



## **Multiparticulate System of Diacerein Loaded Eudragit Beads: Enhancing Yield and Efficiency through Modified Sieving/Spheronization Technique**

**Nilkamal Waghmare\*<sup>1</sup>, Bhushan Bhale<sup>1</sup>, Richa Chauhan<sup>1</sup>, Sandeep Nikam<sup>1</sup>, Amey Deshpande<sup>1</sup>, Suvarna Phadatare<sup>1</sup>, Udaykumar Patil<sup>2</sup>, Neha Dand<sup>1</sup>.**

<sup>1</sup>Department Of Pharmaceutics, Bharati Vidyapeeth's College of Pharmacy, Navi Mumbai, India.

<sup>2</sup>Department Of Pharmaceutics, Bharati Vidyapeeth's College of Pharmacy, Kolhapur, India

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### **Abstract**

This study investigates the formulation of multiparticulate systems aimed at improving the delivery of diacerein, a potent agent in osteoarthritis (OA) treatment, utilizing Eudragit beads via extrusion spheronization. The study addresses key challenges associated with diacerein through systematic polymer selection, formulation optimization, and comprehensive characterization, including its poor solubility, variable absorption, and gastrointestinal side effects. By employing innovative sieving/spheronization techniques, the study achieves significant reductions in material wastage, enhances formulation yield, and ensures the production of uniform, spherical pellets with superior drug release properties. Optimization strategies facilitated by DesignExpert® software lead to the identification of formulation parameters conducive to achieving desired drug release kinetics and mechanical characteristics. The successful scaling up of the optimized batch confirms the effectiveness of the approach, underlining the potential of multiparticulate systems as a promising avenue for optimizing diacerein delivery in OA therapy. Further investigations may focus on refining formulations and conducting preclinical efficacy evaluations to fully elucidate the therapeutic benefits of multiparticulate systems in OA management.

### Keywords

Multiparticulate systems, Extrusion, Spheronization, Osteoarthritis, Eudragit beads

## 1 Introduction

Osteoarthritis (OA) is a prevalent chronic degenerative joint disease characterized by progressive cartilage degradation, synovial inflammation, and alterations in the subchondral bone (He et al., 2020). It is a leading cause of disability worldwide, affecting millions of individuals across diverse demographics (Steinmetz et al., 2023). The management of OA poses significant challenges to healthcare providers due to the complex interplay of genetic, environmental, and biomechanical factors contributing to its pathogenesis (Liu et al., 2023). Despite the array of treatment options available, ranging from analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) to surgical interventions such as joint replacement, the current therapeutic armamentarium remains suboptimal in terms of efficacy, safety, and long-term outcomes (Ackerman et al., 2019; Costa et al., 2021; Young et al., 2023).

The quest for more effective and safer therapeutic modalities has fueled research into innovative drug delivery systems tailored for OA treatment. Multiparticulate drug delivery systems have garnered considerable interest recently due to their potential to enhance drug bioavailability, optimize pharmacokinetics, and improve patient compliance (Komati et al., 2019). Unlike conventional dosage forms, which often suffer from dose dumping and erratic absorption, multiparticulate systems offer several advantages, including uniform drug distribution, reduced risk of local irritation, and the ability to tailor release kinetics to match the desired therapeutic profile (Priese et al., 2023).

In this context, using Eudragit, a family of biocompatible and pH-sensitive polymers, holds promise for developing multiparticulate formulations targeting OA (dos Santos et al., 2021). Eudragit polymers exhibit pH-dependent solubility characteristics, allowing for selective drug release in response to changes in the physiological environment (Nikam et al., 2023). This property is particularly advantageous for OA therapy, where localized drug delivery to the inflamed joint is desired to maximize therapeutic efficacy while minimizing systemic exposure and adverse effects.

Diacerein (DIN), a potent anthraquinone derivative, has emerged as a promising pharmacological agent for OA management (Pavelka et al., 2016). Its multifaceted mechanism of action includes inhibition of interleukin-1 $\beta$  (IL-1 $\beta$ ) synthesis (Silva et al., 2022), suppression of matrix metalloproteinases (MMPs) (Sirikaew et al., 2019), and stimulation of glycosaminoglycan synthesis (Kongtharvonskul et al., 2016), thereby exerting chondroprotective, anti-inflammatory, and analgesic effects (Timur et al., 2020). However, diacerein's poor aqueous solubility and limited systemic bioavailability hinder its clinical utility (Fouad et al., 2021), resulting in variable therapeutic outcomes and gastrointestinal intolerance, including diarrhoea and abdominal discomfort (Zeng et al., 2023).

The rationale behind this study lies in the imperative to address the unmet clinical needs in OA management by developing a multiparticulate system of diacerein-loaded Eudragit beads. The drug has a short half-life, mandating frequent dosing. It is reported to have variable and incomplete oral absorption, leading to diarrhoea and urine of yellow-brown colouration. It also has a poor oral bioavailability of 35-56 %, which could be attributed to its low aqueous solubility of 3.197 mg/L (El-Laithy et al., 2015).

Considerable efforts have been documented in the scientific literature to address the challenges associated with DIN. For instance, conventional melting techniques have been employed to formulate surfactant-based solid dispersions of DIN (Patil et al., 2010). Furthermore, inclusion

complexes of DIN have been synthesized utilizing  $\beta$ -cyclodextrin and hydroxypropyl  $\beta$ -cyclodextrin via the kneading method (Batt & Garala, 2013). DIN-loaded solid lipid nanoparticles have been developed to enhance drug delivery using a modified high-shear homogenization and ultra-sonication approach (Jain et al., 2013). Additionally, niosomes and mixed niosomes have been utilized to encapsulate DIN as a model for poorly water-soluble drug molecules, employing various surfactant/cholesterol ratios (El-Say et al., 2016). Furthermore, DIN nanosuspensions have been fabricated through sonoprecipitation, followed by chitosan coating, within the same context of enhancing drug solubility and bioavailability (Allam et al., 2017).

Innovative formulation strategies are warranted to overcome these challenges and harness the therapeutic potential of diacerein. Among these, the development of multiparticulate systems offers a promising avenue for enhancing diacerein's solubility, stability, and efficacy in OA therapy. Encapsulating diacerein within Eudragit beads envisages that the multiparticulate system can facilitate sustained drug release, improve drug solubility, and enhance therapeutic efficacy, thereby overcoming the inherent limitations of diacerein administration, including poor solubility, variable absorption, and gastrointestinal side effects.

Extrusion spheronization, a widely employed pharmaceutical technique, provides a robust and scalable method for preparing spherical multiparticulate systems. Combining extrusion and spheronization processes can produce uniform spherical beads with controlled size and drug loading characteristics, ensuring reproducibility and consistency in formulation. This technique offers versatility in selecting excipients and process parameters, allowing for optimization of drug release kinetics and biopharmaceutical properties.

Furthermore, extrusion spheronization facilitates the production of spherical beads with precise control over size, shape, and drug loading, ensuring reproducibility and scalability of the formulation process (Muley et al., 2016). Through systematic characterization and evaluation, including *in vitro* dissolution studies, pharmacokinetic profiling, and preclinical efficacy assessments, this study aims to elucidate the potential of the multiparticulate system in enhancing the therapeutic outcomes of diacerein for OA treatment.

Thus, developing a multiparticulate system comprising diacerein-loaded Eudragit beads via extrusion spheronization represents a promising approach for managing OA. By addressing the challenges associated with diacerein administration, this innovative formulation strategy holds the potential to revolutionize the current landscape of OA therapy, offering improved efficacy, safety, and patient compliance.

## **2 Materials and methods**

For experimental purposes, Diacerein (DIN), an anthraquinone derivative, was acquired as a complimentary sample from IPCA Pharmaceuticals, Mumbai, India. Various excipients essential for formulation development were obtained, including Eudragit polymers (S-100, E-100, and RS-100), generously provided by Evonik Industries, India. Additionally, ethyl cellulose, microcrystalline cellulose, and polyvinylpyrrolidone K-30 (PVP K-30) were procured from Research Lab Fine Chem Industries, India. Furthermore, sodium lauryl sulphate and sodium hydroxide were sourced from the same supplier. Solvents such as dimethyl sulfoxide (DMSO), methanol, ethanol, dichloromethane, acetone, and hydrochloric acid were purchased from S.D. Fine Chemicals, Mumbai, India. Notably, all chemicals utilized in the

formulation were of analytical grade, ensuring their purity and suitability for pharmaceutical applications.

## **2.1 Preparation of DIN-loaded pellets**

### **2.1.1 Selection of the polymer**

The selection of polymers for the formulation of sustained-release pellets of diacerein (DIN) involved a systematic screening process. Hydroxypropyl methylcellulose (HPMC) K4M, ethyl cellulose (EC), and Eudragit S-100 (S-100), as well as various combinations thereof, were evaluated. The objective was to identify polymer combinations that would yield pellets with desirable organoleptic properties and achieve controlled in vitro drug release profiles (Kaur et al., 2020; Maboos et al., 2018; Mallipeddi et al., 2014).

### **2.1.2 Selection of the concentration of the wetting agent**

The concentration of sodium lauryl sulfate (SLS) was systematically varied throughout the pellet preparation process to investigate its influence on in vitro drug release kinetics. Different concentrations of SLS were incorporated into the pellet formulations, and the resultant pellets were subjected to in vitro dissolution testing to assess their drug release profiles.

### **2.1.3 Modified sieving/spheronization technique**

The extrusion/spheronization technique was employed for pellet preparation. Accurate weighing of the drug and other constituents was performed, followed by thorough mixing to create a dough utilizing water as the solvent. Subsequently, extrudes were formed using an extruder, and these extrudates were then placed onto the plate of the spheronizer, with the spheronizer speed set to 1000 rpm. After 2-3 minutes, the pellets were harvested and subjected to air drying, followed by tray drying below 50 °C for 20 minutes to ensure complete removal of the granulating fluid.

Significant material wastage occurred during the extrusion/spheronization process due to the material's adherence to the extruder. To mitigate such issues and optimize formulation yield, a slight modification was introduced solely in the extrusion step. The method was hence modified to sieving/spheronization. All ingredients were accurately weighed, and the dough was formed using water as the granulating liquid. The dough was then sieved to generate extrudates, which were subsequently subjected to spheronization at 1000 rpm for 2-3 minutes to yield spherical pellets.

This modified sieving and spheronization approach allowed for the preparation of a batch size ranging from 4 to 5 grams, thereby reducing excess material usage and consequent losses. Sieves of various sizes ranging from 8# to 36# were tried to give pellets with the desired size and highest yield. Notably, this method exhibited a yield of 95%, in contrast to the 50% yield observed with conventional extrusion. Subsequently, the percentage cumulative drug release from the prepared formulation was assessed. The final process used in the formulation of pellets is depicted in Figure 1.

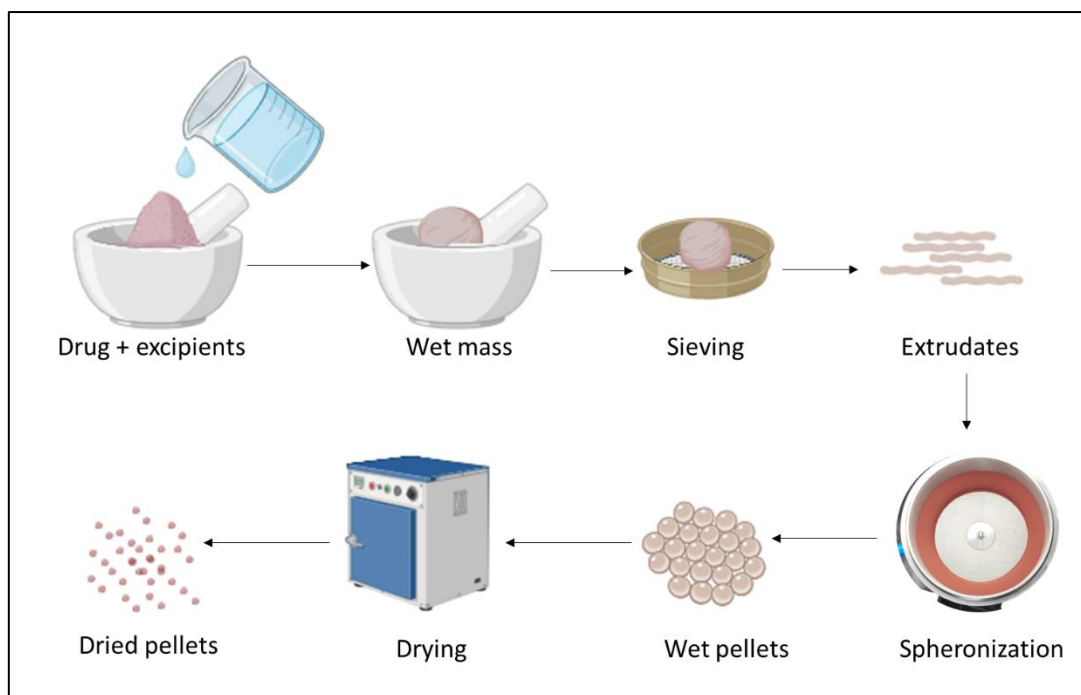


Figure 1: Steps in the fabrication of DIN-loaded pellets (Created with [BioRender.com](https://www.biorender.com))

## 2.2 Optimization of pellet formulation

The formulation was optimized employing a  $3^2$ -factorial design. The independent variables identified from earlier experimentation were the polymer and binder concentrations. The impact of these variables was studied using ANOVA on pellet strength and in vitro drug release. StatEase Design Expert software was used to construct the study design and analyze the data. The batch showing the best organoleptic characteristics with the highest drug release was scaled up for further evaluation. The procedure to assess the strength of the pellet and the in vitro drug release was given hereunder.

### 2.2.1 Crushing strength of the pellets

The strength of the pellets was assessed using a digital hardness meter (Dolphin, India). The results were expressed in Kg (Hiew et al., 2020).

### 2.2.2 In vitro drug release

The pellets' in vitro drug release profile was evaluated employing a USP dissolution apparatus type I, operating at 75 rpm. A phosphate buffer solution with a pH of 7.4, totalling 900 mL, served as the dissolution medium. Pellets equivalent to a single dose were utilized for the investigation. At hourly intervals over 12 hours, aliquots were withdrawn from the dissolution medium. These samples were subsequently filtered and suitably diluted, and their absorbance was measured using a UV-Vis spectrophotometer set to a wavelength of 257 nm.

## 2.3 Evaluation of pellets

### 2.3.1 Morphological characterization

Pellets were placed onto glass slides and covered with coverslips to evaluate pellet shape and size. The Motic microscope was then adjusted to the desired magnification settings. Pellets were systematically observed, focusing on size, shape, and surface characteristics. Representative images were captured using the Motic ImagePlus 2.0 software (Pande et al., 2019).

### 2.3.2 Assay

To assess entrapment efficiency, pellets were meticulously triturated and suspended in a minimal quantity of dimethyl sulfoxide (DMSO). Subsequently, the suspension underwent appropriate dilution with distilled water before being filtrated to isolate shell fragments. Drug estimation was performed utilizing a UV-Vis spectrophotometer set at a wavelength of 257 nm. The experiments were performed in triplicate, and the results are expressed as mean  $\pm$  standard deviation.

### 2.3.3 In vitro drug release profile and kinetics

The in vitro drug release of the pellets for 12 hours was studied using the procedure described earlier. The kinetics of drug release were determined using the curve-fitting approach (Bruschi, 2015).

## 3 Results and discussion

### 3.1 Preparation of DIN-loaded pellets

#### 3.1.1 Selection of the polymer

Hydroxypropyl methylcellulose (HPMC) K4M, ethyl cellulose (EC), and Eudragit S-100 (S-100) were chosen for evaluation due to their well-established track record in pharmaceutical formulations as sustained-release agents. Each polymer offers distinct characteristics that can influence drug release kinetics and pellet properties. HPMC K4M is known for its excellent film-forming properties and ability to modulate drug release through hydration and swelling mechanisms (Pan et al., 2023). Ethylcellulose, being a hydrophobic polymer, provides sustained release by forming a barrier that controls the diffusion of the drug (Wasilewska & Winnicka, 2019). Eudragit S-100, a pH-sensitive polymer, offers the advantage of targeted drug release in specific regions of the gastrointestinal tract (McCoubrey et al., 2023). The study sought to capitalize on their synergistic effects to optimize drug release kinetics and pellet properties by evaluating various combinations of these polymers. The choice of the polymer for the preparation of the pellets was based on the organoleptic characteristics of the pellets.

Table 1 gives the results of this study.

Trial number	Polymer or combination used	Drug:polymer ratio	Polymer:polymer ratio	Observation	%CR at the end of 12 hrs
F1	HPMC	2:1	--	Dough not formed	--
F2	HPMC	1:1	--	Brittle exudates formed	--
F3	HPMC	1:2	--	Sticky mass formed	--
F4	HPMC+EC	1:1	2:1	Sticky mass formed	--
F5	HPMC+EC	1:1	1:1	Pellets formed	44.61 %

F6	HPMC+EC	1:1	1:2	Pellets of good quality formed	23.74 %
F7	EC	2:1	--	Pellets formed with rough surfaces	--
F8	EC	1:1	--	Pellets formed	25.41 %
F9	EC	1:2	--	Pellets formed	12.48 %
F10	EC + Eudragit S-100	1:1	2:1	Pellets formed	42.56 %
F11	EC + Eudragit S-100	1:1	1:1	Pellets formed	47.23 %
F12	EC + Eudragit S-100	1:1	1:2	Pellets formed with rough surfaces	51.82 %
F13	Eudragit S-100	2:1	--	Pellets formed	53.97 %
F14	Eudragit S-100	1:1	--	Pellets formed	53.84 %
F15	Eudragit S-100	1:2	--	Pellets formed	54.97 %

The study aimed to optimize drug release kinetics and pellet properties by evaluating combinations of hydroxypropyl methylcellulose (HPMC) K4M, ethyl cellulose (EC), and Eudragit S-100 (S-100), well-established sustained-release agents in pharmaceutical formulations. HPMC, known for its film-forming properties and ability to modulate drug release through hydration and swelling, failed to form pellets efficiently in trials 1-3 due to issues like dough formation, brittle exudates, or sticky masses. Combining HPMC with EC (trials 4-6) improved pellet formation, with the 1:1 ratio yielding the best results, suggesting a synergistic effect between the two polymers. EC alone formed pellets with varying surface qualities depending on the ratio, indicating its influence on pellet morphology. Combining EC with S-100 (trials 10-12) produced pellets with improved drug release, with the 1:1 ratio showing the highest drug release percentage, indicative of the pH-sensitive nature of S-100 enhancing targeted drug release. S-100 alone showed excellent pellet formation irrespective of the ratio.

### 3.1.2 Selection of the concentration of the wetting agent

To enhance drug release from pellets, a wetting agent, sodium lauryl sulfate (SLS), was introduced to Batch F14 (Alshora et al., 2022). SLS concentrations of 1% and 2% by weight were employed. Results showed an increase in drug release to 66.67% and 67.22%, respectively, indicating the efficacy of SLS in improving drug release. However, the marginal difference between the two concentrations suggested that 1% SLS was optimal. Excessive SLS could potentially lead to micelle formation, which might hinder drug release by encapsulating the drug (Bahr et al., 2019). Thus, the study underscored the delicate balance required in wetting agent concentration to maximize drug release efficiency without inadvertently impeding it.

### 3.1.3 Modified sieving/spheronization technique

The study aimed to refine pellet preparation techniques to address challenges associated with material wastage and formulation yield optimization. Initially employing the extrusion/spheronization method, substantial material loss occurred due to adherence to the extruder, necessitating a shift to a sieving/spheronization approach. This modification involved meticulous ingredient weighing and dough formation utilizing water as a granulating solvent, followed by sieving to generate extrudates. These extrudates were then subjected to spheronization at 1000 rpm for 2-3 minutes, resulting in the formation of uniform, spherical pellets. Noteworthy was the efficiency of this method in accommodating batch sizes ranging from 4 to 5 grams, thereby minimizing material usage and associated losses. Experimentation with various sieve sizes, ranging from #8 to #36, revealed that sieve #22 consistently yielded pellets of optimal shape and size, demonstrating its suitability for the process. Despite achieving a significantly improved yield of 95% compared to the 50% obtained with extrusion, the drug release profile remained suboptimal (Theismann et al., 2019). Thus, while the modification in the pellet preparation technique proved beneficial in mitigating material wastage and improving yield, continued investigation and optimization are warranted to achieve the desired therapeutic outcomes.

### 3.2 Optimization of pellet formulation

The optimization of pellet formulation was conducted through nine trials based on the recommendations of DesignExpert® 13 software. Each trial varied in polymer proportion and binder concentration, with in vitro drug release and crushing strength serving as response variables. The details of the trials taken and the results obtained are shown in Table 1.

**Table 1: Details of the trials taken for the optimization of pellet formulation**

Trial number	Polymer proportion (%) [A]	Binder concentration (mg) [B]	In vitro drug release (%) [Y1]	Crushing strength (kg) [Y2]
O1	33.33	100	63.58	2.75
O2	50	50	67.29	2.08
O3	33.33	200	59.46	3.48
O4	50	100	64.58	3.45
O5	50	200	55.98	6.48
O6	66.66	100	43.68	6.28



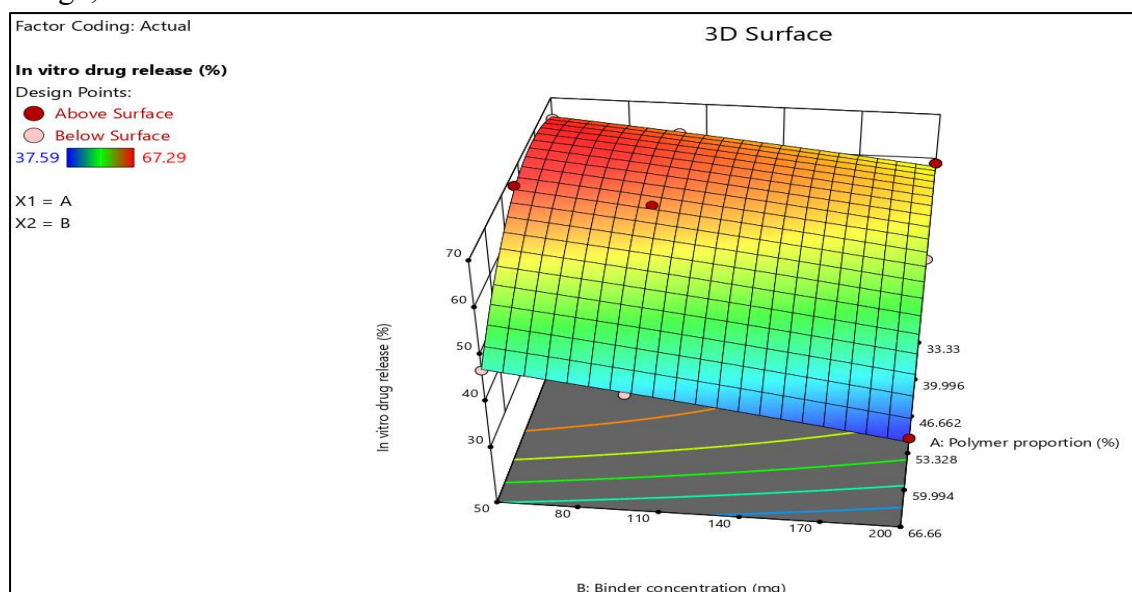
O7	66.66	200	37.59	8.25
O8	33.33	50	65.48	1.25
O9	66.66	50	47.26	5.17

Analysis of variance (ANOVA) revealed that crushing strength adhered to a 2FI model with a p-value of 0.0011, exhibiting adjusted and predicted R<sup>2</sup> values of 0.9210 and 0.8339, respectively. Conversely, in vitro drug release conformed to a quadratic model with a significant p-value of 0.0015, showing adjusted and predicted R<sup>2</sup> values of 0.9843 and 0.9131, respectively. The coded equations for both responses were derived as follows: Crushing strength = 4.53 + 2.064A + 1.59B + 0.248AB, and In vitro drug release = 62.33 - 10.09A - 4.49B - 0.88AB - 9.77A<sup>2</sup> - 0.30B<sup>2</sup>. Subsequently, 97 solutions were generated by the software to identify batches optimizing both in vitro drug release and crushing strength (within 2.5 to 4 kg). The first solution was scaled up, predicting a drug release of 68.146% and a crushing strength of 2.510 kg. Remarkably, the scaled-up batch demonstrated a release of 69.57 ± 3.56% and a crushing strength of 2.5 ± 0.2 kg, affirming the validity of the optimization parameters, experimental design, and resultant outcomes. The surface response plots for both responses have been shown in Figures 2 and 3. The final equation in the coded form for both responses was:

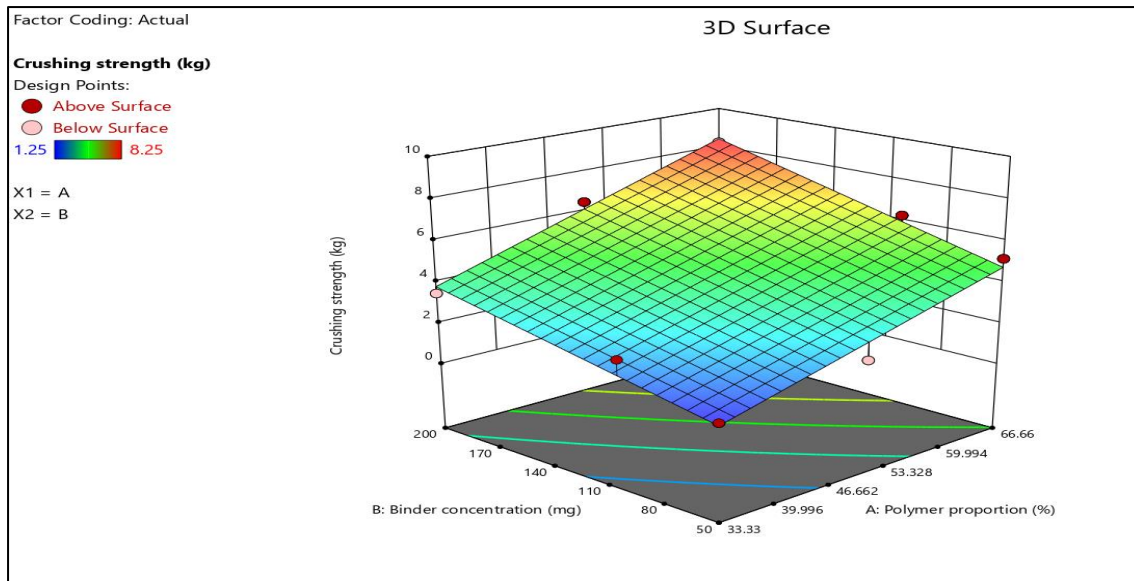
$$\text{Crushing strength} = 4.53 + 2.064A + 1.59B + 0.248AB$$

$$\text{In vitro drug release} = 62.33 - 10.09A - 4.49B - 0.88AB - 9.77A^2 - 0.30B^2$$

Out of the 97 solutions generated by the software to optimize in vitro drug release while maintaining a crushing strength between 2.5 to 4 kg, the first solution was selected for scaling up. This solution was anticipated to exhibit a drug release of 68.146% alongside a crushing strength of 2.510 kg. Upon scaling up, the batch indeed demonstrated a drug release of 69.57 ± 3.56% and a crushing strength of 2.5 ± 0.2 kg. The remarkable proximity between predicted and observed results lends credibility to the selection of optimization parameters, experimental design, and the outcomes achieved.



**Figure 2: 3D surface response plot for in vitro drug release (Y1)**

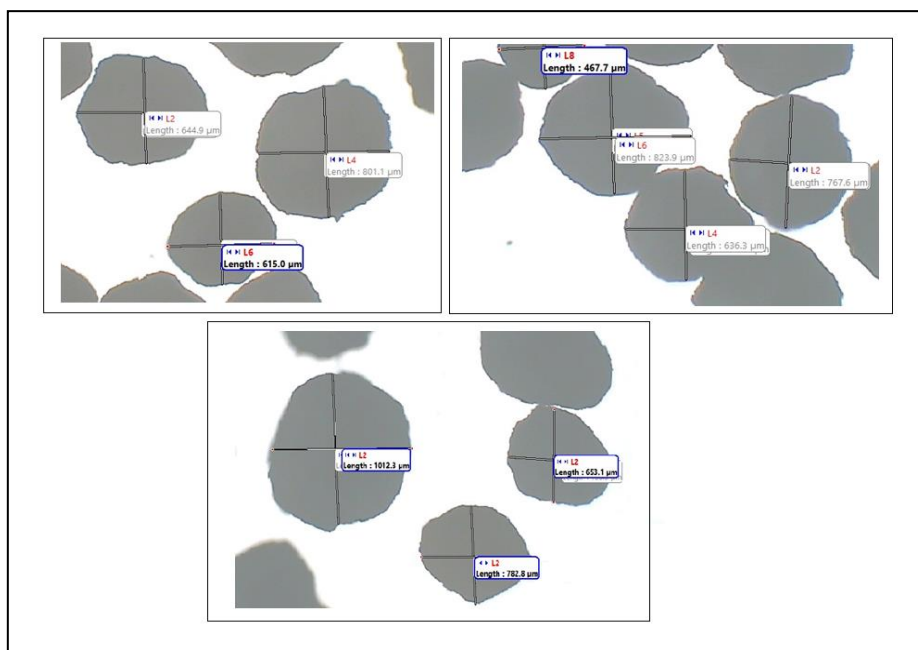


**Figure 3: 3D surface response plot for crushing strength (Y2)**

### 3.3 Evaluation of pellets

#### 3.3.1 Morphological characterization

The morphological characterization of the pellets was conducted using Motic microscopy, with particle size analysis facilitated by Motic Images Plus 2.0 software. The examination revealed a mean particle size ranging from 600  $\mu\text{m}$  to 900  $\mu\text{m}$  for the pellets. This size range indicates uniformity in particle dimensions, suggesting consistency in the pellet manufacturing process. The representative image displayed in Figure 4 provides visual insight into the morphology of the pellets, illustrating their size and shape. The uniformity in particle size is essential for ensuring consistent drug release kinetics and dosing accuracy in pharmaceutical formulations. These results affirm the suitability of the pellet manufacturing process and highlight its potential for producing pellets with desired morphological attributes for pharmaceutical applications.



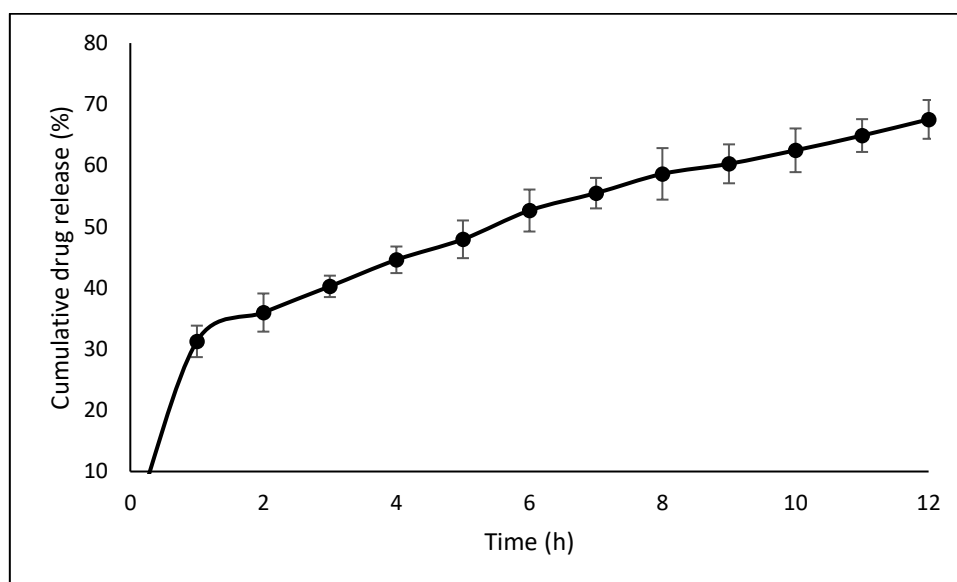
**Figure 4: Motic microscope scans of the scaled-up batch**

### 3.3.2 Assay

In this study, the assay of the scaled-up batch of pellets yielded a value of  $97.62 \pm 2.17$  %. This result indicates the high level of drug content within the pellets, reflecting their efficacy in encapsulating and retaining the active pharmaceutical ingredient.

### 3.3.3 In vitro drug release profile and kinetics

The pellets were engineered with the specific objective of achieving biphasic drug release, characterized by an initial 30% release within the first hour, followed by a gradual release over the subsequent 11 hours. This intended release profile was successfully attained, wherein the initial burst release was attributed to the drug present on the pellet surface, while the entrapped drug exhibited a sustained release pattern over the extended duration. The release data underwent fitting to various kinetic models to elucidate the underlying mechanism of drug release. The selection of the most suitable model was predicated on the coefficient of correlation ( $R^2$ ) values, with the highest  $R^2$  value deemed indicative of the most appropriate model. Notably, the  $R^2$  values obtained for the curve-fitting process were 0.9859 (Korsmeyer-Peppas model), 0.9967 (Higuchi square root model), 0.7908 (zero-order model), and 0.9421 (first-order model). Given the proximity of the  $R^2$  value of the Higuchi square root model to unity, it was concluded as the optimal model for elucidating the drug release kinetics. This observation suggests that the drug release from the insoluble polymer matrix adheres to Fickian diffusion kinetics, wherein the release process is intricately linked to the square root of time (Mircioiu et al., 2019). Figure 5 gives the in vitro drug release profile of the drug from the scaled-up batch of the optimised pellets.



**Figure 5: In vitro drug release of diacerein from the optimized pellets**

## 4 Conclusion

In conclusion, the development of multiparticulate systems encapsulating diacerein within Eudragit beads via extrusion spherization represents a promising advancement in osteoarthritis (OA) therapy. Through meticulous polymer selection, formulation optimization, and characterization, this study has demonstrated the feasibility and efficacy of the proposed

multiparticulate system in enhancing diacerein's solubility, stability, and therapeutic efficacy for OA management. The transition from extrusion/spheronization to sieving/spheronization techniques significantly reduced material wastage, improved formulation yield, and ensured the production of uniform, spherical pellets with enhanced drug release properties. Furthermore, optimization through DesignExpert® software facilitated the identification of formulation parameters conducive to achieving desired drug release kinetics and mechanical properties. The successful scaling up of the optimized batch validated the efficacy of the optimization approach, highlighting the potential of multiparticulate systems as a promising strategy for optimizing diacerein delivery in OA therapy, with future research avenues focusing on additional formulation refinements and preclinical efficacy assessments.

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