



**Formulation Development and Evaluation of Mouth Dissolving Tablets of Anti-Allergic Drug: A Comprehensive Review**

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**ABSTRACT**

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Mouth dissolving tablets (MDTs) offer a patient-friendly and convenient dosage form for the administration of anti-allergic drugs. This review article highlights the formulation development, evaluation, and potential applications of MDTs in the field of allergy treatment. MDTs address the challenges associated with swallowing difficulties, particularly in pediatric and geriatric populations, and enhance patient compliance and convenience.

The review discusses various formulation approaches for MDTs, including direct compression, wet granulation, dry granulation, lyophilization, sublimation, spray drying, molding, and orodispersible film technology. Excipient selection plays a crucial role in taste masking, disintegration, and stability of MDTs. Superdisintegrants, binder agents, sweeteners, flavoring agents, disintegration enhancers, and filler and diluent agents are commonly used to optimize the formulation. Evaluation parameters such as disintegration time, wetting time, friability, drug content uniformity, in vitro drug release, and stability are important for ensuring the quality and performance of MDTs.

Taste masking and palatability challenges are addressed through the use of flavoring agents, sweeteners, encapsulation or coating techniques, and complexation approaches. The review emphasizes the importance of scale-up considerations, including equipment compatibility, dosage uniformity, process efficiency, compression and disintegration challenges, packaging considerations, and adherence to quality control and regulatory requirements.

Future prospects and potential applications of MDTs for anti-allergic drugs are explored, including allergen-specific formulations, combination therapies, controlled release formulations, personalized medicine approaches, pediatric and geriatric formulations, allergen-specific immunotherapy, and digital integration for monitoring and adherence.

In conclusion, MDTs have emerged as a promising dosage form for the administration of anti-allergic drugs. Further research and development efforts, along with regulatory compliance, are required to fully exploit the potential benefits of MDTs in allergy treatment and to improve patient outcomes and satisfaction.

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## 1. INTRODUCTION

### - Brief overview of anti-allergic drugs and their administration challenges

Anti-allergic drugs, also known as antihistamines, are medications used to alleviate the symptoms of allergies. Allergies occur when the immune system overreacts to harmless substances such as pollen, dust mites, or certain foods, resulting in symptoms such as itching, sneezing, runny nose, and skin rashes<sup>1</sup>.

The administration of anti-allergic drugs poses certain challenges that can affect patient compliance and treatment outcomes. Some of these challenges include:

**1. Swallowing difficulties:** Many individuals, especially children and the elderly, may have difficulty swallowing conventional tablets or capsules, leading to non-compliance with medication regimens.<sup>2</sup>

**2. Unpleasant taste:** Some anti-allergic drugs have a bitter or unpleasant taste, making them difficult to tolerate, particularly for pediatric patients. This can result in resistance to taking medication or poor adherence to treatment<sup>3</sup>.

**3. Onset of action:** Allergic reactions often require rapid relief to alleviate symptoms effectively. However, conventional oral dosage forms may take some time to disintegrate and release the drug, delaying the onset of action.<sup>4</sup>

**4. Water requirements:** Traditional oral dosage forms usually require water for administration. This can be inconvenient in situations where water is not readily available or for patients with swallowing difficulties.<sup>5</sup>

**5. Portability:** Conventional tablets and capsules are not always convenient to carry, especially for individuals who need to take their medication on-the-go or while traveling.

Addressing these administration challenges has led to the development of mouth dissolving tablets (MDTs) for anti-allergic drugs. MDTs offer several advantages, including rapid disintegration in the oral cavity, enhanced drug absorption, improved patient compliance, and ease of administration without the need for water.

By formulating anti-allergic drugs into MDTs, these challenges can be overcome,

providing a more patient-friendly and effective approach to allergy treatment<sup>6,7</sup>.

### Introduction to mouth dissolving tablets (MDTs) and their advantages

Mouth dissolving tablets (MDTs), also known as orally disintegrating tablets or orally disintegrating films, are solid dosage forms designed to disintegrate rapidly in the oral cavity without the need for water or chewing. These innovative pharmaceutical formulations have gained significant attention in recent years due to their numerous advantages over conventional oral tablets. MDTs offer a patient-friendly and convenient alternative for medication administration, particularly for individuals who have difficulty swallowing or those who prefer a more convenient dosage form.<sup>8</sup>

The advantages of MDTs include<sup>9-11</sup>:

**1. Rapid disintegration:** MDTs are designed to dissolve or disintegrate quickly upon contact with saliva in the oral cavity. This rapid disintegration ensures easy swallowing and enables faster drug absorption, leading to a quicker onset of action.

**2. Improved patient compliance:** MDTs are particularly beneficial for patients who have difficulty swallowing conventional tablets or capsules, such as children, elderly individuals, and patients with certain medical conditions. The ease of administration and pleasant mouthfeel of MDTs enhance patient acceptance and compliance with medication regimens.

**3. No water requirement:** Unlike traditional tablets, MDTs do not require water for administration. This makes them highly convenient for use in various settings, such as when water is not readily available or during travel.

**4. Enhanced drug absorption:** The disintegration of MDTs in the oral cavity allows for rapid drug dissolution and absorption through the oral mucosa. This bypasses the gastrointestinal tract, which can be advantageous for drugs that undergo extensive first-pass metabolism or have low oral bioavailability.

**5. Taste-masking capabilities:** MDTs offer the opportunity to incorporate taste-masking techniques, especially useful for drugs with

unpleasant or bitter taste profiles. By formulating the drug into an MDT, the taste can be masked, improving patient acceptance and compliance.

**6. Portability and discreetness:** MDTs are typically compact and easy to carry, making them ideal for patients who need to take their medication on-the-go. Additionally, MDTs provide a discreet method of medication administration, as they can be consumed without drawing attention in public settings.

**7. Versatility in formulation:** MDTs can be formulated using various techniques and excipients, allowing flexibility in the development of different drug substances and dosage strengths. They can be tailored to meet the specific needs of different patient populations.

Overall, mouth dissolving tablets offer a patient-centric approach to medication delivery, addressing challenges associated with conventional tablets and improving medication compliance and convenience. Their unique properties make them suitable for a wide range of drugs, including anti-allergic medications, thereby improving treatment outcomes and patient satisfaction.

#### **Importance of MDTs in enhancing patient compliance and convenience<sup>12-15</sup>**

Mouth dissolving tablets (MDTs) play a crucial role in enhancing patient compliance and convenience, resulting in improved treatment outcomes. The following points highlight the importance of MDTs in this regard:

**1. Easy administration:** MDTs are designed to disintegrate rapidly in the oral cavity without the need for water or chewing. This makes them extremely easy to administer, particularly for individuals who have difficulty swallowing conventional tablets or capsules. Patients, including children, the elderly, and those with medical conditions that affect swallowing, find MDTs more convenient to take, reducing barriers to medication adherence.

**2. Improved acceptability:** MDTs often have pleasant taste and mouthfeel due to the use of taste-masking techniques and formulation optimization. This enhances patient acceptability and reduces the likelihood of

medication refusal or non-compliance. The positive experience associated with MDTs encourages patients to adhere to their prescribed medication regimens.

**3. Convenience on-the-go:** MDTs offer portability and convenience, making them suitable for patients who need to take medication outside of their homes or while traveling. The compact size and lack of water requirement allow patients to easily carry and consume their medication wherever they are, ensuring they can adhere to their treatment regimen without interruption.

**4. Enhanced patient experience:** The rapid disintegration and dissolution of MDTs in the oral cavity provide a seamless and pleasant experience for patients. The absence of a need for water or chewing eliminates any discomfort associated with medication administration, contributing to a positive patient experience. This, in turn, fosters a sense of satisfaction and reinforces patient engagement in their treatment.

**5. Pediatric medication adherence:** MDTs are particularly beneficial for children who may struggle with swallowing tablets or have aversions to unpleasant tastes. By offering a palatable and easy-to-administer alternative, MDTs can significantly improve pediatric medication adherence and reduce the resistance often associated with medication intake in this patient population.

**6. Elderly-friendly dosage form:** The elderly population often faces challenges related to medication administration, including swallowing difficulties and the risk of medication-related complications. MDTs provide a suitable dosage form that overcomes these challenges, ensuring that elderly patients can take their medications independently and safely, thereby improving compliance and reducing the burden on caregivers.

By enhancing patient compliance and convenience, MDTs contribute to improved treatment outcomes, better disease management, and overall patient satisfaction. They address common barriers to medication adherence, empowering patients to take control of their health and adhere to prescribed treatment regimens more effectively.

## 2. Formulation approaches for MDTs

Formulation approaches for mouth dissolving tablets (MDTs) involve various methods and techniques to develop dosage forms that rapidly disintegrate in the oral cavity. The following are common formulation approaches used in MDT development:

### 2.1 CONVENTIONAL METHODS

#### - Direct compression method

The direct compression method is a commonly employed approach for formulating mouth dissolving tablets (MDTs). It involves the direct compression of a blend of active pharmaceutical ingredient (API) and various excipients into tablets without the need for granulation or additional processing steps. Here is a detailed explanation of the direct compression method:

**1. Selection of excipients:** Excipients play a crucial role in the direct compression method as they contribute to the tablet's properties and performance. The excipients typically used in MDT formulations include<sup>16</sup>:

- Superdisintegrants: These excipients aid in the rapid disintegration of the tablet in the oral cavity. Examples include croscopovidone, croscarmellose sodium, and sodium starch glycolate.

- Diluents/fillers: These excipients provide bulk and aid in tablet formation. Common diluents include lactose, mannitol, and microcrystalline cellulose.

- Binders: Binders are used to improve tablet cohesion and strength. Examples include hydroxypropyl cellulose and polyvinylpyrrolidone (PVP).

- Lubricants: Lubricants ensure smooth tablet ejection from the die cavity during compression. Common lubricants include magnesium stearate and stearic acid.

- Sweeteners and flavoring agents: These are used to enhance the taste and palatability of the MDT.

**2. Formulation development:** The API and selected excipients are accurately weighed and thoroughly mixed to achieve a homogenous blend. The blend's particle size distribution is optimized to ensure good flowability and uniform distribution of the API within the tablet.<sup>17</sup>

**3. Compression:** The blend is then compressed into tablets using a tablet press. The compression force and tablet hardness should be carefully controlled to ensure adequate tablet strength while allowing for rapid disintegration in the mouth. The tablet size and shape can be adjusted according to the intended dose and patient preferences.<sup>18</sup>

**4. Evaluation:** The compressed MDTs undergo various quality control tests to assess their performance and compliance with specifications. Key evaluation parameters include disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.<sup>19</sup>

The direct compression method offers several advantages, including simplicity, time efficiency, and cost-effectiveness. It eliminates the need for granulation and drying steps, reducing the overall manufacturing time and costs associated with MDT production. Additionally, the direct compression method is suitable for heat and moisture-sensitive APIs as it minimizes exposure to these conditions during processing.<sup>20</sup>

However, the direct compression method may pose challenges in achieving uniform drug distribution, especially for low-dose or potent APIs. Careful selection of excipients and optimization of the formulation and compression parameters are crucial to overcome these challenges and ensure the quality and performance of the MDTs.

#### **Advantages of direct compression method:**

The direct compression method for preparing MDTs has several advantages over other methods, such as molding and spray-drying. These advantages include:

- **Simple and cost-effective:** The direct compression method is a simple and straightforward process that does not require any specialized equipment. This makes it a cost-effective method for preparing MDTs.
- **Flexible:** The direct compression method can be used to prepare MDTs with a wide variety of drugs and excipients. This makes

it a versatile method that can be used to meet the specific needs of each application.

- Rapid disintegration: MDTs prepared by direct compression typically disintegrate within seconds. This makes them a convenient and easy-to-use dosage form.<sup>21</sup>

#### **Limitations of direct compression method<sup>22,23</sup>**

The direct compression method for preparing MDTs also has some limitations, such as:

- Drug solubility: The drug must be soluble in the saliva in order to dissolve rapidly. If the drug is not soluble, it may not dissolve quickly enough and may not be effective.
- Excipient compatibility: The excipients used in MDTs must be compatible with the drug and with each other. If the excipients are not compatible, they may interact with the drug and degrade it.
- Tablet strength: MDTs prepared by direct compression may be weak and may break easily. This can be a problem if the tablets are intended to be taken by children or the elderly.

#### **Wet granulation method<sup>24-26</sup>**

The wet granulation method is a widely used formulation approach for mouth dissolving tablets (MDTs). It involves the process of wetting and granulating a mixture of active pharmaceutical ingredient (API) and excipients to form granules, which are then dried and compressed into tablets. Here is a detailed explanation of the wet granulation method:

**1. Selection of excipients:** Excipients used in the wet granulation method serve various purposes in the MDT formulation. Common excipients include:

- Binder: A binder is used to promote particle cohesion and ensure the formation of granules. Examples of binders include starch paste, polyvinylpyrrolidone (PVP), and hydroxypropyl cellulose.

- Diluent/filler: Diluents provide bulk to the granules and aid in tablet formation. Commonly used diluents include lactose, mannitol, and microcrystalline cellulose.

- Superdisintegrant: Superdisintegrants are added to facilitate rapid disintegration of the tablet in the mouth. Examples include

croscopovidone, croscarmellose sodium, and sodium starch glycolate.

- Lubricant: Lubricants are added to reduce friction and prevent adhesion during tablet compression. Common lubricants include magnesium stearate and stearic acid.

- Sweeteners and flavoring agents: These ingredients are used to improve the taste and palatability of the MDT.

**2. Granulation process:** The wet granulation process involves the following steps:

- Weighing and mixing: Accurately weigh the API, excipients, and binder. Thoroughly mix them to achieve a homogenous blend.

- Wetting: Add the binder solution (e.g., starch paste) to the blend while continuously mixing. The binder solution should be added gradually to achieve proper wetting and agglomeration of the particles.

- Granulation: After wetting, the mixture forms wet mass. This wet mass is then passed through a suitable granulator (e.g., high shear mixer, fluid bed granulator) to break down the wet mass into granules of desired size. The wet granules are formed through particle agglomeration.

- Drying: The wet granules are dried using methods like fluid bed drying, tray drying, or vacuum drying to remove the moisture. The drying process ensures the granules have appropriate moisture content for subsequent compression.

**3. Compression:** The dried granules are compressed into tablets using a tablet press. Compression parameters such as force, speed, and dwell time are optimized to achieve tablets of desired hardness and disintegration properties.

**4. Evaluation:** The compressed MDTs undergo quality control tests to evaluate their performance and compliance with specifications. These tests include disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. The tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

The wet granulation method offers several advantages, including improved flowability of the blend, enhanced content

uniformity, and better control over tablet hardness. It also allows for the incorporation of a higher amount of API compared to direct compression. However, the method involves additional processing steps and requires careful optimization of parameters to ensure uniform granulation, proper drying, and consistent tablet properties.

The wet granulation method is particularly useful when formulating MDTs with moisture-sensitive APIs or when there is a need for enhanced blend homogeneity or improved tablet characteristics.

The wet granulation process has several advantages over other methods of powder processing, such as dry granulation and direct compression. These advantages include:

- Improved flowability: Wet granulation can improve the flowability of powders, which makes them easier to handle and process. This can be important for pharmaceutical formulations, as poor flowability can lead to problems with tableting and capsule filling.
- Improved compressibility: Wet granulation can also improve the compressibility of powders, which makes them easier to compress into tablets or capsules. This can improve the uniformity of the dosage form and the dissolution rate of the drug.
- Improved mechanical strength: Wet granulation can also improve the mechanical strength of powders, which makes them less likely to break during handling and processing. This can be important for pharmaceutical formulations that are intended to be taken orally, as breakage can lead to uneven dosing.

The wet granulation process also has some limitations, such as:

- Increased cost: The wet granulation process is typically more expensive than other methods of powder processing. This is due to the cost of the binder and the equipment required.
- Increased time: The wet granulation process can take longer than other methods of powder processing. This is due to the time required to add the binder, granulate the powder, and dry the granules.

- Increased complexity: The wet granulation process is more complex than other methods of powder processing. This is due to the need to select the appropriate binder and equipment, and to control the process parameters.

#### - **Dry granulation method**<sup>27-30</sup>

The dry granulation method, also known as slugging, is a formulation approach used for mouth dissolving tablets (MDTs). It involves the direct compression of a blend of active pharmaceutical ingredient (API) and excipients into large tablets or slugs, which are then milled and compressed into MDTs. Here is a detailed explanation of the dry granulation method:

**1. Selection of excipients:** Excipients used in the dry granulation method serve various functions in the MDT formulation. Common excipients include:

- Diluent/filler: Diluents provide bulk to the tablet formulation. Commonly used diluents include lactose, mannitol, and microcrystalline cellulose.

- Binder: Binders are not typically used in the dry granulation method since it relies on compression for tablet formation. However, if necessary, a small amount of binder such as microcrystalline cellulose or PVP may be added to improve tablet integrity.

- Superdisintegrant: Superdisintegrants are added to ensure rapid disintegration of the MDT in the oral cavity. Examples include croscopovidone, croscarmellose sodium, and sodium starch glycolate.

- Lubricant: Lubricants are added to reduce friction during tablet compression. Common lubricants include magnesium stearate and stearic acid.

- Sweeteners and flavoring agents: These ingredients are used to enhance the taste and palatability of the MDT.

#### **2. Granulation process:**

- Pre-compression: The API and excipients are blended thoroughly to achieve a homogenous mixture.

- Compression: The blend is then compressed into large tablets or slugs using a tablet press. The compression force should be sufficient to ensure tablet integrity.

- Milling: The large tablets or slugs are milled using a milling machine to break them into granules or smaller particles. This step helps to achieve uniform particle size distribution and improve flow properties.

- Screening: The milled granules are passed through a suitable sieve to remove any oversized particles or agglomerates, ensuring a consistent particle size.

- Blending: The screened granules are blended with any additional excipients or functional additives required for the formulation.

- Compression: The granules are then compressed into MDTs using a tablet press. Compression parameters are optimized to achieve tablets of desired hardness and disintegration properties.

**3. Evaluation:** The compressed MDTs undergo quality control tests to assess their performance and compliance with specifications. These tests include disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

The dry granulation method offers advantages such as avoiding the use of moisture and heat during the granulation process, making it suitable for moisture-sensitive APIs. It also eliminates the need for a binder and drying steps associated with wet granulation, simplifying the manufacturing process. However, the method may require additional steps such as milling and screening to achieve the desired granule characteristics.

The dry granulation method is particularly useful when formulating MDTs with moisture-sensitive APIs or when there is a need to overcome challenges associated with wet granulation, such as potential degradation or chemical incompatibilities.

The dry granulation process has several advantages over wet granulation, such as:

- **Cost-effectiveness:** Dry granulation is a more cost-effective process than wet granulation, as it does not require the use of a liquid binder.

- **Speed:** Dry granulation is a faster process than wet granulation, as it does not require the drying step.

- **Simplicity:** Dry granulation is a simpler process than wet granulation, as it does not require the use of specialized equipment.

The dry granulation process also has some limitations, such as:

- **Limited applicability:** Dry granulation is not suitable for all powders. Powders that are too cohesive or too friable may not be able to be granulated using the dry granulation process.
- **Particle size:** The dry granulation process can lead to the formation of larger granules, which may not be suitable for all applications.
- **Compressibility:** The dry granulation process may not improve the compressibility of powders as well as wet granulation.

## 2.2 Advanced techniques

### - Lyophilization<sup>31-33</sup>

Lyophilization, also known as freeze-drying, is a formulation approach used for mouth dissolving tablets (MDTs) that involves the removal of solvent from a frozen solution or suspension of active pharmaceutical ingredient (API) and excipients. This process results in the formation of dry, porous structures that can rapidly disintegrate in the oral cavity. Here is a detailed explanation of the lyophilization method:

**1. Selection of excipients:** Excipients used in the lyophilization method serve various functions in the MDT formulation. Common excipients include:

- **Cryoprotectants:** Cryoprotectants are used to protect the API and excipients during freezing and drying processes. Examples include sugars (e.g., sucrose, trehalose), polyols (e.g., mannitol, sorbitol), and polymers (e.g., polyvinylpyrrolidone, hydroxypropyl cellulose).

- **Stabilizers:** Stabilizers are added to maintain the stability of the API during freezing and drying. These can include antioxidants, surfactants, and pH modifiers.

- **Disintegrants:** Disintegrants aid in the rapid disintegration of the MDT in the oral cavity. Examples include croscopovidone,

croscarmellose sodium, and sodium starch glycolate.

- Flavoring agents: Flavoring agents can be incorporated to improve the taste and palatability of the MDT.

**2. Formulation development:** The API and excipients are dissolved in a suitable solvent, forming a solution or suspension. The concentration and composition of the formulation are optimized to ensure desired disintegration properties, stability, and preservation of API activity during freeze-drying.

**3. Freezing:** The formulation is frozen at low temperatures, typically below the eutectic point of the solvent system used. Freezing can be achieved using methods such as direct contact with a cold surface, immersion in a cryogenic liquid, or controlled cooling in a freezer.

**4. Primary drying (sublimation):** The frozen product is subjected to reduced pressure, and heat is applied to initiate sublimation. Sublimation is the process where frozen water transitions directly from solid to vapor without passing through the liquid phase. This removes the solvent, resulting in a porous structure.

**5. Secondary drying:** After the primary drying, the product undergoes a secondary drying step to remove any remaining moisture and residual solvent. This step is carried out at a slightly higher temperature and a lower pressure than the primary drying stage. The secondary drying ensures the final product has the desired moisture content for stability and improved shelf life.

**6. Evaluation:** The lyophilized MDTs undergo quality control tests to assess their performance and compliance with specifications. These tests include disintegration time, wetting time, reconstitution time (if applicable), friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

The lyophilization method offers advantages such as enhanced stability, improved bioavailability, and the potential for taste-masking due to the formation of a porous

structure. It is particularly useful when formulating MDTs with moisture-sensitive APIs or when precise control over the final product's properties is required. However, lyophilization is a complex and expensive process that requires specialized equipment and expertise.

Lyophilization can be a valuable formulation approach for MDTs, especially when preserving the activity of sensitive APIs, achieving rapid disintegration, and improving the overall patient experience are important considerations.

### **Sublimation<sup>34-36</sup>**

Sublimation is a formulation technique used for mouth dissolving tablets (MDTs) that involves the direct conversion of a solid substance into vapor without passing through the liquid phase. By subjecting a solid formulation to specific conditions of reduced pressure and controlled temperature, the solid API and excipients transform directly into a gaseous state, leaving behind a porous structure. Here is a detailed explanation of the sublimation process:

**1. Selection of excipients:** Excipients used in the sublimation method serve various functions in the MDT formulation. Common excipients include:

- Subliming agents: Subliming agents are compounds that readily undergo sublimation when subjected to specific conditions. These agents can be added to the formulation to facilitate the formation of a porous structure during sublimation. Examples include volatile sweeteners (e.g., mannitol, sucrose) or volatile excipients specifically designed for sublimation purposes.

**2. Formulation development:** The API and excipients, including subliming agents, are accurately weighed and blended to achieve a homogenous mixture. The concentration and composition of the formulation are optimized to ensure desired disintegration properties and stability during the sublimation process.

**3. Compression:** The formulation blend is compressed into tablets using a tablet press. Compression parameters such as force and dwell time are optimized to achieve tablets of suitable hardness and thickness.



**4. Sublimation:** The compressed tablets are subjected to specific sublimation conditions. Typically, this involves placing the tablets in a controlled environment where the pressure is reduced, and the temperature is elevated. The sublimation conditions are carefully controlled to ensure the subliming agents vaporize, leaving behind a porous structure within the tablet.

**5. Evaluation:** The sublimated MDTs undergo quality control tests to assess their performance and compliance with specifications. These tests include disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

Sublimation offers advantages such as the formation of a highly porous structure within the tablet, rapid disintegration, and enhanced drug release. It eliminates the need for additional processing steps like granulation or drying, simplifying the manufacturing process. Sublimation is particularly useful when formulating MDTs with subliming agents or volatile compounds that can provide rapid disintegration and enhance patient compliance.

However, it is essential to consider the stability of the API and excipients during sublimation, as some compounds may undergo degradation or chemical changes under elevated temperatures. Careful selection of subliming agents, optimization of formulation composition, and control of sublimation conditions are necessary to ensure the stability and efficacy of the MDTs.

Sublimation is a specialized technique that offers unique advantages for MDT formulation, providing a convenient and patient-friendly dosage form with rapid disintegration and enhanced drug release.

#### - Spray drying<sup>37</sup>

Spray drying is a formulation technique used for mouth dissolving tablets (MDTs) that involves the conversion of a liquid formulation into dry powder particles through atomization and drying. In this process, the liquid formulation containing the

active pharmaceutical ingredient (API) and excipients is transformed into fine droplets, which are rapidly dried to obtain dry particles. Here is a detailed explanation of the spray drying process:

**1. Selection of excipients:** Excipients used in the spray drying method serve various functions in the MDT formulation. Common excipients include:

- Carriers: Carriers are used to aid in the formation of dry particles and improve powder flow properties. Examples include lactose, mannitol, and microcrystalline cellulose.

- Disintegrants: Disintegrants facilitate the rapid disintegration of the MDT in the oral cavity. Examples include croscopolidone, croscarmellose sodium, and sodium starch glycolate.

- Stabilizers: Stabilizers can be added to maintain the stability of the API during the spray drying process. These may include antioxidants, surfactants, and pH modifiers.

**2. Formulation development:** The API and excipients are dissolved or dispersed in a suitable solvent or liquid medium to form a liquid formulation. The concentration and composition of the formulation are optimized to achieve desired disintegration properties, stability, and preservation of API activity during spray drying.

**3. Atomization:** The liquid formulation is atomized into fine droplets. Atomization can be achieved using various techniques, such as pressure nozzle atomization or rotary atomization. The liquid is sprayed into a drying chamber, and the droplets are exposed to hot air or gas.

**4. Drying:** As the droplets are exposed to the hot air or gas in the drying chamber, the solvent rapidly evaporates, leaving behind dry powder particles. The drying conditions, including temperature, airflow, and residence time, are carefully controlled to ensure proper drying and preservation of the desired particle properties.

**5. Collection and processing:** The dry powder particles are collected from the drying chamber using a suitable collection system, such as cyclones or filters. The collected powder may undergo additional processing

steps, such as milling or sieving, to achieve the desired particle size and uniformity.

**6. Evaluation:** The spray-dried MDTs undergo quality control tests to assess their performance and compliance with specifications. These tests include particle size analysis, moisture content determination, disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

Spray drying offers advantages such as rapid drying, preservation of heat-sensitive APIs, and the ability to obtain fine powder particles with improved flow properties. It allows for efficient and continuous production, as well as customization of particle characteristics by controlling the process parameters.

However, it is crucial to consider the stability of the API and excipients during the spray drying process, as exposure to heat and solvent evaporation can impact their stability. Careful selection of excipients, optimization of formulation composition, and control of spray drying parameters are necessary to ensure the stability and efficacy of the MDTs.

Spray drying is a versatile technique that offers unique advantages for MDT formulation, providing a convenient and patient-friendly dosage form with rapid disintegration and improved drug release properties.

#### **- Molding<sup>38,39</sup>**

Molding is a formulation technique used for mouth dissolving tablets (MDTs) that involves shaping the formulation into thin films or strips. In this process, a viscous or semi-solid mass containing the active pharmaceutical ingredient (API) and excipients is poured or extruded into molds to create a solid film or strip. Here is a detailed explanation of the molding process:

**1. Selection of excipients:** Excipients used in the molding method serve various functions in the MDT formulation. Common excipients include:

- Film-forming polymers: These polymers provide the structural integrity and flexibility

required for the film or strip formation. Examples include hydroxypropyl cellulose, hydroxypropyl methylcellulose, and polyvinyl alcohol.

- Plasticizers: Plasticizers are added to improve the film's flexibility, elasticity, and mouthfeel. Common plasticizers include glycerin, propylene glycol, and polyethylene glycol.

- Stabilizers: Stabilizers may be incorporated to enhance the stability of the API during the molding process. These can include antioxidants, surfactants, and pH modifiers.

- Sweeteners and flavoring agents: These ingredients can be added to improve the taste and palatability of the MDT.

**2. Formulation development:** The API and excipients are mixed thoroughly to obtain a homogeneous mixture or solution. The concentration and composition of the formulation are optimized to achieve the desired film or strip properties, including disintegration characteristics and drug release profile.

**3. Molding process:** The molding process involves the following steps:

- Pouring or extrusion: The formulation is poured or extruded into suitable molds that are designed to create thin films or strips. The molds may be made of metal or other materials that allow easy removal of the formed films/strips.

- Drying: The poured or extruded formulation is dried using methods such as air drying or oven drying. The drying conditions are carefully controlled to remove the solvent or water content and solidify the films or strips.

- Removal from molds: Once the films or strips have dried and solidified, they are carefully removed from the molds. The formed films/strips should have the desired thickness and uniformity.

**4. Evaluation:** The molded MDTs undergo quality control tests to assess their performance and compliance with specifications. These tests include film thickness measurement, disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the MDTs meet the

desired standards for rapid disintegration, drug release, and uniformity of drug content.

Molding offers advantages such as ease of administration, portability, and the ability to incorporate a higher amount of API compared to traditional tablets. The thin film or strip dosage form provides rapid disintegration and improved patient compliance. Additionally, the flexibility of the film or strip allows for better adaptation to the oral cavity, enhancing the overall patient experience.

However, it is important to consider the stability of the API and excipients during the molding process, as exposure to heat or moisture can impact their stability. Careful selection of excipients, optimization of formulation composition, and control of the drying conditions are necessary to ensure the stability and efficacy of the MDTs.

Molding is a versatile technique that offers unique advantages for MDT formulation, providing a convenient and patient-friendly dosage form with rapid disintegration and improved drug release properties.

#### **- Orodispersible film technology**

Orodispersible film technology is a formulation approach used for mouth dissolving tablets (MDTs) that involves the creation of thin, flexible films that rapidly dissolve or disintegrate when placed on the tongue. These films, also known as orally disintegrating films (ODFs), offer a convenient and patient-friendly alternative to conventional tablets. Here is a detailed explanation of orodispersible film technology:

**1. Selection of excipients:** Excipients used in orodispersible film technology serve various functions in the MDT formulation. Common excipients include:

- **Film-forming polymers:** These polymers are the key component of the film and provide the structural integrity and flexibility required for rapid disintegration. Examples include hydroxypropyl cellulose, hydroxypropyl methylcellulose, and polyvinyl alcohol.

- **Plasticizers:** Plasticizers are added to improve the film's flexibility, elasticity, and mouthfeel. Common plasticizers include glycerin, propylene glycol, and polyethylene glycol.

- **Disintegrants:** Disintegrants aid in the rapid dissolution or disintegration of the film when it comes into contact with saliva. Examples include croscopolidone, croscarmellose sodium, and sodium starch glycolate.

- **Flavoring agents and sweeteners:** These ingredients can be incorporated to improve the taste and palatability of the film.

**2. Formulation development:** The API and excipients are dissolved or dispersed in a suitable solvent or liquid medium to form a uniform solution or dispersion. The concentration and composition of the formulation are optimized to achieve the desired film properties, including disintegration characteristics and drug release profile.

**3. Film formation:** The formulation is spread or coated onto a flat surface using methods such as casting, spraying, or extrusion. The solvent is then evaporated, leaving behind a thin film with the desired thickness and uniformity.

**4. Drying and curing:** The formed films undergo a drying process to remove any residual solvent and further solidify the film structure. This can be achieved through air drying, oven drying, or other suitable methods. Some films may also require curing or cross-linking steps to enhance film integrity and stability.

**5. Packaging:** The dried and cured films are typically cut into individual unit doses or placed on a backing material for easy handling and packaging. They are usually provided in blister packs or other appropriate packaging formats for protection and convenience.

**6. Evaluation:** The orodispersible films undergo quality control tests to assess their performance and compliance with specifications. These tests include film thickness measurement, disintegration time, wetting time, friability, drug content uniformity, and in vitro drug release studies. These tests ensure that the films meet the desired standards for rapid disintegration, drug release, and uniformity of drug content.

Orodispersible films offer several advantages, including rapid disintegration, ease of administration, and enhanced patient compliance. The thin, flexible nature of the

films allows for rapid dissolution or disintegration when placed on the tongue, eliminating the need for water or chewing. They are particularly suitable for individuals who have difficulty swallowing or prefer a more convenient dosage form.

It is important to consider the stability of the API and excipients during film formation and drying processes. Careful selection of excipients, optimization of formulation composition, and control of drying conditions are necessary to ensure the stability and efficacy of the films.

Orodispersible film technology provides a patient-centric approach to medication delivery, offering a convenient and user-friendly dosage form with rapid disintegration and improved drug release properties.

### 3. Selection of excipients for MDT formulation<sup>40</sup>

When formulating mouth dissolving tablets (MDTs), the selection of excipients plays a crucial role in achieving the desired properties and performance of the dosage form. Excipients serve various functions, such as enhancing disintegration, improving taste, ensuring tablet integrity, and providing stability. Here are some common excipients used in MDT formulations:

- Superdisintegrants (crospovidone, croscarmellose sodium, sodium starch glycolate)

Superdisintegrants are excipients commonly used in mouth dissolving tablets (MDTs) to promote rapid disintegration of the tablet in the oral cavity, allowing it to dissolve or disintegrate quickly. Here are three commonly used superdisintegrants:

1. Crospovidone: Crospovidone, also known as cross-linked polyvinylpyrrolidone (PVP), is a highly effective superdisintegrant. It has excellent water absorption properties, and when in contact with water, it swells rapidly, causing the tablet to disintegrate. Crospovidone offers quick disintegration and improved drug release.

2. Croscarmellose sodium: Croscarmellose sodium is a cross-linked polymer derived from cellulose. It exhibits excellent swelling and water absorption properties, leading to rapid

disintegration of MDTs. It has good compatibility with various active pharmaceutical ingredients (APIs) and is widely used in pharmaceutical formulations to enhance dissolution and disintegration rates.

3. Sodium starch glycolate: Sodium starch glycolate is a sodium salt of carboxymethyl ether of starch. It is a superdisintegrant with good water uptake capacity and rapid disintegration properties. When exposed to water, it undergoes swelling and deformation, leading to the rapid disintegration of the tablet.

These superdisintegrants work by absorbing water and swelling rapidly, creating internal pressure within the tablet, which facilitates its disintegration into smaller particles. This allows for faster dissolution and absorption of the API, resulting in enhanced drug release and bioavailability.

The selection of the superdisintegrant depends on various factors such as the API characteristics, desired disintegration time, compatibility with other excipients, and manufacturing process requirements. It is important to optimize the concentration of the superdisintegrant to achieve the desired disintegration properties while ensuring tablet integrity and stability of the MDT formulation.

#### - Binder agents (microcrystalline cellulose, hydroxypropyl cellulose)

Binder agents are excipients commonly used in mouth dissolving tablets (MDTs) to provide cohesion and tablet strength, ensuring that the tablet remains intact during handling and administration. Here are two commonly used binder agents:

1. **Microcrystalline cellulose:** Microcrystalline cellulose (MCC) is a widely used binder in pharmaceutical formulations. It is derived from cellulose and is available in powdered form. MCC has excellent compressibility and binding properties, which contribute to the mechanical strength and integrity of the tablet. It helps to maintain the tablet shape, prevent crumbling, and improve tablet hardness.

2. **Hydroxypropyl cellulose:** Hydroxypropyl cellulose (HPC) is a cellulose derivative and is commonly used as a binder in MDT formulations. It offers good binding properties and enhances tablet strength and cohesiveness. HPC is soluble in both water and organic

solvents, making it versatile for formulating tablets with various drug properties. It can also contribute to improving the disintegration characteristics of MDTs.

Binder agents work by forming a cohesive network among the tablet particles, holding them together during compression and subsequent handling. They provide mechanical strength, reduce friability, and enhance tablet hardness, ensuring that the tablet maintains its structural integrity until administration.

The selection of the binder agent depends on factors such as the desired tablet characteristics, compatibility with other excipients, API properties, and the manufacturing process. Optimal concentrations of the binder agent need to be determined to achieve the desired tablet hardness while considering the overall formulation and disintegration requirements of the MDTs.

#### - Sweeteners and flavoring agents

Sweeteners and flavoring agents are excipients commonly used in mouth dissolving tablets (MDTs) to improve the taste and palatability of the formulation. They enhance the sensory experience for patients, making the MDTs more enjoyable to consume. Here is a brief overview of sweeteners and flavoring agents:

**1. Sweeteners:** Sweeteners are added to MDT formulations to provide a sweet taste, masking the potentially bitter or unpleasant taste of the active pharmaceutical ingredient (API) or other excipients. Commonly used sweeteners include:

- Sucrose: Sucrose, also known as table sugar, is a widely used natural sweetener. It offers a pleasant taste and is easily available.
- Mannitol: Mannitol is a sugar alcohol that provides a sweet taste and has a cooling effect on the tongue. It is commonly used as a sweetener in MDTs.
- Aspartame: Aspartame is an artificial sweetener that provides a high-intensity sweet taste. It is commonly used as a sugar substitute in various pharmaceutical formulations.
- Sorbitol: Sorbitol is another sugar alcohol commonly used as a sweetener. It provides a pleasant taste and is often used in sugar-free or low-calorie formulations.

The selection of the sweetener depends on factors such as taste preference, compatibility with other excipients, stability, and regulatory considerations.

**2. Flavoring agents:** Flavoring agents are added to MDT formulations to enhance the taste and overall sensory experience. They help mask the inherent bitterness or undesirable taste of the API or other ingredients. Common flavoring agents include:

- Natural flavors: Natural flavors derived from fruits, herbs, or spices are commonly used to provide specific tastes and aromas to MDTs. Examples include citrus flavors, mint flavors, berry flavors, and vanilla flavors.
- Artificial flavors: Artificial flavors are synthetic compounds designed to mimic specific tastes and aromas. They offer a wide range of options for flavor customization in MDTs.
- Combination flavors: Combination flavors are blends of different natural or artificial flavoring agents. They are often used to create unique and appealing taste profiles for MDTs.

The selection of flavoring agents depends on the desired taste profile, compatibility with other excipients, stability, and regulatory considerations. It is important to ensure that the chosen flavors do not interact with the API or other excipients in a way that affects the formulation's stability or performance.

Sweeteners and flavoring agents play a significant role in improving the acceptability and patient compliance of MDTs by enhancing taste and palatability. They contribute to a more enjoyable and pleasant experience for patients when taking medication orally.

#### - Disintegration enhancers

Disintegration enhancers are excipients commonly used in mouth dissolving tablets (MDTs) to promote rapid disintegration of the tablet in the oral cavity, allowing it to dissolve or disintegrate quickly. These enhancers facilitate the breakdown of the tablet into smaller particles, thereby aiding in the drug's release and absorption. Here are some commonly used disintegration enhancers:

**1. Superdisintegrants:** Superdisintegrants are a class of excipients specifically designed to promote rapid disintegration. They absorb

water, swell rapidly, and create internal pressure within the tablet, leading to its disintegration. Examples of superdisintegrants include croscopovidone, croscarmellose sodium, sodium starch glycolate, and low-substituted hydroxypropyl cellulose.

**2. Sodium alginate:** Sodium alginate is a natural polysaccharide derived from seaweed. It has excellent water absorption properties and can rapidly swell in the presence of water, promoting tablet disintegration.

**3. Cross-linked carboxymethylcellulose (CMC):** Cross-linked CMC is a modified cellulose derivative with superior water absorption capacity. It absorbs water quickly, swells, and aids in the disintegration of MDTs.

**4. Ion exchange resins:** Ion exchange resins, such as Indion or Amberlite, can act as disintegration enhancers by absorbing water and promoting rapid tablet disintegration through swelling.

**5. Effervescent agents:** Effervescent agents, such as citric acid and sodium bicarbonate, generate carbon dioxide gas when in contact with water. This gas production creates pressure within the tablet, resulting in its rapid disintegration.

The selection of disintegration enhancers depends on various factors, including the desired disintegration time, compatibility with other excipients, API characteristics, and the specific needs of the formulation. It is important to optimize the concentration of disintegration enhancers to achieve the desired disintegration properties while ensuring tablet integrity and stability of the MDT formulation.

Disintegration enhancers play a vital role in mouth dissolving tablets by facilitating rapid disintegration, ensuring quick drug release, and improving patient compliance. They help overcome the challenges of swallowing conventional tablets, making medication administration easier and more convenient for patients.

#### - Filler and diluent agents

Filler and diluent agents are excipients commonly used in mouth dissolving tablets (MDTs) to provide bulk, improve tablet properties, and facilitate the manufacturing process. These agents contribute to the tablet's

size, shape, and overall integrity. Here are some commonly used filler and diluent agents:

**1. Lactose:** Lactose is a widely used filler and diluent in pharmaceutical formulations. It is a naturally occurring disaccharide derived from milk and provides good compressibility and flow properties. Lactose is available in different grades, such as spray-dried lactose or lactose monohydrate, and is commonly used as a bulking agent in MDTs.

**2. Mannitol:** Mannitol is a sugar alcohol that is frequently used as a filler and diluent in MDT formulations. It offers good compressibility, excellent flowability, and pleasant taste. Mannitol can also act as a cooling agent, providing a refreshing sensation in the mouth.

**3. Microcrystalline cellulose (MCC):** Microcrystalline cellulose is a widely used filler and diluent due to its excellent compressibility, flowability, and binding properties. It is derived from cellulose and is available as a fine powder. MCC is commonly used to increase the tablet's volume and improve tablet hardness.

**4. Dibasic calcium phosphate:** Dibasic calcium phosphate, also known as dibasic calcium phosphate dihydrate or DCP, is a mineral-based filler and diluent. It provides good compressibility and is often used in MDTs to improve tablet hardness and facilitate tablet formation.

**5. Silicified microcrystalline cellulose:** Silicified microcrystalline cellulose is a combination of microcrystalline cellulose and colloidal silicon dioxide. It offers improved flow properties, better compressibility, and enhanced tablet strength compared to regular MCC. It is commonly used as a filler and diluent in MDTs.

The selection of filler and diluent agents depends on factors such as the desired tablet characteristics, compressibility, flowability, compatibility with other excipients, and the manufacturing process. Optimal concentrations of these agents need to be determined to achieve the desired tablet properties while considering the overall formulation requirements of the MDTs.

Filler and diluent agents play a crucial role in MDT formulations by providing the necessary bulk, aiding in tablet formation, and improving the tablet's physical properties. They contribute to tablet integrity, uniformity, and facilitate the handling and packaging of the dosage form.

#### **4. Evaluation parameters for MDTs**

When evaluating mouth dissolving tablets (MDTs), several parameters are assessed to ensure their performance, quality, and compliance with specifications. These parameters help determine the tablet's characteristics, disintegration time, drug release profile, and overall suitability for patient use. Here are some commonly evaluated parameters for MDTs:

##### **- Disintegration time**

Disintegration time refers to the time taken for a mouth dissolving tablet (MDT) to completely break down and disintegrate in the oral cavity. It is an important parameter to assess the rapidity of disintegration, as it directly affects the drug release and subsequent absorption in the body. Here's how disintegration time is evaluated:

**1. Test apparatus:** The disintegration time of MDTs is determined using a disintegration testing apparatus, such as the USP disintegration apparatus. This apparatus consists of a series of glass tubes or mesh baskets, each holding a single tablet.

**2. Test conditions:** The MDT is placed in the testing apparatus, and the assembly is immersed in a suitable medium, typically water or simulated saliva. The temperature of the medium is maintained at a specific temperature, usually 37°C, to mimic physiological conditions.

**3. Observation:** The tablet is observed during the test to assess its disintegration. Disintegration is considered complete when no residue of the tablet remains on the mesh or in the tube, and the tablet has transformed into smaller particles or dissolved completely.

**4. Recording time:** The time taken for complete disintegration is recorded as the disintegration time of the MDT. It is measured in seconds or minutes, depending on the desired level of accuracy.

The disintegration time of MDTs is an important parameter as it reflects the formulation's ability to rapidly disintegrate, ensuring quick drug release and subsequent absorption in the oral cavity. It is crucial to optimize the formulation and select appropriate excipients to achieve the desired disintegration time for an effective and convenient dosage form.

##### **- Wetting time**

Wetting time refers to the time it takes for a mouth dissolving tablet (MDT) to become fully wet upon contact with saliva or a suitable wetting medium. It is an important parameter to evaluate the tablet's ability to rapidly absorb moisture and initiate the disintegration process. Here's how wetting time is evaluated:

**1. Test apparatus:** The wetting time of MDTs is determined using a suitable testing apparatus. This can be a glass beaker or a petri dish containing a predetermined volume of water or simulated saliva.

**2. Test conditions:** The MDT is carefully placed on the surface of the liquid medium in the test apparatus. The temperature of the medium is maintained at a specific temperature, usually 37°C, to simulate physiological conditions.

**3. Observation:** The tablet is observed during the test to assess its wetting behavior. Wetting is considered complete when the entire surface of the tablet becomes uniformly wet, indicating the absorption of moisture.

**4. Recording time:** The time taken for complete wetting is recorded as the wetting time of the MDT. It is measured in seconds or minutes, depending on the desired level of accuracy.

The wetting time of MDTs is an important parameter as it reflects the tablet's ability to rapidly absorb moisture, leading to the initiation of the disintegration process. A shorter wetting time indicates improved wetting properties and facilitates quicker disintegration, ensuring efficient drug release and absorption. It is essential to optimize the formulation and select appropriate excipients to achieve a desired wetting time for optimal performance of the MDT.

### - Friability

Friability is a parameter used to assess the mechanical strength and resistance to abrasion of mouth dissolving tablets (MDTs). It measures the tablet's tendency to undergo breakage or crumbling during handling or transportation. Here's how friability is evaluated:

**1. Test apparatus:** The friability of MDTs is determined using a friabilator or a tablet friability testing apparatus. This apparatus consists of a rotating drum or a mechanical device that subjects the tablets to repeated impacts.

**2. Test conditions:** A specified number of MDTs, usually a sample of 10 tablets, is weighed and placed in the friabilator. The apparatus is set to rotate at a predetermined speed for a specific duration, typically 4 minutes or a specified number of rotations.

**3. Sieving and weighing:** After the designated rotation period, the tablets are removed from the friabilator, and any loose fragments or debris are carefully brushed off. The tablets are then sieved through a specified mesh size to separate intact tablets from any broken or fragmented pieces.

**4. Calculation:** The weight of the intact tablets is measured, and the percentage friability is calculated using the following formula:

Friability (%) = [(Initial weight - Final weight) / Initial weight] × 100

**5. Evaluation:** The percentage friability obtained provides an indication of the tablet's resistance to breakage. A lower percentage of friability indicates better mechanical strength and less propensity for tablets to undergo breakage or crumbling.

Friability testing helps assess the tablet's ability to withstand mechanical stress and maintain its structural integrity during handling and transportation. A low friability value indicates a robust tablet formulation that can withstand normal handling conditions, ensuring that the MDTs remain intact and deliver the desired drug dose effectively.

It is important to optimize the formulation, including the selection of appropriate binders and excipients, to achieve the desired friability values and ensure the tablet's mechanical strength and stability.

### - In vitro drug release studies

In vitro drug release studies are conducted to evaluate the release profile of a drug from a mouth dissolving tablet (MDT) under controlled laboratory conditions. These studies provide important information about the drug's release kinetics, dissolution characteristics, and overall performance of the MDT formulation. Here's an overview of in vitro drug release studies:

**1. Test apparatus:** The drug release study is typically performed using a dissolution apparatus, such as the USP dissolution apparatus. This apparatus consists of vessels or compartments where the MDT is placed in a suitable dissolution medium.

**2. Test conditions:** The dissolution medium is carefully chosen to mimic the physiological conditions of the targeted absorption site. It can be a buffer solution with a specific pH value, simulated saliva, or other appropriate media. The temperature is maintained at a predetermined value, usually 37°C, to simulate body temperature.

**3. Sampling:** At predefined time intervals, samples of the dissolution medium are withdrawn from the apparatus. These samples are filtered or centrifuged to remove any undissolved tablet fragments or excipients. The concentration of the drug in the samples is determined using analytical techniques, such as spectrophotometry or high-performance liquid chromatography (HPLC).

**4. Release profile determination:** The drug release profile is determined by plotting the cumulative percentage of drug released over time. This profile can be represented graphically using a dissolution curve or expressed as a numerical value.

**5. Evaluation:** The drug release profile is evaluated based on various parameters, including the initial burst release, release rate, and overall drug release characteristics. It is compared to the desired release profile and any relevant regulatory specifications.

In vitro drug release studies provide valuable insights into the MDT formulation's performance, including its ability to release the drug effectively and predictably. They help assess the formulation's dissolution behavior, release kinetics, and potential deviations from



the desired release profile. This information aids in formulation optimization, quality control, and ensuring consistent drug release for effective therapy.

It is important to note that *in vitro* drug release studies provide a laboratory-based evaluation and may not fully replicate the complex physiological conditions and variability observed *in vivo*. Therefore, additional *in vivo* studies are often required to validate and correlate the *in vitro* drug release results with actual clinical performance.<sup>41</sup>

#### **- Drug content uniformity**

Drug content uniformity is a parameter used to assess the uniform distribution of the active pharmaceutical ingredient (API) within a batch of mouth dissolving tablets (MDTs). It ensures that each tablet within the batch contains the intended amount of the API, providing consistent and accurate dosing to patients. Here's how drug content uniformity is evaluated:

1. Sample preparation: A representative sample of MDTs from the batch is selected for analysis. The sample size is determined based on statistical considerations and regulatory guidelines.
2. Sample extraction: The selected tablets are individually crushed or powdered to ensure homogeneity. A portion of the crushed or powdered sample is then accurately weighed.
3. Drug extraction: The API is extracted from the sample using an appropriate solvent or dissolution medium. The extraction method can vary depending on the solubility and characteristics of the API.
4. Analysis: The extracted solution is analyzed using validated analytical techniques such as spectrophotometry or high-performance liquid chromatography (HPLC). The concentration of the API in the solution is determined.
5. Calculation: The drug content in each tablet is calculated based on the concentration obtained from the analysis and the weight of the extracted sample. Statistical calculations are performed to determine the mean, standard deviation, and coefficient of variation (CV) of the drug content across the sample.
6. Evaluation: The drug content uniformity is assessed based on the mean drug content and the acceptable range specified in regulatory

guidelines or pharmacopoeial standards. The range typically includes the mean  $\pm$  a specified percentage, such as  $\pm 5\%$  or  $\pm 10\%$ , depending on the API and regulatory requirements.

Drug content uniformity testing ensures that each MDT in the batch delivers the intended amount of the API, allowing for accurate and consistent dosing. It helps maintain the efficacy and safety of the MDT formulation, ensuring that patients receive the correct dosage of the API.

To achieve satisfactory drug content uniformity, it is important to carefully control the manufacturing process, including the selection and weighing of raw materials, proper mixing techniques, and adequate blending to ensure uniform distribution of the API throughout the formulation. Quality control measures and validation of analytical methods are also essential to ensure accurate and reliable drug content determination.<sup>42</sup>

#### **- Palatability and taste masking**

Palatability and taste masking are crucial considerations in mouth dissolving tablets (MDTs) to enhance patient acceptance and compliance with medication. They involve improving the taste and overall sensory experience of the MDTs to make them more pleasant and easier to consume. Here's an explanation of palatability and taste masking:

1. Palatability: Palatability refers to the taste, flavor, texture, and overall sensory characteristics of the MDT that influence its acceptability to patients. A palatable MDT is one that has a pleasing taste, does not have an unpleasant aftertaste, and provides a pleasant experience during administration.
2. Taste masking: Taste masking is the process of reducing or eliminating the inherent bitter, unpleasant, or undesirable taste of the active pharmaceutical ingredient (API) or other excipients in the MDT formulation. This is important as some APIs may have an inherently bitter or unpleasant taste that can negatively impact patient acceptance.

#### **Methods for taste masking in MDTs may include:**

- Flavoring agents: Adding suitable flavoring agents to the formulation can help mask the bitter taste of the API and improve overall palatability. Natural or artificial flavors can be

used to provide a pleasant taste experience, such as fruity, minty, or vanilla flavors.

- Sweeteners: Incorporating sweeteners, such as sucrose, mannitol, or artificial sweeteners, can help mask the bitterness and improve the overall taste of the MDT. Sweeteners provide a sweet taste that balances or masks the unpleasant taste of the API.

- Coating or encapsulation: Applying a coating or encapsulating the API with taste-masking materials can physically isolate the API from taste buds, preventing direct contact and reducing the perception of bitterness or unpleasant taste. Coating techniques, such as film coating or microencapsulation, can be used for taste masking.

- Complexation or inclusion complexes: Some taste-masking techniques involve forming complexes between the API and taste-masking agents. This can include using cyclodextrins or other complexing agents to encapsulate or bind to the API, reducing its exposure to taste buds and minimizing the perception of bitterness.

The selection of taste-masking approaches depends on the properties of the API, the desired taste profile, and the specific formulation requirements. It is essential to optimize the taste-masking technique to ensure effective and consistent taste masking throughout the shelf life of the MDTs.

By improving palatability and taste masking in MDTs, patients are more likely to find the medication easier to consume, enhancing their compliance and overall treatment experience. It is crucial to balance taste masking with maintaining the desired therapeutic efficacy and stability of the MDT formulation.

#### **- Stability studies**

Stability studies are conducted to assess the chemical, physical, and microbiological stability of mouth dissolving tablets (MDTs) over time. These studies provide crucial information about the formulation's shelf life, storage conditions, and any potential degradation or changes in the product's quality attributes. Here's an overview of stability studies for MDTs:

1. Study design: Stability studies are designed based on regulatory guidelines and industry

best practices. They typically involve storing MDT samples under different conditions, including accelerated and long-term storage, to evaluate the product's stability over time.

2. Storage conditions: MDT samples are exposed to specific storage conditions, such as temperature, humidity, and light, to simulate real-world storage environments. The conditions are chosen based on the intended storage recommendations and the climatic zones where the product will be distributed.

3. Sampling: Samples are periodically withdrawn from the stability chambers at predetermined time points, such as 1, 3, 6, 9, and 12 months, depending on the desired study duration. The number of samples collected depends on statistical considerations and the specific requirements of the study.

4. Testing parameters: The collected samples undergo a series of tests to assess various quality attributes, including physical appearance, drug content, disintegration time, dissolution profile, impurity profile, and microbial contamination. Additional tests, such as moisture content, hardness, friability, and related substances, may also be performed depending on the formulation and regulatory requirements.

5. Data analysis and evaluation: The obtained data is analyzed to assess the stability of the MDT formulation. Any changes in physical appearance, drug content, disintegration time, dissolution profile, or other tested parameters are compared against predefined acceptance criteria. Statistical methods may be applied to evaluate the data and determine the shelf life of the product.

6. Stability indicating methods: Stability indicating methods, such as stability-indicating HPLC assays, are used to determine the degradation products, impurities, and changes in the API or excipients during the stability study. These methods help identify any potential stability-related issues and provide insights into the formulation's performance over time.

Stability studies are essential to establish the shelf life and storage recommendations for MDTs. They help ensure that the product maintains its quality, efficacy, and safety throughout its intended shelf life.

Results from stability studies contribute to the development of appropriate storage instructions, packaging materials, and labeling requirements for the MDT formulation.

It is important to conduct stability studies during the development stage and continue them throughout the product's lifecycle to monitor its stability under different storage conditions. These studies provide valuable information for regulatory submissions, quality control, and ensuring patient safety<sup>44</sup>.

### **5. Challenges and solutions in MDT formulation**

Formulating mouth dissolving tablets (MDTs) presents unique challenges that need to be addressed to ensure the development of a successful and patient-friendly dosage form. Here are some common challenges encountered in MDT formulation and potential solutions:

#### **- Drug-excipient compatibility issues**

Drug-excipient compatibility is a critical aspect in the formulation development of mouth dissolving tablets (MDTs). Incompatibilities between the active pharmaceutical ingredient (API) and excipients can lead to various issues such as degradation, decreased drug potency, physical changes, or altered release characteristics. Here's an explanation of drug-excipient compatibility issues and potential solutions:

1. **Chemical instability:** Some excipients can react chemically with the API, leading to degradation or loss of drug potency. This can result in reduced therapeutic efficacy or compromised safety. To mitigate this issue, thorough compatibility studies should be conducted prior to formulation. Techniques such as differential scanning calorimetry (DSC) or Fourier-transform infrared spectroscopy (FTIR) can help identify potential chemical interactions between the API and excipients.

2. **Physical instability:** Incompatibility between the API and excipients can cause physical changes, such as precipitation, phase separation, or recrystallization. These changes can affect the uniformity, dissolution, and stability of MDTs. Screening excipients for their physical compatibility and optimizing

their concentrations can help minimize physical instability issues.

3. **Impurity formation:** Interaction between the API and excipients can lead to the formation of impurities or degradation products. This can occur through chemical reactions, such as hydrolysis or oxidation. Careful selection of excipients with minimal reactivity towards the API, and conducting stress testing under various conditions, can help identify potential impurity formation and allow for appropriate formulation adjustments.

4. **Drug release alteration:** Incompatibility between the API and excipients can affect the drug release profile, leading to erratic or undesired release characteristics. This can impact the therapeutic efficacy or bioavailability of the drug. Conducting dissolution studies and optimizing the excipient selection and concentration can help ensure consistent and desired drug release from MDTs.

5. **Stability issues:** Drug-excipient incompatibilities can compromise the long-term stability of MDT formulations. Compatibility studies should be performed under different storage conditions to identify any stability-related issues. Adjustments in formulation components, such as selecting alternative excipients or adjusting their ratios, may be required to enhance stability.

It is important to conduct comprehensive drug-excipient compatibility studies during the formulation development stage. These studies can include both physical and chemical compatibility assessments, such as compatibility testing, thermal analysis, spectroscopic analysis, and accelerated stability studies. By identifying and addressing compatibility issues early in the formulation process, the risk of potential problems can be minimized, ensuring the development of stable and effective MDT formulations.

#### **- Moisture sensitivity and stability concerns**

Moisture sensitivity and stability concerns are significant considerations in the formulation of mouth dissolving tablets (MDTs). Moisture can lead to various stability issues, including chemical degradation, physical changes, and microbial growth. Here's an explanation of moisture sensitivity

and potential solutions to address stability concerns:

1. Chemical degradation: Moisture can cause chemical degradation of the active pharmaceutical ingredient (API) in MDTs. This degradation can result in reduced drug potency, impurity formation, or even the formation of toxic degradation products. To mitigate chemical degradation, proper moisture barrier packaging materials and desiccants can be used to protect the tablets from moisture during storage. Additionally, selecting excipients with low hygroscopicity and conducting appropriate stability studies under different humidity conditions can help identify and address moisture-induced chemical degradation.

2. Physical changes: Moisture sensitivity can cause physical changes in MDTs, such as softening, stickiness, or changes in tablet appearance. These changes can affect the tablet's disintegration, dissolution, and mechanical integrity. To prevent physical changes, the use of moisture-resistant excipients, proper tablet coating or film-forming techniques, and appropriate packaging materials with moisture barrier properties can help protect the tablets from moisture absorption. It is also important to consider the hygroscopicity of excipients during formulation development.

3. Microbial growth: Moisture can provide a favorable environment for microbial growth, leading to potential contamination and stability issues. Ensuring a proper moisture barrier through blister packaging, sachets, or moisture-resistant bottle closures can prevent moisture ingress and minimize the risk of microbial contamination. It is also important to adhere to good manufacturing practices (GMP) and conduct regular microbial testing to ensure the microbiological quality of the MDTs.

4. Stability testing: Stability studies should be conducted under various environmental conditions, including accelerated and long-term storage at different humidity levels, to evaluate the impact of moisture on the stability of MDTs. These studies help identify any moisture-related stability concerns and allow for formulation adjustments or the

implementation of appropriate packaging strategies.

5. Quality control measures: Implementing rigorous quality control measures, including moisture content determination, moisture barrier testing, and appropriate packaging integrity tests, helps ensure the moisture sensitivity and stability of MDTs. Analytical techniques such as Karl Fischer titration can be used to determine the moisture content in the tablets and assess the efficacy of moisture protection measures.

By addressing moisture sensitivity and stability concerns through proper formulation design, selection of moisture-resistant excipients, suitable packaging materials, and conducting comprehensive stability studies, the stability and quality of MDTs can be maintained throughout their intended shelf life.

- Taste masking and palatability challenges

Taste masking and palatability challenges are common in the formulation of mouth dissolving tablets (MDTs). Many active pharmaceutical ingredients (APIs) have an unpleasant taste, which can lead to poor patient acceptance and compliance. Overcoming these challenges is essential to improve the palatability of MDTs and enhance patient experience. Here are some approaches to address taste masking and palatability challenges:

1. Flavoring agents: Incorporating suitable flavoring agents is a common approach to mask the unpleasant taste of the API. Natural or artificial flavors can be used to provide a pleasant taste experience, such as fruity, minty, or vanilla flavors. These flavors help mask the undesirable taste and enhance the palatability of MDTs.

2. Sweeteners: Sweeteners are commonly used to mask bitterness and improve the overall taste of MDTs. They provide a sweet taste that balances or masks the unpleasant taste of the API. Examples of sweeteners include sucrose, mannitol, or artificial sweeteners like aspartame or sucralose.

3. Encapsulation or coating: Encapsulation or coating techniques can physically isolate the API from taste buds, preventing direct contact and reducing the perception of bitterness or

unpleasant taste. This can involve the use of taste-masking polymers or specialized coating materials to mask the taste and improve palatability.

4. Complexation: Complexing the API with taste-masking agents, such as cyclodextrins or ion exchange resins, can help mask the taste and improve the overall palatability of MDTs. These complexes reduce the direct interaction between the API and taste buds, minimizing the perception of bitterness or unpleasant taste.

5. Optimization of formulation: The selection and optimization of excipients, including binders, disintegrants, and fillers, can impact the taste and palatability of MDTs. Proper selection of excipients can help enhance the overall mouthfeel, texture, and taste of the formulation, improving palatability.

6. Sensory evaluation: Conducting sensory evaluation studies with a panel of human volunteers can provide valuable feedback on the taste and palatability of MDTs. This can help identify specific taste attributes, preferences, and potential improvements to further enhance palatability.

It is important to balance taste masking techniques with maintaining the desired therapeutic efficacy and stability of MDT formulations. Collaboration between formulation scientists, flavor experts, and sensory evaluators can help develop MDTs with improved taste masking and enhanced palatability, thereby improving patient acceptance and compliance with medication.

#### - Scale-up and manufacturing issues

Scale-up and manufacturing issues can arise when transitioning from the development stage to commercial production of mouth dissolving tablets (MDTs). The successful scale-up of MDTs requires careful consideration of various factors to ensure consistent product quality and reproducibility. Here are some common scale-up and manufacturing issues and potential solutions:

1. Equipment compatibility: One challenge during scale-up is ensuring that the manufacturing equipment used in the production process is compatible with the increased batch sizes. It is crucial to evaluate the compatibility of equipment, such as blending devices, tablet compression

machines, and coating equipment, with the desired scale of production. If necessary, modifications or upgrades to equipment may be required to accommodate larger batch sizes.

2. Uniformity of content and dosage: Achieving uniform content and dosage across large-scale MDT production batches is vital for ensuring consistent therapeutic efficacy. It is important to optimize the formulation, select appropriate excipients, and implement robust blending techniques to achieve uniform mixing of API and excipients. Additionally, implementing effective quality control measures, such as content uniformity testing, during manufacturing can help maintain dosage uniformity.

3. Process efficiency and productivity: Scaling up MDT production requires careful consideration of process efficiency and productivity. Optimizing manufacturing processes, including blending, granulation, compression, and coating, can help streamline production and reduce batch-to-batch variations. Automation and use of advanced manufacturing technologies can also improve efficiency and productivity.

4. Compression and disintegration challenges: Maintaining consistent tablet compression and disintegration properties during scale-up can be challenging. Proper evaluation and adjustment of compression parameters, such as compression force and dwell time, are necessary to achieve the desired tablet hardness and disintegration time. It is crucial to ensure that the selected disintegrants and formulation approaches are suitable for large-scale production.

5. Packaging considerations: Scaling up also involves considering packaging considerations, such as selecting appropriate packaging materials, labeling requirements, and compliance with regulatory guidelines. Ensuring the integrity and stability of MDTs throughout the packaging process is essential to maintain their quality and shelf life.

6. Process validation: Conducting process validation studies is essential during scale-up to ensure the reproducibility and consistency of MDT production. Process validation involves performing a series of tests and evaluations to demonstrate that the

manufacturing process consistently produces MDTs of the desired quality attributes. It includes process parameter optimization, validation protocol development, and documentation of critical process control points.

7. Quality control and regulatory compliance: Implementing robust quality control measures and adhering to regulatory guidelines are crucial during scale-up and manufacturing. Regular testing of raw materials, in-process testing, and finished product testing help ensure the quality, safety, and efficacy of MDTs. Compliance with Good Manufacturing Practices (GMP) and other regulatory requirements is necessary to meet regulatory standards.

Collaboration between formulation scientists, process engineers, quality control experts, and regulatory professionals is vital in addressing scale-up and manufacturing challenges. Close monitoring, optimization, and validation of the manufacturing process are necessary to ensure consistent and high-quality MDT production on a larger scale.

#### - Regulatory considerations

Regulatory considerations are crucial in the development, approval, and commercialization of mouth dissolving tablets (MDTs). Compliance with regulatory requirements ensures the safety, efficacy, quality, and appropriate labeling of MDTs. Here are some key regulatory considerations for MDTs:

1. Regulatory guidelines: Familiarize yourself with relevant regulatory guidelines specific to MDTs, such as those provided by regulatory authorities like the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA), or other local regulatory agencies. These guidelines outline the requirements for formulation development, manufacturing, quality control, stability testing, labeling, and submission of regulatory dossiers.
2. Drug approval process: Understand the regulatory pathway for obtaining drug approval for MDTs. This involves submitting a comprehensive drug dossier that includes data on the safety, efficacy, quality, and manufacturing process of the MDTs. Follow

the requirements for preclinical and clinical studies, including bioequivalence studies if necessary, to establish the therapeutic equivalence of the MDTs with reference products.

3. Quality control: Implement robust quality control measures throughout the manufacturing process to ensure the consistency and quality of MDTs. This includes testing raw materials, in-process testing, finished product testing, and adherence to Good Manufacturing Practices (GMP). Establish appropriate specifications and analytical methods to ensure compliance with regulatory standards.

4. Stability studies: Conduct stability studies to evaluate the shelf life, storage conditions, and potential degradation of MDTs. These studies should follow regulatory guidelines and include accelerated and long-term stability testing under various storage conditions. Stability data should be included in regulatory submissions to demonstrate the stability and quality of the MDTs throughout their intended shelf life.

5. Labeling and packaging: Ensure compliance with labeling and packaging requirements set by regulatory authorities. Include necessary information such as product name, active ingredients, strength, dosage form, usage instructions, warnings, storage conditions, and expiry date on the product label. Adhere to guidelines regarding readability, legibility, and proper placement of labeling information.

6. Adverse event reporting: Establish a mechanism for monitoring and reporting adverse events associated with the use of MDTs. Adhere to pharmacovigilance requirements and promptly report any adverse events to regulatory authorities as per their guidelines.

7. Post-approval obligations: After receiving regulatory approval, comply with post-approval obligations such as pharmacovigilance activities, post-marketing surveillance, and periodic safety update reporting. Maintain accurate and up-to-date documentation related to the MDT formulation, manufacturing process, and quality control procedures.

It is important to stay updated on regulatory changes and guidelines applicable to MDTs to ensure compliance throughout the development, approval, and commercialization processes. Engage with regulatory experts or consultants when necessary to navigate regulatory requirements and ensure successful regulatory submissions for MDTs.

## 6. Recent advancements and future prospects<sup>45,46</sup>

Recent advancements and future prospects in the field of mouth dissolving tablets (MDTs) offer exciting possibilities for enhanced drug delivery and improved patient experiences. Here are some notable advancements and potential future directions:

1. Novel formulation techniques: Advancements in formulation techniques have led to the development of innovative MDTs. This includes the use of nanotechnology, such as nanoparticles and nanoemulsions, for improved drug solubility, stability, and targeted delivery. Additionally, 3D printing technology is being explored to create personalized MDTs with precise drug dosing and customized release profiles.
2. Advanced taste-masking strategies: Taste-masking approaches have advanced, utilizing novel excipients, complexation techniques, and encapsulation technologies to improve palatability and patient acceptance. Research in the field focuses on developing more effective and efficient taste-masking strategies, including the use of natural compounds, bitter taste receptor modulators, and taste-masking polymers.
3. Functional excipients: The incorporation of functional excipients in MDT formulations is gaining attention. Excipients with added functionalities, such as mucoadhesion, permeation enhancement, or enzyme inhibition, are being explored to improve drug absorption, bioavailability, and therapeutic outcomes.
4. Patient-centric formulations: Future MDTs aim to cater to specific patient populations, such as pediatrics and geriatrics, who may have unique swallowing difficulties or sensory preferences. Formulations that consider factors like ease of administration, texture, flavor, and

ease of disintegration will help enhance patient compliance and overall treatment outcomes.

5. Combination MDTs: Combining multiple drugs or active ingredients into a single MDT offers the potential for enhanced therapy and simplified medication regimens. Combination MDTs can improve patient convenience, adherence, and therapeutic efficacy, especially for the treatment of multiple conditions or co-administration of drugs with synergistic effects.

6. Controlled and targeted release: Future MDTs may incorporate advanced release technologies to achieve precise control over drug release. This includes the use of stimuli-responsive materials, such as pH-sensitive polymers or temperature-responsive hydrogels, for on-demand or site-specific drug release. Controlled release MDTs can provide sustained drug delivery, reducing the frequency of dosing and optimizing therapy.

7. Personalized medicine: Advances in technology, such as pharmacogenomics and point-of-care diagnostics, open the door to personalized medicine approaches. MDTs can be tailored to an individual's genetic profile, allowing for personalized drug dosing, release kinetics, and treatment regimens for improved therapeutic outcomes and minimized side effects.

8. Digital integration: The integration of MDTs with digital health technologies, such as smart packaging or sensor-based monitoring systems, offers opportunities for real-time adherence monitoring, dose reminders, and data collection. This integration can enhance patient engagement, medication adherence, and enable better healthcare management.

Continued research, collaboration between academia and industry, and advancements in manufacturing technologies will drive the future prospects of MDTs. These developments hold promise for improving drug delivery, patient satisfaction, and treatment outcomes, ultimately advancing the field of pharmaceutical sciences and patient care.

## 7. CONCLUSION

- Summary of the key findings discussed in the review

The review article discussed several key findings related to the formulation development and evaluation of mouth dissolving tablets (MDTs) of anti-allergic drugs. Here is a summary of the key findings:

1. MDTs offer significant advantages: MDTs provide several advantages such as rapid disintegration, ease of administration, enhanced patient compliance, and convenience, particularly for patients with swallowing difficulties or those who prefer non-oral dosage forms.

2. Various formulation approaches are available: The review discussed different formulation approaches for MDTs, including direct compression, wet granulation, dry granulation, lyophilization, sublimation, spray drying, molding, and orodispersible film technology. Each approach has its advantages and challenges, and the selection depends on the specific drug and formulation requirements.

3. Excipient selection is crucial: The selection of excipients plays a vital role in MDT formulation. Excipients like superdisintegrants (crospovidone, croscarmellose sodium, sodium starch glycolate), binder agents (microcrystalline cellulose, hydroxypropyl cellulose), sweeteners, flavoring agents, disintegration enhancers, and filler and diluent agents are commonly used. The choice of excipients should consider their compatibility, functionality, and their impact on taste masking, disintegration, and stability.

4. Evaluation parameters are important: The evaluation of MDTs involves assessing various parameters like disintegration time, wetting time, friability, drug content uniformity, in vitro drug release, and stability. These parameters help ensure the quality, performance, and stability of MDTs.

5. Taste masking and palatability are critical: Overcoming taste masking and palatability challenges is essential for patient acceptance and compliance. Approaches such as flavoring agents, sweeteners, encapsulation or coating techniques, and complexation can help mask the unpleasant taste and enhance the palatability of MDTs.

6. Scale-up and manufacturing considerations: Scaling up MDT production requires careful

considerations, including equipment compatibility, dosage uniformity, process efficiency, compression and disintegration challenges, packaging considerations, and adherence to quality control and regulatory requirements.

7. Regulatory compliance is essential: Regulatory considerations, including adherence to regulatory guidelines, drug approval process, quality control, stability studies, labeling, packaging, adverse event reporting, and post-approval obligations, are crucial for the development, approval, and commercialization of MDTs.

8. Future prospects and advancements: Recent advancements and future prospects in MDTs include novel formulation techniques, advanced taste masking strategies, functional excipients, patient-centric formulations, combination MDTs, controlled and targeted release, personalized medicine, and digital integration, which have the potential to improve drug delivery, patient satisfaction, and treatment outcomes.

Overall, the review highlights the importance of formulation development, evaluation, and regulatory compliance in the successful development of MDTs of anti-allergic drugs. It emphasizes the need for innovative approaches to enhance patient compliance, improve taste masking and palatability, and optimize manufacturing processes for large-scale production.

#### **- Future directions and potential applications of MDTs for anti-allergic drugs**

Future directions and potential applications of mouth dissolving tablets (MDTs) for anti-allergic drugs show promising opportunities in the field of allergy treatment. Here are some key future directions and potential applications:

1. Allergen-specific MDTs: Tailoring MDT formulations to specific allergens could revolutionize allergy treatment. Customized MDTs targeting specific allergens, such as pollen, dust mites, or pet dander, may provide targeted relief and improved efficacy by delivering allergen-specific immunotherapy directly to the oral mucosa.

2. Combination therapies: MDTs can facilitate combination therapies by incorporating



multiple anti-allergic drugs into a single dosage form. Combining antihistamines, corticosteroids, mast cell stabilizers, or other relevant drugs in an MDT can offer synergistic effects, simplify treatment regimens, and improve patient adherence.

3. Controlled release formulations: Developing MDTs with controlled release profiles can optimize drug delivery for prolonged anti-allergic effects. By incorporating controlled release technologies, such as multiparticulate systems or matrix formulations, MDTs can provide sustained release of drugs, reducing the frequency of dosing and improving treatment outcomes.

4. Personalized medicine approaches: Advancements in personalized medicine, including genetic profiling and allergy biomarkers, can guide the development of MDTs tailored to individual patients. Personalized MDTs can optimize drug selection, dosage, and release profiles based on a patient's specific allergic profile, leading to more targeted and effective treatment.

5. Pediatric formulations: Developing MDTs specifically designed for pediatric patients addresses the challenges of administering medication to children. Child-friendly MDTs with appealing flavors, easy administration, and appropriate dosing can improve compliance and treatment outcomes in pediatric populations.

6. Geriatric formulations: Geriatric patients may face difficulties in swallowing traditional dosage forms, making MDTs a valuable alternative. Optimizing MDTs for geriatric use by considering age-related changes in taste perception, oral cavity conditions, and sensory preferences can enhance medication administration and patient adherence.

7. Allergen-specific immunotherapy: MDTs hold potential for allergen-specific immunotherapy, offering a convenient and effective alternative to conventional injections. Formulating MDTs with allergen extracts or modified allergens for sublingual or buccal administration can provide safer and more patient-friendly options for allergy immunotherapy.

8. Digital integration and monitoring: Integrating MDTs with digital health

technologies, such as smart packaging or mobile applications, can enable real-time medication adherence monitoring, dosage reminders, and data collection. This integration facilitates better patient engagement, treatment monitoring, and improved healthcare management for allergic patients.

Further research and development efforts are needed to explore these future directions and applications of MDTs for anti-allergic drugs. Collaboration between researchers, clinicians, formulation scientists, and regulatory bodies is crucial to advance the field and realize the potential benefits of MDTs in allergy treatment.

#### REFERENCES:

1. Gengo FM. Reduction of the central nervous system adverse effects associated with antihistamines in the management of allergic disorders: strategies and progress. *J Allergy Clin Immunol.* 1996;98(6 Pt 3):S319-25. doi: [10.1016/S0091-6749\(96\)80117-5](https://doi.org/10.1016/S0091-6749(96)80117-5), Pubmed:8977543.
2. Steffensen GK, Pachaï A, Pedersen SE. [Peroral drug administration to children--are there any problems?]. *Ugeskr Laeger.* 1998;160(15):2249-52. Pubmed:9599520.
3. Strickley RG. Pediatric oral formulations: an updated review of commercially available pediatric oral formulations since 2007. *J Pharm Sci.* 2019;108(4):1335-65. doi: [10.1016/j.xphs.2018.11.013](https://doi.org/10.1016/j.xphs.2018.11.013), Pubmed:30447227.
4. Rautamo M, Kvarnström K, Sivén M, Airaksinen M, Lahdenne P, Sandler N. A focus group study about oral drug administration practices at hospital wards—aspects to consider in drug development of age-appropriate formulations for children. *Pharmaceutics.* 2020;12(2). doi: [10.3390/pharmaceutics12020109](https://doi.org/10.3390/pharmaceutics12020109), Pubmed:32019100.
5. Andersen O, Zweidorff OK, Hjelde T, Rødland EA. [Problems when swallowing tablets. A questionnaire study from general practice]. *Tidsskr Nor*

- Laegefören. 1995;115(8):947-9. Pubmed:[7709385](#).
6. Mohylyuk V, Patel K, Scott N, Richardson C, Murnane D, Liu F. Wurster fluidised bed coating of microparticles: towards scalable production of oral sustained-release liquid medicines for patients with swallowing difficulties. *AAPS PharmSciTech*. 2019;21(1):3. doi: [10.1208/s12249-019-1534-5](#), Pubmed:[31713006](#).
  7. Patel A, Jacobsen L, Jhaveri R, Bradford KK. Effectiveness of pediatric pill swallowing interventions: A systematic review. *Pediatrics*. 2015;135(5):883-9. doi: [10.1542/peds.2014-2114](#), Pubmed:[25896843](#).
  8. Meghana R. An overview on mouth dissolving film. *Asian J Pharm Clin Res*. 2018;11. doi: [10.22159/AJPCR.2018.V11S4.31712](#).
  9. Shishu S, Bhatti A, Singh T. Preparation of tablets rapidly disintegrating in saliva containing bitter taste-masked granules by compression method. *Indian J Pharm Sci*. 2007;69(1):80-4. doi: [10.4103/0250-474X.32113](#).
  10. Shishu, Kamalpreet, Kapoor VR. Development of taste masked oral formulation of ornidazole. *Indian J Pharm Sci*. 2010;72(2):211-5. doi: [10.4103/0250-474X.65018](#), Pubmed:[20838525](#).
  11. Chuang EY, Lin KJ, Huang TY, Chen HL, Miao YB, Lin PY et al. An intestinal "transformers"-like nanocarrier system for enhancing the oral bioavailability of poorly water-soluble drugs. *ACS Nano*. 2018;12(7):6389-97. doi: [10.1021/acsnano.8b00470](#), Pubmed:[29856923](#).
  12. Frijlink HW. Benefits of different drug formulations in psychopharmacology. *Eur Neuropsychopharmacol*. 2003;13;Suppl 3:S77-84. doi: [10.1016/S0924-977X\(03\)00096-8](#), Pubmed:[14550580](#).
  13. Andersen O, Zweidorff OK, Hjelde T, Rødland EA. [Problems when swallowing tablets. A questionnaire study from general practice]. *Tidsskr Nor Laegefören*. 1995;115(8):947-9. Pubmed:[7709385](#).
  14. Singh S, Virmani T, Virmani R, Mahlawat G, Kumar P. Fast dissolving drug delivery systems: formulation, preparation techniques and evaluation. *Univ J Pharm Res*. 2018. doi: [10.22270/UJPR.V3I4.185](#).
  15. Patel A, Jacobsen L, Jhaveri R, Bradford KK. Effectiveness of pediatric pill swallowing interventions: A systematic review. *Pediatrics*. 2015;135(5):883-9. doi: [10.1542/peds.2014-2114](#), Pubmed:[25896843](#).
  16. Gabrielsson J, Lindberg NO, Pålsson M, Nicklasson F, Sjöström M, Lundstedt T. Multivariate methods in the development of a new tablet formulation. *Drug Dev Ind Pharm*. 2003;29(10):1053-75. doi: [10.1081/DDC-120025864](#), Pubmed:[14677767](#).
  17. Ishikawa T, Mukai B, Shiraishi S, Utoguchi N, Fujii M, Matsumoto M, Watanabe Y. Preparation of rapidly disintegrating tablet using new types of microcrystalline cellulose (PH-M series) and low substituted-hydroxypropylcellulose or spherical sugar granules by direct compression method. *Chem Pharm Bull (Tokyo)*. 2001;49(2):134-9. doi: [10.1248/CPB.49.134](#), Pubmed:[11217097](#).
  18. Snick B, Holman J, Vanhoorne V, Kumar A, Beer T, Remon J, Vervaet C. Development of a continuous direct compression platform for low-dose drug products. *Int J Pharm*. 2017;529:1-2, 329-46. doi: [10.1016/j.ijpharm.2017.07.003](#).
  19. Patil C. Effect of various superdisintegrants on the drug release profile and disintegration time of lamotrigine orally disintegrating tablets. *Afr J Pharm Pharmacol*. 2009;5(1):76-82. doi: [10.5897/AJPP10.279](#).
  20. Apeji YE, Oyi AR, Isah AB, Allagh TS, Modi SR, Bansal AK. Development and optimization of a starch-based co-processed excipient for direct

- compression using mixture design. *AAPS PharmSciTech.* 2018;19(2):866-80. doi: [10.1208/s12249-017-0887-x](https://doi.org/10.1208/s12249-017-0887-x), Pubmed:29038987.
21. Snick B, Holman J, Vanhoorne V, Kumar A, Beer T, Remon J, Vervaet C. Development of a continuous direct compression platform for low-dose drug products. *Int J Pharm.* 2017;529:1-2, 329-46. doi: [10.1016/j.ijpharm.2017.07.003](https://doi.org/10.1016/j.ijpharm.2017.07.003).
  22. Rojas J. Excipient design by co-processing for direct compression applications; 2015. p. 589-612. doi: [10.1007/978-3-319-20206-8\\_20](https://doi.org/10.1007/978-3-319-20206-8_20).
  23. Ishikawa T, Mukai B, Shiraishi S, Utoguchi N, Fujii M, Matsumoto M, Watanabe Y. Preparation of rapidly disintegrating tablet using new types of microcrystalline cellulose (PH-M series) and low substituted-hydroxypropylcellulose or spherical sugar granules by direct compression method. *Chem Pharm Bull (Tokyo).* 2001;49(2):134-9. doi: [10.1248/CPB.49.134](https://doi.org/10.1248/CPB.49.134), Pubmed:11217097.
  24. Yanze FM, Duru C, Jacob M. A process to produce effervescent tablets: fluidized bed dryer melt granulation. *Drug Dev Ind Pharm.* 2000;26(11):1167-76. doi: [10.1081/DDC-100100988](https://doi.org/10.1081/DDC-100100988), Pubmed:11068690.
  25. Gao JZ, Jain A, Motheram R, Gray DB, Hussain MA. Fluid bed granulation of a poorly water soluble, low density, micronized drug: comparison with high shear granulation. *Int J Pharm.* 2002;237(1-2):1-14. doi: [10.1016/S0378-5173\(01\)00982-6](https://doi.org/10.1016/S0378-5173(01)00982-6), Pubmed:11955799.
  26. Railkar AM, Schwartz JB. Evaluation and comparison of a moist granulation technique to conventional methods. *Drug Dev Ind Pharm.* 2000;26(8):885-9. doi: [10.1081/DDC-100101313](https://doi.org/10.1081/DDC-100101313), Pubmed:10900546.
  27. Ishikawa T, Mukai B, Shiraishi S, Utoguchi N, Fujii M, Matsumoto M, Watanabe Y. Preparation of rapidly disintegrating tablet using new types of microcrystalline cellulose (PH-M series) and low substituted-hydroxypropylcellulose or spherical sugar granules by direct compression method. *Chem Pharm Bull (Tokyo).* 2001;49(2):134-9. doi: [10.1248/CPB.49.134](https://doi.org/10.1248/CPB.49.134), Pubmed:11217097.
  28. Thapa P, Tripathi J, Jeong SH. Recent trends and future perspective of pharmaceutical wet granulation for better process understanding and product development. *Powder Technol.* 2019;344:864-82. doi: [10.1016/J.POWTEC.2018.12.080](https://doi.org/10.1016/J.POWTEC.2018.12.080).
  29. Ma H, Andrews GP, Jones DS, Walker GM. Low shear granulation of pharmaceutical powders: effect of formulation on granulation and tablet properties. *Chem Eng J.* 2010;164(2-3):442-8. doi: [10.1016/J.CEJ.2009.11.014](https://doi.org/10.1016/J.CEJ.2009.11.014).
  30. Sohail Arshad M, Zafar S, Yousef B, Alyassin Y, Ali R, AlAsiri A et al. A review of emerging technologies enabling improved solid oral dosage form manufacturing and processing. *Adv Drug Deliv Rev.* 2021;178:113840. doi: [10.1016/j.addr.2021.113840](https://doi.org/10.1016/j.addr.2021.113840), Pubmed:34147533.
  31. Ishikawa T, Mukai B, Shiraishi S, Utoguchi N, Fujii M, Matsumoto M, Watanabe Y. Preparation of rapidly disintegrating tablet using new types of microcrystalline cellulose (PH-M series) and low substituted-hydroxypropylcellulose or spherical sugar granules by direct compression method. *Chem Pharm Bull (Tokyo).* 2001;49(2):134-9. doi: [10.1248/CPB.49.134](https://doi.org/10.1248/CPB.49.134), Pubmed:11217097.
  32. Rajani C, Kumar DD, Jaya D, Kumar JA. Effects of granule particle size and lubricant concentration on tablet hardness containing large concentration of polymers. *Braz J Pharm Sci.* 2018;53(3). doi: [10.1590/S2175-97902017000300149](https://doi.org/10.1590/S2175-97902017000300149).
  33. Yanze FM, Duru C, Jacob M. A process to produce effervescent tablets: fluidized bed dryer melt granulation. *Drug Dev*

- Ind Pharm. 2000;26(11):1167-76. doi: [10.1081/DDC-100100988](https://doi.org/10.1081/DDC-100100988),  
Pubmed:11068690.
34. Singh J, Philip AK, Pathak K. Optimization studies on design and evaluation of orodispersible pediatric formulation of indomethacin. AAPS PharmSciTech. 2008;9(1):60-6. doi: [10.1208/s12249-007-9018-4](https://doi.org/10.1208/s12249-007-9018-4),  
Pubmed:18446462.
35. Patel DM, Patel MM. Optimization of fast dissolving etoricoxib tablets prepared by sublimation technique. Indian J Pharm Sci. 2008;70(1):71-6. doi: [10.4103/0250-474X.40335](https://doi.org/10.4103/0250-474X.40335),  
Pubmed:20390084.
36. Shotton E, Leonard GS. Effect of intragranular and extragranular disintegrating agents on particle size of disintegrated tablets. J Pharm Sci. 1976;65(8):1170-4. doi: [10.1002/JPS.2600650810](https://doi.org/10.1002/JPS.2600650810),  
Pubmed:978436.
37. Hugo M, Kunath K, Dressman J. Selection of excipient, solvent and packaging to optimize the performance of spray-dried formulations: case example fenofibrate. Drug Dev Ind Pharm. 2013;39(2):402-12. doi: [10.3109/03639045.2012.685176](https://doi.org/10.3109/03639045.2012.685176),  
Pubmed:22591213.
38. Shadambikar G, Kipping T, Di-Gallo N, Elia AG, Knüttel AN, Treffer D, Repka MA. Vacuum compression molding as a screening tool to investigate carrier suitability for hot-melt extrusion formulations. Pharmaceutics. 2020;12(11). doi: [10.3390/pharmaceutics12111019](https://doi.org/10.3390/pharmaceutics12111019),  
Pubmed:33114382.
39. Tu W, Knapik-Kowalczyk J, Chmiel K, Paluch M. Glass Transition Dynamics and Physical Stability of Amorphous griseofulvin in Binary Mixtures with Low T<sub>g</sub> excipients. Mol Pharm. 2019;16(8):3626-35. doi: [10.1021/acs.molpharmaceut.9b00476](https://doi.org/10.1021/acs.molpharmaceut.9b00476),  
Pubmed:31287704.
40. Vora N, Rana V. Preparation and optimization of mouth/orally dissolving tablets using a combination of glycine, carboxymethyl cellulose and sodium alginate: a comparison with superdisintegrants. Pharm Dev Technol. 2008;13(3):233-43. doi: [10.1080/10837450801949590](https://doi.org/10.1080/10837450801949590),  
Pubmed:18484492.
41. Conti B, Genta I, Giunchedi P, Modena T. Testing of in vitro dissolution behaviour of microparticulate drug delivery systems. Drug Dev Ind Pharm. 1995;21(10):1223-33. doi: [10.3109/03639049509026671](https://doi.org/10.3109/03639049509026671).
42. Orr NA, Sallam EA. Content uniformity of potent drugs in tablets. J Pharm Pharmacol. 1978;30(12):741-7. doi: [10.1111/j.2042-7158.1978.tb13384.x](https://doi.org/10.1111/j.2042-7158.1978.tb13384.x),  
Pubmed:32236.
43. Puthli S, Vavia PR. Stability studies of microparticulate system with piroxicam as model drug. AAPS PharmSciTech. 2009;10(3):872-80. doi: [10.1208/s12249-009-9280-8](https://doi.org/10.1208/s12249-009-9280-8),  
Pubmed:19568938.
44. Puthli S, Vavia PR. Stability studies of microparticulate system with piroxicam as model drug. AAPS PharmSciTech. 2009;10(3):872-80. doi: [10.1208/s12249-009-9280-8](https://doi.org/10.1208/s12249-009-9280-8),  
Pubmed:19568938.
45. Al-Kasmi B, Alsirawan MB, Bashimam M, El-Zein H. Mechanical microencapsulation: the best technique in taste masking for the manufacturing scale – Effect of polymer encapsulation on drug targeting. J Control Release. 2017;260:134-41. doi: [10.1016/j.jconrel.2017.06.002](https://doi.org/10.1016/j.jconrel.2017.06.002),  
Pubmed:28603029.
46. Dilnawaz F. Polymeric biomaterial and lipid based nanoparticles for oral drug delivery. Curr Med Chem. 2017;24(22):2423-38. doi: [10.2174/0929867323666161028160004](https://doi.org/10.2174/0929867323666161028160004),  
Pubmed:27804879.