



Stable and Bio-Equivalent Formulation of Alginate Matrix-Based Verapamil Hydrochloride Extended-Release Tablets

Packiaraj Jeyachandran Manohari^{1*}, Venkateswaran Chidambaram Seshadri¹, Narendra Reddy Parvatha Janarthana Reddy¹, Janakiraman Kunchithapatham², Harshavardhana Reddy Venkatarangareddy¹, Guhan Himadeep Chowdary Eswara Rao¹, Sumathi Vinay Rao¹, Subham Jain Naveen Kumar¹, Srihari Teja Seelamantula¹.

¹Hibrow Healthcare Pvt Ltd and Nutrimeed Lifesciences Private Limited, Thiruvandavar Village, Sirupinayur Panchayat, Uthiramerur Taluk, Kanchipuram District, Chennai, Tamil Nadu – 603308, India.

²Professor and Head of the Department, Department of Pharmacy, Annamalai University, Annamalai Nagar, Chidambaram, Cuddalore District, Tamil Nadu – 608002, India.

Abstract: Verapamil Hydrochloride is indicated to control blood pressure in individuals due to postural and nocturnal-diurnal variations in the biological clock. The once-daily administration of Verapamil Hydrochloride is handy for patients to comply with the dosing regimen prescribed. This research aims to develop stable, bio-equivalent, cost-effective, and commercially feasible Verapamil Hydrochloride extended-release tablets, 120 mg, 180 mg and 240 mg. Inorder to achieve this aim, our objective was to explore a simple aqueous granulation involving conventional excipients viz. Sodium Alginate, Povidone, Microcrystalline Cellulose and Magnesium Stearate. The drug to polymer ratio of 1:1.35 was found to be optimum. Every unit operation involved in the process was completely optimized to achieve reproducibility and to avoid drug release variation. The designed process was scaled-up from a batch size of 75,000 tablets to 750,000 tablets. During scalability, no difference is observed in the physico-chemical characteristics of the blend or tablets. The blend and content uniformity results were found to comply with USP requirements. The manufactured product was found stable in bottle and strip packs at accelerated stability conditions for 6 months. The maximum level of the highest unknown impurity observed was 0.1% and is well within the ICH Q3BR3 requirements. Hence based on stability study results, shelf-life storage of 24 months at controlled room temperature was prescribed for the product. The end product was found to be more cost-effective (3.2 to 6.4 Indian rupees) than the brand product available nationally (within India) priced at 4.7 to 9 Indian rupees, and the physico-chemical characteristics, drug release, and stability of the manufactured drug product were comparable to the brand product available in the USA market. The similarity factor 'f2' was found to be more than 75. In the Pharmacokinetic study, the test to brand product ratio at 90% confidence interval was within 80.00-125.00%, exhibiting the developed product's bio-equivalence with the brand product. Novelty in this research is in the comprehensiveness of work done to demonstrate stability, bio-equivalence, cost-effectiveness and commercial ability aspects which were not reported elsewhere in the already published research work on Verapamil extended release tablets.

Keywords: extended release matrix tablet, pharmacokinetics and pharmaco-economics.

*Corresponding Author

Packiaraj Jeyachandran Manohari , Hibrow Healthcare Pvt Ltd and Nutrimeed Lifesciences Private Limited, Thiruvandavar Village, Sirupinayur Panchayat, Uthiramerur Taluk, Kanchipuram District, Chennai, Tamil Nadu – 603308, India.

Received On 28 June, 2022

Revised On 3 October, 2022

Accepted On 10 October, 2022

Published On 1 November, 2022

Funding This research did not receive any specific grant from any funding agencies in the public, commercial or not for profit sectors.

Citation Packiaraj Jeyachandran Manohari , Venkateswaran Chidambaram Seshadri, Narendra Reddy Parvatha Janarthana Reddy, Janakiraman Kunchithapatham, Harshavardhana Reddy Venkatarangareddy, Guhan Himadeep Chowdary Eswara Rao, Sumathi Vinay Rao, Subham Jain Naveen Kumar, Srihari Teja Seelamantula. , Stable and Bio-Equivalent Formulation of Alginate Matrix-Based Verapamil Hydrochloride Extended-Release Tablets.(2022).Int. J. Life Sci. Pharma Res.12(6), P240-249
<http://dx.doi.org/10.22376/ijpbs/lpr.2022.12.6.P240-249>

This article is under the CC BY- NC-ND Licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Copyright @ International Journal of Life Science and Pharma Research, available at www.ijlpr.com



I. INTRODUCTION

Verapamil Hydrochloride was approved for medical use in 1981¹. The drug is a calcium channel blocker for the treatment of high blood pressure², angina pectoris³, atrial fibrillation⁴, supraventricular tachycardia⁵, migraine⁶, cluster headaches⁷. Drug is more effective than digoxin⁸ in Cardiac arrhythmia⁹. The drug is used by intra-arterial route for cerebral spasm¹⁰⁻¹¹. Topically the drug treats Plantar fibromatosis¹²⁻¹⁴, Peyronie's disease¹⁵⁻¹⁶, Dupuytren's disease¹⁷⁻¹⁸. In Veterinary Science, following surgery in rabbits the drug is used to prevent intra-abdominal adhesions¹⁹⁻²¹. In cell biology²²⁻²⁴ the drug is used to study the P-Glycoprotein²⁵⁻²⁸ and ABC transport protein functions²⁹⁻³² due to the inhibition of drug efflux pump proteins³³⁻³⁵. Verapamil Hydrochloride is a commonly prescribed medicine in India of about 20 million doses³⁶⁻³⁷ and in the United States about 4 million doses per year.³⁸⁻³⁹ Verapamil Hydrochloride is available as a sustained release tablet and injectables in India and USA. In India, the average unit price of sustained release tablet manufactured by Abbott under the brand name CALAPTIN® supplied in strip packing is 4.66 Indian rupees per tablet of 120 mg strength and 9.17 Indian rupees per tablet of 240 mg strength.⁴⁰ In USA, the average unit price of extended-release tablet manufactured by Pfizer under the brand name CALAN SR® supplied in bottle packing is 6.55 US dollars per tablet of 120 mg strength, 8.61 US dollars per tablet of 180 mg strength and 9.83 US dollars per tablet of 240 mg strength.⁴¹ Aim of the present research is to develop a stable, bioequivalent, cost-effective, commercially feasible formulation of Verapamil Hydrochloride extended-release tablets, of strength 120 mg, 180 mg and 240 mg that exhibits comparative physico-chemical characteristics and drug release behavior similar to the international brand, CALAN SR® and cost-effective as compared to national brand, CALAPTIN®. To fulfill the aim, the objective of the research is in coming up with a simple composition involving conventional excipients and with a straightforward process that is reproducible from lab-scale to commercial scale in giving a quality product that shows comparable physico-chemical characteristics and drug release behavior as compared to the brand product, and at the same time, the developed product must be cost-effective than the market counterparts. Before venturing into formulation trials, a literature and patent review was done on the existing design of extended-release tablets of Verapamil Hydrochloride. As evident from Patent and Literature review there are various approaches in designing the extended release tablets of Verapamil Hydrochloride involving Carbopol 971P⁴², HPMC K15M CR⁴³, Xanthan gum and Locust bean gum⁴⁴, Sodium Alginate⁴⁵, HPMC K100M and Sodium Alginate⁴⁶, HPMC K100LV⁴⁷, Ethylhydroxyethyl Cellulose and Tamarind Polyose⁴⁸, Polyethylene Oxide N80, Ethyl Cellulose 7 cps and HPMC 50 cps⁴⁹, Carbopol 974P, Eudragit NE30D and Ethyl Cellulose 7 cps⁵⁰, Eudragit RLPO⁵¹, Guar Gum⁵², HPMC K15MCR, Mannitol (Osmogen) and Ethyl Cellulose 7 cps in coating⁵³, Pectin⁵⁴, Glyceryl Monostearate⁵⁵, Xanthan gum and HPMC K15MCR⁵⁶, HPMC K100MCR and Carboxymethyl Cellulose⁵⁷, Tragacanth and Acacia⁵⁸, HPMC K100LV and Eudragit RS 30⁵⁹, Carnauba wax and Polyethylene Glycol 6000⁶⁰, Potassium Chloride and Cellulose Acetate⁶¹, HPMC K100MCR and Xanthan gum⁶², HPMC K100MCR and Sodium Carboxymethyl Cellulose⁶³, HPMC E15 and Carbopol 974P⁶⁴, Hydroxyethyl Cellulose⁶⁵, Hydrogenated Cottonseed Oil and Carbopol 934P⁶⁶, Mannitol, Polyethylene Oxide, Cellulose Acetate and Hydroxypropyl Cellulose⁶⁷, Sodium Alginate and HPMC E4M⁶⁸, Hypromellose Phthalate 55 and Eudragit NE 30D⁶⁹, Eudragit NE30D and

Eudragit L30D55⁷⁰, Ethyl Cellulose and HPMC⁷¹, Sodium Alginate⁷², Sodium Alginate and Eudragit RS⁷³, Polyethylene (Epolene C-10) and Ethyl Cellulose 100 cps⁷⁴. In all the mentioned literature and patent publications, the completeness of research in-terms of stability, bio-equivalence, cost-effectiveness, and commercial feasibility is missing in entirety. However, based on the literature and patent review, the efforts of various researchers to design the extended-release tablets of Verapamil Hydrochloride are evident and able to make the pros and cons of every approach. Once daily dosing of Verapamil HCl is advantageous from patient compliance viewpoint and for effective control of blood pressure fluctuation. The brand product available nationally and internationally is a hydrogel matrix based extended-release tablet in which alginate serves as a polymer to sustain the drug release. For such hydrogel based matrix systems, the mechanism of drug release is by a combination of diffusion and erosion. The drug delivery system design in most of the research work (literature / patent) is a matrix system with erosion or diffusion control. There are reported references on systems that had both erosion and diffusion mechanisms too. Few researchers have attempted a controlled osmotic system to modulate drug release. In the current research, a matrix-based drug delivery system shall be designed with minimal excipients, which are cost-effective and commonly available. By doing so, the manufactured product will be cost-effective among the market counterparts. During the composition and process design, care shall be taken so that the manufacturing process is robust enough to result in a quality end product without any device failure and that the drug release characteristics of the designed product is comparable to the brand product. Being a part of a Pharmaceutical company involved in R&D and commercialization of quality drug products, I hope this research article will kindle interest in both academia and industry circles alike to bring research articles that not only seem attractive from a research perspective but also has a good commercial angle so that the designed and manufactured end-product reaches the patient at a cost-effective price.

2. MATERIALS AND METHODS

2.1 Materials

Verapamil HCl API (Active Pharmaceutical Ingredient) was sourced from Aurore Lifesciences. Excipients used were of compendial grade. Solvents, salts & reagents used were of analytical grade.

2.2 Methods

Verapamil HCl and its products are official in USP, hence adopted the monograph methods for assay, content uniformity, blend uniformity, water by Karl Fischer, loss on drying, related substances and dissolution analysis.⁷⁵⁻⁷⁶ Regarding the determination of bulk density, tapped density, compressibility index, Hausner ratio, angle of repose, particle size distribution, and friability test referred to the procedure prescribed.⁷⁷ Viscosity was determined based on the procedure.⁷⁸

3. RESULTS & DISCUSSION

3.1 API Characterization

Bulk density, tapped density, particle size distribution, compressibility and flow of API, Verapamil HCl are presented

in Table.I. Based on the Hausner ratio and Compressibility index it is evident that API exhibits poor flow and compressibility. Hence the direct blending and compression

process was not feasible and need to explore alternative processes like granulation to improve on the blend flow and compressibility.

Table.I Verapamil HCl API characterization

Bulk density, g / mL	0.28
Tapped density, g / mL	0.53
Compressibility index, %	47
Hausner ratio	1.89
Angle of repose,°	40
Particle size distribution (d90 in microns)	86

3.2 Brand Product Characterization

Verapamil HCl brand product's excipients, color, form, shape, dimension, weight, thickness, hardness, viscosity, % dissolution etc are presented in Table.2. The disintegration time was not tested, since the tablets are extended release coated. Based on brand product characterization data, targets were set for the development of the test product.

Brand product was physico-chemically characterized, and reverse engineering tested to qualify and quantify excipients viz. Sodium Alginate⁷⁹, Povidone⁸⁰, Microcrystalline Cellulose⁸¹ and Magnesium Stearate⁸². Based on these studies, the composition was designed for the test product. The finalized composition, process, stability, drug release and unit pricing are shown in Table.3 to Table 6.

Table.2 Brand product characterization

Particulars	120 mg	180 mg	240 mg
Excipients			
	Alginate, Carnauba wax, HPMC, Magnesium Stearate, Talc, PEG, Microcrystalline Cellulose, Povidone, Titanium dioxide, D&C Yellow #10+FD&C Blue#2 lake (240 mg), Iron oxide (120 mg & 180 mg).		
Color	Violet	Pink	Green
Form	Coated tablet	Coated tablet	Coated tablet
Shape	Oval	Oval	Caplet
Dimension, mm	11.13 X 6.43	15.55 X 7.82	18.57 X 6.48
Weight, mg	370±3	555±2	740±4
Thickness, mm	6.50±0.03	5.89±0.03	6.22±0.04
Hardness, Kp	17±4	11±4	21±4
Viscosity, cps	56,000±1010	82,500±900	110,000±1100
Dissolution			
Time, hr			
1	9±4	11±4	10±5
2	22±3	18±3	19±4
3.5	38±3	42±2	40±4
5	60±3	64±2	62±2
8	97±2	99±3	97±2
Mean % dissolved and %RSD			

3.3 Trial Preamble

The extensive literature and patent review as well as the brand product characterization study made it possible for us to not only reduce the number of development trials to arrive for the final composition and process but also to match the drug release with the brand product by in-vitro and in-vivo⁸³.

3.4 Composition – Qualitative Functionalities

The composition in Table.3 was defined as intragranular and extragranular parts for easy differentiation of function and related unit operation lines involved in the manufacturing.⁸⁴ This usually occurs in any granulation process other than direct blending and compression. Functionally, Sodium Alginate is a drug release controlling matrix agent and

provides the necessary acidic pH microenvironment for the drug to solubilize in the intestinal alkaline pH⁸⁵ since Verapamil Hydrochloride exhibits acid-dependent solubility⁸⁶. Povidone is a binder to provide the necessary adhesion attribute for the blend to get compressed into tablets⁸⁷. Microcrystalline Cellulose is used as a diluent/filler in the composition and added in both intra and extragranular portions for better flow and compressibility⁸⁸. Magnesium Stearate is used as a lubricant to enable tablet compression using punch toolings without picking, sticking, and striation issues⁸⁹. The readymade Opadry coating materials of Polyvinyl acetate (PVA) grade were utilized. The specific advantage of the use of PVA grade is the reduction in total coating time due to faster coating build-up which is due to high solid content coating dispersion of 20% w/w solids⁹⁰. The shade or color of the Opadry coating material was kept similar to the brand product.

Table.3 Composition, Process and In-process checks

Ingredients	mg per tablet			Process Remarks																				
Intragraniular portion							Security screening: #16 mesh Granulation in HSMG @ Impeller low rpm: 5 min dry mix. @ Impeller & chopper fast rpm. 3 min granulating fluid addition. 3 min kneading Drying in Fluid Bed Dryer Inlet. 60 \pm 5°C; Air flap. 60%; % LOD. NMT 5%.																	
Verapamil HCl	240	180	120																					
Sodium Alginate, LV	325	243.75	162.5																					
Povidone, 30 cps	47	35.25	23.5																					
Microcrystalline Cellulose, 101	30	22.5	15																					
Purified water (mL)	190	142.5	95																					
[Granulating fluid]																								
Extragraniular portion							Security screening: #16 mesh for MCC, 102; #40 mesh for MgS. Blending in DCB @15 rpm: Prelubrication: 10 min; Lubrication: 4 min. BD,g/mL. 0.43; TD,g/mL. 0.61; CI, %. 30; HR. 1.42.																	
Microcrystalline Cellulose, 102	77.5	58.625	38.75				<table border="1"> <tr> <td>Sieve#</td><td>20</td><td>40</td><td>60</td><td>80</td><td>100</td><td>pan</td></tr> <tr> <td>%retain</td><td>2</td><td>31</td><td>17</td><td>9</td><td>5</td><td>36</td></tr> </table>	Sieve#	20	40	60	80	100	pan	%retain	2	31	17	9	5	36			
Sieve#	20	40	60	80	100	pan																		
%retain	2	31	17	9	5	36																		
Magnesium Stearate, Veg grade	2.5	1.875	1.25																					
				Mean value	240 mg	180 mg	120 mg																	
Core tablet weight, mg	722.0	542.0	361.0	Weight,mg	719 \pm 3	541 \pm 2	360 \pm 3																	
				Thickness,mm	6.1 \pm 0.03	5.81 \pm 0.04	6.41 \pm 0.02																	
				Hardness,Kp	16 \pm 3	11 \pm 3	15 \pm 2																	
				% Friability	0.11	0.09	0.12																	
Film Coating																								
Opadry II Green 85F18422	18	-	-																					
Opadry II Pink 85F18422	-	13.5	-	Inlet. 65 \pm 5°C; Bed. 45 \pm 5°C; Spray rate. 15-20 g / min; Pan speed. 12 rpm; Atomization. 2 bar; Gun-bed distance. 12 cm; Nozzle. 1.2 mm; Solids. 20%.																				
Opadry II Violet 85F18422	-	-	9																					

Kp: Kilo pond; **DCB:** Double Cone Blender; **BD:** Bulk density; **TD:** Tapped density; **CI:** Carr's index; **HR:** Hausner ratio; **MCC:** Microcrystalline Cellulose; **MgS:** Magnesium Stearate; **HPMC:** Hypromellose; **PEG:** Polyethylene Glycol; **LV:** Low viscosity; **LOD:** Loss on drying; **cps:** Centipoises; **rpm:** revolutions per minute; **NMT:** Not more than; **HSMG:** High shear mixer granulator; **Impeller slow rpm:** 150; **Impeller fast rpm:** 200; **Chopper slow rpm:** 1500; **Chopper fast rpm:** 2000;

3.5 Process – Unit Operation Finer Details & Optimization

As evident from the 3rd column entitled 'Process Remarks' in Table.3, the manufacturing process starts with security screening and is for de-lumping and also to remove any extraneous foreign material⁹¹. The screened ingredients were loaded into High Shear Mixer Granulator and dry mixed for 5 minutes. The dry mix time of 5 min was finalized based on the blend uniformity data in 6 different locations at 4 min, 5 min, and 6 min. It was found that 5 min was sufficient for dry mixing. Since the process is an aqueous granulation, purified water is used as a granulating fluid⁹². For granulation, the amount of Purified Water addition (fluid uptake) was optimized⁹³ at 29.5% w/w to the amount of intragraniular ingredients based on the previous studies done at 24.5%, 29.5% and 34.5% w/w. The purified water addition time for granulation was fixed at 3 min within which complete Water addition was done, and the subsequent kneading for 3 min was finalized based on the monitored amperage reading and double-confirmed by manually testing the granular material consistency⁹⁴. The drying was done in fluid bed dryer and limit for the drying process is based on the dry mix's % Loss on drying value and also based on the theoretical equilibrium moisture content of the intragraniular ingredients⁹⁵ and is 5%w/w; hence the same was fixed as %Loss on drying limit for the dried granules. The milling process influences the granules-to-fines ratio of the blend and affects the blending flow and compressibility⁹⁶. Hence milling study trials were done with 1.0 mm, 1.5 mm and 2.0 mm screen apertures in the Comminuting mill operated at medium speed knife

forward configuration. 1.5 mm screen aperture was finalized for milling process based on blend uniformity by %RSD in 'between' and 'within location'; blend flow measurement by Angle repose and Hausner ratio and blend compressibility measurement by Carr's index. Care was exercised during the extragraniular addition of Microcrystalline Cellulose and Magnesium Stearate to the milled intragraniular part⁹⁷. Microcrystalline Cellulose exhibits plastic deformation and mixing of Microcrystalline Cellulose and Magnesium Stearate will affect compressibility and precipitate tablet defects like capping and lamination⁹⁸. Hence, the extragraniular ingredients were added individually and blended with the intragraniular part. Accordingly, the blending time study was done separately for pre lubrication blending time involving the addition of Microcrystalline Cellulose to the intragraniular part and, subsequently, the lubrication blending time involving the addition of Magnesium Stearate to the pre lubricated blend⁹⁹. Concerning blending time optimization¹⁰⁰ in pre lubrication and lubrication stages, the 'rpm' of the blender is fixed at 15, and blending was done for 5, 10 and 15 minutes in pre lubrication stage and 3, 4 and 5 minutes in the lubrication stage. Blend uniformity samples were withdrawn at 10 different locations in the blender at all mentioned time-points in both stages. Based on the 'blend assay uniformity', a blending time of 10 min was finalized for the pre lubrication stage and 4 min for the lubrication stage. The final blend thus obtained by dose-proportional approach was compressed into tablets using high-speed tablet press enabled with tooling' of 11.1 X 6.4 mm Oval shaped, 15.6 X 7.8 mm Oval shaped and 18.6 X 6.5 mm Caplet shaped punch toolings to compress 120 mg, 180 mg and 240 mg strengths respectively.

As part of the compression process, speed variation and hardness variation were studied to study the influence of turret speed variation on content uniformity and tablet hardness variation on dissolution profile¹⁰¹. Speed variation study was done at 15, 30 and 45 rpm, and at each speed, samples were collected and evaluated for turret speed influence on weight variation, hardness variation and content uniformity. It was observed that uniformity of weight was maintained within ± 6 mg, hardness uniformity was maintained within ± 3 Kp and the 'L1' value in content uniformity or uniformity of dosage units testing of 10 units per each speed was well within compendial requirements of 15. Hence the turret speed was fixed at 15-45 rpm with the target turret speed of 30 rpm. In the hardness variation study, the tablets were compressed at 10, 15 & 20 Kp and at each hardness level, samples were collected and evaluated for hardness influence on friability and % dissolution. It was observed that % friability was well within 1% w/w and the mean % dissolved across the hardness range studied was comparable to the brand product. Hence the hardness range during compression was fixed at 10-20 Kp with a target hardness level of 15 Kp. The core tablets were then film-coated in a fully perforated coating pan upto 3 different coating build-ups viz. 1%, 2.5% and 4% w/w. The tablets were then tested for dissolution to check the influence of the %

coating build-up on the drug release. It was observed that there is no significant difference in 'mean % dissolved' across the coating build-up range studied and the dissolution numbers are comparable to the brand product. This observation is expected since film-coating is for aesthetic sense and will not affect/modulate the drug release from the core matrix tablet. Hence the film-coating build-up range was fixed between 1-4% w/w with target coating build-up of 2.5%w/w. Disintegration time was not evaluated in the compression and coating stage since the formulation is a controlled release matrix tablet¹⁰². The coated tablets thus obtained were packed in high-density polyethylene bottles equipped with child-resistant closure using CVC packing line and also in strip pack using 6 channel strip packing machine. The packing integrity was checked by performing leak testing under a vacuum every 15 min.

3.6 Stability Evaluation of Intended Packs

The bottle-packed and strip packed tablets were subjected to accelerated storage conditions of 40°C / 75% RH for 6 months¹⁰³ and evaluated for assay, related substances – highest unknown impurity due to degradation, water by kf and dissolution¹⁰⁴.

Table.4 Stability evaluation

Particulars	mg / tablet			Results			
	240	180	120	mg	mg	mg	
Coated tablet weight, mg (Initial / T₀ time point)	740.0	555.5	370.0	Tests			
				Weight,mg	737	555	369
				Assay,%	99.4	99.1	98.9
				HUKI,%	0.03	0.01	0.04
				Water by Kf,%	4.32	4.19	4.38
				Viscosity, cps	112000	87000	59000
				Time (hr)	1	8 \pm 4	11 \pm 3
				Vs	2	22 \pm 3	18 \pm 3
				% Mean	3.5	37 \pm 3	42 \pm 3
				Dissolution	5	65 \pm 3	64 \pm 3
					8	99 \pm 3	99 \pm 3
				Tests	240 mg	180 mg	120 mg
Coated tablet in bottle and strip pack at 40°C/75%RH for 6 months	Pack	Bottle	Strip	Bottle	Strip	Bottle	Strip
	Assay,%	97.9	98.1	98	98.3	97.1	97.9
	HUKI,%	0.09	0.06	0.08	0.05	0.10	0.06
	Water by Kf	4.81	4.63	4.79	4.59	4.72	4.54
	Time (hr)	1	13 \pm 4	10 \pm 3	12 \pm 4	12 \pm 3	13 \pm 4
	Vs	2	26 \pm 3	20 \pm 3	21 \pm 4	17 \pm 3	28 \pm 4
	% Mean	3.5	41 \pm 3	36 \pm 3	44 \pm 3	45 \pm 3	37 \pm 4
	Dissolution	5	69 \pm 3	66 \pm 3	67 \pm 3	67 \pm 3	68 \pm 3
		8	100 \pm 3	98 \pm 3	100 \pm 3	99 \pm 3	100 \pm 3

Note. h: hour; KF: Karl Fischer; HUKI: Highest Unknown Impurity; LOD: Loss on drying; cps: Centipoises; rpm: revolutions per minute; NMT: Not more than; %RSD: % Relative Standard Deviation.

Stability data, as evident from table. 4 above showed a perfect mass balance between the initial and 6th month where the assay, related substances and water by kf numbers are in equilibrium / in sync as per Arrhenius stability isotherm¹⁰⁵. Moreover, the maximum observed % degradation i.e. the highest unknown impurity, is 0.1% and is well within the ICH Q3BR3 requirements. Hence based on the stability study results, shelf-life of 24 months at controlled room temperature storage was prescribed for the product in bottle and strip pack.

3.7 Pharmacokinetic Study

Pharmacokinetic study was conducted in 14 healthy, adult male human subjects. A randomized, two treatments, two sequences, two periods, two ways cross over study was done in which 240 mg strength of test formulation was compared with brand product. Only a ""FASTING" study was performed. Subjects were housed in a clinical facility to ensure overnight fasting of 10 hours. Subjects remained in the facility till 24 hours' post-dose and again reported

ambulatory blood samples for 36 and 48 hours in each period. Subjects were dosed in sitting positions using 240mL of water and remained seated for the first 4 hours. No fluid was allowed 1 hour before & after dosing. The washout period between the two periods was seven days. Upon completion of the study, the physical examination and clinical laboratory measurements were repeated. Sampling was done at predetermined time intervals of 0, 0.5, 1, 1.5, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 16, 20, 24, 36, 48 hours. The pharmacokinetic and statistical analysis was performed using WinNonlin® version 5.0 (Pharsight Corporation, USA). Pharmacokinetic analysis was performed employing a model-independent method¹⁰⁶. The maximum concentration (C_{max}) of Verapamil and its major metabolite Norverapamil and the corresponding peak times (T_{max}) were determined by estimating the individual drug plasma concentration-time profiles. The elimination rate constant (k_{el}) was obtained from the least-square fitted terminal log-linear portion of the plasma concentration-time profile. The elimination half-life ($T_{1/2}$) was calculated as $0.693/k_{el}$. The linear trapezoidal rule calculated the area under the curve to the last measurable concentration (AUC_{0-t}). The area under the curve extrapolated to infinity as $(AUC_{0-t} + Ct/k_{el})$, where Ct is the last measurable concentration. For the purpose of statistical

bioequivalence analysis AUC_{0-t} , $AUC_{0-\infty}$ and $Cmax$ were considered as primary variables¹⁰⁷. Study protocol (VER-21-008-01) was approved by an Independent Ethics Committee - The Ethical Jury, Chennai (Ref. No. LEC/2021/023). The studies were conducted in compliance with the ethical principles of the Declaration of Helsinki, the International Conference on Harmonization's Good Clinical Practices guidelines, and the Indian Council of Medical Research for Biomedical Research on Human Subjects guidelines and Good Clinical Practices for Clinical Research in India. Healthy, willing, volunteers of age between 18 and 50 years were selected based on laboratory evaluations during screening, medical history, clinical examination, X-ray, ECG recordings, urine screen for drugs of abuse, and alcohol breath test. Informed consent was obtained from the subjects after explaining the nature and purpose of the study¹⁰⁸. There is no safety or toxicity concern involved because the drug "Verapamil Hydrochloride" has been available in the market since 1981. Also, the committee reviewed the in-vitro drug release profile of both the test and brand product and were satisfied with the least or no risk on the possibility of dose-dumping in volunteers. The similarity factor 'f2' was more than 75 in the brand and test dissolution profile comparison.

Table.5 Pharmacokinetics

Pharmacokinetics Verapamil (Norverapamil)	Ln AUC_{0-t} (ng.h/mL)	Ln AUC_{∞} (ng.h/mL)	Ln C_{max} (ng/mL)	t_{max} (h)	Half-life (h)
Brand product, 240 mg	7.1 (7.4)	7 (7)	4.8 (4.7)	5.9 (5.9)	8.4 (8.4)
Test product, 240 mg	7.1 (7.4)	7.1 (7.5)	4.8 (4.6)	6.5 (6.5)	7.9 (7.9)
Ratio of LSM, %	103 (105)	104 (106)	97 (92)	-	-
90% Confidence Interval, %	87-121 (89-123)	88-122 (90-124)	80-118 (81-109)	-	-

Note. LSM: Least square mean; US: United States of America; ng: nanogram; h: hour; Ln: Natural logarithm; AUC: Area under curve.

In the bioequivalence study, the time-based blood profile of both 'Verapamil' and its primary metabolite 'Nor-Verapamil' was evaluated and compared between the test and brand product as mentioned in the above Table.5. The study findings showed the bioequivalence of the test product to the brand product i.e. the test to brand product ratio at 90% confidence interval with respect to C_{max} , AUC_{0-t} and $AUC_{0-\infty}$ was within 80.00-125.00% exhibiting the bio-equivalence of the developed product with the brand product.

3.8 Scaling-Up and Commercial Feasibility

The purpose is to evaluate the feasibility of scaling-up from lab scale batch size of 75000 tablets to a commercial-scale batch size of 750,000 tablets. Between the Lab Scale and commercial scale, especially for processes viz. milling, compression and packing the equipment used is of a standard capacity and is common for both lab scale and commercial scale batches; hence no optimization / validation is required. However, for the process involving granulation in high shear mixer granulator, fluid bed dryer, double cone blender, and tablet coater the capacity used for Lab scale is 100 L, 125 L, 150 L and 48" respectively and for commercial scale the capacity of corresponding equipment used are 600 L, 800 L, 750 L and multiple sub-lots of coating in 48". Since the equipment design is the same for granulation and the % occupancy of intragranular ingredients in equipment is comparable, the process parameters for dry mix, water addition during granulation, and subsequent kneading were kept the same. The amperage observed during the

granulation end-point was comparable. In the case of drying, the parameters are kept the same except % flap opening for fluidization of granules. The total drying time was comparable across the batch size. For blending, the blender RPM was kept constant at 15 RPM. Since blend uniformity study was done in lab scale, the appropriateness of the blending time was validated and holds good in a commercial scale with 15 min for pre lubrication and 4 min for lubrication. The equipment used was a 48" fully perforated coating pan in the coating process. The process parameters that varied between the lab scale and commercial scale were atomization pressure, spray rate, gun to bed distance and RPM of coating pan. In the commercial scale batch, the atomization pressure was reduced one-fold, spray rate per gun was increased by 2 folds, gun to bed distance was reduced proportional to the material load in pan, RPM of coating pan was increased 2 folds. The rest of the coating parameter settings remained the same. The total coating time to achieve the target coating build-up in the commercial batch was comparable to the lab scale batch. Since the product is an extended-release tablet for once-daily use, the dose dumping and device failure risk was evaluated for the manufactured product by performing an alcohol dose-dumping study¹⁰⁹ and divisibility study¹¹⁰ for 240 mg strength of both the brand and test product. The dissolution profile of the test product was comparable to the brand product in both alcohol dose dumping study and in divisibility study showing the quality of product manufactured in a commercial scale.

3.9 Pharmacoconomics

The cost of the manufactured product was calculated¹¹¹ using software, Tally ERP 9 module. The costing involves, Material cost - cost of drugs and other pharmaceutical aids used, including, overages and process loss; Conversion cost worked out following procedures of costing and fixed; Cost of packing material of formulation including, process loss; Packing charges worked out in accordance procedures of costing; Maximum Allowable Post-manufacturing Expenses

includes all costs incurred by the manufacturer from ex-factory to retailing stage and includes, margin for manufacturer and trade margin and was not more than one hundred per cent for indigenously manufactured Scheduled formulation and this varies for the export market with significant costing in licensing, export fee, logistics etc; Excise duty cost; Additionally for export, landing cost form the basis for fixing price along with margin to cover selling and distribution expenses and importer's profit not exceeding fifty per cent of landed cost.

Table.6 Pharmacoconomics			
Cost of developed Verapamil HCl ER Tablet	120 mg	180 mg	240 mg
Unit Price Indian Market in ₹	3.2	4.8	6.4
Unit Price US Market in \$	2.1	3.2	4.3

With the said calculations, from Table.6 it is evident that the manufactured product was found to be more cost-effective (3.2 to 6.4 Indian rupees) than the brand product available nationally (within India) priced at 4.7 to 9 Indian rupees and also when exported and distributed in a country like USA, the manufactured product is offered at 2.1 to 4.3 US dollars than the US Market brand priced between 6.55 to 9.83 US dollars. From the Pharmacoconomics perspective¹¹², the time managed in the commercial manufacturing of Verapamil HCl extended-release tablets was also accounted. The total time taken for a commercial batch process of granulation, drying, milling, and blending is 6 hours. This was possible due to optimized operating ranges for each unit operation. Good blend flow and compressibility are due to granules to fines ratio of 60:40, Carr's index of 30 and Hausner ratio of 1.4. This enabled us to complete the compression process of a commercial batch in 6 hours! In the coating process, use of Opadry II material with the dispersion of 20% solid content made the difference in completing a commercial batch in 6 hours! With the parallel operation of bottle and strip packing lines, the total time to complete the commercial packing operation is 6 hours! Hence, with the finalized composition and process, a commercial batch can be made in 24 hours or in 3 shifts, which is an indication of effective management of resources, minimal idle time and wastages leading to cost-effectiveness.

4. CONCLUSION

Alginic acid based Verapamil HCl extended-release matrix tablet was successfully formulated by dose-proportional design. The drug-to-polymer ratio of 1:1.35 was found optimum to achieve comparable drug release to the brand product. The finalized manufacturing process assured content uniformity and drug release control. The drug product was stable at accelerated storage conditions of 40°C / 75% RH for 6 months, thus ensuring 24 months' shelf life. The end product was found to be more cost-effective than the national brand

product (available within India) and the physicochemical characteristics, drug release (in-vitro dissolution and in-vivo bio-equivalence), and stability of the manufactured product were comparable as well as cost-effective than the international brand product (available in USA). The commercial feasibility of the formulation was successfully evaluated by scaling up from batch size of 75000 tablets to 750,000 tablets. Hence in this research, Verapamil Hydrochloride extended-release tablets, 120 mg, 180 mg and 240 mg was successfully developed with a simple alginate based matrix design and the manufactured product was found to be stable, bio-equivalent, cost-effective and commercially feasible, which will benefit not only the patient population but also the company engaged in the pharmaceutical operation.

5. ACKNOWLEDGEMENTS

Authors thank the company directors, Mr. Jayaseelan Jagannathan and Mrs. Bernice Sugirtha Jayaseelan for the opportunity and for providing necessary resources to carry out this research. The authors also thank Mr. Kannan Kothandaraman, Chief Financial Officer, for unit price costing of the drug product using Tally ERP 9 module.

6. AUTHOR'S CONTRIBUTION STATEMENT

All the authors have equally contributed in one way or the other in bringing up this research article. Since this laborious and manpower-intensive research work involved conceptualization, literature collection, brand product evaluation, composition, and process design, analysis, bio-equivalence, costing, scalability, compilation, and review.

7. CONFLICT OF INTEREST

Conflict of interest declared none.

8. REFERENCES

- Verapamil HCl topical use in Peyronie's, plantar fibromatosis, Dupuytren's [internet] [retrieved Apr 7 2022] Available from: pdllabs.
- Verapamil HCl [internet] [cited Apr 7 2022]. Available from: Drugs.com.
- Securon SR-SPC [internet] [cited Apr 7 2022]. Available from: medicines.org.uk.
- Calan-verapamil HCl tablet [internet] [retrieved Apr 7 2022] Available from: dailymed.

5. Verapamil HCl [internet] [cited Apr 7 2022]. Available from: <http://ema.europa.eu/>.
6. Schroeder JS, Frishman WH, Parker JD, Angiolillo DJ, Woods C, Scirica BM. Ischemic disease. A companion to Braunwald's heart disease. Elsevier; 2013. p. 83-130.
7. Verapamil HCl [internet] [retrieved Apr 7 2022] Available from: ASHSP.
8. Tfelt-Hansen PC, Jensen RH. Management of Cluster headache. *CNS Drugs*. 2012;26(7):571-80. doi: 10.2165/11632850-00000000-00000, PMID 22650381.
9. Merison K, Jacobs H. Migraine diagnosis, treatment. *CurTrOpNeu*;48:2016.18(11).
10. WHO. WHO model formulary 2008. WHO. hdl:10665/44053 Stuart MC, Kouimtzis M, Hill SR, editors. ISBN 9789241547659; 2009.
11. Isoptin:drugs@fda [internet] [retrieved Apr 7 2022] Available from: drugs@fda.
12. WHO model list of essential medicines: 21st list 2019. Geneva: WHO. hdl:10665/325771 [internet] [retrieved Apr 7 2022].
13. WHO model list of essential medicines: 22nd list; 2021. WHO. hdl:10665/345533 [internet] [retrieved Apr 7 2022].
14. The top 300 of 2019 [internet] [retrieved Apr 7 2022] Available from: ClinCalc.com.
15. Verapamil – drugstats [internet] [retrieved Apr 7 2022] Available from: ClinCalc.com.
16. Koda-Kimble and Young's applied therapeutics: the clinical use of drugs. 10th ed. Vol. 2012. Lippincott Williams & Wilkins; 1349. ISBN 978-1609137137. p. 497.
17. Srinivasan V, Sivaramakrishnan H, Karthikeyan B. Impurities in verapamil HCl. *Sci Pharm*. 2011;79(3):555-68. doi: 10.3797/scipharm.1101-19, PMID 21886903.
18. James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J et al. Management of high BP. *JAMA*. 2014;311(5):507-20. doi: 10.1001/jama.2013.284427, PMID 24352797.
19. Koda-Kimble and Young's applied therapeutics: the clinical use of drugs. LWW Tenth North AmEd. 2012:320-22. ISBN 978-1609137137.
20. Beck E, Sieber WJ, Trejo R. Management of cluster headache. *Am Fam Physician*. 2005;71(4):717-24. PMID 15742909.
21. Jun P, Ko NU, English JD, Dowd CF, Halbach VV, Higashida RT. Treatment of cerebral vasospasm. *Am J Neu Res*. 2010;31(10):1911-6.
22. Drislane F, Benatar M, Chang BS, Acosta J, Tarulli A. Blueprints neurology. Lippincott Williams & Wilkins. ISBN 978-0-7817-9685-9; 2009. p. 71.
23. Young JR, Sternbach S, Willinger M, Hutchinson ID, Rosenbaum AJ. Plantar fibromatosis: etiology, evaluation, and management. *Orthop Res Rev*. 2018;11:1-7.
24. Securon. 2.5 mg/ml IV. SPC [internet] [cited Apr 7 2022]. Available from: medicines.org.uk.
25. Krevsky B, Maurer AH, Niewiarowski T, Cohen S. Verapamil on intestinal transit. *Dig Dis Sci*. 1992;37(6):919-24. doi: 10.1007/BF01300391, PMID 1587197.
26. Steele RM, Schuna AA, Schreiber RT. Verapamil HCl in gingival hyperplasia. *Ann Intern Med*. 1994;120(8):663-4. doi: 10.7326/0003-4819-120-8-199404150-00006, PMID 8135450.
27. Wilimowska J, Piekoszewski W, Krzyanowska-Kierepka E, Florek E. Verapamil enantiomers in overdose. *Clin Toxicol (Phila)*. 2006;44(2):169-71. doi: 10.1080/15563650500514541, PMID 16615674.
28. Baselt R. Toxic Drugs disposition. 8th ed; 2008. FosterCity C. Biomed Pub. pp. 1637-39.
29. Wang SP, Wang JA, Luo RH, Cui WY, Wang H. Potassium channel in rat mesenchymal stem cells in cell proliferation. *Clin Pharm Physiol*. 2008. Sep;35(9):1077-84.
30. Petersen AS, Barloese MCJ, Snoer A, Soerensen AMS, Jensen RH. Verapamil and cluster headache: Still a mystery. A narrative review of efficacy, mechanisms and perspectives. *Headache*. 2019;59(8):1198-211. doi: 10.1111/head.13603, PMID 31339562.
31. Giannini AJ, Houser WL, Loiselle RH, Giannini MC, Price WA. Antimanic effects of verapamil. *Am J Psychiatry*. 1984;141(12):1602-3. doi: 10.1176/ajp.141.12.1602, PMID 6439057.
32. Giannini AJ, Taraszewski R, Loiselle RH. Verapamil and lithium in manic patients. *J Clin Pharmacol*. 1987. Dec;27(12):980-2. doi: 10.1002/j.1552-4604.1987.tb05600.x, PMID 3325531.
33. Giannini AJ, Nakoneczne AM, Melemis SM, Ventresco J, Condon M. Magnesium oxide and verapamil in mania. *Psychol Res*. 2000;93(1):83-7.
34. Elferink JG, Deierkauf M. Verapamil on polymorphonuclear leukocytes. *Bio Pharm*. 1984;33(1):35-9.
35. Azzarone B, Krief P, Soria J, Boucheix C. Fibroblast-induced clot retraction by verapamil and ALB6. *J Cell Physiol*. 1985. Dec;125(3):420-6. doi: 10.1002/jcp.1041250309, PMID 3864783.
36. Steinleitner A, Lambert H, Kazensky C, Sanchez I, Suelo C. Verapamil for postoperative adhesion in rabbit. *J Surg Res*. 1990;48(1):42-5. doi: 10.1016/0022-4804(90)90143-p, PMID 2296179.
37. Baxter GM, Jackman BR, Eades SC, Tyler DE. Verapamil for abdominal adhesions. *Vet Surg*. 1993;22(6):496-500. doi: 10.1111/j.1532-950x.1993.tb00427.x, PMID 8116206.
38. Song J, Chang I, Chen Z, Kang M, Wang CY. Characterization of side populations in HNSCC: highly invasive, chemoresistant and abnormal Wnt signaling. *PLOS ONE*. 2010;5(7):e11456. doi: 10.1371/journal.pone.0011456, PMID 20625515.
39. Bellamy WT. P-gp and drug resistance. *Annu Rev Pharmacol Toxicol*. 1996;06:161-83.
40. Verapamil [internet] [retrieved Apr 7 2022] Available from: medlineindia.com.
41. Calan SR [internet] [cited Apr 7 2022]. Available from: drugs.com.
42. VerapamilERTab [internet] [Retrieved 7th Apr'2022]. Available from: lubrizol.com.
43. Reddy KR, Rathnam G, Kiran I, Raju S, Mulpuri KS. SR matrix tablets of verapamil HCl. *IJPSR*. 2014;5(5):2066-73.
44. Baichwal AR, Staniforth JN. CRverapamil tablets. Pat Date. US patentPatno. 5169639. Dec8, 1992:1-14.

45. BrijeshR, Gupta MM. Verapamil HCISR matrix tablet. *J Drug Deliv Ther.* 2013;3(1):55-8.

46. KimlekT, PrasertpornT, SawantranonJ, SriwichupongChaisan, Garnpimol Ritthidej, CR tablets of verapamil HCl. *Asian J Pharm Sci.* 2015.

47. GulianFJ, TiwariSB, SimonBH, FerrizziD, Rajabi-SiahboomA. VerapamilER matrix. American Association of Plastic Surgeons;2006 [internet] [retrieved Apr 7 2022].

48. Kulkarni D, Dwivedi AK, Sarin JPS, Singh S. Tamarind seed polyose for SR of verapamil HCl. *Ind J Pharm Sci.* 1997;59(1):1-7.

49. El-GazayerlyON, Rakkanka V, Ayres JW. Novel chewable sustained-release tablet containing verapamil hydrochloride. *Pharm Dev Technol.* 2004;9(2):181-8. doi: 10.1081/pdt-120030248, PMID 15202577.

50. Khamanga SMM. VerapamilSRtablets. A Thesis; '2005 [internet]. Feb [cited Apr 7 2022]. Available from: core.ac.uk.

51. Sahoo J, Murthy PN, Biswal S, Manik. Verapamil HCISR by solid dispersion. *AAPS PharmSciTech.* 2009;10(1):27-33. doi: 10.1208/s12249-008-9175-0, PMID 19145487.

52. Ullaskumar S, Ramu B, Srikanth G, Bigalarajkamal. Verapamil HCISR using Natural polymers. *Int J ApplPharmSci Res.* 2016;1(2):76-87.

53. Vidyadhara S, SasidharRLC, RaoVM, BabuCHS, Harika DL. Verapamil HCl osmotic CR tablets. *Asian J Pharm.* 2014;8(2):102-9. doi: 10.4103/0973-8398.134941.

54. Irfanbashir A, Muhammadzaman J, RaiM, Sarfraz, Asifmahmood, Muhammadl, Sajid, Talhajamshaid, MuhammadA, Akram. Verapamil HCl matrix tablets. *Int Curr Pharm J.* 2014;3(6):286-90.

55. BhagwatDA, KawtikwarPS, Dinesh M, Sakarkar. SRmatrices of verapamil HCl. *ResJPharm Technol.* 2008;1(4):405-9.

56. PatidarD, ShahSK, Tyagi CK, PandeyH. CR effervescent floating tablet of verapamil HCl. *JPharmSci Res.* 2016;8(8):732-40.

57. AnushaK, KalyaniV, Kola venu. SR Matrix tablets of verapamil HCl. *Wo J Pharm PharmSci.* 2019;8(5):1633-44.

58. SiahIMR, Barzegar-JalaliM, MonajjemzadehF, GhaffariF, AzarmiS. Multilayer matrices of VerapamilHCl. *AAPS PharmSciTech.* 2005;E626-32.

59. PansareJJ, SurawaseRK. Fast disintegratingSRpellets of verapamil HCltablets. *As J Res Pharm Sci.* 2021;11(4):261-6.

60. AnepuS, Lohithasu Duppala PPV. SR tablets of verapamil. *J Appl Pharm Sci.* 2015;5(12):125-34.

61. Shaikl, Harish G, Pragati Kumar B, Abhilash T. Osmotic CR of verapamil HCl. *Ind J Res Pharm Biogr.* 2014;2(6):1465-9.

62. Sailaja R, Deepthi KL, Jagdeesh Panda NVVS, Navya PV, Himabindhu CH, Sri Vihari V. Floating tablets of verapamil HCl. *Int J PharmSciInv.* 2021;10(9):1-6.

63. KhanA, IqbalM, Jallat khan, Gul Majid Khan, Muhammad Hanif, Amjad Khan. SR matrix tablets of Verapamil HCl. *Lat Am J Pharm.* 2015;34(2):277-82.

64. BhukyaN, DhurkeR. Gastroretentive mucoadhesive pulsatile tablet of verapamil HCl. *J Chem Pharm Res.* 2016;8(8):1190-8.

65. GleixnerK, LehrachRMF. CRverapamil tablets. Pat Date. US patentPatno. 4189469. Feb 19, 1980:1-5.

66. DunnJM. CR formulations of verapamil. Pat Date. US patentPatno. 4461759. Jul 24, 1984:1-5.

67. StephensSI, Hamel LG. Verapamil dosage form. Pat no. 4753802. Pat Date. Jun 28, 1988:1-7.

68. HowardJR, TimminsP. CR formulation of verapamil. Pat no. 4792452. Pat Date. Dec 20, 1988:1-5.

69. BaudierP, De BoeckA, FussionJ. Galenic forms of Prolonged release verapamil. Pat no. 4832958. Pat Date. May 23, 1989:1-13.

70. BaudierP, De BoeckA, FussionJ. Novel Galenic forms of verapamil their preparation. Pat no. 4859469. Pat Date. Aug 22, 1989:1-11.

71. PanozDE, GeogheganEJ. CR formulation of verapamil HCl. Pat no. 4863742. Pat Date. Sep 5, 1989:1-25.

72. BalzE, EinigH, DresenP. CR formulation of verapamil HCl. Pat no. 5132295. Pat Date. Jul 21, 1992:1-4.

73. EinigH, StierenB, BuehlerV, HollmanM. CR formulation of verapamil HCl. Pat no. 5230901. Pat Date. Jul 27, 1993:1-3.

74. PowellTC. CR formulation of verapamil HCl. Pat no. 5252337. Pat Date. Oct 12, 1993:1-8.

75. Verapamil HCl [internet] [cited Jul 7 2022]. Available from: pharmacopeia.cn.

76. VerapamilER Tab [internet] [cited Jul 7 2022]. Available from: pharmacopeia.cn.

77. KharRK, Vyas SP, AhmadFJ, JainGK. Lachman/Lieberman's Industrial Pharmacy. 4th ed. 7th Reprint. 2022. India: CBS. pp. 67-85.

78. Viscosity by Brookfield [internet] [retrieved Jul 7 2022] Available from: brookfieldengg.

79. AwadH, AbouleneinHY. Determination of sodiumalginate by HPLC. *J Chr Sci.* 2013;51:208-14.

80. Jones SA, Martin GP, Brown MB. Determination of PVP using HPLC. *J Bio An.* 2004. 28;35(3):621-4.

81. ZhangC, YangJ, QiaoL. Estimation of microcrystalline cellulose, J AOAC. *J AOAC Int.* 2011;94(2):660-3. PMID 21563704.

82. Arai T, Hosoi Y. Determination of magnesium stearate using HPLC. *Yakugaku Zasshi*:2005.125(3):299-305. Japanese.

83. BansalAK, KoradiaV. Reverse engineering in generics. *Pharm Technol.* 2005;29(38).

84. Mitra B, Hilden J, Litster J. LitsterJ. Intra and extragrangular intablet. *J Pharm Sci.* 2018;107(10):2581-91. doi: 10.1016/j.xphs.2018.05.011, PMID 29803616.

85. ChingAL, LiewCV, ChanLW, Sia HengPW. Matrix pH from alginate matrices. *EurJpharmsci* 2008. p. 361-70.

86. Tolia G, Li SK. Silicone matrix of verapamil. *AAPS PharmSciTech.* 2014Feb;15(1):1-10. doi: 10.1208/s12249-013-0004-8, PMID 24022347.

87. EKNjega, SMMaru, LTiroP. The binder effect of povidone. *MaterSci.* 2015.

88. ChaerunisaAY, SriwidodoS, AbdassahM. Microcrystalline cellulose. *Pharmform RecPrac.* 2019.1-21.

89. Uzunović A, Vranić E. Effect of magnesium stearate on dissolution. *Bosn J Basic Med Sci.* 2007 Aug;7(3):279-83. doi: 10.17305/bjms.2007.3060, PMID 17848158.

90. Opadry II. Film coating [internet] [retrieved Jul 7 2022] Available from: colorcon.

91. Security screening [internet] [retrieved Jul 7 2022] Available from: quadro-tech.

92. Shanmugam S. Granulation techniques and technologies: recent progresses. *BiolImpacts.*

2015;5(1):55-63. doi: 10.15171/bi.2015.04, PMID 25901297.

93. ThapaP, Du HyungC, SooKM, HoonJS. Granulation process on physical properties. *Asian J Pharm Sci.* 2019;14(3):287-304.

94. Amperage [internet] [retrieved Jul 7 2022]. Available from: pharmamanual.com.

95. PauliV, KleinebuddeP, KrummeM. Pharma granulation and drying. *Pharmaceutics.* 2020;12(1):1-11. doi: 10.3390/pharmaceutics12010067, PMID 31952206.

96. Kotamarthy LVG. Granulation and milling effect on granule quality. A Thesis; '2018 [internet] [Retrieved 7 Apr '22]. Jan. Available from: rucore.libraries.rutgers.edu.

97. ShahJ, TomarM, SinghAK, SinhaAR. Microcrystalline cellulose as lubricant like magnesiumstearate. *Int J Dev Res.* 2017;7(10):15879-84.

98. Dun J, Chen H, Sun CC. Tabletability deterioration of Microcrystalline cellulose by magnesiumstearate. *Int J Phys.* 2020.

99. Pingali K, Mendez R, Lewis D, Michniak-Kohn B, Cuitino A, Muzzio F. Mixing of glidants and lubricant. *IJP.* 2011;409;1-2:269-77.

100. ScheibelhoferO, BalakN, WahlPR, KollerDM, GlasserBJ, K hinastJG. Powderblending. *AAPS PharmSciTec.* 2013;14 (1):234-44.

101. Natoli D, Levin M, Tsyan L, Liu L. Development, optimization, scaling-up of tabletting. Developing solid oral dosage forms. 2nded. Pharmaceutical theory and.

102. Uebbing L, Klumpp L, Webster GK, Löbenberg R. Justification of disintegration testing beyond current FDA criteria using in vitro and in silico models. *Drug Des Dev Ther.* 2017;11:1163-74. doi: 10.2147/DDDT.S131213, PMID 28442890.

103. Janakiraman KK, Paramaguru R, Janakiraman K. Dexibrufen formulation. *Int J Life Sci Pharm Res.* 2020;10(5):178-90.

104. Joan Vijetha R, Balamurugan K. Enalapril mucoadhesive tablet. *Int J Life SciPharma.*

105. Vivekanandan S, LindholmB, Raghunandan Reddy K, Venkatesan P. Chitosan – dexibuprofen nanoparticles. *Int J Life SciPharm Res.* 2021;11(6):48-57.

106. PalSovanL, Manna PK, Mohanta GP. Carvedilol – PLGAnanoparticles; 2018.

107. Sritharan S, Narayanan N. VenlafaxineERtablets. *Int J Pharm Sci Rev Res.* 2012;13(1), 149-53.

108. Dimitrov M, Lambov N. Study of verapamil – Polyox-Wsr tablets. *IntJPharm.* 1999;189(1):105-11. doi: 10.1016/s0378-5173(99)00242-2, PMID 10518690.

109. Alcohol dose dumping study [internet] [cited Jul 7 2022]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/psg/PSG_204683.pdf.

110. Divisibility or Split study [internet] [cited Jul 7 2022]. Available from: <https://www.fda.gov/media/81626/download>.

111. Pharmacoeconomics [internet] [cited Jul 7 2022]. Available from: <https://pharmafranchisehelp.com/how-to-calculate-mrp-ptr-pts-pharma-franchise/>.

112. Towse A, DrummondM, SorensonC. Pharmacoeconomics. In: DanzonPM, NicholsonS, editors, *The Oxford Economics of biopharmaindustry*; 2012. doi: 10.1093/oxfordhb/9780199742998.013.0013.