Original Research Article – Pharmaceutical Sciences Open Access UGC Approved | MCI Approved Journal

FORMULATION DEVELOPMENT SCALE UP AND OPTIMIZATION OF CONTROLLED RELEASE HYDROPHILIC MATRIX ORAL DOSAGE FORM OF GLICLAZIDE

G.Sandhyarani ¹ and Shahisthasamreen²

^{1,2} Vaageswari college of Pharmacy, Karimnagar, Telangana state, India.

*Corresponding Author Email: sandhyaguggilla9@gmail.com

ABSTRACT

The main aim of the experiment is to prepare matrix tablets of Gliclizide and compare them with that of the marketed release formulations and to report the results. Different formulations of tablets were prepared by wet granulation followed by direct compression method and subjected to different evaluation parameters along with comparing with marketed formulations and from the results concluded that that the prepared product matches with that of the innovator product in all aspects in all the parameter.

KEY WORDS

Gliclizide, Controlled Release

INTRODUCTION

The main aim of this study is Formulate & Optimization of controlled release hydrophilic matrix oral dosage form of Gliclazide by Wet granulation method.

DRUG PROFILE

Gliclazide is an oral antihyperglycemic agent used for the treatment of non-insulin-dependent diabetes mellitus (NIDDM). It belongs to the sulfonylurea class of insulin secretagogues, which act by stimulating β cells of the pancreas to release insulin. Sulfonylureas increase both basal insulin secretion and meal-stimulated insulin release. Medications in this class differ in their dose, rate of absorption, duration of action, route of elimination and binding site on their

target pancreatic β cell receptor. Sulfonylureas also increase peripheral glucose utilization, decrease hepatic gluconeogenesis and may increase the number and sensitivity of insulin receptors. Sulfonylureas are associated with weight gain, though less so than insulin. DDue to their mechanism of action, sulfonylureas may cause hypoglycemia and require consistent food intake to decrease this risk. The risk of hypoglycemia is increased in elderly, debilitated and malnourished individuals. Gliclazide has been shown to decrease fasting plasma glucose, postprandial blood glucose and glycosolated hemoglobin (HbA1c) levels (reflective of the last 8-10 weeks of glucose control). Gliclazide is extensively metabolized by the liver; its metabolites are excreted in both urine (60-70%) and feces (10-20%).



| · · | |
|----------------------|--|
| Chemical class | Sulfonylureas derivative |
| Chemical name | 1-(hexahydocyclopenta©pyroll-2(1H)-yl)-3-(p-tolysulfonyl) urea |
| M.Formula & M.Wt | C ₁₅ H ₂₁ N ₃ O ₃ & 323.4 |
| Melting point | 181°C |
| Solubility | Practically insoluble in water, freely soluble in methylene chloride, sparingly soluble in acetone, slightly soluble in ethanol. |
| UV absorption | 235 nm |
| Therapeutic category | Hypoglycemic agent |

type two diabetes.

• EXCIPIENT PROFILE:

| 1. | Gliclazide |
|----|---|
| 2. | Lactose monohydrate |
| 3 | Hypromellose 100 cps |
| 4 | Maltodextrin/Povidone/pregelatinized starch/HPMC low viscosity/ xylitol |
| 5 | Colloidal anhydrous silica |
| 6 | Magnesium stearate |



• INNOVATOR DETAILS:

- Diamicron XR 60 Mg
- Indication: TYPE II diabetes mellitus

| SNO | | INGREDIENTS | AMOUNT |
|-----|-----------------|----------------------------|----------|
| | Internal Phase: | | |
| 1 | | Gliclazide | 60mg |
| 2 | | Lactose | 71.36 |
| 3 | | HPMC 100 cp | 64.00 |
| 4 | | Maltodextrin | 22.00 |
| 5 | | Anhydrous colloidal silica | 4.4 |
| | External Phase: | | |
| 6 | | Нртс 100ср | 96.00 mg |
| 7 | | Magnesium stearate | 1.6 mg |
| 8 | | Anhydrous colloidal silica | 0.64 |
| | | Total weight | 320.00 |

FORMULATION 1:

OBJECTIVE: Formulation of controlled release tablets was found by using formula

| SNO | EXCIPIENTS | FORMULATION 1 |
|-------|-----------------------------|-----------------------|
| 1 | Intragranular | With 18% FU, 3 min KT |
| 2 | Gliclazide | 300 |
| 3 | HPMC 100CP | 350 |
| 4 | Lactose Monohydrate | 456.8 |
| 5 | Anhydrous colloidal sillica | 22 |
| 6 | Maltodextrin | 110 |
| Total | | 1239 |
| 7 | P.Water | 223 |
| 8 | Extragranular | |
| 9 | HPMC 100 CP | 350 |
| 10 | Anhydrous colloidal silica | 3.2 |
| 11 | Magnesium Stearate | 8 |
| | Total weight of tablet | 1600 |



- Formulation 2:
- **Objective:** To take a trial similar to F-1 except for maltodextrin to be replaced with povidone k30

| SNO | EXCIPIENTS | FORMULATION 2 | |
|-------|-----------------------------|----------------------|--|
| 1 | Intragranular | With 14% FU, 2min KT | |
| 2 | Gliclazide | 300 | |
| 3 | HPMC 100CP | 350 | |
| 4 | Lactose Monohydrate | 456.8 | |
| 5 | Anhydrous colloidal sillica | 22 | |
| 6 | Povidone K30 | 110 | |
| Total | | 1239 | |
| 7 | P.Water | 173 | |
| 8 | Extragranular | | |
| 9 | HPMC 100 CP | 350 | |
| 10 | Anhydrous colloidal silica | 3.2 | |
| 11 | Magnesium Stearate | 8 | |
| | Total weight of tablet | 1600 | |

- Formulation 3:
- **Objective:** To take a trial similar to f-1 except for maltodextrin to be replaced with pregelatinised starch.

| SNO | EXCIPIENTS | FORMULATION 3 |
|-------|-----------------------------|-----------------------|
| 1 | Intragranular | With 22% FU, 4 min KT |
| 2 | Gliclazide | 300 |
| 3 | HPMC 100CP | 350 |
| 4 | Lactose Monohydrate | 456.8 |
| 5 | Anhydrous colloidal sillica | 22 |
| 6 | Pre gelatinised starch | 110 |
| Total | | 1239 |
| 7 | P.Water | 273 |
| 8 | Extragranular | |
| 9 | HPMC 100 CP | 350 |
| 10 | Anhydrous colloidal silica | 3.2 |
| 11 | Magnesium Stearate | 8 |
| | Total weight of tablet | 1600 |



• Dissolution Media: pH 7.5 Phosphate buffer

| TIME | FORMULATION 3 | | |
|------|-----------------|------|--|
| | Avg dissolution | %RSD | |
| 1 | 10 | 7.4 | |
| 2 | 22 | 6.6 | |
| 4 | 44 | 5.5 | |
| 6 | 64 | 4.2 | |
| 8 | 80 | 4.2 | |
| 10 | 92 | 3.8 | |
| 12 | 99 | 2.5 | |
| 16 | 101 | 2.1 | |

RESULT &CONCLUSION:

- The dissolution profile is comparatively slower than innovator dissolution profile.
- Therefore to pocessed with povidone batchby forming light granules.

• FORMULATION 4:

• Objective: To take a trial similar to F-2 by preaparing light granules by reducing water quantity from 250g to 200g.

| Gliclazide | 60mg |
|----------------------|---------|
| HPMC K100LVCR | 70mg |
| Lactose monohydrate | 91.36mg |
| aerosil 200 | 4.4mg |
| Povidone K30 | 22mg |
| P. water | 200g |
| HPMC K100LVCR | 70mg |
| aerosil 200 | 0.64mg |
| magnesium stearate | 1.6mg |
| Total | 320mg |
| Fluid uptake% | 15% |
| Binder addition time | 90 sec |
| Kneading time | 5 min |



| Occupancy in Blender | | BD | TD | CI | HR |
|----------------------|-------|------|-------|--------|-------|
| | 60.3% | 0.51 | 0.675 | 24.528 | 1.325 |

SCIENTIFIC RATIONAL:

• In trial GLT-003 (with povidone) the release of the tablet is slower compared to innovator therefore to match the dissolution profile by making lighter granules.

Dissolution in 0.01N HCL followed by ph 6.8 Phosphate

| | 2hr 0.01N HCL | 6.8 PB | 6.8 PB | 6.8 PB |
|------|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|-----------|
| TIME | 2hr | 1hr | 2hr | 4hr | 6hr | 8hr | 10hr | 12hr | 16hr | 20hr | 24hr |
| | 4 | 13 | 22 | 38 | 50 | 62 | 74 | 84 | 87 | 88 | 89 |

- FORMLATION 5:
- Objective: To take a trial similar to F-4 except by increasing the aerosol in intragranular part (from 4.4 mg/tab to 6.0/tab) by preparing light granules by reducing water quantity from 250 to 200g.

| Gliclazide | 60mg |
|----------------------|---------|
| HPMC K100LVCR | 70mg |
| Lactose monohydrate | 91.36mg |
| aerosil 200 | 4.4mg |
| Povidone K30 | 22mg |
| P. water | 200g |
| HPMC K100LVCR | 70mg |
| aerosil 200 | 6.0mg |
| magnesium stearate | 1.6mg |
| Total | 320mg |
| Fluid uptake% | 12% |
| Binder addition time | 90 sec |
| Kneading time | 12 min |



| Occupancy in Blender | BD | TD | CI | HR | |
|----------------------|-------|-------|-------|-------|--|
| 53.16% | 0.560 | 0.651 | 14.00 | 1.163 | |

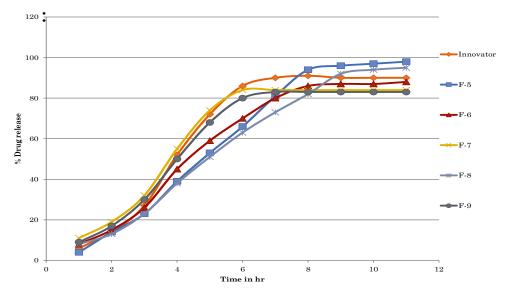
• SCIENTIFIC RATIONAL:

 In trial GLT-003(with povidone) release of the tablet is slower compared to innovator therefore to match the Dissolution profile by making lighter granules.

Dissolution in 0.01N HCl followed by pH 6.8 Phosphate buffer (TYPE I,100 rpm)

| | 2hr 0.01N HCL | 6.8 PB | 6.8 PB | 6.8 PB |
|------|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|-----------|
| TIME | 2hr | 1hr | 2hr | 4hr | 6hr | 8hr | 10hr | 12hr | 16hr | 20hr | 24hr |
| | 4 | 14 | 23 | 39 | 53 | 66 | 81 | 94 | 87 | 96 | 97 |

· Dissolution graph of different formulation





Dissolution Media: pH 7.5 Phosphate buffer

| TIME | FORMULATION 5 | | | | |
|------|-----------------|------|--|--|--|
| | Avg dissolution | %RSD | | | |
| 1 | 10 | 8.9 | | | |
| 2 | 21 | 10.0 | | | |
| 4 | 41 | 7.7 | | | |
| 6 | 59 | 6.5 | | | |
| 8 | 76 | 6.0 | | | |
| 10 | 89 | 5.2 | | | |
| 12 | 98 | 3.2 | | | |
| 16 | 101 | 0.8 | | | |

RESULT & CONCLUSION: The dissolution profile has slightly increased. To perform a trial batch to see the impact of povidone on dissolution.

• Formulation 6:

Confirmatory Batch for Gliclazide Extended Release tablets 60mg: Objective
 :Based on the in process and finished product analytical data confirmatory batch was planned to scale up manufacturing process of Gliclazide extended release tablets 60mg

| S. No. | Ingredients | mg / tablet | (Confirmatory batch) Kg |
|--------------|---|-------------|-----------------------------|
| 1 | Gliclazide * IP | 60.00 | 24.00 |
| 2 | Hypromellose (Methocel K100LVCR) USP | 70.00 | 28.000 |
| 3 | Lactose monohydrate (Impalpable)** NF | 91.36 | 36.544 |
| 4 | Colloidal Silicon Dioxide NF | 4.40 | 1.760 |
| 5 | Povidone (Plasdone K29/32) IP | 22.00 | 8.80 |
| 6 | Purified water ^{\$} IP | qs | 11.892 |
| 7 | Hypromellose (Methocel K100LVCR) USP | 70.00 | 28.000 |
| 8 | Colloidal Silicon Dioxide NF | 0.64 | 0.256 |
| 9 | Magnesium stearate IP | 1.60 | 0.64 |
| Total weight | | 320.00 | |



SCIENTIFIC RATIO:

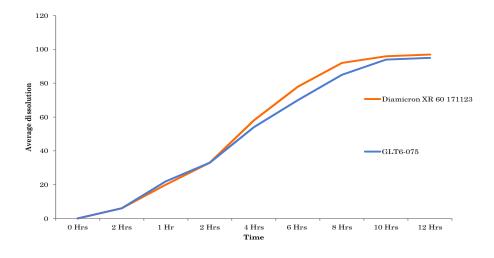
The release of Gliclazide MR 60 MG tablets is slower by 8% in 6 th hour in pH 6.9 phosphate buffer, therefore the conc. of anhydrous colloidal silica in increased from 4.4 mg/tab to 5.0 mg/tab as it acts as hydrophylising

agent.D

| Media | Time | F 6 | % RSD |
|------------|--------|-----|-------|
| 0.01 N HCl | 2 Hrs | 6 | 63.7 |
| рН 6.8 | 1 Hr | 22 | 8.7 |
| | 2 Hrs | 33 | 5.5 |
| | 4 Hrs | 54 | 4.2 |
| | 6 Hrs | 70 | 3.2 |
| | 8 Hrs | 85 | 3.5 |
| | 10 Hrs | 94 | 6.3 |
| | 12 Hrs | 95 | 7.8 |

Dissolution in 0.01N HCl followed by pH 6.8 Phosphate buffer, USP Type I, 900mL, 100rpm

Dissolution in 0.01N HCl followed by pH 6.8 Phosphate buffer





| TIME | | 0.01N HCL pH 7.4 Phosphate FORMULATION 5 | | | |
|------------|----------|--|-----------------|------|--|
| | | | Avg dissolution | %RSD | |
| Media | Time(hr) | | | | |
| 0.01 N HCl | 2 Hrs | | 8 | 69.8 | |
| pH 7.4 | 1 Hr | | 26 | 7.9 | |
| | 2 Hrs | | 39 | 5.4 | |
| | 4 Hrs | | 72 | 6.7 | |
| | 6 Hrs | | 79 | 8.1 | |
| | 8 Hrs | | 90 | 9.9 | |

12.2 12.5

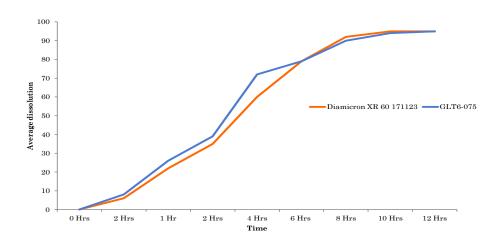
RESULT & CONCLUSION:

10 Hrs

12 Hrs

The dissolution profile is similar to innovator weight to check feasibility and

Dissolution in 0.01N HCl followed by pH 7.4 Phosphate buffer



CONCLUSION

The results of the tablets were matching with the innovator in release media pH 7.5 phosphate buffer. The results of the tablets were matching with the Innovator in 0.01N HCl followed by pH 6.8 phosphate buffer. The results of the tablets were matching with the Innovator in 0.01N HCl followed by pH 7.4 phosphate buffer. The results of the tablets were matching with the Innovator in pH 5.8 FeSSIF. The results of the half tablet were matching with the Innovator in pH 7.5 phosphate buffer. The results of the half tablet were matching with the Innovator in 0.01N HCl followed by pH 6.8 phosphate buffer. The results of

the half tablet were matching with the Innovator in 0.01N HCl followed by pH 7.4 phosphate buffer

REFERENCE

Harrower A. Gliclazide modified release: from once daily administration to 24- hour blood glucose control.W.B. Saunders Company (2000).

Hindustan AA, Chitta SK, Reddy KK. Designing and invitro Evaluation of Gliclazide Azadirachta indica Fruit Mucilage Povidone Sustained Release Matrix Tablets. Journal of Pharmacy Research, 4(1).,85-87,(2011).





Hiremath P.S., Saha R.N., Oral matrix tablet formulations for concomitant controlled release of anti-tubercular drugs. Design and

in vitro evaluations. International J. of Pharmaceutics., 362,118-125(2008).

*Corresponding Author:

G.Sandhyarani

Email: sandhyaguggilla9@gmail.com