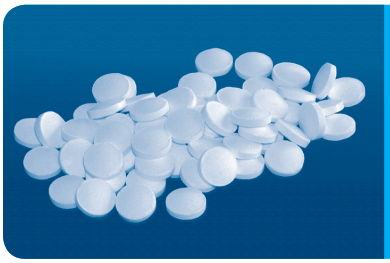
College Pharmacy
Compounding Specialists

Lipid Matrix Sublingual Tablet

Combining the Best of Sublingual & Lipid Matrix Dosing Benefits!

Not a Lozenge, Troche, or Tablet Triturate: A True Sublingual Tablet!



College Pharmacy's Lipid Matrix Sublingual Tablet is formulated to create a dosage form that offers a faster and more complete absorption than traditional oral routes of administration, while keeping the same quality you expect from College Pharmacy.*

* Zhang, Hao; Zhang, Jie; Streisand, James B. " Oral Mucosal Drug Delivery: Clinical Pharmacokinetics and Therapeutic Applications." Clinical Pharmacokinetics. 41(9):661-680, 2002.

Discover the Quality & Convenience of A TRUE Sublingual Tablet:

- Hormone Replacement (Women & Men)
- Glutathione, MB12, Melatonin, Oxytocin
- Compounded Pain Formulations
- Single or Combination Drug Delivery
- Diverse Dosage Form For MANY Formulas
- Improved "Quick Dissolve" Formula
- Smooth "Mouth-Feel" & Rapid Disintegration
- Lipid Matrix Drug Delivery
- Bioavailable & Avoids First Pass Effect
- Convenient & Consistent Dosing Application
- No Mess. No Hassle. No Topical Transfer.
- Scored For Convenience
- Potency Tested

FREE SAMPLES

Contact us to request a FREE Placebo Lipid Matrix Sublingual Tablet sample!

*A growing amount of well respected research shows that *a true sublingual tablet* offers drug delivery benefits over more traditional oral and non-oral routes of administration. Dissolving the sublingual tablet under the tongue introduces hormones and other therapies directly into the bloodstream while bypassing the metabolism that may occur in the liver. By delivering drugs directly into the bloodstream, problems with bioavailability due to the digestive track and intestinal lining may also be avoided, and often a lower drug dose can be used effectively. We will be happy to provide research upon request.

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Professional Custom Compounding Since 1974.

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Sublingual Tablet Research

Oral Mucosal Drug Delivery: Clinical Pharmacokinetics and Therapeutic Applications.
Zhang, Hao; Zhang, Jie; Streisand, James B. Clinical Pharmacokinetics. 41(9):661-680, 2002.

Abstract:
Oral mucosal drug delivery is an alternative method of systemic drug delivery that offers several advantages over both injectable and enteral methods. Because the oral mucosa is highly vascularised, drugs that are absorbed through the oral mucosa directly enter the systemic circulation, bypassing the gastrointestinal tract and first-pass metabolism in the liver. For some drugs, this results in rapid onset of action via a more comfortable and convenient delivery route than the intravenous route. Not all drugs, however, can be administered through the oral mucosa because of the characteristics of the oral mucosa and the physicochemical properties of the drug.

Several cardiovascular drugs administered transmucosally have been studied extensively. Nitroglycerin is one of the most common drugs delivered through the oral mucosa. Research on other cardiovascular drugs, such as captopril, verapamil and propafenone, has proven promising. Oral transmucosal delivery of analgesics has received considerable attention. Oral transmucosal fentanyl is designed to deliver rapid analgesia for breakthrough pain, providing patients with a noninvasive, easy to use and nonintimidating option. For analgesics that are used to treat mild to moderate pain, rapid onset has relatively little benefit and oral mucosal delivery is a poor option. Oral mucosal delivery of sedatives such as midazolam, triazolam and etomidate has shown favourable results with clinical advantages over other routes of administration. Oral mucosal delivery of the antinausea drugs scopolamine and prochlorperazine has received some attention, as has oral mucosal delivery of drugs for erectile dysfunction.

Oral transmucosal formulations of testosterone and estrogen have been developed. In clinical studies, sublingual testosterone has been shown to result in increases in lean muscle mass and muscle strength, improvement in positive mood parameters, and increases in genital responsiveness in women. Short-term administration of estrogen to menopausal women with cardiovascular disease has been shown to produce coronary and peripheral vasodilation, reduction of vascular resistance and improvement in endothelial function. Studies of sublingual administration of estrogen are needed to clarify the most beneficial regimen.

Although many drugs have been evaluated for oral transmucosal delivery, few are commercially available. The clinical need for oral transmucosal delivery of a drug must be high enough to offset the high costs associated with developing this type of product. Drugs considered for oral transmucosal delivery are limited to existing products, and until there is a change in the selection and development process for new drugs, candidates for oral transmucosal delivery will be limited.

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