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**Tittle:** Study of the critical points and the role of the pores and viscosity in carbamazepine hydrophilic matrix tablets.

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#### **Abstract**

Percolation theory has been applied to estimate the Hypromelose (HPMC) percolation thresholds and the influence of the polymer viscosity and the initial porosity on these thresholds in carbamazepine multicomponent matrix formulations.

Different batches containing two viscosity grades of HPMC as hydrophilic matrix forming polymer, MCC and lactose as fillers, and a lubricant mixture have been manufactured varying the compression pressure in order to obtain matrices with three levels of initial porosity. The results suggested the existence of an excipient percolation threshold between 13 and 15% v/v of HPMC for the different batches prepared. It has been found that the percolation threshold for this polymer is independent on the formulation factors studied in this paper: polymer viscosity and initial porosity of the matrices.

**Keywords:** Hydroxypropylmethyl cellulose; Hydrophilic matrices; Carbamazepine; Tablet porosity; Percolation threshold; Critical points; Extended release.

### **Introduction**

Hydrophilic matrices are one of the most commonly employed extended release systems worldwide. These types of matrices have many favourable properties such as low cost and ease of manufacture, their proven record and relative independent performance on the physico-chemical and physiological conditions of the gastro-intestinal tract [1]. These dosage forms are constituted by a dispersion of a drug in a hydrophilic polymer, which in contact with water, swells, forms a gel or a colloid of high viscosity gelatinous

structure. Other excipients in the matrices are lubricant, glidant, water-soluble or waterinsoluble fillers and pH modifiers if required [2, 3].

Hydroxypropylmethyl cellulose (HPMC) is the most commonly used cellulose ether in the formulation of hydrophilic matrices for extended drug delivery [4]. This could be due to the wide approval as GRAS (Generally Regarded as Safe) by the regulatory bodies. Furthermore, it is compatible with numerous drugs, accommodates high levels of drug loading and can be easily incorporated to form matrix tablets by direct blending or granulation [5].

The hydration of HPMC controls the drug release in swellable matrices, since it forms a barrier gel layer at the surface of the matrix through which the drug is released by diffusion and/or erosion of the matrix [6]. Although the technology is well understood and utilized, there is a large number of research papers reporting about the complex mechanisms of drug release from these matrix systems [7-11].

Our research group has applied the concepts of the percolation theory to the study of extended release matrix systems including both, hydrophilic and inert matrices [12-19]. This statistical theory was firstly applied to the field of pharmacy by Leuenberger and co-workers in the University of Basel [20-25]. This theory describes a cluster, (called infinite, percolating or coherent), defined as a group of adjacent particles of the same component that extends from one side to the other sides of the system, acting as the outer phase of a disperse system. Otherwise the cluster is called finite or isolated. The concentration of a component for which there is the maximum probability of appearance of an infinite cluster for the first time is called the percolation threshold of this component. This concentration is usually related to a critical point because close to this point important changes in the properties of the system may be observed [26].

According to percolation theory, controlled release hydrophilic matrices must be formulated above the excipient percolation threshold. This fact assures that a coherent gel layer controlling the drug release rate is formed. The excipient percolation threshold is the limit between a fast release of the drug (below the excipient percolation threshold) and a drug release controlled by the formation of a coherent gel layer (above the excipient percolation threshold) [17, 27, 28].

In previous papers, the influence of several formulation factors on the excipient critical points has been studied. For example, Gonçalves et al., [27] studied the existence of critical points in controlled release hydrophilic matrices containing verapamil·HCl and four different viscosity grades of HPMC. According to their results, the HPMC percolation thresholds would be situated between 10 and 20 % v/v of HPMC for the four viscosity grades.

On the other hand, the role of the initial porosity of the matrix on its percolation thresholds has been extensively studied in inert matrices [13, 21, 22]. In inert matrices the pores facilitate the water uptake and the drug release. Therefore it is clear now that the initial porosity has to be added to the porosity due to the dissolution of the soluble substances of the matrix. This sum is the total porosity of the matrix [13, 21]. The drug percolation threshold in inert matrices is expressed as total porosity. Therefore, the initial porosity here, is undoubtedly influencing the drug percolation threshold [29]. Nevertheless, the situation is much more complex in hydrophilic matrices. Although a hypothesis has been proposed [17, 30], the influence of the initial porosity on the percolation thresholds has not yet been experimentally studied in hydrophilic matrices. Miranda et al. (30) proposed the hypothesis that the pores would facilitate the establishment of the gel layer responsible for controlling the drug release. This hypothesis is based in the behaviour of the critical points as a function of the particle

size of the matrix component, making the assumption that the hydrophilic matrices would undergo exactly the same influence than the inert matrices, obeying the same regression line. Nevertheless, this hypothesis has not yet been experimentally validated. Furthermore, a more recent paper [27] reported some critical points in verapamil·HCl hydrophilic matrices which failed to fit the previously mentioned regression line.

The objectives of this work were i) to estimate the excipient percolation thresholds in carbamazepine (poorly soluble model drug) multicomponent matrix formulations; ii) to study the influence of the polymer viscosity on these thresholds and especially iii) to carry out the first experimental study of the influence of the initial porosity of the matrices on the excipient percolation threshold and to discuss the results in light of the existing theories. For this purpose identical formulations have been prepared with three different levels of initial porosity. These formulations have been characterized and their percolation thresholds have been estimated.

### **2. Materials and methods**

#### **2.1. Materials**

The following materials were used in the manufacture of the matrix tablets: carbamazepine (Recordatti, Milan, Italy), METHOCEL™ K100 LV and METHOCELTM K4M (Colorcon Ltd., Dartford, UK), lactose monohydrate (Safic-Alcan, Barcelone, Spain), microcrystalline cellulose (Mingtai Chemical, Taichung, Taiwan), magnesium stearate (Acofarma, Barcelone, Spain) and colloidal silicon dioxide NF (Acofarma, Barcelone, Spain).

### **2.2. Preparation of the tablets**

26 batches of carbamazepine (180 mg) matrix tablets were prepared employing five different percentages of HPMC (10, 15, 20, 25 and 30% w/w). Table 1 shows the

composition of the studied formulations. The letter X in this table can be replaced by the two letters indicated in table 2, in order to obtain the name of the batch prepared with each polymer and compression force level applied. All the materials were blended for 10 minutes in a Turbula mixer (Willy A. Bachofen, Basel Switzerland) with the exception of magnesium stearate and colloidal silicon dioxide that were added after the initial 10 minutes and blended for an additional period of 5 minutes. 600 mg tablets of each batch were produced using direct compression on a standard eccentric tableting machine (Bonals A-300, Barcelone, Spain) using a 12 mm diameter die and manual feeding. Three different compression forces have been employed in order to obtain three porosity levels (mean porosity values 7.9%, 16% and 27.3%). For this purpose three different positions of the upper punch in the exccentric tableting machine were selected monitoring the tablet porosity. The lots containing 10% HPMC were prepared employing only the higher compression force level, since the drug release is too fastat lower compression forces with such a low polymer content.

### **2.4. Tablet characterization**

#### *2.4.1. Weight, diameter and thickness*

The weight of 10 tablets corresponding to each batch was determined using an electronic balance (Scaltec, type SBC31) to assure the weight uniformity. Thickness and diameter of 10 tablets of each batch were measured to  $\pm$  0.001mm using a 25-mm digital micrometer (Comecta, SA).

## *2.4.2. Volume and initial porosity*

The volume of 10 tablets of each batch was calculated according to the following equation:

$$
V = \pi H (D/2)^2 \tag{1}
$$

where *V* is the tablet volume, *H* and *D* are tablet thickness and diameter and  $\pi$  is a constant.

The initial porosity  $(\varepsilon_0)$  was determined using the known values of the volume and weight according to the following equation:

$$
\varepsilon_0 = (V_{real} - V_{theoretical})/V_{real} \tag{2}
$$

where *Vreal* is the volume of the tablet and *Vtheoretical* is the theoretical volume of the tablet, calculated as the sum of the volumes obtained dividing the mass of each component by their real density.

### *2.4.3. Study of the drug release*

Tablets were subjected to a modified dissolution testing, in an attempt to achieve the critical points of the system faster. More vigorous hydrodynamic conditions were employed during the dissolution assay. The dissolution studies were carried out using the paddle method in a USP Apparatus II, dissolution apparatus Sotax AT7 smart (Allschwil, Switzerland). Tablets were fixed to the paddle using string and 900 ml of distilled water at 37±0.5ºC have been used as dissolution media. The stirring speed was fixed at 150 rpm. 5 ml samples were withdrawn at 0.25, 0.5, 1, 1.5, 2 and 3h. The percentage of drug released was measured in a UV spectrophotometer (Hitachi U-2000) at 284 nm. The assay was performed in triplicates.

Drug release data were analyzed according to the zero-order model (Equation 3), Higuchi [31] (Equation 4), Korsmeyer [32] (Equation 5), and Peppas and Sahlin [33] (Equation 6) equations. Linear and non-linear least squares fitting methods were carried out with SPSS version 14.0 to determine the optimum values of the parameters corresponding to each equation.

$$
Q = k_0 t \tag{3}
$$

$$
Q = b\sqrt{t} \tag{4}
$$

$$
Q = k_k t^n \tag{5}
$$

$$
Q = k_d t^m + k_r t^{2m}
$$
 (6)

where  $Q$  is the amount of drug released at time t,  $k_0$  is the zero order release rate constant in equation 3, *b* is the Higuchi's release rate constant in equation 4 and  $k_k$  is the Korsmeyer's kinetic constant in equation 5. *t* is the release time, *n* is the diffusional exponent that depends on the release mechanism and on the shape of the swelling device tested [34],  $k_d$  is the diffusional constant,  $k_r$  the relaxational rate constant and  $m$ is the purely Fickian diffusion exponent which depends on the geometrical shape of the releasing device through its aspect ratio.

The dissolution results were employed to estimate the excipient percolation threshold of each HPMC formulation. An abrupt change in the kinetic parameters indicates a change in the release behavior and could be indicative of a phase transition related to the presence of a percolation threshold of one component of the formulation (17, 21).

#### **3. Results and discussion**

#### **3.1. Tablet characterization**

The results of tablets diameter and thickness as well as tablet weight and density of the different components were employed to calculate the volume and the initial porosity of the tablets manufactured as well as the volume fractions corresponding to each component. As an example, Table 3 shows the results for the batches CA, CB and CC (batches containing METHOCEL K100LV at the three compression forces).

#### **3.2. Study of the drug release profiles and release kinetics**

As it has been stated in the previous section, a modified dissolution assay with stronger hydrodynamic conditions such as higher stirring speed (150 rpm) and the tablet fixed to the paddle were performed in order to determine the critical points of the formulations

in a shorter period of time. The results for each batch are discussed in the following subsections.

#### *3.2.1. Tablets containing METHOCEL K100LV.*

Batches containing 30%W/W of carbamazepine and varying amounts of METHOCEL K100LV were prepared at three compression forces leading to mean porosities of 7.9%, 16% and 27.3%, respectively.

Fig. 1 illustrates the release profiles of the different batches prepared at the three compression forces. Table 4 shows the initial porosity and the content of HPMC expressed in % v/v for the batches prepared and Table 5 shows the kinetic parameters of the studied formulations.

Figure 1a, shows that for batches CA1 to CA5 (carbamazepine and 10%, 15%, 20%, 25% and 30% of HPMC K100LV at the maximum compression force) with a mean porosity of 7.9%, an important change in the release profiles appears between 10 and 15% (w/w) HPMC content, therefore the critical point of the formulation is clearly between 9.8% and 15.1% v/v of HPMC K100LV (between batches CA1 and CA2). The observation of the critical point can be confirmed when we analyze the changes in kinetic parameters, according to the results presented in Table 5: b (Higuchi equation), k0 (zero order equation), Kk (Korsmeyer model) and Kd (Peppas and Sahlin model). Below the critical point of the excipient, the rate of drug release is clearly faster. However, above this point, the profiles were more constant, typical of controlled release systems. For batches CB2 to CB5 (carbamazepine and 15%, 20%, 25% and 30% of HPMC K100LV at the medium compression force) with a mean porosity of 16%, although a critical behaviour is not clearly appreciated by direct observation of the release profiles (Fig. 1b), the results of the kinetic study showed (Table 5) that the

critical range can be situated between 13.5% and 17.9% v/v HPMC K100 LV (i.e., between batches CB2 and CB3).

Fig. 1c shows the dissolution profiles for batches CC2 to CC5 (carbamazepine and 15%, 20%, 25% and 30% of HPMC K100LV at the minimum compression force) with a mean porosity of 26%. Taking into account the release profiles and the kinetic parameters for these batches showed in Table 5, the critical range can be situated between 11.9% and 15.7% v/v of HPMC K100LV. The behaviour of batch CC3 indicates that this HPMC concentration is close to the percolation threshold. Despite very different compression forces and porosities are involved, the critical range is very similar for all the HPMC K100LV matrices containing carbamazepine studied here. In other words, independently of the tablet porosity and the applied compression force, a critical volume fraction of approximately 14% v/v of HPMC K100 LV (or higher level to ensure robustness) must be reached to obtain a drug release controlled by the gel layer produced by the polymer.

#### *3.2.2. Tablets containing METHOCEL K4M.*

Table 6 contains the initial porosity data and the content of HPMC expressed in % v/v for the matrices containing carbamazepine and concentrations of METHOCEL K4M between 10 and 30%  $(w/w)$ .

Fig. 2a shows the release profiles of batches CD1 to CD5, manufactured with the maximum compression force and a mean porosity of 7.9%. Taking into account the fast release rate showed by batch CD1 in comparison with the other batches, the excipient percolation threshold could be situated between 10.2 and 15.2% v/v of HPMC K4M (between batches CD1 and CD2). This is supported by the change in the kinetic parameters that can be observed in Table 7. So batch CD2 would be above the excipient percolation threshold, i.e., a percolating cluster of the excipient which controls the

penetration of the liquid into the matrix and the release of the drug has been formed, leading to a slower drug release.

In relation with batches CE2 to CE5 (carbamazepine and 15%, 20%, 25% and 30% of HPMC K4M at the medium compression force), the release profiles illustrated in Fig. 2b show a critical behaviour suggesting a critical point between 13.6 and 17.9% v/v of HPMC K4M. This critical range is also confirmed (Table 7) by the results obtained in the kinetic studies, showing an abrupt change in "b" slope of Higuchi, k0 constant, Korsmeyer's constant and diffusional constant in the Sahlin and Peppas' equation. Fig. 2c shows the release profiles for batches CF2 to CF5 (carbamazepine and 15%, 20%, 25% and 30% of HPMC K4M at the minimum compression force). A faster release for batch CF2 is observed in comparison with batches CF3 to CF5. A significant change in the kinetic parameters studied can also be appreciated between batches CF2 and CF3 so it may be concluded that for these high porosity tablets the critical point is situated between 11.8 and 15.8% v/v of HPMC K4M.

Therefore, also for the HPMC K4M matrices the critical range seems to be similar (around 13% v/v) for the three compression force levels. However, it is also clear that the release rates are slower for higher compression forces.

#### **3.3 The influence of the porosity and polymer viscosity on the critical ranges.**

As a general consideration, the release behaviour of the assayed tablets containing carbamazepine, HPMC of different viscosities as matrix forming polymer, MCC and lactose as fillers and a lubricant mixture, can be explained by a critical point around 13- 15% v/v of HPMC.

This result is especially unexpected, considering that three levels of compression forces were employed, leading to three levels for the initial porosity of the tablets (Level A: 7.9%, Level B: 16% and Level C: 27.3%).

In previous works [17, 18, 27, 30, 35], the low value obtained for the excipient percolation threshold in hydrophilic matrices was attributed to a contribution of the initial porosity of the tablets to the formation of the gel layer which controls the drug release. All these matrices had porosities between 5 and 10%, corresponding to the lower porosity level of the present study. Although the results of the present work are not in disagreement with this hypothesis, they point out that, in case that it would be a contribution of the initial porosity, it would be restricted to a relatively low range of tablet porosities. Therefore, when the tablet porosity is increased to values around 16 % or 27% approximately, the critical points obtained remain almost unchanged, indicating that the additional porosity is not contributing to reach the excipient percolation threshold.

Even though showing a very similar critical point, the tablets prepared with higher initial porosities, show faster release profiles. This behaviour could be due to the role of the additional tablet porosity (allowing relaxation and dilution of the polymer in free space and helping the drug release)

Two different viscosity grades of HPMC have been employed and no influence of this parameter in the percolation threshold of the studied systems has been found. Furthermore, according to the results of this study, the percolation threshold is independent on the tablet porosity (at least for medium and high porosity levels). These facts support the robustness of the percolation threshold parameter and its use in the characterization of the pharmaceutical formulations.

Previous work by Gonçalves et al. [27] pointed out the possibility that the microcrystalline cellulose employed as filler, can help to establish the gel layer. The MCC is an insoluble excipient containing hydrophilic groups and in theory, can absorb water and help to maintain the gel integrity (no dilution factor, such as the case is for a soluble filler like lactose) and to retard the release of the drug. In the present study, considerable concentrations of MCC have been employed (19%). A better knowledge of this contribution would help to interpret these results concerning responsibility of the tablet porosity and the MCC concentration on the low values obtained for the excipient percolation threshold in hydrophilic matrices, expressed as HPMC volume fraction.

#### **3.4 Influence of the porosity and polymer viscosity on the drug release rate.**

Although the polymer viscosity and the porosity of the matrices have not shown significant influence on the critical points, these parameters have a clear influence on the drug release rate. In the case of the matrices containing 15% W/W of HPMC, the majority of the batches are below the polymer percolation threshold and in the case that a percolating cluster is formed, this is just an incipient cluster. By contrary, batches containing 30% W/W of HPMC have a percolating cluster of polymer much more consistent. For this reason, it is foreseeable that in batches with 15% W/W of HPMC the polymer viscosity plays less influence on the release profiles than in the batches with 30% W/W of polymer.

This hypothesis is confirmed in the Fig. 3 and 4, where it can be appreciated that in batches with 15% W/W of HPMC (Fig. 3) the polymer viscosity exerts much less influence than the porosity of the matrices on the drug release rate, while for batches containing a percolating cluster of polymer (30% HPMC) (Fig. 4), the influence of the polymer viscosity is much higher, exceeding in some cases the influence of the porosity of the matrices. For example in Fig. 4, the release profile of batch CA5 (30% W/W of HPMC K100LV and low porosity) is above the release profile of batch CE5 (30% W/W of HPMC K4M and medium porosity). According to the previous hypothesis, this behavior is not observed in Fig. 3, where the main factor is the porosity level.

#### **4. Conclusions.**

Based on the percolation theory, the ideal concentration for different types of HPMC to obtain extended release formulations is above 15 % v/v of polymer. This concentration of polymer allows the formation of an infinite cluster of excipient that controls the hydration, the gel formation and the drug release.

In order to increase the robustness of the formulation, it is reasonable to avoid concentrations of HPMC in the neighbourhood of its percolation threshold, which may be a point of high variability

On the other hand, results here suggested that the HPMC percolation threshold is independent of the polymer viscosity and the initial porosity. However, further investigation in this area is required.

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# **Table 1**



# **Composition of the different formulations prepared**

# **Table 2**



# **Name of the batches prepared with each polymer and force levels**

# **Table 3.**

# **Results for the batches containing METHOCEL K100LV**



\*METHOCEL K100LV

# **Table 4.**

# **Initial porosity values and volume fractions of HPMC for the batches containing METHOCEL K100 LV.**



### **Table 5.**



# **Kinetic parameters for the batches containing METHOCEL K100 LV**

<sup>a</sup> Higuchi's slope; <sup>b</sup> Determination coefficient; <sup>c</sup> Zero order kinetic constant; <sup>d</sup> Korsmeyer kinetic constant;

<sup>e</sup> Diffusional exponent; <sup>f</sup> Diffusional constant of Peppas and Sahlin model; <sup>g</sup> Relaxational constant of Peppas and Sahlin model; m is the diffusional exponent that depends on the geometric shape of the releasing device through its aspect ratio.

# **Table 6.**

# **Initial porosity values and volume fractions of HPMC for the batches containing METHOCEL K4M.**



### **Table 7.**



# **Kinetic parameters for the batches containing METHOCEL K4M.**

<sup>a</sup> Higuchi's slope; <sup>b</sup> Determination coefficient; <sup>c</sup> Zero order kinetic constant; <sup>d</sup> Korsmeyer kinetic constant;

<sup>e</sup> Diffusional exponent; <sup>f</sup> Diffusional constant of Peppas and Sahlin model; <sup>g</sup> Relaxational constant of Peppas and Sahlin model; m is the diffusional exponent that depends on the geometric shape of the releasing device through its aspect ratio.

### **Fig. 1.**

Dissolution profiles for batches containing HPMC K100 LV. Numbers 1 to 5 in the name of the batches indicate the percentage of polymer (w/w), being  $1 = 10\%$ ;  $2 = 15\%$ ;  $3 = 20\%$ ;  $4 = 25\%$  and  $5 = 30\%$ .



a) Maximum force (low porosity).

### b) Medium force (medium porosity).



c) Minimum force (high porosity).



### **Fig. 2**

Dissolution profiles for batches containing HPMC K4M. Numbers 1 to 5 in the name of the batches indicate the percentage of polymer (w/w), being  $1 = 10\%$ ;  $2 = 15\%$ ;  $3 =$  $20\%$ ;  $4 = 25\%$  and  $5 = 30\%$ .



a) Maximum force (low porosity).

b) Medium force (medium porosity).



c) Minimum force (high porosity).





Dissolution profiles for batches containing 15% w/w of HPMC



# **Figure 4**



Dissolution profiles for batches containing 30% w/w of HPMC

