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Methods for Manufacturing Sterile Dosage Forms

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ABSTRACT:

Patients who are unconscious or otherwise unable to cooperate with oral drug delivery are admitted through the parenteral method. These Medicinal Items Are Another method of medication delivery is through a parenteral formulation. Administration through injection, infusion, or implantation will be required. Injectable pharmaceutical dosage forms are used for medication delivery. Solvents, suspending agents, buffering agents, stabilizers, and antimicrobial preservatives are all examples of the types of excipients used in parenteral preparations. Excipients should not induce toxicity or local irritation, nor should they reduce the stability, bioavailability, safety, or effectiveness of the active ingredients. Parenteral preparation, ocular preparation, and irritant preparation are all examples of sterile products, which are pharmaceutical dosage forms to medicinal substances that are devoid of microorganisms. Ophthalmic medication, including eye drops, eye drops in a bottle, eye ointment, and eye lotion.

KEYWORDS: Parenteral, Sterilization, Administration Route.

I. INTRODUCTION

Parenteral preparations provide a sterile, pyrogenfree alternative to traditional methods of oral dosing.Parenteral comes from the Greek words for "beside" (para) and "intestine" (enterion), therefore it means anything that is administered outside of the digestive system. Subcutaneous, intramuscular, and intravenous are the three most common forms of parenteral administration, although additional routes, such as intracardiac and intraspinal, also exist.[1]Long-acting antipsychotics are sometimes given through intramuscular injection.[2] The device inserted into an intravenous line to provide a steady stream of drugs or fluids. [3] The intravenous

The contaminating bacterium is not present in the preparations. Sterile dosage forms come in both small and big amounts, and are used for things like injectable preparations, irrigation fluids, surgical opening fluids, and dialysis solution. Vaccines, toxoids, and antitoxins are all examples of biological preparations. Due to the close proximity of these attachments to internal bodily fluids or tissues, it is crucial that the preparation be completely sterile. [4]Parenteral dose forms are administered by intramuscular or subcutaneous injection into living tissue. Injectable medications prescribed for parenteral use are prepared in a sterile, pyrogen-free environment.[5]

ROUTEOFPARENTERAL ADMINISTRATION

Intravenousinjections:-

Intravenous heroutes of administration which provide injections or infusions are administeration directly into the vein. Only the most common parenteral routes employed as hospitals today for the purpose to administration of drugs, fluids and/or electrolytes. It is approachable as rapidly infusing high volume of fluids . The common indications for use of this route are:

- Toguaranteedistributionanddeliverywhenhyp otensionor shockexists.
- Toimmediatepharmacologicalresponsetoachie vethe emergencies.
- Torestorerapidlyfluidandelectrolytebalance.
- To avoid complications forces occur by through the other routes of administration.
- To treat serious, life-threatening infections or conditions.
- Chancesofthrombosisarewithorwithoutcomplicating infection at the site of injection orinfusion.
- Theinjectionsaretoxins,microorganisms,partic ulatematterandair.

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- Theadministrationoffluidsordrugsareuncontrol led andexcessive
- The site of administration are extravasation of injections and infusion. [6,7]

✤ Intramuscular injections:-Intramuscularthe route of administration by which injection

are injected directly into the body through are laxed mus cle. The routes are available for both the administrator

and patients particularly as childrens. To provide the route of sustained release of drug toformulated as aqueous, oily solution and suspension. This route is preferable when compared tos ubcutaneous routes when a rapid rate of absorption is required and over the intravenous route when the medication cannot be administered directly into

thevascularcompartment. Although this is a neasy rout eof administration, precautions are taken to avoid the entry of injections to blood vessels, particularly an artery, which might lead to an infusion of a toxic agent or toxic vehicle directly to an organ or tissue. [8,9,10,11]

Subcutaneousinjections:-

Itistheroutethroughwhichinjectionisgivenintotheloo seconnectiveandadiposetissuebeneaththederm.Subc utaneous route is mainly preffered if the drugcannot be administered orally due to various reasonslike inactivation of the drug by the GIT or lack

of absorption or if the patient is unable to ingest medication(s)bymouthorifself-medicationofparenterals is desired. Compared to the oral route, drug ismorepredictably andrapidly absorbedbythis route butwhen compared with intramuscularrouteabsorptionandpredictabilityisles sforsubcutaneousroute.TheadministrationofSubcuta neous medications are insulin. vaccines and narcotic setc. subcutaneous administration are spec of Hypodermoclysis, namely ial form the largeamount of fluid into the subcutaneous tissue at thesiteofnotavailableforintravenous. Hypodermocly sis is special form of а subcutaneousadministration, namely, the infusion of l argeamounts of fluid into the subcutaneous tissues when intravenous sites are not available. These Medicat

ADVANTAGES;

- Quickonsetofaction.
- Suitableforthedrugscannotbeadministeredbyo ral route.
- Usedfortheuncooperative, nauseous and uncons cious patients.
- > Usedfortheemergencysituation.
- Durationofactionwhichareprolongedbymodify ing formulation.

ionsarehighly acidicoralkalinecausingirritation, pain, inflammation and necrosis of tissuescannotbe routeofadministration.[12,13]

✤ Intradermal injection:-These are given inbetweendermisandepidermis.SkinoftheleftForear misusuallyselectedforgiveninjection.Gennerally, 0.1 to 0.2 ml of parenteral solution

isinjectedbythisroute. Therouteareusedtodiagnosticp urposesandthesensitivityoftheinjectablesfor testing.[8]

✤ Intra-Arterial injections:-These injectionarecomparabletointravenousinjectionands ometimestheusedforimmediateeffectinaperipheral area.Theinjectionsareadministereddirectlyintothe artery.

Intracardiacinjections:-

Theseinjectionsare made into the cardiac muscle or ventricle in anemergencyonlyforexampleasastimulantfollowin gcardiac arrest.

Intrathecalinjections:-

Theseinjectionsaremadeinto

subarchnoidspinalanaesthesia.

Intracisternalinjections:-Theseinjectionsaregivenintothefirstandsecondcervicalvertebrae.Therouteisusedfordiagnosticpurposes.

Intra-Articularinjections:-

These are given into the liquid that lubricate the articulating ends of bones in a joint.

✤ Intracerebral injections:-These are giveninto brain. [14]

CLASSIFICATIONOFPARENTERA LPREPARATIONS

Classified into various type of Parenteralpreparations

- 1. Readyforsolutiononinjection.
- 2. Readyfor Suspensiononinjection.
- 3. Emulsionappropriateforparenteralrouteof administration.
- 4. Drysolubleproductisdirectlydissolvedins olventbeforeitsadministration.
- 5. Dry insolubleproductsaresharedwithoppositevehic lebefore itsadministration.[15]
- > Onlyrequiredfortrainedpersonnel.
- Painoninjection.
- ToDifficultarereversephysiologiceffectofdrug s.
- > Sensitivityorallergicreactionatsiteofinjection.
- Moreexpensiveandhighcost[16]

GENERAL REQUIREMENT OFPARENTERALPREPARA TION

DISADVANTAGES;

- Sterility
- Freeofpyrogensandtoxins
- Freeofforeignparticles
- Isotonic
- Chemicalpurity[17,18]

FORMULATIONOFPARENTERALS:

1. Activedrug

- 2. Addedsubstances
- Antimicrobialagent
- Buffer
- Antioxidant
- Tonicityagent
- Chelatingagent
- Complexingagent
- Solublizers
- 3. Vehicle-Aqueous-Non-aqueous

Active drug :-It is active pharmaceutical ingredient. The properties of the active drug or essential of drugis developing a stable and safe of parenteral dosage form. [19]

Addedsubstances:-

• **Antimicrobial agent:-**growth of microbesthat kill and slow the added Substance. The

sterilityoftheproductismaintainedwithAntimicrobia lagent during its shelf life and use. They are requiredinpreparationsintendedformultipledosingth esame container because of the finite probability ofaccidental contamination during repeated use. Theyare also included in some single dose products toprovideadditionalassuranceofproductsterility.Mo stcommonlyusedparenteralantimicrobial

preservative includes phenylmercuricnitrateandthiomersol0.01%,benzeth oniumchlorideandbenzalkoniumchloride,phenolorc resol 0.5%, chlorobutanol 0.5%, methyl paraben,propylparaben.[20,21]

Antioxidant:-The 0 most of the antioxidantusedinaqueousparenteraltheSaltsofsulfu rdioxideareincludingbisulfite, metabisulfiteandsulfit e. These antioxidants tomaintain the stability of the product which are oxidized and during theshelflifeoftheproduct.Irrespectiveofwhichsaltsis addedtothesolution,theantioxidantmoietydepends on the final concentration of the compoundand thefinalpHoftheformulation.[22]

• **Complexing and surface active agent:**-ToIncreasing and maintaining the drug solubility. ForexampleasComplexingagentsorsurfaceactiveag ents. The most used for Complexing agents thatarecyclodextrinsisincludingcaptisol.Themostu sedforsurfaceactiveagentsarepolyoxyethyleneso rbitanmonolaurate(tween20)andpolyoxyethyl enesorbitanmonooleate(tween80).[23]

• **Buffer:-**Buffers are added to a formulationtoadjustthepHinordertooptimizationof solubilityandstability. Theselectionofbufferconcent ration (ionic strength) and buffer species areimportant. Citrate and acetate buffer, phosphate buffer. [24]

Chelatingagent:-

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Onlyafewextentofchelatingagentsareusedinparente ralproducts.Chelating agentsmay potentin antimicrobial

andantioxidantactivity.Disodiumedta,citricacid,tar taric acid and some amino acids also can act aschelatingagents.[25]

• **Tonicity agents:-**which substance are usedtomaintaintheisotonicity, so that the pain of inject ionis reduced...Examples of tonicity agents are

sodium chloride,

potassiumchloride,dextrose,mannitol,sor bitoletc.

• **Suspending agents:-**The formulation areadded to the excipientsin order to improving thestabilityoftheproductbypreventingthesedimenta tion of the particles.They are mostly usedin injectable suspensions. Gelatin and PVP are some examples.

Emulsifyingagents:-

Emulsifyingagentsareaddedtoinjectableemulsionsi nordertoincreasingthe stability of the PRODUCT. They areused to prevent separation of two phases. Examplesofemulsifyingagentsaresoap, SLSetc.

VEHICLES

Vehicles are the liquid phase used in formulation of parenterals. They are of two types:

Aqueousvehicle

The pyrogen test or bacterial endotoxin test wereperformedforvehiclesforaqueousinjections.A queousvehiclesusedforthepurposeofformulationof smallvolumeparenteralsare:

• Water for Injection (WFI), USP:-Waterforinjectionishighlypurifiedwaterwhichissub sequently sterilized and used as vehicle for thepurposeofinjectablepreparation. Thewaterforinj ection at PH5.0 to 7.0. The USP requirement fortotal solids not more than 10 parts per million. TheReverseosmosisanddistillationpreparationareu sed in water for injection. It chemically resistanttankforstoredinlessthan24hrsatroomtempe ratureorforlongerperiodatspecifictemperature. Itsh ouldmeetUSP pyrogentest.

BacteriostaticWaterforInjection(BWFI):-tomaketheparenteralsolutionsareusedforbacteriostaticwaterforinjectionwhicharepre

paredundermicroorganismandnotterminally

sterilization. It should be contain any bacteriostaticagentsthatcontainersof30mlor less.

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SterileWaterforInjection(SWFI),USP:-
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sterilearewaterforirrigationitusedforsurgical incision, wishing wounds and body tissues.TheMultipledosecontainersmostlyusedforno texceeding 30ml. the suitable contains one or morebacteriostaticagents.[26,27,28]

Non-Aqueous:

The fixed oil is the important group of nonaqueousvehicles. Theoilsareusedforcornoil, cottonse edoil, peanut oil and sesame oil. Fixed oilsusedforvehiclesascertainhormone(eg.Progester one, testosterone, deoxycorticosterone) andvitamin(eg.Vitamink, VitaminE)preparations.[2 9]

PROCESSOFPARENTERALPREPARATION

Thestepsareinvolvedintheprocessofparenteralprepar ation:

- a) Cleaningandwashingofcontainersandclosures.
- b) Preparationof solutions
- c) Sterilization(Filtration).
- d) Fillingandsealing
- e) PackagingandLabelling.

Cleaning and washing of containers andclosures: The vials are cleaned by soaked in to thedetergentsolutionatovernighttoremovethestickin gparticlesandgrease.andcompletelyremoved for three to four times till the soap solutionis washed with water.Toremoved the surface tap ofalkalinitybyusing1.0%hydrochloricacidandwashe d with again tap water. finally with deionizedwateranddistilledwatertosterilizationfor4hrs under200°C.using1.0%detergentsolutionareboiled with 30 minutes for the Rubber closures andfree from detergent to washed with tap water. Boilwith 1.0% sodium carbonate and wash again. Washthreetofourtimeswithpyrogenfreewater.Sterili zedbyautoclaveat115°Cfor30minutes.

• **Preparation of solution:** Dissolve the APIinwaterforinjectionwithcontinuouslystirring. Af tercompletelydissolvingthedrug,otherexcipients are added one by one and stirred untildissolved. The pH isadjusted tothe required rangeby using buffering agents like sodium hydroxide andhydrochloric acid. To Make up the volume and mixwith water for injection. The pH is again adjusted ifnecessary[29]

• **Sterilization:**These sterilization processbywhichallviablemicrobesareremovedorkil led.Sterilization is all removal of

contaminatingagents

fromasurface, apieceof apparatus, food and biologic alculture medium. This is various from disinfecti ons, where only microorganisms that cancause disease are removed by a disinfectant. In generally any instruments which enter an already sterile part of the body must be sterilized. This equi pment include such as scalpels and hypodermic needles. Autoclave is the most important method

tothesterilization.Whiletherearesomeplasticsd evise that could not remain dimensionally steadyunder autoclave temperature are sterilized by othermethodlikegassterilizationandradiationst erilization.

Variousmethodsofsterilization 1. Autoclavesterilization:-

autoclavesterilizationareusually a pressurized steamlevel of autoclaveoperatesat121cforat least15min.

2. Radiationsterilization:-

medicaldevices are used for this method. That can withstand the

attackofgammaraysbombardment.TheRadiationste rilization is used for the polymers are sensitive toheatmoistureandethyleneoxide.

3. Gassterilization:-

sterilantusedforethyleneoxide itisnontoxic to most plastic. Ethyleneoxidesterilization is used for most of the

plasticsyringeandneedles.

Theprocess(thermaland

chemical)aredesignedto

destroyoreliminatemicro-

biologic contaminants present in a product.

1. Thermalmethods

✤ Mostcommon,cost-

effectiveandrapidmeansofsterilization

• Lethaleffectivenessofheatonmicroorganis ms depends upon the degree of heat ,theexposure period,and themoisturepresent.

• To the range of sterilizing temperature and time required to produce a effect of inversely proportional to the temperature.

These methods are effected at lower tempera tures in the presence of moisture. Thermal

methods of sterilization may be dividedinto:

- 1. Dryheat
- 2. Moistheat
- 3. Radiation
- 4. Filtration

5. Physicalcleaning

2. Chemical method: Chemical methods areusedforsterilization. Heatingprovides aremostrel iable way to transmissible agents it is not always appropriate because the heats ensitive material sared amaged such as biological materials, fiber optics, electronics and many plastics.

a. **Ethylene oxide:** (EO or EtO) Commonly used forsterilizedthataresensitivetotemperaturethegreater than 60°C.The treatment of ethylene oxideare carried out between 30°C and 60°C with relativehumidity above 30% and gas concentration between200 and 800 mg/land generallyfor2 hours.

b. **Nitrogendioxide:**(NO2)Usedforrangeofmicroo rganismareincludingsuchascommonbacteria, viruse sandspores.

c. **Ozone**: Used for industrial sterilization by waterand air. It has benefit of beingable to oxidize mostorganicmatter.

Applicationsofsterilization

- Sterile product may be used for electrons andgammaraysbycontinuousprocess.
- Vitamins, antibiotics and hormones in dry statehave been successfully sterilized by radiation.

II. CONCLUSION:

The preferred method of administration for unconscious patients is the parenteral one, since it ensures complete medication delivery and high bioavailability. We followed the current good manufacturing practice (cGMP) guidelines for every step of the manufacturing process, from raw material procurement through final product labeling and stability testing.

REFERENCE:

- [1]. From Wikipedia, the free encyclopedia: "Administrative route."
- [2] Check http://en.Wikipedia.org/Wiki/Route_of_adm i nistration.o/ if you want to learn more. Allen Page no.16
- [3] in Ansel's Pharmaceutical Dosage Form and Drug Delivery System, Eighth Edition, by Loyd, V., Nicolas, J.R., Popovich, and C. Ansel Howard. Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, Stahl, SM, &Stahl,s. (New York: Cambridge University Press, 2008).
- Medical-Surgical Nursing, 9th edition (Smeltzer, SC, and Bare, BG, 2000, Chapter 2), Philadelphia: Lippincott.

- A review on Preclinical Evaluation of Products, Park Jong-Chul et al., yonsei Medical Journal, vol. (40)no. (40)6:431, 1999 [5]
- [4]. In 2012, AgarwalGaurav and KaushikAtul published the first edition of their book Pharmaceutical Technology -II via CBS Publisher &Distributors Pvt Ltd.
- [5]. Infection prevention in intravenous treatment. Maki DG, Goldman DA, and Rhame FS. 1973 Ann.Int.Med 60:867-887
- [6]. N. Engl. J. Med. 295(10):542-546(Greenblatt DJ, Koch-Weser J, 1976, "injection of drugs").
- [7]. Brandt, P.A., M.E. Smith, S.S. Ashburn, and J. Graves. 1972. "IM injections inkids, Am.J.Nurs 72(8):1402–1406
- [8]. Hook, RV, and Vandevelde, AG. (1975) reported a fatal case of gas gangrene after intramuscular injection of epinephrine in Ann.Int.Med 83:669670
- [9]. Tetanus in the United States (1965–1966): Epidemiologic and Clinical Features. Laforce FM, Young LS, and Bennett JV. N. Engl. J. Med. 280 (1969): 569–574
- [10]. Epidemic of Aseptic Peritonitis Caused by Endotoxin During Chronic Peritoneal Dialysis, Engl.J.Med. 296:1336–1337
- [11]; Karanicolas S, Oreopoulos DG, Izatt SH, Shimize A, Manning RF, and Sepp H., 1977. Strategy in Renal Failure; Oreopoulos, DG., 1978; Friedman, E.A., editor; New York: Wiley;Chapter 19
- [12]. Pharmaceutics, Second Edition, R.M. Metha, VallabhPrakashan, 2010, pp. 231-232
- [13]. Page numbers 262-263 of the fourth edition of "Introduction to Pharmaceutics" by A.K. Gupta and S.S. Bajaj (CBS Publishers and distributers PVT. LTD)
- [14]. RM Mehta, "Sterilization," Pharmaceutics 1, VallabhPrakasham, New Delhi, 2002.
- [15] pp. 227228. The evolution of pharmaceuticals; Jain, N. K.
- [16]. The theory and practice of industrial pharmacy, by Lachman and Lieberman.
- [17]. Medicinal Chemistry of Antibacterial Natural Products: Exodus or Revival? Nussbaum F, Brands M, Hinzen D. 2006. Angew. Chem. Int. 45(3):5072-5129.
- [18]. In his 1929 paper, "On the antibacterial action of cultures of a Pencillium, with a special reference to their use in the isolation of B. influenza," Alexander Fleming detailed the effectiveness of Pencilliumcultures in combating germs.No. 10 (226) of the British Journal of

Experimental Pathology

- [19]. Penicillin VIII. Surface culture production of penicillin. J Bacteriol 51:57–59
- [20] / Moyer AJ, Coghill RD. Antimicrobial Agents, 2004, volume 23, issue 2, pages 120–8, PMID: 15013036; doi:10.1016/j.ijantimicag.2003.06.006.
- [21]. Streptomycin, an antibiotic active against gram-positive and -negative bacteria, was first described in 1944 by Schatz, Bugie, and Waksman.
- [22]. "Antibiotic therapy for severe bacterial infections: correlation between the inhibitory quotient and outcome,"Int. J.
- [23] bySpanu, T., Santangelo, R., Andreotti, F., Cascio, GL, Velardi, G., and Fadda, G. Antimicrobial Chemotherapy, 4th ed., Demain, AL, and R. Elander. 1999. "The beta lactam antibiotics: past, present, and future." pp. 75–8
- [24]. Intrathecal injections: a pharmacological review Cradock JC, Kleinman LM, and Davingnon JP. (1977) Bulletin of the Parenteral Drug Association 31:237–247
- [25]. The subcutaneous cerebrospinalfluidreservoir: preliminary report of 60 patients was published in 1968 by Ratcheson RA and Ommaya AK in the New England Journal of Medicine (vol. 279, pp. 1025–1031). Antimicrobial preservative usage in parenteral products: A historical and contemporary perspective. Brian K. Meyer, Alex Ni, Binghua Hu, Li Shi., 2007. Journal of Pharmaceutical Sciences 96(12):3155-3167
- [26]. Minocha, Patel Sulabh; Vaishya, D.; Ravi, G.M.;Novel dexamethasone-loaded nanomicelle for intermediate and anterior segment uveitis, AAPSPharm SciTech, DOI: 10.1208/s12249-014-0100-4
- [27], Mukul, Mitra, K., and Ashim. —Parenterals.
- You may get this resource at http://memberfiles.freewebs.com/95/47/651
 4795/documents/6.PARENTERAL.pdf. Banod, R. and Sagar, S. (2015). Page numbers: 1133-1139
- [29] in "Brief Review of Various Parenteral Devices," International Journal of Pharma Sciences and Research (IJPSR). VadakkanAnnapoorna K. Varghese; Siva kumar (KC); Mundyoor S. Kumar Vinod (GS); and S. Inhalation of dry powder cationic lipopolymericnanomicelle.