

INDUSTRIAL PHARMACY-II

- Preformulation studies

↳ Introduction

↳ Definition

↳ Goals & objective of preformulation

↳ Physico-chemical property of preformulation

Preformulation studies

- The word "Pre-formulation" refers to the steps to be undertaken before formulation.
- Pre-formulation include determine physical and chemical properties of drug substance with goal of developing
 - a New drug is "safe", stable and efficacious." (Data collect).
 - Investigation of "physicochemical properties" of the New drug.

(1)

Goals and objective of preformulation

- To determine the Physico-chemical property of drug
- To determine the pharmacokinetic and stability.
- To determine compatibility of New drug with excipient.
- To determine problem that may arise during Preformulation.

Physico-chemical property of drug

(a) Physical properties :-

- Physical form (crystal & amorphous)
- Particle size, shape
- flow properties
- Solubility profile (pKa, pH, Partition coefficient)
- Polymorphism

(b) Chemical properties :-

- Hydrolysis - Polymerization.
- Oxidation
- Reduction
- Racemisation

Physical properties of Drug

①

(a) ORGANOLEPTIC PROPERTIES

- organ means → Sensory
- Leptic means → Loving
- It refers evaluation of drug on basis colour, odour, texture and taste.
- Colour of product should be appealing in eye. The odour and taste may be overcome by the use of a less soluble chemical from the drug.
- Purity → Purity studies are essential for further studies to be carried out safely.
- Some method used to test purity -
- (TLC) Thin layer chromatography.
- (HPLC) Has chromatography
- (PC) Paper chromatography

Physical / Bulk form

②

- Drug can be administered therapeutic as Solid, liquid and gases.

- Solid form are preferred because they can easily converted in to tablets & capsules

- A compound can be "crystalline or amorphous" depend on the Internal structure

- Crystalline form In which the particles

or molecules have the similar

Shape and they have a fixed arrangement.

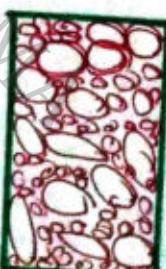
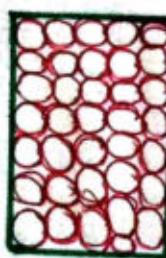
- It is associated with 3-D assay.

High Stability

- Amorphous form In which the particles or

molecules randomly placed as in a liquid. They do not have any fixed

Internal structure. Stability is high.



CRYSTALLINE

AMORPHOUS

(ii)

PARTICLE SIZE, SHAPE & SURFACE AREA

These properties of drug affect biopharmaceutical behaviours.

Particle size → The big difference in the

particle size, affect flow properties of

Powder and cause mixing efficiently



[DETERMINING
Microscopy
Sieving]

Particle shape → The shape and surface charact.

also influence properties like

flow and dissolution.

- SHAPE FACTOR is determined which is the ratio of the longest to the shortest dimension

Surface Area → Surface area may be determined

by the BET Equation.

BET → various absorption theory

- The equation states that most substance will absorb a monolayer of gas under certain condition of temp. & pressure.

(iii) Powder flow Properties

- free flowing or cohesive.

Moisture content, electrostatic charge factors → Depends on particle size, shape, density,

- flow properties of powders is essential for an efficient mixing and tabletting process.

- Poorly flow powder cause non-uniformly of dose tablet compression.

It can be characterized by

↳ Angle of repose
↳ compressibility

(A) Angle of repose → It is angle b/w surface of pile of powder and horizontal plane.

$$\tan \theta = \frac{h}{r}$$



(B) compressibility

② Carr's compressibility Index →

$$\text{Carr's index}(\%) = \frac{\text{Tapped Density} - \text{Bulk Density}}{\text{Tapped Density}} \times 100$$

③ Hausner's ratio,

$$\text{Hausner's ratio} = \frac{\text{Tapped Density}}{\text{Bulk Density}} \times 100$$

④

(A) Density of powder (Imp)

- Density is a property that provides the characterization of flow ability of powders.

$$\text{Density} = \frac{\text{Mass}}{\text{Volume}}$$

True volume
600 ml
Mass = 400 g
Volume = 600 ml
 $d = \frac{400}{600}$

It is known as Bulk volume. $d = 0.57 \text{ g/ml}$

(B) Tapped density

$$\text{Tapped density} = \frac{\text{Mass of powder}}{\text{True volume}}$$

(C) Solubility profile

- The amount of the drug (**solute**) that dissolve in a given **solute** solution (**solvent**) to obtain saturated solution.

- Solubility is essential and important preformulation parameter before design of dosage form.

(4) Solvent system

- Solvent system that could occur during drug delivery for the absorption of drug from dosage form in to systemic circulation. It is ~~not~~ necessary that drug should be in solution form.

- Determined in the pH range 1 to 8.

(A) Ionization constant (PK_a)

- Many drugs are either weak acids or weak bases.

- It is very imp. for the study of their solubility & dissolution rate.

- Gives Henderson Hasselbalch

(B) common ion effect

- One ion that is already present in solution is added to the solution.

C Partition coefficient → It is also known as

distribution.

- The ratio of unionized drug b/w organic & inorganic aqueous phase at equilibrium.

$$P_{ow} = \frac{\text{Drug in octanol}}{\text{Drug in water}}$$



CHEMICAL PROPERTIES OF DRUGS

5

Hydrolysis

- It is the cleavage of chemical bonds by the addition of water.

- The reaction of water with another chemical compound to form two or more products, involving the ionization of carbon

- molecule using the other compound.

- It is step of degradation of substance.



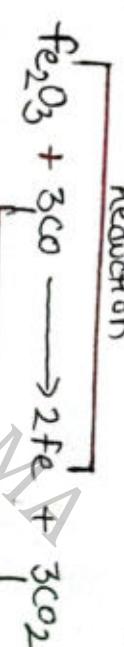
B Oxidation And Reduction

- It is very common pathway for drug degradation in both liquid and solid formulation.

Oxidation mean → gain of oxygen/loss of electron
Reduction mean → gain of electron

(Redox reaction)

Ex →



- ① Enantiotropic → one polymorph can be reversibly changed in to another one by varying temp.
- ② Monotropic → It is irreversible. only one polymorph

→ all measurable temp.

(C)

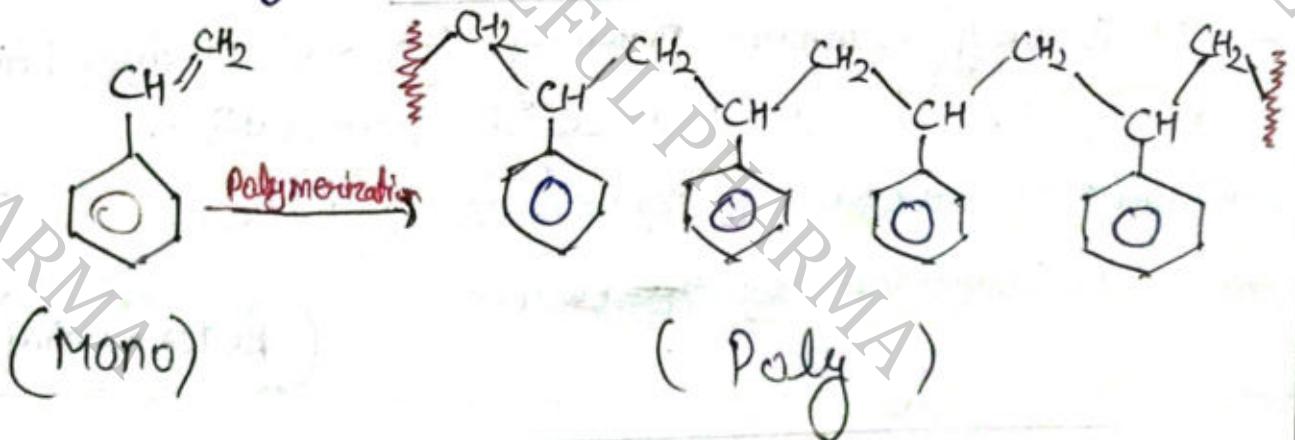
RACEMIZATION

- It is a process in which one enantiomer of a compound, such as an L-amino acid, converts to the other enantiomer.
- Optically active compound can racemize depend on the type of grouping attached chemical st. and to asymmetric C-atom.

(D)

Polymerization

- It is a type of chemical degradation.
- It is a continuous reaction b/w molecules.
- More than one monomer reacts to form a polymer.



BCSBiopharmaceutical classification system

- BCS is a system, which is used for classifying drug substance based on its Solubility and permeability.
- This classification system based upon USP.

factor Affecting on BCS

- ① Solubility → The maximum amount of solute dissolved in a given solvent under standard conditions of temp., pressure and pH.
- The higher single unit dose is completely soluble in 250 ml at pH 1-6.8 (37°C).

- ② Permeability → Permeability of the drug to pass the biological membrane which is the lipophilic (absorption).
- Highly permeable → Extent of absorption in human membrane

BCS classification system of drugs			
CLASS	SOLUBILITY	PERMEABILITY	EXAMPLE
Class-I	High	High	- Metoprolol - Propranolol
Class-II	Low	High	- Nifedipine - Naproxen
Class-III	High	Low	- Cimidine - Metformin
Class-IV	Low	Low	- Taxol - Chlorothiazide

Dose Number → It is the mass divided by uptake vol. of 250ml and the drug Solubility

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CLASS-I → Both [Solvability] and dissolution number is high / rapidly.

- Rapid therapeutic effect.
 - Make tablets and oral snout dosage form.
- Ex → Paracetamol, Metformol.

CLASS-II → Drug absorption rapidly/high but low dissolution and low solubility.

Ex → Phenyltin, Danazol.

CLASS-III → These compound have good solubility but low absorption

due to low permeability. Ex Cinnidine

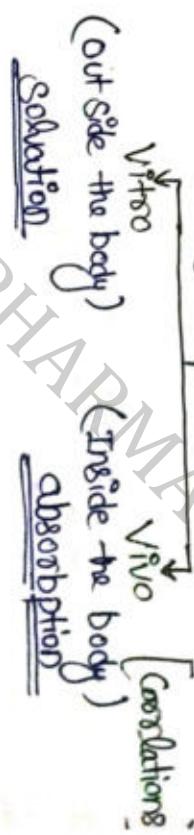
CLASS-IV → Drugs are low solubility and low permeability

- Poor ~~a~~ bioavailability.
- Make Injection

Ex → Taxol, Topihydrate

Application

- useful in the pharmaceutical and biotechnology industry to formulate dosage forms.
 - used to develop quality control
- used to study IVIVE



PREFORMULATION CONSIDERATIONS IN DEVELOPMENT

of SOLID DOSE FORMS

- : Solid dosage form are the most widely marketed and administered drug now days.
- : Almost 70% of administered drug are in solid states.
- : It is preferred by the pharmaceutical companies due to its high safety, low cost.
- : Preformulation studies on solid dosage forms
- > Organoleptic properties
- > Purity
- > Particle size, shape and surface area.
- > Solubility
- > Stability studies
- > Density
- > Crystal properties and polymorphism

PARENTERAL = $\text{P} \xrightarrow{+} \text{O}$ \rightarrow Outside
Enteral \rightarrow Intestine

Bulk characterization \rightarrow It include particle size, powder flow property, polymorphism, crystalline,

Solubility study \rightarrow It include pH determination, common ion effect and partial coefficient.

Stability study \rightarrow It include solution stability and solid state stability.

Spectroscopy \rightarrow UV spectrophotometry, IR spectrophotometry and X-rays.

Microscopy \rightarrow In this method, the substance checked / examined under microscopic for information about shapes, thickness, particle size etc.

PREFORMULATION CONSIDERATIONS IN DEVELOPMENT

of PARENTERAL DOSE FORMS