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# **Development and Characterization of Floating Matrix Tablets** of Gabapentin



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## ABSTRACT

Objective The objective of the present investigation was to increase the Gastro retention time of Gabapentin (GBPT). Materials and Method the floating matrix tablets of Gabapentin were prepared by direct compression method with free flowing powder by using selected drug and excipients authenticated by Fourier-transform infrared spectroscopy (FTIR) of HPMC K4, Lactose NaHCO3, magnesium stearate and talc were used in variable concentration for different formulation (F-1 to F-9) .Floating matrix tablets were further characterized for drug content and in vitro drug release studies. **Results** Among various formulation, optimized formulation (F6) shown better in-vitro release patternie. 99.99% in 12 hrs. The results suggested that direct compression is a suitable method to formulate floating matrix tablet of Gabapentin and it can perform therapeutically better than conventional immediate release dosage form. Conclusion: The present study that the combined mix matrix system containing hydrophobic and hydrophilic polymer minimized the burst release of drug from the tablet.

## **INTRODUCTION**

The objective of any drug delivery system is to afford therapeutic amount of drug to the proper site of action in the body to attain promptly and then maintain the desired drug concentration <sup>[1].</sup>

Controlled release (modified release) dosage forms are growing in popularity. These more sophisticated systems can be used as a means of altering the pharmacokinetic behavior of drugs in order to provide twice or once a day dosage. The commonly used and most convenient method of drug delivery is oral route of drug administration. Usually, once a day or twice a day preparations delivers the drug through GIT. <sup>[2]</sup> It is evident from the recent research and patent literature that an increased interest in novel dosage forms that are retained in the stomach for a prolonged and predictable period of time exists today.

#### Gabapentin:

Gabapentin (Neurontin) is a medication used as an anticonvulsant and analgesic. It was originally developed to treat epilepsy and is currently also used to relieve neuropathic pain. It is recommended as a first line agent for the treatment of neuropathic pain arising from diabetic neuropathy, post-herpetic neuralgia, and central neuropathic pain.

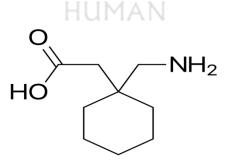


Figure No. 1: Structure of Gabapentin

Synonyms:	Gabapentin GR,	Gabapentine	[INN-French],	Gabapentinum	[INN-
Latin],					
Categories:	Anti-anxiety, Ant	i-convulsant, A	Anti-parkinson a	gent, Analgesic,	

Calcium Channel Blocker, Antimanic agent, Excitatory Amino

Acid Antagonist

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## Molecular Weight: Average: 171.2368

## Chemical formula: C<sub>9</sub>H<sub>17</sub>NO<sub>2</sub>

## Mechanism of action:

Gabapentin interacts with cortical neurons at Auxillary subunits of voltage-sensitive calcium channels. Gabapentin increases the synaptic concentration of GABA, enhances GABA responses at non-synaptic sites in neuronal tissues, and reduces the release of mono-amine neurotransmitters<sup>(6)</sup>.

## The present research investigation is planned with the following Objectives

- Formulation and development of floating matrix tablet of Gabapentin
- Evaluation of floating matrix tablet of Gabapentin
- In-vitro buoyancy studies and drug release studies

## MATERIALS AND METHODS

#### Table No. 1: List of drug and Excipients used

S. No.	Materials Used	Sources
1.	Gabapentin	Alembic Pharma Vadodra.
2.	Ethyl Cellulose	
3.	H.P.M.C. K4	
4.	Talc	Mapromax, Life sciences Pvt. Ltd.,
5.	Magnesium Stearate	Dehradun.
6.	Aerosil	
7.	Avicel	

HIMAN

#### \*Pharma Grade

#### Determination of $\lambda$ max. of Gabapentin

The absorption maximum of Gabapentin was determined by running the spectrum of drug solution in double beam ultraviolet spectrophotometer.

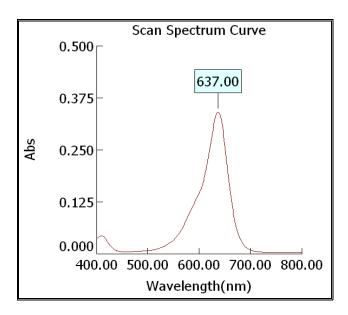


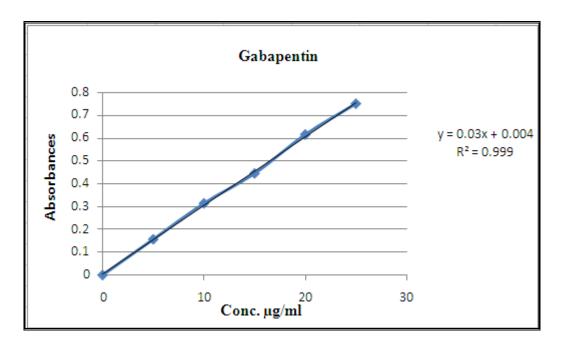
Figure No. 2: λmax. of Gabapentin

**Procedure:** 100mg Gabapentin was dissolved in 100 ml of distilled water in a volumetric flask. 5 ml of this solution was taken and diluted to 50 ml. The resulting solution was serially diluted to obtain drug concentrations of 5-25  $\mu$ g/ml. To added 2 ml of standard solution, 1 ml of folin catechu reagent and Chloroform 3 ml was Pipetted out the colour layer and the absorbance of the solutions were measured against distilled water as blank at 637nm using the UV spectrophotometer. The plot of absorbance vs. concentration was plotted and the Beer's range was determined.

S. No.	Conc.	Absorbance*					
5.110.	(µg/ml)	Ι	II	III	Average		
1.	5	0.156	0.157	0.156	0.156		
2.	10	0.312	0.315	0.313	0.313		
3.	15	0.445	0.442	0.445	0.444		
4.	20	0.615	0.612	0.614	0.614		
5.	25	0.748	0.749	0.748	0.748		

Table No. 2: Calibration Curve of Gabapentin at 637 nm

\*(n=3)





## The linear regression analysis for calibration curve

The linear regression analysis was done on absorbance data points. The results are as follows:

## Table No. 3: Calibration curve of Gabapentin at 637nm

Slope	0.030
The intercept	0.004
The correlation coefficient ( $R^2$ )	0.994

# FORMULATION DEVELOPMENT

# Preparation of Gabapentin Floating Matrix Tablets:-

Direct compression was followed to manufacture the floating matrix tablets of Gabapentin. All the polymers selected, drug and excipients were passed through sieve no. 40 before using in formulation.

Polymers selected for tablets are: - HPMC K15, HPMC K4

Excipients like Talc, Citric acid, Lactose, Magnesium Stearate were selected for the study.

Excipients(mg)	F1	F2	F3	F4	F5	F6	F7	F8	F9
Gabapentin	100	100	100	100	100	100	100	100	100
HPMC K 4	160	180	200	-	-	-	80	90	100
HPMC K 15	-	-	-	160	180	200	80	90	100
Lactose	45	25	05	45	25	05	45	25	05
NaHCO <sub>3</sub>	10	10	10	10	10	10	10	10	10
Citric acid	05	05	05	05	05	05	05	05	05
Talc	05	05	05	05	05	05	05	05	05
Magnesium stearate	05	05	05	05	05	05	05	05	05
Total Weight (mg)	330	330	330	330	330	330	330	330	330

Table No. 4: Various formulations of Gabapentin floating matrix Tablets

**Method of preparation:** The matrix tablets were prepared by wet granulation method. Gabapentin, polymer and other excipients were passed through 40 mesh sieve separately. 100mg quantity of Gabapentin polymer and excipients were weighed properly and mixed thoroughly for at least 15 min. The mixing product was passed through the 20 mesh size sieve. The granules were dried at 40<sup>o</sup>C in an oven for 30 min. The granules thus formed were also passed through 18 mesh size sieve. These dried granules were lubricated with given quantity of talc and magnesium stearate before final compression. Tablets were compressed on a 10 station lab press compression machine.

# **RESULTS AND DISCUSSION**

Table No. 5: Results of Pre-Compression Properties of Gabapentin Floating M	Iatrix
Tablets	

Formulation code (Blend)	Bulk Density (gm/ml±SD)	Carr's index (%± SD)	Hausner ratio (%± SD)	Angle of repose (degree± SD)	Tapped Density (gm/ml±SD)
<b>F1</b>	0.311±0.02	14.35±0.06	1.03±0.05	$26.42 \pm 0.04$	0.337±0.02
F2	0.325±0.04	15.61±0.07	1.23±0.04	27.17±0.01	0.359±0.04
F3	0.339±0.06	14.64±0.04	1.14±0.02	29.01±0.03	0.361±0.07
F4	0.307±0.04	13.46±0.01	1.13±0.06	27.57±0.07	0.317±0.06
F5	0.287±0.03	12.29±0.05	1.25±0.03	26.77±0.09	0.321±0.05
<b>F6</b>	0.271±0.01	16.35±0.03	1.15±0.01	25.61±0.06 0	0.345±0.01
<b>F7</b>	0.297±0.04	14.46±0.07	1.20±0.03	26.16±0.03	0.357±0.03
F8	$0.307 \pm 0.05$	15.61±0.04	1.19±0.05	29.11±0.09	0.366±0.02
<b>F9</b>	0.320±0.06	13.85±0.09	1.21±0.00	$28.05 \pm 0.02$	0.359±0.04

\*(n=3)

# **Post-compression Parameter:**

All prepared were subjected to thickness, hardness, and weight variation, friability and drug content and results given in table 6. The derivation from the average weight was found to be in the prescribed official limits.

Table No. 6:	Results of	of Post	Compression	Properties	of Gabap	entin Flo	ating Matrix
Tablets							

Formulation code	Thickness (mm) (±SD)	Hardness (kg/cm <sup>3</sup> ) (±SD)	Weight variation (%) (±SD)	Friability (%) (±SD)	Drug content (%) (±SD)
<b>F1</b>	$3.89 \pm 0.03$	$6.13\pm0.21$	952±0.29	$0.5216{\pm}0.04$	98.53±0.48
F2	$3.90 \pm 0.05$	$6.70\pm0.30$	951±0.67	$0.6325 \pm 0.04$	99.23±0.57
<b>F</b> 3	$3.89 \pm 0.03$	$6.51\pm0.50$	949±0.45	$0.5215 \pm 0.08$	99.77±0.67
<b>F4</b>	3.91 ±0.06	$5.81\pm0.50$	951±0.71	$0.6532 \pm 0.10$	99.27±0.23
F5	$3.89 \pm 0.03$	$6.81\pm0.51$	948±0.15	$0.6485 \pm 0.04$	98.42±0.61
<b>F6</b>	$3.90 \pm 0.05$	$5.78\pm0.51$	952±0.31	$0.5489 \pm 0.08$	99.57±0.34
<b>F7</b>	$3.87 \pm 0.04$	$6.80\pm0.47$	949±0.04	$0.5325 \pm 0.10$	99.87±0.56
<b>F8</b>	$3.86 \pm 0.04$	$9.83\pm0.49$	948±0.71	0.5369 ±0.15	97.37±0.60
<b>F9</b>	$3.89{\pm}0.04$	$9.73\pm0.29$	951±0.52	$0.5425 \pm 0.15$	98.50±0.61

\*(n=3)

### **Dissolution rate studies**

*In vitro* drug release of the sample (F1, F2, F3, F5, and F6and F7) was carried out using USPtype II dissolution apparatus (Paddle type). The dissolution medium, 900 ml 0.1N HCl was placed into the dissolution flask maintaining the temperature of  $37\pm0.5^{\circ}$ C at 75 rpm. One Gabapentin Floating Matrix tablet was placed in each basket of dissolution apparatus. The apparatus was allowed to run for 12 hours. Sample measuring 5 ml were withdrawn after 30 min., 1.0 hr, 1.30 hr, 2.0 hr, 4.0 hr, 6.0 hr, 8.0, 10.0 hr & 12 hr. The fresh dissolution medium was replaced every time with the same quantity of the sample.

Time	% Cumulative Drug Release								
(hr)	F1	F2	F3	F4	F5	F6	F7		
0.5	8.23	7.14	7.23	7.24	7.23	7.45	8.32		
1	12.32	10.23	10.34	11.45	10.45	11.23	12.23		
1.5	26.23	22.42	23.56	24.23	31.23	38.23	32.13		
2	42.45	40.32	46.32	45.23	48.23	46.32	47.14		
3	76.34	66.11	60.23	67.21	50.56	67.02	71.13		
4	82.23	77.33	71.35	75.11	55	88.13	91.23		
6	82.55	97.13	89.37	87.13	56	99.13	92.34		
8	83	97.1	90.23	94.23	57.25	<b>99.87</b>	93.14		
12	84.21	97.23	96.23	99.26	57.85	99.99	94.56		

Table No. 7: In vitro drug release study of Floating Matrix tablet

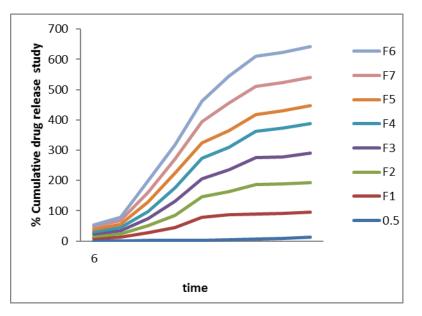


Figure No. 4: In vitro drug release study of floating matrix tablets

**RESULTS:** Among the entire formulations (F6) shows better release pattern as desired i.e. 99.99% in 12 hrs, might be due to optimal polymer concentration and uniform dispersibility of Gabapentin with compatible excipients.

**Swelling index:** All prepared formulations were subjected for swelling index study and results are given in Table 08.

Time (hr)	F1	F2	F3	F4	F5	F6	F7
1	76.3±0.30	53.3±0.30	83.5±0.20	$62.2 \pm 0.20$	67.3±0.20	$101.4 \pm 0.20$	80.5±0.30
2	83.2±0.30	56.3±0.20	83.6±0.20	66.3±0.20	45±0.20	112.3±0.30	78.6±0.2
4	97.1±0.20	66.2±0.30	85.4±0.20	87.4±0.20	42±0.20	121.4±0.20	80.6±0.3
6	91.3±0.30	75.4±0.30	78.3±0.20	101.0±0.20	56±0.20	127.7±0.10	85.4±0.1
8	101.2±0.30	80.1±0.30	71.2±0.20	97.2±0.20	67±0.20	130.2±0.15	88.2±0.3
10	102.1±0.30	79.3±0.20	63.7±0.20	96.3±0.20	86±0.20	126.2±0.05	84.4±0.5
12	101.2±0.30	78.2±0.20	$52.4 \pm 0.20$	95.5±0.20	45±0.20	122.4±0.10	87.3±0.4

Table No. 08: Swelling index of Gabapentin Tablets in 0.1N HCl

The results are as follows:

All pre and post compression parameters were studied like Bulk density, Tapped density, Carr's index, Hausner's ratio, Angle of repose were found respectively 0.215g/cc, 0.286g/cc, 28.16%, 1.31 and 30°.

Evaluations for like weight variation, hardness, thickness, friability, drug content indicate that value were within permissible limit for all formulations. The hardness of F8 and F9 formulation was observed more ( $5.81\pm0.50$ ), ( $9.83\pm0.49$ ) and ( $9.73\pm0.29$ ) than compare to other formulations.

✤ In vitro drug release study of F1, F2, F3, F5, F6 & F7 formulation was carried out and based on the result for instant release F6 formulation showing best drug release (99.99%) as compare to other formulation F1, F2, F3, and F5 respectively 84.21%, 97.23%, 99.26% and 57.85%.

## SUMMARY AND CONCLUSION

The might be purpose of this research was to develop floating matrix drug delivery system of Gabapentin which might be helpful for reducing multi dosing therapy of patients who

experience difficulty in taking multidose of drug. Matrix tablets prepared using both HPMC and PEO quickly hydrate on the outer tablet surface to form a gelatinous layer. All pre and post compression parameters of all formulation like bulk density, tapped density, angle of repose. Carr's Index, solubility, melting point, partition -coefficient, determination of  $\lambda$  max, FT-IR and drug content. The results demonstrated that the developed formulation would increase the activity of Gabapentin and improve patient compliance by reducing the dosing frequency of conventional formulations. The floating matrix tablet formulation might represent a better alternative for controlled and efficacious delivery.

### REFERENCES

1. Vyas, S.P., Khar, R.K., Controlled Drug Delivery-Concepts and Advances, 1<sup>st</sup> Edition, Vallabh Prakashan, Delhi, 2002(1) 251-258.

2. Jain, N.K., Controlled and Novel Drug Delivery. CBS Publishers and Distributors, 1998:1; 67-75.

3. Chien, Y.W., Novel Drug Delivery System, 2<sup>nd</sup> Edition, Marcel Dekker, 1992:189-198.

4. James Swarbrick. Encyclopedia of Pharmaceutical Technology, 1850:1;3: 689-693.

5. Tripathi, K.D., Essentials of Medical Pharmacology, 5th Edition, New Jaypee Brothers, Delhi.5:2003.

6. Goodman and Gilman. The Pharmacological Basis of Therapeutics.McGraw-Hill, New York.11:2006; 478-483.

7. Raymond C. Rowe, Paul J. Sheskey, Marian E. Quinn., Handbook of Pharmaceutical Excipients, Pharmaceutical Press 6:2009; 47-53.

8. Dixit Nikita. Floating Drug Delivery System. Journal of Current Pharmaceutical Research 2011: 6-20.

9. Singh B.N., Kim K.H., Floating drug delivery systems: an approach to oral controlled drug delivery via gastric retention. J Control Release, 2000: 63; 235-259.

10. A.J. Gastroretentive dosage forms. Crit Rev Ther Drug Carrier Syst 1993: 10(2); 93-95.

11. Well L.J., Gardner R.C., Cargill R.C., Drug delivery device which can be retained in the stomach for a controlled period of time. US Patent 1998:767,627.

12. Garg S. and Sharma S., Gastroretentive Drug Delivery System. Business Briefing: Pharmatech. 2003;160-166.

13. Chawla, G., Gupta P., Koradia V. and Bansal A.K., Gastroretention: A Means to address regional variability in intestinal drug absorption, Pharm Tech, 27:2003; 250-268.

14. Shah, S.H., Patel J.K. and Patel N.V., Stomach specific floating drug delivery system: A review, Int J Pharm Res, 1(3)2009; 623-633.

15. Singh, B.N. and Kim, K.H., Floating drug delivery system: An approach to the controlled drug delivery via gastric retention, J Control Release, 63: 2000; 235-259.

16. Devereux, J.E., Newton, J.M. and Short M.B., The influence of density on the gastrointestinal transit of pellets, J Pharm Pharmacol, 42(7):1990;500-501.

17. Gupta P., Virmani K. and Garg S., Hydrogels: From controlled release to pH responsive drug delivery, Drug Discovery Today, 7(10):2002;569-579.

18. Groning R. and Heun G., Dosage forms with controlled gastrointestinal transit, Drug Dev Ind Pharm, 10:1984; 527-539.

19. Kedzierewicz, F. *et al.*, Evaluation for peroral silicon dosage forms in human by gamma-scintigraphy, J Control Release, 58:1999; 195-205.

20. Asane G.S., "Mucoadhesive gastrointestinal drug delivery system: An overview", www.pharmainfo.net.2007.

21. Mayavanshi A.V. and Gajjar S.S., Floating drug delivery systems to increase gastric retention of drugs: A Review, J Pharm Tech, 1(14):2008;345-348.

Citation: Fauziya Husaini et al. Ijppr.Human, 2020; Vol. 17 (2): 51-62.

22. Arora S., Ali J., Ahuja A., Khar R.K. and Baboota S., Floating drug delivery systems: A Review, AAPS Pharm Sci. Tech, 47:2005;372-390.

23. Moes AJ, Gastroretentive Dosage forms, Crit Rev Ther Drug Carrier Syst, 10(2): 1993;193-195.

24. Singh BN and Kim KH, Floating drug delivery systems: an approach to oral controlled drug delivery via gastric retention, Journal of Controlled Release, 63:2000;235-259.

25. Klausner E.A., Lavy E, Friedman M. and Hoffman A., Expandable gastroretentive dosage forms, J. Control. Rel., 90:2003; 143-162.

26. Timmermans, J and Moes, AJ, Factors controlling the buoyancy and gastric retention capabilities of floating capsules: new data for reconsidering the controversy, J. Pharm. Sci, 83:1994;18-24.

27. Burns S.J.; Corness, D; Hay, G; Higginbottom, S and Whelan, I et al., "Development and validation of an in vitro dissolution method for a floating dosage form with biphasic release characteristics", Int.J.Pharm, 121:1995;37-44.

28. Atyabi, F; Sharma, HL; Mohammad, HAH and Fell, JT, "Controlled drug release from coated floating ion exchange resin beads", J. Control. Release, 42:1996; 25-28.

29. Yie, Chein, "Novel Drug Delivery System", Marcel jekker Inc., New York, 2:1992;1-3.

30. Roop K, Khar "Controlled Drug Delivery, Gastro Retentive System", 4th Edition, pg. 202-203.

31. Shweta, Arora, "Floating Drug Delivery Systems: A Review", AAPS PharmSciTech, 6 (3)2005; 372-390.

32. Gangadharappa, H.V.; Pramod Kumar, TM and Shiva, Kumar HG, "Gastric floating drug delivery systems." Indian J. Pharm. Educ.Res, 41(4):2007;295-306.

33. Khan F.N. and Dehghan H.G., Int J Health Res, 2(1):2009;23.

34. Yie W., Chein, "Novel Drug Delivery System", Marcel Jekker Inc., New York, 2:1992; 1-3.

35. Sanjay, Garg and Shringi, Sharma, "Gastro retentive drug delivery systems", Pharmatech, 2003: 160-166.

36. Vedha hari, B.N. *et al.*, "The recent developments on gastric floating drug delivery systems: an overview", Int.j. Pharmtech Res, 2(1):2010; 524-534.

37. Sanjay S.; Joshi, V. and Barpete, P.K., "Gastro retentive Drug Delivery System: Current Approaches", J. Pharm. Res., 2(5): 2009;881-886.

38. R. Bhise Manish, Mohod P. Smedh, Narkhede B. Mahesh and Sapkal B. Sandip, HPMC Based Extended Release Matrix Tablet of Gabapentin by Direct Compression Method, Turk J Pharm Sci 11(1): 2014; 45-54.

39. Kapoor D., Patidar L. N., Patel M., Vyas R. B. and Lad C., Formulation development and Characterization of Floating Microspheres of Gabapentin, Advance Research in Pharmaceuticals and Biologicals, 3:2013;445-450.

40. Bhargavi Rompicharla, Duggimpudi Harika and Prabha K. Suria, Formulation Development and In-Vitro Evaluation of Gabapentin Matrix Tablets, American Journal of Pharmtech Research,2: 2012; 883-891.

41. Managoli S. Narasimha, Kulkarni V. Raghavendra, Ramarao N. and muchandi I.S., Crosslinked Chitosan Hydrogel Matrix Tablets for Controlled Release of Gabapentin, Farmacia, 60:2012;272-286.

42. Swarna Kamala Chinthala CH., Srinivas Reddy Kota K., Hadassah M., Hepsibha Metilda E., Sridevi S., Formulation and evaluation of gastroretentive floating tablets of Gabapentin using effervescent technology, International Journal of Pharmaceutical and Biomedical Research, 3:2012;202-208.

43. Eduardo Abib Junior, Luciana Fernandes Duarte, Renata Pereira, Joseane Montagner Pozzebon, Deo Tosetti and Juliana Marise Cardoso Custodio, Gabapentin Bioequivalence Study: Quantification by LiquidChromatography Coupled to Mass Spectrometry, Bioequivalence & Bioavailability, 3:2011; 187-190.

44. Jagdale Swati, Kuchekar Bhanudas, Satapathy Jibanananda and Chabukswar Aniruddha, Pharmaceutical equivalence of gabapentin tablets with various extragranular binders, Journal of Basic and Applied Pharmaceutical Sciences, 31(1):2010;25-31.

45. Yun-Seok, Seok Park, Tae-Won Lee et.al., In-Vitro/ In-Vivo relationship of gabapentin from a sustained-release tablet formulation: A pharmacokinetic study in the beagle dog, Archihes of Pharm. Research, 31:2008; 911-917.

46. http://en.wikipedia.org/wiki/gabapentin.

47. www.drugbank.ca/drugs/DB00996.

48. Attal N, Cruccu G, Baron R, *et al.*, "EFNS guidelines on the pharmacological treatment of neuropathic pain: 2010 revision". Eur. J. Neurol. 17 (9): 2010; 1113–e88.

49. Jeffrey K Aronson, Side Effects of Drugs Annual: A worldwide yearly survey of new data in adverse drug reactions. Newnes. 2014:137.

50. American Psychiatric Association. The Diagnostic and Statistical Manual of Mental Disorders. Bookpoint US. 5(5): 482.

