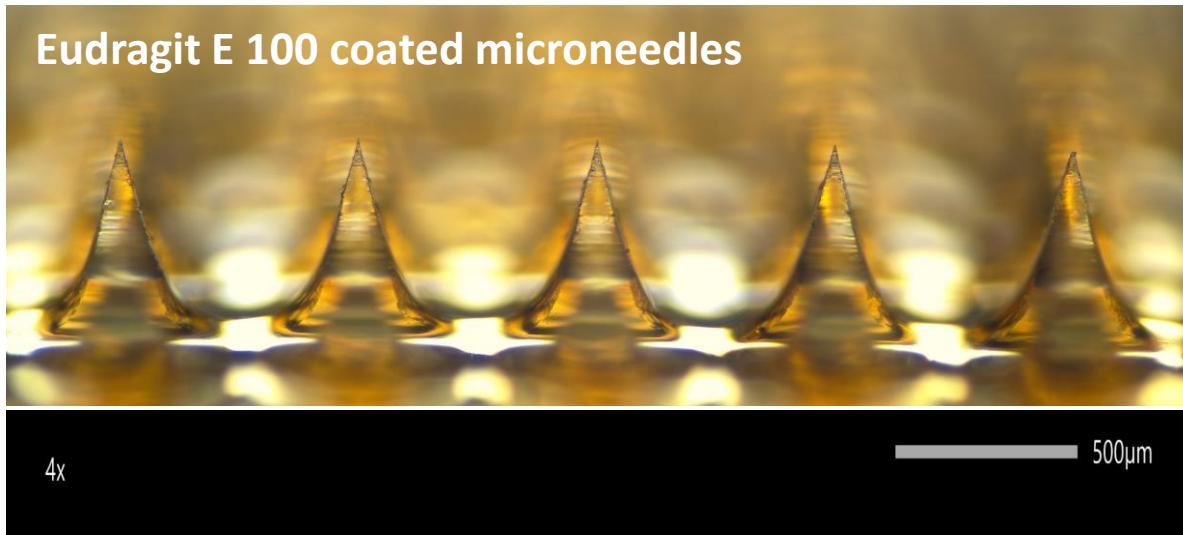


Type 3

# Polymer Coated Polymeric Microneedles



# Polymer Coated Polymeric Microneedles

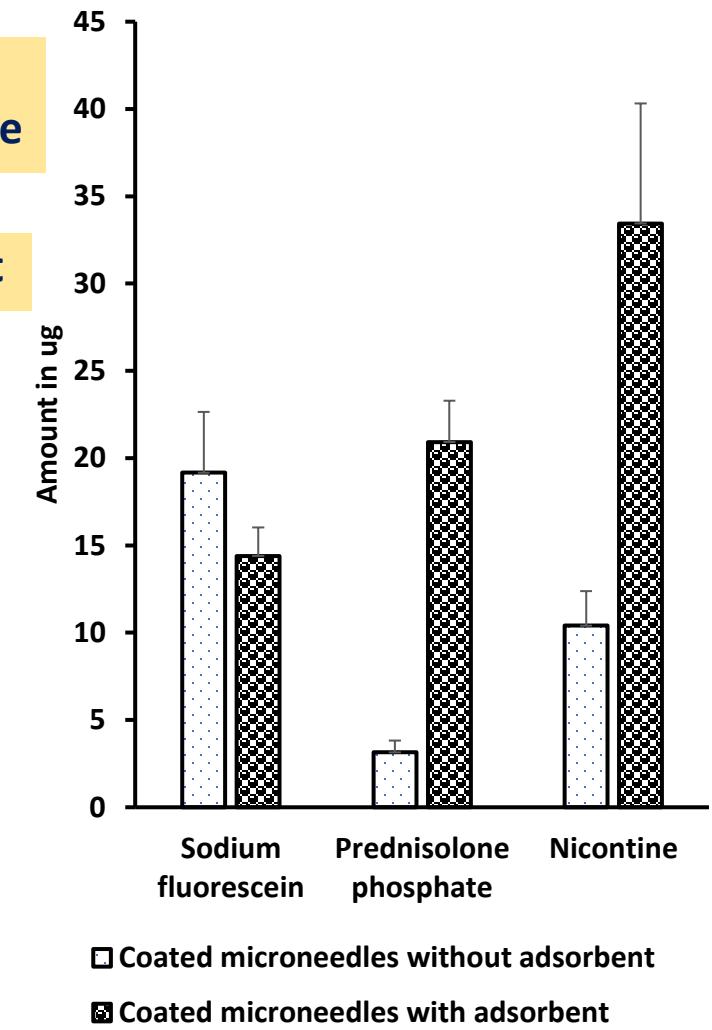
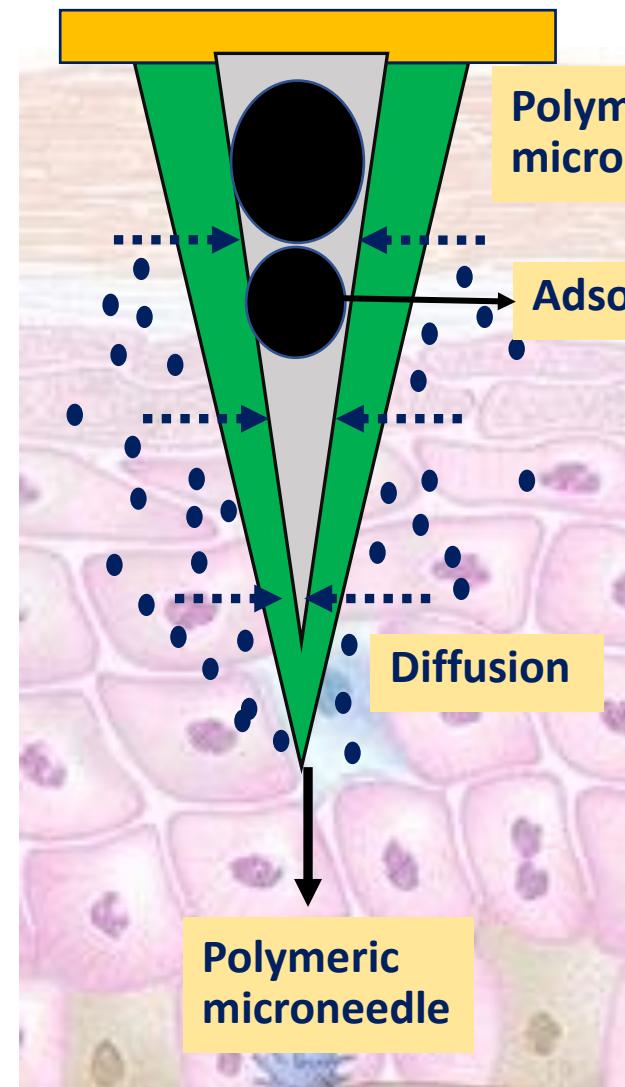
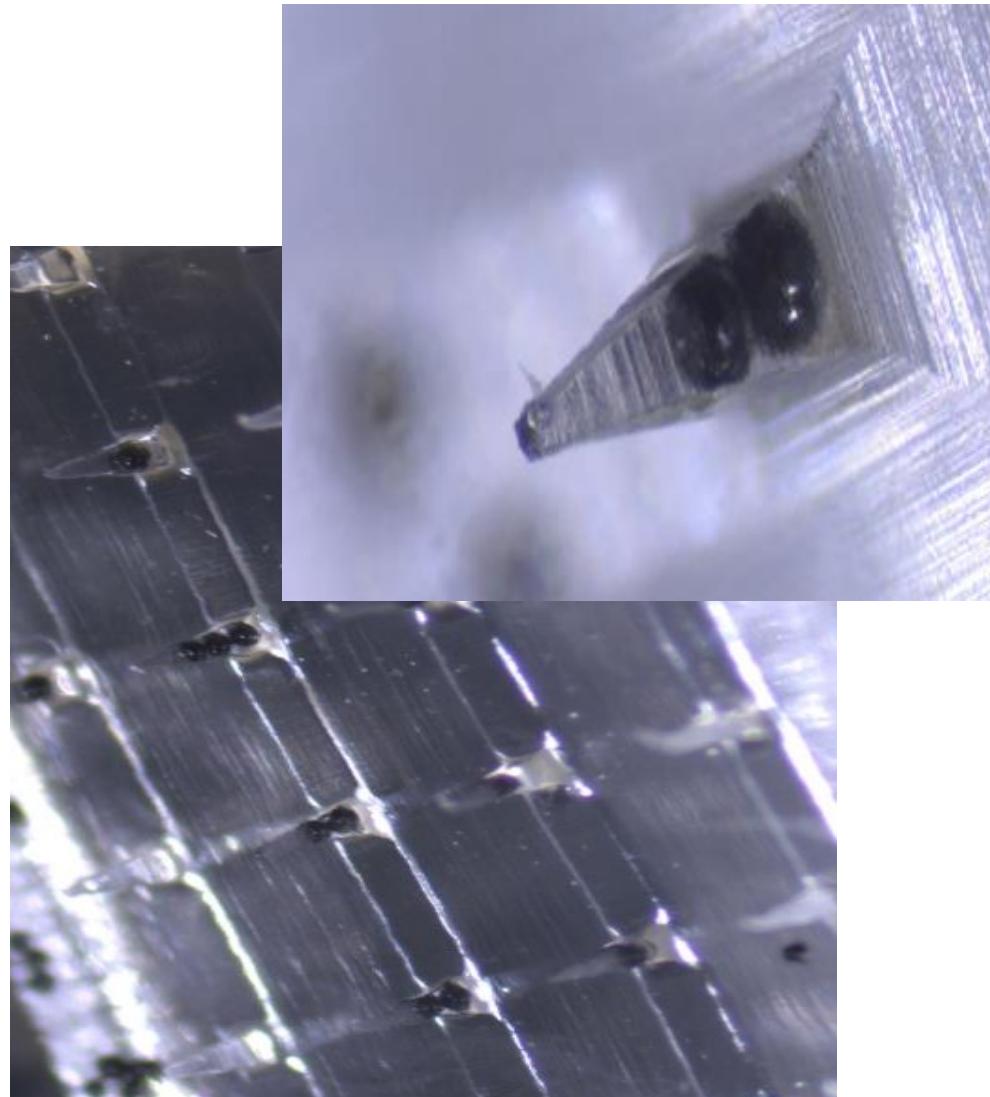


Source of Eudragit®: Evonik, USA

## Potential applications being explored

- Delivery of drugs that are metabolized by enzymes in the skin tissue. Ex: anandamide, testosterone.
- Delivery of drugs by diffusion without dumping polymer and other excipients into the back of the eye.

# Adsorbent loaded Polymer Coated Microneedles



# Conclusions

- Combination of enhancers could be a potential way to address some of the dermal drug delivery issues.
- Emollients, lipid excipients and polymers could influence the dermal absorption of drug as well.
- Complexation of drugs to render them soluble in aqueous phase of the cream could facilitate dermal absorption.
- Continuous manufacturing process of formulating complex semisolids products would help overcoming the limitations of conventional method of processing.
- Polymer coated polymeric microneedle is a novel mode of gradual administration of drugs into skin and other tissues without dumping the API and excipients.
- The Eudragit E 100, Eudragit E PO and Ethyl cellulose are excellent coating excipients for development of polymer coated polymeric microneedles.