نموذج التفويض

أنا رؤى عطاالله امريزيق امريزيق، أفوض جامعة الإسراء بتزويد نسخ من رسالتي للمكتبات أو المؤسسات أو الهيئات أو الأشخاص عند طلبهم حسب التعليمات النافذة في الجامعة.

التوقيع:

التاريخ:

Authorization Form

I Roaa Atallah Emreezeq Emreezeq, authorizes the Isra University to supply copies of my Thesis to libraries or establishments or individuals on request, according to the Isra University regulations.

Signature:

Date:

Systemic investigation of multiparticulate systems (MPS) for controlled release dosage forms employing Quality by Design (QbD) principles

By

Roaa Atallah

Supervisor

Dr. Eman Zmaily

This Thesis was Submitted in Partial Fulfilment of the Requirements for the Master's Degree in Pharmaceutical Science

Faculty of Pharmacy

Isra University

July, 2018

COMMITTEE DECISION

This Thesis (Systemic investigation of multipar	rticulate systems (MPS) for controlled
release dosage forms employing Quality by De	sign [QbD] principles) was Successfully
Defended and Approved on	
Examination Committee	<u>Signature</u>

Dedication

All praise to Allah, today we fold the days' tiredness and the errand summing up between the cover of this humble work. To the utmost knowledge lighthouse, to our greatest and most honoured prophet Mohamed - May peace and grace from Allah be upon him To the Spring that never stops giving, to my mother who weaves my happiness with strings from her merciful heart... to my mother To whom he strives to bless comfort and welfare and never stints what he owns to push me in the success way who taught me to promote life stairs wisely and patiently, to my dearest father

To whose love flows in my veins, and my heart always remembers them, to my brothers and sisters.

To those who taught us letters of gold and words of jewel of the utmost and sweetest sentences in the whole knowledge. Who reworded to us their knowledge simply and from their thoughts made a lighthouse guides us through the knowledge and success path, To our honored teachers and professors.

Acknowledgement

I would like to express my appreciation to my supervisor, Dr Eman Zmaily who has cheerfully answered my queries, checked my examples, assisted me in a myriad ways with the writing and helpfully commented on earlier drafts of this project. Also, I am grateful to my doctors, friends and family for their good humour and support throughout the production of this thesis.

List of Contents

Contents		
COMMITT	EE DECISION	iii
Dedication		iv
Acknowledg	gement	v
List of Cont	ents	vi
List of Table	es	viii
List of Figur	res and Plates	x
List of Abbr	reviations	xii
Abstract		2
Chapter On	e	4
Introduction	1	4
1.1. Int	roduction	5
1.1.1.	Controlled release dosage form	5
1.1.2.	Multiparticulate system (MPS)	5
1.1.3.	Non-steroidal anti-inflammatorydrugs	7
1.1.4.	Ibuprofen	7
1.1.5.	The challenges of pediatrics and geriatrics medicines	8
1.1.6.	Quality by Design	9
1.1.7.	Significance of the Study	9
1.1.8.	Research objectives	11
Chapter Tw	o	12
Literature R	Review	12
2.1 Pro	evious studies	13
Chapter Th	ree	18
Materials ar	nd Methods	18
3.1 Ma	aterials and Methods	19
3.1.1	Materials	19
3.1.2	Methods	19
Chapter Fou	ır	30
Quantitative	e Analytical Process Validation	30
4.1 Int	roduction	31
4.1.1Ai	im and objectives	32

4.2 Res	sults and Discussion	33
4.2.1	Analytical Technique	33
Chapter Five	2	37
.5.1Introd	uction	38
.5.1Aim	and Objectives	38
5.2. Res	sults and Discussion	39
5.2.1	Multiparticulates/ granules preparations	39
5.2.2 Mu	ultiparticulates characterization	40
5.3 Concl	usion	46
Chapter six.		47
Quality By D	Design for Optimisation of Multiparticulate System	47
6.1. Int	roduction	48
6.1.1.	Aim and Objectives	48
6.2. An	alysis of Design of Experiment (DOE)	49
6.2.1.	Factors/ Critical Input Parameters	49
6.2.2.	Responses / Critical Quality Attributes (CQAs)	50
6.2.3.	DOE Execution	50
6.2.4.	Model Verification	51
6.2.5.	Regression Model for CQAs	60
6.2.6.	The Effect of Model Factors on Responses	65
6.2.7.	Prediction of Design Space (Sweet Spot)	74
Chapter Sev	en	77
Conclusions	and Future Work	77
7.1. Con	nclusions	78
References		81
Annendiy 1		25

List of Tables

Chapter three:

Table 3. 1: List of formulations used in the optimization study with components to produce batches of multiparticulates.	ce 20 g 23
Table 3. 2: List of factors employed in MPS preparation and DOE study with their abbreviation, units and type (quantitative or qualitative), the setting of values and the	e
expected precision (0.05)	27
Table 3. 3: List of responses used in MPS preparation and DOE and their abbreviation, u	ınits, if
transformation was made and its type as well as the range (min, max and target)	27
Table 3. 4: Values of the independent factors used in the DOE	27
Table 3. 5: DOE worksheet with composition and run order (Exp No: experiment number	r, EN:
experiment name, RO: run order, Inc/Ex: included/ Excluded, IBU: ibuprofen)	28
Chapter four:	
Table 4. 1: UV spectrophotometric absorption of stock solutions (264 nm) prepared from	the
following materials to ensure no interference with ibuprofen analysis (mean \pm SD) n=	=333
Table 4. 2: Intermediate precision and reproducibility of the analytical technique, to asses	
and intra -day reproducibility	34
Table 4. 3: Precision of the analytical technique for ibuprofen	35
Table 4. 4: Validation parameters of the ibuprofen analytical technique	35
Chapter five:	
Table 5. 1:Summary of initial formualtionsparameters with concentrations	40
Table 5. 2:Summary of tablets hardness test for tablets made form granules of batch F1-I	
(mean ±SD) n=3	42
Table 5. 3:The dissolution time (min) of the six screening formulations	45

Chapter six:

Table 6. 1: DOE worksheet showing the experiment name (EN), Run order (RO), Inclusions	
and exclusions (Inc/Ex), factors ranges (HPMC, Ibuprofen (IBU), Ethylcellulose (ETH)	
concentrations), responses results (Dissolution of coarse granules DIS-C, Dissolution of fin	ne
granules DIS-F, Content uniformity, flowability of coarse particles (FLOW-C) and	
Flowability of fine granules (FLOW-F).	51

List of Figures and Plates

Chapt	er o	ne:
-------	------	-----

Figure 1. 1: Chemical Structure of Ibuprofen (adopted from(NIH 2018))
Chapter four:
Figure 4. 1: Calibration curve of ibuprofen of concentrations ranging from 31.25-500 μ g/ml (mean \pm SD), n=334
Chapter five:
Figure 5. 1 : Moisture content for the screening formulations F1 to F641
Figure 5. 2: FTIR spectrum of pure ibuprofen43
Figure 5. 3: FTIR spectrum of 10% ibuprofen containing granules (uncoated)43
Figure 5. 4: FTIR spectrum of 20% ibuprofen containing granules coated with 0.25% ethylcellulose solution
Figure 5. 5: FTIR spectrum of 40% ibuprofen containing granules coated with 0.5% ethylcellulose solution
Chapter six:
Figure 6. 1: Distance to model plot showing all the 17 runs showing which is the furthest to model
Figure 6. 2: The summary of fit plot after the first removal of experiment number 14. 53
Figure 6. 3: Distance of model after first removal. (A) showing experiment number 10 as the furthest to the model and (B) after the second removal showing experiment 13 as the furthest to model
Figure 6. 4: VIP Plot that outlines the most important variable (factors) which effect the responses
Figure 6. 5:Summary of Model Fit after the elimination of three outlier experiments55
Figure 6. 6:Normal Probability Plot of Residuals for all responses57
Figure 6. 7: Plot of Residual versus Predicted responses for all the responses58
Figure 6. 8: The relationship between MPMC concentration and residuals for all responses

Figure 6. 9: Plot of observed vs predicted values for responses60
Figure 6. 10:Coefficient plot between variables and dissolution-F (A) and dissolution-C(B)
Figure 6. 11:Coefficient plot that discuss the effect of factors and model terms on content uniformity
Figure 6. 12: The relationship between of factors and model terms on flowability-C(A) and flowability-F(B)
Figure 6. 13:The effect of ethylcellulose in dissolution-C
Figure 6. 14:The effect of Ethylcellulose on all responses (dissolution-C, dissolution-F, content uniformity, Flowability-C and Flowability-F)67
Figure 6. 15:The effect of HPMC concentration on responses (dissolution-C, dissolution-F, content uniformity, Flowability-C and Flowability-F)68
Figure 6. 16: The relationship between Ibuprofen concentration and all responses (dissolution-C, dissolution-F, content uniformity, Flowability-C and Flowability-F)
Figure 6. 17: The effect of Ibuprofen concentration on Flowability of fine particles70
Figure 6. 18: Response Surface Model (RSM) Plot of the effect of ethylcellulose and ibuprofen on the dissolution profile of coarse and fine MPS and flowability of fine MPS while maintaining the HPMC concentration at its average71
Figure 6. 19: Contour Plot of the effect of ethylcellulose and ibuprofen on the dissolution profile of coarse MPS while maintaining the HPMC concentration at its average concentration
Figure 6. 20: Response Surface Model (RSM) Plot of the effect of ethylcellulose and HPMC concentrations on the dissolution profile of coarse and fine MPS and flowability of fine MPS while maintaining the ibuprofen concentration at its average.
Figure 6. 21: The effect of all factors in all responses
Figure 6. 22: Sweet Spot for optimal ranges of the factors (ETH, and ibuprofen) for the desired profile of critical quality attributes (dissolution, flowability and content uniformity) while HPMC concentration was set at average range75

List of Abbreviations

Critical Input parameters	CIP
Critical Quality Attributes	CQA
Cyclo-oxygenase	COX
Design of experiments	DOE
Dibasic calcium phosphate	DCP
Dissolution of coarse granules	DIS-C
Dissolution of fine granules	DIS-F
Distilled Water	DW
Ethylcellulose	ETH
European Medicines Agency	EMA
Experiment name	EN
Flowability of coarse granules	FLOW-C
Flowability of fine granules	FLOW-F
Fourier-transform infrared spectroscopy	FTIR
Gastro-Intestinal Tract	GIT
Gram	g
High Performance Liquid Chromatography	HPLC
Hydroxy propyl methyl cellulose	HPMC
Ibuprofen	IBU
International Conference of Harmonization	ICH
International unit	IU
Limit of detection	LOD
Limit of quantification	LOQ
Microgram	μg
Microcrystalline cellulose	MCC
Milligram	mg
Milliliter	ml
Minute	min
Multiparticulate system	MPS
Nanometer	nm
Non-steroidal anti-inflammatory drugs	NSAIDs
Number	NO
Polyvinyl-pyrrolidone	PVP
Quality by Design	QbD
Relative standard deviation	RSD
Run Order	RO
Scanning Electron Microscopy	SEM
Sodium lauryl sulphate	SLS
Sustained release	SR
The correlation coefficient	\mathbb{R}^2
Ultra Violet	UV
Ultraviolet-visible Spectroscopy	$UV \backslash Vis$
United State Pharmacopeia	USP
Variable importance plot	VIP
World Health Organization	WHO
-	

الملخص

يعد برنامج تصميم الجودة نهج أساسي في تطوير الصناعة الدوائية والعديد من العمليات الصيدلانية، ركزت هذه الدراسة على تطبيق البرنامج لتطوير نظام الأشكال الصيدلانية المتعددة بشكل حبيبات للتحكم بعملية تحرر الدواء على فترة طويلة. تم استخدام دواء الأيبوبروفين كنموذج لتطوير هذه الأشكال الصيدلانية باستخدام طريقة التحبب الرطب. في بداية المشروع البحثي تم التحقق من عملية التحليل الكمي للايبوبروفين باستخدام الأشعة فوق البنفسجية والاعتماد على الإرشادات الدولية لتحديد الدقة والتقارب بالنتائج. ولكي يتحقق المشروع باستخدام هذا البرنامج بشكل فعال، تم القيام بدراسات أولية لتحديد العوامل المؤثرة على جودة وخصائص المنتج وتحديد الطريقة المثلي لإنتاج الأشكال الصيدلانية المتعددة. تضمنت الدراسة الأولية الاستعانة بالعديد من التقنيات التحليلية لتقييم جودة الحبيبات المنتجة مثل (تحليل حجم الحبيبات، اختبار الصلابة، تحليل نسبة الرطوبة، عملية الطلاء الخارجي، اختبار الانسيابية وسهولة حركة الحبيبات، ودراسات لكيفية تحرر الدواء). وتم بعد ذلك إجراء هذه التقنيات والاستفادة من مخرجاتها والحصول على النتائج واستخدامها للتعرف على العلاقة بين مدخلات المستحضرات المحببة واليات التصنيع ذات الأثر الأكبر على كفاءة المستحضر الصيدلاني والحبيبات، كالمكونات المستخدمة ومن ثم تم تحديد المدخلات التالية: نسبة كل من الايبوبروفين، ايثيل سيليلوز، والهيدروكسي بروبل ميثيل سليلوز كعوامل أساسية لتتضمن في البرنامج. وتم تحديد خصائص الاستجابة المستخدمة في البرنامج (القدرة على التدفق للحبيبات الكبيرة والصغيرة، سرعة التحلل للحبيبات الكبيرة والصغيرة، ونسبة الدواء في الحبيبات). ومن مخرجات تطبيق النظام تبين ان تركيز كلا من نسبة ايثيل سيليلوز وهيدروكسي بروبل ميثيل سليلوز له الأثر الأكبر في جودة وكفاءة الحبيبات.

Systemic investigation of multiparticulate systems (MPS) for controlled release dosage forms employing Quality by Design (QbD) principles

By

Roaa Atallah Emrezeeg Emrezeeg

Supervisor

Dr. Eman Zmaily

Abstract

Quality by design (QbD) is a key approach in pharmaceutical process development. This study focused on the application of QbD principles to develop multiparticulate system (MPS) with controlled release profile. Model drug, ibuprofen, was employed to develop the controlled release MPS using wet granulation method. The project started with validation of quantitative analytical technique for ibuprofen using UV-spectrometry and based on the ICH guidelines in terms of specificity, accuracy, precision, linearity, limit of detection and limit of quantification. To enable effective QbD project, initial screening studies were conducted. The outcome of the screening studies set the boundaries for the QbD, where critical factors and product quality attributes were identified. Granulation process was optimized and a range of analytical techniques were investigated during screening process to assess the quality of the produced granules. Characterization included, granules size analysis, hardness test, moisture content analysis, coating process, flowability test, FTIR analysis and drug release studies. The results were used to establish the boundaries of the design of experiment (DOE) using MODDE software to detect the relationship between factors (HPMC, Ibuprofen, ethylcellulose concentrations) and the critical quality attributes/ responses (dissolution of coarse and fine MPS, content uniformity and flowability of coarse and fine MPS). The produced model was verified using multiple verification tools then the coefficient plots were used to understand the effect of factors on responses. The outcome of this study was the determination of design space to specify the desirable range of input parameters for successful MPS. Ethylcellulose concentration of 0.25%- 0.5% and HPMC concentration of 15%- 30% were the key factors affecting MPS performance. The produced MPS could be further used to develop several dosage forms ranging from granules in sachets, capsules or compressed into orally disintegrating tablets which could be suitable for age specific population.