PHS Scientific House

International Journal of Pharma Research and Health Sciences

Available online at www.pharmahealthsciences.net



Review Article

An Update on Biodegradable Microspheres Loaded with Naltrexone

Madhu Bala *, Akhil Moudgil, Sanjay Kumar

Gautam College of Pharmacy Hamirpur, Himachal Pradesh-177001, India.

ARTICLE INFO A B S T R A C T

Received: 04 Mar 2020 Accepted: 18 Apr 2020 The use of biodegradable polymers for microencapsulation of naltrexone using techniques like solvent evaporation is the need of the hour. The naltrexone microspheres for the preparation of matrix devices will help to understand the microencapsulation. Nowadays, the emphasis is being laid on the development of controlled release dosage forms. Interest in this technology has been increasing steadily over the past few years. Although the oral administration of drugs is a widely accepted route of drug delivery, the bioavailability of drugs often varies as a result of gastrointestinal absorption, biodegradation by the first-pass effect. There are many ways of achieving long-term drug delivery of parental origin; biodegradable microspheres are one of the better means of controlling the release of the drug over a long time. Likewise, emulsions, stability on a long-term basis, and in suspensions, rheological changes during filling, injecting, and storage possess a limiting factor. The extent of release rate in these systems cannot be tailor-made to the needs of the patient. Injectables formulations based on biodegradable microspheres can overcome these problems and can control the release of the drug over a predetermined period. In the order of days to weeks and even to the months. The effect of different process parameters, such as drug/polymer ratio and stirring rate during the preparation of microspheres, on the morphology, size distribution, and in vitro drug release of microspheres. The review mainly covers various molecules encapsulated in biodegradable microspheres for parenteral delivery.

Keywords: Biodegradable Microspheres, Naltrexone, polymers.

1. INTRODUCTION

Corresponding author * Madhu Bala Gautam College of Pharmacy Hamirpur, Himachal Pradesh-177001, India. E-mail: diwansanjay1981@gmail.com Microspheres are characteristically free-flowing powders consisting of proteins or synthetic polymers, which are biodegradable and ideally having a particle size less than 200 μ m [1] and which can be injected by 18 or 20 number needle [2]. The drug absorption and side effects due to irritating drugs against the gastrointestinal mucosa are improved because the biodegradable microsphere is made up

of small particle size $< 200 \ \mu m$ which are widely distributed throughout the gastrointestinal tract [3].

Presently more drug therapies are available based on the types of drugs used with different formulations, fabrications conditions, and release kinetics. There is no single polymer that can satisfy all the requirements. Over the past few decades, there have been tremendous advances in the area of biodegradable copolymers. Polymers first developed in the search for biodegradable suture materials have been proven to be useful and successful for long-term drug delivery applications. As per the literature majority of biodegradable polymers studied are belonging to the polyester family, which includes polyglycolide and polylactides. The other degradable polymers such as polyorthoesters, polyanhydrides and polyphosphazenes are also used.

The drug namely naltrexone is an opiate antagonist used mainly as an adjunct to prevent relapse in detoxified opioiddependent patients. It is currently given as oral tablets or capsules in a daily dose of 50 mg [4]. Naltrexone is orally active with a relatively short half-life and subject to extensive hepatic first-pass metabolism Naltrexone provides no euphoric effects, and there are no observable pharmacological consequences when a patient discontinues The naltrexone treatment to be effective a the drug [5]. sufficient level of the drug concentration must be maintained. As per the literature, the minimum effective concentration of naltrexone for the treatment of opiate addiction is estimated may be in the range of 0.5 to 1.0ng/mL [6]. Treatment options for heroin addiction have long been dependent on three main alternatives namely detoxification, opioid agonists (i.e. methadone), and partial agonists (i.e. buprenorphine) maintenance treatment, and oral naltrexone. Detoxification followed by longterm residential treatment was found to cause some reduction in drug use but suffered from problems such as lack of retention in treatment and risk of overdose upon discharge [7].

As regards alcohol abuse. detoxification. nonpharmacological (psychosocial) treatment methods, and pharmacotherapy have not been very effective. Disulfiram (Revia®), (Antabuse®), Naltrexone and calcium acetylhomotaurinate (Acamprosate®) are the three major oral pharmacotherapies used in the treatment of alcoholism. The development of long-acting depot formulations of naltrexone has led to improved results such as increased bioavailability and efficacy of treatment and is considered as a solution to the problem of noncompliance and extensive first-pass metabolism associated with oral naltrexone. Newer formulations of sustained-release naltrexone have been providing more promising results ex. Injectable formulations of naltrexone, [8]. According to the study conducted by Depotrex® was safe, effective, and well-tolerated in opioid abusers who were not seeking treatment for their drug use [9].

An ideal sustained-release parenteral drug delivery system or device of naltrexone must possess the following characteristics such as:

- ✓ Be Easy To Inject or Implant
- ✓ Be Pharmaceutically Acceptable
- ✓ Not Cause Adverse Tissue Reaction
- ✓ Give Relatively Constant Drug Release
- ✓ Biodegrade

According to Sahil [10] an Ideal microsphere must possess specific properties and also described that the preparation of microspheres should satisfy certain criteria:

- 1. The ability to incorporate reasonably high concentrations of the drug
- 2. Stability of the preparation after synthesis with a clinically acceptable shelf life
- 3. Controlled particle size and dispersibility in aqueous vehicles for injectables.
- 4. Biocompatibility with a controlled biodegradability
- 5. Susceptibility to chemical modification
- 6. Control of content release
- 7. Increase therapeutic efficiency
- 8. Reduction of toxicity
- 9. Sterilizability
- 10. Bioreabsorbability

Among the various approaches to deliver macromolecules parenterally, biodegradable microsphere systems are the most commercially successful. The most crucial factor in the design of injectable microspheres is the choice of an appropriate biodegradable polymer. The release of the drug molecule from biodegradable microspheres is controlled by diffusion through the polymer matrix and polymer degradation (Figure 1).

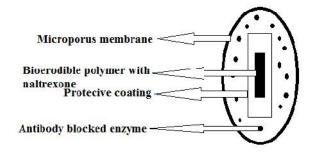


Fig 1: The diagrammatic representation of triggered drug delivery system of naltrexone embedded with biodegradable microsphere

The nature of the polymer, such as the composition of copolymer ratios, polymer crystallinities, glass-transition temperature, and hydrophilicity plays a critical role in the release process. Eventually, the microspheres structure, intrinsic polymer properties, core solubility, polymer hydrophilicity, and polymer molecular weight influence the drug-release kinetics, the possible mechanisms of drug release from microsphere are as follows: initial release from the surface, release through the pores, and diffusion through

the intact polymer barrier, diffusion through a water-swollen barrier, polymer erosion, and bulk degradation.

All these mechanisms together play a part in the release process [11]. Another intensively studied polymeric injectables depot system is an *in-situ*-forming implant system. *In situ*-forming implant systems are made of biodegradable products, which can be injected *via* a syringe into the body, and once injected, congeal to form a solid biodegradable implant. This method has been designed as Atrigel technology (QLT, Vancouver, Canada), which used as a drug-carrier system for Eligard [Table-1].

Table 1: The lists of commercially available drugs injectables of sustain release delivery system with indications and origin.

Drug	Brand name	Admins	Dosing	Indicatio	Compa	Country/
		tration	frequency		ny	Region
			1		5	18
Oil-based ir	ijections					
Haloperidol	Haloperidol	IM	once a	Schizophr	Ortho-	UIS
decanoate	decanoate		month	enia	McNeil	
					Pharm	
	Flupenthoxol	IM	Every 2-4	Schizophr		Europe
l decanoate	depot		weeks	enia	ck	
Fluphenazin	Fluphenazine	IM	Every 2-4	Schizophr	APP	US
e decanoate			weeks		Pharm	
Fluphenazin	Modecate	IM	Every 2-5	Schizophr	sanofi-	Europe
e decanoate	Wiouccaic	1111	weeks		aventis	Europe
Zuclopenthi	· ·	IM	Every 2-4	Schizophr		Europe
	Depot		weeks	enia	ck	
decanoate						
	Piportil depot	IM	Every 4	Schizophr		Europe
palmitate			weeks	enia	aventis	
Testosteron	Delatestryl	IM	Every 2-4	Hormone	Endo	US
e enanthate	5		weeks	therapy	pharma	
Datus di al	Demo	IM	E	I I a mus a ma	Gasa	US
Estradiol	Depo- Estradial	IIVI	Every 3-4 weeks		pfizer	05
cypionate	Estradiol		weeks	therapy		
	Drug suspensi	ons				
Pallperidone	Invega	IM	once a	Schizophr	Janssen	US
palmitate	Sustenna		month	enia		
Olanzapine	Zyprexa	IM	Every 2-4	Schizophr	Eli	US
	Relprevv		weeks	enia	Lilly	
Medroxypro		IM	Every 3	Hormone	pfizer	US
gesterone	Provera		month	therapy	ſ	
acetate						
Medroxypro	Depo-Subq	SC	Every 3	Hormone	pfizer	US
gesterone	Provera 104		month	therapy		
acetate						
	ated drug solu					
		deep SC		Acromega	Tercica	US
acetate	Depot		month	ly		
Microsphere						
s						
Risperidone	Risperdal	IM	every 2	Schizophr	Janssen	US
· ·	Consta		weeks	enia		
Naltrexone	Vivitrol	IM	once a	Alcohol	Alkerm	US
			month	dependen		
				ce		
Octreotide	Sandostatin	IM	Every 4	Acromega	ipsen	Europe
acetate	LAR Depot	1	weeks	ly		-

2. BIODEGRADABLE POLYMERS AS DRUG CARRIERS

A polymer is a large molecule composed of many smaller units called monomers that are bonded together. In addition to eliminating the necessity of removal, the five key advantages [12] that polymeric drug delivery products can offer are;

- 1. Localized delivery of the drug,
- 2. Sustained delivery of the drug,
- 3. Stabilization of the drug,
- 4. Release rate which is less dependent on the drug properties and
- 5. Steadier release rate with time.

In diffusion-controlled systems, the release rate typically declines with time. On the other hand, a biodegradable system may yield a constant release even with a simple monolithic device if matrix degradation can compensate for this decline, perhaps with an increase of drug permeability. Various limiting factors will affect the biodegradation of polymers (Table 2).

Table: 2	List of factors affecting biodegradation of polymers
C No	Fester

S.No	Factor				
1.	Chemical structure and composition.				
2.	Distribution of repeat units in multimers.				
3.	Presents of ionic groups.				
4.	Presence of unexpected units or chain defects.				
5.	ConÞguration structure.				
6.	Molecular weight and Molecular weight distribution.				
7.	Morphology-amorphous/semicrystalline, microstructures, residual				
	stresses.				
8.	Presence of low-molecular-weight compounds.				
9.	Processing conditions.				
10.	Annealing.				
11.	Sterilization process.				
12.	Storage history.				
13.	Shape.				
14.	Site of implantation. Adsorbed and absorbed compounds like				
	water, lipids, and ions. Physicochemical factors like ion exchange,				
	ionic strength, and pH.				
15.	Physical factors like shape and size changes, variations of				
	diffusion coefficients, mechanical stresses, stress- and solvent-				
	induced cracking.				
16.	Mechanism of hydrolysis				

3. DISCUSSION

The naltrexone preparations with long-acting microspheres are a major challenge in the current scenario. There are mainly two possible processes i) Solvent Extraction and ii) Solvent Evaporation Process. The challenges were,

- i) Acceptable level of yield in the solvent extraction process,
- ii) Lower % Entrapment of Drug,
- iii) Acceptable morphology of the microspheres,
- iv) Acceptable level of Residual Solvents (i.e. Methylene Chloride)

It is evident from the literature that pore-forming agents can contribute to lessening the level of methylene chloride in microsphere by creating the channels. It is also clear that using ethanol as the last wash to extract out the methylene chloride from the microsphere. Several studies have shown that drug release from matrix devices prepared by compression of naltrexone microspheres is much slower than that of microspheres. By applying a higher compression rate

for tablets will result in lower drug release from matrix devices. This will not only suggest the use of biodegradable microspheres thereby regulating different variables with desired release profiles of naltrexone that can be achieved using a matrix device.

The list of Biodegradable Polymers based on different technologies employed and products [13-17] are tabulated Table 3.

Table	3:	Showing	the	list	of	biodegradable	polymers	of	different
commercially available drugs									

Zoladex [®] (AstraZeneca)	The encapsulated drug is released by a				
	combination of diffusion and erosion-controlled				
	mechanisms. However, because the delivery				
	device is monolithic, heterogeneous hydrolysis is				
	thought to be the predominant erosion process.				
Lupron Depot®	The first FDA-cleared PLGA product was th				
	drug-delivery system (TAP Pharmaceutical Inc.).				
	Lupron Depot [®] is a microsphere formulation based				
	on the biodegradable polymers of polylactic acid				
	(PLA) and poly(lactic/glycolic acid)				
Gliadel® Wafer	Gliadel wafer was the first new treatment of this				
	kind of brain cancer introduced in over 20 years.				
	Gliadel wafer provides localized delivery of				
	chemotherapy directly to the site of the tumor (as				
	an adjunct therapy) and is the only FDA approved				
	brain cancer treatment.				
Alzamer®	The Atrigel [®] system is protected by more than 140				
	patents in the United States and the rest of the				
	world. Seven products have already been approved				
	by the FDA using the Atrigel technology like				
	Eligard [®] and the Atridox [®] [18-21].				

Current drug delivery systems, using non-biodegradable inserts or implants, can provide long-term delivery of beneficial molecules, but there is an advantage, the researchers suggested, to the use of biodegradable microspheres for the delivery to provide "long-term sustained drug release," and "safe dosing of drugs with pharmacokinetics issues such as a rapid systemic clearance or a narrow therapeutic window," as per Bravo-Osuna [22]. By incorporating drugs in biodegradable polymers, dosage forms that release the drug over a prolonged length of time can be prepared in a variety of shapes and sizes [23, 24]. No surgical procedures are needed after completion of the dosage regime since the remaining polymer will degrade and get cleared by the body. As a result, biodegradable polymers offer a novel approach for developing sustained release drug delivery systems that are simple and convenient to the patient. Biodegradable microspheres allow, for multi-loaded delivery systems which help reduce injections while delivering multiple drugs "in a controlled fashion" as part of a combined-therapy approach to various disease.

4. CONCLUSION

A novel tailor-made drug delivery system with biodegradable copolymers with desirable functional groups is needed for researchers whose envision is to use not only for innovative drug delivery systems but also as potential linings for artificial organs, substrates for cell growth, chemical reactors, agents in drug targeting and immunological testing. The most exciting opportunities in controlled drug delivery lie in the arena of responsive drug delivery systems. Shortly, we can expect that device designers and physicians will have a wealth of products using biodegradable polymers that will help speedy patient recovery and eliminate follow-up surgeries. All things considered, total or near-total use of biodegradable polymers is within reach shortly.

5. ACKNOWLEDGEMENTS

The authors are thankful to the Head Department of Pharmaceutics and the authors are also thankful to the Principal of College for support and encouragement.

6. REFERENCES

- 1. Vyas S P, Khar R K, 1990. Targeted and Controlled Drug Delivery. 7th Edn., Vallabh Prakashan, New Delhi, India, pp: 418.
- Brahmankar, D.M. and S.B. Jaiswal, 2009. Biopharmaceutics and Pharmacokinetics. 2nd Edn., Vallabh Prakashan, New Delhi, India, Pages: 488.
- Prasanth V V, Moy A C, Mathew S T, Mathapan R, Microspheres-An overview. Int J Res Pharm Biomed Sci 2011; 2: 332-338.
- Mathiowitz E. Encyclopedia of controlled drug delivery. New York; 1999. p. 570.
- Heller J. Controlled drug release from poly (orthoesters)-A surface eroding polymer. J Control Release 1985; 2: 167-77.
- Tamada J, Langer R, The development of polyanhydrides for drug delivery applications. J Biomater Sci Polym Ed 1992;3:315-53.
- Leong KW, Brott BC, Langer R. Bioerodible polyhydrides as drug-carrier matrixes. J Biomed Mater Res 1985;19:941-55.
- 8. Muthushamy K, Shibi KP, Ravi TK. Preparation and evaluation of albumin-chitosan microshphere containing theophylline. Indian J Pharm Sci 2004;66:245-8.
- 9. Heller J. Chemically self-regulated drug delivery systems. J Control Release 1988;8:111-10.
- Sahil, K., M. Akanksha, S. Premjeet, A. Bilandi and B. Kapoor, 2011. Microsphere: A review. Int J Res Pharm Chem 2011; 1: 1184-98.
- Roy H, Chakraborty AK, Nayak BS, Bhanja S, Mishra SR, Ellaiah P. Design and in vitro evaluation of sustained release matrix tablets of complexed Nicardipine Hydrochloride. Int J Pharm Pharm Sci 2010; 2:128-32.
- Vainionpaa S, Rokkanen P, Tormala P. Surgical application of biodegradable polymers in human tissue. Prog Polym Sci 1989; 14:679-716.

- Leong KW. Biodegradable polymers as drug delivery systems. *In*: Tarcha PJ, editors. Polymers for Controlled Drug Delivery. CRC Press: Boca Raton; 1991. p. 142.
- 14. Sah H, Chien YW, *In*: Hillery AM, Lloyd AW, Swarbrick J, editors. Drug delivery and targeting for pharmacist and pharmaceutical scientist. Taylor and Francis: London; 2001. p. 101.
- 15. Brem H, Gabikian P. Biodegradable polymer implants to treat brain tumors. J Control Release 2001;74:63-67.
- Dang WB, Daviau T, Ying P, Zhao Y, Nowotnik D, Clow CS, *et al.* Effects of Gliadel wafer initial molecular weight on the erosion of wafer and release of BCNU. J Control Release 1996;42:83-92.
- 17. Pitt CG, Poly (-caprolactone) and its copolymers. *In*: Chasin M, Langer R, editors. Biodegradable polymers as drug delivery systems. Marcel Dekker: New York; 1990. p. 71.
- Spiegel AJ, Noseworthy MM. Use of non-aqueous solvents in parenteral products. J Pharm Sci 1963;52:917-27.
- Polson AM, Dunn RL, Fulfs JC, Godowski KC, Polson AP, Southard GL, et al. Periodontal pocket treatment with subgingival doxycycline from a biodegradable system. J Dental Res 1993;72:360-4.
- Polson A, Garrett S, Stoller N, Bandt C, Haner P, Killoy W, et al. Multicenter comparative evaluation of subgingivally delivered sanguinarine and doxycycline in the treatment of periodontitis, II: Clinical results. J Periodontol 1997;68:119-26.
- 21. Ravivarapu HB, Moyer KL, Dunn RL. Parameters affecting the efbcacy of a sustained release polymeric implant of leuprolide. Int J Pharm 2000;194:181-91.
- Dunn RL, Moyer KL, Ravivarapu HB. Sustained activity and release of leuprolide acetate from an in situ forming polymeric implant of leuprolide acetate. J Pharm Sci 2000;89:732-41.
- Roy H, Brahma CK, Kumar R, Nandi S. Formulation of saquinavir mesylate loaded microparticle by counterion induced aggregation method: Approach by hyperosmotic technique. Drug Invent Today 2013;5:259-66.
- Bhanja S, Sudhakar M, Neelima V, Roy H. Development and evaluation of mucoadhesive microspheres of Irbesartan. Int J Pharm Res Health Sci. 2013;1:17-26.

Conflict of Interest: None Source of Funding: Nil