

Research Article



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Formulation and evaluation of orodispersible tablets of cetirizine hydrochloride

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ABSTRACT

The main objective of this work is to formulate and evaluate Cetirizine HCl (OFDDS) using different concentrations of super-disintegrates like crosscarmellose sodium (CCS), sodium starch glycolate (SSG) and their combinations in different ratios. The in vitro disintegration time of Cetirizine HCl prepared by direct compression method by super disintegrates were found to be in the range of 18 to 11 sec fulfilling the official requirements. The bulk density and tapped bulk density for the entire formulation blend varied from 0.506 gm/cc to 0.5342 gm/cc and 0.5831 to 0.6308 respectively. The friability was found in all designed formulations in the range 0.43 to 0.72% to be well within the approved range (<1%). The weight variation was found in all designed formulation in the range 96 to 101 mg. The wetting time were found to be in the range of 11 to 18 sec. Water absorption ratio for all the formulations found in the range 11 to 16%. combination of sodium starch glycolate and crosscarmellose sodium (6% of 25% - ssg & 75% CCS) promotes dissolution rate of drug release when compared to formulation of SSG & CCS alone. It may be due to capillary and wicking mechanism of SSG & CCS.

Keywords: Orodispersible Cetirizine HCl Tablet, Crosscarmellose sodium, Sodium starch glycolate,

INTRODUCTION ^{1,2,3}

Drug delivery systems (DDS) have made a significant contribution to global pharmaceutical sales through market segmentation, and are moving rapidly. Orally disintegrating tablets (ODT) or "Mouth dissolving tablets", "Orodispersible tablets", "Melt-are oral solid dosage forms that disintegrate in the oral cavity in easy swallow residue. Recently as per United States Pharmacopoeia, British Pharmacopoeia, and Centre for Drug Evaluation and Research (CDER). US FDA, European pharmacopoeia defined ODT tablets as "A solid dosage form containing medicinal substances which disintegrates rapidly usually within a matter of seconds, when placed upon the tongue". ODT are easy to administer and lead to better patient compliance especially in elderly and children. The newest generation of ODTs can produce more robust, versatile tablets that overcome some of the limitations of earlier ODTs. Significantly broadening the applications of this dosage form. A key reason that companies choose an ODT over other delivery technologies is that it is a relatively easy and often less risky delivery option to develop. Since the route of administration remains the same, ODTs that are formulated as bioequivalent line extensions or generic

versions of an existing oral dosage form have minimal clinical requirements to gain approval. There are several advantages of Orally Disintegrating are: Ease administration for patients who are mentally ill, disabled and uncooperative, Can be designed to leave minimal or no residue in mouth after administration and also to provide a pleasant mouth feel. Improved stability, low sensitivity to environmental condition, Suitable for controlled/sustained release actives, Allows high drug loading, ability to provide advantages of liquid medication in the form of solid preparation, the new proprietary method allows the incorporation of microencapsulated drugs for enhanced bioavailability, flexibility of dosing & immediate and/or controlled release and superior therapeutic benefit.

DRUG PROFIL: Cetirizine Hydrochloride

Chemical Name: [2-[4-[(4-chlorophenyl)phenylmethyl]-1-piperazinyl]ethoxy]acetic acid. Molecular formula: C₂₁H₂₆Cl₂N₂O₃, Molecular Weight: 388.89, Description: Crystalline solid Melting point: 110-115 °C. Cetirizine hydrochloride (CTZ) is an orally active and selective H₁-receptor antagonist used in seasonal allergic rhinitis, perennial allergic rhinitis and chronic urticaria. CTZ is a white,

crystalline water soluble drug possessing bitter taste properties. Due to sore throat conditions, the patient experiences difficulty in swallowing a tablet type of dosage form. Thus, mouth fast dissolving tablets would serve as an ideal dosage form for the patients as well as pediatric patients who find it difficult to swallow the tablet.

Excipients Profile: Sodium starch glycolate (sodium carboxy methyl starch)

It is Tablet and capsule disintegrates. It is a Very fine, white or off white, free flowing powder; odorless or almost odorless. Practically insoluble in water, insoluble in most organic solvents It consists of oval or spherical granules, 30-100µm in diameter with some less-spherical granules ranging from 10-35 µm in diameter .Solubility: Insoluble in cold water, hot water. Stability: The product is stable. Storage:Keep container tightly closed .Keep container in a cool, well-ventilated area. Incompatible with ascorbic acid.

Applications

Sodium starch glycolate is widely used in oral pharmaceutical as a disintegrant in capsule and tablet formulations. It is recommended to use in tablet prepared by either direct-compression or wet-granulation processes. The recommended concentration in a formulation is 2-8%, with the optimum concentration about 4% although in many cases 2% is sufficient.

Crosscarmellose Sodium

Crosscarmellose sodium is a crosslinked polymer of carboxymethyl cellulose sodium. Cross linking makes it an insoluble, hydrophilic, highly absorbent material, resulting in excellent swelling properties and its unique fibrous nature gives it excellent water wicking capabilities. Crosscarmellose sodium provides superior drug dissolution and disintegration characteristics, thus improving bioavailability of

formulations.

Application

Crosscarmellose sodium is used in oral pharmaceutical formulations as a disintegrant for capsules, tablets and granules. When used in wet granulations the crosscarmellose sodium is best added in both the wet and dry stages of the process (intra- and extra granularly) so that wicking and swelling ability of the disintegrant is best utilized. Concentration of up to 5% w/w of crosscarmellose sodium may be used as a tablet disintegrant although normally 2% w/w is used in tablets prepared by direct compression and 3% w/w in tablets prepared by a wet-granulation process

Magnesium stearate

Magnesium stearate is a fine, white, precipitated or milled, impalpable powder of low bulk density, having a faint odor of stearic acid and a characteristic taste. The powder is greasy to the touch and readily adheres to the skin.

Colloidal silicon di-oxide

Colloidal silicon dioxide is widely used in pharmaceutical, cosmetics, and food products. Its small particle size and large specific surface area give it desirable flow characteristics that are exploited to improve the flow properties of powder in a number of processes such as tableting. Colloidal Silicon dioxide is also used to stabilize emulsion and as a thickening and suspending agent in gels and semi solid preparations.

Lactose mono hydrate

Lactose is milk sugar. It is a disaccharide composed of one galactose and one glucose molecule. In pharmaceutical industry, lactose is used to help form tablets because it has excellent compressibility properties. It is also used to form a diluent powder for dry powder inhalations.

MATERIALS AND METHODS

Sl.No.	Materials	Source
1	Cetirizine hydrochloride	Aurobindo Pharma
2	Sodium starch glycolate	Nihal traders Hyderabad
3	Crosscarmellose sodium	Nihal traders Hyderabad
4	Magnesium stearate	Span Pharma Private Limited Hyderabad, India.
5	Colloidal silicon di-oxide	Span Pharma Private Limited Hyderabad, India.
6	Lactose monohydrate	Span Pharma Private Limited Hyderabad, India.

Instruments and Equipments Used

Sl.No.	Instruments	Manufacturer/supplier
1	UV Visible spectrophotometer	Shimadzu 1800
2	Multi station rotary punch tablet Compression machine	Clit pilot press chamunda
3	Dissolution test apparatus	Electrolab, USP TDT 06P
4	Friability Tester	Electrolab, USP EF
5	Hardness Tester	Monsanto hardness tester
6	Tablet disintegration tester	Electrolab
7	Vernier calliper	Pico. india Ltd

RESULTS&DISCUSSION

Pre-compression parameters

Powder ready for compression containing drug and various excipients were subjected for pre-compression parameters to study the flow properties of granules, to achieve uniformity of tablet weight. The results of all the preformulations parameters are given table

Angle of repose(θ):The data obtained from angle of repose for all the formulations were found to be in the range of 24.19° and 28.56° which reveals good flow property. All formulations showing angle of repose within 30°, indicates a good flow property of the granules.

Bulk density

Bulk density (BD) and tapped density (TD) for the blend was performed. The loose bulk density and tapped bulk density for the entire formulation blend varied from 0.508 gm/cc to 0.5438 gm/cc and 0.5941 to 0.6408 respectively. Carr's compressibility index: The results of Carr's consolidation index or compressibility index (%) for the entire formulation blend ranged from 14.30% to 17.53% had shown excellent compressibility index values up to 15% result in good to excellent flow properties. As shown in previous research work.

Hardness

The hardness of all the tablets was maintained within the 2.00 kg/cm to 4.00 kg/cm. The mean hardness test results are tabulated in table.

Friability test

The friability was found in all designed formulations in the range 0.42 to 0.74% to be well within the approved range(<1%).The friability study results were tabulated in

table.

Weight variation test

The weight variation was found in all designed formulation in the range 97 to 102 mg. The mean weight variation test results are tabulated in table. All the tablets passed weight variation test as the average percentage weight variation was within 7.5% i.e. in the pharmacopieal limits.

In-vitro disintegration time

The in vitro disintegration time is measured by the time taken to disintegrate. Rapid disintegration within several minutes was observed in all the formulations. The in vitro disintegration time of Cetrizine HCl prepared by direct compression method by super disintegrates were found to be in the range of 18 to 11 sec fulfilling the official requirements. Based on the in vitro disintegration time, formulation F12 and F15 were found to be promising and showed a disintegration time of 18 and 11 sec respectively. Disintegrating study showed that the disintegrating times of the tablets decreased with combination of both sodium starch glycolate and croscarmellose with different concentrations. It also showed least disintegration time in comparison with the all other formulation because of their lowest hardness and the porous structure is responsible for faster water uptake, hence it facilitates swelling action in bringing about fast disintegration.

Wetting time

Wetting time closely related to the inner structure of the tablet. The results of wetting time are shown in table. The wetting time were found to be in the range of 11 to 18 sec. Water absorption ratio: Water absorption ratio for all the formulations found in the range 11 to 16%. The results of water absorption ratio for tablets were shown in table.

Table 1: Post-compression parameters of Cetrizine HCl tablets

Formulation	Hardness	Friability	Thickness	Weight variation
F1	3.5	0.69	3.21	100
F2	3.5	0.46	3.30	99
F3	4.0	0.72	3.12	101
F4	4.0	0.72	3.29	102
F5	3.6	0.68	3.34	99
F6	3.5	0.43	3.36	98
F7	4.0	0.42	3.29	99
F8	3.8	0.45	3.36	97
F9	3.7	0.54	3.30	100
F10	3.9	0.57	3.21	98
F11	3.8	0.53	3.33	100
F12	3.7	0.41	3.12	101
F13	3.5	0.52	3.42	99
F14	3.3	0.40	3.32	100
F15	3.2	0.37	3.21	102

Post formulation studies**Table 2: Post formulation studies of Cetirizine HCL Tablets**

Formulation code	In-vitro dispersion time(sec)	Wetting time(sec)	Water absorption (%)
F1	32	27	13
F2	28	25	17
F3	26	18	18
F4	50	33	13
F5	40	25	16
F6	30	21	15
F7	30	29	14
F8	26	26	14
F9	20	20	13
F10	26	26	14
F11	24	24	13
F12	18	23	12
F13	23	20	13
F14	19	15	12
F15	11	11	11

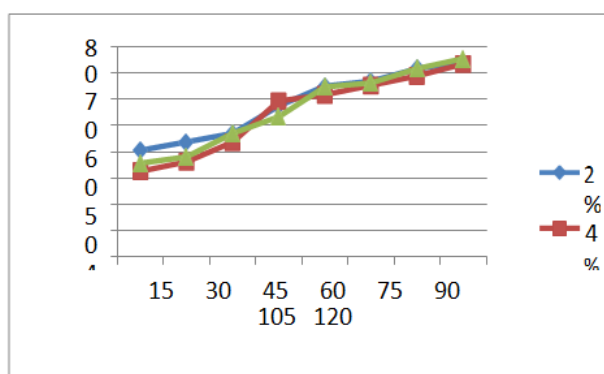
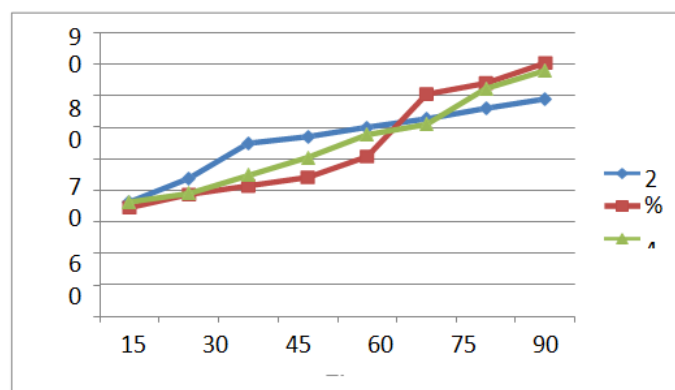
Dissolution

In vitro dissolution studies: Dissolution rate was studied by using USP type-2 apparatus using 900ml of phosphate buffer pH (6.8) as dissolution medium. Temperature of the dissolution medium was maintained at $37 \pm 0.5^\circ\text{C}$, aliquot of dissolution medium withdrawn at every 15 sec interval and

filtered. The absorbance of the filtered solution was measured by UV spectrophotometric method at 231nm and concentration of the drug was determined from the standard calibration curve. The dissolution of Cetirizine hydrochloride from the tablets is shown in the fig (table: 3) cumulative percentage drug release profiles. Cumulative percentage drug release profiles.

Table 3: In vitro dissolution studies of cetirizine HCl Tablets

Time(sec)	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15
15	32.7	40.7	41.7	34.3	35.5	36.3	33.5	31.4	36	32.0	33.7	30	33.4	36.6	47.6
30	36.8	43.3	43.7	38.8	39.7	43	34.7	38.7	40.8	36.0	38.5	38.7	36.6	44.3	561.4
45	43.1	47.8	48.1	4.19	44.4	49.7	36	42.3	44.7	38.8	40.4	44.4	41.8	51.4	64.8
60	56.6	57.4	58.4	44	50.1	59.4	40.4	48.2	58.8	42	45	60.6	42.5	54.7	70.6
75	61	65.8	68.8	50	57	67.6	44.7	55.7	62.8	46.4	53.5	66.3	48.3	53.9	75.7
90	65.9	66.4	69.3	60.7	62.5	70.9	49	65.5	67.7	51.5	67	70.2	51.9	66.5	81
105	69.7	71	72.7	66	73	74.3	56.3	65.9	69.4	59.4	73.4	74.5	57.7	71.6	89.4
120	73.1	74.5	75.6	79	80.4	81	79.5	79.6	80.0	76	78.7	81	77	83.9	96.7

**Fig1:Releaseprofileof formulation(F1,F2,F3)****Fig2:Releaseprofileof formulationF4,F5,F6**

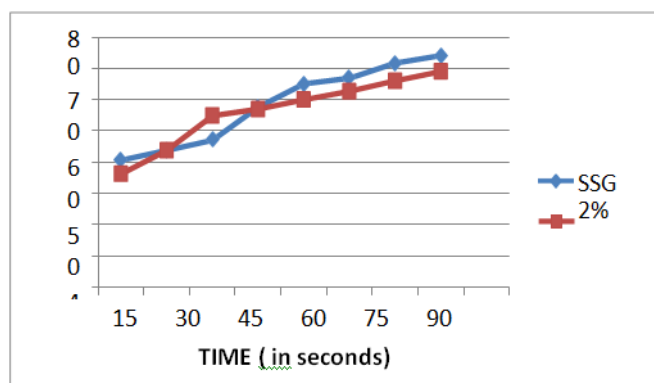


Fig3: Release profile of formulations F1, F4

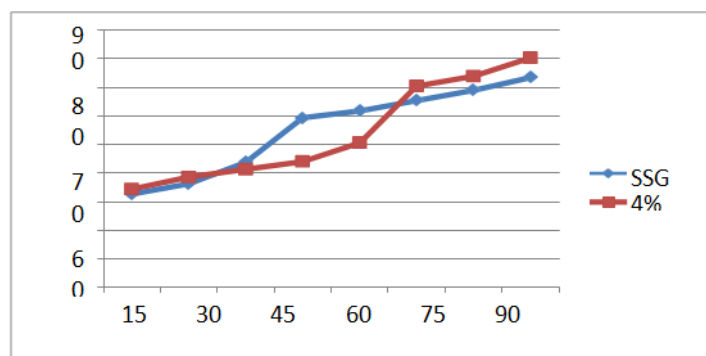


Fig4: Release of formulations F2, F5

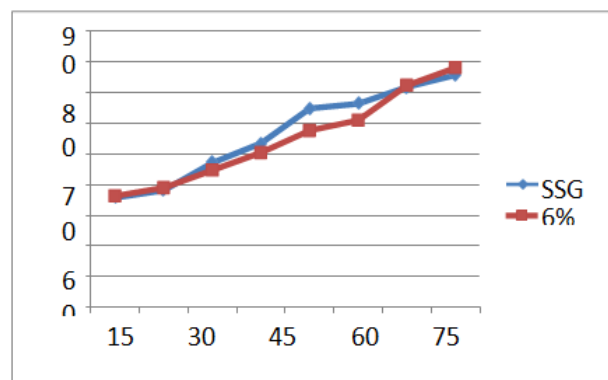


Fig5: Release profile of formulations F3, F6

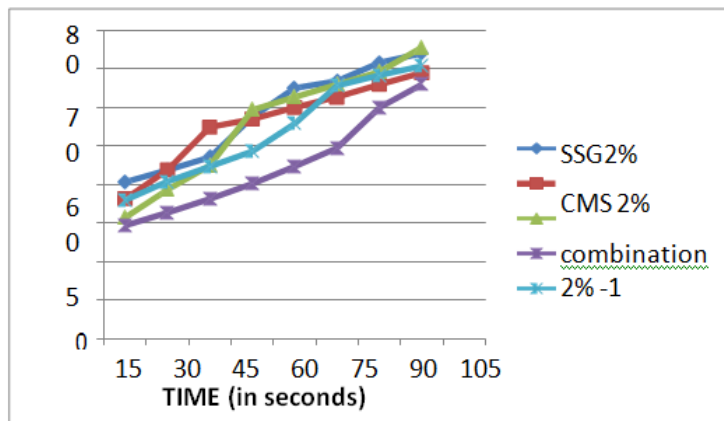


Fig6: Release of formulations F1, F4, F7, F10, F13

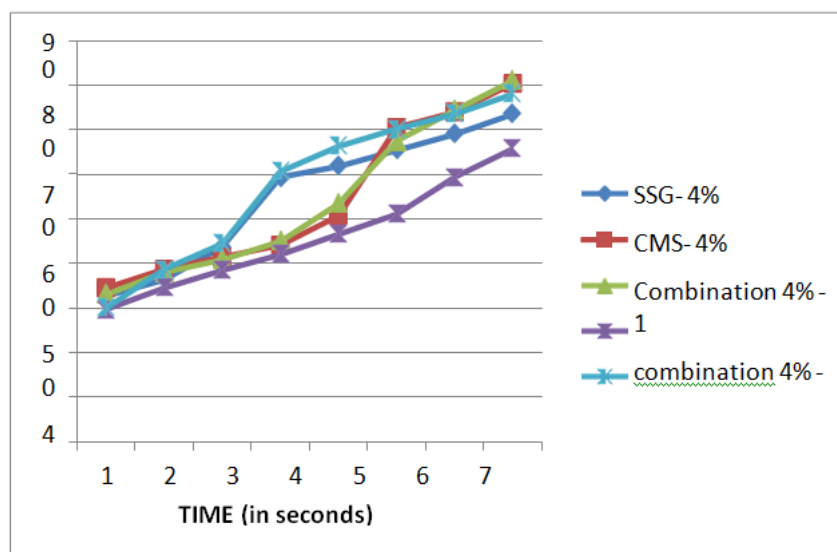


Fig 7: Release of formulations F2, F5, F8, F11, F14

CONCLUSION

In the present work fast dissolving tablets of Cetirizine hydrochloride By using super disintegrates were prepared by direct compression methods. The study demonstrate that effect of two different super disintegrates combination blend that is sodium starch glycolate (SSG) and crosscarmellose sodium (CCS) added in different ratios to a model formulation of cetirizine in order to compare dissolution performance of formulation with the formulation containing sodium starch

glycolate (SSG) & crosscarmellose sodium (CCS) alone as disintegrates. Cetirizine HCL 10mg i.e. tablet wt of 100mg prepared using different concentration of SSG & CCS alone as well as in combination at different ratio of 25:75, 50:50, 75:25. The dissolution profile of formulation made with combination of disintegrant 2%, 4%, 6% level were found to be in the order of (ssg:ccs) 25:75 > 50:50 > 75:25. All the tablets of Cetirizine hydrochloride were subjected to weight variation, hardness, friability, in vitro dispersion, drug content uniformity, water absorption ratio, wetting time, and in vitro drug release. Base

don the above studies following conclusions can be drawn. Tablets were found to be good and were free from chipping and capping. Based on the invitro disintegration time, formulations 6% of (50:50 ssg:ccs) & 6% (25:75 ssg:ccs) were found to be promising and showed a dispersion time of wetting time of 18 sec and 11 sec respectively, which facilitate the faster dispersion. The drug release from fast dissolving tablets of Cetirizine hydrochloride were found to be in the range of 90.0% to 96.29%. Among all the 15 formulations the best formulation is with 6% of (50:50 ssg:ccs combination)

& 6% (25:75 ssg:ccs combination) showed faster disintegration time within (18 & 11 sec) when compared to the other formulations and it showed 96.0% drug release at the end of 2 mins. From the above results of the study it can be concluded that combination of sodium starch glycolate and crosscarmellose sodium (6% of 25%-ssg & 75% ccs) could be the alternative approach to increase the dissolution of tablets when compared to the formula with sodium starch glycolate and crosscarmellose alone as disintegrates.

REFERENCES

1. Sreenivas SA. Orodispersible tablets: new- fangled drug delivery system- A Review. Indian J Pharm Educ Res. 2005;39(4):177-81.
2. Chein YW. Oral Drug Delivery and Delivery systems. 2nd ed. New York: Marcel Dekker; 1992.
3. Rakesh RK. Orally Disintegrating Tablets novel approach to drug delivery. Pharm Rev. 2004;2(12):34-6.
4. Kuchekar BS, Badhan AC, Mahajan HS. Mouth dissolving tablets: a novel drug delivery system. Pharma Times; 2003. 35:1-8.
5. Brown D. Orally disintegrating tablets – taste over speed. Drug Delivery Technology.
6. Klauke J. Dissolution Testing of Orally Disintegrating Tablets. Available from: <http://www.dissolutiontech.com>.
7. Harmon TM. Orally Disintegrating Tablets: a valuable life cycle Management Strategy; march 2007. Pharmaceutical commerce. Available from: <http://www.pharmaceuticalcommerce.com>.
8. Biradar SS, Bhagavati ST. Fast dissolving Drug Delivery System: A brief overview. Internet J Pharmacol. 2006; 4(2):2972:1531.
9. Slowson M, Slowson S. What to do when patients cannot swallow their medications. Pharm Times. 1985;51:90-6.
10. Seager H. Drug-deliver products and the Zydis fast-dissolving dosage form. J. J Pharm Pharmacol. 1998;50:375-82.
11. Reddy LH, Ghose B, Rajneesh. Indian J Pharm Sci. 2002;64(4):331-36.
12. Harmon TM. Beyond the first generation of Orally Disintegrating Tablets. Emerging technology. Tablets and capsules, September 3 2006.
13. Dobetti L. Fast- melting tablets: developments and technologies: pharmaceutical technology. Drug Deliv. 2001[Suppl]:44-50.
14. Technology catalysts International. Oral Fast- Dissolving Drug delivery: technologies, Market Analysis, & Business Opportunities August 2003.
15. Hamilton E, Lutz E. Orally Disintegrating tablets. Drug Deliv Technol. January 2005.
16. Rish RK. A review on fast dissolving tablets techniques. Pharm Rev. 2004;2:32.
17. Adel M, Semreen MK, Qato KM, et al. fast dissolving dosage forms- technique. Pharm Technol. 2005;2:68-75.
18. Caramella C. Int J Pharm Technol Prod Mfr. 1984; 5:1-5.
19. Gohel M, Patel M, Agarwal R, Amin A, Dev R, Bariya N. Formulation design and optimization of mouth dissolve tablets of nimesulide using vacuum drying technique. AAPS Pharm. Sci Technol. 2004;5(36):1-6.
20. Chang RK, Guo X, Burnside BA, Couch RA. Fast dissolving tablets. Pharm Technol. 2000;24(6):52-8.
21. Bradoo R, Shahani S, Poojary S, Deewan B, Sudarshan S. JAMA India. 2001;4(10):27-31.
22. Bhaskaran S, Narmada GV. Rapid dissolving tablet A novel dosage form. Indian Pharm. 2002;1(2):9-12.
23. Ghosh T, Ghosh A, Prasad D. A Review on new generation Orodispersible tablets and their future prospective. Int J Pharm Pharm Sci ISSN- 0975-1491. 2011;3(1).
24. Radke RS, Jadhav JK, Chajeed MR. Formulation and evaluation of Orodispersible tablet of Baclofen. International Journal of ChemTech Research CODEN(USA): IJCRGG ISSN : 0974-4290;1(3):517-21.
25. Deshpande KB, Ganesh NS, Formulation and Evaluation of Orodispersible tablets of Propranolol Hydrochloride International Journal of Research in Pharmaceutical and Biomedical Sciences ISSN: 2229-3701.
26. jangam V, K. Harikajavvajiramaotodikonda Rajesh Gollapudi, Formulation and in vitro evaluation of Orodispersible tablets of carvedilol. ISSN. Vols. 2231-0541 [online]. p. 0976 - 3090. Print.
27. Kulkarni Maushumi S, Ahmed Z, Bhise Kiran S, shekhar SV. Formulation and evaluation of Orodispersible tablet of ornidazole. International Journal of Pharmaceutical Studies and Research E-ISSN 2229-4619.
28. Swamy PV, Divate SP, Shirsand SB, Rajendra P. Preparation and evaluation of orodispersible tablets of pheniramine maleate by effervescent method. Indian J Pharm Sci. 2009 March-April;71(2):151-4. doi: 10.4103/0250-474X.54284, PMID 20336216, PMCID PMC2839404.
29. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2839404/>.
30. Jayaprakash S, Kulathuran Pillai K, Mohamed Halith S, Doifode G, Abirami PU. Mohamed Firthouse Formulation and evaluation of Orodispersible tablet of Enalapril maleate. Journal of Pharmaceutical Research And Opinion 1:2201165-70.
31. Jose. et al./International Journal of Innovative Pharmaceutical Research.
32. Vishal M, Anuj K, Naveen P, Kumud P. Sahoo Sangram Formulation and evaluation of orodispersible tablets of lornoxicam. Int J Drug Dev Res| Jan- March. 2011;3| Issue 1 | ISSN 0975-9344 |.

34. chandya.sandeep gupta1, ashishmanigauha, alokSinghThakur Comparative evaluation of disintegrants in Orodispersible tablets of FamotidineInternational.J CurrPharmRes.2010ISSN-0975-7066;2(3).
35. GandhiGS, MundhadaDR, Shyamala.
36. BhaskaranLevocetizine Orodispersible tablet by direct compression method. J ApplPharmSci. 2011;01(05):145-50.
37. GudasGk, Manasa B, Rajesham VV, Kiran Kumar S, Prasanna Kumari J. Formulation and evaluation of fast dissolving tablets of chlorpromazine HCl,Ganesh kumar Gudas et al/ Journal of Pharmaceutical Science and Technology. 2010;2(1):99-102. ISSN: 0975-5772.
38. AbedKK, HusseinAA, GhareebMM, AbdulrasoolAA. Formulation and optimization of orodispersible tablets of diazepam. AAPS PharmSciTech. 2010;11(1, March):356-61. doi: 10.1208/s12249-010-9387-y, PMID 20232267.
39. SinghJ, PhilipAK, PathakOptimizationK. Studies on design and evaluation of orodispersible pediatric formulation of indomethacinAAPS PharmSciTech. Vol. 9(1, March);2008 (# 2007). doi: 10.1208/s12249- 007-9018-4.
40. IbrahimHK, Doaa A. El-Setouhyvalsartanoro dispersible tablets: formulation, in vitro/in vivo Characterization AAPS PharmSciTech. 2010;11(1, March) (# 2010). doi: 10.1208/s12249-009-9354-7.
41. Enézian GM. Direct compression of tablets using microcrystalline cellulose[in French]. Pharm acta Helv.1972;47(6):321-63. PMID 5044943.
42. Wallace JW, Capozzi JT, Shangraw RF. Performance of pharmaceutical filler/binders as related to methods of powdered characterization. Pharmaceut Technol.1983;7(9):94-104.
43. Levy G, Gumtow RH. Effect of certain formulation factors on dissolution rate of the active ingredient iii; tablet lubricants. J Pharm Sci.1963;52:1139-44. doi: 10.1002/jps.2600521209, PMID 14088962.
44. Kibbe AH2. Excipients-Handbooks, manuals.ETC. 1.AmericanPharmaceuticalAssociation.