U.S. FOOD & DRUG FDA ADMINISTRATION

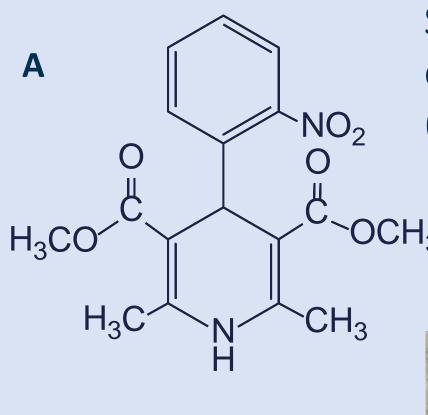
CONTACT INFORMATION: Li.Tian@fda.hhs.gov

PURPOSE

Nifedipine is a Biopharmaceutical Classification System (BCS) II drug and a calcium channel blocker to manage angina and hypertension. For nifedipine extended-release (ER) tablets, four out of eight compendial dissolution tests use USP 2 paddle method with 0.5 – 1% of surfactant and 900 mL of dissolution medium (1). USP 4 flowthrough method is believed to have potential advantages over USP 2 paddle method especially for drugs featuring poor water solubility, including continuous extraction of the drug, a better simulation of drug absorption and a better reflection of the in vivo drug behavior. The **objectives** of this study were 1) to investigate the effect of agitation rate and medium volume on USP 2 dissolution profile; 2) to investigate the effect of flow rate, flow type and medium volume on USP 4 dissolution profile; 3) to compare USP 2 and USP 4 dissolution profiles at various conditions.

METHODS

Nifedipine osmotic pump tablets (60 mg) (n = 3 -12) and current USP dissolution media containing 1% sodium laurel sulfate were used. USP 2 and USP 4 conditions are specified in Results. The dissolution profiles are presented as mean ± SD. The zero order release constants were calculated using DDSolver and converted to mg/h (2).



Solubility at 37^oC in USP pH 6.8 dissolution medium, 0.29 mg/mL (60 mg/207 mL) (4)

 $900 \text{ mL} = 4.3 \times \text{solubility}$ $500 \text{ mL} = 2.4 \times \text{solubility}$ $350 \text{ mL} = 1.7 \times \text{solubility}$

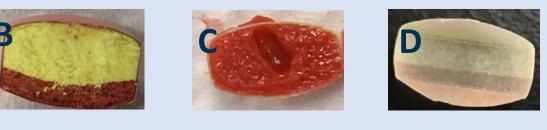
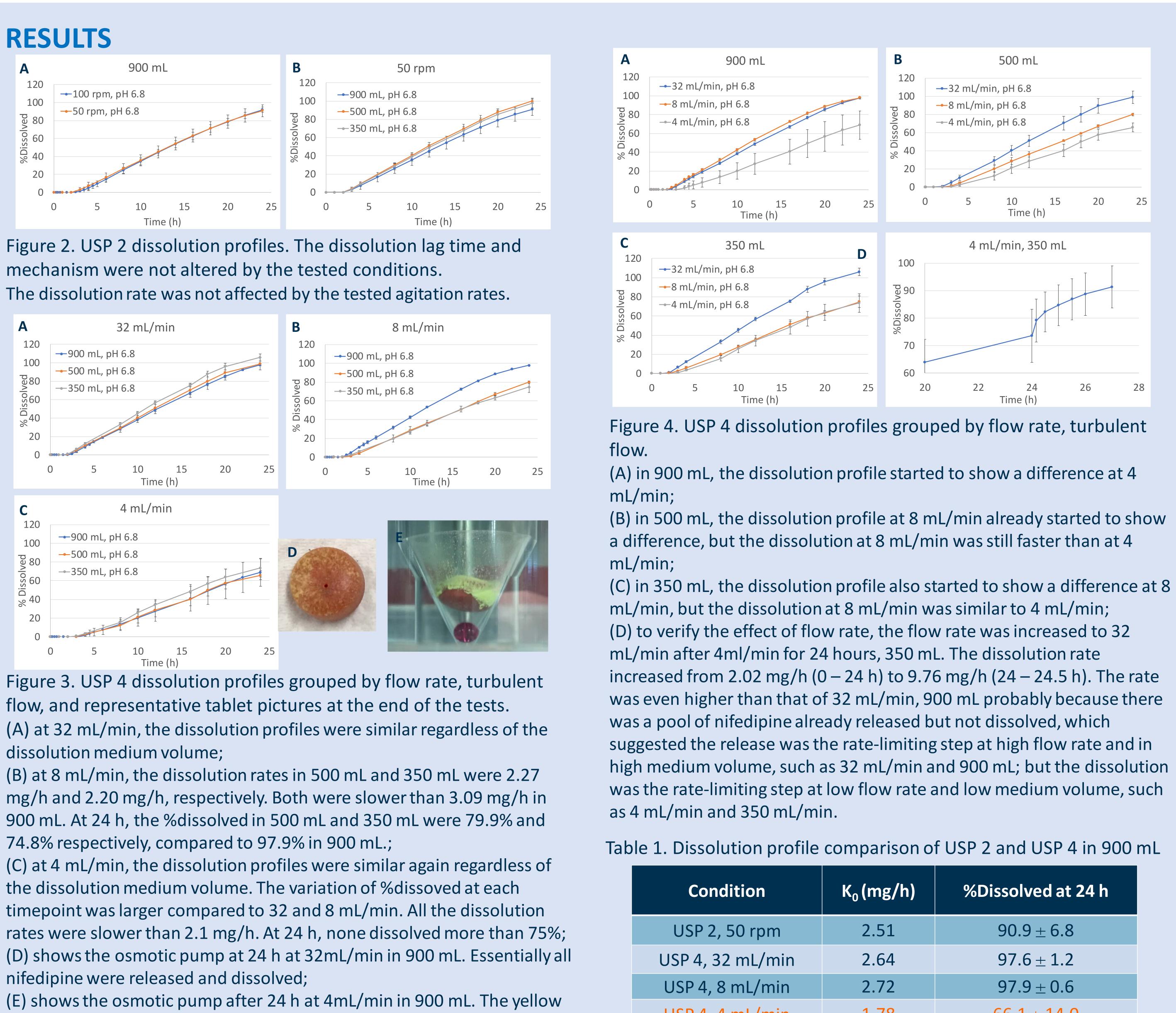


Figure 1. Nifedipine structure (A), nifedipine osmotic pump before (B) and after (C) complete release and the tablet shell (D).

3 40

Α	
120	
100	9(
08 e	50
080 Missolved 0980 Missolved 09	3.
ص 40%	
20	
0	
	0



Dissolution Testing of Nifedipine ER Tablet Using the USP Flow-Through Method

Li Tian¹, Wei Ye¹, Jason Rodriguez¹, Dajun Sun², Wenlei Jiang², Ho-Pi Lin³ and Zongming Gao¹ ¹Division of Pharmaceutical Analysis, Office of Testing and Research, Office of Pharmaceutical Quality, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, St. Louis, MO 63110

²Office of Research and Standards, Office of Generic Drugs, ³Division of Biopharmaceutics, Office of New Drug Products, Office of Pharmaceutical Quality, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, MD 20993

nifedipine was released from the tablet but not dissolved into the dissolution medium.

Condition	K ₀ (mg/h)	%Dissolved at 24 h
USP 2, 50 rpm	2.51	90.9 ± 6.8
USP 4, 32 mL/min	2.64	97.6 ± 1.2
USP 4, 8 mL/min	2.72	97.9 ± 0.6
USP 4, 4 mL/min	1.78	66.1 ± 14.0

Zero Order Release of Nifedipine Osmotic Pumps $Q=K_0\times(t-T_{lag})$

CONCLUSIONS

- Variations in agitation rate and dissolution medium volume did not affect the dissolution rate using USP 2 paddle apparatus.
- At a high flow rate (32 mL/min), the dissolution profile was not affected even at non-sink condition (500 and 350 mL) using USP 4 flow through cells.
- At a low flow rate (4 mL/min), the dissolution was slower and incomplete even at sink condition (900 mL) using USP 4.
- When the flow rate was at 8 mL/min, the dissolution profile was complete at sink condition (900 mL) but slower and incomplete at non-sink condition (500 and 350 mL).
- The dissolution profiles obtained from USP 2 and USP 4 apparatus at sink condition were similar except at 4 mL/min using USP 4.
- The amount of nifedipine released from the osmotic pump at the end of 24 h was not affected by the dissolution condition.
- Future studies include the investigations of more biorelevant conditions and the to assist the establishment of a in vitro in vivo correlation (IVIVC).

FUNDING

FDA CDER Critical Path Funding CP 17-21

REFERENCE

- . USP 41, p2938
- 2. AAPS J. 2010, 12(3): 397
- Eur J Pharm Sci. 2009, 38(2):147

DISCLAIMER

The contents in this poster reflect the views of the authors and should not be construed to represent FDA's views or policies. The mention of trades names, commercial products, or organizations is for clarification of the methods used and should not be interpreted as an endorsement of a product or manufacturer.

ACKNOWLEDGEMENTS

LT was supported in part by an appointment to the Oak Ridge Institute for Science and Education (ORISE) Research Participation Program at the Center for Drug Evaluation and Research administered by the ORISE through an agreement between the U.S. Department of Energy and CDER.