## IMPLANTABLE THERAPEUTIC SYSTEMS



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## HISTORICAL DEVELOPMENT

• The concept of implantable therapeutic systems for long term continuous drug administration pioneered with the development of subcutaneously implantable drug pellet

• Application of biocompatible polymers to the construction of implantable therapeutic systems for achieving a better control of drug release in terms of duration of drug activity and precession of long term dosing, was not realized until accidental discovery of the controlled drug permeation characteristics of silicon elastomers.

 Implant systems was developed when the paths of two unrelated experiments unexpectedly converged.

> In a trail to treat experimental heart block with thyroid harmone pellet that would release a minute dose of the harmone locally at steady rate.

> In other trail experimenting with the heart valves fabricated from silicon elastomers, studying how well these silicon valves performed under stress in turbulent water.

For photography purposes, an attempt was made to stain the transluscent valves with various types of dyes. Then observed that certain oil soluble dyes such as Rhodamine and Sudan III would penetrate the lipophilic silicone valves and stain them easily..., Where as water soluble dyes like methylene blue and Chlorazol balck would not..

• This observation triggered the imagination of applying the reversible sorption of lipophilic dyes into and out of the silicone elastomer as a means to control the release of drugs for long term medication.

• The following drugs are successfully evaluated for release through implants...

Thyroid harmone powder, Isoproterenol, Digoxin, EDTA, Histamine, Atropine, Progesterone, Radiolable steroids....

• All of these historical developments have explored the potential of using silicone capsules as the implantable therapeutic systems to control the duration of drug activity and the precession of long term continual dosing.

• Later, concentrated effort was made to expand the silicone elastomer based implantable therapeutic technology to other biocompatible polymers, which one can be applied to control the release of water soluble molecules.

# Some of the Implantable Therapeutic Systems that have been evolved.....

□ Micro porous membrane made from Ethylene / Vinyl acetate co-polymer for the ocular controlled administration of Pilocarpine

□ The bio-degradable (Lactic / Glycolic) co-polymer for subcutaneous and intramuscular controlled administrations of narcotic antagonists.

■Bioerodable Polysaccharide polymers for Occular controlled administration of Anti-inflammatory steroids

Hydrogels for the subcutaneous controlled administration of estrus synchronizing agents.  $\Box$  The SC implantation of drug pellets is known to be the first medical approach aiming to achieve prolonged and continuous administration of drugs.

□The first generation of Implantable therapeutic systems was produced by compressing drug crystals with or without pharmaceutical ingredient into a tiny, cylinder shaped solid pellet that can be readily implanted into a SC tissue by means of a KEARNS PEELET INJECTOR or by making a small incission.

Subcutaneous tissue is essentially a sheat of aereolar tissue lying directly underneath the skin, it is rich in fat but poor in nerve network ....which is the ideal location for implantation and prolonged drug administration because of its ready access to implantation, slow drug absorption, and low reactivity to the insertion of foreign materials.

## <u>APPROACHES TO THE DEVELOPMENT OF</u> <u>IMPLANTABLE THER APEUTIC SYSTEMS</u>

**Controlled Drug Release by Diffusion** 

Controlled Drug Release by Activation

## **CONTROLLED DRUG RELEASE BY DIFFUSION**

Membrane permeation controlled drug delivery using...

- Non porous membranes
- Micro porous membranes
- Semi permeable membranes

#### Matrix diffusion controlled drug delivery using....

- Lipophilic polymers
- Hydrophilic (swellable) polymers
- **Porous polymers**

#### Microreservoir dissolution controlled drug delivery using...

- Hydrophilic reservoir / Lipophilic matrix
- Lipophillic reservoir / Hydrophilic matrix

#### <u>CONTROLLED DRUG RELEASE BY ACTIVATION.</u>

• Osmotic pressure activated drug delivery

Vapour pressure activated drug delivery

Magnetism activated drug delivery

Ultrasound activated drug delivery

Hydrolysis activated drug delivery

### MEMBRANE PERMEATION CONTROLLED DRUG DELIVERY

- C<sub>p</sub> Solubility of the drug in the polymer phase
- C<sup>1</sup><sub>p</sub> Concentration of the drug in the polymer / solution interface
- $\overline{C_p}$  Concentration of the drug in the solution / diffusion layer interface
- C<sub>b</sub> Concentration of drug in the bulk of the solution
- $\delta_m$  Thickness of polymeric membrane
- $\delta_d$  Thichness of hydrodynamic diffusion layer.

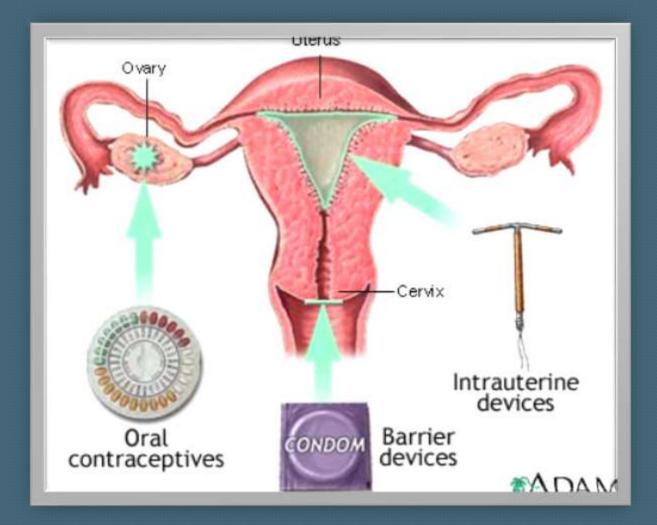
 $dQ/dt = C_R/1/P_m + I/P_d$  $P_m = K_{m/r} D_m / \delta_m$  $P_d = K_{a/m} D_a / \delta_d$ 

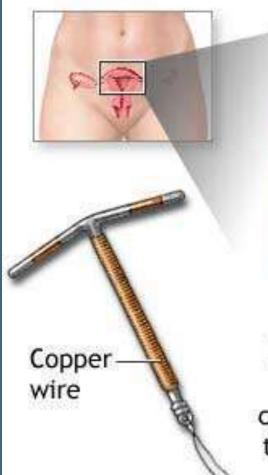


#### PROGESTASERT IUD

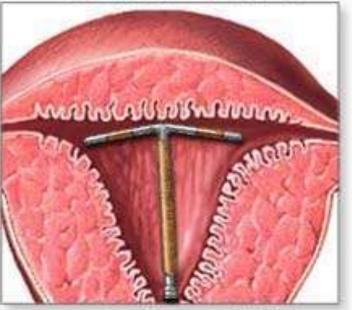
In this device, drug reservoir is a suspension of Progesterone crystals in liquid silicone polymers is encapsulated in a T shaped intrauterine device enclosed by non porous membrane of ethyl- vinyl acetate co-polymer Fabricated to release 65 mcg / day of progesterone locally in the uterine cavity to achieve contraception for one year.

#### PROGESTASERT IUD





#### Cut-section of uterus



Intrauterine devices (IUDs) are molded plastic devices (some containing copper) which disrupt the normal uterine environment

GADAM, Inc.

#### □<u>OCCUSERT SYSTEM</u>

In this device, drug reservoir is a thin disc of Pilocarpine alginate is sandwitched between two transparent sheets of microporous membrane fabricated from ethyl~ vinyl acetate co~polymer It is designed to permit the tear fluid to penetrate the microporous membranes, to dissolve and too carry out Pilocarpine at a constant rate of 20-40 mcg / hr for weekly management of Glaucoma

## <u>MATRIX DIFFUSION</u> <u>CONTROLLED DRUG DELIVERY</u>

- A Initial amount of the drug solids impregnated in a unit volume of polymeric martix
- $C_p$  Solubility of the drug in the polymer phase
- $C_{p}^{1}$  Concentration of the drug in the polymer / solution interface
- $C_p$  Concentration of the drug in the solution / diffusion layer interface
- $C_b$  ~ Concentration of drug in the bulk of the solution
- $\delta_d \& \delta_d$  Thickness of drug depletion zone in the matrix and of the hydrodynamic diffusion layer

$$dQ / dt = [AC_p D_p / 2t]^{1/2}$$

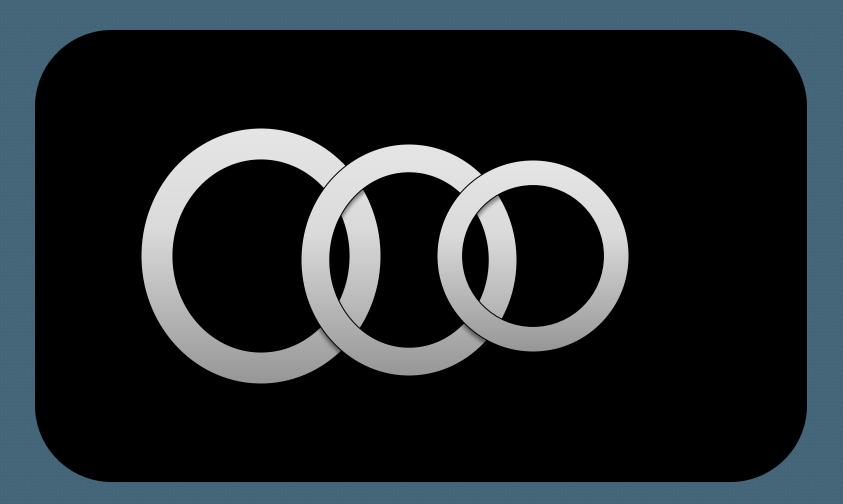
## Examples //

#### **CONTRACEPTIVE VAGINAL RING**

It is fabricated by dispersing a contraceptive steroid Medroxyprogesterone acetate as micronized solid particles in a viscous mixture of silicone elastomer and catalyst and then extruding the steroid polymer dispersion into mould to form a donut shaped vaginal ring It is designed to insrt into the vagina and

positioned around the cervix for 21 days to achieve a constant plasma progestin level and cyclic intravaginal contraception.

### CONTRACEPTIVE VAGINAL RING



### □<u>COMPUDOSE IMPLANT</u>

It is fabricated by dispersing micronized Estradiol crystals in a viscous mixture of silicone elastomer and catalyst and then coating the Estradiol ~ polymer dispersion around a rigid silicone rod by extrusion technique to form a cylinder shaped implant

It is designed for subcutaneous ear implantation in steers for 200 – 400 days and to release a controlled quantity of Estradiol for growth promotion.





## MICRORESERVOIR DISSOLUTION CONTROLLED DRUG DELIVERY

## Examples //

Dual release Vaginal Contraceptive Ring –

It is fabricated by dispersing the drug reservoir which is suspension of Progestin and Estrogen in a aqueous solution of PEG 400, to form many microscopic drug reservoirs in a viscous mixtures of silicone elastomers and is polymerized by heat to form a donut shaped Vaginal ring. It is designed to permit the users to insert the ring themselves and to release both the Progestin & Estrogen at a specific ratio in the vagina for 21 days to achieve a cyclic intravaginal contraception.

## **CONTROLLED DRUG RELEASE BY ACTIVATION**

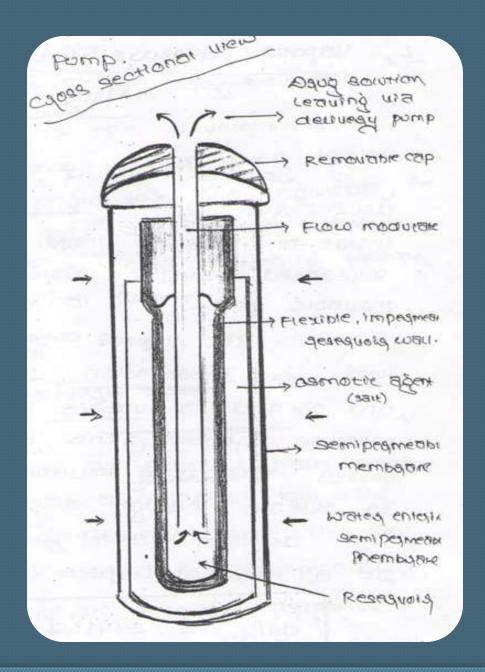
#### OSMOTIC PRESSURE ACTIVATED DRUG DELIVERY

In this mode of controlled drug delivery, the drug is released in solution form at controlled, constant rate under the osmotic pressure gradient.

$$dQ / dt = P_w A_w / h_m (\pi_s - \pi_e)$$

#### Alzet Osmotic Pump

# ALZET OSMOTIC PUMP



## <u>VAPOUR PRESSURE</u> <u>ACTIVATED DRUG DELIVERY</u>

In this mode of controlled drug delivery, the drug is released in solution form is contained inside an infusate chamber, which is physically separated from the vapour chamber by a freely movable bellows.

## $dQ / dt = 3.1416 d 4\Delta P / 128 \mu l$

#### Example //

**Infusaid** – an implantable infusion pump for the constant infusion of Heparin for anticoagulation, treatment of insulin for antidiabetic medication and of morphine for patients suffering from the intensive pain of terminal cancer

#### MAGNETISM ACTIVATED DRUG DELIVERY

• Macromolecular drugs like peptides have been known to release only at a relatively low rate from a polymeric drug delivery device.

• This low release rate have been improved by incorporating a magnetism triggering mechanism into a polymeric drug delivery device.

#### ULTRASOUND ACTIVATED DRUG DELIVERY

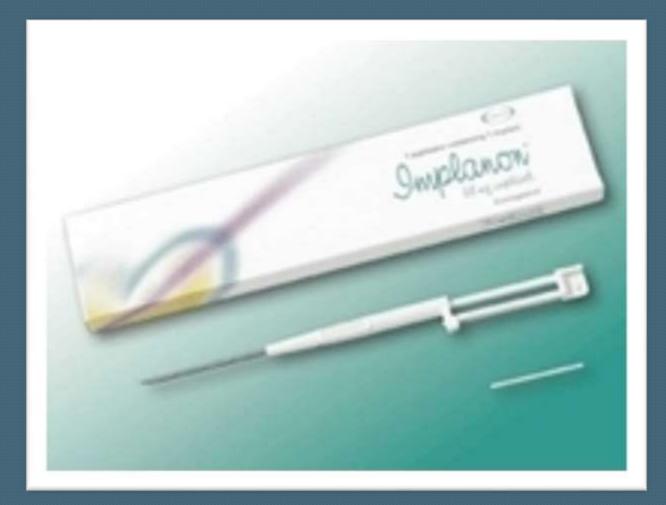
• Ultrasonic waves can also be utilized as an energy source to facilitate the release of a drug at a higher rate fro polymeric drug delivery containing a bioerodible polymer matrix.

*Example –* Poly [ bis ( p-carboxyphenoxy ) alkane anhydrade ]

## HYDROLYSIS ACTIVATED DRUG DELIVERY

• This is fabricated by dispersing a loading dose of solid drug, in micronized form homogeneously throughout a polymer matrix made from bioerodible or biodegradable polymer, which is then moulded into a pellet or bead shaped implant

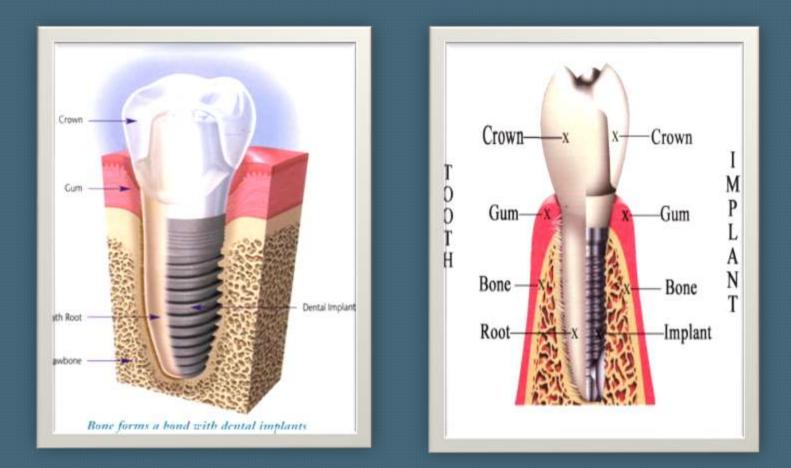
• The controlled release of the embedded drug particles is made possible by the combination of polymer erosion through hydrolysis and diffusion through polymer matrix.



## DENTAL IMPLANT

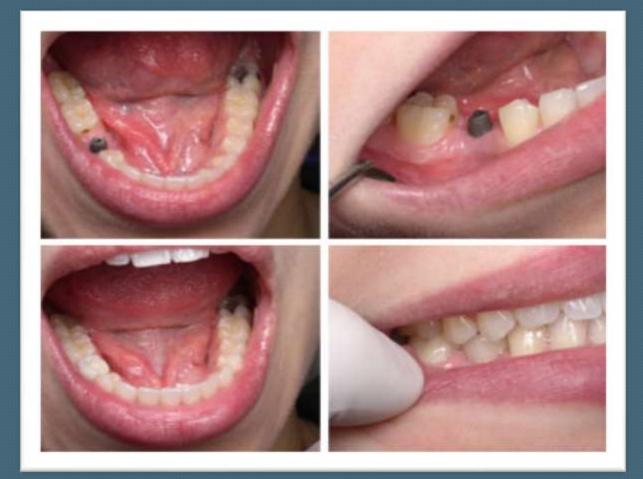


## **DENTAL IMPLANT**

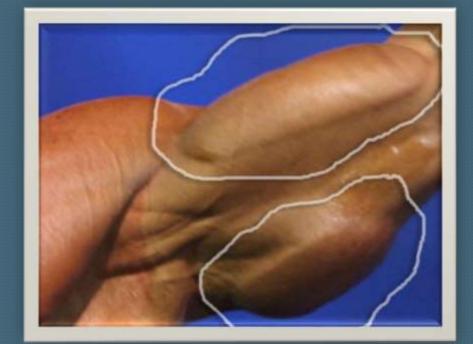










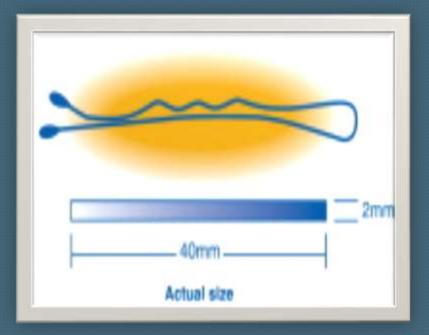


## PECTORAL IMPLANTS

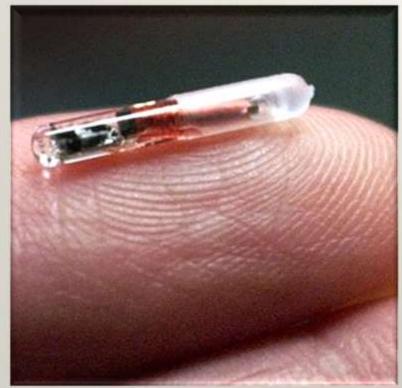




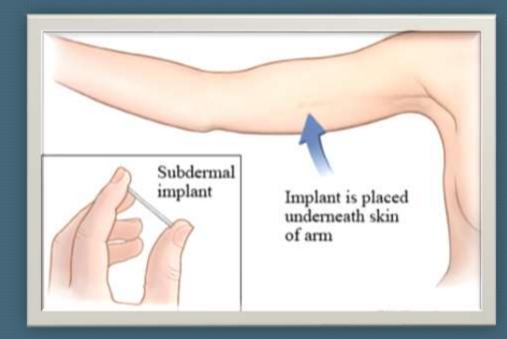














## MICRODERMAL IMPLANTS



## CHIN IMPLANTS









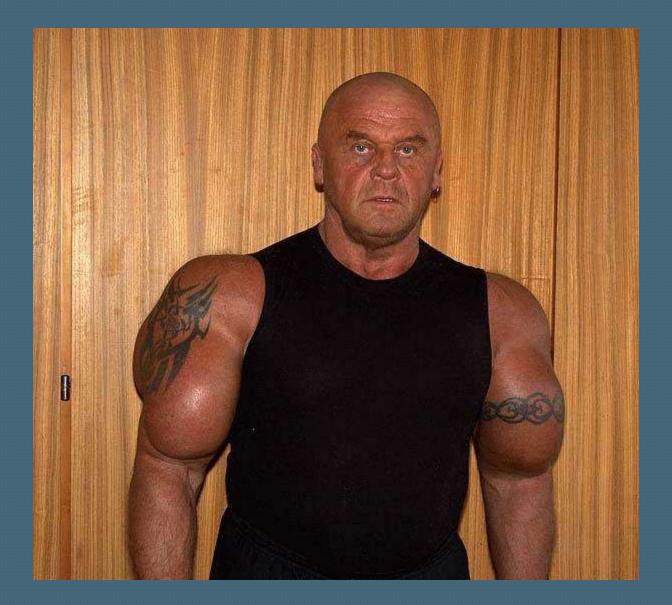
## WHEN IMPLANTS GO WRONG ?!!!





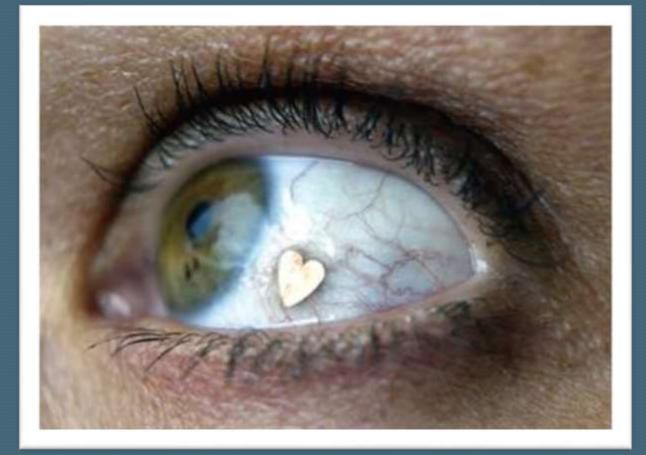












## <u>CONCLUSION</u>

 $\varphi$  An ideal implantable therapeutic system should be biostable, biocompatible with minimal tissue implant interactions, non -toxic, non- carcinogenic, removal if required and should release the drug at a constant programmed rate for predetermined duration of medication.