1 Supercritical impregnation of polymer matrices spatially confined in

2 microcontainers for oral drug delivery: effect of temperature, pressure

3 and time

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18 Abstract

19 The present study is aimed to enhance the oral bioavailability of ketoprofen by inserting it into the matrix of poly(vinylpyrrolidone) (PVP) K10, a water soluble polymer, spatially confined into 20 21 microcontainers, by means of supercritical CO₂-aided impregnation. Microcontainers are 22 cylindrical reservoirs, with typical sizes in the micrometer range, with a cavity open on one side, 23 where the drug formulation is loaded. Differently to traditional tablets, microcontainers have a higher surface area per unit volume, and release the drug only in one direction. This design is 24 25 meant to enhance the absorption of problematic drugs, like those with poor solubility in water. In 26 a previous study we introduced a novel technique for drug loading of microcontainers, based on 27 inkjet printing and supercritical impregnation (SCI). We showed that SCI produces accurate and reproducible drug loading for large arrays of microcontainers. In the attempt of enhancing the 28 29 throughput of the loading methods, we propose the replacement of polymer inkjet printing with 30 an easier manual compression of the PVP powder into the microcontainers. As the second step, 31 the polymer powder filled-microcontainers were submitted to SCI. The separate role of different 32 impregnation parameters (temperature, pressure, time, drug concentration in the supercritical 33 phase) was elucidated with respect to the loading capacity. The microcontainer filling was 34 observed by means of optical macroimaging, X-ray microtomography and scanning electron microscopy. The physical state of the drug was investigated by means of Raman spectroscopy and 35 compared with selected representative PVP-ketoprofen physical mixtures. Finally, the drug loading 36 was estimated by means of *in vitro* dissolution tests. 37

The characterization study shows that the present loading method is a valuable alternative to the one previously described. The drug loading can be controlled with high accuracy and reproducibility and the impregnated drug is in amorphous state. These results demonstrate that SCI can be used as a high throughput loading technique for microfabricated devices for oral drug delivery.

43 1. Introduction

44 Among the different drug delivery routes oral administration is still the most preferred one for its 45 simplicity, minimal invasiveness, and high patient compliance. Nevertheless, the human digestive system presents a sequence of physiological barriers which drastically reduce the bioavailability of 46 many active pharmaceutical ingredients (API): enzymatic degradation, hydrolysis in the gastric 47 acidic environment, thick mucus layer covering the intestinal mucosa, selective transport action of 48 49 peptide receptors in the epithelial cells [1]. Such unfavorable conditions are affecting APIs that exhibit low solubility in water. The solid state properties of drugs have a strong influence on their 50 51 solubility. Whilst amorphous drug candidates exhibit an enhanced solubility and dissolution rate 52 compared to their crystalline counterparts, amorphous forms often suffer from rather short 53 thermodynamic stability and they spontaneously tend to crystallize [2]. As a result, stabilization of 54 amorphous forms is necessary in order to preserve the abovementioned advantages [3]. Physical 55 stabilization of the amorphous form can be achieved by the addition of a polymeric carrier 56 wherein the drug is confined in supramolecular domains or even molecularly dispersed [4]. 57 Together with the solid state properties, the solubility and dissolution rate can be improved by reducing the particle size of the formulation [5]. Among the several formulation approaches [6] 58 59 supercritical fluid based technology is a promising technique to produce micro- and 60 nanoparticulated systems with high drug dispersion and enhanced stability and dissolution 61 properties [7].

Beside the properties of the drug formulation, an important role in the therapeutic performance is 62 often played by the design of the administration form. Conventional oral dosage forms like tablets 63 provide a omni-directional drug release through their limited interfacial area when exposed to the 64 physiological fluids. Furthermore, drug release from tablets is often slow compared to the 65 66 peristaltic flow in the GI tract, which is the most permeable tissue for drug absorption. As a result, 67 a large amount of API is not delivered, and patients need to ingest multiple drug doses to receive 68 the desired therapeutic benefit. This increases the occurrence of potentially harmful side effects in 69 patients [8].

70 In the last 10 years advances in field of micro- and nanofabrication have allowed the development 71 of alternative drug delivery systems [9]. In particular there has been an increasing interest in microfabricated devices based on the concept of microcontainers [10] . A microcontainer is a 72 73 reservoir with the typical dimensions falling in the micrometer range, composed by a non-74 permeable and inert shell and a cavity for the drug formulation open on one side from which the 75 drug is released undirectionally. Several groups developed microcontainers in different shapes, 76 materials and designs, where fabrication is typically performed on flat silicon chips. By virtue of its 77 asymmetric shape and by applying appropriate bioadhesive coatings on microcontainers Ainslie et 78 al. [11] showed an increased intestinal retention time for these microdevices and an enhanced 79 bioavailability for a model poorly water soluble drug. One of the big challenges in the fabrication 80 of microcontainers concerns the drug loading step. In a previous work [12], we showed the fabrication of cylindrical microcontainers, fabricated with the epoxy resin SU-8. The microwells 81 82 were filled with poly(vinylpyrrolidone) (PVP) by inkjet printing. This method showed high accuracy and a minimal waste of materials. In a more recent work [13] we proposed the combination of 83 84 inkjet printing and supercritical technology to impregnate the polymer-filled microcontainers with 85 ketoprofen, a poorly water soluble drug. We demonstrated that the supercritical impregnation 86 technique allows a highly accurate and reproducible drug loading of large arrays of 87 microcontainers. In an attempt to enhance the throughput of this loading method, we propose a 88 simplified variant of our previous work. Here the polymer printing was replaced by an easier filling 89 method, consisting of a manual compression of the polymer powder onto the microcontainer. Later, the powder filled-containers were submitted to supercritical impregnation (SCI) as 90 previously described [13]. This process modification enabled a significant reduction in the sample 91

preparation time and made it possible to investigate the effect of temperature, pressure and
 impregnation times on different aspects concerning the drug loading in more detail.

94 The loading procedure was characterized with different techniques. X-ray microtomography was 95 used to measure the level of filling and the polymer morphology of the polymer powder in the microreservoir cavities before and after the SCI. In addition, microcontainers were visualized by 96 97 scanning electron microscopy (SEM) to observe the effect of the impregnation parameters on the 98 polymer morphology. Raman spectroscopy was used to investigate the drug solid state in the 99 impregnated matrices and drug-polymer interactions. Finally, in vitro dissolution tests were carried out and the total drug loading was estimated. The results showed that the replacement of 100 inkjet printing with the powder filling method enhances the throughput of the microcontainer 101 102 loading technique without compromising the accuracy or the reproducibility of the whole loading 103 process.

104 **2. Materials and methods**

105 **2.1 Fabrication of SU-8 microcontainers**

106 **2.1.1** Materials and fabrication of microcontainers

107 Silicon wafers (4-inch b100N n-type) were supplied by Okmetic (Vantaa, Finland). SU-8 2075 and 108 SU-8 developer were purchased from Microresist Technology GmbH (Berlin, Germany).

109 Cylindrical microcontainers were fabricated with a similar procedure as previously described [12].

110 The microwells were fabricated with the epoxy-based photoresist SU-8 on silicon wafers arranged

in a squared chip containing an array of 25x25 microcontainers. A microcontainer has a cavity of

approximately 300 μ m in diameter and 270 μ m in depth and an approximated volume of 18 nL.

113 After the fabrication the wafer was cut into square chips containing 625 microcontainers (DISCO

114 DAD 321, Automatic Dicing Saw).

115 **2.2 Drug loading of microcontainers**

116 2.2.1 Materials

117 Ketoprofen (98%, racemate) and polyvinylpyrrolidone (PVP K10, Mw 10,000) were supplied by 118 Sigma Aldrich. Carbon dioxide was supplied by SIAD (99% purity). Ketoprofen is a nonsteroidal 119 anti-inflammatory drug (NSAID) with analgesic and antipyretic properties. In several 120 pharmacopoeias ketoprofen is considered as practically insoluble in water [14]. Its solubility in 121 pure water at room temperature (22-24°C) was reported to be 0.010 mg/mL [15]. Thus, 122 ketoprofen is classified as a class II active principle in the biopharmaceutical classification system 123 (BCS): It exhibits low aqueous solubility and a high intestinal permeability.

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Figure 1: Chemical structure of (a) ketoprofen, (b) monomer of poly (vinyl pyrrolidone) (PVP).

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131 2.2.2 Filling with poly(vinylpyrrolidone) PVP powder

Microcontainers were filled with PVP powder with the following procedure: the powder was deposited and compacted with a spatula onto the microwells and the residual amount, placed in between containers, was blown away by means of a pressurized air. The chip was weighed before and after filling and the average PVP weight per chip was estimated. The level of microcontainer filling was measured by X-ray microtomography in different positions of the chip.

137 2.2.3 Supercritical impregnation of polymer filled-microcontainers

After the powder deposition the drug was loaded into the polymer-filled microdevices by means 138 139 of supercritical carbon dioxide impregnation. Figure 1.2 depicts a schematic of the high pressure setup used in the impregnation experiments. The operation was performed in a 100 mL reactor 140 (KM 20-05 autoclave NWA, Germany) equipped with a magnetic stirrer drive (Mrk MINI 100) 141 142 assembled in a sealed housing directly threading into the reactor head. During the impregnation 143 experiments the reactor was fed with liquid CO₂ through an on/off valve (V1) by a high pressure 144 pump (PM-101NWA, NWA, Germany). At the end of the experiments the reactor was slowly 145 emptied through an on/off purge valve followed by a lamination valve (V2) and the outlet stream was connected to a deflux flask were the gaseous CO₂ was bubbled through an ethanol solution 146 (95%) and the ketoprofen concentration was measured. The resulting drug solution was made up 147 148 to defined volumes and the drug content was estimated by UV spectroscopy measurements (Thermo Scientific Evolution 60 - Thermo Fisher Scientific Inc.). Finally, the drug free-CO₂ stream 149 was connected to a flowmeter (SIM Brunt, Italy). 150



Figure 2: Schematic of the high pressure plant. F_i and V_i indicate 0.5 μ m filters and on/off valves.

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The impregnation experiments were carried out in batch conditions with defined steady-state 152 values of CO₂ pressure, temperature and stirring velocity. In each batch, weighted amounts of 153 crystalline ketoprofen powder and one chip were placed in separate compartments of a sample 154 carrier placed at the bottom of the reactor. In order to avoid damage to the microcontainers 155 during the chamber filling with the supercritical fluid, the back of the chips were glued onto the 156 157 sample carrier with a carbon pad tape. The reactor was then sealed and heated to the defined 158 temperature. When the set point temperature was achieved, the inlet valve was gradually opened and the chamber was slowly filled with CO₂, in order to maintain isothermal conditions and avoid 159 turbulence within the reactor, which could result in detachment of the chip and damaging of the 160 microcontainers. When the desired pressure was achieved, the inlet valve was closed and the 161 stirrer was switched on. During the experiment the supercritical CO₂ phase dissolved the solid drug 162 163 powder and swelled the polymer within the microcontainers. The drug was therefore physically 164 conveyed and loaded in the polymer matrices. The impregnations were carried out at a fluid 165 pressure of 100 and 200 bar, temperatures of 40, 50 and 60°C and durations of 1 and 4 hours with 166 a stirring velocity of 20 rpm, respectively.

In the experiments run at 100 bar the drug was dissolved under saturation conditions according to 167 the solubility values of ketoprofen in supercritical CO₂ reported by Macnaughton et al. [16] at the 168 169 chosen conditions of temperature. In this group of experiments the temperature and time were modified from batch to batch. Because of the batch conditions, the drug concentration could not 170 be kept at solubility value over time. In contrast, in the tests performed at 200 bar a fixed amount 171 of ketoprofen was dissolved, corresponding to the saturation concentration of the compound at 172 200 bar and 40°C. At 200 bar and 50°C and 60°C the amount of drug was dissolved under 173 174 saturation conditions, as the solubility values are higher at these temperatures. In the experiment 175 performed at 200 bar, the exclusive effect of temperature and time on the microcontainer 176 impregnation was studied. At the end of the experiment the reactor was depressurized at a controlled rate for approximately 2 and 3 hours when the operating pressures were 100 and 200 177 bar respectively. After the experiments the chips were stored in a desiccator until further analysis 178 were performed. In Table 1 the operating conditions of the experiments are shown. 179

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181 Table 1: Mass of ketoprofen [mg] dissolved in the different experimental conditions

Pressure [bar]	Temperature [°C]				
	40	50	60		
100	4.83	2.15	1.31		
200	14.1	14.1	14.1		

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183 **2.3 Characterization methods**

184 2.3.1 X-ray microtomography (XμCT)

For the XµCT measurements a Skyscan 1172/F instrument (Skyscan, Kontich, Belgium, control 185 software v1.5.13) was used. A source voltage of 60 kV and current of 165 µA were used together 186 with a 0.5 mm thick Al filter to attenuate the high energy X-rays. For each sample 780 shadow 187 images were acquired over 180° of rotation. The resulting data acquisition time was 4 h for each 188 sample. Reconstruction of the cross-section images was performed using the program 189 190 NRecon+GPUReconServer (Skyscan, beta v1.6.5) on a single PC using GPU accelerated reconstruction (Windows 7 64-bit workstation, 2 Intel Xeon X5647 with 4 cores each, 48 GB RAM, 191 192 NVIDIA quadro 4000 with 256 cores). Image reconstruction using the Feldkamp algorithm [17] for 193 cone beam geometry took about 30 min per sample and resulted in, depending on sample size, about 1450 slices of 2864 x 2876 pixels each (5.2 µm isotropic voxel size). Using the DataViewer 194 (Skycan, v1.4.4) the tablet was rotated to align the microwells parallel to the x-axis. 195

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- 197 2.3.2 Scanning electron microscopy (SEM)

The morphology of the impregnated microcontainers was examined using SEM. The investigations were carried out using a Nova600 NanoSEM from FEI (Eindhoven, the Netherlands). Imaging was performed in low-vacuum-mode at a pressure of 0.6 mbar and an operation voltage of 5 kV. Prior to examination, the samples were mounted onto metal stubs and were tilted by approx. 30 degrees.

204 2.3.3 Raman spectroscopy

205 As described in a previous study [13], Raman spectroscopy can be used to elucidate the presence of chemical interactions amongst drug molecules and between drug and polymer. The spectra 206 from the impregnated microcontainers were collected using a Thermo Scientific Raman DXR 207 208 microscope equipped with a frequency-stabilized single mode diode laser. The Raman signal collection time was 5 sec and the signal was averaged three times, using a 25 µm slit and a 1.0 µm 209 diameter laser post. The Raman DXR microscope was coupled to a single grating spectrometer 210 with a 5 cm⁻¹ FWHM spectral resolution and a ±2 cm⁻¹ wavenumber accuracy. All Raman spectra 211 were recorded at a laser power of 10 mW, using a 10X objective lens and a laser excitation 212 213 wavelength of 780 nm. In each sample 5 containers, located at different positions on the chip, 214 were selected and analyzed. The intrinsic fluorescence background was fitted to a polynomial function and subtracted from the collected signal. 215

216 2.3.4 In vitro drug dissolution studies

Dissolution of PVP and ketoprofen from loaded microcontainers was determined in 10 ml DI water 217 218 at 37° C using a UV spectrophotometer µDISS profiler (Pion, USA). Individual chips were glued with carbon pads on teflon-coated magnets which stirred at 100 rpm. For the detection of ketoprofen, 219 the wavelength was set to 259 nm. After dissolution, the microcontainers were observed with an 220 221 optical microscope (Zeiss, Germany, 10x magnitude) to confirm complete emptying. The amount of drug loaded per chip was estimated by the final concentration measured in the dissolution test 222 at 16 hours. Solubility of ketoprofen at 37 °C in aqueous solutions changes significantly with pH 223 224 between 1 and 7 [14]. Nevertheless, even in the test with the highest drug loading, the pH of the dissolution medium drop below 6.5 as ketoprofen is a weak acid (pK_a 4.5). Therefore, according to 225 solubility data reported in the literature [14], the dissolution tests were performed in conditions 226 227 below saturation that is without drug precipitation, which was also confirmed by the non-228 decreasing monotonic trend of the drug dissolution profiles (data not shown).

229 3. Results and discussion

230 **3.1 Polymer filling of microcontainers and X-ray microtomography**

A picture of arrays of microcontainers filled with PVP powder is shown in Figure 3. The powder 231 filling required few seconds to be performed and resulted in an accurate deposition inside the 232 233 cylindrical cavities of the microwells, with minimal residues in between, as representatively 234 illustrated by the high color contrast between the dark silicon surface and the brilliant white of 235 PVP powder. In Figure 4 a scanning electron microscopy image of microcontainers filled with PVP 236 powder is reported. The polymer granules are compacted inside the microwells and this 237 confinement prevents them from being removed by the air flow which is used to remove the loose powder after the filling step.. Figure 5 shows the cross-sections that were reconstructed from the 238 microtomography data of the XµCT measurements. Using this technique it is possible to measure 239 the internal microstructure of the PVP powder within the containers and to visualise the effect of 240 the impregnation on the particle morphology. The images clearly show that the microcontainers 241 are filled with discrete PVP particles before impregnation and subsequently coalesce following 242 243 treatment with supercritical CO₂.



Figure 3: Optical macro images of microcontainers filled with PVP powder by manual compaction: (a) detail of the chip corner, (b) arrays in the middle of the chip.



Figure 4: SEM images of microcontainers filled with polyvinylpyrrolidone before treatment with supercritical CO_2 . The scalebar indicates 300 μ m.

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500 µm

Figure 5: Non-destructive cross-sections acquired by $X\mu CT$ through the microcontainers filled with polyvinylpyrrolidone before treatment with supercritical CO₂ (a) and after impregnation (b). The original grey scale images are shown together with a binary threshold image to highlight the change in polymer morphology.

3.2 Scanning Electron Microscopy of impregnated microcontainers

247 After the supercritical treatment, the microcontainers were analyzed by scanning electron microscopy to observe the effects of the impregnation on the polymer morphology. As shown in a 248 previously [13], the SEM micrographs (see Figure 6) confirm that scCO₂ does not visible effects on 249 250 the epoxy resin used to fabricate the microcontainers (SU-8) which maintain their size, the cylindrical shape and the adhesion to the silicon substrate. The supercritical fluid has instead a 251 much more pronounced effect on PVP. At all the tested conditions, the morphology of PVP 252 radically changes as the polymer particles undergo swelling and subsequent coalescence as 253 254 confirmed by the XµCT images (Figure 5b). By comparing the SEM micrographs of microcontainers 255 treated at different pressures it is clear that the volume of the polymer visibly increases with 256 increasing CO_2 pressure. This can be explained by an increase of CO_2 uptake in PVP with pressure, 257 in accordance with what was previously reported by Kikic and co-workers [18]. At high pressures, CO₂ has a well-known plasticizing effect on certain polymers [19,20]. The plasticization leads to a 258 259 drop in the T_g, which for PVP K10 is around 87 °C, a temperature close to the operating temperature during impregnation. As a result, the polymer gets close to the glass-rubber 260 transition. The increase of impregnation time in general leads to a higher extent of swelling of the 261 matrix and to the appearance of holes. At 40 °C and 50 °C these holes got larger when the pressure 262 was set at 200 bar, and this fact can be attributed to the release of CO₂ from the highly swollen 263 matrices. At 200 bar and 50 °C small spots appear on the polymer surface. At 200 bar and 60 °C 264 these particles clustered in bigger aggregates (see Figures 6(k) and 6(l)) on small number of 265 266 containers in the chip. As scCO₂ acts as a plasticizer for polymers the viscosity of the CO₂ saturated 267 matrix decreases during impregnation [34] causing spillages, in some cases, from the containers. This aspect is more pronounced during longer experiments. 268 269



Figure 6: Scanning electron microscopy images of polymer filled microcontainers impregnated with ketoprofen by supercritical CO_2 at different pressure, temperature and time. The scalebar indicates 300 μ m.

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271 **3.3 Loading of ketoprofen into polymer filled-microcontainers**

The solubility of ketoprofen in scCO₂ monotonically increases with the fluid density, and therefore 272 with the fluid pressure at isothermal conditions [16]. Furthermore, for many active compounds 273 under isobaric conditions the temperature influences the solubility according to the operating 274 275 pressure and with respect to the crossover pressures. At the crossover points solubility isotherms overturn their trend [16]. The upper crossover pressure of ketoprofen in carbon dioxide was 276 measured between 160 and 180 bar [18,21]. Below this pressure, such as at 100 bar, the drug 277 278 solubility decreases with temperature. At higher pressures, such as at 200 bar, the effect of 279 temperature is the opposite. The impregnation pressures were chosen on different positions 280 towards the upper crossover point in order to explore the behavior of the supercritical phase on the drug loading. In figure 7 the resulting weight fraction of ketoprofen (ω_{keto}) loaded in a chip 281 containing 625 PVP filled-microcontainers is compared for the different impregnation conditions. 282 283 Despite the simplicity of the method the overall accuracy of the loading is similar to the one 284 previously reported where the polymer was deposited by inkjet printing [12].

In the tests carried out at 100 bar (Figure 7a) the drug was dissolved in saturation conditions. Here 285 286 the loading is strongly dependent on the drug concentration in the supercritical phase, which was 287 higher at 40°C and lower at 60°C. There is an increase in drug loading over time for any tested temperature meaning that after 1 hour the equilibrium is not yet attained. After 4 hours the drug 288 289 weight fraction is approximately doubled at all temperatures. To investigate the partition 290 equilibrium of the drug between the CO₂ and the polymer phases an impregnation experiment 291 was carried out at 40°C for 24 hours. The attained drug fraction was 0.27, which is very close to 292 the loading achieved after 4 hours. In the experiments at 200 bar, the impregnation is enhanced 293 compared to experiments at 100 bar as a result of the combined effect of the higher amount of 294 drug dissolved (see table 1) and the density of the fluid at this pressure. However, at 200 bar the 295 loading increased with the temperature which was unexpected, since at this pressure a rise of temperature leads to an increase of drug solubility and therefore a less favorable drug partition in 296 the polymer matrix. Moreover, from 40 °C to 60 °C the fluid density decreases as shown in the 297 profiles in Figure 8, where the loaded API weights are plotted as a function of the CO₂ density. 298 These latter results can be explained by considering that the effect of temperature on drug-scCO₂ 299 diffusivity prevails over the reduced fluid density. A temperature increase also results in enhanced 300 301 mobility of the polymer chains, which is suggested by the visible swelling observed in Figures 6(d), 6(h) and 6(l). In contrast to the results at 100 bar, at 200 bar more limited loading gains for 302 303 impregnation time were achieved. This might be due to the proximity of the drug concentration in 304 the polymer to the saturation, which can slow down the impregnation process.



Figure 7: Mass fraction of ketoprofen (ω_{keto}) impregnated in polymer filled 625 microcontainers at different temperatures and times: (a) at 100 bar in saturation conditions (b) at 200 bar with a fixed amount of drug dissolved in scCO₂(N=3).



Figure 8: Mass of ketoprofen impregnated at 200 bar in 625 microcontainers at different temperatures and times (N=3) as function of the CO_2 density.

308	Table 2: Drug loading of impregnated microcontainers. The drug weight refers to total loaded
309	mass on individual chips (625 microcontainers) and is normalized with respect to the polymer
310	mass in the microwells ($N = 3$).

T(C)	P(bar)	Time (h)	Loaded drug per	Drug weight fraction
	, , ,		chip (mg)	(keto/(PVP+keto))
	100	1	0.33 ± 0.09	0.15 ±0.03
40		4	0.58 ± 0.02	0.26 ±0.02
	200	1	0.53 ± 0.07	0.23 ±0.03
		4	0.58 ± 0.01	0.27 ±0.03
50	100	1	0.19 ± 0.02	0.10 ±0.01
		4	0.40 ± 0.04	0.18 ±0.02
	200	1	0.55 ± 0.03	0.26 ±0.01
		4	0.71 ± 0.04	0.27 ±0.03
	100	1	0.08 ± 0.03	0.04 ±0.01
60		4	0.16 ± 0.04	0.06 ±0.01
	200	1	0.77 ± 0.06	0.26 ±0.03
		4	1.05 ± 0.03	0.33 ±0.01

312 3.4 Raman spectroscopy

Another important aspect for a drug delivery device is the API solid state properties and the 313 stabilization of the amorphous phase in a polymer matrix. For this purpose, Raman scattering 314 spectroscopy was utilized to detect the presence of amorphous ketoprofen and the molecular 315 316 interactions with the polymer. In order to elucidate the presence of drug-polymer interactions, additional Raman spectra were collected from microcontainers filled with physical mixtures (PMs) 317 of the polymer and drug. Raman scattering spectra of both fresh ketoprofen:PVP PMs and 318 mixtures prepared by supercritical CO₂ are shown in Figure 9. In the ketoprofen: PVP PM case, the 319 320 Raman scattering spectra from both compounds are added together and retain all characteristics of isolated ketoprofen and PVP, see Figure 9(a). To illustrate this, the inter-ring ketoprofen 321 carbonyl [C=O] stretching mode [22] found at 1657 cm⁻¹ is examined for different drug/PVP ratios. 322 In all cases the Raman intensity of the ketoprofen C=O stretching mode compared to the 1602 cm⁻ 323 1 C-C stretching mode is $I_{1657}/I_{1602}>1.$ The Raman vibration can be fitted to two Lorentzian 324 functions outlining modes that belong to both ketoprofen and PVP. The FWHM of the C=O 325 stretching mode is similar to the one recorded for pure ketoprofen shown in the bottom part of 326 Figure 9(a). The PM result indicates no observable intermolecular interaction between the two 327 compounds [13]. The 1657 cm⁻¹ Raman mode for supercritical CO₂ impregnated ketoprofen:PVP 328 mixtures behaves differently, i.e. the vibrational mode intensity is reduced and the FWHM is 329 330 significantly increased, see Figure 9(b). In this case, the two Lorentzian fits yield essentially a single Raman peak without a clear contribution from PVP and $I_{1657}/I_{1602} < 1$ almost for all drug/PVP 331 ratios. Since there is no observable frequency shift, the result suggests that this carbonyl group is 332 not involved in the formation of hydrogen bonds with PVP molecules. The recorded change rather 333 indicates rearrangement of ketoprofen molecules into a less organized solid state, and a similar 334 effect was previously observed for aged ketoprofen:PVP PM mixtures [13]. The presence of 335 amorphous ketoprofen was previously confirmed by X-ray diffraction [13]. It is also expected that 336 the CO₂ assisted impregnation of PVP with ketoprofen breaks or reduces the interaction between 337 adjacent ketoprofen molecules and induces the formation of the hydrogen bonds between oxydryl 338 groups of ketoprofen molecules and carbonyl groups of PVP [23]. 339



Figure 9: Raman spectra of (a) physical mixtures of PVP and crystalline ketoprofen in different representative weight percentages and (b) spectra of PVP impregnated with the same ketoprofen weight percentages at different experimental conditions (see table 2).

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342 4. Conclusions

The present study investigates the use of CO₂-aided impregnation to load ketoprofen into 343 microcontainers filled with PVP by tuning temperature, pressure, time, and drug concentration in 344 the fluid phase. The characterization study shows that drug loading can be controlled with high 345 accuracy and reproducibility and the impregnated drug is in the amorphous state. At any tested 346 347 pressure there is an increase of drug loading over time for any tested temperature meaning that 348 after 1 hour the equilibrium between the polymer and the CO₂ phases is not yet attained. From the tests at 100 bar it was observed that the loading is strongly dependent on the drug 349 concentration in the impregnating medium. Unexpectedly, in the tests at 200 bar the loading 350 351 increased with the temperature despite the increasing drug solubility in the $scCO_2$. This was attributed to the predominance of drug diffusivity in the polymer matrix. In contrast, at 200 bar 352 more limited loading gains for increasing impregnation time were obtained probably due to the 353 proximity of drug saturation in the polymer. The Raman scattering spectra of the impregnated 354 matrices indicate a rearrangement of ketoprofen molecules into a less organized state. However, 355 no observable frequency shift in was noticed for the spectral modes typically ascribed to drug-356 357 polymer interactions, which suggests that the drug molecule is unlikely to be involved in the formation of hydrogen bonds with PVP molecules. 358

Our results demonstrate that the combination of powder loading and SCI can be used as a high throughput loading technique for microfabricated devices for oral drug delivery.

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369 **5. Bibliography**

- B. Steffansen, C.U. Nielsen, B. Brodin, A.H. Eriksson, R. Andersen, S. Frokjaer, Intestinal
 solute carriers: an overview of trends and strategies for improving oral drug absorption, Eur.
 J. Pharm. Sci. 21 (2004) 3–16. doi:10.1016/j.ejps.2003.10.010.
- M. Yoshioka, B.C. Hancock, G. Zografi, Crystallization of indomethacin from the amorphous
 state below and above its glass transition temperature, J. Pharm. Sci. 83 (1994) 1700–1705.
 doi:10.1002/jps.2600831211.
- R. Laitinen, K. Löbmann, C.J. Strachan, H. Grohganz, T. Rades, Emerging trends in the
 stabilization of amorphous drugs., Int. J. Pharm. 453 (2013) 65–79.
 doi:10.1016/j.ijpharm.2012.04.066.
- E.B. Basalious, W. El-Sebaie, O. El-Gazayerly, Rapidly absorbed orodispersible tablet
 containing molecularly dispersed felodipine for management of hypertensive crisis:
 development, optimization and in vitro/in vivo studies., Pharm. Dev. Technol. 18 (2013)
 407–16. doi:10.3109/10837450.2012.659258.
- N. Rasenack, H. Hartenhauer, B.W. Müller, Microcrystals for dissolution rate enhancement
 of poorly water-soluble drugs, Int. J. Pharm. 254 (2003) 137–145. doi:10.1016/S03785173(03)00005-X.
- [6] D.Z. Nicola, C. Angelo, K. Ireneo, M. Mariarosa, D. Solinas, Pharmaceutical and Nutraceutical
 Applications of Supercritical Carbon Dioxide, in: J. Osborne (Ed.), Handb. Supercrit. Fluids
 Fundam. Prop. Appl., NOVA Science, New York, 2014: pp. 79–103.
- A. Martín, M.J. Cocero, Micronization processes with supercritical fluids: fundamentals and
 mechanisms., Adv. Drug Deliv. Rev. 60 (2008) 339–50. doi:10.1016/j.addr.2007.06.019.
- K.M. Woessner, M. Castells, NSAID single-drug-induced reactions., Immunol. Allergy Clin.
 North Am. 33 (2013) 237–49. doi:10.1016/j.iac.2012.12.002.
- F.J. Martin, C. Grove, Microfabricated Drug Delivery Systems: Concepts to Improve Clinical
 Benefit, Biomed. Microdevices. 3 (n.d.) 97–108. doi:10.1023/A:1011442024658.
- C.B. Fox, H.D. Chirra, T.A. Desai, Planar bioadhesive microdevices: a new technology for oral
 drug delivery., Curr. Pharm. Biotechnol. 15 (2014) 673–83.
 doi:10.2174/1389201015666140915152706.
- 398[11]K.M. Ainslie, R.D. Lowe, T.T. Beaudette, L. Petty, E.M. Bachelder, T.A. Desai, Microfabricated399devices for enhanced bioadhesive drug delivery: attachment to and small-molecule release

- 400 through a cell monolayer under flow., Small. 5 (2009) 2857–63.
 401 doi:10.1002/smll.200901254.
- P. Marizza, S.S. Keller, A. Boisen, Inkjet printing as a technique for filling of micro-wells with
 biocompatible polymers, Microelectron. Eng. 111 (2013) 391–395.
- P. Marizza, S.S. Keller, A. Müllertz, A. Boisen, Polymer-filled microcontainers for oral
 delivery loaded using supercritical impregnation, J. Control. Release. 173 (2014) 1–9.
- I.E. Shohin, J.I. Kulinich, G. V Ramenskaya, B. Abrahamsson, S. Kopp, P. Langguth, et al.,
 Biowaiver monographs for immediate-release solid oral dosage forms: ketoprofen., J.
 Pharm. Sci. 101 (2012) 3593–603. doi:10.1002/jps.23233.
- T. Loftsson, D. Hreinsdóttir, Determination of aqueous solubility by heating and
 equilibration: a technical note., AAPS PharmSciTech. 7 (2006) E4. doi:10.1208/pt070104.
- [16] S.J. Macnaughton, I. Kikic, N.R. Foster, P. Alessi, A. Cortesi, I. Colombo, Solubility of AntiInflammatory Drugs in Supercritical Carbon Dioxide, J. Chem. Eng. Data. 41 (1996) 1083–
 1086. doi:10.1021/je960103q.
- 414 [17] L.A. Feldkamp, L.C. Davis, J.W. Kress, Practical cone-beam algorithm, J. Opt. Soc. Am. A. 1
 415 (1984) 612. doi:10.1364/JOSAA.1.000612.
- I. Kikic, M. Lora, A. Cortesi, P. Sist, Sorption of CO2 in biocompatible polymers: experimental
 data and qualitative interpretation, Fluid Phase Equilib. 158-160 (1999) 913–921.
 doi:10.1016/S0378-3812(99)00063-1.
- P. Alessi, A. Cortesi, I. Kikic, F. Vecchione, Plasticization of polymers with supercritical
 carbon dioxide: Experimental determination of glass-transition temperatures, J. Appl.
 Polym. Sci. 88 (2003) 2189–2193. doi:10.1002/app.11881.
- I. Kikic, F. Vecchione, P. Alessi, A. Cortesi, F. Eva, N. Elvassore, Polymer Plasticization Using
 Supercritical Carbon Dioxide: Experiment and Modeling, Ind. Eng. Chem. Res. 42 (2003)
 3022–3029. doi:10.1021/ie020961h.
- A. Stassi, R. Bettini, A. Gazzaniga, F. Giordano, A. Schiraldi, Assessment of Solubility of
 Ketoprofen and Vanillic Acid in Supercritical CO 2 under Dynamic Conditions, J. Chem. Eng.
 Data. 45 (2000) 161–165. doi:10.1021/je990114u.
- M.L. Vueba, M.E. Pina, F. Veiga, J.J. Sousa, L.A.E.B. de Carvalho, Conformational study of
 ketoprofen by combined DFT calculations and Raman spectroscopy., Int. J. Pharm. 307
 (2006) 56–65. doi:10.1016/j.ijpharm.2005.09.019.
- 431 [23] L. Manna, M. Banchero, D. Sola, A. Ferri, S. Ronchetti, S. Sicardi, Impregnation of PVP
 432 microparticles with ketoprofen in the presence of supercritical CO2, J. Supercrit. Fluids. 42
 433 (2007) 378–384. doi:10.1016/j.supflu.2006.12.002.
- 434