

Formulation and Evaluation of Paliperidone controlled release dosage form using new technique HussamElDin Y. AbouKilila¹, Mohammed M. Mehanna²

¹Department of Pharmaceutics and Pharmaceutical Technology, Faculty of Pharmacy, Pharos University in Alexandria, Alexandria, Egypt ²Department of Industrial Pharmacy, Faculty of Pharmacy, Alexandria University, Alexandria, Egypt

Introduction

Paliperidone (PAL) is a new antipsychotic molecule used in the treatment of schizophrenia marketed under the trade name of *Invega[®]* marketed by Janssen pharmaceutical company that shows less extrapyramidal side effects due to slow release of PAL. Major drawbacks of antipsychotics are sedation, weight gain and extrapyramidal side effects. This side effect profile is mainly affected by drug release pattern from the dosage form. Moreover, many of the marketed products are immediate release products with high side effect profile. This work aims at sustaining the release of PAL by a new technique in which the drug was mixed with a non-volatile vehicle, carrier and coating materials to change drug solution into powder admixtures that were compressed into tablets.

Results **In-vitro release studies Pre-compression studies**

Formula	Angle of repose (θ)	Compressibility Index (%)	Hausner Ratio
F1 (Control Formula)	38.6 <u>+</u> 0.49	19.65 ± 0.101	1.24 ± 0.01
F2 (10% PAL)	33.28 ± 0.77	14.79 ± 0.2	1.17 ± 0.102
F3 (20% PAL)	35.01 ± 0.38	15.15 ± 0.071	1.18 ± 0.01
F4 (40% PAL)	41.39 <u>+</u> 1.27	21.08 ± 0.993	1.27 ± 0.101
F5 (50% PAL)	48.64 ± 0.53	27.875 <u>+</u> 1.52	1.38 ± 0.308

Table. Flowability parameters of different PAL sustained release formulas

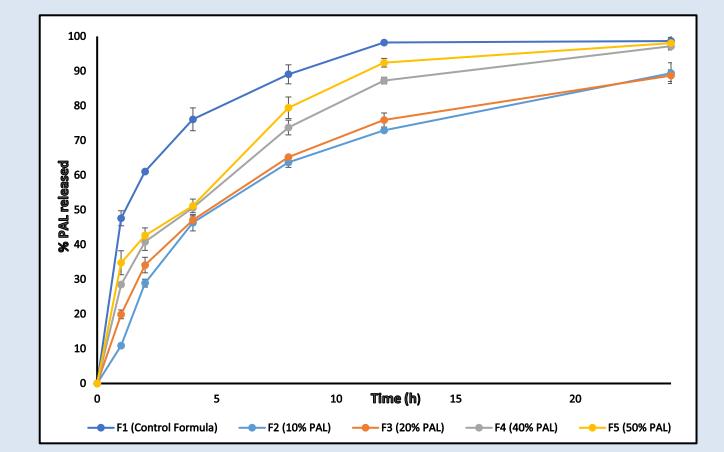


Figure: Paliperidone Chemical Structure

Materials and Methods

Preparation of Paliperidone sustained release formulation

Dosage form was prepared by mixing Paliperidone with vehicle to dissolve

the drug then calculated amounts of carrier and coating materials were added

to the drug solution to convert it to non-adherent free flowing powder that is compressed into tablets.

Characterization of Paliperidone sustained release formulation

Figure. Percentage paliperidone released from different liquisolid formulas into USP dissolution apparatus type II at 37 \pm 0.5°C in 900 ml 0.1 N HCl with a stirring rate of 50 rpm

PAL formula with 20% drug

concentration showed very close

in-vitro release profile to Invega®.

Post-compression studies

QC tests	Weight uniformit- y (mg)	Content uniformit- y (%)	Thickness (cm)	Diamete (cm)	er Hard- ness (mN)	Disinteg- ration time (Min)	Friability (% - weight loss)
Formula	Results expressed in Mean \pm SD						
F1	350.89	93.92 ±	0.31 ±	1.01 ±	0.49 ±	0.61 ±	0.82 ±
(Control)	<u>+</u> 0.756	6.408	0.008	0.010	0.081	0.270	0.512
F2	935.75	88.61 ±	0.78 ±	1.21 ±	0.39 ±	0.28 ±	1.5 ±
(10% PAL)	± 0.246	9.657	0.009	0.007	0.312	0.182	0.87
F3	467.58	95.15 ±	0.42 ±	1.012 ±	0.60 ±	118.2 ±	0.90 ±
(20% PAL)	± 0.671	4.123	0.004	0.007	1.952	6.196	0. 712
F4	233.60	92.72 ±	0.35 ±	0.81 ±	0.43 ±	0.33 ±	0.7 ±
(40% PAL)	± 0.509	5.164	0.006	0.010	2.712	0.139	1.256
F5	187.13	87.32 ±	0.27 ±	0.814 ±	0.56 ±	0 2 + 0 02	0.85 ±
(50% PAL)	± 0.394	27.908	0.004	0.009	1.004	8.2 ± 0.82	2.704

Formula with 20% PAL showed acceptable results in respect to flowbility parameters and quality control testing

In-vivo evaluation

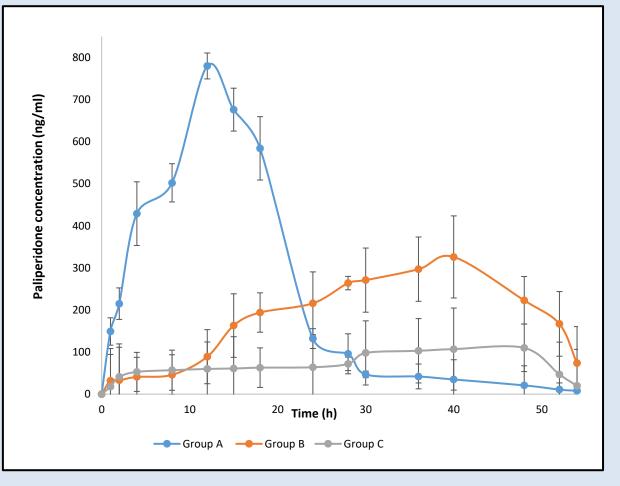


Figure. Paliperidone concentration in plasma of three rabbit groups; (Group A) receiving PAL control formula, (Group B) receiving F3 and (Group C) receiving Invega®

PK parameters	Group A	Group B	Group C
C _{max} (ng/ml)	780.66 <u>+</u> 15.04	326.16 <u>+</u> 17.38	110.33 ± 6.97
T_{max} (h)	13.5 ± 1.64	40 ± 4.32	48 <u>+</u> 6.19

DSC and FT-IR

A- Pre-compression studies

Angle of repose, % Carr's index and Hausner ratio measurement

Powdered sample of sustained PAL formulation were tested for its flowability

through measuring its angle of repose, % Carr's index and Hausner ratio.

B- Post-compression studies

1. DSC & FT-IR

Samples of PAL sustained release formula were tested for transformation of

PAL nature through DSC testing and also tested for ingredients compatibility

by performing FT-IR spectroscopy.

2. In-vitro release study

In-vitro release studies were carried out using a USP dissolution apparatus type II (Paddle type) at body temperature in acidic medium to test release of

PAL from the formulation.

3. *In-vivo* evaluation of PAL formulations

20% PAL showed Formula with conversion of PAL from crystalline to amorphous (DSC findings) and showed no compatibility issues between PAL and other ingredients (FT-IR findings)

	12	875.5 <u>+</u> 1.43	10372 ± 5.24	4049 <u>+</u> 3.47
A 1 1		C 12	C 12875.5 ± 1.43	128755 ± 123 10372 ± 524

Table. Mean pharmacokinetic parameters of; (Group A) receiving control Paliperidone formula, (Group B) receiving F3 and (Group C) receiving Invega® in three rabbit groups (n=6 in each group)

Selected PAL formula achieved a significantly longer duration of action compared to the control PAL formula

Conclusions

Formulation of Paliperidone with Liquisolid technique achieved acceptable pre-compression successfully results in the form of acceptable flowability parameters. Also, after compression, the produced tablets showed acceptable quality control results together with sustained release profile for Paliperidone

and no compatibility issues were observed. In-vivo tests yielded acceptable comparison between selected PAL formula and the selected comparator product.

Pharmacokinetic parameters were measured upon administration of

formulated PAL dosage form, such as Tmax, Cmax and AUC.

References

1. Jain SK, Awasthi A, Jain N, Agrawal G. Calcium silicate based microspheres of repaglinide for gastroretentive floating drug delivery: Preparation and in vitro characterization. Journal of controlled release. 2005;107(2):300-9.

- 2. Geetha A, Rajendra K, Mohan CK, Sateesh V, Raju P. A review on floating drug delivery systems. International journal of pharmaceutical research and biomedical analysis. 2012;1(1):1-13.
- 3. Gupta N, Aggarwal N. Stomach-specific drug delivery of 5-fluorouracil using floating alginate beads. AAPS PharmSciTech. 2007