

## APPLICATION OF 3D PRINTING PHOTOPOLYMERIZATION TECHNIQUE IN THE FABRICATION OF TWO-LAYERED TABLETS

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In recent years, introduction of modern technologies, such as 3D printing, has opened a new chapter and caused a paradigm shift from manufacturing of large-scale to small batches of medicines tailored accordingly to the specific needs of patients (1). The aim of this study was to formulate and fabricate two-layered tablets using digital light processing (DLP) technique, which utilizes light irradiation to create solid objects from photoreactive liquid resin in a layer-by-layer manner. Hydrochlorothiazide (HHT, 5%,w/w) and warfarin sodium (VRN, 5%,w/w) were selected as model drugs, commonly used together in the treatment of cardiovascular diseases. 3D printing process was initiated with 0.10% of photoinitiator, at a constant ratio of poly(ethylene glycol)diacrylate and poly(ethylene glycol) 400, 1:1, with the addition of water (10%,w/w). 3D tablets, with each of the active substances in a separate layer, 8.00 mm in diameter and 1.50 mm thick, as well as combined two-layered tablets with HHT and VRN in individual layers, were successfully printed with Wanhao D8 printer. Dissolution test results showed immediate, but incomplete release of VRN ( $81.47 \pm 1.47\%$ , after 45 min) from individual layers, while the release of HHT was prolonged and complete ( $98.17 \pm 3.11\%$ , after 8 h). Significantly slower and incomplete release of VRN and HHT from combined tablets was observed. The absence of interactions and the presence of a layered structure were confirmed. DLP technique has a potential to provide fast fabrication of combined tablets, while further optimization of formulation factors is necessary in order to achieve complete drug release.

### References

1. Wang J, Zhang Y, Aghda NH, Pillai AR, Thakkar R, Nokhodchi A, et al. Emerging 3D printing technologies for drug delivery devices: Current status and future perspective. *Adv Drug Deliv Rev.* 2021;174:294–316.

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## PRIMENA FOTOPOLIMERIZACIONE TEHNIKE 3D ŠTAMPE LEKOVA U IZRADI DVOSLOJNIH TABLETA

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Poslednjih godina, uvođenjem savremenih tehnologija, poput 3D štampe, otvorilo se novo poglavlje u načinu proizvodnje lekova i uslovalo razvoj fundamentalnih promena, pri čemu serijska proizvodnja velikih šarži pretenduje da bude zamenjena malim serijama lekova prilagođenih specifičnim potrebama pacijenata (1). Cilj ovog istraživanja bio je da se formulišu i izrade dvoslojne tablete primenom tehnike digitalne obrade svetlosti (DLP) koja omogućava dobijanje objekata mehanizmom nanošenja materijala "sloj po sloj" iz tačne fotopolimerizacione smole pod uticajem svetlosti. Hidrohlortiazid (HHT, 5%, m/m) i varfarin-natrijum (VRN, 5%, m/m) odabrani su kao model lekovite supstance, koje se obično primenjuju zajedno u lečenju kardiovaskularnih bolesti. Proces 3D štampanja sproveden je u prisustvu 0,10% fotoinicijatora, pri konstantnom masenom odnosu poli(etilen glikol)diakrilata i poli(etilen glikola) 400, 1:1, uz dodatak 10% vode. 3D tablete, sa svakom od aktivnih supstanci u posebnom sloju, prečnika 8,00 mm i debljine 1,50 mm, kao i kombinovane dvoslojne tablete sa HHT i VRN u pojedinačnim slojevima, uspešno su odštampane u *Wanhao* D8 štampaču. Prilikom ispitivanja brzine rastvaranja lekovite supstance iz pojedinačnih slojeva, došlo je do trenutnog ( $81,47 \pm 1,47\%$  nakon 45 min), ali nepotpunog oslobađanja VRN, dok je HHT u potpunosti oslobođen, prateći kinetiku produženog oslobađanja ( $98,17 \pm 3,11\%$ , nakon 8 h). Zapaženo je znatno sporije i nepotpuno oslobađanje VRN i HHT iz kombinovanih dvoslojnih tableta, nakon 8 h. Potvrđeno je odsustvo interakcija i prisustvo slojevite strukture. DLP tehnika ima potencijal da obezbedi brzu izradu kombinovanih tableta, pri čemu je neophodna dalja optimizacija formulacionih faktora u cilju postizanja potpunog oslobađanja lekovite supstance.

### Literatura

1. Wang J, Zhang Y, Aghda NH, Pillai AR, Thakkar R, Nokhodchi A, et al. Emerging 3D printing technologies for drug delivery devices: Current status and future perspective. *Adv Drug Deliv Rev.* 2021;174:294–316.

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