

FORMULATION AND NON-DESTRUCTIVE CONTROL OF IMMEDIATE RELEASE 3D-PRINTED AMITRIPTYLINE TABLETS

BACKGROUND AND IMPORTANCE

- 3D printing enables precise and flexible dosing for patients who require tailored dosage strengths.
- For amitriptyline, flexible dosing is clinically important due to withdrawal risks and CYP2D6 variability.
- Non-destructive analytical methods are needed to perform quality control testing whilst avoiding substantial loss of dosage units.

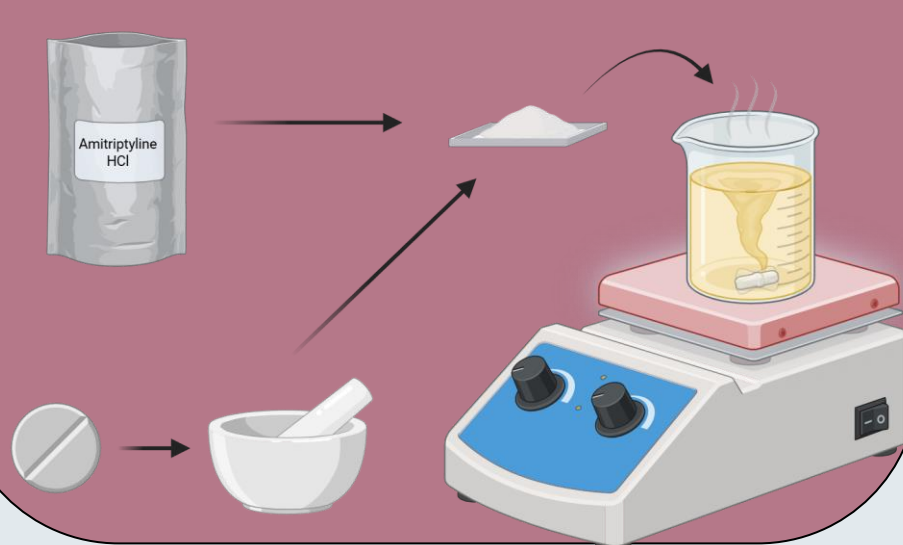
AIM AND OBJECTIVES

- To optimize an immediate-release SSE formulation for 3D-printed tablets with amitriptyline as a model drug.
- To assess how formulation variations and the use of pure API versus API from crushed tablets (repurposing) affect printability and tablet quality.
- To develop a non-destructive NIR model for measurement of amitriptyline in gelucire/glycerol matrix.

MATERIALS AND METHODS

Formulation

- Matrix: Gelucire® 48/16
- Pure API:
 - Amitriptyline HCl: 5, 10, 15 % (w/w)
 - Glycerol: 0, 5, 10 % (w/w)
- Repurposing:
 - 25 mg crushed commercial amitriptyline tablets → 5 %
 - Uncoated and coated tablets



SSE printing (DoseRx®)

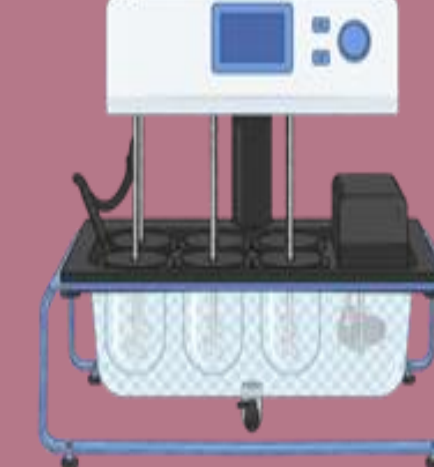


Quality control

Uniformity of mass



Dissolution



FT-NIR-spectrometer

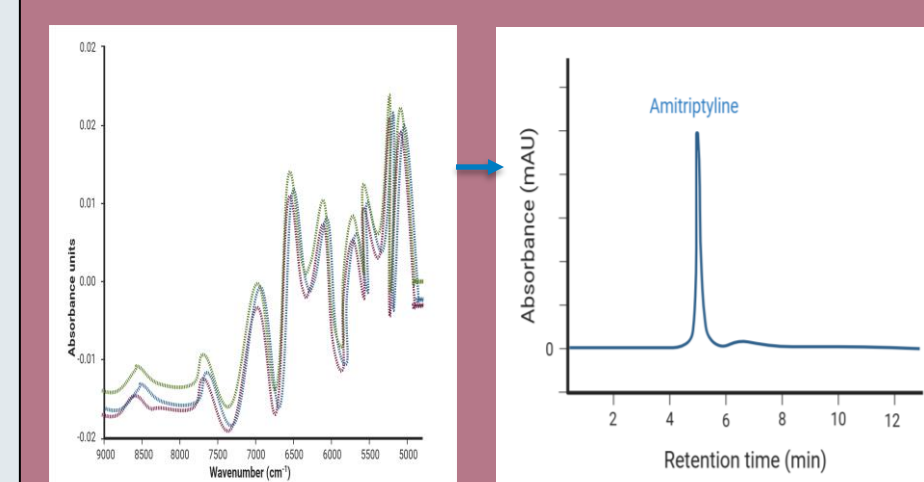


Content uniformity



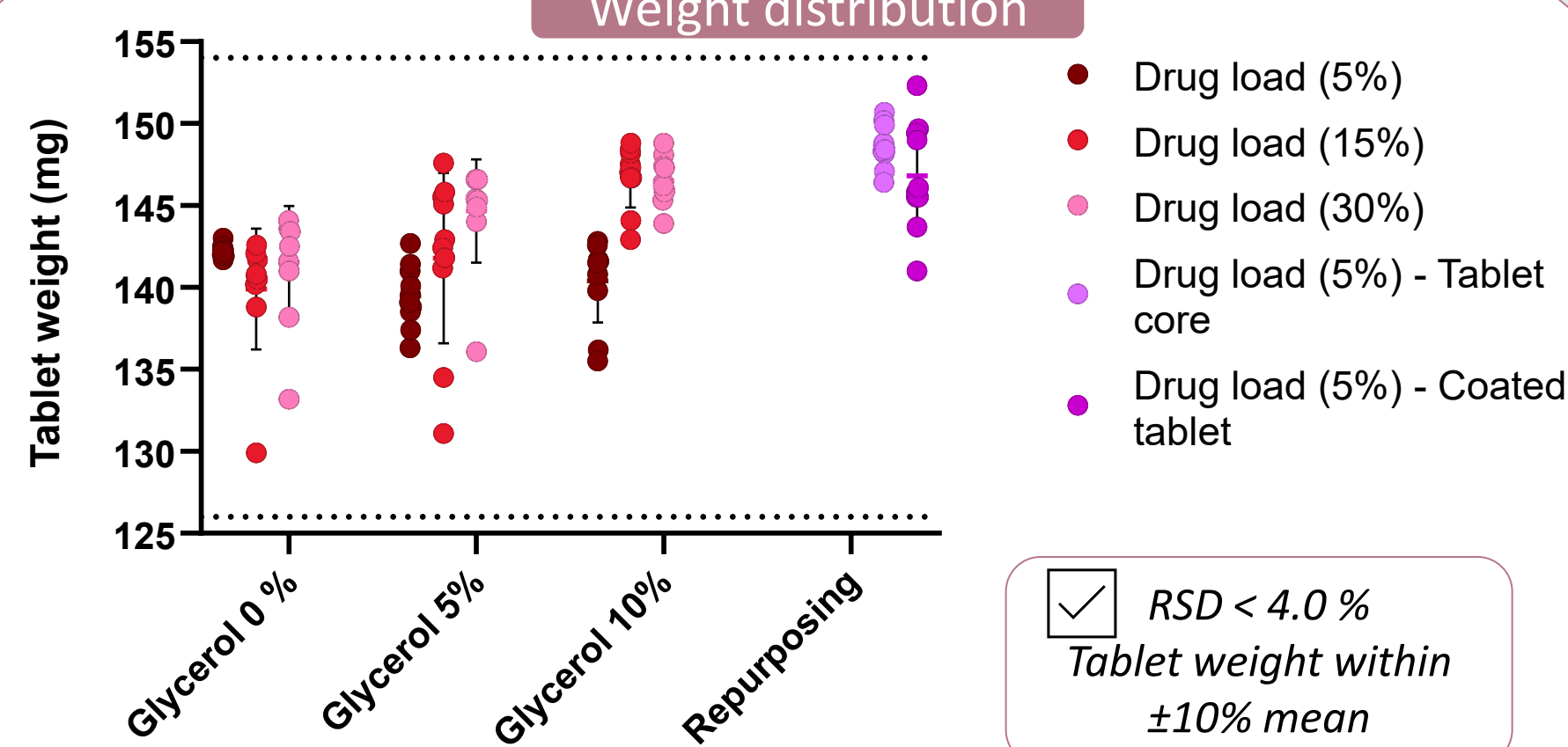
NIR model

- Link NIR spectra with measured content HPLC
- Training partial least squares (PLS) regression model

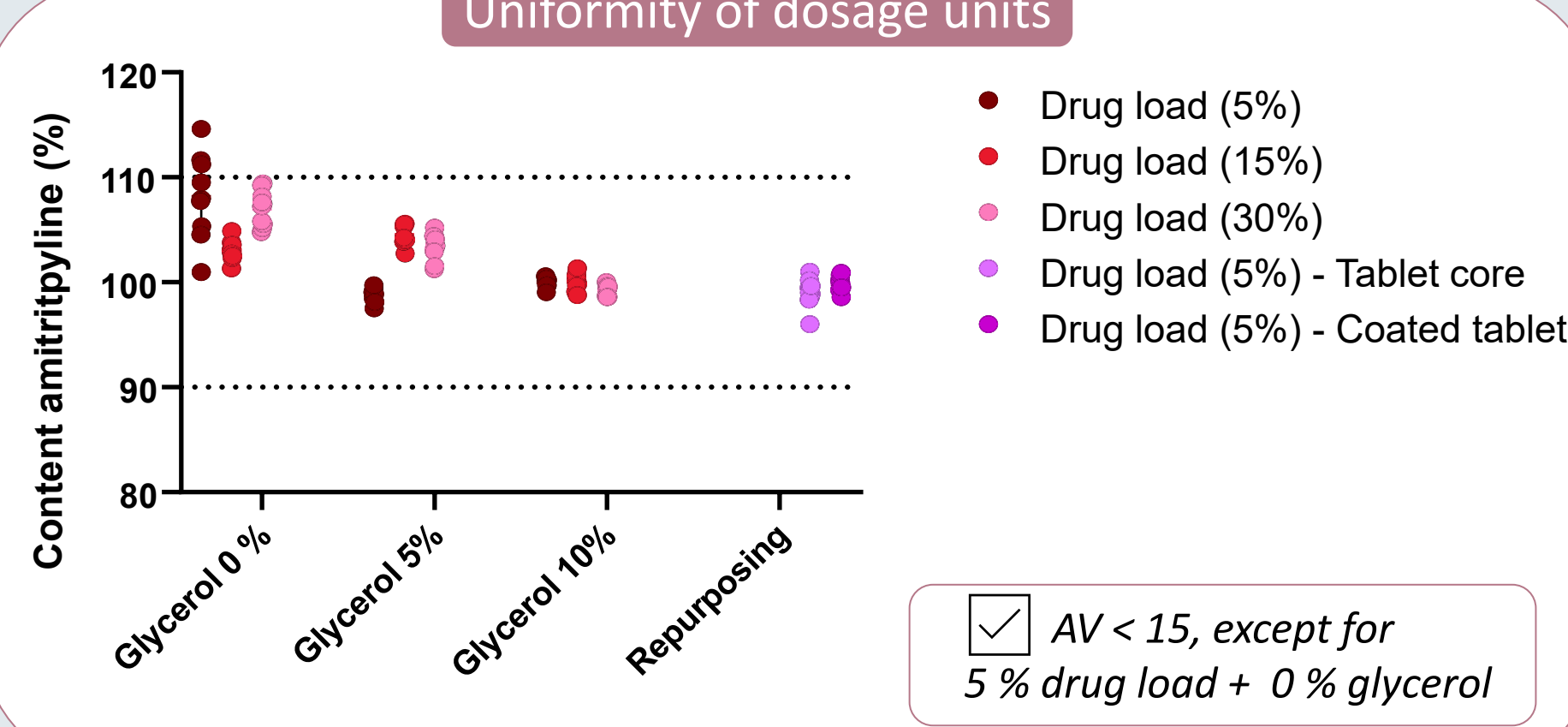


RESULTS

Weight distribution

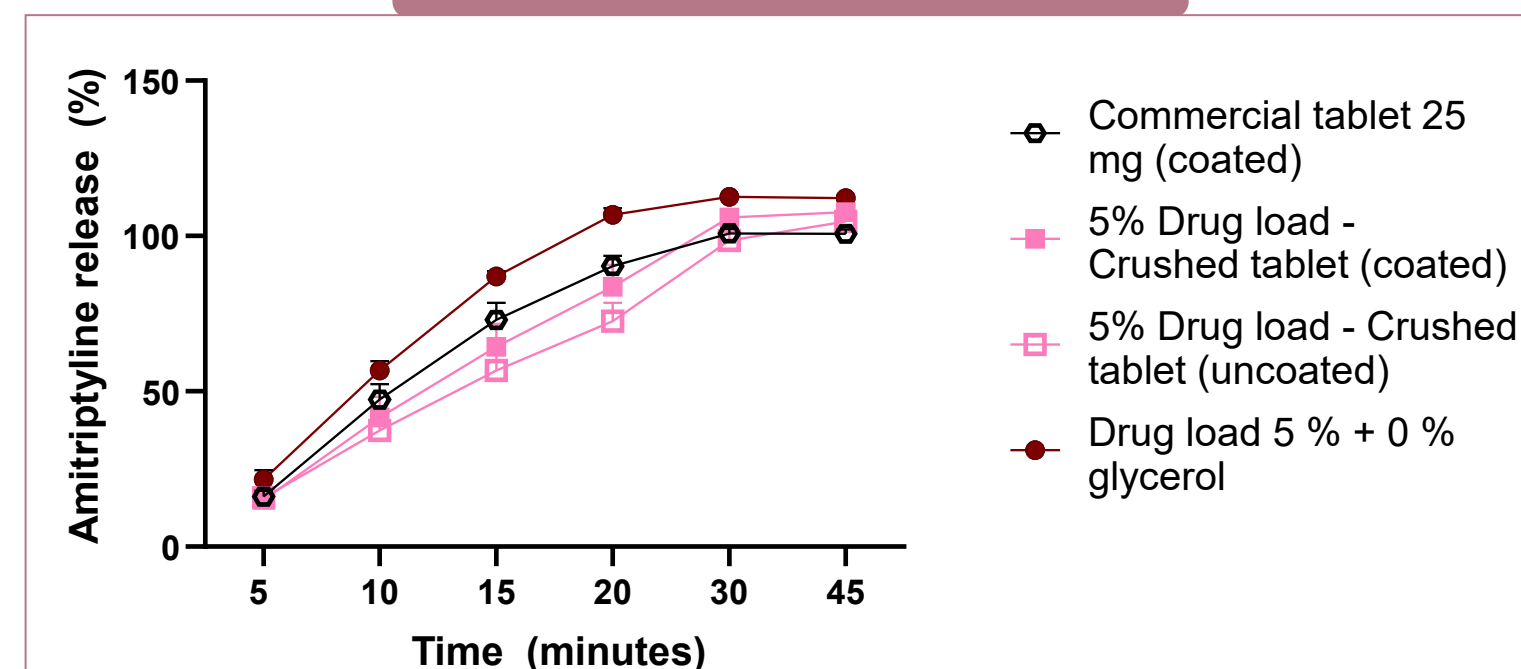


Uniformity of dosage units

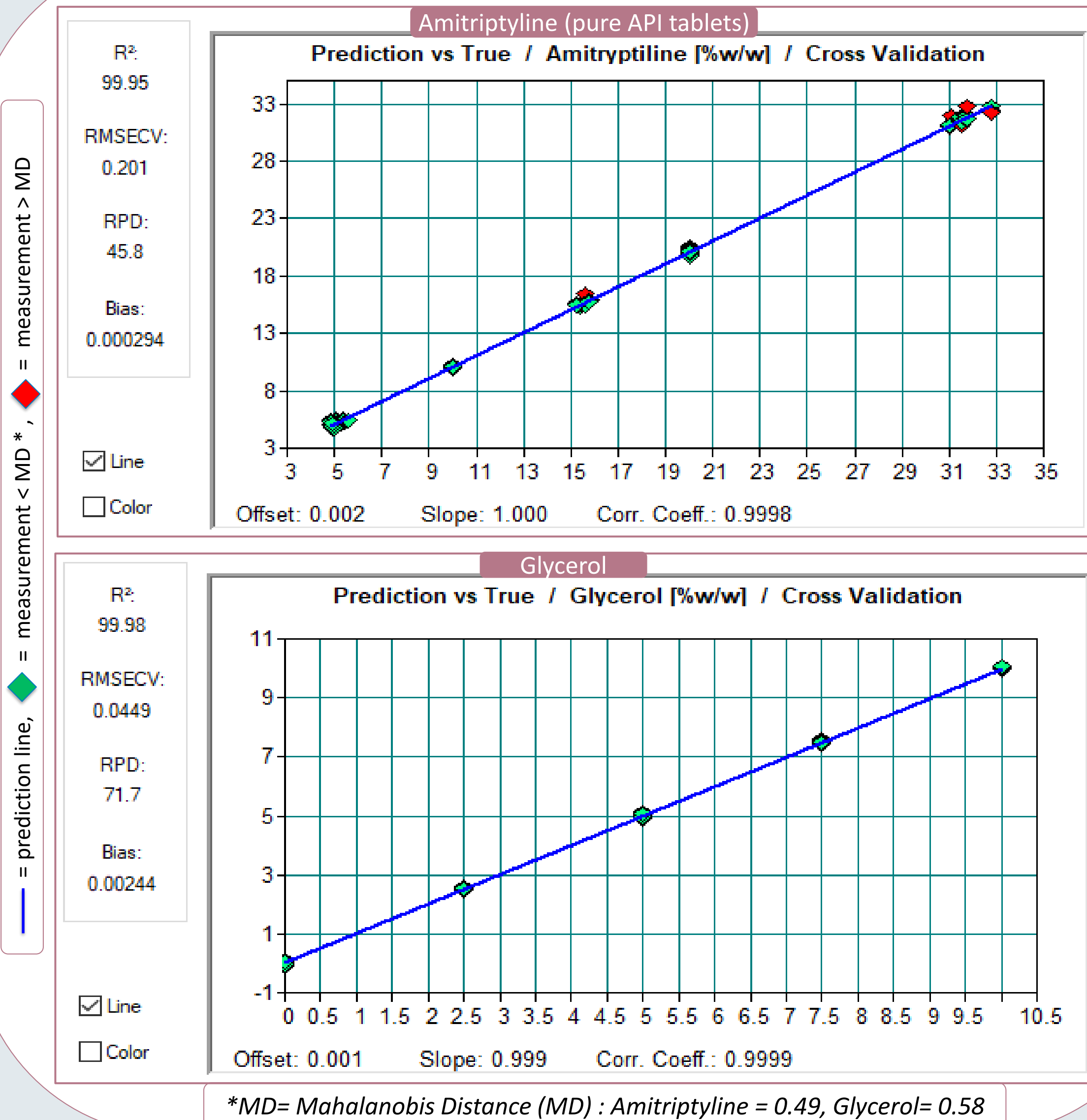


Dissolution

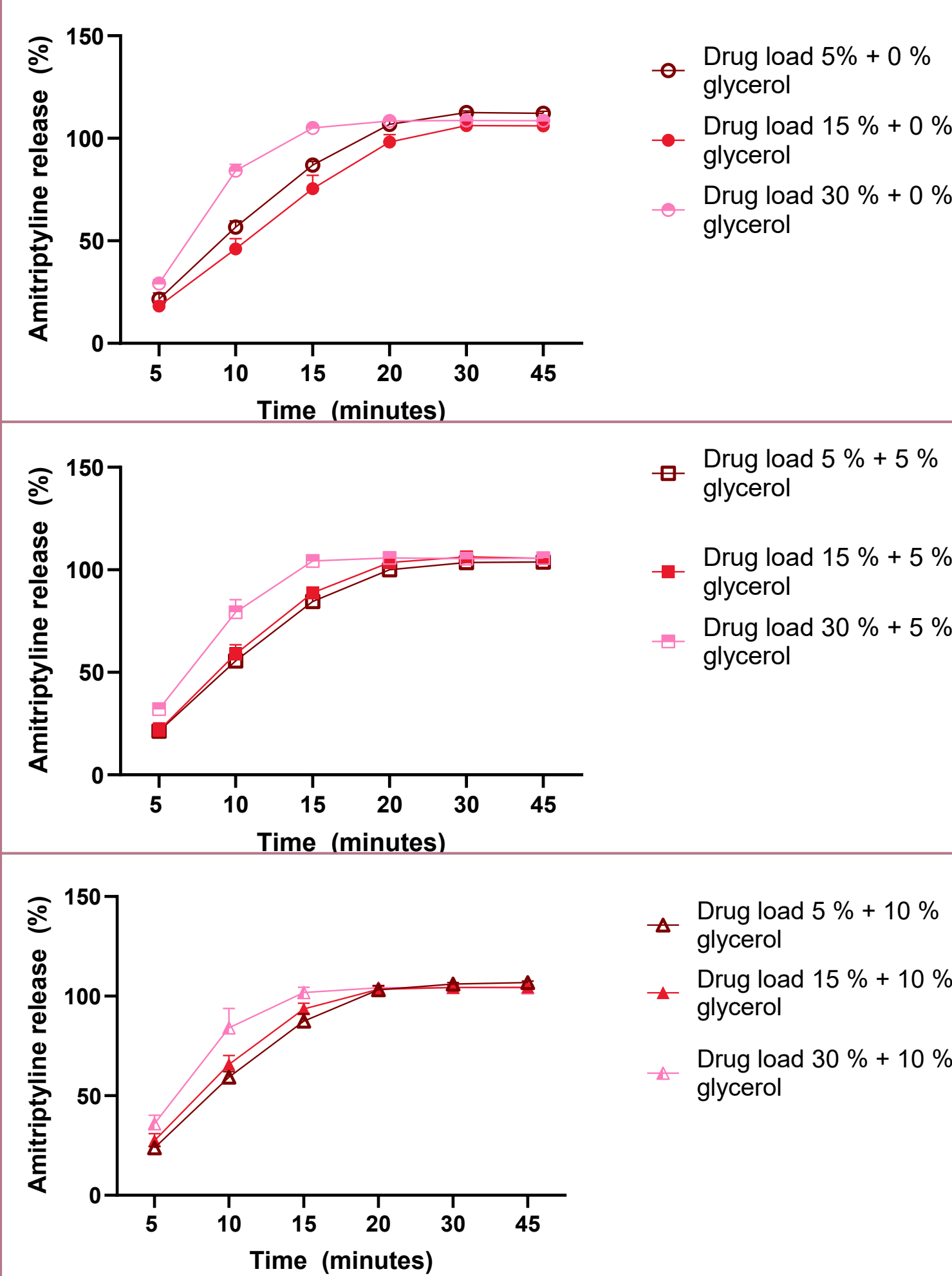
Pure API vs API crushed tablets



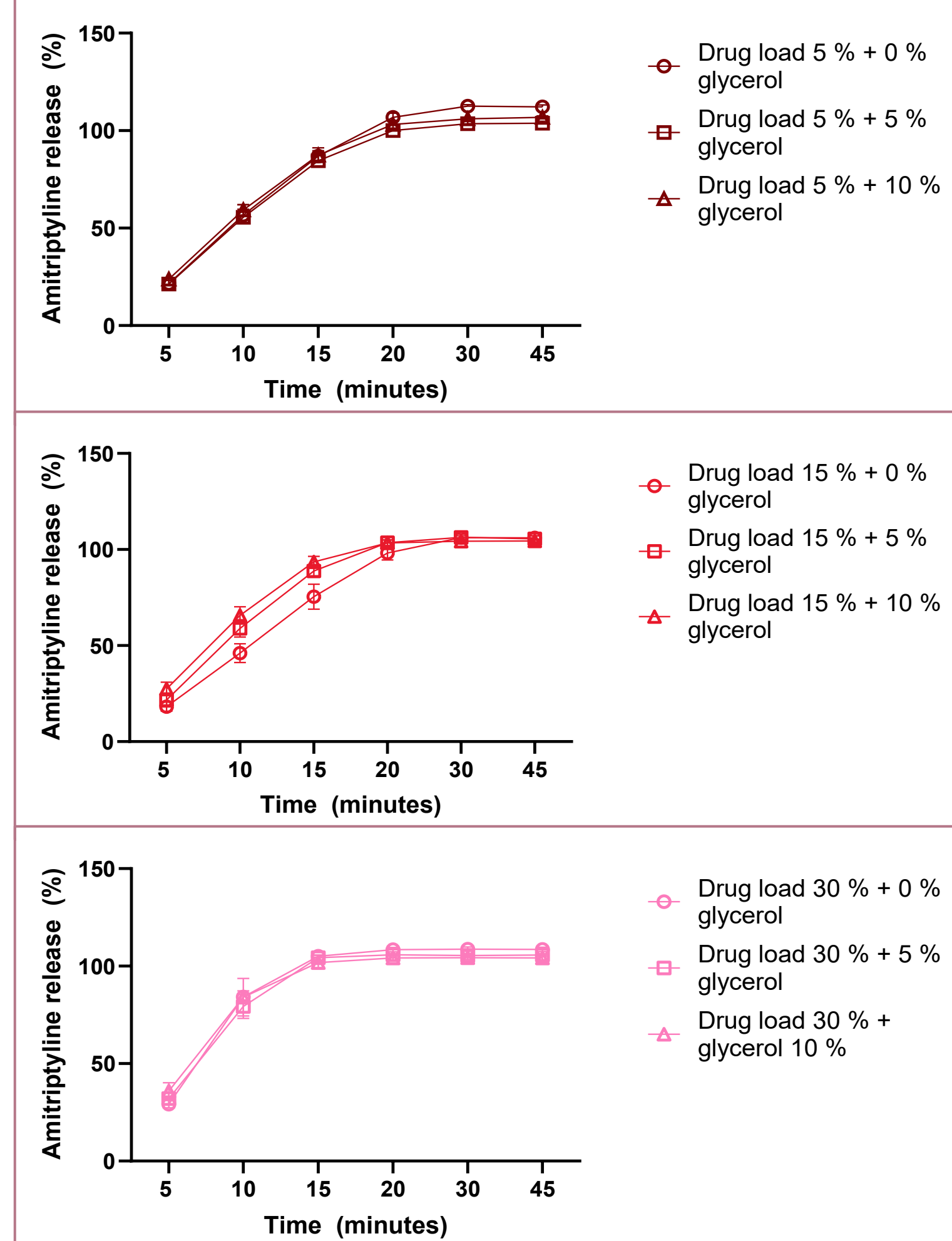
NIR model



Influence drug load



Influence glycerol



CONCLUSION

- Amitriptyline was successfully 3D-printed using a Gelucire® 48/16matrix.
- Dissolution: all formulations met the immediate-release tablet requirements. No influence glycerol; use of higher drug load and pure API led to faster dissolution.
- The NIR model enabled semi-quantification of amitriptyline and glycerol, supporting non-destructive QC.

References

- Hicks, J. K., Sangkuhl, K., Swen, J. J., Ellingrod, V. L., Müller, D. J., Shimoda, K., Bishop, J. R., Kharasch, E. D., Skaar, T. C., Gaedigk, A., Dunnenberger, H. M., Klein, T. E., Caudle, K. E., & Stingl, J. C. (2017). Clinical pharmacogenetics implementation consortium guideline (CPIC) for CYP2D6 and CYP2C19 genotypes and dosing of tricyclic antidepressants: 2016 update. Clinical pharmacology and therapeutics, 102(1), 37–44. <https://doi.org/10.1002/cpt.597>

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