FORMULATION AND INVITRO EVALUATION OF FDDS TABLETS OF ZIDOVUDINE

1st Sunil Firangi^{*}, 2nd Dr. S.N.Hiremath

¹Associate Professor, ²Professor
 ¹Dept. of Pharmaceutics.
 ¹Luqman college of Pharmacy, Gulbarga, Karnataka
 ² Pravara Rural College of Pharmacy, Loni, Maharashtra

12.2

51

S See

ABSTRACT:

Zidovudine inhibits the replication of HIV in human cells. The Zidovudine tablets were prepared by wet granulation technique by using different ratios of HPMC K4M, K15M, K100M using PVP K30, Magnesium state, talc, sodium bicarbonate, citric acid, lactose, Carbopol 934 & Microcrystalline Cellulose. The prepared tablets were subjected to post compressional parameters such as thickness, weight variation, hardness, drug content, diameter, buoyancy time, lag time, & invitro dissolution studies. The stability studies were conducted as per ICH guidelines. In all the formulations, hardness test indicated good mechanical resistance. Sodium bicarbonate was added as a gas generating agent, induced carbon dioxide generating in presence of dissolution medium 0.1 N HCl. The combination of sodium bicarbonate & citric acid provided desired floating ability and therefore this combination was selected for the formulation.

The present research work concludes that the formulation ZF13 consisting of HPMC K4M showed highest drug release in short duration of time.

Keywords: Zidovudine, HPMC, in vitro drug release, floating drug delivery system.

I. Introduction:

Oral controlled dosage form which is retained in the stomach for prolonged duration of time showing interest in researchers in current scenario. By controlling gastric residence time (GRT) one can achieve prolonged, predictable drug delivery system [1]. The main advantage of prolonged gastric retention is the drugs which are absorbed in proximal part & which are less soluble get benefited by this system. Prolonged gastric retention has many advantages like improvement in bioavailability, dose size reduction. Prolonged retention of drug in the stomach improves GI transit time. Studies determining gastric emptying rates revealed that orally administered controlled release dosage forms are subjected to basically two complications, which of short gastric residence time and unpredictable gastric emptying rate [2,3].

Oral route of delivery is the most preferred route of administration of drug because of its ease in administration, patient compliance and ease in handling [4]. When the drug is released in the stomach the residual system will be emptied by which gastric resident time is increased, by this better control over the fluctuation of plasma drug concentration is achieved [5,6]. The main disadvantage of oral route is short residence time in GIT, drug degradation & gastric emptying due to which it becomes uncertain drug delivery system. By formulating Floating drug delivery system (FDDS) will help in increasing the gastric retention time of system [7].

Mechanism of Floating System: FDDS has a bulk density less than gastric fluids so that they remain buoyant in the stomach without affecting the gastric emptying rate for a prolonged period of time [8].



Fig. 1: Mechanism of floating.

The floating systems are further classified as effervescent or noneffervescent depending upon the inclusion or exclusion of gas forming mechanism. The slower drug release rates are achieved by water penetration or diffusion of drug from the floating system. For the reason a minimum floating force is required to keep the dosage form buoyant at the surface of physiologic fluid [9]. Floating systems utilize highly swellable and gelforming hydrocolloids. A variety of materials such as hydroxyl propyl methyl cellulose (HPMC), carboxy methyl cellulose and carbopol are used to achieve desired swelling and drug release

properties. HPMC takes up water after exposure to aqueous medium and form a gel that control the drug release [10]. Zidovudine the first U.S. approved a antiretroviral drug used in the treatment of HIV/AIDS, is a nucleoside analog reverse transcriptase inhibitor (NRTI) [11]. It significantly reduces the replication of the virus in patients and leading to clinical and immunologic improvements [12,13]. It can also be used to prevent HIV transmission, such as from mother to child during the period of birth or after a needle stick injury. Used by itself in HIV-infected patients, it slows HIV replication in patients, but does not stop it entirely [14]. Floating Zidovudine tablets were prepared by using different concentrations of hydroxy propyl methyl cellulose (HPMC K4M, K15M & K100M), carbopol, sodium bicarbonate and citric acid. Other excipients used were sodium bicarbonate a gas generating agent, sodium alginate as a gel forming agent. In order to improve the therapeutic effect of the drug by increasing its bioavailability, safe and effective levels are maintained for a long period time [3,15,16,17]. Hence present research work on Floating tablets of Zidovudine was planned for prolong release and increased gastric retention time. The Floating tablets of Zidovudine were prepared by wet granulation technique.

II. MATERIALS AND METHODS:

Zidovudine was obtained as a gift sample from Emcure Pharma Pvt Ltd. Pune, HPMC was gifted by AstraZeneca Pvt. Ltd. Bangalore and other chemicals & reagents were of SD fine chemicals provided by college.

Preparation of Floating tablets of Zidovudine: According to the present invention, the FDDS includes a swelling agent PVP, gas generating component generated by sodium bicarbonate. The gas generating component sodium bicarbonate contacts with gastric fluid to generate carbon dioxide that gets entrapped within the hydrated gel matrix of the swelling composition. Sodium bicarbonate (NaHCO₃) was incorporated in the formulation in such a way that when in contact with the acidic gastric contents, CO₂ is liberated and gets entrapped in swollen hydrocolloids, which provides buoyancy to the dosage form. Magnesium stearate and talc as lubricant and glidant, all the composition of different formulations are shown in table 1.

the state													100	100	
Inquadianta	ZF	ZF	ZF1	ZF1	ZF1	ZF1	ZF1	ZF1							
ingreatents	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5
Zidovudina	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300
Ziuovuuille	mg	mg	mg	mg	mg	mg	mg	mg							
UDMC V100m	50	75	100	125	150		1							1.5	9.1
HPMC KI00III	Mg	Mg	mg	mg	mg	- /	/	-	-	_	_	-	-	24	100
HDMC K15m						50	75	100	125	150		ì		3	100
III WC KIJII						mg	mg	mg	mg	Mg		-	-		1000
HPMC K/m					1						50	75	100	125 🔍	150
III WC K4III	-	-						11.72	_	- /	mg	mg	mg	mg 📹	mg
Carbonal 024	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Carbopol 934	Mg	mg	mg	mg	mg	mg	mg	mg							
DVD V20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
FVFK30	mg	mg	mg	mg	mg	mg	mg	mg							
Magnesium	10	10	10	10	10	10	10	10	10	10	10	10	10	10 🗎	10
Stearate	mg	mg	mg	mg	mg	mg	mg 📁	mg							
Talo	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Tale	mg	mg	mg	mg	mg	mg	mg	mg							
Sodium	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
Bicarbonate	mg	mg	mg	mg	mg	mg	mg	mg							
Citric acid	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Ciule aciu	mg	mg	mg	mg	mg	mg	mg	mg							
Lastasa	10	60	110	160	10	60	110	160	10	60	110	160	85 💊	135	185
Lactose	mg	mg	mg	mg	mg	mg	mg	mg							
Microcrystallin	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
e Cellulose	mg	mg	mg	mg	mg	mg	mg	mg							
Total waight	540	565	590	615	640	540	565	590	615	640	540	565	590	615	640
i otai weight	mg	mg	mg	mg	mg	mg	mg	mg							

Table 1. Different Formulations of Zidovudine

III. RESULTS AND DISCUSSION:

Pre-Compressional Parameters:

The properties/characteristics of powder blend plays an important in formulations. Table 2 shows the powder blend properties of prepared granules. Bulk density depends on particle size, shape and tendency of particles to adhere together, may influence compressibility, porosity, dissolution and other properties.

The bulk density and tapped density of powder blend was found between 0.610 ± 0.01 to 0.750 ± 0.02 gm/cm³ and 0.670 ± 0.03 to 0.910 ± 0.01 gm/cm³, which indicates good packing capacity of powder blend. For inter particulate cohesive property, Carr's index was evaluated with angle of repose measurements and studied for the effects of geometry of packing solids with bulk and tapped density.

The measurements of bulk density and tapped density found that density of a powder depends on particles packing and density changes as the powder consolidates. The degree of consolidation is unique to the powder and ratio of these densities is related to inter particulate friction. This ratio, percent compressibility, was used as an index of flow. Adhesive/cohesive forces of particles are related to flow behaviors. Values of Carr's index below 15% usually show good flow characteristics and above 25% indicate poor flow ability. Carr's index was found to be between 21.11 ± 0.10 to 28.22 ± 0.05 Hausner's ratio method used to evaluate stability of powder column and to estimate the flow properties, it was found between 1.10 ± 0.03 to 1.28 ± 0.09 . Low range observed of Hausner's ratio which indicates good flow ability. Other different types of angular properties have been employed to assess flow ability. The angle of repose indicates the flow ability of the powder/granules. Angle of repose is suited for particles >150 m. Values \leq 300 generally indicate the free flowing material and angle of \geq 400 indicates a poor flowing. The angle of repose of all the formulations were found to be within the range of 22.10 \pm 0.08 to 30.41 \pm 0.09 which showed that, granules were of good flow properties.

and the second s					1
Formulations	Bulk density (g/cm ³)	Tapped density (g/cm ³)	Carr's Index	Hausner Ratio	Angle of repose (θ)
ZF1	0.740 ± 0.02	0.680 ± 0.04	21.11 ± 0.10	1.22 ± 0.05	30.41 ± 0.09
ZF2	0.720 ±0.03	0.730 ± 0.02	25.96 ± 0.04	1.20 ± 0.03	26.23 ± 0.10
ZF3	0.650 ± 0.01	0.745 ± 0.01	20.14 ± 0.06	1.15 ± 0.02	27.15 ± 0.17
ZF4	0.700 ± 0.01	0.720 ± 0.04	24.63 ± 0.07	1.20 ± 0.05	25.06 ± 0.09
ZF5	0.746 ± 0.01	0.812 ± 0.04	23.19 ± 0.08	1.19 ± 0.02	22.15 ± 0.09
ZF6	0.624 ± 0.03	0.670 ± 0.03	26.50 ± 0.05	1.10 ± 0.03	24.18 ± 0.12
ZF7	0.680 ± 0.01	0.881 ± 0.05	24.10 ± 0.10	1.14 ± 0.02	22.10 ± 0.08
ZF8	0.710 ± 0.08	0.743 ± 0.02	28.22 ± 0.05	1.21 ± 0.04	30.21 ± 0.07
ZF9	0.630 ± 0.01	0.800 ± 0.06	26.16 ± 0.12	1.15 ± 0.05	22.16 ± 0.08
ZF10	0.620 ± 0.04	0.910 ± 0.01	20.50 ± 0.10	1.25 ± 0.04	28.40 ± 0.10
ZF11	0.610 ± 0.01	0.875 ± 0.02	26.44 ± 0.09	1.18 ± 0.02	30.19 ± 0.09
ZF12	0.750 ± 0.02	0.690 ± 0.02	21.17 ± 0.12	1.22 ± 0.04	25.12 ± 0.10
ZF13	0.650 ± 0.07	0.850 ± 0.07	24.14 ± 0.09	1.17 ± 0.02	23.40 ± 0.18
ZF14	0.640 ± 0.04	0.710 ± 0.04	26.80 ± 0.10	1.13 ± 0.04	30.11 ± 0.13
ZF15	0.668 ± 0.01	0.900 ± 0.07	22.77 ± 0.27	1.28 ± 0.09	28.13 ± 0.19

Table 2: Precompressional parameters of all the Formulations

Post-compressional parameters:

Tablet Thickness, Diameter & Hardness:

All the formulations were evaluated for various parameters like thickness; diameter and hardness. All the prepared tablets formulations F1 to F15 shown in Table 3, it was found that there was no much variation in thickness of tablets; it showed that powder blends was consistent in particle size and uniform behavior during tablet compression. Thickness and diameter of tablets of all formulations were measured by vernier caliper and there will be no any change in thickness and diameter of tablets respectively. Thickness was in range of 4.0 ± 0.06 to 4.5 ± 0.06 . The hardness of tablets was measured by Pfizer hardness tester. The hardness was in range of 6.5 ± 0.01 to 8.0 ± 0.04 Kg/cm². Tablet hardness reflects differences in tablet density and porosity, which showed results in difference release patterns of the drug by affecting the rate of penetration in the dissolution medium at the surface of the tablet.

Weight Variation: The weight (mg) of each of 20 individual tablets was determined by dusting each tablet off and placing it in an electronic balance. The weight data from the tablets were analyzed for sample mean and percent deviation. The results are showed in table 3.

Friability: The present study of tablets is within the limit and the slight variation in seen in friability because of the variation in compression force applied and its total weight. The friability of tablets also depends on type of filler and moisture contents present in it. The friability was found to be in the range of 0.25 ± 0.041 to 0.65 ± 0.010 shown in Table 3.

Formulations	Average weight (mg)	Thickness (mm)	Diameter (mm)	Hardness (kg/cm ²)	Friability (%)
ZF1	537 ± 0.02	4.1 ± 0.04	11.9 ± 0.03	6.5 ± 0.01	0.25 ± 0.041
ZF2	560 ± 0.04	4.3 ± 0.02	12.0 ± 0.02	6.8 ± 0.02	0.60 ± 0.056
ZF3	592 ± 0.03	4.3 ± 0.06	11.9 ± 0.04	6.9 ± 0.04	0.50 ± 0.047
ZF4	610 ± 0.02	4.4 ± 0.03	11.8 ± 0.02	7.9 ± 0.06	0.39 ± 0.080
ZF5	642 ± 0.01	4.5 ± 0.02	12.1 ± 0.01	7.8 ± 0.02	0.46 ± 0.054
ZF6	538 ± 0.02	4.2 ± 0.04	11.8 ± 0.04	7.1 ± 0.04	0.30 ± 0.010
ZF7	560 ± 0.01	4.2 ± 0.02	11.8 ± 0.06	7.4 ± 0.02	0.45 ± 0.016
ZF8	600 ± 0.02	4.4 ± 0.02	11.9 ± 0.08	6.9 ± 0.05	0.50 ± 0.020
ZF9	608 ± 0.03	4.5 ± 0.02	12.0 ± 0.05	7.3 ± 0.04	0.35 ± 0.025
ZF10	638 ± 0.02	4.4 ± 0.04	11.9 ± 0.05	7.0 ± 0.04	0.65 ± 0.010
ZF11	540 ± 0.02	4.0 ± 0.06	11.8 ± 0.04	7.2 ± 0.04	0.40 ± 0.048
ZF12	560 ± 0.02	4.1 ± 0.03	12.1 ± 0.06	7.9 ± 0.09	0.32 ± 0.080
ZF13	595 ± 0.01	4.3 ± 0.01	11.8 ± 0.09	8.0 ± 0.04	0.40 ± 0.054
ZF14	612 ± 0.02	4.4 ± 0.05	$1\overline{2.2 \pm 0.04}$	7.5 ± 0.05	0.62 ± 0.020
ZF15	650 ± 0.05	4.5 ± 0.06	12.2 ± 0.06	7.6 ± 0.04	0.56 ± 0.019

Table 3: Post-Compressional properties of Zidovudine tablets

Drug Content & Swelling Index (WATER UP TAKE) Study: The drug content and swelling index (water up take) studies were carried out for all the prepared formulations, the results are shown in Table 4.

Drug Content: Drug content was in range of 97.11 ± 0.32 to 99.89 ± 0.69 , which reflects good drug content uniformity in all the prepared formulations. The reading complies as per I P. which indicates drug was uniformly distributed throughout the tablet compressed.

Swelling Index Study: Swelling of tablet is also a vital & important factor to ensure floating. To obtain floating balance between swelling and water acceptance must be restored. Tablets composed of polymeric matrices, when they come in contact with water, build a layer of gel around the tablets core. This gel layer governs the release of drug. Swelling is important because the gel barrier is formed by water permeation. Swelling index results study showed that, the order of swelling in these polymers indicate the rates at which the preparations are able to absorb water and swell. Maximum liquid uptake and swelling of polymer was achieved up to 24 hrs and then gradually decreased due to erosion. The swelling of polymers used in these tablets (HPMC, sodium alginate) could be determined by water uptake of the tablets. The complete swelling was achieved by the end of 24 hrs. The swelling index was in range 59.74 ± 0.21 to 70.19 ± 0.27 . ZF15 formulation has higher swelling index. The reason for higher swelling index values are due channelling agent, allows more permeation of water into the gel layer and it enhances the water retention property also. This could be the reason for more moisture uptake by formulations of ZF14, values are given in Table 4.

Formulations	Drug content (%)	Swelling index
ZF1	97.50 ± 0.26	60.13 ± 0.87
ZF2	97.11 ± 0.32	59.74 ± 0.21
ZF3	99.62 ± 0.74	61.88 ± 0.47
ZF4	99.89 ± 0.69	63.41 ± 0.59
ZF5	99.19 ± 0.29	63.60 ± 0.20
ZF6	98.20 ± 0.25	65.10 ± 0.80
ZF7	97.70 ± 0.47	60.90 ± 0.40
ZF8	98.12 ± 0.80	64.23 ± 0.80
ZF9	97.14 ± 0.70	62.87 ± 0.21
ZF10	99.40 ± 0.90	61.50 ± 0.19
ZF11	98.67 ±0.20	60.00 ± 0.83
ZF12	99.10 ± 0.90	63.58 ± 0.55
ZF13	98.78 ± 0.36	65.50 ± 0.87
ZF14	97.90 ± 0.82	68.47 ± 0.12
ZF15	99.70 ± 0.50	70.19 ± 0.27

Table 4: Physico-chemical properties of Zidovudine tablets

In-Vitro **Buoyancy & Lag Time Study:** The floating lag time for all the formulations were found to be less than 90 minutes, the floating time duration was found to up to 24 hrs in all the formulations. Results are in table 5 and in figure 2. The tablet floated with less lag time due to high concentration of gas generating agent. Some results revealed that, as the concentration HPMC K4M increased, total floating time also increased; this is because of increased gel strength of matrices, which prevents escape of evolved carbon dioxide from matrices, leading to decreased density of the formulations. The outermost hydrophilic polymer hydrates and swells and a gel barrier were formed at the outer surface. As the gelatinous layer progressively dissolves and/or is dispersed, the hydration swelling release process is repeated towards new exposed surfaces, thus maintaining the integrity of the dosage form. Thus, the viscosity of the polymer had major influence on swelling process, matrix integrity, as well as floating capability, hence from the above results concluded that linear relationship exists between swelling process and viscosity of polymer. So the presence of optimum amount of HPMC K4, NaHCO₃, and citric acid is important in achieving good floating time and minimum floating lag time. Incorporation of sodium bicarbonate helps to produce carbon dioxide gas which entrapped inside the hydrophilic matrices leads to increase in volume of dosage form resulting in lowering of density and dosage form starts to float. As the amount of polymer in the tablet formulation increases, the drug release rate decreases and as the concentration of gas generating agent (NaHCO₃) increases the drug release increases and at the same time floating lags time decreases.



Top view



Fig. 2: In-vitro Buoyancy Study

Table 5: Floating ability of various Zidovudine tablets

Formulation codes	Floating lag time (sec/min /hrs)	Floating time (hrs)	
ZF1	2.3 min	24	
ZF2	3 min	24	
ZF3	4.3 min	24	
ZF4	2.3 min	24	
ZF5	3.3 min	24	
ZF6	2.3 min	24	
ZF7	2.3 min	24	
ZF8	3 min	24	
ZF9	3 min	24	
ZF10	2.3 min	24	
ZF11	3 min	24	
ZF12	2.3 min	24	
ZF13	3 min	24	
ZF14	4 min	24	
ZF15	3 min	24	

In-Vitro Release Study:

Timings	ZF1	ZF2	ZF3	ZF4	ZF5
1 hr	11.56±0.47	12.26 ± 0.85	14.23±0.87	14.00±0.56	10.14 ± 0.45
2 hr	27.23±0.18	18.96±0.55	29.23±0.14	19.20±0.78	23.35±0.70
3 hr	45.66±0.32	32.54±0.12	38.63±0.36	25.84±0.36	31.77±0.13
4 hr	51.45±0.14	41.36±0.54	47.55±0.15	35.23±0.87	42.19±0.89
5 hr	59.23±0.45	50.21±0.92	58.88±0.63	40.55±0.31	47.33±0.67
6 hr	65.12±0.34	61.29±0.36	67.46±0.74	54.10±0.48	62.81±0.55
7 hr	69.87±0.60	68.41±0.84	70.85±0.96	66.77±0.29	69.41±0.36
8 hr	76.22±0.49	74.28±0.23	77.22±0.54	73.14±0.50	74.15±0.18
9 hr	87.74±0.22	86.11±0.95	86.88±0.33	78.12±0.74	77.22±0.11
10 hr	98.63±0.18	93.23±0.87	94.77±0.57	85.32±0.41	81.96±0.17
11 hr	99.00±0.77	95.89±0.51	96.15±0.20	89.44±0.69	87.35 ± 0.60
12 hr	-	98.11±0.57	97.47±0.99	94.37±0.74	92.16±0.61
13 hr			-	98.21±0.40	93.47±0.29
14 hr	1	-	-	- 4	94.56±071
15 hr	- 10	-	-	÷	96.99±0.18
16 hr		_	_	_	98.17±0.84





Fig.3 In vitro release data of FDDS of Zidovudine ZF1, ZF2, ZF3, ZF4 & ZF5

Timings	ZF6	ZF7	ZF8	ZF9	ZF10
1 hr	16.16±0.21	14.00 ± 0.51	15.13±0.45	12.80±0.71	13.54±0.17
2 hr	20.89±0.51	19.23±0.84	23.89±0.14	19.84±0.26	20.80±0.23
3 hr	26.54±0.88	27.78±0.16	31.54±0.71	21.97±0.22	22.50±0.12
4 hr	35.47±0.60	39.11±0.90	39.66±0.23	27.15±0.84	28.89±0.54
5 hr	44.11±0.39	43.25±0.89	47.23±0.19	36.35±0.88	42.18±0.89
6 hr	47.22±0.41	46.21±0.20	54.25±0.20	47.26±0.70	50.13±0.45
7 hr	56.94±0.12	53.22±0.54	59.67±0.48	52.19±0.20	57.26±0.79
8 hr	66.13±0.87	60.77±0.52	68.99±0.88	61.16±0.81	62.89±0.10
9 hr	78.10±0.45	76.58±0.13	87.55±0.87	70.11±0.14	67.19±0.40
10 hr	87.19±0.89	85.26±0.10	94.16±0.33	81.92±0.82	73.15±0.22
11 hr	96.94±0.37	94.17±0.53	96.97±0.13	91.44±0.90	82.35±0.75
12 hr	-	98.13±0.74	99.45±0.14	96.67±0.22	89.21±0.78
13 hr	·		144	99.23±0.10	94.16±0.38
14 hr	1	2011	10 M	the first in	95.88±0.27
15 hr	1 4 Sand		-	00	98.19±0.14
18.	2				





Fig.4 In vitro release data of FDDS of Zidovudine ZF6, ZF7, ZF8, ZF9 & ZF10

OPEN ACCESS JOURNAL

Timings	ZF11	ZF12	ZF13	ZF14	ZF15
1 hr	10.23±0.11	12.23±0.89	15.12±0.52	12.12 ± 0.40	12.87±0.23
2 hr	12.87±0.55	14.76 ± 0.44	22.16±0.41	15.80±0.22	15.51±0.99
3 hr	16.77±0.41	17.52 ± 0.14	29.27±0.59	20.59±0.30	21.69±0.78
4 hr	19.32±0.89	19.88±0.99	37.18±0.15	24.98±0.14	27.44±0.19
5 hr	21.63±0.34	22.41±0.13	44.90±0.13	31.50±0.62	34.12±0.63
6 hr	36.99±0.71	34.26 ± 0.58	51.67±0.47	42.13±0.60	45.77±0.31
7 hr	44.45±0.12	47.88 ± 0.15	57.87 ± 0.88	52.99±0.31	55.21±0.77
8 hr	57.61±0.33	59.11±0.90	63.14±0.63	61.29±0.52	62.74±0.24
9 hr	67.43±0.56	66.96±0.52	69.54±0.14	64.63±0.25	65.38±0.96
10 hr	77.94±0.36	78.00 ± 0.10	77.21±0.13	77.38±0.12	74.56±0.38
11 hr	89.23±0.51	91.55±0.20	84.98±0.47	80.10±0.74	78.24±0.50
12 hr	95.23±0.58	93.47±0.11	90.30±0.17	83.89±0.15	83.78±0.26
13 hr	99.35±0.44	97.29±0.70	98.90±0.98	87.25±0.90	87.29±0.37
14 hr	4	Carr.	ALC: NO.	92.47±0.23	90.99±0.74
15 hr			-	96.87±0.68	93.36±0.41
16 hr		-	-	4	95.96±0.71





Fig.5 In vitro release data of FDDS of Zidovudine ZF11, ZF12, ZF13, ZF14 & ZF15

OPEN ACCESS JOURNAL

rormulation code		Zero order	1 st order	Higuchi	Korsemeye
	r	0.9830	-0.8838	0.9931	0.9828
ZF1	Α	13.289	2.370	-24.210	1.156
	В	8.266	-0.1759	37.159	0.8417
	r	0.9912	-0.9496	0.9945	0.9961
ZF2	Α	7.313	2.306	-32.303	1.072
	В	8.268	-0.1434	38.306	0.8869
	r	0.9838	-0.9220	0.9969	0.9933
ZF3	Α	15.717	2.241	-21.424	1.207
	В	7.573	-0.1349	35.438	0.7634
	r	0.9904	-0.9400	0.9880	0.9902
ZF4	Α	6.485	2.276	-31.813	1.072
	B	7.582	-0.1225	36.159	0.8394
	r	0.9610	-0.9885	0.9901	0.9844
ZF5	Α	18.849	2.133	-18.450	1.110
	В	5.746	-0.09607	30.997 🧶	0.7924
2.00	r	0.9938	-0.8766	0.9684	0.9814
ZF6	Α	3.357	2.237	-30.617	1.116
Constant .	В	8.163	-0.1145	35.392	0.7806
1000	r	0.9923	-0.8855	0.9722	0.9889
ZF7	Α	3.692	2.302	-31.903	1.080
State of the second sec	В	7.864	-0.1259	35.579	0.8162
1000	r	0.9925	-0.9269	0.9803	0.9941
ZF8	Α	6.835	2.342	-30.838	1.141
	В	8.160	-0.1486	37.220	0.7926
·	r	0.9942	-0.8990	0.9721	0.9819
ZF9	Α	0.3785	2.262	-37.332	1.012
	В	7.837	-0.1098	36.632	0.8600
	r	0.9928	-0.9393	0.9890	0.9892
ZF10	Α	7.914	2.279	-2 <mark>8.958</mark>	1.063
	B	6.497	-0.1091	<u>32.935</u>	2.8000
	r	0.9845	-0.8986	0.9510	0.9586
ZF11	Α	-8.705	2.273	-47.810	0.8189
	B	8.376	-0.1016	38.677	1.015
	r	0.9809	-0.9105	0.9471	0.9452
ZF12	Α	-6.835	2.337	-44.970	0.8861
	В	8.178	-0.1167	37.744	0.9444
	r	0.9994	-0.8538	0.9895	0.9975
ZF13	Α	9.132	2.259	-24.858	1.137
	В	6.852	-0.1126	32.431	0.7476
	r	0.9908	-0.9497	0.9832	0.9841
ZF14	Α	3.405	2.224	-33.747	0.9662
25	B	6.608	-0.9151	33.368	0.8705
and the second s	r	0.9873	-0.9740	0.9892	9868
ZF15	Α	7.432	2.192	-29.489	1.003
14 N. S. 184	В	6.074	-0.08604	31.863	0.8337

and the second

Table 9	: Liı	iear i	regression	analysis	data	of FDDS	of Zidov	vudine	tablets.

'r'=Regression co-efficient

'A'= Intercept

'B'= Slope

U 30 (III)	τ/0 (III)	U90 (III)
3.50	7	9.20
5	7.10	9.40
4.30	7	9.20
5.30	7.20	11
5.10	7	11.10
6.20	8.30	10.30
6.30	8.30	10.40
5.30	8.10	9.30
6.20	9	10.30
6	9.20	12.10
7.20	9.30	11.10
7.30	9.40	10.50
5.50	9.05	12
6.30	9.40	13.50
6.20	9.30	14
	$\begin{array}{r} 3.50 \\ \hline 3.50 \\ \hline 5 \\ 4.30 \\ \hline 5.30 \\ \hline 5.10 \\ \hline 6.20 \\ \hline 6.30 \\ \hline 5.30 \\ \hline 6.20 \\ \hline 6 \\ \hline 7.20 \\ \hline 7.30 \\ \hline 5.50 \\ \hline 6.30 \\ \hline 6.20 \\ \hline \end{array}$	$\begin{array}{c cccc} 3.50 & 7 \\ \hline 3.50 & 7 \\ \hline 5 & 7.10 \\ \hline 4.30 & 7 \\ \hline 5.30 & 7.20 \\ \hline 5.10 & 7 \\ \hline 6.20 & 8.30 \\ \hline 6.20 & 8.30 \\ \hline 5.30 & 8.10 \\ \hline 6.20 & 9 \\ \hline 6 & 9.20 \\ \hline 7.20 & 9.30 \\ \hline 7.30 & 9.40 \\ \hline 5.50 & 9.05 \\ \hline 6.30 & 9.40 \\ \hline 6.20 & 9.30 \\ \hline \end{array}$

Table.10: Dissolution of t50, t70 and t90 values of various formulations



Stability Studies: The most promised formulations were selected stability studies. Three month stability studies were performed as per ICH guidelines at a temperature of 450 ± 10 C over a period of three month on the promising Floating tablet formulation ZF13 Sufficient number of tablets (10) were packed in aluminium packing and kept in stability chamber maintained at 450 ± 10 C 75 ± 5 % RH for 3 months. Samples were taken at weekly intervals for drug content estimation. At the end of three weeks period, dissolution test and in-vitro floating studies were performed to determine the drug release profiles, the estimation of drug contents and data of dissolution and in-vitro floating studies are shown in tables 11 and 12.

Sl no	Time in days	Physical changes	Mean \pm SD (45° C)
1.	01		99.10±0.12
2.	30	No Change	98.00±0.80
3.	60	No Change	98.80±0.19
4.	90	No Change	98.99±1.52

Table-11: Stal	bility studies	of Formula	ation ZF13
I ubic III biu	onicy seaules	or r or mun	

		Cumulative*percent drug released ± SD		
Sl. No.	Time (Hrs)	45±1°C	45±1º C	
		1 st Day	90 th Day	
1.	01	16.29±0.90	15.17±0.27	
2.	02	27.45±0.10	26.81±0.45	
3.	03	33.43±1.45	29.02±1.19	
4.	04	48.10±0.40	47.10±0.18	
5.	05	59.42±0.55	58.90±0.53	
6.	06	68.18±0.26	67.43±0.12	
7.	07	77.16±0.91	75.80±0.90	
8.	08	88.14±0.11	86.13±0.80	
9.	09	97.88±1.90	96.90±1.90	
10.	10	98.12±0.15	97.90±0.77	

Table.12: InVitro release data of the stability formulation ZF13





IV. CONCLUSION:

From study it is evident that, floating tablets of Zidovudine can be developed to increase gastric residence time and thereby increasing its bioavailability. All the prepared tablet formulations were found to be good without capping and chipping. Formulated FDDS tablets gave satisfactory results for various post-compressional parameters like hardness, friability, thickness, weight variation and content uniformity.

As the amount of polymer (HPMC) in the tablet formulation increases, the drug release rate decreases and as the concentration of gas generating agent (NaHCO3) increases the drugs releases increases and at the same time floating lag time decreases. Swelling index has a significant effect on the drug release. Short term stability studies of formulation ZF13 indicates there are no significant changes in the drug content and dissolution parameter value at stable at 45°C and 75% RH for a period of 3 Months.

V. ACKNOLEDGEMENTS:

I would like to express my sincere thank to my guide Dr. S.N.Hiremath for his valuable guidance & support.

VI. **REFERENCES**:

- 1. Patel SS, Ray S and Thakur RS. Formulation and evaluation of floating drug delivery system containing Clarithromycin for Helicobacter pylori, Acta Pol. Pharm. Drug Res. 63(1), Pp 53-61 2006.
- 2. Swamy PV, Bhosale UN, Hiremath SN, Shirsand SB, Raju SA. Indian Drugs, 45; pp293- 300, 2008.
- 3. N G Raghavendra Rao, Sunil Firangi and Patel Keyur. Int J Cur Biomed Phar Res, 2(1):226-233, 2012.
- Ansel HC, Allen LV, Popovich NG.Pharmaceutical Dosage Forms and Drug Delivery Systems. Philadelphia, Lippincott Williams and Wilkins Chapter -3, 23-31, 2003.
- K.P.R. Chowdary, CH. K. L.Chaitanya. Recent research on floating drug delivery system-A Review. Journal of Global Trends in Pharmaceutical Sciences., Jan-Mar, 5(1): 1361-1373, 2014.
- Mayavanshi AV, Gajar SS. Floating drug delivery system to increase gastric retention of drug: A Review. J. Pharm. Res., Oct- dec, 1940: 345-348, 2008.
- 7. Sunil Firangi and Dr. S.N. Hiremath. Development and invitro Evaluation of Floating Drug Delivery System: Ritonavir. World Journal of Pharmaceutical Research, 12(14): 1257-1275, 2023.
- 8. Saliya Parveen, R. B. Nawale, Sadhana Shahi, Nityanand S. Zadbuke and Shehla Khan. Floating Bilayer Tablet: A Review. European Journal of Pharmaceutical and Medical Research, 5(1), 2018.
- 9. Arora S, Ali J, Ahuja A, Khar RK, Baboota S. Floating drug delivery systems: a review. Aaps PharmSciTech, 6(3):372-390, 2005.
- 10. Kshirsagar R, Jain V, Wattamwar S. Effect of different viscocity grade HPMC polymers on gastroretantive drug delivery of Metformin HCl. Int J Appl Pharm, 1:44-50, 2009.
- 11. Kusum V Devi and Roopa S Pai. Antiretrovirals: Need for an effective drug delivery, IJPS, 68(1): 1-6, 2006.
- 12. Goodman Gilman. The Pharmacological basis of therapeutics. Mac Millan Publishing Company, New York. 2001.
- 13. Indian Pharmacopoeia. Publications and information directorate (CSIR), New Delhi, Vol II, 1996.
- Dr. R. Suthakaran, Raju Manda, Dr. Madhukar. A, G. Ramesh. Journal of Scientific Research in Pharmacy, 5(6): 82-83, 2016.
- 15. The Indian Pharmacopoeia. Ministry of Health and Family Welfare, Govt. of India. The Controller of publication: New Delhi, (2): 736, 1996.
- Banker GS, Anderson NR. The theory and practice of industrial pharmacy; Lachman L, Lieberman HA, Kanig JL. Eds. 3rd; Varghese Pub. House: Bombay, 297-300, 2003.
- 17. Srivastava AK, Wadhwa S, Ridhurkar D, Mishra B. Oral sustained delivery of Atenolol from floating Matrix tabletsformulation and evaluation, Drug Development and Industrial Pharm, 367-74, 2005.