

Review Article On The Pharmaceutical Preformulation

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Abstract:

In recent years, there has been a significant increase in pressure on pharmaceutical companies to discover and develop new medicines ever faster to replace those coming off patent and to counter generic manufacturer competition. It is important that the reader is aware of the nature of pharmaceutical research and development (R&D) to appreciate the importance of preformulation and formulation in the overall process. After first-time-in-human (FTIH) studies in early development, if the compound progresses into full development, a more complete physicochemical characterization of the chosen compound, with particular emphasis on the dosage form, should be carried out, thus allowing a rational, stable, and bioavailable formulation to be progressed through to launch. Generally, drug absorption from the GI tract requires that the drug is brought into solution in the GI fluids and that it is capable of crossing the intestinal membrane into the systemic circulation. It has therefore been suggested that the drug must be in its molecular form before it can be absorbed. Approaches to lead generation during exploratory research often depend on how much is already known about the therapeutic target under consideration. The objective of the review is prior to the development of tablets, capsules and injectables dosage forms, it is essential that certain fundamental physical and chemical properties of the drug molecule and other derived properties of the drug powder are determined. This information dictates many of the subsequent events and approaches in formulation development. This first learning phase is known as preformulation.

Keywords: Introduction, Objective Of Preformulation, Spectroscopy, Solubility, Melting Point, Drug And Product Stability, Drug And Product Stability, Microscopy, Powder Flow Properties, Compression Properties, Excipient Compatibility, Conclusions, References:

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I. INTRODUCTION:

Almost all new drugs are marketed as tablets, capsules. Although only a few are marketed as an injection (25% of those marketed as tablets) the intravenous route is always required during early toxicity, metabolic, bioavailability and clinical studies to provide a precise drug and dose deposition. Prior to the development of these three major dosage forms, it is essential that certain fundamental physical and chemical properties of the drug molecule and other derived properties of the drug powder are determined. This information dictates many of the subsequent events and approaches in formulation development. This first learning phase is known as preformulation.[19]

II. OBJECTIVE OF PREFORMULATION:

The preformulation stage in pharmaceutical development is a crucial step aimed at understanding and characterizing the physical and chemical properties of a drug substance before it is formulated into a dosage form. The primary objective of preformulation studies is to lay the groundwork for successful drug formulation, ensuring the development of a safe, effective, and stable final product.[30] During preformulation, researchers assess the intrinsic properties of the drug substance, such as its solubility, stability, polymorphism, and compatibility with excipients. These studies provide valuable insights into the challenges and opportunities associated with formulating the drug, helping to optimize the selection of excipients and formulation parameters.[21] Additionally, preformulation aims to identify potential degradation pathways and develop strategies to enhance drug stability. This involves studying the impact of various environmental factors, such as light, temperature, and humidity, on the drug substance. The goal is to design a formulation that maintains the drug's therapeutic efficacy throughout its shelf life.[12]

- To establish the necessary physico chemical properties of new drug substances.
- To determine its kinetic rate profiles.
- To establish its physical characteristics.
- To establish its compatibility with common excipients.

A recommended list of the information required in preformulation is shown in Table.1.

Preformulation drug characterization	
Test	Method/function/characterization
Spectroscopy	Simple UV assay
Solubility aqueous pKa salts solvents partition coefficient dissolution	Phase solubility, purity Intrinsic solubility, pH effects Solubility control, salt formation Solubility, hygroscopicity, stability Vehicles, extraction Lipophilicity, structure activity Biopharmaceutics
Melting point	DSC - polymorphism, hydrates, solvates
Assay development	UV, TLC, HPLC
Stability (in solution and solid state)	Thermal, hydrolysis, oxidation, photolysis, metal ions, pH.
Microscopy	Morphology, particle size
Powder flow bulk density angle of repose	Tablet and capsule formulation
Compression properties	Tablet and capsule formation
Excipient compatibility	Excipient choice

III. SPECTROSCOPY:

- The first step in preformulation is to establish a simple analytical method. Most drugs absorb light in the ultraviolet wavelengths (190-390 nm) as they are generally aromatic and contain double bonds. The acidic or basic nature of the molecule can be predicted from functional groups.[1]
- Using the UV spectrum of the drug, it is possible to choose an analytical wavelength (λ_{max}) suitable to quantify the amount of drug in a particular solution.
- Excitation of the molecule in solution causes a loss in light energy, and the net change from the intensity of the incident light (I₀) and the transmitted light (I) can be measured.
- Their greater training and knowledge in analysis will assist in the identification of suitable stability-indicating assays by high-performance liquid chromatography (HPLC). Independent of this pharmaceutical profiling analysts will generate data to confirm structure and purity, and this should be used to complement and confirm pharmaceuticals.

Attribute	Test
1. Identity	Nuclear magnetic resonance (NMR) Infra red spectroscopy (IR) Ultraviolet spectroscopy (UV) Thin-layer chromatography (TLC) Differential scanning calorimetry (DSC) Optical rotation, where applicable
2. Purity	Moisture (water and solvents) Inorganic elements Heavy metals Organic impurities Differential scanning calorimetry (DSC)
3. Assay	Titration Ultraviolet spectroscopy (UV) High-performance liquid chromatography (HPLC)
4. Quality	Appearance Odour Solution colour pH of slurry (saturated solution) Melting point

IV. SOLUBILITY:

Solubility refers to the ability of a substance (solute) to dissolve in a solvent to form a homogeneous solution. In the context of pharmaceutical preformulation, understanding the solubility of a drug substance is crucial as it directly impacts the drug's bioavailability, which is the extent and rate at which the drug is absorbed into the systemic circulation.[1]

Aqueous solubility:

- The availability of a drug is always limited and the preformulation scientist may only have 50 mg.
- Kaplan suggested that unless a compound has an aqueous solubility in excess of 1% (10 mg/mL) over the pH range 1-7 at 37°C, potential bioabsorption problems may occur.[2]
- If the intrinsic dissolution rate was greater than 1 mg/cm² min then absorption was unimpeded. Dissolution rates less than 0.1 mg/cm²/min were likely to give dissolution rate-limited absorption. This tenfold difference in dissolution rate translates to a lower limit for solubility of 1 mg/mL.
- A solubility of less than 1 mg/mL indicates the need for a salt, particularly if the drug will be formulated as a tablet or capsule. In the range 1-10 mg/mL serious consideration should be given to salt formation.

- When the solubility of the drug cannot be manipulated in this way (neutral molecules, glycosides, steroids, alcohols, or where the pKa is less than 3 for acid or greater than 10 for an base) then liquid filling in soft or hard gelatin capsules may be necessary.

Intrinsic solubility (C₀):

- When the purity of the drug sample can be assured, the solubility value obtained in acid for a weak acid or alkali for a weak base can be assumed to be the intrinsic solubility (C₀), ie. The fundamental solubility when completely unionized.
- ❖ The solubility should ideally be measured at two temperatures:
- ✓ 4°C to ensure physical stability and extend short-term storage and chemical stability until more definitive data are available. The maximum density of water occurs at 4°C. This leads to a minimum aqueous solubility.
- ✓ 37°C to support biopharmaceutical evaluation.

pKa from solubility data:

- 75% of all drugs are weak bases; 20% are weak acids and only 5% are non-ionic, amphoteric or alcohols.
- It is therefore appropriate to consider the Henderson-Hasselbalch equations for weak bases and acids.
- For weak bases: $\text{pH} = \text{pKa} + \log (\text{unionized/ionized})$
- For weak acids $\text{pH} = \text{pKa} + \log (\text{ionized/unionized})$

Equations can be used:

- To determine pKa by following changes in solubility.
- To predict solubility at any pH, provided that the intrinsic solubility (C₀) and pKa are known.
- To facilitate the selection of suitable salt-forming compounds and predict the solubility and pH properties of the salts.
- To obtain precise pKa values by potentiometry, spectroscopy and conductivity.

Salts:

- In some cases, salts prepared from strong acids or bases are freely soluble but very hygroscopic. This does lead to instability in tablet or capsule formulations, as some drug will dissolve in its own adsorbed films of moisture.[4]
- Salts require for Basic drugs such as Hydrochloride, Sulphate, Mesylate, Maleate, Phosphate, Salicylate, Tartrate, Lactate, Citrate, Succinate, Acetate.
- Salts require for acidic drugs such as Potassium, Sodium, Lithium, Calcium, Magnesium, Diethanolamine, Zinc, Choline, Aluminium.
- It is often better to use a weaker acid or base to form the salt, provided any solubility requirements are met. A less soluble salt will generally be less hygroscopic and form less acidic or basic solutions.
- Injections should ideally lie in the pH range 3-9 to prevent vessel or tissue damage and pain at the injection site. Oral syrups should not be too acidic, to enhance palatability.
- Packaging may also be susceptible: undue alkalinity will attack glass, and hydrochloride salts should not be used in aerosol cans as a propellant-acid reaction will corrode the canister.
- A weak base with an intrinsic solubility greater than 1 mg/ mL will be freely soluble in the gastrointestinal tract, especially in the stomach. However, it is usually better to formulate with a salt, as it will control the pH of the diffusion layer.
- A weak base will have a high dissolution rate in the stomach, but as it moves down the gastrointestinal tract the pH rises and dissolution rate falls.
- Conversely, a weak acid has minimal dissolution in the stomach but becomes more soluble and dissolution rate increases down the gut.
- Paradoxically, as dissolution rate increases so absorption falls because the drug is ionized.
- The dissolution rate of a particular salt is usually much greater than that of the parent drug. Sodium and potassium salts of weak acids dissolve much more rapidly than do the parent acids.[8,17,18]
- However, the pH of the diffusion layer is higher than that of gastric fluid because of its buffering action.
- Different salts of a drug rarely change pharmacology, but only physical properties. This statement has been qualified to acknowledge that salts do affect the intensity of response.
- However, the salt form does change the physicochemical properties of the drug. Changes in dissolution rate and solubility affect the rate and extent of absorption (bioavailability), and changes on hygroscopicity and stability influence formulation.

Solvents:

- The first choice solvent is obviously water. However, although the drug may be freely soluble, it may be unstable in aqueous solution.[5]
- Accordingly, water-miscible solvents are used: 1. In formulations to improve solubility or stability 2. In analysis to facilitate extraction and separation (e.g. chromatography).
- Oils are used in emulsions, topicals (creams and ointments), intramuscular injections and liquid-fill oral preparations (soft and hard gelatin capsules) when aqueous pH and solvent solubility and stability are unattainable.
- Aqueous methanol is widely used in HPLC and is the standard solvent in sample extraction during analysis and stability testing.
- The most acceptable non-aqueous solvents pharmaceutically are glycerol, propylene glycol and ethanol. Generally for a lipophilic drug.
- Formulations rarely use pure non-aqueous solvent, particularly injections. For example, ethanol should only be used up to 10% in an injection to prevent haemolysis and pain at the injection site, and include isotonic salts.

Partition coefficient:

Partition coefficient has a number of applications which are relevant to preformulation [15,16]:

- Solubility: both aqueous and in mixed solvents 2. Drug absorption in vivo: applied to a homologous series for structure activity relationships (SAR) 3. Partition chromatography: choice of column (HPLC) or plate (TLC) and choice of mobile phase (eluant).
- Solvent solubility: The relative polarities of solvents can be scaled using dielectric constant ϵ , solubility parameter, interfacial tension and hydrophilic-lipophilic balance (HLB).

Methodology and structure activity prediction Choice of non-aqueous solvent:

- Many partition solvents have been used. The largest database has been generated using n-octanol. The solubility parameter of octanol ($\delta = 10.24$) lies midway in the range for drugs (8-12), although some non-polar ($\delta < 7$) and polar drugs ($\delta > 13$) are encountered.
- In the shake flask method the drug, dissolved in one of the phases, is shaken with the other partitioning solvent for 30 minutes, allowed to stand for 5 minutes, and then the majority of the lower aqueous phase (density of octanol = 0.8258 g mL⁻¹) is run off and centrifuged for 60 minutes at 2000 rpm. The aqueous phase is assayed before (ΣC) and after partitioning (C_w) [the aqueous concentration] to give $K_{o/w} = \frac{\Sigma C - C_w}{C_w}$.
- In general, polar solvents are advocated to correlate biological activity with physicochemical properties.
- Solvents less polar than octanol, measured by water solvency, have been termed hyper discriminating, whereas more polar solvents such as butanols and pentanols, are hypo discriminating. This concept refers to the discriminating power of a partitioning solvent within a homologous series.
- Octanol generally gives a range consistent with other physicochemical properties when compared to drug absorption in the GI tract.
- Hyper discriminating solvents reflect more closely the transport across the blood-brain barrier, whereas hypo discriminating solvents give values consistent with buccal absorption.

Dissolution:

- Solubility of a drug exceeded 10 mg mL⁻¹ at pH <7, no bioavailability- or dissolution- related problems were to be expected.
- Below 1 mg mL⁻¹ such problems were quite possible, and salt formation could improve absorption and solubility by controlling the pH of the microenvironment independently of the drug and dosage forms' position within the GI tract.

Intrinsic dissolution rate [20]:

- ✓ When dissolution is controlled solely by diffusion the rate of diffusion is directly proportional to the saturated concentration of the drug in solution. Under these conditions the rate constant K is defined by: $k = 0.62 \frac{D^2}{V^{1/6} \omega^{1/2}}$.
- ✓ Where ν is the kinematic viscosity and ω is the angular velocity of a rotating disc of drug. By maintaining the dissolution fluid viscosity and rotational speed of the sample constant, the dissolution rate (dc/dt) from a constant surface area (A) will be constant and related solely to solubility $IDR = K_1 C_s \text{ mg/cm}^2/\text{min}$.
- ✓ This constant rate differs from the dissolution from conventional dosage forms, which is known as total dissolution (mg/mg), where the exposed surface area (A) is uncontrolled as disintegration, deaggregation and dissolution proceed.

- ✓ Accordingly, the IDR is independent of formulation effects and measures the intrinsic properties of the drug and salts as a function of dissolution media, e.g.pH, ionic strength and counter-ions.

Common ion effect:

- ✓ A common ion often significantly reduces the solubility of a slightly soluble electrolyte. The ‘salting out’ results from the removal of water molecules as solvent owing to the competing hydration of other ions.
- ✓ The reverse process, ‘salting in’, arises with larger anions, e.g. benzoate, salicylate, which open the water structure.
- ✓ These hydrotropes increase the solubility of poorly water-soluble compounds such as diazepam.

V. MELTING POINT:

The melting point of a drug can be measured using three techniques:

Capillary melting:

As of my last knowledge update in January 2022, the term “capillary melting” doesn’t appear to be a widely recognized or commonly used term in the context of pharmacy or pharmaceutical sciences. However, it’s possible that new techniques or methodologies have been developed since then or that the term may be used in a specific niche area within pharmacy.[2] In pharmaceutical sciences, techniques related to melting point determination are important for characterizing the physical properties of drug substances. The traditional method for determining melting points involves using a capillary tube. A small amount of the substance is loaded into the capillary tube, and the tube is then heated gradually until the substance melts. The temperature at which this occurs is the melting point.[6] If “capillary melting” has gained significance in pharmacy since my last update, I recommend consulting recent scientific literature, academic publications, or reaching out to experts in the field for the most up-to-date and specific information on this term within the context of pharmacy or pharmaceutical preformulation.[3]

Hot stage microscopy:

Hot stage microscopy is a valuable technique employed in preformulation studies within the field of pharmaceutical sciences. This method involves the use of a specialized microscope equipped with a hot stage, allowing for the observation of a sample at elevated temperatures. The primary objective of utilizing hot stage microscopy in preformulation is to study the thermal behavior of pharmaceutical materials, including drug substances and excipients. Here are some key aspects of hot stage microscopy in preformulation.[24]

Melting Point Determination: Hot stage microscopy is particularly useful for determining the melting points of substances. This information is critical in understanding the thermal characteristics of a drug, which can influence its stability and formulation.

Polymorphism Studies: Many pharmaceutical compounds exist in different crystalline forms (polymorphs), and these forms can have distinct properties. Hot stage microscopy helps in identifying and characterizing polymorphic transitions that may occur at elevated temperatures.

Compatibility Studies: Hot stage microscopy can be employed to assess the compatibility between drug substances and excipients used in a formulation. It helps in identifying any physical changes, such as melting or recrystallization, that might occur when different components are mixed.

Stability Studies: Understanding the thermal stability of a drug substance is crucial in preformulation. Hot stage microscopy allows researchers to observe and analyze changes in the sample over a range of temperatures, providing insights into potential degradation pathways.

Microscopic Analysis: The technique enables researchers to visually observe the morphological changes of a substance as it undergoes heating, providing valuable information about its physical characteristics.

- Differential scanning calorimetry or thermal analysis.
- Capillary melting (the observation of melting in a capillary tube in a heated metal block) gives information about the melting range but it is difficult to assign an accurate melting point.
- This is the visual observation of melting under a microscope equipped with a heated and lagged sample stage. It is more precise as the phase transitions (first melt, 50% melt and completion) can be registered on a recorder as the melting proceeds, and because of the high magnification the values are more accurate.
- DTA measures the temperature difference between the sample and a reference as a function of temperature or time when heating at a constant rate.
- DSC is similar to DTA, except that the instrument measures the amount of energy required to keep the sample at the same temperature as the reference, i.e. it measures the enthalpy of transition.

A) Polymorphism:

- A polymorph is a solid material with at least two different molecular arrangements that give distinct crystal species. The highest-melting species is generally stable; other polymorphs are metastable and convert to the stable form.
- Solubility (particularly important in suspensions and biopharmaceutically)^{9,10}, melting point, density, crystal shape, optical and electrical properties and vapour pressure are often very different for each polymorph.
- Polymorphism is remarkably common, particularly within certain structural groups: 63% of barbiturates, 67% of steroids and 40% of sulphonamides exhibit polymorphism.

B) Crystal purity:

- Thermal analysis has been widely used as a method of purity determination.

C) Solubility:

- Melting point and solubility are related via the latent heat of fusion, which is the amount of heat generated during melting or fusion.
- A crystal with weak bonds has a low melting point and low heat of fusion. Conversely, a strong crystal lattice leads to a high melting point and a high heat of fusion.

VI. ASSAY DEVELOPMENT:

Assay development in pharmacy refers to the systematic process of establishing and optimizing methods to quantitatively measure the presence or concentration of a specific compound, usually a drug or its active ingredient, in a given sample. This process is crucial in pharmaceutical research and development, quality control, and regulatory compliance. Here are key aspects of assay development in pharmacy:

Target Compound Identification: The first step in assay development is identifying the specific compound or analyte that needs to be measured. This is often the active pharmaceutical ingredient (API) in a drug formulation.

Method Selection: Choosing an appropriate analytical method is essential. Common methods in pharmaceutical assay development include spectroscopy (UV, IR, NMR), chromatography (HPLC, GC), and immunoassays. The selection depends on the nature of the compound, its properties, and the desired sensitivity and specificity of the assay.

Optimization of Conditions: Once a method is selected, various parameters are optimized to achieve accurate and reliable results. This includes optimizing the mobile phase, column, temperature, and other variables for chromatographic methods.

Calibration Standards: Developing a calibration curve using known concentrations of the target compound is essential for quantification. Calibration standards are prepared, and the relationship between the concentration and the signal response is established.

Validation: Assay validation is a critical step to ensure that the developed method meets predefined criteria for accuracy, precision, linearity, specificity, and sensitivity. Validation is often required by regulatory agencies.

Robustness Testing: The robustness of the assay is evaluated by testing its performance under various conditions, such as changes in temperature, pH, or mobile phase composition. This helps ensure that the method is reliable in different scenarios.

Sample Preparation: Developing effective sample preparation techniques is crucial for extracting the target compound from complex matrices. This step may involve extraction, filtration, dilution, or other methods depending on the nature of the sample.

Quality Control: Regular monitoring and quality control of the assay are essential to ensure its ongoing reliability. This includes routine calibration checks, system suitability tests, and ongoing validation as needed.

Regulatory Compliance: If the developed assay is intended for use in a regulated environment, compliance with regulatory guidelines (e.g., FDA, EMA) is crucial. This involves documentation, adherence to good laboratory practices (GLP), and sometimes seeking regulatory approval for the method.

- In order to follow drug stability, in both solution and solid phase, it is mandatory to have suitable stability indicating assays.^[13,14]
- In some cases UV spectroscopy can be used, but in general chromatography is required to separate the drug from its degradation products and any excipients.

VII. DRUG AND PRODUCT STABILITY:

- Commercial pharmaceutical products should have a shelf-life of 3 years.[7]
- The potency should not fall below 95% under the recommended storage conditions and the product should still look and perform as it did when first manufactured.

Temperature:

- Typically a 10°C increase in temperature can produce a 2-5-fold increase in decay. Often the increase in reaction rate with temperature follows an Arrhenius-type relationship: a plot of the log of the rate of reaction against the reciprocal of absolute temperature yields a straight line.
- The reaction rate can then be calculated at any temperature and allows a prediction of shelf-life at room temperature by extrapolation.
- This assumption forms the basis of accelerated stability tests.

Order of reaction:

- The most common is the half-life, the time at which the concentration has halved.
- The shelf-life of a product can be likewise expressed as $t_{95\%}$ (i.e. the time for 5% loss) etc.

Hydrolysis:

- Hydrolytic reactions involve nucleophilic attack of labile bonds, e.g. lactam > ester > amide > imide, by water on the drug in solution, and are first order.
- A number of conditions catalyse the breakdown: The presence of OH, presence of H₃O⁺, presence of divalent metal ions, Ionic hydrolysis (protolysis) is quicker than molecular, Heat, Light, Solution polarity and ionic strength, High drug concentrations.

Influence of pH:

- The degradation of most drugs is catalysed by extremes of pH, i.e. high [H₃O⁺] and [OH⁻], and many drugs are most stable between pH 4 and 8.
- Where maximum stability dictates wider values, it is important for injections that there is low buffer capacity to prevent unnecessary challenge to the homeostatic pH (7.4) of blood.
- In some cases, therefore, the inclusion of a water-miscible solvent in the formulation will increase stability by: Suppressing ionization, Reducing the extreme of pH required to achieve solubility, Reducing water activity by reducing the polarity of the solvent, e.g. 20% propylene glycol in chlordiazepoxide HCL injection.

Solvolytic:

- Where the reacting solvent is not water, then breakdown is termed solvolysis.
- In general, if a compound produces degradation products which are more polar than the addition of a less polar solvent will stabilize the formulation.
- If the degradation products are less polar, then the vehicle should be more polar to improve stability.

Oxidation:

- Oxidation is controlled by the environment, i.e. light, trace metals, oxygen and oxidizing agents.
- However, most antioxidants function by providing electrons or labile H⁺, which will be accepted by any free radical to terminate the chain reaction.

Chelating agents:

- Chelating agents are capable of forming more than one bond. For example, ethylene diamine is bidentate, ethylene diamine tetra-acetic acid (EDTA) is hexadentate (six), which makes it particularly effective as a pharmaceutical chelating agent.

Photolysis:

The energy associated with this radiation increases as wavelength decreases, so that the energy of UV visible is greater than that of IR and is independent of temperature which can cause decomposition, be retained or transferred, be converted to heat, result in light emission at a new wavelength (fluorescence, phosphorescence). Thus photolysis is prevented by suitable packaging: low actinic amber glass bottles, cardboard outers and aluminium foil overwraps and blisters.

Solid-state stability:

- In all solid dose formulations there will be some free moisture (contributed by excipients as well as the drug), and certainly in tablets a significant percentage, typically 2% w/w, is required to facilitate good compression.

Hygroscopicity:

- A substance that absorbs sufficient moisture from the atmosphere to dissolve itself is deliquescent. A substance that loses water to form a lower hydrate or becomes anhydrous is termed efflorescent.
- Good packaging will accommodate moisture challenge, e.g. glass bottles, foil blisters and desiccant.
- However, preformulation studies on the drug and potential excipient combinations should provide the basis for more robust formulations and a wider, more flexible and cheaper choice of pack, while still reducing significantly any hydrolytic instability due to absorbed free moisture.

VIII. MICROSCOPY:

- Two major applications in pharmaceutical preformulation Basic crystallography, to determine crystal morphology (structure and habit), polymorphism and solvates, Particle size analysis.
- Most pharmaceutical powders have crystals in the range 0.5-300 μ . However, the distributions are often smaller, typically 0.5-50 μ , to ensure good blend homogeneity and rapid dissolution.
- The major reasons for particle size control. There are numerous methods of particle sizing.
- Sieving is usually unsuitable during preformulation owing to the lack of bulk material. The simplest method for small quantities is the microscope.
- The Coulter Counter and laser light scattering are widely used for routine bulk analysis and research.

IX. POWDER FLOW PROPERTIES:

Powder flow properties refer to the characteristics that describe the behavior of a powdered material when it flows. These properties are crucial in various industries such as pharmaceuticals, food processing, agriculture, and manufacturing, where powders are commonly handled, transported, and processed. Understanding and controlling powder flow is essential for achieving consistent and efficient manufacturing processes. Here are some key powder flow properties: **[including all article]**

Cohesion: Cohesion is the ability of powder particles to stick together. Cohesive powders may form clumps or agglomerates, affecting their flowability.

Particle Size and Distribution: The size and distribution of powder particles significantly influence flow properties. Smaller particles tend to have higher cohesion, while a wide particle size distribution can lead to poor flow.

Particle Shape: Particle shape, including factors like aspect ratio and surface roughness, can impact the interparticle interactions and thus affect powder flow.

Moisture Content: Moisture can affect the surface properties of powder particles, leading to increased cohesion and altered flow behavior. It's crucial to control moisture content, especially in hygroscopic materials.

Powder Density: Both bulk density (loose powder) and tapped density (compacted powder) are important parameters. The packing arrangement of particles influences powder flow.

Porosity: Porosity is the percentage of void space within a powder bed. Higher porosity often leads to improved flowability.

Compressibility: Compressibility measures the powder's ability to reduce in volume under pressure. Highly compressible powders may form hard compacts, affecting flow.

Powder Flow Function (ff) and Powder Compressibility (cf): These are mathematical parameters used to quantify the powder's flow behavior and compressibility, respectively.

Angle of Repose: The angle formed between the surface of a pile of powder and the horizontal plane is known as the angle of repose. It is an indicator of powder flowability, with lower angles indicating better flow.

Flow Function: This is a mathematical representation of the relationship between consolidation stress and the powder's bulk density. It helps in predicting the powder's flow behavior under different conditions.

Wall Friction: The friction between the powder and the walls of the container or equipment can affect the flow properties. Higher wall friction can impede flow.

- When limited amounts of drug are available this can be evaluated by measurements of bulk density and angle of repose.
- These are extremely useful derived parameters to assess the impact of changes in drug powder properties as new batches become available.

X. COMPRESSION PROPERTIES:

- When the dose is less than 50 mg, tablets can usually be prepared by direct compression with the addition of modern direct compression bases. At higher doses the preferred method would be wet massing.
- Nonetheless, information on the compression properties of the pure drug is extremely useful.
- Although it is true that the tableted material should be plastic, i.e. capable of permanent deformation, it should also exhibit a degree of brittleness (fragmentation).
- Thus if the drug dose is high and it behaves plastically, the chosen excipients should fragment, e.g. lactose, calcium phosphate.
- If the drug is brittle or elastic, the excipients should be plastic, i.e. microcrystalline cellulose, or plastic binders should be used in wet massing.
- The compression properties elasticity, plasticity, fragmentation and punch filming propensity.

XI. EXCIPIENT COMPATIBILITY:

- The successful formulation of a stable and effective solid dosage form depends on the careful selection of the excipients that are added to facilitate administration, promote the consistent release and bioavailability of the drug and protect it from degradation.
- The preformulation screening of drug-excipient interactions requires 5 mg of drug, in a 50% mixture with the excipient, to maximize the likelihood of observing an interaction.
- Mixtures should be examined under nitrogen to eliminate oxidative and pyrolytic effects at a standard heating rate (2, 5 or 10°C/min) on the DSC apparatus, over a temperature range which will encompass any thermal changes due to both the drug and excipient.

XII. CONCLUSIONS:

The field of pharmaceutical development, preformulation studies play a pivotal role in laying the groundwork for successful drug formulation. The extensive analysis and characterization of physicochemical properties of a drug substance during preformulation provide invaluable insights that guide formulators in designing dosage forms with optimal bioavailability, stability, and manufacturability. As we conclude our exploration of preformulation, it becomes evident that this initial phase is a crucial determinant of the entire drug development process. One of the primary objectives of preformulation is to comprehensively understand the intrinsic properties of the drug substance. Through rigorous examination of factors such as solubility, partition coefficient, polymorphism, and crystal habit, researchers gain a profound understanding of the potential challenges and opportunities associated with the formulation. This knowledge forms the foundation for selecting suitable excipients and designing formulations that enhance the drug's therapeutic performance. Preformulation studies contribute significantly to the assessment of a drug's stability profile. By investigating the susceptibility of the drug to degradation under various environmental conditions such as temperature, humidity, and light, researchers can design formulations that ensure the drug's longevity and efficacy over its shelf life. Stability studies during preformulation also guide the development of appropriate packaging and storage conditions, mitigating the risk of degradation and maintaining product quality. Preformulation is a dynamic process that adapts to the specific characteristics of each drug candidate. The identification of the most suitable salt form, determination of pH-dependent solubility, and evaluation of solid-state properties are integral components of preformulation studies that influence subsequent formulation decisions. This personalized approach allows formulators to tailor drug formulations to the unique attributes of the drug substance, thereby optimizing its therapeutic potential. Moreover, preformulation studies facilitate the establishment of a biopharmaceutical profile, providing critical insights into the drug's absorption, distribution, metabolism, and excretion (ADME) properties. This information is invaluable for predicting bioavailability and understanding how the drug interacts with physiological systems. By considering these factors early in the drug development process, formulators can design dosage forms that enhance drug delivery and efficacy. In conclusion, preformulation is a cornerstone in the path of drug development, shaping the trajectory of subsequent formulation efforts. The systematic exploration of a drug's physicochemical properties, stability, and biopharmaceutical characteristics equips researchers and formulators with the knowledge necessary to overcome formulation challenges and optimize therapeutic outcomes. As pharmaceutical development continues to evolve, the significance of preformulation studies persists, underlining its role as a fundamental stage in the journey from drug discovery to market availability. Preformulation studies have a significant part to play in anticipating formulation problems and identifying logical paths in both liquid and solid dosage form technology.

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