

SEEJPH Volume XXVI, 2025, ISSN: 2197-5248; Posted:04-01-2025

# FORMULATION AND EVALUATION OF PH-DEPENDENT SUSTAINED RELEASE TABLET OF BEMPEDOIC ACID

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### **KEYWORDS**

### **ABSTRACT**

Bempedoic Acid, sustained release, pH-dependent, Eudragit

The main goal about this research had been to create a sustained release tablet formulation that is pH-dependent for Bempedoic Acid, a drug that is acid labile and poorly soluble in water in the stomach environment. The objective of formulation is to enable the dose form that the stomach will not dissolve, it begins break down in upper small intestine, as well as to release the active ingredient gradually and under controlled circumstances. As part of the preformulation investigations, the drug-excipient compatibility, and partition coefficient were examined. In order to create a sustained release tablet that is pH-dependent, Eudragit® L100 and Eudragit® S100 were combined. It was established how the drug release rate was affected by the solubilizer, binder, coated concentration of polymers, plasticizer, and pore former. The findings showed that while no drug was found when the drug was submitted to release of drugs experiments in hydrochloric acid at 0.1 mol/L for two hours, almost within 12 hours, 90% of the medication was released in the pH 6.8 phosphate buffer in a sustained release fashion. The coated film's pore development and/or stress sites were engaged in the drug release mechanism. For three months, the coated tablets remained stable at 40°C with a relative humidity of 75%. These outcomes demonstrated a viability in the coated tablet system containing Bempedoic Acid, which could aid in the effective management of cardiovascular illness.

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#### INTRODUCTION:

The word "dyslipidaemia's" describes conditions that cause abnormal levels of circulating lipids to occur or present as such. The invention's compositions are given to a sufferer in order for bring their blood lipid levels back to normal, if they are abnormally high<sup>1</sup>. Medical treatises well-known to experts in the field report normal amounts of lipids. For instance, the American Heart Association and the National Heart, Lung, and Blood Institute's National Cholesterol Education Program both have websites with suggested amounts of free triglycerides, hdl, ldl, and other having to do with lipid metabolism. It is advised that blood have an hdl cholesterol level of above 35 milligrams/dL and a less than 130 mg/dL of ldl cholesterol. The optimal ratio of ldl versus hdl lipids in blood is 3.5:1, and the blood's suggested number of free triglycerides is less than 200 mg/dL<sup>2</sup>.

Heart and circulatory system disorders are referred to as "cardiovascular diseases. "Frequently, dyslipoproteinemias and/or dyslipidaemias are linked to these illnesses." Atherosclerosis, ischemia, stroke, endothelial dysfunctions, and arteriosclerosis, particularly the compositions of the present invention are suitable for the prevention or treatment of cardiovascular disorders, including those that influence blood vessel elasticity, peripheral vascular disease, coronary heart disease, myocardial infarction, cerebral infarction, and restenosis. Generally speaking, "sustained release" describes a dosage form that is intended to release a medication at a predefined rate, which need not be constant, to maintain a desired range of drug concentration over a given amount of time, such as eight hours, twelve hours, sixteen hours, twenty hours, twenty-four hours, etc., with the least amount of side effects possible<sup>3</sup>. As demonstrated by the bempedoic acid sustained release formulations discussed above, this can be accomplished using a range of formulations. Drugs are almost often delivered as prepared getting ready to medications (dosage forms or drug delivery systems) rather than as pure chemical molecules alone<sup>4</sup>. By using the proper excipients or additives in the formulations, they can range from quite straightforward solutions to intricate drug delivery systems<sup>5</sup>. In order to provide a variety of acceptable preparations or dosage forms, formulation additives change the dissolution, become harder, retain, maintain, and emulsified, increase compression pharmacological chemicals. Numerous elements need for be taken into account before a pharmacological substance may be effectively formed into a dosage form. These fall into the following three categories in general<sup>6</sup>.

- 1) Biopharmaceutical variables, such as elements influencing how well a medicine is absorbed through various modes of administration.
- 2) Drug-related aspects, such as the substance's chemical and physical characteristics<sup>7</sup>
- 3) Therapeutic variables, such as taking the clinical indication into account only when every variable is taken into account and connected to the others will effective and high-quality medications be created and made. This is the fundamental idea behind the design of dosage form. When giving medications for systemic effects, using oral method is preferred crucial path of delivery<sup>8-9</sup>. Any medication administration system's objective is to provide an effective dosage for the medicine with appropriate where abouts or sites allows the human body can easily arrive in order to subsequently maintain a target medication concentration<sup>10</sup>. This site at which a drug has delivered drug via the system should be determined by the patient's factors and the body requirements over a predetermined treatment time<sup>11</sup>.

Sustained drug release dosage forms are a recent development that gives a longer-lasting medicinal effects, improved drug administration management, and fewer side effects<sup>11-12.</sup> Sustained release dosage forms often aim to sustain therapeutic medication levels within blood from or tissue over an extended amount time in general. Usually, this is done to get the release in zero-order<sup>13</sup>. Typical pharmacological kinetics dose formulations with instantaneous release, regulated a zero-order delivery as well as continuous release<sup>14</sup>. The medication level in relation to time profile<sup>15</sup>. The dosage forms for quick release (up from a



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traditional granule and a capsule), prolonged release (a first-order slowly), <sup>16</sup> or zero order discharge (controlled release). When a medicine is supplied by a typical drug delivery method, its blood concentration first increases, peaks, and then nearly drops <sup>17-18</sup>. There is a minimum effective concentration and a maximum safe concentration for every medicine <sup>19</sup>.

#### **MATERIAL AND METHOD:**

MSN Laboratories, Hyderabad, has provided a complimentary sample of Bempedoic acid, we purchase Eudragit L, Eudragit S Diethyl Phthalate, Propylene Glycol, Magnesium Stearate, Talc, Povidone K30 from Modern Industries in Nashik. The remaining reagents were all analytical grade and were acquired from Thermofisher Scientific India Pvt. Ltd.

### Wet granulation method for tablet formulation

Tablets were made using the traditional wet granulation technique<sup>20</sup>. All ingredients were well combined and put through sieve number 60, with the exception of glidants and lubricant. Granulation was carried out using a solution of povidone K 30 and enough water in a predetermined amount<sup>21</sup>. After going through filter number 12, the wet matter was dried for two hours at 50 °C<sup>22-23</sup>. Using a single station tablet punch machine, the dry granules were compacted into tablets after being lubricated with talc and magnesium stearate<sup>24-25</sup>. Then applying Eudragit Land coating material on the tablet Using plasticizer propylene glycol and pore forming diethyl phthalate, Eudragit S was applied to the coating pan<sup>26</sup>.

Table 1. Trial Batches of formulation of Bempedoic Acid

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Components		F2	F3	F4	F5	F6	F7	F8
Bempedoic Acid(mg)	180	180	180	180	180	180	180	180
Eudragit L: Eudragit S		1:4	1:2	1:4	1:2	1:4	1:2	1:4
Sodium Dodecyl Sulphate	10	15	10	15	10	15	10	15
Ethanol	5	5	5	5	5	5	5	5
Povidone K30	20	25	20	25	20	25	20	25
Polyethylene Glycol(mg)	1	1	1	1	1	1	1	1
Diethyl Phthalate	1	1	1	1	1	1	1	1
Lactose	10	15	10	15	10	15	10	15

#### **RESULT AND DISCUSSION:**

#### **Melting Point**

The melting point of Bempedoic acid was determined using the capillary method. The melting point was found to be in range between 87°C and 92°C, which is identical to the reported melting point.

### Study on Bempedoic Acid saturated solubility in distilled water

The Saturated solubility of Bempedoic acid was determined in distilled water and found to be 0.168µg/mL. According to the BCS classification system the solubility of drug in water is below the significant solubility value and hence the drug is said to be poorly water soluble.

#### FTIR of Bempedoic Acid

Table 2. Functional group and IR ranges of Bempedoic Acid

Sr.No.	Functional Group	IR ranges
1	O-H Stretching	3441cm <sup>-1</sup>
2	C=O Stretching	2939cm <sup>-1</sup>
3	C-H Stretching	1114cm <sup>-1</sup>
4	RCOO Stretching	1712cm <sup>-1</sup>



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### **Differential Scanning Calorimetry**

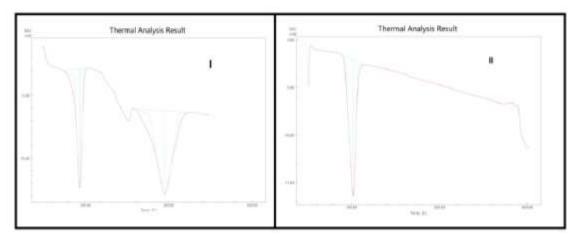


Figure 1: I -DSC thermogram of Physical Mixture of Drug and Polymer and II -DSC of Bempedoic Acid

To verify the compatibility of the substances, For the DSC examination, DSC thermograms were acquired for the endothermic reaction of Eudragit L:Eudragit S and pure Bempedoic Acid using a DSC-60 equipment (M/s Shimadzu).

### **Pre-compression Characteristics**

Table 3. Pre-compression characteristics of powder mixture

Formulas	Bulk	Tapped	Angle of	Hausner's	Carr's
Formulas	density(g/cm <sup>3</sup> )	density(g/cm <sup>3</sup> )	repose(θ)	ratio	index (%)
$F_1$	0.51±0.24	$0.55\pm0.12$	29.12±0.20	1.07±0.12	4±0.26
$F_2$	0.48±0.21	0.53±0.11	21.15±0.3	1.10±0.03	5±0.23
$F_3$	0.49±0.20	$0.69\pm0.12$	24.12±0.14	1.40±0.01	20±0.12
$F_4$	0.50±0.23	$0.62\pm0.14$	25.82±0.19	1.24±0.02	12±0.26
$F_5$	0.49±0.20	$0.72\pm0.14$	24.11±0.17	1.46±0.04	23±0.25
$F_6$	0.55±0.01	0.73±0.25	28.17±0.27	1.32±0.02	18.00±0.25
$F_7$	0.50±0.15	0.57±0.03	27.85±0.17	1.14±0.01	$7.04\pm0.24$
F <sub>8</sub>	0.49±0.11	$0.500\pm0.1$	23.36±0.7	1.02±0.02	1.11±0.28

#### **Tablet Evaluation**

Thickness: The optimized formulations' average thickness was determined to be between 3 and 4 mm, falling within the permitted deviation range of  $\pm$  5% of the standard value.

Friability: The % friability of each sustain release tablet formulation was assessed. The improved formulations' average percentage friability was determined to be under the pharmacopeial limit, specifically within 0.6134%, or less than 1%.

Weight Variation: An electronic balance is used to determine the average weight of twenty tablets. Every tablet's weight is determined individually and contrasted with the average weight. If there are no more than two tablets that deviate from the % restriction and if there are no tablets that differ by more than twice the percentage limit, the tablets meet USP requirements.

Hardness: A hardness test was conducted by "Monsanto hardness tester". Optimized formulation possesses a hardness that ranges from 3.5 to 5 kg/cm2. This guarantees that every formulation batch has favourable handling qualities.



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**Table 4. Post Compression Evaluation of tablet** 

Formulas	Hardness (kg/cm²)±SD	Friability (%) ±SD	Thickness (mm)±SD	Weight variation (mg)±SD
$F_1$	3.9±0.08	0.90±0.10	3.11±0.01	315.61±0.07
$F_2$	4.8±0.05	0.81±0.11	3.05±0.15	319.1±0.06
F <sub>3</sub>	3.5±0.03	0.70±0.13	2.75±0.12	310.33±0.03
$F_4$	4.8±0.8	0.63±0.12	2.92±0.21	318.41±0.06
$F_5$	3.9±0.1	0.71±0.14	2.87±0.12	320.12±0.04
$F_6$	3.5±0.09	$0.86\pm0.23$	3.55±0.27	317.02±0.04
F <sub>7</sub>	3.7±0.15	0.67±0.03	2.87±0.19	318.02±0.03
F <sub>8</sub>	4.5±0.15	0.79±0.1	2.55±0.3	320.45±0.01

Dissolution Analysis: The type-II USP apparatus used to study dissolution rate in pH of 900 ml of phosphate buffer (6.8) at 50 rpm, maintaining 37 degrees Celsius  $\pm 5^{\circ}$ C. The filtered solution was taken out and filtered every 10 minutes, and the medication concentration was established utilizing the ultraviolet (UV) spectrophotometric method that 209 nm.

**Table 5. In-vitro Drug Release** 

Time	<b>F</b> 1	F2	<b>F3</b>	<b>F4</b>	<b>F5</b>	<b>F6</b>	<b>F7</b>	<b>F8</b>
0	0.68	1.11	1.89	2.11	11.23	3.04	3.73	4.61
1	2.87	3.09	4.86	10.91	19.35	6.21	5.68	7.12
2	6.41	7.35	9.89	16.31	27.91	9.54	7.32	10.93
3	11.54	10.05	15.32	21.08	34.85	13.67	12.63	17.35
4	19.58	17.25	21.74	30.71	39.05	22.45	23.65	25.72
5	26.36	25.36	28.02	39.87	48.76	34.91	31.74	34.56
6	33.41	36.75	38.14	46.96	56.77	41.76	40.13	43.22
7	42.07	43.42	45.04	54.17	65.66	49.63	48.48	50.72
8	51.46	62.69	64.94	65.49	74.26	58.48	57.18	61.03
9	60.75	73.31	71.42	74.28	83.69	69.34	68.57	70.57
10	75.03	81.48	82.48	86.19	91.26	78.24	77.26	79.17
11	84.65	89.78	90.52	91.91	95.17	88.35	86.45	94.73
12	90.2	92.38	94.01	95.85	97.73	93.78	92.82	96.73

#### **Percentage Drug Release:**

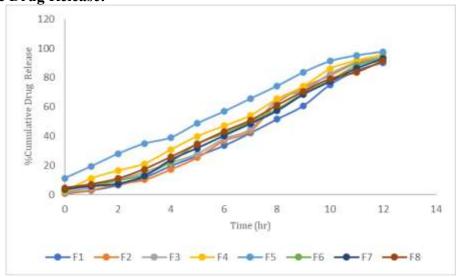


Figure 2: Percentage of Cumulative Drug Release



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#### Conclusion

In F8 Batch, it was discovered that the pre-formulation investigations, which included the Carr's index, Hausner's ratio, bulk density, and tapped density, and angle for repose of formulations, were everyone within an accepted bound. Following compression, the powder mixtures were assessed to post-compress characteristics like drug content, hardness, size variation, and Friability testing. Results from the F8 formulation batch were satisfactory. Using a USP Type-II dissolving device the medication release in vitro was examined at pH 6.8 Phosphate buffered. Results showed that formulations F8 (96.73%) at 12 hr to create a sustained release tablet formulation that is pH-dependent. for bempedoic acid, a model medication, which is acid labile and inadequately soluble in water in the stomach microenvironment. The goal is the formulation was to pass through the stomach, get started release in the small intestine, additionally to discharge the dynamic ingredient slowly and in controlled manner. Preformulation research focused at drug-excipient compatibility, partition coefficient. Eudragit® L100 and Eudragit® S100 have been combined to create a pH-dependent long-term release tablet. The drug release rate, an effect of pore former, plasticizer, disintegrant, binder, covered polymer concentration, and solubilizer were examine.

**CONFLICT OF INTEREST**: The authors have no conflicts of interest regarding this investigation.

**ACKNOWLEDGEMENT:** The authors express their sincere thanks to MSN Laboratories, Hyderabad, Telangana, India for supplying gift sample of Bempedoic Acid as an Active Pharmaceutical Ingredient. The authors are thankful to GES's Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik, MS, India for providing the facility to carry out the research work.

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