

Journal of Biomedical and Pharmaceutical Research

Available Online at www.jbpr.in CODEN: - JBPRAU (Source: - American Chemical Society) Volume 5, Issue 6: November-December; 2016, 108-120

Research Article

FORMULATION AND EVALUATION OF GLIMEPIRIDE PATCHES FOR TRANSDERMAL DRUG DELIVERY

RAHUL SHIVAJIRAO SOLUNKE^{1, 3*,} PRAVEEN D. CHAUDHARI2¹

Research Scholar, PRIST University, Vallam, Thanjavur-613403. Tamilnadu, India 2 PES'S Modern College of Pharmacy, Nigdi, Pune-

411044. Maharashtra, India. 3 Department of Pharmaceutics, RD'S College of Pharmacy, Bhor, Tal: Bhor, Dist: Pune-412206.

Received 01 October 2016; Accepted 11 December 2016

ABSTRACT

Transdermal drug delivery has been accepted as a potential non-invasive route of drug administration, with advantages of prolonged therapeutic action, less side effect, easy use and improved patient compliance. "Glimepiride is an anti-diabetic drug with a shorter half life of ~5 hours, low bioavailability and extensive first pass metabolism due to these limitations required to maintain the therapeutic level it has chosen as transdermal drug delivery system." The present study was to formulate and evaluate transdermal drug delivery system of Glimepiride using polymers such as HPMC & Eudragit RS100 by solvent casting technique. Central composite design (CCD) was applied by using design-expert to optimize composition of HPMC and ERS100 for Transdermal Drug Delivery. The prepared formulations were evaluated for different physicochemical characteristics like Weight Variation, Folding Endurance, Flatness, pH of patches, % Moisture Content, % Moisture uptake, % Elongation, % Drug Content & % Drug Release. The drug release characteristics of the formulation were studied in-vitro by using semi-permeable membrane. The in-vitro drug release plot "showed " that the drug release followed zero order kinetics & Higuchi model, which was evidenced from the regression values. Based on the drug release and physicochemical values obtained from the formulation F_3 is considered as an optimized formulation which shows higher percentage of drug release (97.33±0.26% at 24 hour) with diffusion mediated mechanism. Korsmeyer-Peppas exponential plots shows fairly linear add, it is well supported by their regression coefficient values & slope value (n) were more than 1 which suggest that drug was released by Super Case-II transport.

Key words: Transdermal Patches, Transdermal Drug Delivery, Glimepiride, Solvent Casting Method, Central Composite Design & Anti- Diabetic Patches.

Introduction

Introduction starts from next sentence currently, --

Currently, transdermal drug delivery is one of the most prominent way for drug delivery to the systemic circulation via skin¹. The transdermal route offers several advantages over conventional dosage forms such as tablets and injections, including avoidance of first-pass metabolism by the liver², minimization of pain, reduction of side effects, extended duration of activity, reduction in the fluctuations of drug concentrations in the blood, avoidance of gastro-intestinal incompatibility³, reduced frequency of dosing with improved patient

compliance and rapid termination of drug input by removal of the system from the skin^{4, 5}.

Diabetes mellitus continues to increase in terms of the number of affected and in significance worldwide, and is a growing burden with regard to public health. It is reported that there were 285 million people worldwide with diabetes in 2010, and this number is expected to increase 439 million by 2030⁶. It is a chronic metabolic disorder characterized by a high blood glucose concentration (hyperglycemia) caused by insulin deficiency, and it is often combined with insulin resistance⁷.

Glimepiride a third-generation sulfonylurea drug, is effective for the treatment of Type 2 diabetes mellitus⁸ and acts by stimulating pancreatic β -cells to produce more insulin and lower the blood glucose level (BGL). It has shown several advantages

such as being highly protein bound, long acting and allowing for concomitant use with insulin. However, the drawback for the use of Glimepiride as oral dosage forms is attributable to its low aqueous solubility and slow dissolution rate, which lead to low oral bioavailability^{9,10}. The molecular weight of glimepiride is 490.616 g/mol with an octanol/water partition coefficient of 3.5. It is completely absorbed after oral administration¹¹, short half-life of ~5 hours due to the extensive hepatic oxidative metabolism to its major metabolite. (M1)^{12,13}. cyclohexylhydroxymethyl derivative Recently, a study has indicated that sustained delivery of Glimepiride through a transdermal route can helps to avoid toxicity due to a sudden high blood concentration. This study was undertaken to screen the potential of Glimepiride for transdermal delivery.

The purpose of the present work was to develop transdermal formulation of Glimepiride which increases the patient compliance and enhance the bioavailability by using polymers and permeation enhancers.

MATERIALS & METHODS

Materials

Glimepiride was obtained as a gift sample from USV Limited(Khed, Ratnagiri, Maharashtra, India), HPMC K100M from Colorcon Asia Pvt. Ltd., (Goa, India). Eudragit RS100(ERS100) from Evonik India Pvt. Ltd(Mumbai, India), Propylene Glycol & Polyethylene Glycol(PEG)-400 from Nulife Pharmaceutical. (Pune. India). Dimethylsulfoxide(Suresh Traders-LaBin, Pune), Double Distilled water was used throughout the study & all other chemicals and solvents were analytical reagent grade and purchased from commercial suppliers. The results obtained were analyzed for various pharmacokinetic parameters using pk functions of Microsoft excel & GraphPad Prism (Version 5.00 GraphPad Software Inc. San Diego, California, USA).

Methods

Drug–Polymer Interaction Studies

To search the possible interaction between Glimepiride and polymeric materials of the patches, infrared (IR) spectra of pure substances and their formulation (F_7) were recorded using IR Spectrophotometer (FTIR-4100 JASCO- Japan) by KBr pellet method^{14,15}.

Preparation of Transdermal Patches

Glimepiride loaded transdermal patches containing different ratios of HPMC K100M and Eudragit RS100 were prepared by solvent casting method. The requisite ratios of polymers were weight and were allowed to swell for 6 h in Methanol–Dichloromethane (1:1) solvent mixture. Plasticizer such as PEG-400 was incorporated at 30% w/w of dry polymer weight. & Permeation enhancer such as Propylene glycol & Dimethylsulfoxide (DMSO) was incorporated at 40% (1:1) w/w of polymer dry weight. Calculated amount of Glimepiride was mixed with homogenous polymer solution and poured into aluminum foil wrapped glass ring as mold (28.26 cm²). A funnel was placed over the mould in inverted position to control the rate of evaporation. The casting solvent mixture was allowed to evaporate overnight at room temperature. The dried patches were cut into required size (3.14 cm²) and wrapped in aluminum foil. Then, these Patches were kept in desiccator containing saturated solution of CaCl₂ as desiccant, at room temperature prior to use^{16, 17}.

Experimental Design:

A response surface type Central Composite Design was employed using Design-Expert Software (Version 7.0.0 Stat-Ease Inc., Minneapolis, USA). Independent factors are HPMC K100M (X₁) and Eudragit RS100(X₂) concentrations at three levels^{18,19}. % Moisture Content (Y₁), % Moisture uptake(Y₂), % Elongation(Y₃), & % Drug Release after 24 hours(Y₄) were kept as dependent variables^{18,19}. The different formulations of Glimepiride Transdermal Patches is as shown in Table-I.

Code	Drug	Polymer		Plasticizers	Enhancers	Name of Solvents	Quantity
	Glimepiride	HPMC K100M	Eudragit RS100	PEG-400	PG:DMSO (1:1)	DCM: Methanol	Quantity
F_1	90.00 mg	250.00 mg	300.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₂	90.00 mg	150.00 mg	600.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₃	90.00 mg	200.00 mg	237.87 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₄	90.00 mg	200.00 mg	662.13 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₅	90.00 mg	129.29 mg	450.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₆	90.00 mg	270.71 mg	450.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₇	90.00 mg	200.00 mg	450.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₈	90.00 mg	250.00 mg	600.00 mg	30 % w/w	40 % w/w	1:1	15 ml
F ₉	90.00 mg	150.00 mg	300.00 mg	30 % w/w	40 % w/w	1:1	15 ml

Table 1: Different formulation batches are as follows.

Note: 3.14 CM² Patch Contains 10 mg Glimepiride. DCM: Dichloromethane, PG: Propylene Glycol

EVALUATION OF TRANSDERMAL PATCHES

Weight Variation

Prepared patches were cut into 3.14 cm² pieces and weight of each patch was determined by using digital balance. The average weight of each patch and standard deviations were calculated^{20, 21}.

Folding Endurance

A strip of Patch of specific surface area (2 cm^2) was cut and folded repeatedly at one place till it broke. The number of times the patch was folded before breaking at the same place represented folding endurance^{22, 23}.

Flatness

Longitudinal strips were cut out from the prepared patch, the length of each strip was measured, and then variation in the length due to the non-uniformity in flatness was measured. Flatness was calculated by measuring constriction of strips, and a 0% constriction was considered to be 100% flatness^{24, 25}.

Constriction (%) = $L_1 - L_2 / L_1 \times 100$

Where, L_1 = Initial length of each strips and L_2 = Final length of each strips.

Surface pH

For the determination of surface pH three patches of each formulation were allowed to swell for 2 hrs in a petridish containing 5 ml of phosphate buffer

© 2016 All Rights Reserved.

pH 7.4²⁶. The surface pH was measured by pH paper placed on the surface of patches and allowed to equilibrate for 1 min. The average of the three readings was recorded²⁷.

Percentage of Moisture Content

The prepared patches were weighed and kept in desiccator containing activated silica at room temperature for 24 h. The individual patches were weighed on every alternate day until a constant weight was achieved. The percentage of moisture content was calculated by determining the difference between initial and final weight with respect to final weight²⁸⁻³⁰.

Moisture Content (%) = $W_1 - W_2 / W_2 \times 100$

Where, W_1 = Initial weight of each patch and W_2 = Final weight of each patch

Moisture Uptake

Glimepiride Transdermal patches were weighed and placed in desiccators containing a saturated solution of sodium chloride at 74% relative humidity (RH). After first week, the patches were taken out and weighed. The percentage of Water Absorptive Capacity (Moisture Uptake) was calculated as the difference between the final and initial weight with respect to the initial weight^{31, 32}.

Moisture Uptake (%) = $W_2 - W_1 / W_1 \times 100$

Where, W_1 = Initial weight of each patch and W_2 = Final weight of each patch

Percentage of Elongation

Elongation of the Patches was determined by Texture Analyzer (Brookfield-CT3-10KG). Rectangular strips of 40mm×30mm were fixed in such a way that the length of patch between the jaws. The percentage elongation was determined by noting the length just before the break point and substituted in the following Equation^{33, 34}.

Elongation (%) = $L_1 - L_2 / L_2 \times 100$

Where, L_1 = Final length of each strips and L_2 = Initial length of each strips.

Determination of Drug Content

Formulated drug-loaded Patches were evaluated for uniformity of drug content. Strips of 3.14 cm^2 from each formulation were randomly selected and transferred into a 100 ml volumetric flask containing pH 7.4 phosphate buffer and Methanol. The flask was stirred for 4 h on magnetic stirrer³⁵. A blank was similarly prepared using a drug-free Patch. The obtained solutions were filtered through a 0.45 µm membrane. The drug content was then determined after proper dilution by UV spectrophotometer at 231 nm (JASCO V-630, Japan)³⁶.

In Vitro Drug Release Study

Drug release studies were performed with freshly prepared patches in Franz diffusion cells with volume of 27 ml and a diffusion area of 4.90 cm². The receptor compartment contained pH 7.4 Phosphate Buffer containing 30 % v/v PEG-400 as solubilizer³⁷, at 37°C by a circulating water bath (corresponding to 32 $^{\circ}$ C at the release interface) and was stirred at 50 rpm with a magnetic stirrer. Circular patches (diameter: 2.00 cm, patch thickness: approximately 0.35 mm to 0.51 mm) were centrally attached to circular piece of cellulose acetate membrane with a diameter of 2.5 cm. The cellulose acetate membrane was mounted between the donor and receptor compartment of the diffusion cell. The 1 ml samples were withdrawn at different time intervals and an equal amount of phosphate buffer, pH 7.4 was replaced each time. Absorbance of the samples were measured spectrophotometrically at 231 nm taking phosphate buffer solution, pH 7.4, as blank The experiment was performed in triplicates and the mean values were calculated³⁸⁻⁴¹.

RESULT AND DISCUSSION

Drug–Polymer Interaction Studies

The incompatibility between the Drug Excipients were studied by FTIR spectroscopy. The spectral data of pure Glimepiride, HPMC K100M, ERS100 and Glimepiride Transdermal Patch (F_3) are presented in Fig.01-04. The results indicate that there was no chemical incompatibility between drug and excipients used in formulation.

FTIR spectra of Glimepiride



Fig: 01: FTIR spectra of Glimepiride





FTIR spectra of Eudragit RS100



Fig: 03: FTIR spectra of Eudragit RS100







Weight Variation

The weight of patches ranged between 70.66±1.15 mg and 105.66±0.57 mg, which indicates that different batches patch weights, were relatively

similar. The individual weights of patches within the same formulation varied only slightly as shown by the low standard deviations. The average weight of the Patches increased with increased concentration of the polymers used in producing the Patches as shown in Table –II ⁴².

Folding Endurance

The values of folding endurance were found to vary from 257±4.04 to 289±4.50 which indicates good strength and elasticity. The folding endurance test results (Table-II) showed that the Patches prepared from all formulations were more flexible and durable. These results demonstrates the sturdiness of the patches in maintaining their integrity with general skin folding when applied.

Flatness

Flatness (%) of these patch formulations were found satisfactory, which ranged between 99.75±0.66 and 100.16±0.38 % (Table-II). The results of the flatness study showed that the formulation Patches have a negligible change in the length along the longitudinally cut edges, indicating a near 100% flatness. The patches from all tested formulations appeared to have a smooth, flat surface and that smooth surface could be maintained when the patch was applied to the skin without any visible signs of constriction⁴³.

Surface pH

For a dermatological preparation to be safe and nonirritant its pH must be between 4 and 7^{44} . Surface pH Determination was mainly done to know whether the patch is acidic or basic. Irritation will persist if the Patch is more acidic or basic. Surface pH of the transdermal patches was in between 5.33±0.57 and 6.66±0.57 (Table-II) which match to the pH of the skin, infers that the patch is nonirritant & desirable property45.

Formulation	Weight Variation (mg)	Folding Endurance	Flatness (%)	Surface pH	MC (%)	MU (%)	Elongation (%)	Drug Content (%)
F ₁	75.66±1.52	263±2.08	99.83±0.38	6.00±1.00	4.11±0.05	7.34±0.04	23.33±1.44	99.67±0.11
F ₂	95.00±1.00	281±3.05	99.91±0.38	6.33±0.57	2.75±0.10	4.90±0.20	35.83±3.81	99.61±0.19
F ₃	70.66±1.15	257±4.04	100.16±0.14	5.66±0.57	3.07±0.13	5.59±0.23	21.66±1.44	99.74±0.11
F ₄	105.66±0.57	289±4.50	99.83±0.14	6.66±0.57	3.43±0.00	6.38±0.21	40.83±1.44	99.48±0.22
F ₅	79.33±1.52	265±1.52	99.91±2.50	5.66±1.15	2.30±0.06	3.94±0.23	32.50±2.50	98.95±0.40
F ₆	92.33±0.57	274±3.05	99.75±0.66	6.33±0.57	4.73±0.08	9.76±0.27	27.50±2.50	99.21±0.39
F ₇	85.66±1.15	269±4.16	100.16±0.38	5.66±1.15	3.25±0.05	6.14±0.17	29.16±1.44	98.62±0.19
F ₈	102.33±1.15	283±5.50	99.91±0.14	5.66±0.57	4.49±0.12	8.04±0.06	34.16±1.44	98.76±0.22
F ₉	72.66±1.52	259±5.13	100.16±0.38	5.33±0.57	2.58±0.00	4.70±0.28	25.83±1.44	99.28±0.30

Table 2: Physicochemical Properties of Glimepiride Transdermal Patches.

*All values are expressed as mean ± SD (n = 3). MC: Moisture content & MU: Moisture uptake

Experimental Design, Regression Analysis and Model Building

The central composite design was selected for optimization because central composite design require 5 levels of each factor $-\alpha$, -1, 0, 1, and $+\alpha$. One of the commendable attributes of the central composite design is that its structure lends itself to sequential experimentation. A statistical model incorporating interactive and polynomial terms were used to evaluate the responses.

$$Y = b_0 + b_1 X_1 + b_2 X_2 + b_{12} X_1 X_2 + b_{11} X_{12} + b_{22} X_{22} - \dots - (1)$$

One way ANOVA (analysis of variance) was used for statistical analysis of targeted response at 5% significant level and the significance of model, factors were determined using Design- Expert. In above equation, b_0 is the intercept representing the arithmetic averages of all 9 runs and b_1 , b_2 , b_{12} , b_{11} and b_{22} are the coefficients computed from the observed experimental values of responses Y_1 , Y_{2} , $Y_3 \& Y_4$ and X_1 and X_2 stand for main response of independent variables. The terms X_1X_2 , X_{11} and X_{22} represent interaction and quadratic terms of independent variables respectively^{18, 19}.

The factor effects involved in CCD model and associated p-values (table-III) for the responses Y₁,

Y₂ & Y₃ are given. The model F- value of 58.60.36 for Y₁ implies the model is significant and there is only 0.01% chance that a "Model F-Value" this large could occur due to noise. Values of Prob > F less than 0.0500 indicate model terms are significant. In this case X_1 , X_2 & X_1^2 are significant model terms. The Model F-value of 358.57 for Y₂ implies the model was significant. In this case $X_1 \&$ X₁² were significant model terms. The Model Fvalue of 44.77 for Y_3 implies the model was significant. In this case $X_1 \And X_1^2$ were significant model terms. The Model F-value of 71.84 for Y_4 implies the model was significant. In this case X₂ were significant model terms. After eliminating insignificant terms the final equation of the responses (2-5) are as follows

 $Y_{1} = +2.81 - 0.011 X_{1} - 1.441 X_{2} + 6.598 X_{1}X_{2} + 6.212 X_{1}^{2} + 1.121 X_{2}^{2} - -----(2)$ $Y_{2} = +3.76 - 0.022 X_{1} + 3.159 X_{2} + 1.635 X_{1}X_{2} + 1.245X_{1}^{2} - 5.278 X_{2}^{2} - -----(3)$ $Y_{3} = +30.14 - 0.073X_{1} + 1.061X_{2} + 2.777X_{1}X_{2} + 8.332X_{1}^{2} + 3.703X_{2}^{2} - -----(4)$ $Y_{4} = +103.14 + 0.053 X_{1} - 0.043 X_{2} - 1.35 - 004 X_{1}X_{2} - 2.700 X_{1}^{2} + 1.177 X_{2}^{2} - -(5)$

Positive sign in front of the factors indicates synergistic effect and negative sign indicates antagonistic effect of the factors on responses Y_1 , Y_2 , $Y_3 \& Y_4$.

Factor	Response parameters									
	Y ₁		Y ₂		Y ₃		Y ₄			
	Factor	p -value	Factor	p -value	Factor	p -value	Factor	p -value		
	effect		effect		effect		effect			
X ₁	+0.84	< 0.0001	+1.75	< 0.0001	-1.40	0.0061	-0.94	0.0899		
X ₂	+0.13	0.0003	+0.25	0.0746	+5.99	< 0.0001	-8.99	< 0.0001		
X_1X_2	+0.049	0.1289	+0.12	0.4945	+0.21	0.6966	-1.02	0.1764		
X ₁ ²	+0.16	0.0002	+0.31	0.0466	+0.21	0.6087	-0.067	0.8990		
X ₂ ²	+0.025	0.2850	-0.11	0.3882	+0.83	0.0693	+0.27	0.6215		
R ²	0.9933		0.9480		0.9600		0.9672			

Table 3: Effect of each factor and its p-value.

Moisture Content & Moisture uptake

Moisture content and Moisture uptake studies provide information regarding stability of the formulation⁴⁶. The % moisture content in the patches ranged from 2.30±0.06 to 4.73±0.08. The % moisture uptake in the formulations were in the range of 3.94±0.23 to 9.76±0.27 (Table-II). The results revealed that the Moisture Content (Y_1) & Moisture Uptake (Y_2) , factor X_1 was found to be significant (< 0.05) i.e., as the concentration of HPMC increased, the Moisture Content (Y_1) & Moisture Uptake of the patches also increased. But, opposite effect was observed by increasing the amount of ERS100. Further, the interaction between factors X_1 and X_2 can be elucidated by using response surface plot as illustrated in Figure 5 & 6^{47} . The low level of moisture content in the formulation helps to remain stable and from being a completely dried and brittle films and low moisture uptake protects the material from microbial contamination and bulkiness of the patches⁴⁸.



Figure: 05: Response surface for Moisture Content





Percentage of Elongation

Percentage Elongation at break of the formulations prepared from combination HPMC K100M & ERS100 at different ratios which ranged between 21.66±1.44 % to 40.83±1.44 % (Table-II). The prepared patches were also found to be strong enough & provide good mechanical properties. In the case of % elongation (Y_3) , factor X_1 was found to be significant (< 0.05) i.e., as the concentration of HPMC increased, the % elongation of the patches also decreased. But, opposite effect was observed by increasing the amount of ERS100. Further, the interaction between factors X_1 and X_2 can be elucidated by using response surface plot as illustrated in Figure 7.It was also observed that the percentage elongation at break values increased with increasing concentration of ERS100 polymer^{33, 49}.



Figure: 07: Response surface for % of Elongation

Drug Content

The drug content (%) in all prepared formulations varied between the range 98.62±0.19 % to 99.74±0.11 %. This indicates that the uniform reproducible drug release from the patch [36] Uniformity of drug distribution throughout the patch was proved by the low value of SD (Table-II).

In Vitro Drug Release

The *in vitro* drug release pattern of Glimepiride from formulated transdermal patches are shown in Fig. : 09-12. All these transdermal patches slowly released the drug, incorporated and sustained over a period of 24 h. The drug release from transdermal patches varied with respect to the polymer composition and nature. In the case of *In vitro* drug release at 24 h (Y_4), factor X_1 was found to be significant (< 0.05) which shows increase in drug release from the transdermal patches was found with increasing concentration of polymers that are more hydrophilic in nature. But, opposite effect was observed by increasing the amount of ERS100. Further, the interaction between factors X_1 and X_2 can be elucidated by using response surface plot as illustrated in Figure 8^{42,50}. Among all formulations, the maximum in vitro drug release (97.33±0.26%) over a period of 24 h was observed in the case of formulation No. F₃, while the minimum in vitro drug release (70.99±0.20%) was found in the case of

formulation No. F₄ which shows that the Increased concentration of Eudragit RS100 decreases the drug release. The in vitro Glimepiride release data from transdermal patches were evaluated kinetically using various mathematical models like zeroorder, first order, Higuchi, and Koresmeyer-Peppas. The results of curve fitting into these above mentioned models (Figure: 09-12) indicates the drug release behavior from these formulated transdermal patches of Glimepiride at 24 h (Table-IV). When the release rate of Glimepiride and their respective correlation coefficients were compared, it was found to follow zero-order kinetic (R²=0.997 to 0.999), First Order (0.809 to 0.970) and Higuchi models (R^2 =0.997 to 0.999) (Table-IV). In order to understand the mechanism of drug release, in vitro release data were treated to kinetic models and linearity was observed with respect to zeroorder kinetic & Higuchi equation. As indicated by higher values R², the drug release from all the formulations follows Zero-order drug release and Higuchi model. Therefore it was confirmed as zeroorder kinetic & Higuchi model and the mechanism was found to be sustained release diffusion mediated. The above formulations treated for Korsmeyer-Peppas exponential plots (fig.12) were found to be fairly linear & it is well supported by their regression coefficient values (0.946 to 0.964) (Table IV). The slope values (n) was also calculated & they are >1(Table IV) which suggest that drug was released by Super Case-II transport.



Figure: 08: Response surface for In Vitro release

Table 4: In Vitro drug Release of Glimepiride Transdermal Patches

Formulation	% Drug Release after 24 hrs*	Zero Order	First Order	Higuchi's	Korsmeyer-Peppa's	
		R ²			R ²	n
F ₁	93.13±0.20	0.998	0.873	0.998	0.946	1.120
F ₂	75.32±0.13	0.999	0.970	0.999	0.962	1.117
F ₃	97.33±0.26	0.999	0.809	0.999	0.948	1.137
F ₄	70.99±0.20	0.997	0.956	0.997	0.964	1.089
F ₅	86.50±0.20	0.998	0.919	0.998	0.956	1.125
F ₆	80.49±0.26	0.999	0.954	0.999	0.957	1.115
F ₇	83.32±0.59	0.999	0.944	0.999	0.958	1.126
F ₈	73.77±0.27	0.999	0.970	0.999	0.963	1.112
F ₉	90.61±0.33	0.999	0.910	0.999	0.951	1.128

*All values are expressed as mean ± SD (n = 3).

Zero order plots for Prepared Glimepiride Transdermal Patches(F₁-F₉)



First order plots for Prepared Glimepiride Transdermal Patches(F₁-F₉)



Higuchi's plots for Prepared Glimepiride Transdermal Patches(F₁-F₉)



Korsmeyer- Peppa's Plots for Prepared Glimepiride Transdermal Patches(F₁-F₉)



CONCLUSION

Transdermal patches of Glimepiride using polymers like HPMC and ERS100 in various proportions and combinations showed satisfactory physicochemical characteristics. The proportional amounts of various hydrophilic polymers in various formulations have influence on drug release from formulated Glimepiride these transdermal patches. From the present study it can be concluded that, Transdermal drug delivery system for Glimepiride with HPMC K100M and Eudragit RS100 meet the ideal requirement for Transdermal devices which can be good way to bypass the extensive hepatic first pass metabolism and increase bioavailability. Transdermal patches of Glimepiride may provide sustained transdermal delivery for prolonged periods in the therapy of Diabetics, which can be HPMC and ERS100 of moderate level useful for preparation of sustained release matrix transdermal patch formulation. Further, from the above findings it can be concluded that formulation F_3 is the best formulation which is substantiated by its higher in vitro drug release.

COMPETING INTERESTS

The authors declare that there is no conflict of interests regarding the publication of this paper

REFERENCES

- Satinder K, Ramandeep S, Alok S. Transdermal Drug Delivery as a Boon. Asian Pac J H Sci. 2014; 1(1): 13-25.
- Donghee P, Jinhee Y, Jingam P, Byungjo J, et al. Transdermal drug delivery aided by an ultrasound contrast agent: an in vitro experimental study. The Open Biomed Eng J. 2010; 4:56-62.
- Eneko L, Rebecca EM Lutton, Woolfson AD, et al. Microneedle arrays as transdermal and intradermal drug delivery systems: Materials science, manufacture and commercial development. Material Sci Eng R. 2016; 104:1– 32.
- **4.** Ting L, Changshun R, Manli W, *et al*. Optimized preparation and evaluation of indomethacin transdermal. Asian J Pharma Sci. 2007; 2 (6): 249-59.
- **5.** Tanwar YS. Formulation and Evaluation of Transdermal Films of Salbutamol Sulphate. Dhaka Univ J Pharm Sci.2005; 4(2): 93-97.
- Ikuko N, Jun-ichi O, Hiroshi K, et al. Possible effects of Glimepiride beyond glycemic control in patients with type 2 diabetes: a preliminary report. Cardiovascular Diabetology. 2014; 13(15):1-8.
- **7.** Ghosal K, Rajan R, A Nanda. Effects of chemical enhancers on the release of Glipizide through

matrix patch. Int J Chem Tech Res. 2009; 1(4): 1128-30.

- **8.** Mikko N, Kari TK, Janne TB, *et al.* Effect of Rifampicin on the pharmacokinetics and pharmacodynamics of Glimepiride. Br J Clin Pharmacol.2000; 50:591-95.
- Lawrence CL, Rainbow RD, Davies NW, et al. Effect of metabolic inhibition on Glimepiride block of native and cloned cardiac sarcolemmal K_{ATP} channels. British J Pharmacol. 2002: 136(5): 746 -52.
- **10.** Haiying L, Tingting P, Ying C, *et al.* Improved oral bioavailability of poorly water-soluble Glimepiride by utilizing microemulsion technique. Int J Nanomed. 2016; 11: 3777–88.
- Galani VJ, Vyas M. In vivo and In vitro Drug Interactions Study of Glimepride with Atorvastatin and Rosuvastatin. J Young Pharm. 2010; 2(2): 196-00.
- **12.** Osama AA, Ahmed SZ, Maan K. Mechanistic analysis of Zein nanoparticles/PLGA triblock in situ forming implants for Glimepiride. Int J Nanomed. 2016; 11: 543–55.
- **13.** Dash RN, Habibuddin M , Touseef H. An integrated Taguchi and response surface methodological approach for the optimization of an HPLC method to determine Glimepiride in a supersaturatable self-nanoemulsifying formulation. Saudi Pharma J. 2016; 24:92–03.
- Mutalik S, Udupa N. Glibenclamide transdermal patches: physicochemical, pharmacodynamic and pharmacokinetic evaluations. J Pharm Sci. 2004; 93(6):1577–94.
- **15.** Lin S, Dongmei C, Yuan B, *et al.* Formulation and in *vitro/in vivo* correlation of a drug-inadhesive transdermal patch containing Azasetron. J Pharm Sci. 2012; 101(12):01-09.
- 16. Rabinarayan P, Padilam S. Transdermal delivery of Diltiazem HCl from matrix film: Effect of penetration enhancers and study of antihypertensive activity in rabbit model. J Adv Res. 2016; 7: 539–50.
- Agrawal SS, Pruthi JK. Development and evaluation of matrix type transdermal patch of Ethinylestradiol and Medroxyprogesterone Acetate for anti-implantation activity in female Wistar rats. Contraception. 2011; 84:533–38.
- **18.** Vijayalakshmi P, Kusum Devi V, Narendra C, *et al*. Development of extended zero-order release Gliclazide tablets by central composite design. Drug Dev Ind Pharm. 2008; 34:33–45.

- 19. Mogal RT, Galgatte UC, Chaudhari PD. Floating pulsatile drug delivery of Ranitidine Hydrochloride for nocturnal acid breakthrough: design, optimization, *in- vitro* and *in- vivo* evaluation. Int J Pharm Pharm Sci. 2013; 5(3):722-27.
- **20.** Nair RS, Tai NL, Mohamed Shukkoor SA, *et al.* Matrix type transdermal patches of Captopril: Ex vivo permeation studies through excised rat skin. J Pharm Res. 2013; 6:774-79.
- 21. Sachdeva V, Yun B, Agis K, Banga AK, et al. Formulation and optimization of Desogestrel transdermal contraceptive patch using crystallization studies. Int J Pharm. 2013; 441: 9–18.
- **22.** Mittala A, Shikha P, Singh B. *In Vitro* and *In Vivo* assessment of matrix type transdermal therapeutic system of Labetalol Hydrochloride. Cur Drug Deliv. 2009; 6 (5): 511-19.
- **23.** Pisipati A, Chavali S Venkata S. Formulation and characterization of anti hypertensive transdermal delivery system. J Pharm Res. 2013; 6:551-54.
- **24.** Kalita B, Das MK, Sarma M, *et al*. Sustained anti-inflammatory effect of Resveratrol-Phospholipid complex embedded polymeric patch. AAPS Pharm Sci Tech. 2016; 17(2):1-17.
- **25.** Madan JR, Argade NS, Dua K. Formulation and evaluation of transdermal patches of Donepezil. Rec Pat Drug Deliv Formul. 2015; 9(1):95-03.
- **26.** Raghavendra Rao NG, Patel K. Formulation and evaluation of Ropinirole buccal patches using different mucoadhesive polymers. RGUHS J Pharm Sci. 2013; 3(1):32-39.
- Saxena A, Tewari G, Saraf SA. Formulation and evaluation of mucoadhesive buccal patch of Acyclovir utilizing inclusion phenomenon. Brazilian J Pharm Sci. 2011; 47(4):887-97.
- **28.** Nayak BS, Ellaiah P, Pattanayak D, *et al.* Formulation design preparation and *in vitro* characterization of Nebivolol transdermal patches. Asian J Pharm. 2011; 5(3):175-82.
- **29.** Arora P, Mukherjee B. Design, Development, physicochemical, and *in vitro* and *in vivo* evaluation of transdermal patches containing Diclofenac Diethylammonium Salt. J Pharm Sci. 2002; 91:2076–89.
- **30.** Sowjanya R, Duraivel S, Sampath Kumar KP *et al.* Formulation and evaluation of transdermal

patches of Carvedilol. J Chem Pharm Sci. 2013; 6(4):250-53.

- **31.** Tuntiyasawasdikul S, Limpongsa E, Jaipakdee N, *et al*. A monolithic drug-in-adhesive patch of Methoxyflavones from Kaempferia parviflora: *In vitro* and *in vivo* evaluation. Int J Pharm. 2015; 478:486–95.
- **32.** Udhumansha U, Molugu VS Reddy, Kumaresan R, *et al.* Transdermal therapeutic system of Carvedilol: effect of hydrophilic and hydrophobic matrix on *in vitro* and *in vivo* characteristics. AAPS Pharm Sci Tech. 2007; 8 (1):1-8.
- **33.** Limpongsa E, Kraisri U. Preparation and evaluation of Diltiazem Hydrochloride diffusion-controlled transdermal delivery system. AAPS Pharm Sci Tech. 2008; 9(2):464-70.
- **34.** Murthy SN, Hiremath SR, Paranjothy KLK. Evaluation of carboxymethyl guar films for the formulation of transdermal therapeutic systems. Int J Pharm. 2004; 272:11–18.
- **35.** Satheesh Madhav NV, Yadav AP. A novel translabial platform utilizing bioexcipients from *Litchi chinesis* for the delivery of Rosiglitazone Maleate. Acta Pharm Sin B. 2013; 3(6):408–15.
- **36.** Abdel AM, El-Ashmoony M, Swealem AM, *et al*. Transdermal films containing Tizanidine: *in vitro* and *in vivo* evaluation. J Drug Deliv Sci. Tech. 2014; 24 (1):92-99.
- **37.** Cheong WC, Jun SC, and Sang CS. Enhanced transdermal controlled delivery of Glimepiride from the ethylene-vinyl acetate matrix. Drug Del. 2009; 16(6): 320–30.
- **38.** Martin S, Bernhard F, Roland B. Influence of adsorbents in transdermal matrix patches on the release and the physical state of Ethinyl Estradiol and Levonorgestrel. Eur J Pharm Biopharm. 2011; 77:240–48.
- **39.** Mundada AS, Avari JG. *In Vitro* and *in vivo* characterization of novel biomaterial for transdermal application. Cur Drug Deliv. 2011; 8:517-25.
- **40.** Singh VK, Pokhariyal T, Tiwari AK. Formulation optimization and characterization of

transdermal patch of Mefenamic Acid. Indo American J Pharm Res. 2013; 3(6):4269-78.

- **41.** Sahoo SK, Baurahari B, Patil SK. Formulation and evaluation of transdermal patch of Stavudine. Dhaka Univ J Pharm Sci. 2013; 12(1): 63-69.
- **42.** Jatav VS, Saggu1 JS, Sharma AK, *et al.* Design, development and permeation studies of Nebivolol Hydrochloride from novel matrix type transdermal patches. Adv Biom Res. 2013; 2(3):1-6.
- **43.** Saoji SD, Atram SC, Dhore PW, *et al.* Influence of the component excipients on the quality and functionality of a transdermal film formulation. AAPS Pharm Sci Tech. 2016; 16(6):1344-56.
- **44.** Ammar HO, Ghorab M, El-Nahhas SA, *et al.* Polymeric matrix system for prolonged delivery of Tramadol Hydrochloride, Part I: physicochemical evaluation. AAPS Pharm Sci Tech. 2009; 10(1):7-20.
- **45.** Jonathan H. Skin, the final frontier. Int J Pharm. 2001; 224:1–18.
- **46.** Vijaya R, Ruckmani K. *In vitro* and *In vivo* characterization of the transdermal delivery of Sertraline Hydrochloride Films. DARU J Pharm Sci. 2011; 19(6):424-32.
- **47.** Patel DP, Setty CM, Mistry GN, *et al.* Development and evaluation of ethyl cellulose-based transdermal films of Furosemide for improved *in vitro* skin permeation. AAPS Pharm Sci Tech.2009; 10(2):437-42.
- **48.** Mamatha T, Venkateswara RJ, Mukkanti K., *et al.* Development of matrix type transdermal patches of Lercanidipine Hydrochloride: physicochemical and in-vitro characterization. DARU. 2010; 18(1):9-16.
- **49.** Madishetti SK, Palem CR, Gannu R, *et al.* Development of Domperidone bilayered matrix type transdermal patches: physicochemical, *in vitro* and *ex vivo* characterization. DARU. 2010; 18(3): 221-29.
- 50. Pilla Pavani GB, Putta RK, Ravi SK. Formulation and evaluation studies on transdermal dosage forms of Diclofenac Sodium. World J Pharm Pharma Sci. 2015; 4(3):1043-63.