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FORMULATION DEVELOPMENT AND EVALUATION OF VENLAFAXINE HYDROCHLORIDE ORODISPERSIBLE TABLETS

B.Senthilnathan* and Anusha Rupenagunta

School of Pharmaceutical Sciences, Department of Pharmaceutics, Vels University, Pallavaram, Chennai, Tamil Nadu, India

ABSTRACT

Keywords:

Rapid disintegration,
Superdisintegrant,
Venlafaxine,
In- vitro dispersion time

Correspondence to Author:

B. Senthilnathan

School of Pharmaceutical Sciences, Department of Pharmaceutics, Vels University, Pallavaram, Chennai, Tamil Nadu, India The objective of the present study was to develop venlafaxine hydrochloride orodispersible tablet by using conventional techniques which are simple and cost effective such as use of superdisintegrant technology. In this, sodium starch glycollate and Crosscarmellose sodium were used in the rapid disintegration of the tablets. In this various trials were conducted for the selection of optimum concentration of superdisintegrant. The optimized formula aids in the stabilization of final product. The blend and compressed tablets were evaluated for physical characteristics like bulk density, tapped density, angle of repose, hardness, friability, disintegration time, wetting time, water absorption ratio, In-vitro dispersion time and chemical characteristics like In-vitro dissolution, content uniformity and assay. The stability study was conducted for the optimized batch. This design of dosage form will open a new era for rapid disintegration tablets.

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INTRODUCTION: Orally disintegrating tablets are also called as orodispersible ^{1, 2, 3} tablets, quick disintegrating tablets, mouth dissolving tablets, fast disintegrating tablets, fast dissolving tablets, rapid dissolving tablets, porous tablets, and rapimelts. ODTs are the dosage forms containing medicinal substance or active ingredient which disintegrates rapidly usually within a matter of seconds when placed upon the tongue." The disintegration time for ODTs generally ranges from several seconds to about a minute.

Over a decade, the demand for development of orally disintegrating tablets (ODTs) has enormously increased as it has significant impact on the patient compliance. Orally disintegrating tablets offer an advantage for populations who have difficulty in swallowing. It has been reported that Dysphagia (difficulty in swallowing) is common among all age groups and more specific with pediatric, geriatric population along with institutionalized patients and patients with nausea, vomiting, and motion sickness complications.

ODTs with good taste and flavor increase the acceptability of bitter drugs by various groups of population. These problems led to development of novel types of solid oral dosage forms that disintegrates and dissolves rapidly in saliva without the need of drinking water, disintegrates and dissolves rapidly in saliva without the need of drinking water. Orally disintegrating tablets offer all advantages ^{5, 6, 7} of solid dosage forms and liquid dosage forms along with special advantages, which include:

- a. As ODTs are unit solid dosage forms, they provide good stability, accurate dosing, easy manufacturing, small packaging size, and easy to handle by patients.
- No risk of obstruction of dosage form, which is beneficial for traveling patients. Various challenges in the develop ODT⁷ are, rapid disintegration of tablet ,Avoid increase in tablet

have sufficient mechanical strength, minimum or no residue in mouth, protection from moisture, good package design, dose lower than 20 mg, small to moderate molecular weight, which do not have access to water. In this superdisintegrants major function is to oppose the efficacy of the tablet binder and the physical forces that act under compression to form the tablet. The mechanism by which tablet is broken down into smaller particles and then produces a homogeneous suspension solution. In this study direct compression method was selected for the formulation of venlafaxine 50mg orodispersible tablets by using different concentrations of Crosscarmellose sodium and Sodium starch glycollate as superdisintegrants.

MATERIALS AND METHODS:

Materials: Venlafaxine Hydrochloride was obtained from Orchid Chemicals and Pharmaceuticals Ltd., Sodium starch glycollate and Crosscarmellose sodium were obtained from Rankem limited, Mumbai. Other excipients used in this formulation were of analytical grade.

Methods:

Preparation of Venlafaxine Orodispersible tablets: Microcrystalline Venlafaxine Hydrochloride, cellulose, Superdisintegrants, Aerosil, Aspartame, Mannitol, Starch-1500 were sifted through # 40 mesh separately, collected in poly bags. Venlafaxine hydrochloride, Microcrystalline cellulose, Superdisintegrants, Aerosil, Aspartame, Mannitol, Starch-1500, Strawberry flavor were loaded into Octagonal blender and mixed. Sodium saccharine, Magnesium stearate, Talc were added to this and mixed for 10 minutes, then sifted through #60 mesh. Then the final blend was compressed in to tablets using Rotary press tablet compression machine. The formula for the preparation of various baches of Venlafaxine hydrochloride tablets were given in table 1.

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TABLE 1: FORMULATION OF VENLAFAXINE HYDRCHLORIDE 50 MG ORODISPERSIBLE TABLETS

In our disease	QUANTITY OF INGREDIENTS (mg)								
Ingredients	F ₁	F ₂	F ₃	F ₄	F ₅	F ₆	F ₇	F ₈	F ₉
Venlafaxine Hydrochloride	50	50	50	50	50	50	50	50	50
Crosscarmellose sodium	10	15	20	-	-	-	-	-	-
Cross povidone	-	-	-	10	15	20	-	-	-
Sodium starch glycollate	-	-	-	-	-	-	10	15	20
Avicel PH 101	34	34	34	34	34	34	34	34	34
Mannitol	63	58	53	63	58	53	63	58	53
Starch-1500	4	4	4	4	4	4	4	4	4
Talc	2	2	2	2	2	2	2	2	2
Aspartame	20	20	20	20	20	20	20	20	20
Aerosil	5	5	5	5	5	5	5	5	5
Magnesium stearate	2	2	2	2	2	2	2	2	2
Strawberry flavor	5	5	5	5	5	5	5	5	5
Sodium saccharin	5	5	5	5	5	5	5	5	5
TOTAL	200	200	200	200	200	200	200	200	200

Evaluation:

Pre-compression parameters ⁴⁷: The Angle of Weight Variation Test, Hardrepose, Bulk density, Tapped density, and Disintegration were decompressibility Index, Hausner's ratio and % LOD Standard Procedures and the were determined and results were given in Table 2 tabulated in Table 3 and 3.1. and 2.1.

Post compression parameters ^{48, 49}: Thickness, Weight Variation Test, Hardness Test, Friability Test and Disintegration were determined as per the Standard Procedures and the results obtained are tabulated in **Table 3** and **3.1**.

TABLE 2: PRECOMPRESSION RESULTS OF VENALAFEXINE HYDROCHLORIDE TABLETS

Formulation	Angle of repose (°)	Bulk density (g/ml)	Tapped density (g/ml)	Carr's index
F ₁	32.15±0.12	0.40±0.16	0.51±0.24	0.22±0.14
F ₂	30.46±0.22	0.40±0.35	0.50±0.28	20.00±0.18
F ₃	27.89±0.17	0.43±0.18	0.42±0.13	19.57±0.25
F ₄	32.05±0.31	0.43±0.24	0.55±0.19	21.74±0.33
F ₅	29.82±0.24	0.41±0.27	0.52±0.24	20.84±0.37
F ₆	27.21±0.15	0.38±0.34	0.47±0.32	19.24±0.28
F ₇	33.69±0.19	0.40±0.25	0.51±0.27	0.22±0.26
F ₈	32.05±0.21	0.41±0.26	0.52±0.34	20.84±0.34
F ₉	28.49±0.23	0.40±0.41	0.50±0.26	20.00±0.21

Mean \pm Standard deviation (n = 3)

TABLE 2.1: PRECOMPRESSION PROPERTIES

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Hausner's Ratio	% LOD				
1.37 ± 0.16	0.82 ± 0.36				
1.29 ± 0.05	1.06 ± 0.41				
1.32 ± 0.02	0.96 ± 0.58				
1.32 ± 0.02	0.62 ± 0.02				
1.36 ± 0.07	0.88 ± 0.37				
1.29 ± 0.05	1.15 ± 0.51				
1.19 ± 0.07	1.1 ± 0.40				
1.43 ± 0.21	1.03 ± 0.34				
1.25 ± 0.05	1.08 ± 0.40				
	Hausner's Ratio 1.37 ± 0.16 1.29 ± 0.05 1.32 ± 0.02 1.32 ± 0.02 1.36 ± 0.07 1.29 ± 0.05 1.19 ± 0.07 1.43 ± 0.21				

Mean ± Standard deviation (n = 3)

- The angle of repose of all formulations ranged from $27.21^{\circ}\pm0.5$ to $32.15^{\circ}\pm0.5$. The flow properties of all the formulations are in the increasing order of; $F_9 < F_5 < F_2 < F_6 < F_7 < F_4 < F_8 < F_1 < F_3$
- All the nine formulations exhibited good flow properties.
- The bulk density of all formulations ranged from 0.38 to 0.43.

- The tapped density of all formulations ranged from 0.42 to 0.55.
- The values of tapped and bulk density shown that the blends are not tightly packed
- The compressibility index of all formulations ranged from 0.22 to 21.74.
- For all the formulations the compressibility index of the formulations were found to comply within the limits specified and shown good compressibility index
- The Hausner's ratio of all formulations are ranged from 1.19 ± 0.07 to 1.43 ± 0.21 .

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- The % LOD of all formulations is ranged from 0.62 ± 0.02 to 1.06 ± 0.41 .
- For all the formulations the results of precompressional parameters were found to be within the limits specified.

TABLE 3: POST COMPRESSION PROPERTIES

Formulation	Weight variation (mg)	Thickness (mm)	Hardness (kg/cm ²)	Friability (%)	Disintegration Time (sec)
F ₁	200.0 ± 0.12	4.71 ± 0.14	3.40 ± 0.14	0.74 ± 0.15	24 ± 0.01
F ₂	199.8 ±1.12	4.90 ±0.74	3.90 ± 0.14	0.65 ± 0.07	28 ± 0.02
F ₃	200.2 ± 0.54	4.88 ± 0.21	3.58 ±0.23	0.93 ±0.05	27 ± 0.14
F ₄	200.3 ± 0.63	4.96 ± 0.14	3.86 ± 0.47	0.97 ± 0.02	26 ± 0.25
F ₅	199.9 ± 0.87	4.87 ± 0.32	3.98 ± 0.21	0.83 ± 0.06	27 ± 0.14
F ₆	200.5 ± 0.36	4.96 ± 0.47	3.62 ± 0.36	0.80 ± 0.12	25 ± 0.14
F ₇	200.2 ± 0.74	4.63 ± 0.54	3.12 ± 0.41	0.79 ± 0.10	26 ± 0.36
F ₈	200.4 ± 0.52	4.78 ± 0.47	3.10 ± 0.74	0.75 ± 0.15	24 ± 0.14
F ₉	199.6 ± 0.14	4.66 ± 0.47	3.11 ± 0.74	0.81 ± 0.10	29 ± 0.14

Mean ± Standard deviation (n = 3)

TABLE 3.1: POST COMPRESSION PROPERTIES

Formulation	Water absorption Ratio	Assay	Wetting time (sec)	In-vitro dispersion time (Sec)
F ₁	78.92 ± 0.14	99.19 ± 0.51	21 ± 0.24	32± 0.21
F ₂	72.35 ± 0.41	98.42 ± 1.01	24 ± 0.14	32 ± 0.25
F ₃	69.32 ± 0.58	97.77 ± 1.26	28 ± 0.17	31 ± 0.63
F ₄	75.63 ± 0.47	97.53 ± 1.82	25 ± 0.12	29 ± 0.14
F ₅	74.21 ± 0.25	99.82 ± 0.33	32 ± 0.32	32 ± 0.24
F ₆	74.23 ± 0.14	100.55 ± 0.58	33 ± 0.54	28 ± 0.14
F ₇	76.32 ± 0.25	100.25 ± 2.94	28 ± 0.36	29 ± 0.41
F ₈	77.12 ± 0.54	99.40 ± 0.94	29 ± 0.65	33 ± 0. 63
F ₉	74.12 ± 0.14	101.63 ±1.50	31 ± 0.14	32 ± 0.45

Water absorption Ratio: A piece of tissue paper folded twice was placed in a small Petri dish containing 6 ml of water. A tablet was put on the paper & the time required for complete wetting was measured. The wetted tablet was then weighed.

Water absorption Ratio = Initial weight/Final weight x 100

Content uniformity test: 10 tablets were selected randomly transfer each tablet in to a 50ml standard flask and dissolved and diluted to 50 ml

with phosphate buffer pH 6.8.1 ml of this solution was diluted to 100 ml with phosphate buffer ph 6.8. The amount of drug present in each tablet was determined by UV spectroscopy at 225 nm.

Wetting time: A petri dish containing 6 ml of distilled water was taken and a tissue paper folded twice was placed in it. A tablet containing a small quantity of amaranth color was placed on this. Time required for the upper surface of the tablet to become complete red was noted.

In-vitro dispersion time ⁵⁰: The test was performed by placing two tablets in 100 ml water and stirred gently, till the tablets get completely disintegrated. The formulation was taken in the form of a smooth dispersion if the complete dispersion passes through a sieve screen with a nominal mesh aperture of 710μm without leaving any residue on the mesh. Tablets were added to 100 ml of phosphate buffer solution, pH 6.8 at 37+0.5°C, Time required for complete dispersion of a tablet was measured.

In vitro dissolution studies ^{49, 50}:

Preparation of pH 6.8 phosphate buffer: 50 ml of monobasic potassium phosphate solution was placed in a 200 ml volumetric flask, to it 22.4 ml of 0.2 M sodium hydroxide was added and the volume was then made up to 200 ml with distilled water.

Standard curve of venlafaxine hydrochloride in phosphate buffer pH 6.8: 100mg of venlafaxine hydrochloride was dissolved in phosphate buffer pH 6.8 in a 100ml standard flask and filled up to the mark using phosphate buffer pH 6.8. Serial dilutions were made in phosphate buffer pH 6.8 in order to

obtain 5 μ g/ml, 10 μ g/ml, 20 μ g/ml, 30 μ g/ml, 40 μ g/ml, 50 μ g/ml. Absorbance of these solutions were measured at 225 nm using UV-Visible Spectrophotometer (Schimadzu 159) and standard graph was plotted.

Procedure: Tablet dissolution was assessed using standard USP dissolution apparatus type II. The dissolution media used was 900ml of 6.8 phosphate buffer. The temperature was maintained at 37±0.5°C. At predetermined time intervals, an aliquot of 5 ml sample was withdrawn and made up to 10 ml with suitable diluents and results were given in **Table 4, 4.1, 4.2 and 4.3**.

TABLE 4: STANDARD PLOT OF VENLAFAXINE HCI IN 6.8 pH PHOSPHATE BUFFER

Concentration(μg/ml)	Absorbance at 254 nm
4	0.052
8	0.165
12	0.364
16	0.478
20	0.587

TABLE 4.1: CUMULATIVE PERCENTAGE DRUG RELEASE OF PDT₁ - PDT₃ IN pH 6.8 PHOSPHATE BUFFER

Sampling Time in	Cumulative Percentage of Drug Release in pH 6.8 Phosphate Buffer				
min	F ₁ F ₂		F ₃		
5	48.5 ± 0.45	74.2 ± 0.14	73.2 ± 0.17		
10	76.1 ± 0.47	84.6 ± 0.74	87.4 ± 0.54		
20	80.6 ± 0.47	89.8 ± 0.96	91.7 ± 0.69		
30	80.6 ± 0.87	95.2 ± 0.54	95.8 ± 0.54		
45	87.5 ± 0.47	93.3 ± 0.54	95.0 ± 0.69		
60	91.1 ± 0.14	95.5 ± 0.47	97.5 ± 0.74		

Mean \pm Standard deviation (n = 3)

TABLE 4.2: CUMULATIVE PERCENTAGE DRUG RELEASE OF F₄ – F₆ IN pH 6.8 PHOSPHATE BUFFER

Sampling Time in	Cumulative Perc	Cumulative Percentage Of Drug Release in pH 6.8 Phosphate Buffer.			
min	F ₄	F ₅	F ₆		
5	60.3 ± 0.54	65.4 ± 0.45	74.2 ± 0.12		
10	71.2 ± 1.25	78.6 ± 0.36	80.3 ±0.21		
20	78.7 ± .78	84.6 ± 0.14	86.7 ± 0.36		
30	85.1 ± 0.97	89.8 ± 0.74	92.2 ± 0.14		
45	90.5 ± 0.96	93.3 ± 0.14	95.7 ± 0.47		
60	93.6 ± 0.74	95.2 ± 0.54	99.4 ± 0.54		

Mean ± Standard deviation (n = 3)

Sampling Time in	Cumulative Percentage of Drug Release in pH 6.8 Phosphate Buffer				
min	F ₇	F ₈	F ₉		
5	49.9 ± 0.14	50.3 ± 0.54	58.3 ± 0.21		
10	68.5 ± 0.54	69.3 ± 0.54	67.2 ± 0.21		
20	69.3 ± 0.41	71.1 ± 0.21	75.3 ± 0.22		
30	71.1 ± 0.14	75.6 ± 0.54	81.3 ± 0.54		
45	87.5 ± 0.87	79.3 ± 0.21	86.3 ± 0.54		
60	89.1 ± 0.54	89.3 ± 0.21	90.12 ± 0.87		

TABLE 4.3: CUMULATIVE PERCENTAGE DRUG RELEASE OF F₇ - F₉ IN pH 6.8 PHOSPHATE BUFFER

Mean ± Standard deviation (n = 3)

- The *In vitro* drug release of tablets containing the crosspovidone as superdisintegrant shown the minimum drug release that is 93.6 ± 0.74 for F₄ and maximum drug release at 99.4±0.54 for F₆
- The *In vitro* drug release of tablets containing the Crosscarmellose sodium as superdisintegrant shown the minimum drug release that is 91.1±0.14 for F₁and maximum drug release at 97.5±0.74 for F₃
- The *In vitro* drug release of tablets containing the sodium starch glycollate as superdisintegrant shown the minimum drug release that is 89.1±0.54 for F₇ and maximum drug release at 90.12±0.87 for F₉
- Based on this *In vitro* drug release studies it was found that the formulation F₆ which contains cross povidone as superdisintegrant in the concentration of 10% showed maximum drug release 99.4±0.54 at the end of 1 hr.

RESULTS AND DISCUSSION:

Drug Excipient compatible studies: The results obtained with IR studies showed that there was no interaction between the drug and other excipients used in the formulation. The FTIR of venlafaxine HCl (drug) shown intense band at 1613.36 cm⁻¹, 1566.76 cm⁻¹, 1515.59 cm⁻¹ and 1052.22 cm⁻¹ corresponding to the functional groups C=O, COOH, NH and OH bending as shown in Fig. 1. The FTIR of drug + polymer shown intense bands at 1617.75 cm⁻¹ ¹,1560.85 cm⁻¹ , 1517.38 cm⁻¹ and 1052.19 cm⁻¹ indicates no change in the functional groups C=O, COOH, NH and OH as shown in Fig. 3. The FTIR of Placebo shown that there are no intense bands at groups C=O, COOH, NH and OH this shows that drug peaks are missing in it as shown in Fig. 2. From the above interpretation it is understood that there is no major shifting in the frequencies of above said functional groups. Hence these drug and polymers are compatible with each other.

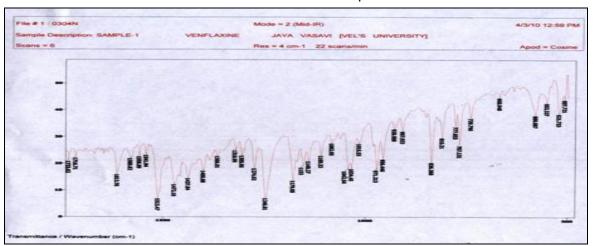


FIG. 1: FTIR OF VENLAFAXINE HCI

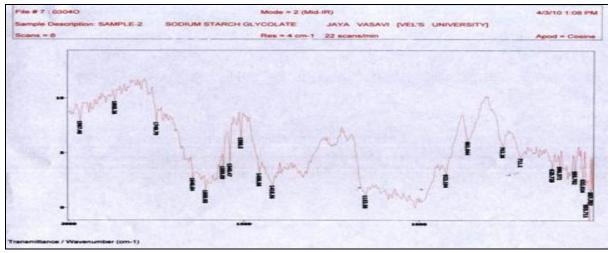


FIG. 2: FTIR OF PLACEBO

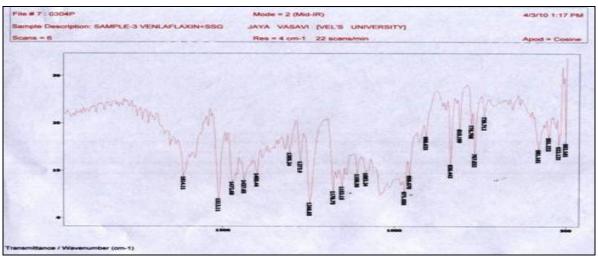


FIG. 3: FTIR OF DRUG + POLYMER

CONCLUSION: In present work an attempt was develop orodispersible tablets venlafaxine hydrochloride by direct compression method using cross povidone, Crosscarmellose sodium and sodium starch glycollate superdisintegrants and the optimum concentration were identified based on the in vitro drug release results. Based on the observation, it was concluded that batch F₆ exhibited desirable properties and optimized drug release. The results demonstrated the effective use of orodispersible tablets of venlafaxine hydrochloride and as an ideal drug release formulation for treatment of hypertension.

REFERENCES:

- "The theory and practice of Industrial Pharmacy". Kanig.L.Josep, Liberman .A.Herbert, Lachman leon Third edition verghese publishing house, Bombay. Preformulation. Pg no.171-195. (1991).
- Loyd.V.Allen, Nicholas .G.Popovich, Howard.C.Ansel; "Ansel's pharmaceutical dosage form and drug delivery system" 8th edition.
- 3. Howard C. Ansel Lloyd; V. Allen; Jr. Nicolas; G. Popovich. "Pharmaceutical Dosage forms and Delivery systems"; 209.
- "Controlled drug delivery system". Vyas.sp, Khan.k.roop, first edition. Pg no.292, 535.
- 5. "Bentley's Text book of Pharmaceutics"; Eight edition; 140
- US Food and Drug Administration, CDER Data Standards Manual, 2003, http://www.fda.gov/cder/dsm/ DRG/drg00201.htm. Accessed March 19, 2005.

- European Directorate for the Quality of Medicines, Pharmeuropa, 10 (4), 547 (1988), http://www.pheur.org/, accessed March 19, 2005.
- 8. Ghosh T.K ,Pfister W.R. "Quick Dissolving Oral Dosage Forms" Scientific and Regulatory Considerations from a Clinical Pharmacology and Biopharmaceuticals Perspective in Drug Delivery to the Oral Cavity ,2005, 337–356.
- 9. Dobetti L., "Fast-Melting Tablets: Developments and Technologies," *Pharm. Technol*, 2001;25:pg.no.44-50
- Pather S.I, Khankari R., and Siebert J., "Quick-Dissolving Intraoral Tablets," in Drug Delivery to the Oral Cavity,2005 pg.no. 291–336.
- 11. Sudhir Bharawaj, Vinay Jain, Shailesh Sharma, R. C. Jat and Suman Jain "Orally Disintegrating Tablets: A Review" *Drug Invention Today* 2010, 2(1), 81-88.
- Myers G.L, "Delivery of Controlled-Release Systems," US Patent, 1996, 5; 567-439
- Deepak.k, "Orally Disintegrating Tablets," Tablets and Capsules, 2004;30-35
- 14. Simone Schiermeier and Peter Christian Schmidt "fast dispersible ibuprofen tablets". *European journal of pharmaceutics*, April 2002; 15:295-305.
- 15. Yourong Fu "Orally Fast Disintegrating Tablets, Developments, Technologies, Taste-Masking and Clinical Studies" Critical Reviews™ in Therapeutic Drug Carrier Systems, 2004;21:6
- Kuchekar B.S., Badhan A.C. and Mahajan H.S. "Mouth Dissolving Tablets: A Novel Drug Delivery System", *Pharma Times*, 2003; 35:7-9.
- 17. Mukesh Gohel., "formulation and evaluation of mouth dissolving tablets of Nimesulide" http://www.aapspharmscitech. org,2005
- Sarasija Suresh, V Pandit, HP Joshi. "Preparation and evaluation of mouth-dissolving tablets of salbutamol sulphate" *Indian journal of pharmaceutical sciences*, 2007; 69: 467-469.
- 19. Ajay B. Solanki, Jalpesh H Modi, Jolly R Parikh, Abhay Vgoti and Rakesh P Patel. "mouth dissolving tablet technology." *pharma bio world*, 2007; 56-68.
- Shagufta Khan, Prashant Kataria, Premchand Nakhat, and Pramod Yeole. "Taste Masking of Ondansetron Hydrochloride by Polymer Carrier System and Formulation of Rapid-Disintegrating Tablets." AAPS PharmSciTech ,2007; 8 (2): Article 46
- Jack Y. Zheng and Melissa P. Keeney. "Taste masking analysis in pharmaceutical formulation development using an electronic tongue". Pharmaceutical Sciences R&D, Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN 46225, USA.
- 22. Uddhav S. "Manufacturing Technologies for Mouth Dissolving Tablets" *Pharmainfo.net*, 2006; 4.
- Mishra DN: Bindal M: Singh S.K, "Rapidly disintegrating oral tablets of valdecoxib" *Indian Drugs*, 2005;42(10): 685 – 687
- 24. Sheftell FD; Dehlot CG Brandes JL; Agosti R; "Two replicate randomized, double- Blind, placebo-controlled trials of the time to Onset of pain relief in the Acute Treatment Of migraine with a fast-Disintegrating/ Rapid-release

formulation of Sumatriptan Tablets" *Pharm. Dev. Technol*, 2005;Apr. 27(4): 407-17.

ISSN: 0975-8232

- 25. Chaudhari PD, Hiermath S N, Sreenivas S A. "Comparative evaluation of disintegrants by formulating Cefixine dispersable tablets" *Indian J Pharm*, 2005; 39 (4):194-7.
- 26. Moen and keating G M.Sumatriptan. "Fast disintegrating/rapid-release tablets" *Indian drugs*, 2006;66(6):883-90
- 27. Sajal Kumar Jha, P Vijayalakshmi, Roopa Karki, Divakar Goli "Formulation and evaluation of melt-in-mouth tablets of haloperidol." *Asian journal of pharmaceutics*, 2008;2:255-260
- Mishra D N, Bindal M, Singh S K, Vijaya kumar S G. "Spray dried excipient base: A novel technique for the formulation of orally disintegrating tablets" chem pharmabull, 54(1):99-102 (2006).
- 29. Purnima, Amin Prabhu amita, Wadhwani Anita. "Indion 414 as superdisintegrant in formulation of mouth dissolve tablets" Indian Journal of Pharmaceutical Sciences, 2006; 68(1):15-18.
- Jacob S "Preparation and evaluation of microencapsulated fast melt tablets of ambroxol hydrochloride" Indian journal of pharmaceutical sciences, 2009; 71: 276-284
- Sheetal Malke. "Formulation and evaluation of oxcarbazepine fast dissolving tablets". *Indian journal of Pharmaceutical sciences*, Apr 2007. 69.
- 32. Suresh Bandari. "Orodispersible tablets: an overview" Asian journal of Pharmaceutics 2008; 2: 2-11.
- 33. Mallikarjuna setty. "Development of fast dispersible Aceclofenac tablets: effect of functionally of super disintegrants". *Indian journal of Pharmaceutical science*, Apr 2008:2:24-30.
- Patel. D M "Optimization of fast dissolving Etoricoxib tablets prepared by sublimation technique". *Indian journal of Pharmaceutical science*, 2008; 70: 71-76.
- 35. Shailesh shatma *et al.* "Formulation and characterization of fast-dissolving tablets of promethazine theoclate" *Asian journal of Pharmaceutics*, 2008; 2:24-29.
- 36. Venkatesh D P, Geetha Rao C G, "Formulation of taste masked oro-dispersible tablets of ambroxol hydrochloride", *Asian Journal of Pharmaceutics*, 2008; 4:71-75.
- 37. Masareddy RS, Kadia RV, Manvi FV "Development of mouth dissolving tablets of clonazipine using two different techniques" *Indian journal of pharmaceutical sciences*, 2008;70: 526-528.
- 38. Nagendrakumar, Raju SA, Shirsand SB, Para MS, Rampure MV "Fast dissolving tablets of fexofenadine HCl by effervescent method" *Indian journal of pharmaceutical sciences*, 2009; 71: 116-119.
- 39. Kawtikwar P.S., Zade P.S., Sakarkar D.M. "Formulation, Evaluation and Optimization of Fast dissolving tablet containing Tizanidine Hydrochloride" *International Journal of PharmTech Research*, Jan March 2009; 1: 34-42.
- 40. Venkatalakshmi R."Formulation and evaluation of granisetron hydrochloride mouth dissolving tablet" *Int. J. Ph. Sci.*,Sept-December 2009; Vol. 1:336-341

- 41. Ashwini R Madgulkar "formulation and optimization of sustained release tablets of venlafaxine resinates using response surface methodology" *Indian Journal of Pharmaceutical Sciences*, 2009; 71: 4: 387-394.
- 42. Bindu Madhavi B "Formulation and evaluation of venlafaxine hcl enclosed in alginate microbeads prepared by iontophoretic gelation method" *International Journal of Pharma Research and Development Online*, 2009; VOL-8/OCT/006.
- Bernardi L. S. "Characterization of venlafaxine hydrochloride and compatibility studies with pharmaceutical excipients" *Thermal analysis*, 2009.
- 44. K D Tripathi "Essentials of medical pharmacology" 5th edn.
- 45. Rowe R.C, Sheskey P.J. and Weller P.J., Editors, "Handbook of Pharmaceutical Excipients", Joint publication of A.P.S and R.P.S.G.B, 4th edition; XVII (2003).

46. Cooper J, Gunn C. Powder flow and compaction. In: Carter SJ, eds. "Tutorial Pharmacy" New Delhi, India: CBS Publishers and Distributors; 1986:211-233.

ISSN: 0975-8232

- 47. AH Beeckett and JB Stenlake; "Practical pharmaceutical chemistry"; 4th ed; 2003, 72.
- 48. "Indian Pharmacopoeia"; vol. II; Controller of publications, Ministry of Health. 1996. 789-801
- 49. "Encyclopedia of pharmaceutical technology"; 3rd edition; James Swarbrick; Vol.6; 2614-2629.
- 50. Alfred martin, AHC Chun. "Physical pharmacy" 5th edn. Lippincott Williams and Wilkins.1994.286-289.
- 51. Gilbert BB and Christopher JR; Modern Pharmaceutics, 2nd ed, Marcel Dekker; 1990, p. 355 416, 635, 636, 643, 647 –
