FORMULATION AND EVALUATION OF ANTIHYPERTENSIVE BILAYER TABLET

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The present research work was carried out to Formulate and evaluation of Bilayer tablet dosage form for the treatment of Hypertensions. The objective of this study to compare the specific characteristics of Olmesartan midoxomil [Angiotensin II receptor antagonist] and Hydrochlorothiazide [Thiazide Diuretics] in order to design stable formulation. It can be concluded that Olmesartan Midoxomil [Angiotensin II receptor antagonist] and Hydrochlorothiazide [Thiazide Diuretics] in order to design stable formulation. It can be concluded that Olmesartan Midoxomil [Angiotensin II receptor antagonist] and Hydrochlorothiazide [Thiazide Diuretics] were successfully formulated in combination as a Bilayer tablet form with Crosscarmellose sodium, Lactose monohydrate and microcrystalline cellulose PH101 for immediate release of both drugs. Both drugs were found to be stable in Bilayer tablet formulation and were found to be stable up to 6 months. This bilayer tablet dosage form increases the stability which may reduce loss and cost of formulation. It improves the benefits of producer, retailer and patients

INTRODUCTION:

Tablets are solid dosage forms containing a unit dose of one or more medicament. They are intended for oral administration purpose. Some tablets are swallowed whole or after being chewed, some are dissolved or dispersion in water before administration and some are retained in mouth where the active ingredient is liberated completely. Preparation intended for administration by other routes of administration, for example, in the form of implants and passerines may also be presented in the form of tablets but because they may require special formulations, methods of manufacture or from of presentation appropriate to the particular use they may not comply with all the requirement of this monograph. Tables are obtained by compression or comfection of uniform volumes of powders or granules by applying high pressure and using punches and dies. The particles to be compressed consist of one or more medicaments, with or without auxiliary diluents. substance such as binders. and disintegration agents, lubricant, glide ants and substances capable of modifying the behaviour of the medicaments in the digestive tracts. Such substances must be innocuous and therapeutically inert in the quantities present. Because of their composition, method of manufacture or intended use, tablets present variety of characteristics and consequently there are several categories of tablets. Useless otherwise stated in the individual monograph, tablets are uncoated. Where coating is permitted the monograph directs coating the statement reads . Unless otherwise directed, tablets may be coated or

uncoated tablet administered for oral ues.

Tablets are usually solid, right circulars cylinders, the end surfaces of which are flat or convex and the edges of which may be beveled, they may exist in others shapes like triangular, rectangular, etc also. They may have lines or break-marks and may bear a symbol or other markings. They are sufficiently hard to withstand handling without crumbling or breaking. Uncoated tablets may be signal-layer tablets resulting from a signal compression of particles or multi-layer tablets costing of parallel layers obtained by successive compression of particles of different compositions , no treatment is applied to such tablets after compression Any added substances are not ingredients in the digestive fluids. The addition of coloring or flavorings agents to uncoated tablets other than multi-layer tablets is not official unless permitted in the individual monograph. Uncoated tablets have the general characteristics of tablets. When a bracken section of uncoated tablet if the tablets fail to comply the discs the tablets comply the if thry all six have disintegrated.

COATED TABLET

Coated tablets are covers with one or more layers

mixture of various substances such as resins, gums, inactive, and insoluble fillers, sugars, plasticizes polyhydric alcohols, waxes, etc. the coating may also contain medicaments or without medicament in compression-coated tablets the coated is applied by compressing around the tablets granules prepared from tablets the coating is applied as a coating are usually applied as a solution or suspension in condition in which evaporation of the vehicle occurs. When the coating is thin, the tablets are described as a film coated. Coated tablets may

The advantages of the bi-layer tablet dosage form are:

- They are unit dosage form and compromise the greatest capabilities of all oral dosage form for the greatest dose precision and the least content variability.
- Cost is lower compared to all other oral dosage form.

contain flavoring and or one or more coloring agents permitted under the drug and cosmetic rules 1945Coated tablets have a smooth. Usually polished and after colored. Surface: a broken sections examined under a lens shows a core surrounded by one or one more continuous layers of a different texture of the tablet..

Coated tablets other than film-coated tablets comply the test for disintegration of tablets and capsules use water a liquids medium add a disc to each tube operate the apparatus for 60 minuets unless otherwise justified and authorized and examine the state of the tablets if any has not disintegrated repeats the test on a further six tablets replacing water which 0.1 M hydrochloric acid the tablets comply with the test if all six tablets have disintegrated in the acid medium. Film–coated tablets comply with the disintegration test pre cribbed over expect that the apparatus is operated for 30 minute unless otherwise justified and authorized.

If coated tablets or film-coated tablets fail to comply because of adherence to the discs repeat the test on a further six tablets omitting the discs the tablets comply with the test if all six hav disintegrate completely.

- Lighter and compact.
- Easiest and cheapest to package and strip.
- Easy to swallowing with least tendency for hang-up.
- Unpleasant odour and bitter taste can be masked by coating technique.
- Suitable for large scale production.
- Greatest chemical and microbial stability over all oral dosage form.

Product identification is easy and rapid requiring no additional steps when employing an pressed and/or identified punch face.

Disadvantages of Bi-Layer Tablet Dosage Form are:

- Hard to swallow in case of children and insentient patients.
- Some drugs resist compression into dense compacts, owing to unstructured nature, low density character.
- Drugs with poor wetting, slow dissolution properties, optimum absorption high in GIT may be difficult to formulate or manufacture as a tablet that will still provide satisfactory or full drug bioavailability.
- Bitter testing drugs, drugs with an unpleasant odour or drugs that are sensitive
 - Should have the chemical and physical stability to maintain its physical characteristics over time.
 - The bi-layer tablet must be able to release the medicinal agents in a probable and reproducible manner.

1) OLMESARTAN MEDOXOMIL

Chemical structure:



IUPAC Name: (5-methyl-2-oxo-2*H*-1,3dioxol-4-yl)methyl 4-(2-hydroxypropan-2-yl)- to oxygen may require encapsulation or coating

General properties of Bi-Layer Tablet Dosage Forms:

- bi-layer tablet should have elegant product identity while free of defects like chips, cracks, mark, and impurity.
- Should have sufficient strength to withstand mechanical shock during its production packaging, shipping and dispensing.
- Must have a chemical stability shelf life, so as not to follow adjustment of the medicinal agents.

2-propyl-1-({4-[2-(2*H*-1,2,3,4-tetrazol-5yl)phenyl]phenyl}methyl)-1*H*-imidazole-5carboxylate.

a) Olmesartan medoxomil is an orally active, selective angiotensin II receptor (type AT1) Angiotensin II antagonist. is the primary vasoactive hormone of the renin angiotensin-aldosterone system and plays a significant role in the pathophysiology of hypertension. The effects of angiotensin II include vasoconstriction, stimulation of the synthesis

of

aldosterone,

cardiac

release

and

stimulation and renal reabsorption of sodium. Olmesartan blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II by blocking its binding to the AT1 receptor in tissues including vascular smooth muscle and the adrenal gland. The action of olmesartan is independent of the source or route of synthesis of angiotensin II. The selective antagonism of the angiotensin II (AT1) receptors by olmesartan results in increases in plasma renin levels and angiotensin I and II concentrations, and some decrease in plasma aldosterone concentrations.

2) HYDROHLOROTHIAZIDE

Chemical Structure:

$$CI$$
 H_2N S NH $O'O$ $O'O$

IUPAC Name: Hydrochlorothiazide is 6-chloro-3,4-dihydro-2H-1,2,4-benzothiadiazine-7-sulphonamide1,1-dioxide.

Hydrochlorothiazide is a thiazide diuretic. The mechanism of the Antihypertensive effect of thiazide diuretics is not fully known. Thiazides affect the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of sodium and approximately chloride in equivalent The diuretic action of amounts. hydrochlorothiazide reduces plasma volume, increases plasma renin activity and increases aldosterone secretion. with consequent increases in urinary potassium and bicarbonate loss, and decreases in serum potassium. The renin-aldosterone link is mediated by angiotensin II and therefore coadministration of an angiotensin II receptor antagonist tends to reverse the potassium loss associated with thiazide diurctics. With hydrochlorothiazide, onset of diuresis occurs at about 2 hours and peak effect occurs at about 4 hours post-dose, whilst the action persists for approximately 6-12 hours. Epidemiological studies have shown that long-term treatment with hydrochlorothiazide monotherapy reduces the risk of cardiovascular mortality and morbidity.

Materials and methods

Table 1: List of Drugs and Excipients

No	Ingredients	Category	Mfg./Supplier
1	Olmesartan Medoxomil	API	Aurobindo Pharma Ltd, India
2	Hydrochlorothiazide	API	Alembic Pharmaceuticals Ltd, India
3	Lactose Monohydrate	Diluent, Filler	DFE Pharma, Pune India

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4	Mannitol	Diluent	Quingdao bright moon seaweed group
			co. Ltd, Mumbai, India
5	Maize starch	Diluent, Binder,	DFE Pharma, Pune India
		Disintegrant	
6	Hydroxypropyl cellulose Klucel LF	Release-	Shin-Etsu Chem pvt Ltd
		modifier	
7	Low Substituted Hydroxypropyl	Disintegrant	Shangdong head co. Ltd
	Cellulose LH-11		
8	Microcrystalline Cellulose PH-101	Diluent,	Ankit pulps & boards
		Disintegrant	
9	Croscarmellose Sodium	Disintegrant	DFE Pharma, Pune India
10	Colloidal Silicon dioxide	Glidant,	Cabot Sanmer Ltd, Goa, India
		Disintegrant	
11	Crospovidone (Polyplasdone XL 10)	Disintegrant	Quazhou Jianhua Nanhang Industrial
			co. Ltd
12	Sodium starch Glycolate (Primogel)	Disintegrant	Colorcon, 3702 E, 21 st street
			Indianpolis, Indiana-46218, USA
13	Povidone (PVP K-30)	Binder	BASF Germany
15	Isopropyl Alcohol	Solvent	Deepak fertilizers & petrochemicals co.
			Ltd
16	Methylene Chloride	Solvent	Cure medicines(I) pvt Ltd
17	Purified water	Solvent	-
18	Color lake of Tartrazine	Color	Colorcon, 3702 E, 21 st street
			Indianpolis, Indiana-46218, USA
19	Color Iron red oxide	Color	Standardcon Pvt Ltd, Mumbai, India
20	Color lake of Ponceau 4R	Color	Corel PharmaChem
21	Magnesium Stearate	Lubricant	Ferro Corporation
22	Talc	Glidant,	Luzenac ValChisone SPA
		Lubricant	Pharmaceutical

1. <u>Sifting</u>:

- Following material sifted through 40#
 sieve: Olmesartan Medoxomil,
 Microcrystalline cellulose PH 101
 and mixed together in geometric
 pattern in polyethylene bag.
- ii) Then following material sifted through 40# sieve: Maize starch,

Sodium starch glycolate (Primogel), Croscarmellose sodium, Colloidal silicon dioxide.

iii) Color of Tartrazine sifted through 100# sieve.

Dry mixing: Step 2 materials mixed in RMG for 20 min at slow speed

Methods of preparation

Manufacturing procedure:

• For Hydrochlorothiazide Part

1. <u>Dispensing</u>: all materials planned in formula were approximately weighed.

- 2. <u>Sifting</u>:
- Following material sifted through 40# sieve: Hydrochlorothiazide, Microcrystalline cellulose PH 101 and mixed together in geometric pattern in polyethylene bag.
- ii) Then following material sifted through 40# sieve: Mannitol, Crospovidone (Polyplasdone XL10) and Low Substituted Hydroxypropyl cellulose LH-11.
 - <u>Sizing</u>: step 5 materials sifted through 10# sieve.

- <u>Dry mixing</u>: Step 2 materials mixed in RMG for 20 min at slow speed i.e. mixer speed 150 rpm and mixer current are 1.30 Amp.
- Binder: Povidone PVP K-30 added and dissolved in 60 gm isopropyl alcohol and into added 30 gm Methylene chloride under stirring.
- 5. <u>Granulation</u>: Step 3 material granulated in RMG in following manner:
- <u>Drying</u>: step 6 material dried in RFBD as follows:
- 8. <u>Sizing</u>: Step 7 materials sifted through 30# sieve.
- 9. <u>Pre-lubrication</u>: Colloidal silicon dioxide and crosscarmellose sodium sifted through 40# sieve.
- 10. Step 8 and 9 mixed in octagonal Blender for 20 min.
- 11. <u>Lubrication</u>: Step 10 material mixed with 50# sifted Magnesium stearate in Octagonal blender for 5 min.

For Olmesartan Medoxomil Part/

- 2. <u>Dispensing</u>: All materials planned in formula were approximately weighedi.e. mixer speed 150 rpm and mixer current are 1.30 Amp.
- 3. Binder:
 - <u>i)</u> 60 gm of Purified water heated to boil and 30 gm water added separately to maize starch in Polythene bag to form slurry.
 - ii) Slurry added to boiling water under heating condition, continuous agitation done using spatula and cooked for 2-5min to form translucent paste.
 - iii) This paste kept for cooling at room temperature.
- 4. Granulation: Step 3 material granulated in RMG using step 4 paste in following manner:
- 5. <u>Sizing</u>: Step 5 materials sifted through 10# sieve.
- 6. <u>Drying</u>: Step 6 material dried in RFBD as follows:
 - 1. Talc
 - 2. Magnesium stearate
- 3. <u>Sizing</u>: Step 7 materials sifted through 30# sieve.
- 4. <u>Lubrication</u>: Step 8 material mixed with following 60# sifted material in Octagonal blender for 5 min.

Formulation development of Olmesartan medoxomil & Hydrochlorothiazide Bilayer tablet

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No	Ingredients	F1	F2	F3	F4	F5	F6	F7	F8, F9, F10
	0	Prototype							Stability-I, II & III
Hy	drochlorothiazide Part								
Dr	y Mix			-		-	-	-	-
1	Hydrochlorothiazide	12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50
2	Lactose Monohydrate	40	40	40	-	-	-	-	-
3	Mannitol	-	-	-	20.69	25.61	23.24	23.24	q.s. to 75.00 [33.24]
4	Microcrystalline Cellulose PH 101	18.20	18.35	18.35	30.00	25.00	25.00	25.00	15.00
5	Hydroxypropyl cellulose Klucel LF	3.00	3.00	3.00	-	-	-	-	-
6	Crospovidone (Polyplasdone XL 10)	-	-	-	3.00	3.00	3.00	3.00	3.00
7	Low Substituted Hydroxypropyl Cellulose LH-11	-	-	-	3.00	3.00	3.00	3.00	3.00
8	Color lake of Ponceau 4R	0.30	0.15	-	-	0.30	-	-	-
9	Color Iron red oxide	-	-	0.150	0.30	-	-	-	-
Bir	der								
10	Povidone (PVP K-30)	-	- K	-	3.00	3.00	3.00	3.00	3.00
11	Isopropyl Alcohol			4	q.s.		q.s.	q.s.	q.s.
12	Methylene Chloride	-	-	-	-	q.s.	q.s.	q.s.	q.s.
13	Purified water	q.s.	q.s.	q.s.	-	-	-	-	-
Pre	lubrication								
14	Croscarmellose Sodium	5.00	5.00	5.00	3.00	3.00	3.00	3.00	3.00
15	Colloidal Silicon dioxide	- 14	-	-	1.13	1.13	1.13	1.13	1.13
16	Low Substituted Hydroxypropyl Cellulose LH-11				2.25	2.25	-	-	-
17	Color lake of Ponceau 4R		-	-	-	0.08		-	-
Lu	brication								
18	Magnesium Stearate	1.00	1.00	1.00	1.13	1.13	1.13	1.13	1.13
Lag	yer Weight(mg)	80.00	80.00	80.00	80.00	75.00	75.00	75.00	75.00

No	Ingredients	F1	F2	F3	F4	F5	F6	F7	F8, F9, F10
		Prototype							Stability-I, II & III
Oh	mesartan Medoxomil Par	t							
Dr	y Mix								
1	Olmesartan Medoxomil	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
2	Microcrystalline	18.00	15.00	15.00	18.70	23.70	23.40	23.40	q.s. to 65mg [23.40]
	Cellulose PH 101								
3	Lactose Monohydrate	21.000	24.00	24.00	-	-	-	-	-
4	Maize starch	-	-	-	10.00	10.00	10.00	10.00	10.00
5	Color lake of Tartrazine	-	-	-	-	-	0.30	0.30	0.30
6	Sodium starch	-	-	-	-	-	3.00	3.00	3.00
	Glycolate (Primogel)								
7	Croscarmellose Sodium	-	-	-	-	-	3.00	3.00	3.00
8	Colloidal Silicon Dioxide	-	-	-	-	-	1.30	1.30	1.30
Biı	nder								
9	Maize starch	-	-	-	2.60	2.60	2.60	2.60	2.60
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10	Purified water	q.s.							
Pre	elubrication								
11	Sodium starch Glycolate	-	-	-	3.00	3.00	-	-	-
_	(Primogel)								
12	Croscarmellose Sodium	-	-	-	3.00	3.00	-	-	-
13	Colloidal Silicon Dioxide	-	-	-	1.30	1.30	-	-	-
Lu	brication								
14	Talc	-	-	-	0.70	0.70	0.70	0.70	0.70
15	Magnesium Stearate	1.00	1.00	1.00	0.70	0.70	0.70	0.70	0.70
Lag	yer Weight(mg)	60.00	60.00	60.00	60.00	65.00	65.00	65.00	65.00

Evaluation of bilayer tablets

A. Evaluation of Tablets

a) Evaluation of pre-compression parameters^[28]

i) Total Moisture Content:

Weighed amount of powder (1g) was placed on the IR balance of LOD apparatus METTLER TOLEDO HG-63 Halogen at 105°C and the amount of moisture in the granules was determined. Acceptance criteria: the LOD of the granules should be between 2-3%.

ii) Bulk Density:

Acurately weighed quantity of dried granules into graduated 100ml measuring cylinder, volume was noted and Bulk Density was calculated by given formula.

Bulk Density = $\frac{We}{Volume of the untapped powder}$

iii) Tapped Density:

It was determined by placing a graduated 100 ml measuring cylinder, containing a known mass of dried granules. The cylinder was allowed to fall under its own weight onto a hard surface from the height of 10 cm at second interval for 100 taps to obtain constant volume of powder bed. The final volume was noted and Tapped Density was calculated using the following formula.

Tapped Density = $\frac{\text{Weight of the tapped powder}}{\text{Volume of the tapped powder}}$

iv) Carr's Compressibility Index:

The flow property of the granules was determined by % Carr's Index. It was calculated by following formula

(%)Carr's Index =
$$\frac{\text{Tapped Density} - \text{Bulk Density}}{\text{Tapped Density}} \times 100$$

Fable 11:	USP	limits	for	Carr's	Comp	ressibility	Index
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Sr. No.	Compressibility Index	Flow Property
1	<10	Excellent

2	11-15	Good
3	16-20	Fair
4	21-25	Passable
5	26-31	Poor
6	32-37	Very poor
7	>38	Very very poor

v) Hausner's Ratio:

Hausner's Ration is an indication of flow ability of the granules. It was calculated by following formula

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

Sr. No.	Hausner's Ratio	Flow Property
1	1.00-1.11	Excellent
2	1.12-1.18	Good
3	1.19-1.25	Fair
4	1.26-1.34	Passable
5	1.35-1.45	Poor
6	1.46-1.59	Very poor
7	>1.60	Very very poor

Table 12: USP limits for Hausner's ratio

vi) Sieve Analysis:

Sieve Analysis was used to determine Particle size of granules. Procedure was same as per Particle size determination of API mentioned in Chapter 6.2.1.F

b) Evaluation of post-compression parameters^[29]

I. In Process Quality Control Test

i) <u>Weight variation:</u>

Twenty tablets were selected randomly from the lot and weighed individually to check for weight variation. Average weight of tablets was determined and compared with average weight the positive and negative deviation. The tablets meet USP specification if no more than 2 tablets are outside the percentage limit and if no tablets differ by more than 2 than the percentage limit. Thickness of tablet is important for uniformity of tablets size. Thickness was measured using Digital Vernier Caliper. Thickness of tablet was checked after compression.

iii) Hardness:

The resistance of tablets to shipping or breakage, under conditions of storage, transportation and handling before usage, depends on its hardness. The Hardness of the prepared tablets of each formulation was determined using a PHARMA TEST (PTB-411) hardness tester. Ten tablets were tested for hardness from hardness from each batch and mean and SD were

ii) <u>Thickness:</u>

calculated. It was measured in terms of Kp.

iv) Friability:

Friability is the measurement of tablet strength. (EF-2) ELECTROLAB friability tester

was used for testing the friability. 6.5 g tablets were weighed accurately and placed in the friabilator that revolves at 25rpm for 4min dropping the tablets through a distance of six inches with each revolution. After 100 revolutions the tablets were removed and dedusted, reweighed and the percentage loss in tablets weight was determined.

v) Disintegration Time:

In vitro disintegration time of the prepared tablets was carried out at $(37\pm2^{\circ}C)$ in 900 ml distilled water using a disintegration test apparatus (Electrolab-ED-2L). 6 tablets were selected randomly and placed in each basket, and machine was started. The time at which complete tablet get disintegrated was recorded as disintegration time of the tablet.

II. Assay and Relative substances (By HPLC)^[30]

Chromatographic system

Appratus:- HPLC, PDA detector, column-C₁₈, 250 mm×4.6 mm, 5 μ Inertsil ODS 3V, column temperature-Ambient, flow rate-1.0ml/min, Injection volume-20 μ L, wavelength-237 nm, Run time-15 min, Instrument set up, Isocratic.

Mobile Phase:- A mixture of methanol: water in the ratio of 75:25% v/v was used as mobile

phase. Mixed solvents were filtered through 0.2 μ m cellulose acetate membrane filters (Sartorius Ste-dim Biotech S.A.Aubagne Cedex, France) with a solvent filtration apparatus, degassed and used as mobile phase. Same was used as diluents for the preparation of drug solutions.

Preparation of 0.1M Ammonium acetate buffer:- Accurately accurate amount of ammonium acetate is dissolved in 1000 ml water, mixed well.

Diluent blank preparation:- Mobile phase used as diluent blank.

Standard preparation:-

Stock solution of Olmesartan Medoxomil: Weighed accurate 10mg amount of Olmesartan Medoxomil sample working standard into 10 ml clean and dry volumetric flask and added about 7 ml of mobile phase, sonicated to dissolve and diluted to volume with mobile phase.

Stock solution of Hydrochlorothiazide: Weighed and transferred accurately about 20 mg of Hydrochlorothiazide working standard into 10 ml clean and dry volumetric flask and the volume was made up to with mobile phase. The containers used for storage were screw-capped tubes coated externally by aluminium foil.

Sample Preparation:

Weighed and transfer 20 whole tablets (equivalent to about 10 mg of Olmesartan Medoxomil) into a 10 ml volumetric flask, dissolving in the mobile phase, sonicated for about 10 minutes with intermittent shaking, diluted with mobile phase to volume and mixed well. Filter the solution through 0.45 μ nylon membrane syringe filter. Transfer 5 ml

of filtrate to a 50 ml volumetric flask and to volume with mobile phase. The solution was used for the estimation of Olmesartan Medoxomil and Hydrochlorothiazide (100 μ g/ml).

III. In-vitro drug release (Dissolution) Study^[31,13,23]

In vitro drug release studies of all the formulations were carried out using tablets dissolution test apparatus (USP type-II) at 75 rpm. Phosphate buffer 900 ml, pH 6.8 was used as the dissolution media with temperature maintained at $(37\pm0.5^{\circ}C)$. Samples (5 ml) were withdrawn at 60min, filtered, diluted suitably and analyzed by HPLC system.

IV. Stability Study^[32]

Introduction: In any rational drug design or evaluation of dosage forms, the stability of the active component must be major criteria in determining their acceptance or rejection. Stability of a drug can be defined as the time from the date of manufacture and the packaging of the formulation, until its chemical or biological activity is not less than a predetermined level of labeled potency and its physical characteristics have not changed appreciably or deleteriously.

Objective of the Study

The purpose of the testing is to provide evidence on how the quality of a drug substance or drug product varies with time under the influence of a variety of environmental factors such as temperature, humidity and light, enabling recommended storage conditions, re-test periods and shelflives.

The International Conference on Harmonization (ICH) Guidelines titled "Stability Testing of New Drug Products" (QIC) describes the stability test requirements for drug registration applications in the European Union, Japan and the United States of America.

ICH specifies the length of study and storage conditions.

Accelerated Testing: 40±2°C/75±5% RH for 6 months.

Intermediate Testing: 30±2°C/65±5% RH for 6 months.

Long-term Testing : 25±2°C/60±5% RH for 12 months

RESULT AND DISCUSSION

A. Preformulation Study

a) Characterization of API

Table 13: Result for Characterization of API

Sr. No.	Characterization	Olmesartan midoxomil	Hydrochlorothiazide
1	Color	White to off-white	White

2	Odor	Odorless	Odorless
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b) Solubility Study

Fable 14:	Result	for	Solubility	of API
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Sr. No.	Characterization	Solubility
1	Olmesartan midoxomil	Soluble in methanol, ethanol and acetonitrile and
		insoluble in water.
2	Hydrochlorothiazide	Soluble in acetone, methanol. sparingly soluble
		in ethanol (95%); very slightly soluble in water.

c) Melting point Determination

Table 15: Result for Melting point determination of API

Sr. No.	Characterization	Mel	ting point
		Observed	Reference
1	Olmesartan midoxomil	176-178°C	178°C
2	Hydrochlorothiazide	274-276°C	274°C

d) UV Spectrophotometry Study:

i) λ_{max} Determination.

Table 16: Result for λ_{max} determination of API

Sr. No.	API		λ _{max}
		Observed	Reference
1	Olmesarta <mark>n midoxom</mark> il	231.00 nm	231.00 nm
2	Hydrochlorothi <mark>azide</mark>	283.00 nm	283.00 nm

ii) Preparation of Calibration Curve

For OLMESARTAN MIDOXOMIL

Table 17: Absorbance values at various concentration of Olmesartan Mioxomil in Methanol

Sr. No.	Concentration (µg/ml)	Absorbance
1	0	0
2	4	0.188
3	8	0.312
4	12	0.488
5	16	0.644
6	20	0.799



Figure 1: determination of λ_{max} and calibration curve of Olmesartan midoxomil



Figure 2: Calibration curve of Olmesartan midoxomil in methanol

For HYDROCHLOROTHIAZIDE

 Table 18: Absorbance values at various concentrations of Hydrochlorothiazide in methanol

Sr. No.	Concentration (µg/ml)	Absorbance
1	0	0
2	4	0.166
3	8	0.323
4	12	0.483
5	16	0.637
6	20	0.804



Figure 3: Determination of λ_{max} and calibration curve of Hydrochlorothiazide



Figure 4: Calibration curve of Hydrochlorothiazide in methanol

- e) FTIR Study
- i) Olmesartan midoxomil

Table 19: Interpretation of FTIR spectrum of Olmesartan midoxomil

Sr. No.	Frequency (cm ⁻¹)	Description	Mode of Vibration
1	3461	-N-H, O-H	Stretching
2	2981, 2949	Aliphatic –C-H	Stretching
3	2629, 2358	2629, 2358 N-H ⁺	
4	1743	Acid C=O Aromatic –C=	Stretching
5	1601	Aromatic –C=C	Stretching
6	1496, 1382, 1357	Aliphatic –C-H	Bending
7	1319	-C-N	Stretching
8	1135	Ether C-O	Stretching
9	1092	Aromatic C-Cl	Stretching
10	805, 757, 699	Aromatic C-H	Stretching



Figure 5: FTIR Chromatogram of OLMESARTAN MIDOXOMIL

ii) Hydrochlorothiazide

Table 20: Interpretation of FTIR spectrum of Hydrochlorothiazide

Sr. No.	Frequency (cm ⁻¹)	Description	Mode of Vibration
1	3392	<mark>О-</mark> Н	Stretching
2	3058	Ar <mark>omat</mark> ic –C-H	Stretching
3	2975, 2928	Aliphatic –C-H	Stretching
4	1637, 1607, 1594, 1497	-C=C	Stretching
5	1563, 1408	-C=0	Stretching
6	1440, 1341	Aliphatic –C-H	Bending
7	1440, 1341	Aliphatic –C-H	Bending
8	1144	-C=O	Stretching
9	1068	-C-Cl	Stretching
10	963, 837, 761	-С-Н	Bending

() SHIMADZU



Figure 6: FTIR Chromatogram of HYDROCHLOROTHIAZIDE

f) Particle size Determination of API

Table 21: Particle size analysis of API by Sieve analysis

Sieve	% Weight retained on sieve							
No.	Olmesartan <mark>mid</mark> oxomil	Hydrochlorothiazide						
#20	17.40	14.16						
#40	47.56	51.52						
#60	04.12	03.89						
#80	05.22	04.88						
#100	06.02	04.12						
Pan	19.68	21.43						

B. Evaluation of Tablets

a) Evaluation of pre-compression parameters

DRY MIX

Table 23: Pre-compression parameter of Dry mix of Hydrochlorothiazide and Olmesartan midoxomil

	HYI	DROCHLOF	ROTHIA	ZIDE	OLM	IESARTAN	MIDOX	OMIL
Batch	Bulk	Weigl	nt	Loss on	Bulk	Weigl	nt	Loss on
	densit	Theoretic	Actu	Drying	densit	Theoretic	Actu	Drying
	У	al(g)	al(g)	(%w/w)	У	al(g)	al(g)	(%w/w)
	(g/ml)				(g/ml)			
F1	0.5380	79.00	77.09	2.69	0.3990	59.00	57.81	2.32
F2	0.4785	79.00	76.21	2.46	0.3569	59.00	56.93	2.04
F3	0.5102	118.00	116.2	3.14	0.3837	158.00	157.2	3.02
			1				1	
F4	0.4300	69.49	68.11	2.19	0.4000	48.70	46.94	2.26
F5	0.5236	64.44	63.18	1.65	0.3854	43.46	41.94	1.34
F6	0.4564	66.74	65.19	3.46	0.3800	61.00	59.64	6.47
F7	0.4860	200.22	198.1	2.64	0.3614	183.00	181.4	6.05
		J	6				8	
F8	0.4500	183.00	181.1	4.47	0.5000	200.22	199.0	2.34
			1				2	
F9	0.4342	200.22	198.3	2.30	0.4838	183.00	181.0	5.26
			1				5	
F10	0.4450	200.22	197.9	1.86	0.4854	183.00	181.3	4.41
			4				9	

DRY GRANULES

152

Table 24: Pre-compression parameter of Dry Granules of Hydrochlorothiazide and Olmesartan

	HYDROC	CHLORC	THIAZIDE	OLMESARTAN MIDOXOMIL			
Batch	Weight		Loss on	Weigh	Loss on		
	Theoretica	Actual	Drying	Theoretica	Actual	Drying	
	l(g)	(g)	(%w/w)	l(g)	(g)	(%w/w)	
F1	79.00	77.48	1.57	59.00	58.12	2.30	
F2	79.00	77.68	1.77	59.00	58.11	1.49	
F3	118.00	117.44	2.36	158.00	157.69	1.93	
F4	72.49	64.81	2.54	51.30	47.69	4.01	
F5	67.44	63.02	2.39	56.30	52.42	4.20	
F6	69.74	64.83	2.58	63.60	57.26	3.33	
F7	209.22	209.91	3.01	190.80	173.81	4.26	
F8	190.80	172.62	4.00	209.22	208.14	2.47	
F9	209.22	199.54	2.95	190.8	174.85	3.41	
F10	209.22	203.05	2.84	190.8	176.45	3.04	

midoxomil

LUBRICATED GRANULES

Table 25: Pre-compression Parameters of Lubricated Granules of HYDROCHLOROTHIAZIDE part

Batc	Bulk	Tapped	Hausner	Carr's	Weig	ht	Loss on
h	density	density(g/m	's ratio	index	Theoretical	Actual(Drying
	(g/ml)	D		%	(g)	g)	(/0₩/₩)
F1	0.5660	0.6530	1.1537	13.323 1	80.00	78.19	1.69
F2	0.5379	0.6846	1.2727	21.428 6	80.00	78.04	1.83
F3	0.5344	0.6108	1.143	12.508 2	120.00	118.13	2.29
F4	0.4500	0.5600	1.2444	19.642 9	80.00	72.63	2.93
F5	0.4800	0.6100	1.2708	21.311 5	75.00	70.12	3.59
F6	0.3700	0.4700	1.2703	21.276 6	75.00	69.48	3.02
F7	0.4600	0.5940	1.2913	22.558 9	225.00	213.04	3.15

F8	0.5700	0.7800	1.3684	42.596	195.00	178.21	4.31
				7			
F9	0.5277	0.6303	1.1944	19.463	225.00	211.23	3.13
				1			
F10	0.4926	0.5923	1.2024	21.428	225.00	215.69	2.75
				6			

Table 26: Pre-compression Parameters of Lubricated Granules for OLMESARTAN MIDOXOMIL part

Batch	Bulk	Tapped	Hausner'	Carr's	Weigl	ht	Loss on
	density	density(g/ml	s ratio	index	Theoretical(Actual(g	Drying
	(g/ml))		%	g))	(%w/w)
F1	0.4280	0.5500	1.2850	22.181	60	59.02	2.52
				8			
F2	0.4711	0.6909	1.4666	31.813	60	58.96	1.45
				6			
F3	0.5000	0.6100	1.2200	18.032	160	159.14	2.35
				8			
F4	0.5600	0.6400	1.1429	12.500	60	55.14	4.35
				0			
F5	0.5200	0.5900	1.1346	<mark>1</mark> 1.864	65	59.48	3.63
				4			
F6	0.4700	0.5400	1 <mark>.1489</mark>	12.963	65	58.28	4.46
				0			
F7	0.4800	0.5942	1.2379	19.219	195	177.81	4.52
				1			
F8	0.4200	0.5200	1.2381	14.141	225	211.96	3.18
				2			
F9	0.4375	0.5600	1.2800	19.298	195	180.02	3.66
				2			
F10	0.47	0.5834	1.2413	31.813	195	180.13	3.90
				6			

SIEVE ANALYSIS

Table 27: Result for Sieve analysis for Blend of various Batches

Batch	Sieve Number	#20	#40	#60	#80	#100	Fines
F1	Hydrochlorothiazide	0.00	57.23	16.83	11.05	4.62	10.27
	Olmesartan	0.00	57.03	14.45	14.93	5.56	8.03
	Midoxomil						
F2	Hydrochlorothiazide	0.00	46.38	20.30	20.54	3.40	9.38

	Olmesartan	0.00	14.27	8.23	9.63	8.64	59.23
	Midoxomil						
F3	Hydrochlorothiazide	0.00	59.35	18.73	10.53	6.50	4.89
	Olmesartan	0.00	43.39	20.06	19.19	3.33	14.03
	Midoxomil						
F4	Hydrochlorothiazide	0.00	48.65	16.23	9.70	3.89	21.53
	Olmesartan	0.00	60.16	18.64	16.8	1.60	2.80
	Midoxomil						
F5	Hydrochlorothiazide	0.00	12.73	8.53	15.24	7.93	55.57
	Olmesartan	0.00	67.23	21.18	9.82	0.85	0.92
	Midoxomil						
F6	Hydrochlorothiazide	0.00	54.82	24.63	15.27	1.53	3.75
	Olmesartan	0.00	27.40	15.15	21.53	7.91	28.01
	Midoxomil						
F7	Hydrochlorothiazide	0.00	21.24	15.94	17.55	20.37	24.90
	Olmesartan	0.00	28.85	19.64	16.81	8.76	25.94
	Midoxomil						
F8	Hydrochlorothiazide	0.00	20.82	16.92	16.05	22.91	23.30
	Olmesartan	0.00	30.09	17.54	14.70	5.66	32.01
	Midoxomil						
F9	Hydrochlorothiazide	0.00	37.63	17.64	12.94	4.53	27.26
	Olmesartan	0.00	<mark>16.4</mark> 6	11.56	22.02	10.75	39.21
	Midoxomil						
F10	Hydrochlorothiazide	0.00	36.22	15.99	10.28	6.98	30.53
	Olmesartan	0.00	18.43	13.23	19.63	9.14	39.57
	Midoxomil						

b) Evaluation of post-compression parameters for Bilayer Tablet

I. In Process Quality Control Test

Table 28: Post-compression Evaluation parameters for Bilayer tablet

	Batch		Target	Thickness	Hardnes	D.T.(min)
No.	Туре	Size	weight	(mm)	s (kp)	
			(mg)			
F1	Prototyp	1000 Tab	140±5 %	2.6-2.7.	3.91-	8.51
	e				4.67	
F2	Trial	1000 Tab	140±5 %	2.7-2.8	3.29-	5.12
					4.01	
F3	Trial	2000 Tab	140±5 %	2.6-2.7	3.56-	4.36
					4.15	

F4	Trial	1000 Tab	140±5 %	2.9-3.0	4.81-	6.12
					6.03	
F5	Trial	1000 Tab	140±5 %	2.7-2.8	4.61-	5.23
					4.79	
F6	Trial	1000 Tab	140±5 %	2.6-2.7	4.40-	7.21
					5.49	
F7	Trial	3000 Tab	140±5 %	2.6-2.7	5.12	6.21
F8	Stability	3000 Tab	140±5 %	2.7-2.8	5.12-	4.35
					5.26	
F9	Stability	3000 Tab	140±5 %	2.7-2.8	4.03-	4.26
					5.93	
F10	Stability	3000 Tab	140±5 %	2.7-2.8	3.99-	4.21
					5.93	
1		r				

Punch Details: 7.4 mm flat faced beveled edge round plain punches.

Appearance:

F1-F5= Red and white colored round shaped flat faced uncoated tablet with beveled edges plain at both sides.

F6-F10= Yellow and white colored round shaped flat faced uncoated tablet with beveled edges plain at both sides.

I. Assay, % content uniformity and In-vitro Dissolution study

Result of Assay, In-vitro Dissolution study and % content uniformity of trial batches given in Table 29. In this F5 Batch showing High Assay, High % CU and Hydrochlorothiazide part gives Low Disso where Olmesartan midoxomil part gives High Disso release.

Table 29: Result of Analysis for Trial batches

			F	3	F	5	F	6	F	7
						Tr	ial			
Assay			НСТ	Olme	HCT	Olme	HCTZ	Olme	НСТ	Olm
(%)			Z		Z				Z	e
	L.G.	Тор	93.45	106.2	110.9	105.8	107.16	106.1	108.0	103.
	Blen			7	1	0		6	4	52
	d	Middle	95.26	104.2	109.4	107.5	105.50	104.9	107.2	103.
				9	5	6		4	6	56
		Bottom	103.4	106.2	116.4	112.4	104.14	106.2	109.1	101.
			3	4	2	-8		8	0	98
		Tablet	104.2	108.2	121.5	119.0	108.32	101.6	104.3	102.
			5	4	1	2		8	3	09
		Reference	(90-1	10)%	(90-1	10)%	(90-1	10)%	(90-11	L0)%
									L	
			HCT	Olme	НСТ	Olme	НСТ	Olme	НСТ	Olm
			Z		Z		Z		Z	e
			93.24	114.2	73.91	113.7	111.6	1054	108.2	97.5
Dissol	ution			5		9	4	6	4	4
(NI	ĹΤ		108.3	113.4	43.95	117.7	92.49	96.43	90.8	98.5
Q+5	5%)		7	1		8				9
			98.26	110.4	70.45	118.7	97.82	106.2	96.96	98.5
				5		7		7		6
			112.3	107.2	60.92	115.3	109.4	91.27	103.0	97.7
			5	6		8	5		5	0
			106.2	112.8	55.18	104.7	99.53	92.34	91.37	98.8
			7	6		3				5
			94.26	104.3	80.96	117.1	113.9	91.38	94.6	95.7
				8		2	2			3
		Mean	102.1	110.4	64.23	114.6	104.1	97.19	97.50	97.8
			3	4			4			3
		Reference	85-	90-	85-	90-	85-	90-	85-	90-
			115	110	115	110	115	110	115	110
			•		1		1			I

		НСТ	Olme	НСТ	Olme	НСТ	Olme	НСТ	Olm
		Z		Z		Z		Z	e
% content		96.53	93.43	119.7	117.6	112.43	114.8	113.9	101.
uniformity				6	9		4	5	44
(85-115)%		106.2	105.2	114.4	122.4	111.28	112.4	112.7	101.
		5	7	2	0		7	1	09
		98.34	104.3	118.6	121.7	110.92	94.43	113.2	100.
			8	5	4			5	97
		113.2	99.25	118.1	111.7	108.46	112.1	113.8	95.2
		8		8	6		5	5	9
		109.3	100.8	123.0	115.3	114.61	109.6	112.4	96.7
		4	3	1	0		8	8	2
	Mean	104.7	100.6	118.8	117.7	111.54	108.7	113.2	99.1
		5	3	0	8		2	5	0
	Reference	(85-1)	15) %	(85-1)	15) %	(85-11	(5) %	(85-11	.5) %

I. Assay, % content uniformity and In-vitro Dissolution study for Stability Batches

Here at Initial Stage Stability batches F8, F9 and F10 gives the satisfactory values of Assay, % content uniformity and In-vitro Dissolution study.

Table 30: Result of Analysis for Stability batches at Initial

	Batch N	0.	I	7 <mark>8</mark>	F	19	F	10
			HCTZ	Olme	HCTZ	Olme	HCTZ	Olme
Assa	L.G.	Тор	102.00	104.54	108.06	103.46	108.15	104.34
y(%)	blend	Middle	103.68	105.96	109.13	104.91	107.51	106.17
		Bottom	102.46	105.80	108.82	106.48	108.73	104.39
	Та	blet	102.23	99.12	106.36	102.58	106.15	98.75
	Refe	erence	(90-1	10)%	(90-1	10)%	(90-1	10)%
			HCTZ	Olme	HCTZ	Olme	HCTZ	Olme
			103.50	91.02	113.28	98.46	114.65	97.28
			107.47	97.83	103.54	93.58	111.31	94.61
Disso	lution		106.88	98.82	114.48	94.38	110.94	98.34
(NLT	CQ+5		111.39	96.67	108.61	96.19	110.47	97.46
9/	(o)		109.56	98.33	109.18	98.56	112.69	99.28
			95.55	98.11	110.64	100.08	111.93	94.99
		Mean	105.73	96.80	109.96	96.88	112.00	97.00

Referen	ce	85-115	90-110	85-115	90-110	85-115	90-110
		HCTZ	Olme	HCTZ	Olme	HCTZ	Olme
		111.35	97.00	111.14	96.70	112.32	95.57
% content		111.85	96.64	103.81	100.05	112.81	96.62
uniformity		113.94	97.99	106.53	99.00	113.93	96.07
(85-115) %		112.60	98.42	104.83	106.84	114.31	96.00
		113.79	98.14	99.51	103.78	109.60	91.40
	Mean	112.71	97.64	105.16	101.27	112.59	95.13
Referen	ce	(85-1	15) %	(85-1	15) %	(85-1	15) %





Figure 7: Chromatogram of Blank for Assay of Bilayer Tablet of OLMESARTAN MIDOXOMIL and HYDROCHLOROTHIAZIDE

Chromatogram



1 Det.A Ch1 / 236nm

PeakTable

Peak#	Name	RT(min)	Area	Area %	Tailing Factor	Theoretical Plate#
1	OLME	3.264	809178	26.107	1.26	4959
2	HCTZ	6.184	2290316	73.893	1.19	7124
Total			3099495	100.000		





1 Det.A Ch1 / 236nm

PeakTable

Peak#	Name	RT(min)	Area	Area %	Tailing Factor	Theoretical Plate#
1	OLME	3.259	821311	25.137	1.25	5066
2	HCTZ	6.121	2446063	74.863	1.18	7121
Total			3267374	100.000		

Figure 8: Chromatogram of Sample1 for Assay and Content Uniformity



PeakTable

Peak#	Name	RT(min)	Area	Area %	Tailing Factor	Theoretical Plate#
1	OLME	3.260	790684	22.816	1.25	5081
2	HCTZ	6.118	2674785	77.184	1.19	7122
Total	incitz		3465469	100.000		



. This bilayer tablet dosage form increases the stability which may reduce loss and cost of formulation. It improves the benefits of producer, retailer and patients

Allergic rhinitis is a common disorder that affects large population. The treatment goals for Hypertension are

Olmesartan midoxomil with Hydrochlorothiazide gives additional benefits in comparison with either drug alone and could be considered for patients whose quality of life is impaired by persistent Hypertension.

When tablets of the combination of these are prepared, they tend to become unstable during the shelf life of the formulation. Hence it is recommended to prepare a bilayer tablet; it improves and increases the stability by relief of symptoms. Therapeutic options available to reducing the acid base interactions of both the drugs in achieve this goal include various drugs. The combination combination there by increasing the bioavailability. To overcome the short coming of single layer tablet period of three years with drugs gives the different successful formulation and evaluation of Antihypertensive in a single dosage form as bilayer.

The parameters like solubility, melting point, λ_{max} were formulation color is added or more. evaluated to identify purity of drug and all parameters Refrence were found satisfactory and within prescribed official limits. Preformulation study was carried out. One prototype batch, six trial batches and then three stability batches for formulation and development were prepared using wet granulation and dry granulation. Excipient like Ponceau 4R and water may influence with the Hydrochlorothiazide that changes the color of tablets one part, hence we replace the color with Iron red oxide. Combination of excipient like disintegrants in Olmesartan Midoxomil part. For appropriate immediate release of Olmesartan Midoxomil Lactose were replaced with Starch. Sodium Starch Glycolate and crosscarmellose Sodium. Stability study performed as per ICH guidelines and satisfactory results were obtained which concluded that the batches F8, F9 and F10 are supposed to be stable and expected to remain for the

- 6. Indian Pharmacopoeia 2010, Gov. Of India, Ministry of Health and Family Welfare, The Indian Pharmacopoeia commission. Gaziabad. 6th edition. 2010(III):158,2186-88.
- 7. Indian Pharmacopoeia 2007, Gov. Of India, Ministry of Health and Family Welfare, The Indian Pharmacopoeia commission. Gaziabad. 2010(II):672-73.
- 8. Guillory JK, Rollard I, Poust. Chemical Kinetics and drug Stability Textbook of Modern Pharmaceutics. 4th edition:139-47.
- 9. Deliang Z, Qiu: 2009. Understanding Physicochemical Properties for Pharmaceutical Products Development and Manufacturing II

- 1. Kamalakkannan G, et al. 2007. Fixed-Dose Combinations Improve Medication Medication Compliance, The American Journal of Medicine. 120:713-19
- 2. Aulton ME. 2002. Pharmaceutics: The Science of Dosage Form Design. 2nd edition. Churchill Livingstone:133-34,398.
- 3. http://druginfocentre.blogspot.in/advantages-and disadvantages-of-tablets2013.
- 4. Lachman L, Liberman HA, Schwartz JB. 1989. Pharmaceutical dosage forms: Tablets. 1(2):247-278.
- 5. Lesney, Mark S. 2013. More than just the sugar in the pill. Today's Chemist at work. 10(1);Aug13:30-6.

Physical and Chemical Stability of excipient, Compatibility Journal of Validation Tech:34-36.

- 10. Jens C. 1995. ICH Guidelines. Drug Stability Principles and Practices. 2ndedition. New York: Marcel Dekker, Inc. 68:541-46.
- 11. Indian Pharmacopoeia 2014, Gov. Of India, Ministry of Health and Family Welfare, The Indian Pharmacopoeia commission. Gaziabad. 2014(I,II):192,256-57,2247-48.
- 12. Lachman L, Lieberman HA. 2009. The theory and practice of Industrial pharmacy. 3rd edition, Varghese publishing house:171-346.
- **13.** United State Pharmacopoeia, 35 NF-30. 2012(I):5975-5977.

- 14. <u>https://health.uconn.edu/pharmacy/wp-</u> <u>content/uploads/sites/60/2016/03/hf_med_hando</u> ut.pdf
- **15.** Siyad.AR. Hypertension, H.J.D.Med. vol.3(1), April-October 2011, pp.1-16.
- Farhad Farshi *et al.* Pharmaceutical Formulations of Olmesartan, EP2387392A1. December 30, 2008.
- Sathik J, Karuna DS, Rathnam G, Ubaidulla U.
 2014. Development of Stable Dispersable bilayer Tablet of Montelukast Sodium and Levocetrizine HCl. IJPDT. 4(4):237-244.
- 18. <u>www.mhra.gov.uk/spc-pil/</u>
- 19. Md Moiz, Srinivas P, Sadanandam M. 2011. Formulation and evaluation of bilayered tablets of montelukast and levocetrizine dihydrochloride Using natural and synthetic polymers. International Journal of Drug Delivery 3:597-618.
- 20. Vishwakarma AG, Mogal RT, Pawar AY. 2014.
 Bi-Layer Tablet- A New Ways in Oral Drug Delivery System. International Journal of PharmTech Research. 6(5):1416-1428.
- 21. Geetha K, Prasad D, Sudhakar M, Yasmin MB. 2014. Formulation and evaluation of bilayered floating tablets of cefuroxime axetil. Int J Pharm,4(3):297-306.
- 22. Ryakala H, Dineshmohan S., Ramesh A, Gupta VRM. 2015. Formulation and In Vitro Evaluation of Bilayer Tablets of Nebivolol Hydrochloride and Nateglinide for the Treatment of Diabetes and Hypertension. Journal of Drug Delivery:1-14.
- **23.** United State Pharmacopoeia, 29 NF-24, 2007(28):1061-1062.
- 24. Raymond C Rowe, Paul J Sheskey, Marian E Quinn. 2009. Handbook of Pharmaceutical Excipients. 6th edition. RPS Publishing House.

- **25.** British Pharmacopoeial Commission. British Pharmacopoeia 2010. London. 2010(I):A730.
- 26. Gurdeep RC, Sham KA. 2002. Instrumental methods of Chemical Analysis. 5th edition. Himalaya Publishing House:2.29-2.639.
- 27. Marydel, Jo Neil, The Merck Index an Encyclopedia of Chemical drug and biological 14th edition published by Merck Research laboratories Merck co, Inc white house NJ USA,9:6081.
- **28.** Q4B Evaluation recommendation of pharmacopoeial test for use in ICH region general chapter bulk density and tapped density of powders.
- 29. Nancy JBL, Jackson R. 2001. Drugs used in the treatment of Asthma. Goodman Gillman A.(Eds.).The pharmacological basis of therapeutics.10th edition. New york: McGraw Hill:647,735-38.
- **30.** Mohammed BI, *et al.* 2015. RP-HPLC Method for Simultaneous Estimation of Hydrochlorothiazide and Olmesartan Midoxomil in tablets. Indian E-Journal of Pharmaceutical Sciences. 01(01):18-20.
- 31. Jahufar S, *et al.* 2014. Development of Stable
 Dispersable Bi-Layer Tablet of
 Hydrochlorothiazide and Olmesartan
 Midoxomil, International Journal of
 Pharmaceutical Development & Technology.
 4(4):237-244.
- **32.** Q1C ICH guideline for stability testing for new dosage forms.
- 33. Barar F.S.K. Essentials of pharmacotherapeutics.4th edition. S.Chand & co. ltd,1985.
- 34. Sharma V, Chopra H. 2012. Formulation and Evaluation of Taste Masked Mouth Dissolving Tablets of Levocetirizine Hydrochloride. Iranian

Journal of Pharmaceutical research. 11(2):457-463.

- **35.** Raymond CR, Paul JS, Marian EQ. 2009. Handbook of Pharmaceutical Excipients, 6th edition, RPS Publishing.
- **36.** Joint FAO/WHO Expert Committee on Food Additives, Compendium of Food Additive Specifications, Food and Agriculture of the united nations Rome, 2011:91-94.

