

# International Journal of Modern Pharmaceutical Research

www.ijmpronline.com

## FORMULATION DEVELOPMENT AND EVALUATION OF RAFT FORMING DRUG DELIVERY SYSTEM OF FAMOTIDINE

Manasi Nikam\*

Assistant Professor, St. John's Pharmacy College, Bangalore.

Received on: 14/02/2020 Revised on: 04/03/2020 Accepted on: 25//03/2020 *Corresponding Author Manasi Nikam Assistant Professor, St. John's Pharmacy College, Bangalore.	ABSTRACT The objective of the present study is to formulate and evaluate raft forming chewable tablets of Famotidine for the treatment of gastroesophageal reflux diseases. The purpose of this research work was to formulate raft-forming tablets of Famotidine using a raft-forming agent along with an antacid- and gas-generating agent. Tablets were prepared by direct compression and evaluated for raft strength, acid neutralization capacity, weight variation, % drug content, thickness, hardness, friability and in vitro drug release. A 3 <sup>2</sup> full-factorial design was used in the present study for optimisation. Tablets containing sodium alginate were having maximum raft strength as compared with other raft-forming agents. Acid neutralisation capacity and <i>in-vitro</i> drug release of all factorial batches were found to be satisfactory. The F9 batch was optimised based on maximum raft strength and good acid neutralisation capacity. Drug–excipient compatibility study showed no interaction between the drug and excipients. It was concluded that raft-forming tablets prepared using an optimum amount of sodium alginate and sodium bicarbonate could be an efficient dosage form in the treatment of gastro esophageal reflux disease.
	<b>KEYWORDS:</b> Famotidine, raft, gastroesophageal reflux disease, sodium alginate, raft strength, acid neutralization capacity.

#### INTRODUCTION

Gastro esophageal reflux occurs commonly in normal persons. Patients who have either symptoms or tissue damage resulting from reflux are said to have gastro esophageal reflux disease (GERD). The gastro oesophagul reflux is also called as heart burning.<sup>[1,2]</sup> Heartburn may happen many times a week, especially after eating or at night. GERD can also cause cough or have asthma symptoms. Various treatment options include for GERD are antacids, H2 antagonist, proton pump inhibitor etc.<sup>[3,4]</sup>

Famotidine is a histamine H<sub>2</sub>-receptor antagonist. It is prescribed widely in Active Duodenal ulcers, Gastric ulcers, Zollinger-Ellison syndrome, Gastro Esophageal Reflux Disease (GERD) and Erosive Esophagitis. It has a low biological half-life of 2.5-4.0 h. The current recommended adult oral dosage of Famotidine is 20 mg twice daily or 40 mg once daily.<sup>[5]</sup> The low bioavailability (40-45%) and short biological half life hours) of Famotidine following (2.5-4.0)oral administration favors development of a sustained release formulation.<sup>[6]</sup> Controlled release formulation describes sustained action along with its predictability and reproducibility of release of drug ingredients from the drug delivery system.<sup>[7]</sup>

The raft forming system is one of the most feasible & preferred approach for achieving a prolonged and predictable drug delivery in the GI tract. This system releases drug in a sustained manner which results in constant plasma profiles.<sup>8</sup>The mechanism involved in the raft formation includes the formation of viscous cohesive gel in contact with gastric fluids, wherein each portion of the liquid swells forming a continuous layer called a raft. This raft floats on gastric fluids because of low bulk density created by the formation of CO<sub>2</sub>. The raft thus formed floats on the gastric fluids and prevents the reflux of the gastric contents into the esophagus by acting as a barrier between the stomach and esophagus.<sup>[9]</sup>

#### MATERIALS AND METHODS

#### Material

Famotidine is obtained from Macleods Pharmaceuticals Pvt. Ltd. Sodium alginate is obtained from modern science laboratory. All other excipients used to prepare raft forming tablets were of standard pharmaceutical grade and all chemical reagents used were of analytical grade.

#### Method

Drug, polymer and other ingredients were weighed accurately. All the ingredients were passed through mesh no. 60. All the Ingredients were co-ground in a pestle

different raft-forming agents, viz., sodium alginate,

HPMC K4 M, Locust bean gum, Pectin and Chitosan

were used in the study. The formulas of the different

preliminary batches (batch PB1-PB5) are shown in

Amount of sodium alginate, and amount of sodium

bicarbonate were chosen as independent variables in  $3^2$  full factorial design, While % drug release and raft

strength were selected as dependent variables.

mortar for 5 minutes. The mixed blend of excipients was directly compressed using an 8 mm round flat punches on Tablet compression machine to produce tablets weighing 650 mg each.

#### **Preliminary screening**

Preliminary screening was carried out to select a good raft-forming agent, which has good raft strength. Five

Table 1: Composition of different preliminary batches.

Ingredients	PB1	PB2	PB3	PB4	PB5
Famotidine	20	20	20	20	20
Sodium alginate	300	-	-	-	-
HPMC K 4 M	-	300	-	-	-
Locust bean gum	-	-	300	-	-
Pectin	-	-	-	300	-
Chitosan	-	-	-	-	300
Sodium bicarbonate	50	50	50	50	50
Calcium carbonate	100	100	100	100	100
PVP K 30	50	50	50	50	50
Talc	10	10	10	10	10
Magnesium stearate	15	15	15	15	15
Aspartame	20	20	20	20	20
Mannitol	95	95	95	95	95

Table 1.

#### **Optimisation by 3<sup>2</sup> full-factorial design**

A  $3^2$  randomized full factorial design was used in the present investigation. In this design, experimental trials were performed at all nine possible combinations.

Table 2: Formulation layout of factorial batches.

Independ	ent variables	Dependent variables
$X_1$	$X_2$	Y
Sodium alginate	Sodium bicarbonate	% drug release Raft strength

#### Table 3: Coding value of full factorial batches.

Coding value	-1	0	+1
Amount of sodium alginate	200	250	300
Amount of sodium bicarbonate	30	40	50

#### Table 4: Optimization of batch using 3<sup>2</sup> full factorial designs.

Ingradiants	Formulations								
Ingredients	F1	F2	F3	F4	F5	F6	F7	F8	F9
Famotidine	20	20	20	20	20	20	20	20	20
Sodium alginate	300	300	250	250	200	250	200	200	300
Sodium bicarbonate	50	30	40	30	50	40	30	40	30
Calcium carbonate	100	100	100	100	100	100	100	100	100
PVP K30 M	50	50	50	50	50	50	50	50	50
Talc	10	10	10	10	10	10	10	10	10
Magnesium stearate	15	15	15	15	15	15	15	15	15
Aspartame	20	20	20	20	20	20	20	20	20
Mannitol	65	65	65	65	65	65	65	65	65
Total	650	650	650	650	650	650	650	650	650

#### **Evaluation of Factorial Batches**

General evaluation parameters for tablets.<sup>[10-13]</sup>

#### Weight variation test

Twenty tablets were selected at random, weighed and average weight was calculated. Not more than two of the individual weights should deviate from the average weight by more than 10%.

#### Friability

For each formulation, a pre-weighed tablet sample (six tablets) was placed in a Roche friabilator, which is then operated for 100 revolutions. The tablets were dedusted and reweighed. Conventional compressed tablets that lose < 0.5 to 1% of their weight are considered acceptable.

#### Hardness

Hardness of tablets was determined using a Pfizer hardness tester.

#### **Content uniformity**

Twenty tablets were weighted and powdered in a mortar. Accurately weighted a quantity of the powder equivalent to about 20 mg of famotidine, diluted to 100 ml wit 0.1 N HCl in 100 ml volumetric flask. It was shaken for 15 minutes and filtered. 1 ml of the filtrate was diluted to 0.1 N HCl. The absorbance of the resulting solution was measured at  $\lambda$ max 265 nm and the content famotidine of was calculated from the absorbance obtained.

## Raft strength measurement by in-house method<sup>[14]</sup>

A tablet powder equivalent to unit dose was transferred to 150 ml of 0.1 N HCl and maintained at 37°C in a 250 ml glass beaker. Each raft was allowed to form around an L-shaped wire probe (diameter: 1.2 mm) held upright in the beaker throughout the whole period (30 min) of raft development. Raft strength was estimated using the modified balance method. Water was added dropwise to the pan and the weight of water required to break the raft was recorded.

## Acid neutralization capacity<sup>[15]</sup>

A tablet powder equivalent to unit dose was transferred to a 250 ml beaker; 50 ml of water was added to it and was mixed on a magnetic stirrer for 1 min. A 30-ml volume of 1.0 N HCl was added with continued stirring on the magnetic stirrer for 10 min after addition of the acid. Stirring was discontinued briefly and the gum base was removed using a long needle without delay. The needle was promptly rinsed with 20 ml of water, and the washing was collected in the beaker; stirring was resumed for 5 min. Titration was begun immediately. Excess HCl was titrated against 0.5 N NaOH to attain a stable pH of 3.5. The number of mEq of acid consumed by the tablet tested was calculated by the using formula.

#### In vitro drug release study

In vitro drug release study of famotidine chewable tablets was performed using USP (United States

Pharmacopoeia) apparatus II fitted with a paddle (50 rpm.) at  $37 \pm 0.5$  °C using a simulated gastric fluid (pH 1.2; 900 ml) as a dissolution medium for 1 hour. The tablets were added to the dissolution medium. At predetermined time intervals, 10-ml samples were withdrawn, filtered through a 0.45-µm membrane filter and analyzed at 265 nm using a Shimadzu UV 1800 double-beam spectrophotometer. Cumulative percentage drug release was calculated using an equation obtained from a calibration curve, which was developed in the range 5-25 µg/ml for 0.1 N HCl.

#### Raft strength measurement by Texture Analyzer

The raft strength of the most satisfactory formulation was determined by instrument called Texture Analyzer (Brookfield QTS). Powder of tablets equivalent to unit dose was transferred to 150 ml of 0.1 N HCl and maintained at  $37^{\circ}$ C in a 250 ml glass beaker. The raft was allowed to form around an L-shaped wire probe held upright in the beaker throughout the whole period of raft development. After 30 min of raft development, the probe was pulled vertically up through the raft at a rate of 30 mm/min. The force required to pull the wire probe up through the raft was recorded by the Texture Analyzer.

#### Drug–excipient compatibility study

### Fourier transform infrared spectrophotometry

The FTIR spectra of famotidine and a mixture of famotidine with major excipients were recorded using the KBr mixing method using an FTIR instrument.

#### Differential scanning calorimetry study

Differential scanning calorimetry (DSC) study was carried out using the Shimadzu DSC-60 (Shimadzu) instrument to check drug–excipient compatibility. The DSC thermograms of the pure drug Famotidine and of the physical mixtures of Famotidine with excipients were obtained. DSC aluminium cells were used as a sample holder and a blank DSC aluminium cell was used as reference. A 2 to 3 mg weight of sample was used for analysis. Thermograms were recorded over the range 50-300°C.

#### Stability studies of the optimised formulation

To assess drug and formulation stability, accelerated stability studies were done for 3 months. The stability studies were carried out on the most satisfactory formulations (batch F9). The most satisfactory formulations were sealed in aluminium packaging and kept in a humid chamber maintained at  $40 \pm 2^{\circ}C/75 \pm 5\%$  relative humidity (RH) for 3 month. The optimised formulation sealed in aluminium foil was also kept at room temperature and humid condition. At the end of the storage time, the samples were analysed for *in vitro* drug release and % drug content.

#### **RESULT AND DISCUSSION**

#### **Results of preliminary screening**

Tablets prepared using different raft-forming agents were tested for raft strength in 0.1 N HCl. Among all five batches prepared with five different raft-forming agents, tablets prepared using sodium alginate had maximum raft strength. So sodium alginate was selected as the raft-forming agent for further studies. All results are shown in Table 5.

Table 5: Evaluation Parameters of Preliminaryscreening batches.

Formulations	Raft strength
PB1	5.82
PB2	4.73
PB3	4.15
PB4	3.26
PB5	2.88

Table 6: Pre compression parameters for factorial batches.

#### Formulation Bulk density (gm/ml) Tapped density (gm/ml) Hausner's Carr's Angle of Code $\pm$ SD $\pm$ SD ratio index repose 0.517±0.02 $0.625 \pm 0.03$ $1.29\pm0.04$ $22\pm 2.00$ 40.23 F1 1.24±0.01 F2 $0.500 \pm 0.01$ $0.625 \pm 0.02$ $20\pm 2.64$ 40 F3 $0.582 \pm 0.03$ $1.20\pm0.07$ 17±5.17 40.03 $0.480 \pm 0.06$ F4 $0.503 \pm 0.05$ $0.662 \pm 0.02$ 1.30±0.17 $22\pm 5.89$ 35.53 F5 0.513±0.10 $0.635 \pm 0.07$ 1.24±0.09 $18 \pm 5.85$ 37.18 $0.508 \pm 0.01$ $0.592 \pm 0.05$ $1.16\pm0.10$ F6 13±7.82 39.8 F7 $0.418 \pm 0.03$ $0.546 \pm 0.01$ $1.04\pm0.26$ $22\pm 8.62$ 37.19 $0.547 \pm 0.04$ $0.682 \pm 0.02$ $1.25\pm0.15$ $18 \pm 4.50$ F8 37.18 F9 $0.535 \pm 0.01$ $0.652 \pm 0.02$ $1.21 \pm 0.04$ 13±2.64 38.41 Broad range 0.418-0.547 0.546-0.682 1.04-1.29 13-22 35.53-40.23

## Results of 3<sup>2</sup> full-factorial design

All results for physicochemical parameters like hardness, weight variation, thickness, % drug content and friability are shown in Table 7. All results were found to be satisfactory and within a normal range. Batch F9 was found to have maximum raft strength of 6 g. All batches had acid neutralisation capacity in the range of 6.9 to 9.5. The in vitro drug release profiles of all factorial batches are shown in Figure 2. All parameters were found to be satisfactory for all factorial batches, so the batch with maximum raft strength, that is batch F9, was selected as the optimized batch.

 Table 7: Post compression parameters of factorial batches.

Formulation Code	Weight (mg) ±SD	Hardness (kg/cm <sup>2</sup> ) ± SD	Thickness (mm) ±SD	Friability ± SD%	% Drug content	Acid neutralization capacity (mEqui)
F1	649±4.7	6.0±0.5	5.52±0.02	$0.504 \pm 0.2$	97.04±3.3	7.9
F2	649±3.3	6.2±1.0	$5.54 \pm 0.04$	0.580±0.2	99.30±3.6	8.9
F3	649±4.4	6.4±1.1	5.55±0.01	$0.547 \pm 0.04$	94.45±3.0	7.7
F4	648±2.8	5.7±0.5	5.56±0.01	$0.706 \pm 0.08$	101.54±6.8	9.2
F5	649±3.4	6.0±0.5	5.55±0.02	0.630±0.19	95.36±1.7	6.9
F6	647±3.8	5.9±1.2	$5.55 \pm 0.05$	$0.601 \pm 0.09$	98.48±4.5	8.5
F7	648±4.1	5.8±1.1	5.58±0.03	0.541±0.12	$102\pm 5.03$	8.4
F8	648±2.5	6.2±1.5	5.61±0.04	$0.734 \pm 0.09$	99.04±9.7	7.3
F9	648±3.8	6.1±1.7	5.57±0.05	$0.857 {\pm} 0.08$	100.61±4.0	9.5
Broad range	647-649	5.7-6.4	5.52-5.61	0.50-0.857	94.45-10	6.9-9.5

#### **Evaluation parameters of Factorial batches:**

Before compression the formulation powder blend was subjected for various evaluation parameters. The powder blend was evaluated by the measurement of Bulk density, Tapped density, Angle of repose, Carr's index (Compressibility index) and Hausner's ratio which is shown in Table 6.

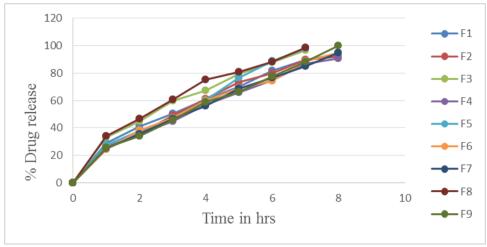


Figure 2: Percent Drug Release profile graph of Formulations.

#### **Result of raft strength**

The raft strength of the optimised formulation (batch F9) was measured by the Texture Analyzer. Raft strength of

optimized formulation i.e. F9 was determined by using Texture analyzer and is found to be 6 which is shown in Figure 3.

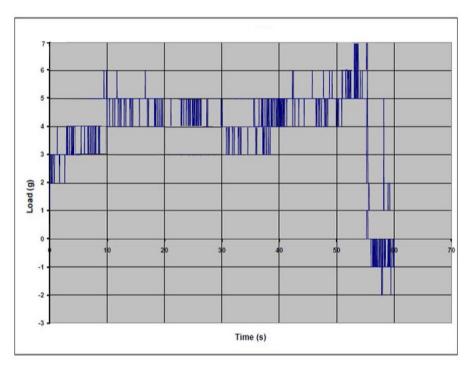
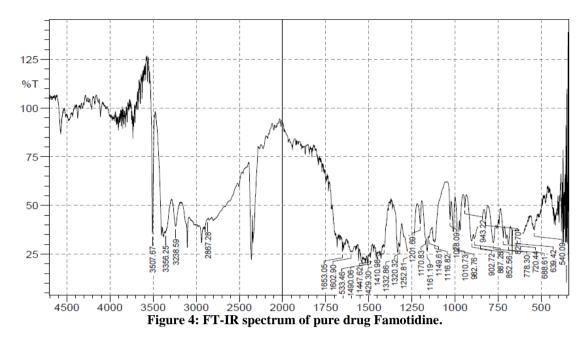


Figure 3: Graph of load Vs time for batch F9

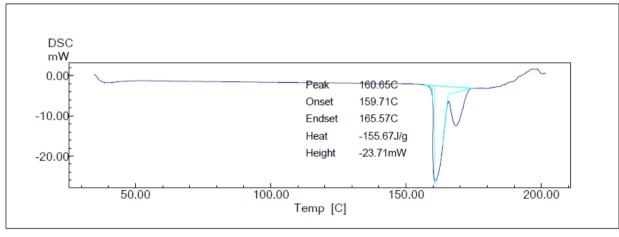
#### **Result FTIR spectra of Famotidine**

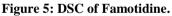
The FTIR spectrum of Famotidine exhibited characteristic signals as shown in Figure 4. The absorption bands shown by Famotidine are characteristic of the groups present in its molecular structure. The presence of absorption bands corresponding to the functional groups present in the structure of Famotidine & absence of well-defined unaccountable peaks is a confirmation of the purity of the drug sample.



#### **Result of DSC study**

Thermal analysis of drug was carried out using DSC. The DSC curve of Famotidine profiles endothermic peak at 160.65°C corresponding to its melting point & indicates its purity & shows that it's not crystalline in nature. The heat required is -155.67J.





#### **Results of stability study**

At the time of stability studies the tablets of the optimized batch F9 was subjected to evaluate for the

physio-chemical parameters, for three month. The result showed that there is no change in the physio-chemical properties of the tablets. The results are shown in table 8.

Parameters	After 1 month observation	After 2 month observation	After 3 month observation
Physical appearance	No change	No change	No change
Weight variation (mg)	648±0.060	$646\pm0.059$	$646 \pm 0.060$
Thickness (mm)	$5.57 \pm 0.05$	$5.59 \pm 0.15$	$5.54 \pm 0.15$
Hardness(Kg/cm <sup>2</sup> )	$6.2\pm0.57$	$6.0\pm0.57$	$6.3\pm0.57$
Friability	$0.775 \pm 0.030$	$0.687 \pm 0.030$	$0.618 \pm 0.0030$
Drug content (mg/tab)	$99.36 \pm 0.25$	$99.62 \pm 0.20$	$102.8 \ 9 \pm 0.21$
In-vitro Dissolution (8 hrs)	96.31	98.24	99.47

From the Table 8, hardness of formulation F9 for 30,60,90 days was found to be 6.2,6.0,6.3 resp. The %

friability of the formulation was also found to be 0.775,0.687,0.618. resp. The % drug content of the

formulation was found to be 99.36,99.62,102.89% resp. In vitro drug release study of optimized formulation kept for stability was found to be 99.47%. As there is no negligible change in drug release profile of optimized batch, that indicates the development formulation was stable.

#### CONCLUSION

Preformulation study FT-IR and DSC showed that there is no strong interaction between drug and excipients used in formulation.Sodium alginate was selected from the preliminary batches for further formulation as it showed maximum raft strength. A formulated tablet with either method complies with official tests like weight variation, content uniformity, friability. It was concluded that raft forming tablet prepared by sodium alginate in combination with calcium carbonate and sodium bicarbonate can form a floating raft in the presence of 0.1 N HCl. Raft strength was directly proportional to the amount of sodium alginate in the tablet. The amount of sodium bicarbonate in the tablet were critical parameter in the formulation development. From the all formulations, the optimized formulation was found to be F9 as it had good raft strength, sufficient acid neutralization capacity and satisfactory in vitro drug release. The formulation was stable at accelerated conditions of temperature and humidity.

#### REFERENCES

- 1. Patti MG. Gastroesophageal Reflux Disease. Medscape Reference, August 2013, http://emedicine.medscape.com/article/176595 overview.
- 2. Gastroesophageal Reflux Disease.Wikipedia-the free encyclopedia.
- 3. "Treatment of GERD". International foundation for functional gastrointestinal disorders, January, 2014.
- 4. Heartburn, Gastroesophageal Reflux (GER) and Gastroesophageal Reflux Disease (GERD). NIH Publication No. 07-0882, May 2007.
- Reynolds JEF. Martindale the Extra Pharmacopoeia. The Royal Pharmaceutical Society: London, 1996; 1218-20.
- 6. Jaimini M, Rana AC, Tanwar YS. Formulation and Evaluation of Famotidine Floating Tablets. Current Drug Delivery, 2007; 51-55.
- Chien YW. Rate Controlled Drug Delivery Systems. Medical Process Through Technology, 1989; 15: 21-46.
- Prajapati V. D, Jani G.K, Khutliwala T.A, Zala B. S. Raft forming system—An upcoming approach of gastroretentive drug delivery system. J Controlled Release, 2013; 151–165.
- Bhavsar D.N, Varde N.M, Sini Surendran, Shah V.H, Upadhyay U.M. Advances in GRDDS: Raft forming system a review. J. Drug Deliv. Ther, 2012; 2(5): 123-128.

- 10. Flese EF, Hugen TA. Preformulation. In, Lachman L et al; The theory and practice of industrial pharmacy.4th ed. Mumbai, Varghese publishing house, 1987.
- 11. Wells JI, Aulton ME. Preformulation, In Aulton ME, Pharmaceutics the science of dosage form design. 2nd ed. Churchill livingstone, 2002.
- Cooper J, Gun C. Powder Flow and Compaction. In Carter SJ, Eds. Tutorial Pharmacy. New Delhi, CBS Publishers and Distributors, 1986.
- 13. Martin A. Micromeretics, In: Martin A, Physical Pharmacy. 4<sup>th</sup> ed. B.I.Waverly pvt ltd, New Delhi, 1997.
- 14. Mehta A, M.Pharm. Thesis, "Formulation and Evaluation of Raft forming chewable tablets containing H1antagonist" Gujarat Technological University, May 2011.
- 15. United States Pharmacopoeia 28 , National Formulary 23, Twinbroo Parkway, Rockville, MD, 2005.