# Formulation and Evaluation of Gliclazide Immediate Release and Metformin Sustain Release Bilayer Tablet

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#### ABSTRACT

The aim of the present work is to formulate and evaluate a bilaver tablet (BT) of Metformin HCl as Sustained release and Gliclazide as Immediate release (IR). The polymer used in sustained release is HMPC K100M and the super disintegrant used in immediate release in proportion of Gum Karaya & Croscarmellose sodium by Direct compression method. The Preformulation studied, Bulk density, Tapped density, Housner's ratio, Carr's index, Angle of repose and UV of Metformin HCl and Gliclazide is performed. In this study, a bilayer tablet containing gliclazide in IRL and metformin in SRL was made using the direct compression method, with the goal of making the formulations IRL as small as possible. Will release gliclazide as soon as possible to combat postprandial hyperglycaemic level, followed by steady-state plasma glucose management by Metformin with a long-term release. The hardness of the different formulations ranged from 7.5-8.5 kg/cm. All the formulations exhibited less than 1% friability. The drug content analysis of Metformin and Gliclazide in all formulations was found within the I P limits  $(\pm 5\%)$  which indicate that the drug was uniformly distributed in the tablets. The invitro dissolution study was performed for layer I (Metformin) up to 12 hrs (after every 1hour intervals) and for layer II (Gliclazide) up to 40 min (after every 5 min interval). The bilayer tablet contributing initial loading dose and dissolves rapidly, the remainder of the drug in the extended release was constant rate till the end of the dissolution process. The DSC & I.R spectra proved that there was no interaction between the polymer/ excipients and Metformin, Gliclazide. The stability study of Formulation F4 showed after three months that there was no degradation and the drug was stable under accelerated and real time stability conditions.

**KEYWORDS:** Bilayer tablet, Immediate release layer, Sustain release layer

# 1. INTRODUCTION

The goal of any delivery system is to provide a therapeutic amount of drug to proper site in the body to achieve promptly and then maintain a desired drug concentration. Oral drug administration has been the predominant route for drug delivery; numerous oral delivery systems have been developed to act as drug reservoirs from which the active substance can be released over a defined period of time at a predetermined and controlled rate. <sup>[1]</sup> The Metformin is used as an antidiabetic in treatment of diabetes mellitus. Due to short half- life Metformin requires frequent administration so to avoid this there is

*How to cite this paper:* Gajanan Ramasane | Sujit Kakade | Ashok Bhosale "Formulation and Evaluation of

Gliclazide Immediate Release and Metformin Sustain Release Bilayer Tablet" Published in International Journal of Trend in



Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-5, August 2022, pp.19-31, URL: www.ijtsrd.com/papers/ijtsrd50372.pdf

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International Journal of Trend in Scientific Research



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requirement of two layers of immediate as well as sustained action of drug so bilayer tablet can deliver the drugs in both manners.

The present research is based on formulation of bilayer tablet of Gliclazide and Metformin by using different polymers for sustained released action and various concentration of super disintegrants for immediate released action. Bi-layer tablet is suitable for sequential release of two drugs together, separate two incompatible substances and also for sustained release tablet during which one layer is immediate release as initial dose and second layer is maintenance dose.

The primary objective of Bilayer tablet system is to make sure safety and to enhance efficacy of medicine also as patient compliance.

# 2. Materials and Methods Materials: -

Metformin HCl and Gliclazide were purchased from Arti distributor, Mumbai, India and Gum Karaya, HPMC K100M purchased from Research lab Fine chem. Industries, Mumbai. Similarly Starch, Micro crystalline cellulose, Croscarmellose, Magnesium stearate and were obtained from pharmaceutical department.

# Methods

#### DSC

Differential scanning calorimetry is the thermoanalytical techniques. Heat input or output of a sample was measured with the help of calorimeter. DSC thermograms of Metformin HCl and Gliclazide were established by analysing the drug. The drug component was placed in an aluminium pan and subjected to DSC instrument (METTLER, STARESW 12.10.) Indium was used as reference standard. During heating the sample from 250°C to 300°C at a rate of 10°C/ min the DSC spectrum were recorded.

# FTIR

Fourier Transform Infrared Spectroscopy was carried out for solid samples to identify the presence of various functional groups present in drug. The samples were prepared by the potassium bromide disc method. Powders (20mg drug in 280mg KBr) were triturated in agate mortar and pestle to produce fine and uniform mixture. Prepared sample disc was placed in a sample holder and transferred to sample compartment. Samples were scanned in the region of 4000-400 cm-<sup>1</sup> using a Bruker FTIR spectrometer and it was compared with standard.

# 3. Formulation of Sustained Release Tablet Metformin

The sustained release tablets were formulated by direct compression method. Polymers such as HPMC-K100M, with addition of Microcrystalline cellulose, Starch are used. Total 4 batches (SR1 to SR4) were prepared by varying the concentration of HPMC-K100M. Magnesium Stearate was used to improve flow property and provide lubrication during compression of tablets by adding Starch a filler.

Ingredients (mg per tablet)	SR1	SR2	SR3	SR4
Metformin HCl	500	500	500	500
HPMC-K100Mesearc	80	90	100	110
Microcrystalline cellulose	<b>93</b>	83	73	63
Magnesium Stearate	770	7	77	7
Starch	20	20	20	20
Total Weight	700	700	700	700

# Table No 1: - Formulation of sustained released tablet by direct compression method with different drug: polymer ratios.

# 4. FORMULATION OF IMMEDIATE RELEASE TABLET OF GLICLAZIDE.

The Second layer of bilayer tablet is immediate layer, which provides initial loading for Gliclazide. Superdisintegrants were added to get faster disintegration and ultimately faster dissolution of Gliclazide so two superdisintigrants Gum karaya, Croscarmellose Sodium in different ratios (2%, 4% Conc.) were taken for tableting. Total four formulations (IR1 – IR4) were prepared.

Ingredients (mg per tablet)	IR1	IR2	IR3	IR4
Gliclazide	80	80	80	80
Gum Karaya	5	6	7	8
Croscarmellose Sodium	5	5	5	5
Microcrystalline cellulose	102	101	100	99
Colour	0.5	0.5	0.5	0.5
Mg. Stearate	7.5	7.5	7.5	7.5
Total wt.	200	200	200	200

#### Table No 2: - Formulation of Immediate Release Tablet of Gliclazide

# 5. FORMULATION OF BILAYER TABLETS OF GLICLAZIDE AND METFORMIN.

The Immediate released powder of batch IR4 and Sustained released powder of batch SR4 were found better in performance hence both batches were selected for preparation of bilayer tablets.

# 6. Evaluation of pre-compression flow properties of powder blend. Organoleptic properties

Organoleptic properties of drug like colour, odour and solubility were observed and recorded. Solubility was observed in Water and Ethanol.

# **Bulk Density**

Bulk density was measured using bulk density apparatus. Fixed weight of powder was poured in the measuring cylinder and volume was recorded.

Bulk density = Bulk weight/Bulk volume

# **Tapped Density**

Fixed weight of powder was poured in the measuring cylinder and tapped 50 cycles multiple times. Volume was recorded after each 50 tapping cycles until fixed (concurrent) reading was obtained. The tapped density was obtained by using following equation:

Tapped Density = Bulk weight/Tapped volume

# **Carr's Index**

Carr's index was obtained by using following equation: Carr's index (%) =  $\frac{tapped \ density - bulk \ density}{Tapped \ Density} \cdot X100$ 

Tapped density Value less than 1.25 indicate good flow (= 20% Carr), where greater than 1.25 indicates poor flow.

# **Angle of Repose**

Fixed weight of powder was poured through funnel. The height and diameter of the power pile was noted. Angle of repose was obtained by using following equation:

Angle of repose  $\theta = \tan^{-1}(2h/d)$ Where, h = maximum height D = Average diameter

# Hausner's ratio

Flow properties of the powder can also be examined using hausner's ratio. Hausner's ratio was obtained by using following equation:

Hausner's ratio =  $\frac{\text{Tapped Density}}{Bulk Density}$ 

The value of ratio below 1.25 indicates good flow while above 1.35 indicates the poor flow

# 7. Post Compression Studies

# Weight variation

For each batch, 20 tablets were taken and weighed for weight of each tablet using a digital balance. The average weight of tablet for was determined and minimum and maximum deviation was calculated for each batch.

# Thickness

Dimension of 10 tablets for each batch was determined using vernier calliper and the average diameter and thickness was determined.

# Hardness

Using Monsanto Hardness tester, the hardness of 10 tablets was measured and average hardness of tablets was determined.

# Friability

The weight of tablets equal to 6.5 grams were taken and rotated for 100 cycles in a friabilator. After 100 revolutions, the tablets were weighed and percentage loss was calculated.

# 8. In Vitro Dissolution Test of Bilayer Tablet

The in vitro release of sustained release layer was carried out for 12 hours using USP type-II apparatus at 50 rpm for the first 40 minute in 900 ml 0.1N HCL maintaining at  $37 \pm 0.5^{\circ}$ C and then at phosphate buffer pH 7.4 in 900 ml for another 12 hours. A 5 ml was withdrawn at different time intervals and replaced with an equal volume of

fresh medium. The samples were suitably diluted with blank dissolution medium, filtered and analysed on UV spectrophotometer at 233 nm.

# 9. Disintegration test

For most tablets the first important step toward solution is break down of tablet into smaller particles or granules, a process known as disintegration. This is one of the important quality control tests for disintegrating type tablets. Six tablets are tested for disintegration time using USP XXII apparatus. Disintegration type sustained release tablets are tested for disintegrating time.

# **10. Results and Discussion**

# > PRE-FORMULATION STUDY

The results of physicochemical evaluation are as follows.

# Identification and Characterization of Metformin.

<b>Characteristics Test</b>	Standards as per IP (Metformin)	Observation
Appearance	Microcrystalline Powder	Complies
Color	White	Complies
Taste	Bitter	Complies

# Table.3: Organoleptic Characteristics of Metformin

**Melting Point** Melting point of Metformin was found to be 227±2°C, which complies with standards given in IP indicating purity of the drug sample.

# **Determination of Solubility:**



# Table. 4. – Solubility Data of Metformin in Various Solvent

\*Metformin was highly soluble in water and methanol.<sup>al Jour</sup>

# UV-Spectroscopic Analysis of Drug for Determination of Absorption Maxima.

The Metformin was scanned in UV Spectrophotometer to detect the  $\lambda$  max of drug in 0.1 N HCl. The Metformin showed  $\lambda$ max at 233 nm



# Standard Calibration Curve of Metformin in 0.1N HCl

Standard Calibration Curve of Metformin was determined by plotting Absorbance Vs Concentration at 233 nm using 0.1N HCl

Sr. No	Concentration (µg/ml)	Absorbance
1	2	0.22
2	4	0.63
3	6	0.98
4	8	1.29
5	10	1.72

# Table.5. Standard Calibration Curve of Metformin in 0.1N HCl











Fig.3: FT-IR spectrum of Metformin HCl

Characteristic wavenumber or frequency cm <sup>-1</sup>	Metformin observed wavenumber or frequency cm <sup>-1</sup>
3300-3400	3363.97
1500-1700	1566.25
1650-1600	1635.64
1200-1350	1265.35
700-650	655.82
	or frequency cm <sup>-1</sup> 3300-3400 1500-1700 1650-1600 1200-1350

**Table.6: IR frequencies of Metformin HCl** 

# Differential Scanning Calorimetry (DSC) of Metformin



Fig.4: DSC of Metformin HCl

**Physical Mixture Metformin + HPMC K-100M** 



Figure.5: FTIR Spectrum of Physical Mixture of Metformin + HPMC-K100M

Table.7. IR free	quencies Physical	Mixture of Metformi	n + HPMC K-100M
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Functional group	Characteristic wave number or frequency cm <sup>-1</sup>	Metformin + HPMC K100M mixtures wave number cm <sup>-1</sup>
NH stretching	3300-3400 cientie	3335.92
NH bending		1573.97
C <sub>6</sub> H <sub>5</sub> stretching	700-650	639.66

The IR spectra did not show any significant difference from those obtained for their physical mixture. The obtained results indicate that there was no positive evidence for interaction between Metformin +HPMC K100M. These results clearly indicate that the above excipient can be used without any interaction for preparation of Bilayer tablet.

# Identification and Characterization of Gliclazide. lopment

The Gliclazide was studied for physicochemical parameters such as color, taste and appearance. Sample of Gliclazide was found to be similar as in I.P. On the basis of physicochemical evaluation, it is concluded that the sample of Gliclazide complies with IP.

rubic.iii . Organoleptic Characteristics of Onelazite		
<b>Characteristics Test</b>	Standards as per IP (Gliclazide)	Observation
Appearance	Amorphous Powder	Complies
Colour	White	Complies
Taste	Bitter	Complies

# Table.11 : Organoleptic Characteristics of Gliclazide

**Melting Point** Melting point of Gliclazide was found to be 181±2°C, which complies with standards given in IP indicating purity of the drug sample.

# **Determination of Solubility:**

Solvent	Solubility (mg/ml)
Water	0.132
Methanol	0.182

# Table 12 – Solubility Data of Gliclazide in Various Solvent

\*Gliclazide was highly soluble in water and methanol.

# UV-Spectroscopic Analysis of Drug Determination of Absorption Maxima.

The Gliclazide was scanned in UV Spectrophotometer to detect the  $\lambda$  max of drug in 0.1N HCl. The Gliclazide showed  $\lambda$ max at 224 nm.



Fig.9: UV Spectrum of Gliclazide in 0.1 N HCl

# Standard Calibration Curve of Gliclazide in 0.1 N HCl

Standard Calibration Curve of Gliclazide was determined by plotting Absorbance Vs Concentration at 224 nm using 0.1 N HCl.

	Absorbance
2111	0.097
4	0.158
Sin Clentific	0.271
8	0.362
	0.461
	2 4 6 8 10

Table.13. Standard Calibration Curve of Gliclazide in 0.1 N HCl

# Fig:11 Standard Calibration Curve of Gliclazide.



# **Chemical Compatibility Study.**





Functional Group	Characteristic wavenumber or frequency cm <sup>-1</sup>	Gliclazide observed wavenumber or frequency cm <sup>-1</sup>
NH bending	1500-1700	1597.11
C-CH <sub>3</sub> stretching	1450-1400	1427.82
OH bending	1200-1350	1350.22
C <sub>6</sub> H <sub>5</sub> stretching	700-650	671.25

#### Table.13: IR frequencies of Gliclazide

The FTIR spectrum for Gliclazide showed a weak peak at 3350 cm<sup>-1</sup> due to the presence of a secondary amine. The broad band in the range of 3163-2900 cm<sup>-1</sup> was due to the presence of -OH. The same also represents the intra- and intermolecular hydrogen bonding due to the -OH groups and also overlaps with the ( $-CH_3$ ) group. The peak at 1650-1600 cm<sup>-1</sup> was due to the presence of a C=O group. The presence of a peak at 665.44 cm<sup>-1</sup> indicates the presence of a phenyl group. The peaks analyzed in the table indicates that most characteristic wave numbers of functional group like NH, C=O, C-CH<sub>3</sub>, OH and C<sub>6</sub>H<sub>5</sub> etc. were matched and compared to the observed frequencies.

# **Differential Scanning Calorimetry of Gliclazide**



Figure shows the DSC curve of pure Gliclazide, which has a distinctive abrupt endothermic peak at 173.34 <sup>o</sup>C, showing the drug's melting point. According to the findings of the drug authentication research, the sample of Gliclazide is pure and meets Indian pharmacopeial requirements.

# Physical Mixture Gliclazide + CCS



Figure.14: FTIR Spectrum of Physical Mixture of Gliclazide + CCS

# Table.14. IR frequencies Physical Mixture of Gliclazide + CCS

Functional group	Characteristic wavenumber or frequency cm <sup>-1</sup>	Gliclazide + CCS mixtures wave number cm <sup>-1</sup>		
NH bending	1500-1700	1573.97		
OH bending	1200-1350	1251.80		
C <sub>6</sub> H <sub>5</sub> stretching	700-650	671.25		

The IR spectra did not show any significant difference from those obtained for their physical mixture. The obtained results indicate that there was no positive evidence for interaction between Gliclazide and CCS. These results clearly indicate that the above excipient can be used without any interaction for preparation of Bilayer tablet.

#### PRE-COMPRESSION EVALUATION OF SUSTAINED RELEASE FORMULATION

The sustained release tablet blends are evaluated for pre-compression parameters and results are as follows.

Formulation Code	Bulk Density gm/ml	Tapped Density gm/ml	Compressibility Index (%)	Hausner's Ratio	Angle of Repose θ°
SR1	0.591±0.06	0.681±0.02	13.21±0.43	1.15±0.43	24±0.24
SR2	0.530±0.03	0.614±0.03	13.11±0.12	1.16±0.52	24.50.16
SR3	0.510±0.02	0.590±0.01	13.55±0.21	1.16±0.11	25±0.13
SR4	$0.505 \pm 0.05$	$0.575 \pm 0.04$	12.17±0.33	1.14±0.21	22.5±0.11

Table 16. - Pre-Compression Evaluation of powder of Sustained Release Formulation

\*Results are mean of three determinations

#### In Vitro Drug Release Study for Sustained Released Tablet of Metformin

Table 17. In Vitro Drug Release Profile of Formulations of Sustained Released tablet

TIME IN Hr	SR1	SR2	SR3	SR4
1	7.15±0.30	6.55±0.65	6.15±0.30	5.75±0.65
2	14.62±0.46	13.20±0.36	13.12±0.46	12.86±0.35
3	20.15±0.52	19.78±0.74	19.15±0.52	16.99±0.48
4	33.52±0.46	32.45±0.58	29.52±0.46	27.38±0.39
5	48.10±0.69	46.65±0.30	44.10±0.69	38.85±0.47
6	62.43±0.26	59.29±0.56	58.43±0.26	51.95±0.58
7 8	78.13±0.51	69.54±0.60	67.13±0.51	63.35±0.61
8	86.42±0.63	85.29±0.53	83.42±0.63	74.70±0.30
9	98.62±0.78	97.15±0.66	94.46±0.25	81.26±0.42
10	3.	esearchand	98.12±0.71	86.60±0.28
11		evelopment		92.22±0.43
12		SN: 2456-6470	• • • A	98.60±0.68



Fig.16. In-vitro Drug Released Study of Metformin Sustained Released tablet

Sustained release tablets of Metformin were prepared by using HPMC K100M polymer. The release profiles of Metformin sustained Released tablet were plotted as in fig.10.16 The release rate of Metformin mainly controlled by polymer. The effect of polymer concentration on drug release could be clearly seen from the variation of dissolution profiles. It was found that drug release from SR4 composed of HPMC K100M in high concentration was 12 hr and also shows significant drug release rate than other formulations. Formulation SR4 containing 110 mg of HPMC K100M controlled drug released for relatively 12 hr and shows 98.60% Cumulative drug release which comparatively effective than other formulation batches so SR4 was selected for further formulation of bilayer tablet of Metformin.

# PRE-COMPRESSION EVALUATION OF IMMEDIATE RELEASE FORMULATION

The Immediate release tablet blends were evaluated for pre-compression parameters and results are as follows.

Table 10: 110-compression Evaluation of miniculate Kelease Tablet Dienu					
Formulation	Bulk Density	<b>Tapped Density</b>	Hauser's	Compressibility	Angle of
Code	(gm/ml)	(gm/ml)	Ratio (HR)	Index (%)	<b>Repose</b> $(\theta^{\circ})$
IR1	$0.65 \pm 0.072$	0.79±0.082	1.21	17.6	22.6 ±0.28
IR2	0.54±0.012	$0.69 \pm 0.032$	1.28	22	21.7±0.5
IR3	0.57±0.019	0.71±0.015	1.24	19.6	19.7±0.28
IR4	0.52±0.062	$0.68 \pm 0.082$	1.23	22.4	19.3±1.96

Table 18: Pre-compression Evaluation of Immediate Release Tablet Blend

\*Results are mean of three determinations

# In Vitro Drug Release Study for Gliclazide Immediate Released Tablet

Table 19. In Vitro Drug Release Profile of Different Formulations of Immediate Released Tablet

TIME IN Min	IR1	IR2	IR3	IR4
5	5.22±0.28	6.22±0.35	6.56±0.63	8.52±0.52
10	12.55±0.26	13.56±0.66	15.50±0.65	19.18±0.56
15	25.65±0.42	28.36±0.52	36.89±0.57	39.89±0.28
20	43.75±0.49	44.59±0.23	47.35±0.29	51.36±0.75
25	55.63±0.53	56.35±0.51	58.36±0.36	62.45±0.53
30	61.76±0.36	65.40±0.40	67.33±0.44	75.36±0.34
35	74.48±0.43	76.25±0.36	79.59±0.53	85.03±0.43
40	91.25±0.33	93.43±0.25	95.36±0.48	98.34±0.68

\*Results are mean of three determination.





# EVALUATION OF OPTIMIZED BILAYER TABLET OF METFORMIN AND GLICLAZIDE

The optimized bilayer tablets of sustained released batch SR4 and immediate released batch IR4 was combined to get final bilayer tablet of Metformin and Gliclazide which was evaluated and results are shown as follows.

I ubic 2	Table 20: Evaluation Tarameters of Optimized Diayer Table				
Sr. No	Parameter	Result			
1	Color	Off yellow(IR), Off White (SR)			
2	Weight Variation (mg)	900.5 ±0.25 (Complies)			
3	Thickness (mm)	$7.3 \pm 0.3$			
4	Hardness (kg/cm <sup>2</sup> )	$7.9 \pm 0.6$			
5	Friability (% wt. loss)	0.81±0.08			
6	Drug Content (%)	98.60±0.7%			

#### Table 20. Evaluation Parameters of Optimized Bilayer Tablet

The appearance of bilayer tablet was observed by visual observation, and other parameters like weight variation, hardness, thickness and friability were evaluated and found to be within the acceptable limit. The high concentration of polymer HPMC K100M shows good property and shows good rate of in vitro drug release for longer period of time.

Batch Code	Disintegrating Time (min)
IR1	$2.26 \pm 0.35$
IR2	$1.67 \pm 0.35$
IR3	$1.55 \pm 0.43$

#### In Vitro Drug Release Study for Optimized formulation of bilayer tablet Table 22. In Vitro Drug Release Profile of bilayer tablet

Table 22. In vitro Drug Release Profile of bilayer tablet				
Time in min/hr	% Drug Release from Bilayer Tablet			
	Immediate Release	Sustain Release		
0 min	0			
5 min	8.52±0.52			
10 min	19.18±0.56			
15 min	39.89±0.28			
20 min	51.36±0.75			
25 min	62.45±0.53			
30 min	75.36±0.34			
35 min	85.03±0.43			
40 min	98.34±0.68			
1 hr		5.75±0.65		
2	Amura	12.86±0.35		
3	Scientific Y	16.99±0.48		
4 9	na	27.38±0.39		
58		38.85±0.47		
6 0	· IJISRD ·	51.95±0.58		
7 0	International Journal	63.35±0.61		
8	of Trend in Scientific	74.70±0.30		
9 0	Research and	81.26±0.42		
10	Development	86.60±0.28		
11 2	Development	92.22±0.43		
12 hr 🥥	ISSN: 2456-6470	98.60±0.68		



Fig 18. In Vitro Drug Release Study for Optimized formulation of bilayer tablet

The formulation F4 as a optimized formulation because of the these batches showed satisfactory result of the tablets parameter. Result of in vitro % drug release profile a indicated that formulation (F4) was the most promising formulations as the drug release from this formulation and assay was high as compared to other formulations. So, F4 was found to be optimized formulation and was selected for further % assay, stability study.

#### ASSAY:

# Assay of the tablet formulation:

**Observation:** % Assay of Selected Formulation Batch F4 for Metformin HCl is **100.1** % and for Gliclazide is **100.4**%

#### **Stability study:**

Stability study for the developed formulation F4 were carried out as per ICH guideline by storing at  $40^{\circ}$ C/75% RH up to three months. The formulation F4 was selected on the basis of their high cumulative percentage drug release.

Sr. No.	Parameter	Initial	After three months
01	Hardness (kg/cm <sup>2)</sup>	7.9	7.9
02	Friability (% wt. loss)	0.81	0.83
03	Disintegration Time (IR layer) (min)	120 Sec.	116 Sec.
04	% Drug Release	98.34±0.68(IR4)&	98.14±0.24(IR4)&
04		98.60±0.68(SR4)	98.280±0.18(SR4)
05	% Assay	100.2.±12 (IR4)&	100.1.±22 (IR4)&
		100.4±0.38 (SR4)	100.3±0.24 (SR4)

#### Table .23 Stability Study of Optimized Batch F4

The stability study showed that the formulation F4 was physically stable when stored at  $40\pm20^{\circ}$ C and  $75\pm5\%$  RH for three months and there was no significant difference in dissolution parameters of optimized formulation.

#### CONCLUSION

The goal of this study was to formulate, evaluate, and [1] test the stability of a bilayer tablet with different polymers for anti-diabetic purpose. Two active components and polymers were chosen for the development of a tablet to treat diabetics based on a assessment of the literature. All raw materials were subjected to pre-formulation tests such as bulk are density, tap density, compressibility index, and lopmer Houser's ratio. In IR spectra, there was no physical contact between the medication and the polymer combination. The best batches for tablet formulation were chosen from the pre-formulation experiments. Physiochemical characteristics were used to assess the prepared tablet. The physiochemical analysis of the tablet reveals a pale yellow colour, a oval form, and a smooth look. The formulation IR4 & SR4 selected as a optimized formulation because of the these batches showed satisfactory result of the tablets parameter.

Result of in vitro % drug release profile a indicated that formulation (IR4 & SR4) was the most promising formulations as the drug release from this formulation and assay was high as compared to other formulations. So, this was found to be optimized formulation and was selected for further % assay, stability study.

#### Acknowledgement: -

For the completion of the research work the authors would like to show sincere gratitude to PDEA'S Shankarrao Ursal College of Pharmaceutical Sciences & Research centre, Kharadi, Pune, to provide with a lot of support and help whenever needed.

#### **Scie References**

- Shiyani b, gattani s, surana s. Formulation and evaluation of bi-layer tablet of metoclopramide hydrochloride and ibuprofen. Aaps pharmscitech. 2008 sep; 9(3):818-27.
- [2] Namrata m, sirisha vn, sruthi b, harika ib, kirankumar p, rao yk. A review on bi-layer tablets. International journal of pharmaceutical and phytopharmacological research. 2013; 6-6470 2(4):240-6.
- [3] Mr. Vivek m. Satpute, dr. Punit r. Rachh. Bilayer tablet: a controlled release dosage form, ijrar, 2020, 330-343
- [4] Gopinath c, bindu vh, nischala m. An overview on bilayered tablet technology. Journal of global trends in pharmaceutical sciences. 2013 apr;4(2):1077-85.
- [5] Markl d, warman m, dumarey m, bergman el, folestad s, shi z, manley lf, goodwin dj, zeitler ja. Review of real-time release testing of pharmaceutical tablets: state-of-the art, challenges and future perspective. International journal of pharmaceutics. 2020 may 30;582:119353.
- [6] Moodley k, pillay v, choonara ye, du toit lc, ndesendo vm, kumar p, cooppan s, bawa p. Oral drug delivery systems comprising altered geometric configurations for controlled drug delivery. International journal of molecular sciences. 2011 dec 22;13(1):18-43.
- [7] Momin mm, kane s, abhang p. Formulation and evaluation of bilayer tablet for bimodal release

of venlafaxine hydrochloride. Frontiers in pharmacology. 2015 jul 9;6:144.

- [8] Rameshwar v, kishor d, tushar g. Bi-layer tablets for various drugs: a review. Scholars academic journal of pharmacy. 2014;3(3):271-9.
- [9] Kuhite ng, padhole cd, amdare md, jogdand kr, kathane ll, mahapatra dk. Hippuric acid as the template material for the synthesis of a novel antidiabetic 1, 3, 4-thiadiazole derivative. International journal of pharmacy & life sciences. 2019 mar 1;10(3).
- [10] Godbole md, mahapatra dk, khode pd. Fabrication and characterization of edible jelly formulation of stevioside: a nutraceutical or otc aid for the diabetic patients. Inventi nutraceut. 2017;2017(2):1-9.
- [11] Mahapatra dk, bharti sk, editors. Handbook of research on medicinal chemistry: innovations and methodologies. Taylor & francis; 2017 nov 20.
- [12] Mahapatra dk, asati v, bharti sk. Chalcones and their therapeutic targets for the management of diabetes: structural and pharmacological perspectives. European journal of medicinal chemistry. 2015 mar 6;92:839-65.
- [13] Davis ss. Formulation strategies for absorption windows. Drug discovery today. 2005 feb 15;10(4):249-57
- [14] Chhajed ss, chaskar s, kshirsagar sk, haldar ga, mahapatra dk. Rational design and synthesis of some ppar-γ agonists: substituted benzylideneamino-benzylidene-thiazolidine-2, 4-diones. Computational biology and chemistry. 2017 apr 1;67:260-5.
- [15] Mahapatra dk, chhajed ss, shivhare rs. Development of murrayanine-chalcone hybrids: an effort to combine two privilege scaffolds for

enhancing hypoglycemic activity. Int j pharm chem anal. 2017;4(2):30-4.

- [16] Bansal p, wang q. Insulin as a physiological modulator of glucagon secretion. American journal of physiology-endocrinology and metabolism. 2008 oct;295(4):e751-61.
- [17] Brahmankar dm, jaiswal sb. Biopharmaceutics and pharmacokinetics-a treatise vallabh prakashan. New delhi. 1995.
- [18] N k jain, garima chawala , piyush gupta and arvind k. bansal editors. progress in controlled and novel drug delivery systems. New delhi . page no . 225-265.
- [19] Mishra p, sharma pk, malviya r. A review on bi-layer tablets-an emerging trend. Journal of drug delivery and therapeutics. 2014 jul 14;4(4):110-4.
- [20] Ruchi tiwari, ankita gupta, meenakshi joshi and gaurav tiwari pda journal of pharmaceutical science and technology march 2014, 68 (2) 138-152

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- [22]<sup>en</sup> Hingawe N, Pandey S. Formulation and chandevaluation of controlled-release effervescent pment floating bioadhesive tablets of losartan potassium. FABAD Journal of Pharmaceutical Sciences. 2012 Mar 1;37(1):31.
- [23] Gurudev K, Basavaraj BV, Bharath S, Deveswaran R. Sustained Release Floating Tablets of Mefenamic Acid: An Effervescent Gastro Retentive Approach. SASTech-Technical Journal of RUAS. 2015;14(1):33-6.
- [24] https://pubchem.ncbi.nlm.nih.gov/compound/m etformin #
- [25] https://go.drugbank.com/drugs/db00784.