

# Design and development of pacritinib sustained release tablet using Dry granulation technique.

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### ABSTRACT

Dry granulation technique uses to form conventional and modified release tablet from last three decades. Introduction of modified excipients boosting the preference of manufacturing using dry granulation method. Most of the moisture sensitive drugs prepared using dry granulation method. Cancer is the leading cause of mortality and morbidity after the heart diseases across the globe which affected 9.3 million lives in year 2018. Sustained release and extended-release dosage forms have the advantage of better patient compliance and low dosing frequency. Although they have a potential threat of dose dumping, several attempts have been made by pharmaceutical scientists to develop sustained and extended-release drug delivery systems. Pacritinib citrate is a drug of choice for myelofibrosis. It is a macrocyclic protein kinase inhibitor. Myelofibrosis is a rare blood cancer where scar tissue forms in your bone marrow. It's a type of chronic leukemia that involves too many abnormal blood cells being made. Eventually, these cells can replace normal cells. Treatment goals mainly involve managing symptoms and conditions that arise, including anemia and an enlarged spleen. The present work involves formulation of Sustained release tablets of Pacritinib citrate by using various hydrophilic polymers like HPMC 15 CPS, HPMC K4M, HPMC K15M CR, HPMC K100M CR and Ethyl cellulose 20cps. Dry granulation was evaluated for the preparation of tablets to reduce the manufacturing time. The formulated tablets were subjected to various evaluation tests like weight variation, hardness, assay, disintegration and dissolution tests. Finally, it was concluded that the D7 batch shows the best results, amongst all formulated batches.

**Keywords:** Extended-release, systems, Sustained release systems, Pacritinib citrate, myelofibrosis, dry granulation

# I. INTRODUCTION

Cancer is the leading cause of mortality and morbidity after the heart diseases across the globe which affected 9.3 million lives in year 2018. Cancer represents a class of disorders characterized by abnormal rapid division of cells in the human body which lead to death. Cancer commences with selective DNA mutations which facilitate the cellular growth and proliferation. These cells are born, invade, destroy normal cells, and produce an imbalance in the body. In normal cells, mutations are repaired in the DNA milieu, in contrast, the cancerous cells lose the ability to repair itself. Global burden on primary causes of cancer death is due to tobacco use, alcohol use, obesity, low intake of dietary fibre, excessive eating of red meat, smoking, higher consumption of salt and saturated fats, ionizing and non-ionizing radiation, reduced ingestion of fruits and green vegetables, and numerous carcinogenic infectious agents.1-4

Over the past 40 years, as the expense and complications involved in marketing new drug entities have increased, with concomitant recognition of the therapeutic advantages of controlled drug delivery, greater attention has been focused on development of the sustained or controlled release drug delivery systems.<sup>5</sup> The attractiveness of these dosage form is due to awareness of toxicity and other properties of the when administrated or applied drugs by conventional method in the form of tablet capsule, injectable, ointment etc. Usually, conventional dosage form is required to be administrated 2-3 times a day and produce wide ranging fluctuation in drug concentration in blood stream and tissues with consequent undesirable toxicity and poor efficiency<sup>1</sup>. These few reason as well as factors such as unpredictable absorption and kinetics lead to the concept of oral controlled drug delivery systems.7-9



## **II. MATERIALS AND METHODS:**

The list of materials procured from various sources have been enlisted in Table 1.

Materials	Source
Pacritinib Citrate	BOC Sciences
HPMC 15CPS	Colorcon
HPMC K4M (Methocel	Colorcon
K4M)	
HPMC K15M CR (Methocel	Colorcon
K15M)	
HPMC K100M CR	Colorcon
(Methocel K100M)	
Ethyl cellulose 20cps	Degussa
Microcrystalline cellulose	Dupont
112	
Colloidal silicon dioxide	Madhusilica
(Aerosil)	
Maize Starch	Gujrat starch
Magnesium Stearate	Nikitha Pharma

Preformulation testing is an investigation of physical and chemical properties of a drug substance alone and when combined with excipients. It is first step in the rational development of dosage forms. Preformulation Study of Pacritinib Citrate included various test like Organoleptic properties, Particle size and surface area, Crystallinity and Polymorphism, Solubility and Drug, Excipient compatibility study.<sup>10</sup>

The process for formulation of Pacritinib Citrate was developed in a systematic way. Trials were taken by dry granulation process with Hydrophilic polymers of different grade. The cohesiveness and compressibility of powders is improved using special grade microcrystalline cellulose 112 which support initial flow properties for slugging of powder to adhere to each other so that they can be formed into compacted granules. By this method, properties of the formulation components are modified to overcome their tabletting deficiencies. Pacritinib Citrate having a high dosage and poor flow and / or compressibility must be compacted by the dry method called dry granulation to obtain suitable flow and cohesive for compression. In this process, the proportion of the microcrystalline cellulose required adequate quantity imparting adequate compressibility and flow is much free flow than that of the dry blend needed to produce a tablet by direct mixing compression.<sup>11-14</sup> The various steps of formulation trials D1 to D10 are given in Table 2.

S.No.	Mfg Steps	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
1.	Dry sifting								$\checkmark$		
2.	Dry Mixing	$\checkmark$						$\checkmark$	$\checkmark$	$\checkmark$	
3.	Dry granulation							$\checkmark$	$\checkmark$		$\checkmark$
4.	milling	$\checkmark$						$\checkmark$	$\checkmark$	$\checkmark$	
5.	Sieving	$\checkmark$						$\checkmark$	$\checkmark$	$\checkmark$	
6.	Lubrication							$\checkmark$	$\checkmark$		
7.	Compression	$\checkmark$						$\checkmark$	$\checkmark$	$\checkmark$	

Table 2: The various	steps	of forn	nulation	trials	D1 to I	D10

### Formulation of batches:

The various formulations are provided in Table 3.



Table 3: The various steps of formulation trials D1 to D10										
Ingredients	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
(mg)	_									
Granulation	Dry granulation									
process					1	1			1	
Pacritinib	400	400	400	400	400	400	400	400	400	400
Citrate										
Methocel	244.5					344.5				
K4M IP/BP										
Methocel		244.5					344.5			
K15M IP/BP										
Methocel			244.5					344.5		
K100MCR										
IP/BP										
Ethyl				244.5					344.5	
cellulose 20										
cps IP/BP										
HPMC 15cps					244.5					344.5
IP/BP										
M.C.C.P	484.5	484.5	484.5	484.5	484.5	384.5	384.5	384.5	384.5	384.5
pH112 IP/BP										
Colloidal	4	4	4	4	4	4	4	4	4	4
silicon										
dioxide IP/BP										
Maize Starch	33	33	33	33	33	33	33	33	33	33
IP/BP										
Lactose IP/BP	30	30	30	30	30	30	30	30	30	30
Magnesium	4	4	4	4	4	4	4	4	4	4
Stearate IP/BP										
TOTAL	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200
	mg	mg	Mg	Mg	mg	Mg	Mg	Mg	Mg	Mg

Table 3: The various steps of formulation trials D1 to D10

### **III. RESULTS:**

After the evaluation of all trials, the results of physical properties of granules are provided in Table 4, Physical Parameters of Pacritinib Citrate Sustain Release Tablets Trial Batches in Table 5 and Chemical Evaluation of Pacritinib Citrate SR Tablets Trial Batches in Table 6 respectively. The Figure 1 shows the dissolution profile of all formulations.

Trial	Bulk	Tapped	% Compressibility	Hausner Ratio
	Density	density	Index	
	(gm / cc)	(gm / cc)		
D1	0.46	0.60	23.63	1.30
D2	0.47	0.63	24.52	1.32
D3	0.52	0.58	10.20	1.11
D4	0.56	0.70	20.00	1.25
D5	0.43	0.49	13.55	1.15
D6	0.52	0.55	06.25	1.06
D7	0.50	0.55	9.80	1.10
D8	0.47	0.53	11.11	1.12
D9	0.52	0.58	10.20	1.11
D10	0.60	0.72	16.66	1.20

Table4: Physical Properties of Blends of all Trial Batches

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Weight           Variation           ing)           1200 ± 2           %           1200 ± 2           %           1200 ± 2           %           1200 ± 2           %           1200 ± 2           %	Thickness (mm) $6.1 \pm 0.2$ $6.1 \pm 0.2$ $6.1 \pm 0.2$	Hardness (kg/cm <sup>2</sup> ) 10-14 11-12 10-13	Friability         (%)           0.75         0.63           0.66         0.66
$\begin{array}{c} \text{mg} \\ 1200 \pm 2 \\ \% \end{array}$	$6.1 \pm 0.2$ $6.1 \pm 0.2$	10-14       11-12	0.75 0.63
$     \begin{array}{r}       1200 \pm 2 \\       \frac{1200 \pm 2}{6} \\       \frac{1200 \pm 2}{6} \\       \frac{1200 \pm 2}{6}     \end{array} $	6.1 ± 0.2	11-12	0.63
% 1200 ± 2 %			
%	6.1 ± 0.2	10-13	0.66
$1200 \pm 2$			
%	6.1 ± 0.2	10-12	0.59
1200 ± 2	6.1 ± 0.2	8-11	0.74
1200 ± 2	6.1 ± 0.2	9-12	0.59
1200 ± 2 %	6.1 ± 0.2	9-11	0.45
1200 ± 2 %	6.1 ± 0.2	9-11	0.65
1200 ± 2 %	6.1 ± 0.2	10-12	0.68
1200 ± 2 %	6.1 ± 0.2	12-14	0.64
	$200 \pm 2$	$200 \pm 2  6.1 \pm 0.2$	$200 \pm 2$ $6.1 \pm 0.2$ $8-11$ $200 \pm 2$ $6.1 \pm 0.2$ $9-12$ $200 \pm 2$ $6.1 \pm 0.2$ $9-11$ $200 \pm 2$ $6.1 \pm 0.2$ $10-12$ $200 \pm 2$ $6.1 \pm 0.2$ $12-14$

# Table6: Chemical Evaluation of Pacritinib Citrate SR Tablets Trial Batches

Trial	Assay	% of	% of	% of	% of Drug	% of Drug
	(%)	Drug	Drug	Drug	Released	Released
		Released	Released	Released	(After 12	(After 24
		(After 2	(After 4	(After 8	hrs)	hrs)
		hrs)	hrs)	hrs)		
D1	99.8%	55.38%	95.45%	100.32%	100.45%	99.63%
D2	100.02%	23.38%	71.45%	88.35%	85.23%	100.46%
D3	98.35%	25.38%	75.45%	100.32%	100.45%	99.63%
D4	99.10%	55.38%	95.45%	100.32%	100.45%	99.63%
D5	99.26%	99.45%	100.23%	99.32%	95.45%	90.63%
D6	100.21%	41.23%	66.35%	88.32%	97.35%	99.36%
D7	99.46%	25.36%	42.37%	61.26%	76.42%	96.45%
D8	99.78%	15.25%	35.36%	45.25%	61.26%	80.15%
D9	99.90%	45.36%	98.25%	99.63%	95.45%	98.30%
D10	99.87%	98.38%	100.32%	99.36%	99.56%	99.56%





# IV. DISCUSSIONS:

- 1. The results of physicochemical evaluation of tablets are given in table no 5. The tablets of different batches were found uniform with respect to thickness ( $6.1 \pm 0.2$ mm), diameter ( $12.5 \times 8$  mm) and hardness ( $8 \text{ to } 14 \text{ kg/cm}^2$ ).
- 2. The friability (%) and weight variation of different batches of tablets were found within the prescribed limits. Hence, the tablets containing drug, HPMC, Lactose, Maize starch, and Magnesium Stearate, colloidal silicon dioxide could be prepared satisfactorily by dry granulation method.
- 3. The results of in vitro drug release studies in phosphate buffer pH 7.5 (from 2 to 24 h) are presented in Fig. 1 It was expected that the optimum formulation of this study which matches the dissolution profile of 2 tablet would produce similar in vivo activity. Hence the release profiles of the drug from all the prepared formulations were compared with that of the marketed tablet one after one basis.
- 4. The in vitro drug release profiles of other 9 developed formulations did not match with that of marketed immediate release formulation, which demonstrated the need for further development of an optimized other formulation.
- 5. The overall drug release was less than that of marketed product, which might be due to the presence of HPMC alone in the formulation that aids high degree of swelling.

- 6. Formulations of HPMC were selected for further development process because of HPMC K4 MCR grade showed slow drug release if present in higher concentration. Formulations with HPMC 15K MCR showed a sustained drug release compare to HPMC K100MCR in a higher concentration. Formulation D8 prepared using HPMC K100 M CR unable to deliver 100% drug in 24 hour compared to formulation D7 which release 100% drug in 24 hours.
- 7. Concentration of Ethyl cellulose not controlled the release profile of Pacritinib Citrate in dry granulation method formulation and process need to optimized with high concentration of ethyl cellulose and coating using spray drying method.
- 8. Diluents like Lactose and Maize starch were used for reducing the rigidity of swollen matrix in addition to increase the flow ability of Pacritinib Citrate.
- 9. Among these tablets, the release profile of Batch no. D7 was found to be nearly matching to that of the 2 nos of marketed tablet. Cumulative release drug comparatively controlled from the initial interval. In the further development process, formulation Batch no. D6 was modified by replacing the grade of HPMC K4M to K15MCR. Compared to other prepared formulations, Batch no. D7 released controlled amount of drug in the initial hours to end hours of dissolution study. The results indicated that Batch no. D7



released the drug in a manner, follow first order release kinetics. Hence Batch no. D7 can be considered as better formulation among the prepared sustained release tablets.

- The similarity in the release profiles of marketed 2 no's tablet and formulation Batch no. D7 was compared by making use of "Model dependent approach". A simple model dependent approach used.
- 11. For Batch no. D7 formulation, when compared with marketed tablet, follow first order kinetics. It also shows a low level of impurity that is 0.2% individual impurities and 0.1% total impurity.
- 12. Hence the optimized tablet Batch no. D7 behaves similarly as that of marketed tablet with respect to drug release patterns and thus it was selected for further in vivo studies can be replace current market sample as once daily dose.

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