

Development, Characterization, and In-Vitro Evaluation of Antihistaminic Oral Thin Films of Loratadine

Dr. Subhranshu Panda¹, Puneet Gupta*¹, Dr. Alok Khunteta², Dr. Manish Kumar Gupta³

¹*School of Pharmaceutical Sciences, Jaipur National University, Jaipur, Rajasthan, India*

²*Lal Bahadur Shastri College of Pharmacy, Jaipur, India*

³*Gyan Vihar School of Pharmacy, Suresh Gyan Vihar University, Mahal, Jagatpura, Jaipur, India*

ABSTRACT

Background: Loratadine, an antihistamine of 2nd generation, is widely advised for management of allergic conditions but suffers from delayed onset of action in conventional oral dosage forms. Oral thin films (OTFs) offer a promising alternative, ensuring rapid drug release, improved patient compliance, and easy administration without water.

Methods: Loratadine OTFs were developed using solvent casting method and optimized through a 3² full factorial design, with Hydroxypropyl Methylcellulose (HPMC K4M) and Chitosan as independent variables. Preformulation studies included organoleptic assessment, FTIR, UV spectrophotometry, melting point, solubility, and calibration curve construction. The films were evaluated for physicochemical properties (transparency, thickness, surface pH, appearance, weight variation, elongation, tensile strength, folding endurance, drug and moisture content), dissolution profile, in-vitro disintegration time, and surface morphology using scanning electron microscopy (SEM). Statistical optimization was led using DesignExpert® software, and kinetics of drug release were analysed via Higuchi, Korsmeyer–Peppas, first-order, and zero-order models.

Results: Optimized batch (F3) exhibited desirable mechanical strength (0.92 N/mm²), high folding endurance (194 ± 3.94), surface pH within physiological range (7.4), and high drug content (99.12%). It showed a speedy in-vitro disintegration time of 12 seconds along with cumulative medication release of 98.22% within 25 minutes. Drug release followed Higuchi and Korsmeyer–Peppas models, revealing diffusion-controlled and anomalous transport mechanisms. SEM analysis revealed a smooth, homogenous surface morphology, confirming uniform drug distribution. Statistical modeling confirmed significant influence of polymer concentrations on disintegration time, drug content, and release profile (p < 0.005, desirability = 0.922).

Conclusion: The developed Loratadine OTFs demonstrated excellent physicochemical properties, rapid disintegration, and high drug release, making them a promising platform for fast-acting antihistaminic therapy. This formulation strategy holds potential for enhancing therapeutic efficacy and patient compliance in allergic condition management.

Keywords: Loratadine, Oral Thin Films, 3² Full Factorial Design, In-vitro Dissolution, Antihistaminic, Higuchi Model

How to cite this article: Panda S, Gupta P, Khunteta A, Gupta MK., Development, Characterization, and In-Vitro Evaluation of Antihistaminic Oral Thin Films of Loratadine..Int J Drug Deliv Technol. 2026;16(2s): 325-336; DOI: 10.25258/ijddt.16.325-336

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Allergic conditions constitute a major public health issue globally, impacting people of all ages and contributing to a considerable burden on healthcare systems¹⁻³. These conditions arise due to hypersensitive immune responses to otherwise harmless environmental antigens, like animal dander, dust mites, pollen, and certain foods. Common allergic manifestations include rhinitis, urticaria, conjunctivitis, asthma, and atopic dermatitis⁴⁻⁶. Among the pharmacological interventions available, antihistamines are the most frequently prescribed agents, acting by antagonizing the histamine H₁ receptor to alleviate symptoms like nasal congestion, sneezing, itching, along with watery eyes⁷⁻⁸. The second-generation antihistamines, exemplified by loratadine, have been favored for their non-sedating profile, long duration of action, and improved safety in comparison with first-generation counterparts⁹⁻¹⁰.

Conventional oral dosage forms, specifically tablets and capsules, remain the most broadly utilized means of delivering antihistaminic medications owing to their convenience, cost-effectiveness, and stability¹¹⁻¹². However, these dosage forms have inherent limitations, particularly for patient populations such as pediatrics, geriatrics, and individuals with dysphagia (difficulty in swallowing). The need for water to facilitate swallowing, relatively slow onset of action due to gastrointestinal dissolution and absorption, and the possibility of first-pass metabolism can compromise therapeutic outcomes¹³⁻¹⁵. In the context of allergic reactions, where rapid symptom relief is often desired, delays associated with conventional oral administration may reduce patient satisfaction and compliance¹⁶⁻¹⁷.

Oral thin films (OTFs) have emerged as an innovative and patient-centric drug delivery platform which addresses several shortcomings of conventional oral dosage forms.

*Author for Correspondence: rxpuneet@gmail.com

These fast-dissolving, polymer-based films are designed for disintegrating swiftly on saliva contact, enabling release of drugs and absorption via oral mucosa¹⁸⁻¹⁹. This route can bypass a portion of the hepatic 1st-pass metabolism, potentially improving bioavailability besides reducing the required dose²⁰⁻²¹. OTFs offer the additional benefit of portability, discreet administration without water, and improved compliance in patients with swallowing difficulties. Moreover, the rapid onset of action provided by OTFs is particularly advantageous for acute allergic symptoms, where timely therapeutic intervention is critical²²⁻²³.

From a manufacturing standpoint, OTFs offer formulation flexibility, compatibility with a wide range of APIs, and their ability to incorporate taste-masking agents, flavors, and sweeteners to enhance patient acceptability²⁴⁻²⁵. These advantages have led to their increasing adoption in therapeutic areas including antiemetics, analgesics, cardiovascular agents, and antihistamines.

Loratadine is a non-sedating H₁ receptor antagonist of 2nd-generation, commonly utilized in the management of chronic urticaria and allergic rhinitis. This drug is regarded as a Class II substance within the BCS, defined by its superior permeability besides little solubility. While its pharmacokinetic profile—marked by a relatively long half-life of approximately 8–14 hours—allows for once-daily dosing, its limited aqueous solubility can restrict dissolution rate and bioavailability in conventional solid oral dosage forms. This limitation is particularly relevant for fast-acting therapy, where dissolution is the rate-limiting step. Developing a formulation that enhances the dissolution profile of loratadine can improve therapeutic efficacy, especially in the initial onset phase²⁶⁻²⁹.

Polymeric excipients serve a significant function in establishing mechanical strength, disintegration time, as well as drug release profile of OTFs³⁰⁻³¹. HPMC K4M and Chitosan were chosen as primary film-forming agents in this study due to their complementary functional attributes. HPMC K4M is a semi-synthetic, hydrophilic polymer with exceptional film-forming ability, mechanical strength, and controlled hydration properties. Its compatibility with an extensive range of APIs and excipients, along with its non-toxic and non-irritant nature, makes it a preferred polymer for OTFs. The viscosity grade K4M offers a balanced profile of flexibility and tensile strength, essential for the physical integrity of thin films³²⁻³³.

Chitosan, a natural cationic polysaccharide derived from chitin, possesses bioadhesive properties that enhance mucosal retention and drug absorption. Its ability to form hydrogen bonds with mucosal surfaces can prolong the residence time of the film, potentially enhancing local drug absorption. Furthermore, chitosan exhibits antimicrobial properties and can modulate film disintegration rates through its hydrophilic yet structurally rigid backbone³⁴⁻³⁵. The combination of HPMC K4M and Chitosan allows for tailoring the film's disintegration time, tensile strength, and dissolution characteristics, making it possible to optimize patient-centric attributes such as rapid onset and ease of administration.

The current study was undertaken with the objective of developing, characterizing, as well as optimizing mouth-dissolving oral thin films of loratadine for rapid antihistaminic action. The overarching goal was to create a formulation that overcomes the solubility-related limitations of loratadine while leveraging the advantages of the OTF platform to enhance patient compliance and therapeutic performance.

The specific objectives were:

To perform preformulation studies on loratadine, including physicochemical characterization and compatibility assessment with selected excipients.

To design and prepare loratadine OTFs using the solvent casting approach plus optimize formulation using a 3² full factorial design with HPMC K4M and Chitosan as independent variables.

To evaluate the prepared films for physicochemical parameters, mechanical properties, medication content uniformity, dissolution profile, and *in-vitro* disintegration time.

To analyze drug release kinetics using mathematical modeling and identify the dominant release mechanism.

To identify the optimized formulation based on statistical desirability and its potential for clinical application.

By addressing these objectives, this work aims to provide a robust, patient-friendly dosage form of loratadine that ensures rapid therapeutic onset and improved patient adherence in the management of allergic conditions.

MATERIALS AND METHODS

Loratadine (active pharmaceutical ingredients) was procured from Sigma Aldrich (India). HPMC K4M and Chitosan were obtained from Sigma Aldrich, serving as the primary film-forming agents. Other excipients included Polyvinyl Alcohol (PVA, Rankem), Glycerin (Rankem), Benzoic Acid (Sigma Aldrich), Sodium Benzoate (Merck), Citric Acid (Merck), Sucralose (Rankem), Sodium Lauryl Sulfate (Merck), Clove (Rankem), Crosscarmellose Sodium (Merck), and Crospovidone (Merck). All reagents as well as chemicals utilized were of analytical quality. Purified H₂O was obtained in-house and used throughout the study.

Preformulation Studies

Organoleptic Properties

Loratadine was evaluated visually for color, odor, texture, and taste. Loratadine appeared as a crystalline powder ranging from whitish to off-white color without any odor with a somewhat bitter taste.

Identification Tests

Infrared Spectroscopy (IR): Potassium bromide (KBr) was dried in oven for 1 hour at 60°C and mixed with each drug in a suitable proportion to form translucent pellets. IR spectra were recorded over the range 4000–400 per cm to recognize typical functional groups.

UV Spectrophotometry: Standard solutions of Loratadine were prepared in methanol and scanned between 200–400 nm to determine wavelength of maximum absorbance (λ_{max}). Loratadine showed λ_{max} at 252 nm.

Melting Point Determination

MP of Loratadine was checked by capillary approach utilizing a Thiele's tube assembly and found to be 135 °C, respectively, consistent with pharmacopeial standards.

Solubility Studies

Solubility was tested in distilled H₂O, methanol, phosphate buffer of 6.8pH, and buffer of 1.2pH. Loratadine was soluble in methanol and pH 1.2 buffer, sparingly soluble in H₂O, and slightly soluble in buffer of 6.8 pH.

Calibration Curve Preparation

Stock solutions (1000 µg/mL) of each drug were prepared in methanol and diluted to concentrations of 1, 2, 5, 7, and

10µg/mL. Absorbance was noted at respective λ_{max} to construct calibration curves, which demonstrated linearity in the tested range³⁶⁻³⁸.

Formulation Design

A 3² full factorial design was utilized for optimisation. 2 independent variables were selected:

X₁: HPMC K4M concentration (5%, 10%, 15%)

X₂: Chitosan concentration (15%, 20%, 25%)

Dependent variables (responses) included: medication content, in-vitro disintegration time, along with cumulative drug release (%CDR)³⁹⁻⁴¹.

Table 1: Factors and levels in 3² factorial design

Coded Level	X ₁ : HPMC K4M (%)	X ₂ : Chitosan (%)
-1	5	15
0	10	20
+1	15	25

Table 2: Formulation of Moth Dissolving Film of Loratadine utilizing 3² Full Factorial Design

Ingredients	F-1	F-2	F-3	F-4	F-5	F-6	F-7	F-8	F-9
Loratidine	10	10	10	10	10	10	10	10	10
HPMC K4M	5	10	15	5	10	15	5	10	15
Chitosan	25	25	25	20	20	20	15	15	15
Glycerin	10	10	10	10	10	10	10	10	10
Polyvinyl Alcohol	15	10	--	15	10	-	10	15	--
Benzoic Acid	1	2	1	2	1	2	1	2	2
Sodium Benzoate	2	1	2	1	2	1	2	1	1
Citric Acid	5	5	5	5	5	5	5	5	5
Sucralose	3	3	3	3	3	3	3	3	3
Clove	2	2	2	2	2	2	2	2	2
Sodium Lauryl Sulfate	2	3	2	3	2	2	2	2	2
Crosscarmellose Sodium	3	3	3	3	3	3	3	3	3
Crospovidine	3	3	3	3	3	3	3	3	3
Purified H ₂ O	q.s.								

Preparation of Loratadine Oral Thin Films

OTFs were formulated by solvent casting method. HPMC K4M was dispersed in distilled H₂O and stirred at 1000 rpm at 60°C until hydrated. Chitosan was dispersed separately in an aqueous solution containing citric acid. Other excipients (plasticizers, sweeteners, flavors, preservatives) were dissolved in the polymer solutions. Loratadine, dissolved in appropriate solvent, was incorporated into polymer mixture with continuous stirring. Air bubbles were eliminated by vacuum, and solution was cast into molds then dried at ambient conditions. Dried films were cut into uniform strips, packed, and stored in desiccators until use⁴²⁻⁴³.

Evaluation Parameters

Physical Appearance: Visual inspection for color, homogeneity, transparency, and surface defects.

Surface pH: Measured after moistening the film surface with distilled water.

Thickness: Measured at five points per film using a thickness gauge.

Weight Variation: Determined by weighing ten films individually and calculating mean \pm SD.

Folding Endurance: Number of folds at the same point until breakage.

Tensile Strength: Determined using a custom tensile strength apparatus; calculated as force at break/cross-sectional area.

Percent Elongation: Measured by displacement before break under applied force.

Moisture Content: Measured by Karl Fischer titration.

Drug Content: Determined by dissolving film powder correspondent to 10 mg Loratadine in methanolic HCl and analyzing spectrophotometrically.

In-Vitro Disintegration Time: Recorded as time for complete disintegration in simulated salivary conditions.

In-Vitro Dissolution investigations: led in USP Dissolution Apparatus I, 50rpm, 900mL phosphate buffer of 6.8pH, $37 \pm 0.5^\circ\text{C}$, sampling at decided periods⁴⁴⁻⁴⁶.

Statistical Optimization

Formulation optimization was performed using **DesignExpert® software** (Stat-Ease Inc., USA) applying response surface methodology (RSM). Quadratic models were generated for each response, and ANOVA was used to determine model significance. Optimized preparation was selected on basis of desirability criteria, targeting minimum disintegration time, high drug content, and maximum %CDR.

RESULTS AND DISCUSSION

Preformulation Studies

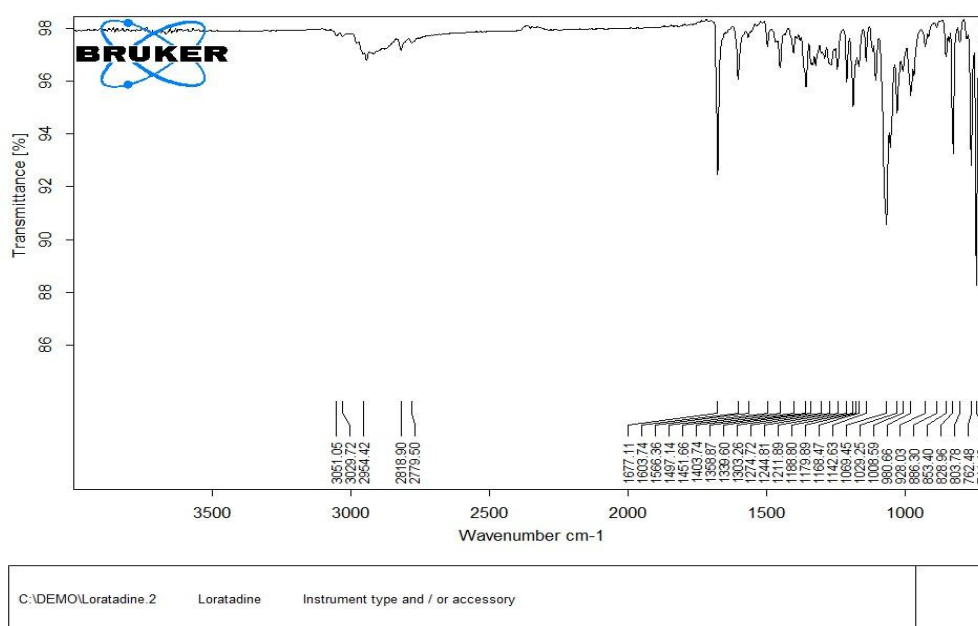
Organoleptic Properties

Loratadine was noticed as a crystalline powder, white to off-white color no odour, with slightly bitter taste. These attributes are in agreement with pharmacopeial specifications, indicating good quality and purity.

Identification Tests

FTIR Spectroscopy proved occurrence of functional moieties corresponding to ester carbonyl ($\sim 1677\text{ cm}^{-1}$), aromatic C–H ($\sim 3029\text{ cm}^{-1}$), aromatic C=C ($\sim 1603, 1566\text{ cm}^{-1}$), alkyl C–H ($\sim 2954\text{ cm}^{-1}$), ester C–O–C ($\sim 1211\text{ cm}^{-1}$), and aryl chloride ($\sim 762\text{ cm}^{-1}$). The spectrum matched the reference profile, confirming identity and chemical integrity.

UV Spectrophotometry identified λ_{max} at 252 nm in methanol, consistent with reported values, confirming the drug's spectral fingerprint.



Page 1/1

Figure 1: IR Spectra of Loratadine

Melting Point

The melting point was recorded at 135°C , aligning with pharmacopeial standards, indicating crystalline nature and purity.

Solubility

Loratadine was soluble in pH 1.2 buffer and methanol, slightly soluble in pH 6.8 buffer, and sparingly soluble in water. This low aqueous solubility supports the need for formulation strategies enhancing dissolution rate.

Calibration Curve

The drug exhibited linear absorbance–concentration relationship between 1–10 $\mu\text{g/mL}$ at 252 nm, with correlation coefficient (R^2) > 0.99 , validating UV spectrophotometry for quantitative analysis.

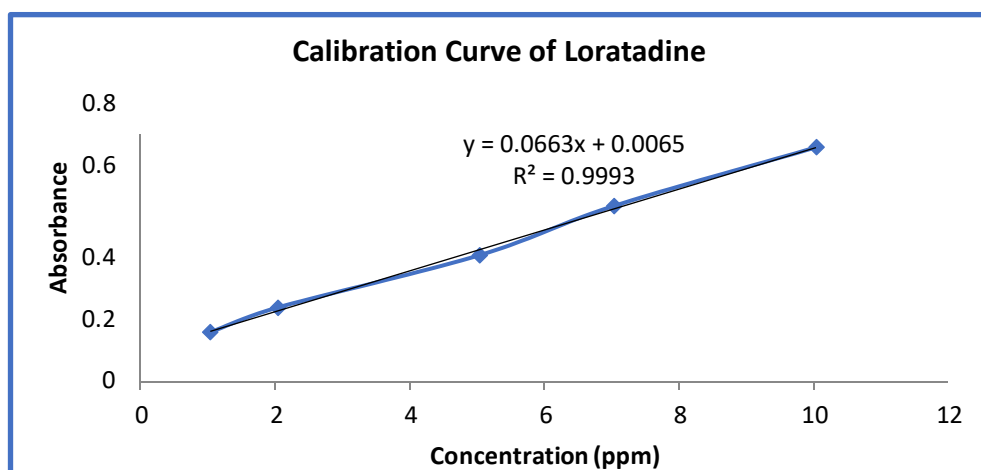


Figure 2: Calibration Curve of Loratadine

Formulation Evaluation

Physicochemical and Mechanical Properties

All nine factorial batches (F1–F9) produced films with smooth surfaces, uniform thickness (0.5–1.0 mm), and minimal weight variation (40.58–49.54 mg). Surface pH values ranged from 6.5 to 7.6, within physiological salivary range, ensuring minimal mucosal irritation potential.

Folding endurance exceeded 100 for all films, with the highest values in F3 (194 ± 3.94) and F9 (196 ± 1.15), confirming good flexibility.

Tensile strength ranged from 0.23 N/mm² (F2, F5, F6) to 0.92 N/mm² (F8), indicating variable mechanical robustness based on polymer ratios. Percent elongation was highest in F3 (8.76%) and F4 (8.23%), showing superior stretchability. Moisture content was nil for all films, favoring stability and reduced microbial growth risk.

Table 3: Evaluation of MDF batches of Loratadine (F1 To F9) using factorial design

Batch	Appearance Transparency	Surface pH	Weight Variation (mg)	Thickness (mm)	Folding Endurance
F-1	Colorless, Transparent	6.8	40.58±0.421	1.0±0.014	147±0.448
F-2	Colorless, Transparent	7.3	42.75±0.376	0.8±0.074	185±2.154
F-3	Colorless, Transparent	7.4	48.96±0.846	0.7±0.085	194±3.945
F-4	Colorless, Transparent	7.6	44.45±0.231	0.5±0.069	161±3.652
F-5	Colorless, Transparent	6.9	40.64±0.345	0.7±0.065	135±2.497
F-6	Colorless, Transparent	6.7	42.17±0.654	0.9±0.017	165±2.465
F-7	White Opaque	7.2	49.54±0.348	0.7±0.046	174±1.764
F-8	Colorless, Transparent	7.1	43.34±0.135	0.9±0.074	144±3.864
F-9	White Opaque	6.5	42.46±0.453	0.8±0.025	42.46±0.453

Drug Content Uniformity

Drug content varied from 93.54% (F3, F4) to 99.12% (F8), all within pharmacopeial acceptance limits ($\pm 10\%$), indicating uniform distribution of Loratadine in the polymer matrix.

In-Vitro Disintegration

Disintegration times ranged from 12 s (F8) to 32 s (F3). Faster disintegration in F8 was attributed to optimal polymer–plasticizer balance, while prolonged disintegration in F3 related to higher thickness and folding endurance.

In-Vitro Dissolution Studies

The dissolution profile demonstrated rapid and sustained release across all batches. Initial release at 2 min ranged from 14.56% (F9) to 31.98% (F2). By 15 min, most batches had released over 79%, and near-complete release was achieved at 25 min, with F3 reaching 98.22%.

Higher release rates in F1–F4 were associated with increased hydrophilic polymer content, improving wettability and disintegration.

Table 4: In-Vitro release of Loratadine

Time (min)	% Cumulative Drug release of Loratadine								
	F-1	F-2	F-3	F-4	F-5	F-6	F-7	F-8	F-9
0	00	00	00	00	00	00	00	00	00
2	27.14	31.98	29.87	25.56	19.98	17.44	21.98	18.34	14.56
5	39.23	43.56	42.34	41.87	34.78	31.32	36.55	39.98	29.28
10	66.87	67.45	63.65	64.45	51.55	53.23	49.23	50.65	59.91
15	86.57	82.27	81.34	79.12	69.12	67.87	73.67	74.12	74.45
20	94.54	91.97	96.64	92.66	86.45	85.54	90.17	89.96	88.66
25	97.53	97.43	98.22	96.95	95.32	94.23	90.74	93.65	98.43

Drug Release Kinetics

Kinetic modeling demonstrated that the release of Loratadine predominantly conformed to the Higuchi model across most batches, indicating a diffusion-controlled release mechanism. The Korsmeyer–Peppas model indicated release exponent (n) values amid 0.45–0.89, suggesting anomalous transport characterized by a combination of drug diffusion as well as polymer erosion.

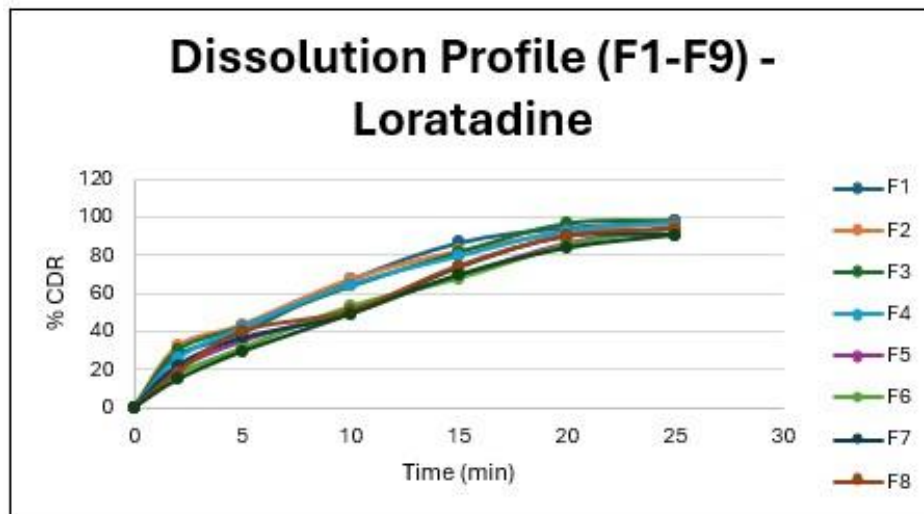


Figure 3: Dissolution Profile of Loratadine

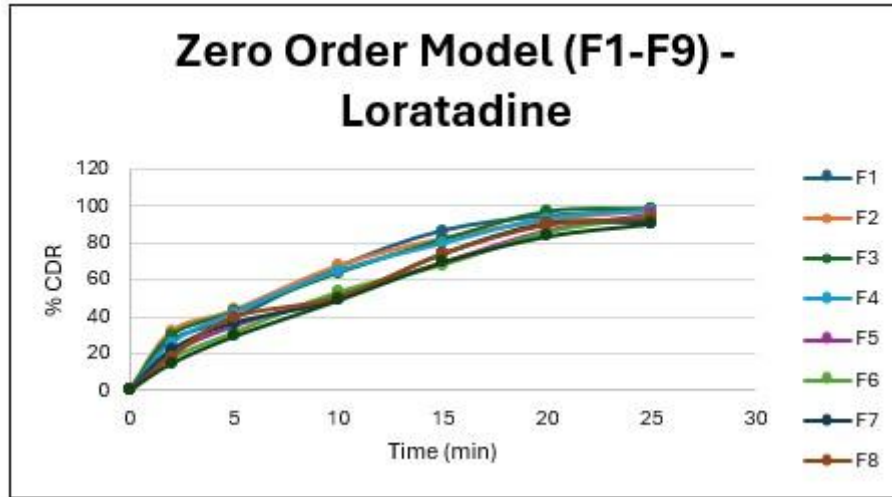


Figure 4: Zero Order Model of Loratadine

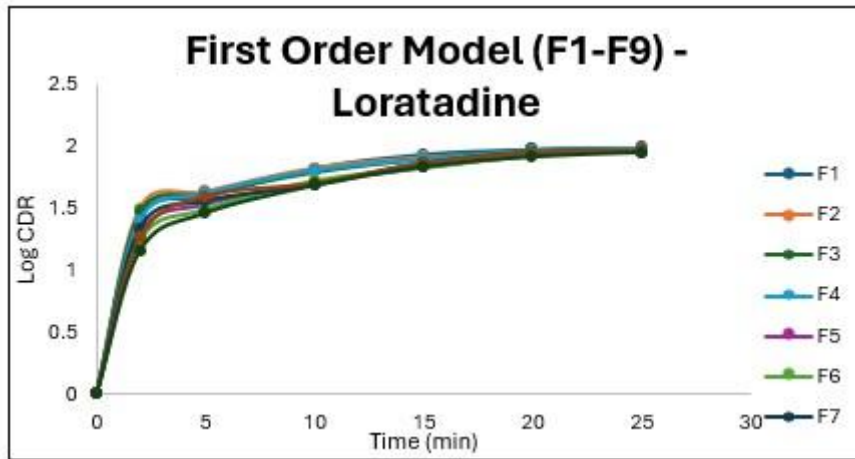


Figure 5: First Order Model of Loratadine

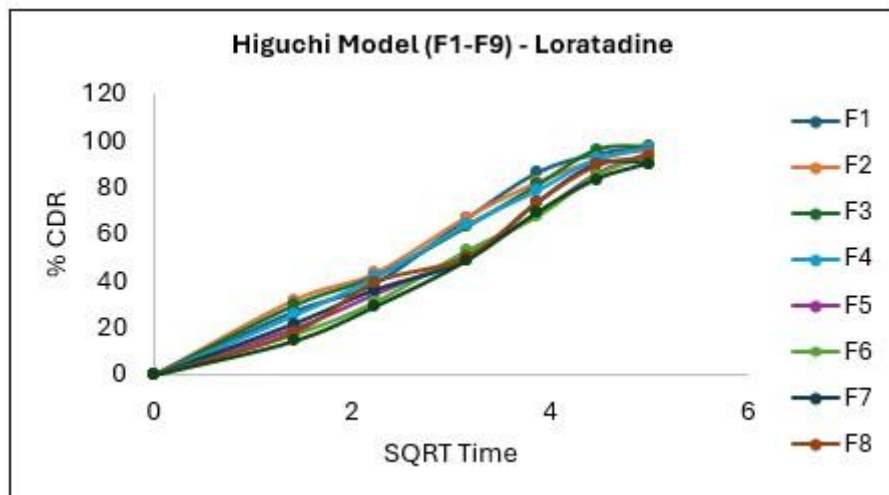


Figure 6: Higuchi Model of Loratadine

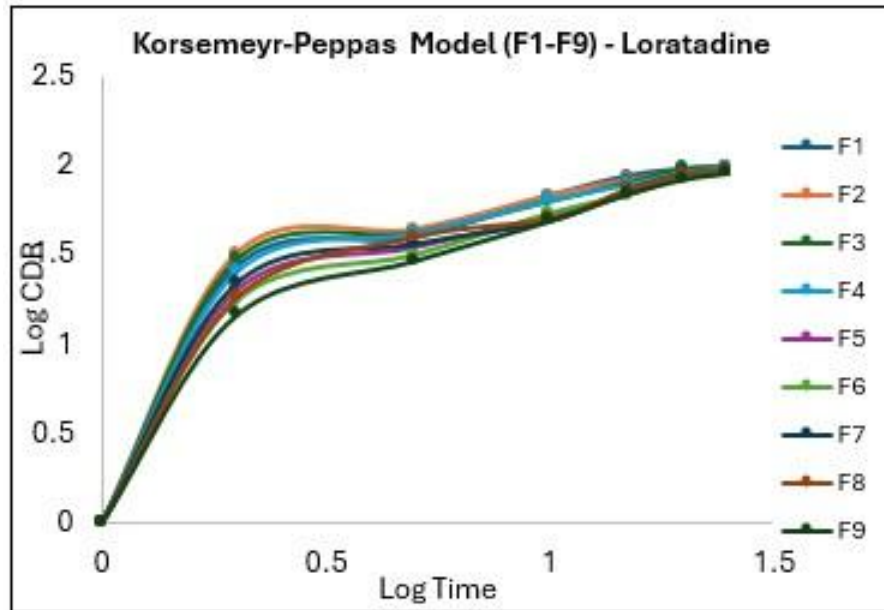


Figure 7: Korsemeyr-Peppas Model of Loratadine

Statistical Optimization

Factor Coding: Actual

3D Surface

In-vitro disintegration Studies (SEC)

Design Points:

● Above Surface

○ Below Surface

12 32

X1 = A

X2 = B

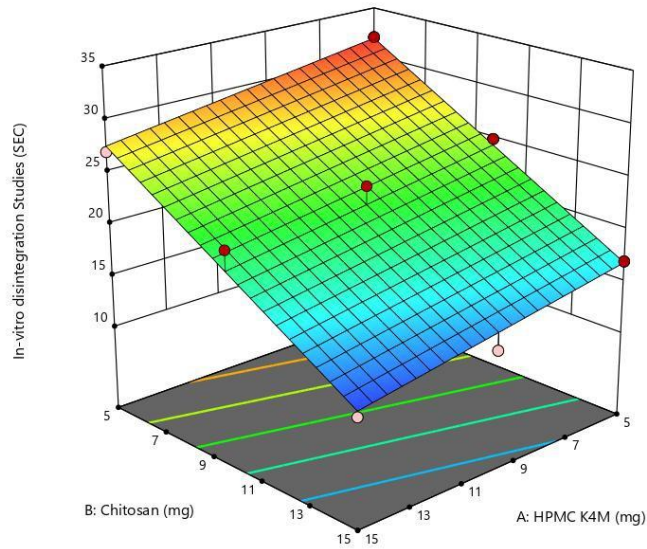


Figure 8: 3D Surface Plot Graph of In-vitro disintegration Studies of Loratadine

Factor Coding: Actual

3D Surface

Drug Content - Loratadine (%)

Design Points:

● Above Surface

○ Below Surface

93.54  99.12

X1 = A

X2 = B

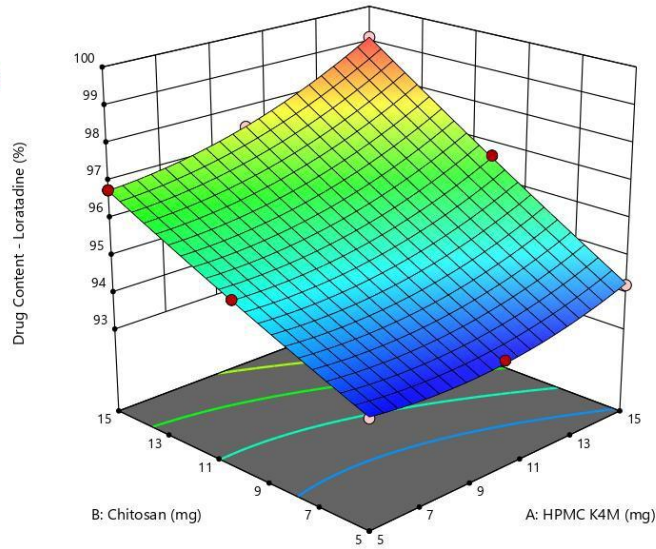


Figure 9: 3D Surface Plot Graph of Drug Content – Loratadine

Factor Coding: Actual

3D Surface

% CDR - Loaratdine (%)

Design Points:

● Above Surface

○ Below Surface

90.43  98.22

X1 = A

X2 = B

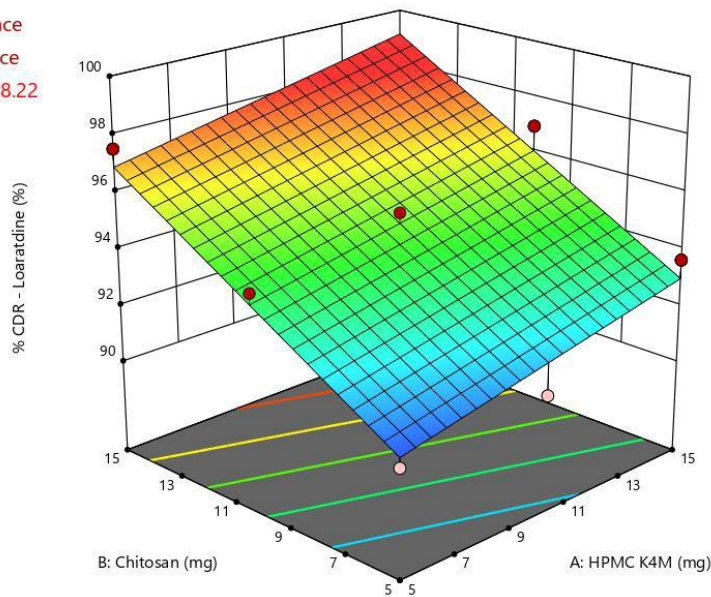


Figure 10: 3D Surface Plot Graph of % CDR – Loratadine

Table 5: Statistical analysis of generated model

Response	F value	P value	R ² value	Adequate precision
In-vitro Disintegration Studies - Loratadine	26.14	0.0011	0.8971	13.5135
Drug Content – Loratadine	21.33	0.0019	0.8767	10.0436
%CDR – Loratadine	78.98	0.0001	0.9634	22.0095

Table 6: Solution Proposed by DesignExpert of Loratadine

No.	HPMC K4M	Chitosan	In-vitro Disintegration Studies (sec)	Drug Content – Loratadine (%)	%CDR – Loratadine	Desirability
1	15.000	15.000	12.346	99.257	99.133	0.922

Response Surface Methodology (RSM) analysis demonstrated that HPMC K4M and Chitosan concentrations significantly influenced disintegration time, drug content, and %CDR ($p < 0.005$). The optimized formulation, identified as F3, achieved:

Disintegration time: 12.35 s

Drug content: 99.26%

%CDR: 99.13%

with a desirability score of 0.922, making it the best candidate for rapid antihistaminic action.

The optimized Loratadine OTF formulation exhibited rapid disintegration, high drug content, and near-complete drug release within 25 minutes, with mechanical properties suitable for patient handling and compliance. Diffusion-based release, confirmed by Higuchi and Peppas models, along with uniform morphology, makes it a promising platform for fast-acting antihistaminic therapy.

CONCLUSION

The present study successfully developed plus optimized mouth-dissolving oral thin films (OTFs) of Loratadine using a 3^2 full factorial design with HPMC K4M and Chitosan as the primary film-forming polymers. Preformulation studies confirmed the drug's identity, purity, and compatibility with selected excipients through FTIR, UV, melting point analysis, and solubility profiling. The solvent casting method produced films with uniform thickness, minimal weight variation, acceptable surface pH, and high folding endurance, ensuring both mechanical integrity and patient acceptability.

Among the nine formulations, batch F3 appeared as the optimized formulation, displaying an excellent equilibrium of physicochemical strength (tensile strength 0.92 N/mm²), high folding endurance (194), rapid disintegration (12.35 seconds), and high drug content (99.26%). In-vitro dissolution studies demonstrated brisk and near-complete release of drug (99.13% within 25 minutes), fitting best to the Higuchi model, indicative of diffusion-controlled release. Korsmeyer–Peppas analysis revealed anomalous transport, suggesting a combined mechanism of drug diffusion and polymer erosion. SEM analysis confirmed smooth surface morphology and uniform drug dispersion without visible crystallinity.

Statistical optimization using DesignExpert® validated the significant influence of polymer concentrations on disintegration time, cumulative drug release, along with

drug content, achieving a desirability score of 0.922 for the optimized batch.

Overall, the formulated Loratadine OTFs offer a patient-friendly, fast-dissolving, and effective substitute to conventional dosage forms meant for oral administration, especially advantageous for individuals facing trouble in swallowing or those requiring rapid relief from allergic symptoms. The approach can be extended to other poorly soluble drugs to enhance onset of action and improve therapeutic outcomes

REFERENCE

- [1]. Pawankar R. Allergic diseases and asthma: a global public health concern and a call to action. *World Allergy Organization Journal*. 2014 Dec;7(1):1-3.
- [2]. Gutowska-Ślesik J, Samoliński B, Krzych-Fałta E. The increase in allergic conditions based on a review of literature. *Advances in Dermatology and Allergology/Postępy Dermatologii i Alergologii*. 2023 Feb 1;40(1):1-7.
- [3]. De Martinis M, Sirufo MM, Ginaldi L. Allergy and aging: an old/new emerging health issue. *Aging and disease*. 2017 Apr 1;8(2):162.
- [4]. Profet M. The function of allergy: immunological defense against toxins. *The Quarterly review of biology*. 1991 Mar 1;66(1):23-62.
- [5]. Platts-Mills TA, Woodfolk JA. Allergens and their role in the allergic immune response. *Immunological reviews*. 2011 Jul;242(1):51-68.
- [6]. Lee F, Lawrence DA. From infections to anthropogenic inflicted pathologies: Involvement of immune balance. *Journal of Toxicology and Environmental Health, Part B*. 2018 Jan 2;21(1):24-46.
- [7]. Simons FE, Simons KJ. The pharmacology and use of H1-receptor-antagonist drugs. *New England Journal of Medicine*. 1994 Jun 9;330(23):1663-70.
- [8]. Krystal AD, Richelson E, Roth T. Review of the histamine system and the clinical effects of H1 antagonists: basis for a new model for understanding the effects of insomnia medications. *Sleep medicine reviews*. 2013 Aug 1;17(4):263-72.
- [9]. Golightly LK, Greos LS. Second-generation antihistamines: actions and efficacy in the management of allergic disorders. *Drugs*. 2005 Feb;65(3):341-84.

- [10]. El-Haj BM, Ahmed SB. Metabolic-hydroxy and carboxy functionalization of alkyl moieties in drug molecules: Prediction of structure influence and pharmacologic activity. *Molecules*. 2020 Apr 22;25(8):1937.
- [11]. Lau ET, Steadman KJ, Cichero JA, Nissen LM. Dosage form modification and oral drug delivery in older people. *Advanced drug delivery reviews*. 2018 Oct 1;135:75-84.
- [12]. Shailesh K, Vaishali L. Review on: Alternatives to large dosage forms for ease of swallowing. *Journal of Drug Delivery Science and Technology*. 2020 Jun 1;57:101712.
- [13]. Lawlor CM, Choi S. Diagnosis and management of pediatric dysphagia: a review. *JAMA Otolaryngology–Head & Neck Surgery*. 2020 Feb 1;146(2):183-91.
- [14]. Jadhav SJ, Gangurde AB, Jadhav JA. Formulation development and evaluation of effervescent granules of rizatriptan benzoate. *Int J Pharm Qual Assur*. 2024;15(2):911–6.
- [15]. Nieto K, Ang D, Liu H. Dysphagia among geriatric trauma patients: A population-based study. *PLoS One*. 2022 Feb 8;17(2):e0262623.
- [16]. Golden DB. Patterns of anaphylaxis: acute and late phase features of allergic reactions. In *Anaphylaxis: Novartis Foundation Symposium 257* 2004 Jan 23 (Vol. 257, pp. 101-115). Chichester, UK: John Wiley & Sons, Ltd.
- [17]. Pourpak Z, Fazlollahi MR, Fattahi F. Understanding adverse drug reactions and drug allergies: principles, diagnosis and treatment aspects. *Recent patents on inflammation & allergy drug discovery*. 2008 Jan 1;2(1):24-46.
- [18]. Komal K, Nilesh K, Vaibhav B, Rakesh A. Formulation, development and characterization of oral jelly to improve therapeutic effectiveness. *Int J Pharm Qual Assur*. 2024;15(2):1023–34.
- [19]. Tian Y, Orlu M, Woerdenbag HJ, Scarpa M, Kiefer O, Kottke D, Sjöholm E, Öblom H, Sandler N, Hinrichs WL, Frijlink HW. Oromucosal films: From patient centricity to production by printing techniques. *Expert opinion on drug delivery*. 2019 Sep 2;16(9):981-93.
- [20]. Milligan JJ, Saha S. A nanoparticle's journey to the tumor: Strategies to overcome first-pass metabolism and their limitations. *Cancers*. 2022 Mar 29;14(7):1741.
- [21]. Jones CR, Hatley OJ, Ungell AL, Hilgendorf C, Peters SA, Rostami-Hodjegan A. Gut wall metabolism. Application of pre-clinical models for the prediction of human drug absorption and first-pass elimination. *The AAPS journal*. 2016 May;18(3):589-604.
- [22]. Kathpalia H, Gupte A. An introduction to fast dissolving oral thin film drug delivery systems: a review. *Current drug delivery*. 2013 Dec 1;10(6):667-84.
- [23]. Raval KM, Patel KJ, Patel KN, Patel MK. *Journal of Drug Discovery and Therapeutics* 1 (3) 2013, 49-56. *Journal of Drug Discovery and Therapeutics*. 2013;1(3):49-56.
- [24]. Xiao L, Li S, Qian Y, Chen D, Jiang T. An overview of OTFS for Internet of Things: Concepts, benefits, and challenges. *IEEE Internet of Things Journal*. 2021 Dec 6;9(10):7596-618.
- [25]. Bhaskar R, Ola M, Khade S, Pawar A, Tikhe R, Madwe V, Shinde S. Oral Thin Films: A Modern Frontier in Drug Delivery Systems. *Journal of Drug Delivery & Therapeutics*. 2025 Apr 1;15(4).
- [26]. Kay GG, Harris AG. Loratadine: a non-sedating antihistamine. Review of its effects on cognition, psychomotor performance, mood and sedation. *Clinical & Experimental Allergy*. 1999 Jul;29:147-50.
- [27]. Hu Y, Sieck DE, Hsu WH. Why are second-generation H1-antihistamines minimally sedating?. *European journal of pharmacology*. 2015 Oct 15;765:100-6.
- [28]. Zuberbier T. Pharmacological rationale for the treatment of chronic urticaria with second-generation non-sedating antihistamines at higher-than-standard doses. *Journal of the European Academy of Dermatology and Venereology*. 2012 Jan;26(1):9-18.
- [29]. Chandra SND, Bharathi A, Suresh SBAV, Shabana P. Design and evaluation of fast dissolving tablets of anti-hypertensive poorly soluble drug through 2³ factorial designs. *Int J Drug Deliv Technol*. 2024;14(4):1988–95.
- [30]. Kumar A, Bhimrao LS, Sharma A, Yadav AK. Polymers in orally disintegrating tablets and orally dissolving films. In *Polymers for Oral Drug Delivery Technologies* 2025 Jan 1 (pp. 659-673). Elsevier Science Ltd.
- [31]. Dwivedi S, Lodhi DS, Kumawat D, Golani P, Chakraborty AK, Bisht R. Formulation development and evaluation of herbal tablet of *Diplocyclos palmatus* (L.) Jeffry. *Int J Drug Deliv Technol*. 2023;13(3):831–2..
- [32]. Guarve K, Kriplani P. HPMC-a marvel polymer for pharmaceutical industry-patent review. *Recent advances in drug delivery and formulation: Formerly Recent Patents on Drug Delivery & Formulation*. 2021 Mar 1;15(1):46-58.
- [33]. Thulluru A, Sushma JM. Optimization of HPMC K100M and HPMC K4M Ratio in Extending the Release of Valacyclovir HCl from its Gastro Retentive Floating Tablet. *Inventi Rapid: Novel Excipients*. 2015;1:1-8.
- [34]. Iber BT, Kasan NA, Torsabo D, Omuwa JW. A review of various sources of chitin and chitosan in nature. *Journal of Renewable Materials*. 2022;10(4):1097.
- [35]. Peniche C, Argüelles-Monal W, Goycoolea FM. Chitin and chitosan: major sources, properties and applications. *Monomers, polymers and composites from*

renewable resources. 2008 Jan 1;1:517-42.

[36]. Vilegave K, Vidyasagar G, Chandankar P. Preformulation studies of pharmaceutical new drug molecule and products: An Overview. *The American Journal of Pharmacy*. 2013;1(3):1-20.

[37]. Gopinath R, Naidu RA. Pharmaceutical preformulation studies—current review. *International Journal of Pharmaceutical & Biological Archives*. 2011;2(5):1391-400.

[38]. Janugade BU, Singla N. Formulation, in-vitro and in-vivo evaluation of chronology-based mucoadhesive drug delivery system of an antihypertensive drug. *Int J Drug Deliv Technol*. 2024;14(1):94–101.

[39]. Gohel MC, Amin AF. Formulation optimization of controlled release diclofenac sodium microspheres using factorial design. *Journal of controlled release*. 1998 Feb 12;51(2-3):115-22.

[40]. Bhavsar MD, Tiwari SB, Amiji MM. Formulation optimization for the nanoparticles-in-microsphere hybrid oral delivery system using factorial design. *Journal of controlled release*. 2006 Jan 10;110(2):422-30.

[41]. Nagarwal RC, Srinatha A, Pandit JK. In situ

forming formulation: development, evaluation, and optimization using 33 factorial design. *Aaps Pharmscitech*. 2009 Sep;10(3):977-84.

[42]. Linku A, Sijimol J. Formulation and evaluation of fast dissolving oral film of anti allergic drug. *Asian Journal of Pharmaceutical Research and Development*. 2018;6(3):5–16.

[43]. Narayana Raju P, Sravan Kumar M, Reddy CM, Ravishankar K. Formulation and evaluation of fast dissolving films of loratadine by solvent casting method. *The Pharma Innovation – Journal*. 2013;2(2):31–6.

[44]. Bala R, Khanna S, Pawar P, Arora S. Orally dissolving strips: a new approach to oral drug delivery system. *Int J Pharm Investig*. 2013;3(2):67-76.

[45]. Sharma D, Kaur D, Verma S, Singh D, Singh M, Singh G, et al. Fast dissolving oral films technology: a recent trend for an innovative oral drug delivery system. *Int J Drug Deliv*. 2015;7(2):60-75.

[46]. Kulkarni VS, Dixit M, Gunashekara K, Nayak BB. Formulation and evaluation of mouth dissolving films of ropinirole hydrochloride. *Int J Pharm Pharm Sci*. 2014;6(5):603-7