



REVIEW ON PELLETS

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ABSTRACT

Pellets are small, free-flowing, spherical particles made by agglomerating fine powders or granules of medicinal ingredients and excipients using proper processing equipment in the pharmaceutical business. Pelletization has attracted a lot of attention in recent years due to its multiple benefits over other similar techniques, such as dose homogeneity and dosage form design flexibility. Pelletization methods are used in the pharmaceutical industry nowadays in a variety of ways. Among them are the following: Extrusion-spheronization and solution/suspension layering are the most used procedures in the pharmaceutical sector. Among these include balling, compression, cryopelletization, dry powder layering, hot melt extrusion, and other novel methods. This review includes a quick overview of all essential processes, with a focus on extrusion-spheronization and solution stacking. Extrusion-spheronization is a multistep process that includes dry mixing, wet granulation, extrusion, spheronization, drying, and screening, whereas solution or suspension layering is the deposition of successive layers of drug and binder solution/ suspension on started seeds, which can be either an inert material or granules of the same drug. Because each technique has its own set of benefits and drawbacks, a full understanding of the process variables is essential before selecting a pelletization method.

KEYWORDS: Pellets, Pelletisation technique, Micromeritic properties.

INTRODUCTION

In the pharmaceutical industry, pellets can be defined as small, free-flowing, spherical particulates manufactured by the agglomeration of fine powders or granules of drug substances and excipients using appropriate processing equipment. The terms "granulation" and "pelletization" are sometimes interchanged, and the resulting units are referred to as granules, pellets, agglomerates, or spheroids without any obvious distinction. However, more detailed definitions can be found in various literatures. In general, if a size-enlargement process creates agglomerates with a size distribution of 0.1mm to 2.0mm and a high porosity (approximately 20-50%), the process is referred to as "granulation," and the agglomerates produced are referred to as "granulates." Pelletization is a size-enlargement process that involves the production of agglomerates with a relatively limited size range, usually with a mean size of 0.5 to 2.0 mm, which are referred to as "pellets." Pellets have a low porosity (about 10%) and free-flowing characteristics. Spherical units are frequently made by a spheronization step in which extrudates or agglomerates are shaped as they tumble on a spinning frictional base plate. Pelletization is one of the most promising methods for delivering multiparticulate drugs. Pellets as dosage forms (packed into hard gelatin capsules or crushed into

disintegrating tablets) have been gaining popularity in recent years, as their multiparticulate nature provides numerous major pharmacological and technological advantages over single-unit solid dosage forms. They can be divided into appropriate dose strengths without changing the formulation or procedure, and they can also be blended to administer incompatible bioactive agents at the same time and/or give distinct release profiles at the same or different places in the GI tract. They distribute widely in the GI tract when given orally, maximising medication absorption.^[1,2,3]

Advantages

Pellets offer a significant number of advantages over conventional unit-dose systems

Technological Advantages

1. Dose uniformity

The extrusion spheronisation technology and the layering approach provide high accuracy and homogeneous medication distribution to the pellets.

2. Flow characteristics of spheres are outstanding

This is especially beneficial in automated procedures or activities that require precise dosage, such as tableting, moulding, capsule filling, and packing.

3. Prevention of dust formation.

Resulting in an improvement of the process safety, as fine powders can cause dust explosions and the respiration of fines can cause health problems.

4. Controlled release application of pellets due to the ideal low surface area-to-volume ratio that provides an ideal shape for the application of film coatings.

5. They can be mixed to administer incompatible bioactive substances at the same time and/or to give distinct release profiles at the same or separate GI tract locations.

Therapeutic Advantages

6. Pellets can disperse freely throughout the GIT after administration and consequently the drug absorption is maximized

7. The widespread distribution of spherical particles in the gastrointestinal system prevents localised drug build-up, which can irritate the stomach mucosa.

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9. Modified-release

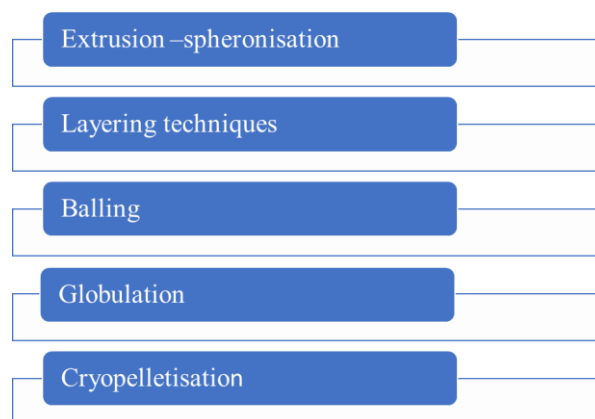
Dose dumping is less likely with multiparticulate delivery systems than with single-unit dosage forms.^[4,5,6]

Disadvantages

1. Pellets are difficult to compress into tablets due to their rigidity. As a result, they're frequently given in hard gelatin capsule shells.
2. Pelletization necessitates very sophisticated and specialised equipment, raising manufacturing costs.
3. Controlling the production process is difficult due to the large number of process and formulation factors^[7]

Pelletisation Techniques

Extrusion-spheronization, powder layering, and solution/suspension layering are the most widely used and extensively researched pelletization techniques. Pellet preparation can be done in a variety of ways. The following are a few of them.



However, the practical utility of these strategies is frequently limited.

Extrusion

Extrusion is the process of applying pressure to a wet mass until it passes through the extruder's calibrated apertures and is further moulded into little extrudate pieces. The extrudates must have enough plasticity to deform, but too much plasticity can cause the extrudates to stay together. The diameter of the openings in the extruder screen determines the diameter of the segments and the final size of the spheroids.

Spheronization

The creation of spherical particles from small rods produced by extrusion is known as spheronization. The friction plate is an important component of the spheronizer. The plate's indentation pattern can be of numerous designs that correlate to specific uses. The cross-hatch pattern is the most popular, with grooves meeting at 90° ang The extrudates are fed into the spheronizer's revolving friction plate, which gives the material a rolling motion. The cylindrical segments change shape and size as a result of collisions between the extrudates, the friction plate, and the stationary walls of the spheronization chamber. During the spheronization process, the product moves along the chamber and transitions from virtually cylindrical segments to spheres in many stages.

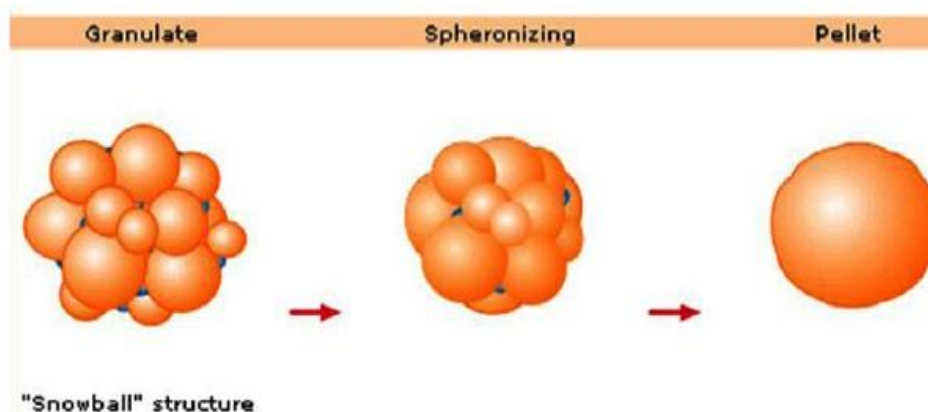


Figure 1: Structure of pellet.

Hotmelt Extrusion

This is a new variant of the extrusion-spheronization technique. A drug material and excipients are heated to a molten or semi-molten condition and then moulded into solid spheres or pellets using appropriate equipment. This is a straightforward, efficient, and continuous procedure with fewer processing steps.

In contrast to the granulation process, it does not necessitate a lengthy drying stage because it does not require the addition of water or other solvent.

LAYERING TECHNIQUES**Solution /Suspension Layering**

Pellets with a homogenous size distribution and generally appropriate surface shape can be generated by layering a pharmacological solution/suspension on a 'starter seed' material (often a coarse crystal or nonpareil). These characteristics are especially useful when pellets are coated for controlled release. After considerable design revisions and refinement, the Wurster coating technology, which had been used for nearly 30 years, had evolved into ideal equipment for pellet manufacturing by solution and suspension stacking. Wurster equipment is distinguished from conventional fluid-bed equipment by the cylindrical partition in the product chamber and the configuration of the air distributor plate, also known as the orifice plate.

This plate is designed to allow the majority of the fluidization or drying air to move at high velocity through the partition, carrying the particles to the expansion chamber. In the large expansion chamber, the air velocity slows, causing the particles to fall back to the area around the partition (down bed).

The down bed is kept aerated by a small fraction of air flowing via minuscule holes on the orifice plate's edge. This plate is designed to allow the majority of the fluidization or drying air to flow at a high velocity through the partition, carrying the particles to the expansion chamber. In the large expansion chamber, the air velocity slows, causing the particles to fall back to the area around the partition (down bed). The down bed is kept aerated by a small fraction of air flowing via minuscule holes on the orifice plate's edge.

The particles in the down bed are transported horizontally through the gap between the air distributor plate and the partition due to suction generated by the high air velocity that prevails around the nozzle and immediately below the partition. As a result, a regular and well-organized particle motion is formed inside the chamber, assisting in the creation of a homogeneous coating on the particles. The Wurster approach has a drawback in that the nozzles are inaccessible.

If the nozzles become clogged at any time throughout the method, the layering process must be interrupted, and the spray guns must be removed for cleaning.

The difficulty can be mitigated by screening the formulation or utilising a spray cannon with a bigger nozzle.

The importance of several process parameters is particularly high when layering with the Wurster technique. It is critical to discover and optimise various formulation properties such as solubility, binder content, solution/suspension viscosity, and so on. When utilising suspensions, the particle size must be carefully tuned; smooth and potent pellets can only be obtained by using small (micron-sized) particles; otherwise, the surface of the pellets tends to be rough, which can interfere with the coating process. When the required drug loading of the pellets is minimal, solution/suspension layering is frequently used since producing high-potency pellets from a low solids content formulation is not economically possible. Another crucial consideration in the case of suspensions is the drug's particle size. Micronized drug particles produce smooth pellets, making them ideal for controlled-release formulations that require further film coating. A larger particle size medication necessitates a greater amount of binding solution. As a result, produced pellets' effectiveness is lowered, and their surfaces are rough.

Balling

Balling, also known as spherical agglomeration, is a pelletization technique that involves continuously rolling or tumbling powders into spherical pellets. This can be accomplished by either adding a suitable amount of liquid to the powder or heating it to a high temperature. Liquid-induced agglomerations and melt-induced agglomerations are the two types of spherical agglomeration. Various instruments are utilised, including horizontal drum pelletizers, inclined dish pelletizers, and tumbling blenders, as well as more advanced rotary fluid-bed granulators and high-shear mixers.

Although this approach is widely utilised in the iron ore and fertiliser industries, its application in the pharmaceutical industry is still limited.

Liquid is added to the powder before or during the agitation step in liquid-induced agglomeration. Powders create agglomerates or nuclei when they come into touch with a liquid phase. Melt-induced agglomeration is similar to liquid-induced agglomeration only the binding ingredient is a melt. The pace and extent of agglomeration formation are influenced by formulation variables such as powder particle size and solubility, liquid saturation, and liquid viscosity.

Compression

One form of compaction technique for pellet preparation is compression. Pellets of specific sizes and shapes are made by compacting active component and excipient combinations under pressure. The formulation and process variables that influence pellet quality are similar

to those employed in tablet production. Kadar et al²³ examined the in-vitro release pattern of theophylline from poly (lactic acid) pellets with increasing bovine serum albumin (BSA) load. They discovered that theophylline was released due to channel leaching rather than polymer breakdown. The rate of release was discovered to be influenced by BSA loading and annealing.

Spray Congealing

A technique in which a medication is allowed to melt, disperse, or dissolve in hot melts of gums, waxes, fatty acids, or other melting solids is known as spray-congealing. The dispersion is then sprayed into a stream of air and other gases at a temperature below that of the formulation components' melting points. Spherical congealed pellets can be created under the right processing conditions.

Globulation

Spray drying and spray congealing are two processes that combine to generate globulation, or droplet creation. They use atomization to create spherical particles or pellets from hot melts, solutions, or suspensions.

Cryopelletisation

Cryopelletization is a method in which liquid droplets are fixed in solid spherical particles or pellets at -160°C using liquid nitrogen as the fixing medium. The process allows for the material to be frozen instantly and uniformly. This is due to the quick heat transfer that happens between the droplets and the liquid nitrogen. Traditional freeze dryers are used to dry the pellets. For the manufacture of 1 kg pellets, 3-5 kg liquid nitrogen is usually required.

Spray Drying

Spray drying involves spraying pharmacological entities in solution or suspension into a heated stream of air, with or without excipients, to produce dry, highly spherical particles. Evaporation of the application medium happens when the atomized droplets come into contact with heated air. This drying process proceeds via a succession of steps, with the viscosity of the droplets gradually increasing until practically all of the application medium has evaporated and solid particles have been formed. Though the process can be used to create controlled-release pellets, it is most commonly used to increase the dissolution rates and bioavailability of medications that are poorly soluble.

This procedure is also used to handle heat-sensitive pharmaceuticals like amino acids, antibiotics, ascorbic acid, liver extracts, pepsin, and other enzymes. The spray-dried powder particles are homogeneous, nearly spherical, and of similar size. The spray drier's design and operation can affect a variety of final product qualities, including particle size and size distribution, bulk density, porosity, moisture content, flow ability, and friability.^[8,9,10]

Micromeritic Properties

Using a fixed funnel approach, the angle of repose (θ) was calculated to determine the flowability of matrix pellets. The pellets' tap density and bulk density were measured using a tap density tester (TDT, Electrolab, India). The pellets' granule density was evaluated using the displacement method using petroleum ether. Pellets of known mass were placed in a Roche Friability tester (Electro lab Friability tester, EF -2, India) and tested at 25 rpm for 4 minutes to determine friability.^[11,12,13]

EVALUATION OF PELLET

Surface morphology

The surface and shape characteristics of pellets were determined by scanning electron microscopy (S-4800 Hitachi Japan). Photographs were taken and recorded at suitable magnification.^[14]

Average particle size

An optical microscope with an ocular and stage micrometre was used to quantify the particle size of drug-loaded formulations, and the particle size distribution was computed. For this, the Weswox model with a 45x resolution was employed. The equipment was calibrated at 30.07 mm drug content per unit of ocular micrometre. A 100 ml volumetric flask was used to correctly transfer 48 100 mg granules with pH 7.4 phosphate buffer, the solution was prepared up to volume. The resulting solution was filtered and diluted appropriately, and the drug content was determined spectrophotometrically by detecting the maximum absorbance.

Drug content

100 mg of granules were carefully placed into a 100 mL volumetric flask and with pH 7.4 phosphate buffer, the solution was prepared up to volume. The resulting solution was filtered and diluted appropriately, and the drug content was determined spectrophotometrically by detecting the maximum absorbance.

Drug entrapment efficiency

The absorbance was measured at max using a uv visible spectrophotometer after 10 mg of pellets were dissolved in 10 ml phosphate buffer. By subtracting the amount of free un-entrapped methyl dopa from the total amount of methyl dopa used in the preparation, the amount of methyl dopa entrapped was calculated. Below is the formula for calculating entrapment efficiency.

In-vitro dissolution studies

The in vitro release of the drug from pellets of all formulation batches were performed using USP apparatus Type I (Basket). In this, 50mg drug equivalent pellets were packed in hard gelatin capsules and were subjected to in-vitro dissolution studies. The dissolution medium consisted of 900 ml of phosphate buffer of pH 7.4. Dissolution was performed at $37 \pm 0.5^\circ\text{C}$, with stirring speed of 75 rpm. 5 ml of aliquots were collected at regular time intervals, and the same amount of fresh

dissolution medium was replaced into dissolution vessel to maintain the sink condition throughout the experiment. The collected aliquots were filtered using Whatman filter No. 1, and further diluted suitably to analyze using UV method at λ_{max} .

Differential Scanning Calorimetry(DSC)

The samples' DSC scans were recorded in a nitrogen atmosphere using a Du Pont thermal analyzer with a 2010 DSC module at a heating rate of 10 °C/min. Infrared spectroscopic study using the Fourier transform (FT-IR) Spectra were collected using the KBr pellet method on an FTIR spectrophotometer (Shimadzu, Model 8400S, Japan) employing powder diffuse reflectance in the wave number range of 400- 4000 cm⁻¹.

X-Ray Diffractometry

X-ray diffraction patterns were recorded using a copper target, voltage 40 Kv, current 30 MA, and a scanning speed of 0.30 °C/min using an X-ray diffractometer (Phillips PW 1710, Tokyo, Japan).

Internal pore structure

A computed tomography CT scanner was used to determine the interior pore structure

Study of Loose Surface Crystals (LSC)

A hundred milligrammes of pellets were suspended in a phosphate buffer solution of 100 millilitres (pH 7.4). At 274 nm, the quantity of medication was measured spectrophotometrically

Invitro drug release study

In vitro drug release investigations were conducted using a USP XXI dissolving device, type II (Electrolab, TDT-06L, India). Drug-loaded pellets containing 10 mg of OZ were suspended in 900 ml of dissolving liquid and centrifuged at 100 rpm after 2 hours in hydrochloric acid buffer (pH 1.2) and 22 hours in phosphate buffer (pH 7.4) at 37.0 °C. The data was then fitted into Peppas's model.

$$K_{\text{tn}} = M_t / M$$

M_t / M is the fraction of drug released at time t ; K denotes the formulation's structural and geometric features; and n denotes the release exponent, which is a parameter that is dependent on the release mechanism. For 0.4 M_t / M_1 , $M_t / M = [1 - 8/2] \exp(-2 Dt/42)$ (2)

Using the above equation, the diffusivity was determined to measure the diffusion of drug molecules from the pellets. The diffusivity is D , and the average radius of the pellets is R . The following equations were used to calculate a differential factor (f_1) and a similarity factor **Sphericity of Pellets**

Photomicrographs were taken using a digital camera (Sony, DSC T-4010, Cyber shot, Japan) and image analysis software (Digimizer, USA) to characterise each individual pellet using the twodimensional shape factor (eR) $eR = 2r/P_m - (b/l)^2$ (6) where r is the radius, P_m is the

perimeter, l is the length, and b is the width of the pellet. f_2), where, n is number of point, R_t is dissolution value and T_t is time value ' t '.^[15]

Stability Studies of Pellet

Pellets were placed in firm gelatin capsules, which were then sealed in aluminium packaging.

For 90 days, the experiments were carried out at 402 °C and 755 percent relative humidity (RH) (Thermolab, India).^[16,17,18]

CONCLUSION

These dose formulations are appealing for a number of reasons: delivers longer duration of effective blood levels by reducing the frequency of dosing and increasing the drug's absorption. Decreases the variation in peak to trough concentration, the occurrence of side effects, and may even enhance the drug's precise distribution. Two prerequisites would be necessary to create the optimum medicine delivery system: First, one dose for the entire course of treatment, whether it lasts for days or weeks as it would for an infection. Second, it should minimise adverse effects by delivering the active ingredient right to the site of action.

REFERENCE

1. Ghebre-Sellassie I, Knoch A. Pelletization Techniques. In: Swarbrick J, Editor. Encyclopedia of Pharmaceutical Technology, 3rd Edition: Informa Healthcare, 2000; 2651-63.
2. Hirjau M, Nicoara AC, Hirjau V, Lupuleasa D. Pelletization techniques used in pharmaceutical fields. Practica Farmaceutică, 2011; 4(3-4): 206-11.
3. Ghai D. Pelletization: An Alternate to Granulation. Pharma Times, January, 2011; 43(1): 13-15.
4. Sachan NK, Singh B, Rao KR. Controlled drug delivery through microencapsulation. Malaysian Journal of Pharmaceutical Sciences, 2006; 4(1): 65-81.
5. Rahman MA, Ahuja A, Baboota S, Bhavna, Bali V, Saigal N, Ali J. Recent Advances in Pelletization Technique for Oral Drug Delivery: A Review. Current Drug Delivery, 2009; 6: 122-129. <http://dx.doi.org/10.2174/156720109787048339> PMID:19418964.
6. Shettigar R, Damle AV. Controlled release pellets of nitrofurantoin; Ind. J. Pharm. Sci., 1996; 5: 179-85.
7. Helen L, Yliruusi J, Muttonen E. Process Variables of the Radial Screen Extruder, II, Size and Size Distribution of Pellets. Pharm. Tech. Int., 1993; 1: 44-53.
8. Shah RD, Kabadi M, Pope DG, Augsburger LL. Physicomechanical characterization of the extrusion-spheronization process. Pharm Res, 1995; 12: 496-507. <http://dx.doi.org/10.1023/A:1016237509740> PMID:7596983

9. Okada S, Nakahara H, Isaka H. Adsorption of drugs on microcrystalline cellulose suspended in aqueous solutions. *Chem. Pharm. Bull.*, 1987; 35: 761–8. <http://dx.doi.org/10.1248/cpb.35.761>
10. Signoretti EC, Dell'Utri A, DeSalvo A, Donini L. Compatibility study between clenbuterol and tablet excipients using differential scanning calorimetry. *Drug. Dev. Ind. Pharm.*, 1986; 12: 603–20. <http://dx.doi.org/10.3109/03639048609048032>.
11. O'Connor RE, Holinez J, Schwartz JB. Spheronization I: processing and evaluation of spheres prepared from commercially available excipients. *Am J Pharm.*, 1984; 156: 80–87.
12. O'Connor RE, Schwartz JB. Spheronization II. Drug release from drug diluent mixtures. *Drug Dev. Ind. Pharm.*, 1985; 11: 1837–57. <http://dx.doi.org/10.3109/03639048509057702>
13. Wong TW, Cheong WS, Heng PWS. Melt Granulation and Pelletization. In: *Handbook of Pharmaceutical Granulation Technology*. Parikh DM, Editor. Taylor & Francis Group, 2005; 385–406.
14. Cimicata LE. How to manufacture and polish smallest pan goods- nonpareil seeds. *Confectioners J.*, 1951; 41–43.
15. Jones DM. Solution and suspension layering. In: *Pharmaceutical Pelletization Technology*. Ghebre-Sellassie I, Editor. New York: Marcel Dekker Inc, 1989; 158–9.
16. Nakahara N. Method and Apparatus for Making Spherical Granules. US Patent, 1964; 3,277,520.
17. Harris MR, Ghebre-Sellassie I. Formulation Variables. In: *Pharmaceutical Pelletization Technology*. Ghebre-Sellassie I, Editor. New York: Marcel Dekker Inc., 1989; 217–39.
18. Jan S, Goodhart FW. Dry powder layering. In: *Pharmaceutical Pelletization Technology*; Ghebre-Sellassie I, Editor. New York: Marcel Dekker Inc., 1989; 182–3.
19. Nastruzzi C, Cortesi R, Esposito E, Genovesi A, Spadoni A, Vecchio C et al. Influence of formulation and process parameters on pellet production by powder layering technique. *AAPS PharmSciTech.*, June, 2000; 1(2): 14–25. <http://dx.doi.org/10.1007/BF02830524> PMCID:2784820.
20. Kibria G, Akhter A, Islam KMA. Formulation and evaluation of domperidone pellets prepared by powder layering technology. *Asian J Pharm.*, 2010; 4(1): 41–47. <http://dx.doi.org/10.4103/0973-8398.63986>.
21. Kleinebudde P. Crystallite-Gel-Model for Microcrystalline Cellulose in Wet-Granulation, Extrusion, and Spheronization. *Pharm. Res.*, 1997; 14: 804–809. <http://dx.doi.org/10.1023/A:1012166809583> PMid:9210201
22. Ghebre-Sellassie I. Mechanism of Pellet Formation and Growth. In: *Pharmaceutical Pelletization Technology*. Ghebre-Sellassie I, Editor. New York: Marcel Dekker Inc., 1989; 123–143.
23. Kader A, Jalil R. In vitro release of theophylline from poly (lactic acid) sustained-release pellets prepared by direct compression. *Drug DevInd Pharm.*, 1998; 24(6): 527–34. <http://dx.doi.org/10.3109/03639049809085653> PMid: 9876618.
24. Celik M, Wendel SC. Spray Drying and Pharmaceutical Applications. In: *Handbook of Pharmaceutical Granulation Technology*. Parikh DM, Editor. Taylor & Francis Group, 2005; 129.
25. Atilla HA, Suheyla KH. Preparation of Micropellets by Spray Congealing. In: *Multiparticulate Oral Drug Delivery*. Ghebre-Sellassie I, Editor. New York: Marcel Dekker Inc., 1994; 17–34.