Development and Optimization of Quinapril Fast Dissolving Oral Films

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ABSTRACT
In current investigation an attempt has been made to formulate and evaluate Quinapril mouth dissolving films using HPMC 50cps, E5, E15 and in combination of Pullulan by Solvent evaporation method. Sodium starch glycolate acts as a super disintegrating agent and it is shown that as the concentration of the super disintegrates increases the disintegration time decreases. The films were evaluated for weight variation, surface pH, folding endurance, drug content, dissolving time, disintegration time, and in-vitro dissolution studies. Based on the evaluation parameters F17 was to be optimized formulation. The optimized film (F17) showed the more drug release i.e. 99.40 ± 5.30% within 7 min, lowest in vitro disintegration time 10 sec. FTIR studies proved no drug polymer interaction takes place. These results revealed that fast dissolving films of Quinapril could be formulated for quick onset of action which is required in the efficient management of hypertension.

Keywords: Quinapril, Mouth dissolving films, HPMC, Pullulan, Hypertension.

INTRODUCTION
The oral route is one of the oldest routes which are used for conventional and novel drug delivery. The main reason for this route being the highly preferred is ease of administration. FDFs, a new drug delivery system for the oral delivery of the drugs, was developed in late 1970’s based on the technology of the transdermal patch. These were developed as an alternative to tablets, capsules, and syrups for pediatric and geriatric patients who experience difficulties in swallowing traditional oral solid-dosage forms. [1] Some problems are associated with the OFDF like they are sometime difficult to carry, storing and handling (friability and fragility), these are prepared using the expensive lyophilisation method. [2-3] To overcome these problems oral films were developed, which are very popular now a days. The concept of oral film was come from confectionary industry. [4-5] Orally fast-dissolving film rapidly disintegrates and dissolves to release the medication for oromucosal and intrastragastric absorption. [6]
Quinapril HCl (marketed under the brand name Accupril by Pfizer) is an angiotensin-converting enzyme inhibitor (ACE inhibitor) used in the treatment of hypertension and congestive heart failure. Due to reduced angiotensin production, plasma concentrations of aldosterone are also reduced, resulting in increased excretion of sodium in the urine and increased concentrations of potassium in the blood. Quinapril HCl is indicated for the treatment of high blood pressure (hypertension) and as adjunctive therapy in the management of heart failure. It may be used for the treatment of hypertension by itself or in combination with thiazide diuretics, and with diuretics and digoxin for heart failure. Quinapril HCl has short half-life 2 hour. [7] The objective of present study is to develop mouth dissolving films of Quinapril for better patient compliance and to provide effective mode of treatment to the impaired and non-cooperative patients suffering from hypertension.

MATERIALS AND METHODS

Materials

Quinapril was obtained as a gift sample from Aurobindo Pharmaceuticals, Hyderabad. HPMC 50CPS, HPMC E5, HPMC E15, SSG and Pullulan procured from MSN Labs Ltd, Hyderabad, propylene glycol, citric acid, menthol procured from S.D. Fine chemicals, Mumbai.

Methods

Preparation of Quinapril oral films

It was aimed to prepare fast dissolving oral films Quinapril with the dose of 10 mg per 4 cm² film. Film forming polymers like HPMC 50CPS, HPMC E5, HPMC E15 and Pullulan were weighed accurately, added to a small amount of water in a small beaker, covered with an aluminium foil and soaked for 24 hours to ensure complete hydration. Then, PG was added and stirring was continued for 30 minutes at 50 rpm. Quinapril, Sucralose, citric acid and menthol were dissolved in sufficient quantity of water and added to the polymer mixture. This film forming solution was then stirred well to obtain a homogenous solution. Dry and clean Petridish was selected and the solution was poured into it. Drying was carried out at 45°C in a hot air oven for 6 hours. The Petridish was then removed and left aside to cool down to room temperature. The film was then peeled carefully using surgical scalpel by making a small incision in the film on one side of the Petridish. Small films of 4 cm² were cut from one big film and packed primarily in aluminium foil and secondarily in a self-sealing polythene bag to ensure least moisture penetration and the resulting films were evaluated. The composition of Quinapril fast dissolving oral films with different HPMC grades and pullulan are shown in Table 1, 2 & 3.

Evaluation of quinapril fast dissolving oral films

Physical characterization of FDOFs

Physical characterization of FDOFs can be carried out by visual inspection for characteristics such as colour, thickness, brittleness, peeling ability, transparency, surface smoothness, tack property and film forming capacity. The prepared films were subjected for in vitro evaluation tests like Thickness, Folding Endurance, Surface pH, Morphological properties, Moisture content, % Drug content and content uniformity, Tensile strength, Percent elongation, In vitro Disintegration time, In vitro Dissolution studies and in vitro studies on rabbits.

Surface pH

Either highly acidic or highly basic pH of MDF would cause discomfort on administration. To know the surface pH of the film, the film was placed in a Petri dish and was moistened with 0.5 mL of distilled water and kept for 30 sec. The surface pH was measured by means of pH paper placed on the surface of the swollen films. The average of 3 determinations for each formulation was found out. [8]

Weight variation and thickness

Each film was individually weighed on analytical balance and average weight of 3 films was found. A large difference in weight denotes the non-uniform distribution of drug in the film. [9] The film thickness was measured using Digital Vernier calliper (Mitutoyo) at six different places and the average value was calculated. [10]

Folding endurance

The folding endurance was determined by repeatedly folding one film at the same place till it broke or folded up to 300 times, which is considered satisfactory to reveal good film properties. The number of times the film could be folded at the same place without breaking yields the value of the folding endurance. [11]

% Drug content & Drug content uniformity

Three films (4 cm² of each) were transferred in to separate graduated flasks containing 100 mL of 0.1 N HCl (pH 1.2) and continuously stirred for 2 hrs. The solutions were filtered, suitably diluted and analysed at 259 nm and the drug content was calculated. [12]

Percent Elongation

This mechanical property was evaluated using the Instron universal testing instrument (Model F. 4026, Instron Ltd., Japan) with a 5 kg load cell. The percentage increase in the length of a film (L₂) when it is pulled under standard conditions of stress just before the point of break is known as percent elongation. The initial length of a film is L₁, the increase in length is (L₂ - L₁). It is measured in terms of percentage. Percent elongation and tensile strength was carried for only 4 best formulations. [13]

\[
\text{Tensile strength} = \frac{(L₂ - L₁) \times 100}{L₁ \times \text{Cross sectional area}}
\]

Tensile strength

Tensile strength is the maximum stress applied to a point at which the strip specimen breaks. Film strip of dimension 2 × 2 cm² and free from air bubbles or physical imperfections was held between two clamps
positioned at 3 cm apart. A cardboard was attached on the surface of the clamp via a double sided tape to prevent the film from being cut by the grooves of the clamp. During measurement, the strips were pulled at the bottom clamp by adding weights in pan till the film breaks. The force was measured when the films broke. It is calculated by the applied load at rupture divided by the cross-sectional area of the strip as given in the equation below.\[^{[14]}\]

\[
\text{Tensile strength} = \frac{\text{Load at Failure}}{\text{Strip thickness} \times \text{Strip Width}}
\]

**In vitro disintegration studies**

Test was performed using disintegration test apparatus. 4 cm\(^2\) film was placed in the basket, raised and lowered it in such a manner that the complete up and down movement at a rate equivalent to thirty times a minute. Time required by the film, when no traces of film remain above the gauze was noted.\[^{[15]}\]

**In vitro dissolution studies**

The in-vitro dissolution studies were conducted using 900 ml of 0.1 N HCl (pH 1.2). The dissolution studies were carried out using USP dissolution apparatus XXIV (Electrolab, Mumbai, India) at 37± 0.5°C and at 50 rpm using specified dissolution media. Each film with dimension (2 x 2 cm\(^2\)) was placed on a stainless-steel wire mesh with sieve opening 700μm. The film sample placed on the sieve was submerged into dissolution media. Aliquots (5 ml) of the dissolution medium were withdrawn at regular time intervals and the same amount was replaced with the fresh medium and filtered through 0.45μm Whatman filter paper and was analyzed spectrophotometrically at 259 nm. To maintain the volume, an equal volume of fresh dissolution medium maintained at same temperature was added after withdrawing samples. The absorbance values were converted to concentration using standard calibration curve previously obtained by experiment. The dissolution testing studies were performed in triplicate for all the batches.\[^{[16]}\]

**Moisture Content**

The patches were weighed and kept in a desiccators containing calcium chloride at 40°C for 24 h. The final weight was noted when there was no further change in the weight of patch. The percentage of moisture content was calculated as a difference between initial and final weight with respect to initial weight.\[^{[17]}\]

**Drug Excipients Compatibility Studies**

The drug excipients compatibility studies were carried out by Fourier Transmission Infrared Spectroscopy (FTIR) method.\[^{[18]}\]

**Fourier Transform Infrared Spectroscopy (FTIR)**

FTIR spectra for pure drug, physical mixture and optimized formulations were recorded using a Fourier transform Infrared spectrophotometer. The analysis was carried out in Shimadzu-IR Affinity 1 Spectrophotometer. The IR spectrum of the samples was prepared using KBr (spectroscopic grade) disks by means of hydraulic pellet press at pressure of seven to ten tons.

**SEM studies**

The surface characteristics of film were determined by scanning electron microscopy (SEM) (HITACHI, S-3700N). Photographs were taken and recorded at suitable magnification.

**Stability studies**

The stability study of the optimized fast-dissolving films was carried out under different conditions according to ICH guidelines. The film was packed in the aluminium foil and stored in a stability chamber for stability studies. Accelerated Stability studies were carried out at 40°C / 75% RH for the best formulations for 6 months. The patches were characterized for the drug content and other parameters during the stability study period.

**RESULTS AND DISCUSSION**

**Preparation of Quinapril oral films**

It was aimed to prepare fast dissolving oral films of Quinapril with the dose of 10 mg per 4 cm\(^2\) film. Total 18 formulations were prepared using three different polymers, HPMC 50 CPS, HPMC E5, HPMC E15 and maltodextrin, the resulting films were shown in Figure 1.

**Physical Characterization of films**

The films were evenly colored and no migration of color was observed. The increased thickness of film is

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![Preparation of Quinapril Films](image1)

![In vitro disintegrating time of all Formulations F1-F18](image2)

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**Fig. 1: Preparation of Quinapril Films**

**Fig. 2: In vitro disintegrating time of all Formulations F1-F18**
attributed to the increase in the amount of HPMC 50CPS, E5, E15 and blend of polymers. All formulations were found to be excellent in film forming property, non-tacky, thin, flexible and easy to peel. The films obtained from all the formulations had smooth surface on either side.

Evaluation of fast dissolving oral films of Quinapril

Weight variation, transparency and thickness of all the formulations were found to be within the limits and results were depicted in Table 4. Formulation F17 was found to be optimized one on the basis of evaluation parameters. Drug content, moisture content, folding endurance and pH was found to be within the limits and the results are summarized in Table 5.

In vitro disintegration studies

The disintegration time of all the formulations was ranges from 10 to 17 sec. The disintegration time of optimized formulation (F17) was found to be 10 sec, which was very less and desirable for quick onset of action (Table 4).

Tensile strength and Percent Elongation

The tensile testing gives an indication of the strength and elasticity of the film, reflected by the parameters, tensile strength and elongation at break. Results revealed that optimized formulation (F17) showed better tensile strength (11.9 g/cm²) and moderate % elongation (9.8) (Table 6).

<table>
<thead>
<tr>
<th>Formulation Code</th>
<th>Weight (mg)</th>
<th>Transparecy</th>
<th>Thickness (mm)</th>
<th>Disintegration time (sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>23 ± 0.56</td>
<td>Clear</td>
<td>0.23 ± 0.04</td>
<td>15 ± 0.74</td>
</tr>
<tr>
<td>F2</td>
<td>24 ± 0.94</td>
<td>Clear</td>
<td>0.26 ± 0.19</td>
<td>18 ± 0.81</td>
</tr>
<tr>
<td>F3</td>
<td>21 ± 0.47</td>
<td>Clear</td>
<td>0.23 ± 0.06</td>
<td>14 ± 0.74</td>
</tr>
<tr>
<td>F4</td>
<td>22 ± 0.34</td>
<td>Clear</td>
<td>0.257 ± 0.19</td>
<td>17 ± 0.81</td>
</tr>
<tr>
<td>F5</td>
<td>25 ± 0.22</td>
<td>Clear</td>
<td>0.240 ± 0.09</td>
<td>18 ± 0.81</td>
</tr>
<tr>
<td>F6</td>
<td>23 ± 0.51</td>
<td>Clear</td>
<td>0.268 ± 0.18</td>
<td>15 ± 0.74</td>
</tr>
<tr>
<td>F7</td>
<td>21 ± 0.47</td>
<td>Clear</td>
<td>0.249 ± 0.15</td>
<td>13 ± 0.72</td>
</tr>
<tr>
<td>F8</td>
<td>22 ± 0.59</td>
<td>Clear</td>
<td>0.254 ± 0.06</td>
<td>14 ± 0.74</td>
</tr>
<tr>
<td>F9</td>
<td>24 ± 0.94</td>
<td>Clear</td>
<td>0.216 ± 0.07</td>
<td>15 ± 0.74</td>
</tr>
<tr>
<td>F10</td>
<td>25 ± 0.22</td>
<td>Clear</td>
<td>0.238 ± 0.07</td>
<td>18 ± 0.81</td>
</tr>
<tr>
<td>F11</td>
<td>23 ± 0.44</td>
<td>Clear</td>
<td>0.242 ± 0.09</td>
<td>13 ± 0.72</td>
</tr>
<tr>
<td>F12</td>
<td>22 ± 0.59</td>
<td>Clear</td>
<td>0.265 ± 0.19</td>
<td>16 ± 0.75</td>
</tr>
<tr>
<td>F13</td>
<td>25 ± 0.64</td>
<td>Clear</td>
<td>0.237 ± 0.04</td>
<td>15 ± 0.74</td>
</tr>
<tr>
<td>F14</td>
<td>21 ± 0.47</td>
<td>Clear</td>
<td>0.238 ± 0.04</td>
<td>16 ± 0.75</td>
</tr>
<tr>
<td>F15</td>
<td>23 ± 0.44</td>
<td>Clear</td>
<td>0.255 ± 0.06</td>
<td>14 ± 0.74</td>
</tr>
<tr>
<td>F16</td>
<td>24 ± 0.94</td>
<td>Clear</td>
<td>0.245 ± 0.06</td>
<td>18 ± 0.81</td>
</tr>
<tr>
<td>F17</td>
<td>20 ± 0.30</td>
<td>Clear</td>
<td>0.248 ± 0.13</td>
<td>10 ± 0.67</td>
</tr>
<tr>
<td>F18</td>
<td>22 ± 0.34</td>
<td>Clear</td>
<td>0.251 ± 0.06</td>
<td>12 ± 0.70</td>
</tr>
</tbody>
</table>

Values are expressed in mean± SD (n=3)

Table 4: Evaluation parameters of Quinapril mouth dissolving films

<table>
<thead>
<tr>
<th>Formulation Code</th>
<th>Drug Content (%)</th>
<th>Moisture content (%)</th>
<th>Folding Endurance (count)</th>
<th>Surface pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>97.68 ± 0.62</td>
<td>4.50 ± 0.38</td>
<td>110 ± 2</td>
<td>6.74 ± 0.3</td>
</tr>
<tr>
<td>F2</td>
<td>96.61 ± 0.60</td>
<td>4.32 ± 0.29</td>
<td>104 ± 2</td>
<td>6.66 ± 0.4</td>
</tr>
<tr>
<td>F3</td>
<td>95.45 ± 0.58</td>
<td>4.29 ± 0.24</td>
<td>103 ± 3</td>
<td>6.78 ± 0.4</td>
</tr>
<tr>
<td>F4</td>
<td>92.18 ± 0.50</td>
<td>3.99 ± 0.68</td>
<td>99 ± 1</td>
<td>6.81 ± 0.4</td>
</tr>
<tr>
<td>F5</td>
<td>93.67 ± 0.52</td>
<td>3.19 ± 0.10</td>
<td>101 ± 2</td>
<td>6.85 ± 0.6</td>
</tr>
<tr>
<td>F6</td>
<td>92.61 ± 0.50</td>
<td>4.12 ± 0.20</td>
<td>98 ± 1</td>
<td>6.66 ± 0.3</td>
</tr>
<tr>
<td>F7</td>
<td>91.22 ± 0.49</td>
<td>3.88 ± 0.68</td>
<td>101 ± 2</td>
<td>6.79 ± 0.4</td>
</tr>
<tr>
<td>F8</td>
<td>96.13 ± 0.60</td>
<td>4.64 ± 0.48</td>
<td>104 ± 3</td>
<td>6.35 ± 0.3</td>
</tr>
<tr>
<td>F9</td>
<td>97.14 ± 0.62</td>
<td>4.48 ± 0.35</td>
<td>107 ± 1</td>
<td>6.48 ± 0.4</td>
</tr>
<tr>
<td>F10</td>
<td>96.54 ± 0.60</td>
<td>3.01 ± 0.09</td>
<td>110 ± 2</td>
<td>6.55 ± 0.4</td>
</tr>
<tr>
<td>F11</td>
<td>95.54 ± 0.58</td>
<td>4.20 ± 0.24</td>
<td>108 ± 1</td>
<td>6.58 ± 0.4</td>
</tr>
<tr>
<td>F12</td>
<td>97.32 ± 0.62</td>
<td>3.42 ± 0.30</td>
<td>111 ± 2</td>
<td>6.69 ± 0.4</td>
</tr>
<tr>
<td>F13</td>
<td>95.42 ± 0.58</td>
<td>3.85 ± 0.54</td>
<td>115 ± 2</td>
<td>6.72 ± 0.3</td>
</tr>
<tr>
<td>F14</td>
<td>97.64 ± 0.60</td>
<td>3.39 ± 0.68</td>
<td>101 ± 2</td>
<td>6.78 ± 0.4</td>
</tr>
<tr>
<td>F15</td>
<td>96.14 ± 0.60</td>
<td>4.01 ± 0.09</td>
<td>104 ± 1</td>
<td>6.60 ± 0.3</td>
</tr>
<tr>
<td>F16</td>
<td>92.14 ± 0.50</td>
<td>4.29 ± 0.24</td>
<td>110 ± 2</td>
<td>6.74 ± 0.3</td>
</tr>
<tr>
<td>F17</td>
<td>98.13 ± 0.69</td>
<td>4.20 ± 0.24</td>
<td>122 ± 4</td>
<td>6.91 ± 0.2</td>
</tr>
<tr>
<td>F18</td>
<td>93.67 ± 0.52</td>
<td>4.66 ± 0.50</td>
<td>109 ± 2</td>
<td>6.81 ± 0.2</td>
</tr>
</tbody>
</table>

Values are expressed in mean± SD (n=3)

Table 5: Evaluation parameters of Quinapril mouth dissolving films

In vitro disintegration study of formulation batches F1 to F18

The cumulative % drug release for the formulations F1 to F18 are graphically shown in Figure 3-5. The graphs are depicted in Figure. The optimized formulation (F17) shows fast and highest Percent of drug release 99.10 ±
4.32 by the end of 7 min when compared with marketed product of 81.32 within 10 min. **Drug excipients compatibility studies by FTIR**

FTIR spectrum for pure drug indicated characteristics peaks belonging to measure functional groups such principal peaks at wave numbers 2922.59 cm⁻¹, 1058.73 cm⁻¹. The major FTIR peaks observed in were 2922.59 cm⁻¹ (2850 cm⁻¹- 3000 cm⁻¹) (C-H), 3420.14 cm⁻¹ (3300 cm⁻¹-3500 cm⁻¹) (N-H), 1058.73 cm⁻¹ (1000 cm⁻¹-1300 cm⁻¹) (C-O). The presence of characteristic absorption bands of Quinapril pure drug (Figure 6) and the optimized film containing Quinapril (Figure 7) suggest that there is no interaction takes place between the drug and excipients used in the formulation.

**SEM of Quinapril mouth dissolving film** shows the rough and uneven surface with circular pits with the absence of particles suggesting the presence of the drug in dissolved state in the polymer HPMC. They further ensure the loss of crystallinity when formulated as a film comprising amorphous HPMC (Figure 8).

**FTIR Spectroscopy of Quinapril Pure Drug**

**Fig. 6:** FTIR Spectroscopy of Quinapril Pure Drug

**Fig. 7:** FTIR Spectroscopy of Quinapril optimized mouth dissolving film (F17)
Stability Studies for optimized formulation

Optimized formulation (F17) was selected for stability studies on the basis of high cumulative % drug release. Disintegrating time, drug content and In vitro drug release studies were performed for 6 months according to ICH guidelines. From these results it was concluded that, optimized formulation F17 is stable and retained their original properties with minor differences which depicted in the Table 7. Based on the encouraging results, the fast-dissolving films of Quinapril can be considered suitable for the treatment of Hypertension. Quinapril mouth dissolving films using HPMC 50cps, E5, E15 and in combination of Pullulan was prepared by Solvent evaporation method. Sodium starch glycolate acts as a super disintegrating agent and it is shown that as the concentration of the super disintegrates increases the disintegration time decreases. The films were evaluated for weight variation, surface pH, folding endurance, drug content, dissolving time, disintegration time, and in-vitro dissolution studies. Based on the evaluation parameters F17 was to be optimized formulation. The optimized film (F17) showed the more drug release i.e. 99.40 ± 5.30% within 7 min, lowest in vitro disintegration time 10 sec. FTIR studies proved no drug polymer interaction takes place. These results revealed that fast dissolving films of Quinapril could be formulated for quick onset of action which is required in the efficient management of hypertension. The prepared strips seem to be an attractive alternative to conventional marketed formulations.

REFERENCES