Review Article

World Journal of Pharmaceutical and Life Sciences WJPLS

www.wjpls.org

SJIF Impact Factor: 7.409

OPTIMIZING BUCCAL DRUG DELIVERY SYSTEMS: A MINI REVIEW OF QUALITY BY DESIGN (QbD) APPROACHES AND APPLICATIONS

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Article Received on 03/02/2024

Article Revised on 23/02/2024

Article Accepted on 13/03/2024

ABSTRACT

Buccal drug delivery system has become a viable option for the effective and patient-centered administration of a wide range of pharmacological substances. This thorough analysis examines how Quality by Design (ObD) concepts might be used to the design and development of buccal drug delivery systems, emphasizing the major techniques and uses that have transformed this area. The article starts out by outlining the vital role buccal drug delivery systems play in enhancing patient adherence and treatment results, considering the special possibilities and problems connected to this mode of drug administration. It then dives into QbD's tenets, highlighting its methodical and comprehensive approach to the creation of pharmaceutical products. The study provides an organized framework for the application of QbD in the development, formulation, and assessment of buccal drug delivery systems by synthesizing the abundance of research in this field. It includes risk assessment, design space creation, and the methodical identification of critical quality attributes (CQAs). This allows for a thorough comprehension of the relationships between formulation factors and product performance. Furthermore, a number of case studies and examples highlight how ObD may be used practically to optimize buccal drug delivery systems. demonstrating how this strategy improves product quality, guarantees regulatory compliance, and speeds up the development process. These case studies highlight the applicability of ObD concepts across a broad spectrum of therapeutic classes, such as small compounds, peptides, and biologics. Overall, this study provides a thorough overview of QbD's techniques, tools, and practical applications, highlighting its relevance in the development of buccal drug delivery systems. Researchers and pharmaceutical scientists may advance patient-centric healthcare and enhance medication delivery in a variety of therapeutic areas by implementing QbD to create novel and efficient buccal drug delivery systems.

KEYWORD: Quality by Design (QbD), critical quality attributes (CQAs), Buccal drug delivery, and optimization.

INTRODUCTION

Over time, drug delivery methods have undergone tremendous evolution to improve the safety and efficacy of pharmaceutical goods. Among them, buccal medication delivery devices have attracted a lot of interest as a substitute delivery method. The inner lining of the cheek, or buccal mucosa, provides a distinct and potentially effective pathway for drug administration by avoiding the hepatic first-pass metabolism and the gastrointestinal tract and providing a direct route to systemic circulation. For medications that require a quick start of action, are extensively metabolized in the liver, or are poorly absorbed through the gastrointestinal system, this alternate route may be very helpful.^[1-3]

The mucous membrane lining the inner cheek and the floor of the mouth is known as the buccal mucosa, and it is the route via which medications are administered when using buccal drug delivery systems. There are a number of benefits, restrictions, and possible uses for this route, which are covered below:

Benefits

- Quick Absorption of Drugs: Due to the high vascularization of the buccal mucosa, drugs can be absorbed quickly and straight into the circulation. In comparison to alternative oral administration modalities, this leads to a quicker beginning of effect.
- Avoidance of First-Pass Metabolism: Buccal distribution avoids first-pass metabolism, in contrast to oral administration, which entails drug metabolism in the liver prior to systemic circulation entry. This may improve a drug's bioavailability.
- Enhanced Patient Compliance: Buccal administration is a handy and painless option for

patients who have trouble swallowing tablets or getting injections since it is non-invasive and usually well-tolerated by patients.

• **Steady Drug Levels:** Because the buccal mucosa creates a somewhat stable environment that lessens variations in drug concentration, steady drug levels can be preserved in the circulation.^[4-5]

Restrictions

- **Restricted Drug Types:** Not all medications can be administered buccal style. A few examples of factors that could restrict the variety of medications that can be provided this way include molecular weight, stability, and solubility.
- **Minimal Dosage Volume:** The amount of medication that may be delivered is restricted by the space available in the buccal cavity. This makes it less useful for medications that need high dosages.
- **Irritation & tolerance:** Long-term contact to the buccal mucosa may cause irritation or the emergence of tolerance, which may eventually lower the effectiveness of the medication.
- Saliva Flow and medication Retention: For efficient buccal administration, saliva flow and medication retention must be well managed. Talking, chewing, and swallowing can all have an impact on how well a medicine is absorbed and retained.^[6]

Prospective Uses

- **Local Therapy:** Buccal delivery is frequently utilized to treat oral health issues locally, including periodontal disorders, oral mucosal illnesses, and tooth discomfort.
- **Systemic Delivery**: To achieve systemic effects, several medications are buccally given. This method is used for pharmaceuticals, such as certain antiemetics, analgesics, and cardiovascular therapies, where quick start of action and avoiding first-pass metabolism are critical.
- **Patients in the pediatric and elderly demographics:** This can be particularly helpful for those who may have trouble swallowing medication or utilizing alternative delivery techniques.
- **Hormone Replacement treatment:** The buccal route is a convenient way to give hormone replacement treatment, especially for progesterone and estrogen.
- **Vaccines:** A few vaccine formulations have been created specifically for buccal delivery, particularly influenza vaccines.^[7]

Principles of Quality by Design (QbD) in pharmaceutical development^[8]

A methodical, scientific approach to pharmaceutical development and production, Quality by Design (QbD) aims to guarantee product quality throughout its lifespan. The Q8, Q9, Q10, and Q11 recommendations from the International Council for Harmonization (ICH) explain the fundamentals of QbD. The following are the main tenets of QbD in drug development,

Patient-First Method

The requirements and welfare of the patient come first in the development process with QbD. Ensuring the pharmaceutical product fulfills its intended therapeutic purpose while maintaining excellent quality and safety is the ultimate aim.

Risk Evaluation

The identification and assessment of possible hazards related to pharmaceutical development and manufacturing processes is emphasized by QbD. This entails evaluating the risks associated with procedures, equipment, raw materials, and other elements that may have an effect on product quality.

Creative Area

The creation of a "design space," or range of process variables (such as temperature, pressure, and time) that, if kept within, guarantee product performance and quality, is encouraged by QbD. This allows for flexibility without sacrificing process control.

• QTPP, or Quality Target Product Profile

The QTPP provides a detailed explanation of the required quality attributes for the product. It contains details on qualities including physical, chemical, and microbiological characteristics as well as safety and efficacy.

• Important Quality Characteristics (CQAs)

The particular characteristics or features of the pharmaceutical product that are essential to guaranteeing its effectiveness and quality are known as CQAs. Usually, risk assessment and scientific understanding are used to identify them.

• CPPs, or critical process parameters, are

Process factors known as CPPs significantly affect CQAs. Maintaining product quality requires identifying and managing CPPs. They are frequently ascertained via data analysis and testing.

Control Approach

The development of a control plan guarantees the consistent fulfillment of CQAs. It comprises the use of suitable monitoring strategies and control procedures to maintain crucial parameters inside the designated design space.

• Monitoring and feedback in real-time

To make sure that the production process is under control and that any deviations are quickly identified and fixed, Quality by Design (QbD) encourages the use of real-time monitoring and feedback methods.

• Constant Enhancement

Continuous development and adaption based on fresh information and data are encouraged by the continuing QbD process. Feedback loops and routine risk and control reevaluations are required for this.

Regulatory Assistance

Working together with regulatory bodies is essential to putting QbD into practice. To guarantee compliance and expedite the regulatory review process, open contact with regulatory bodies is strongly recommended.

Specific challenges and critical parameters associated with buccal drug delivery systems^[9-11]

The development and design of buccal medication delivery systems must consider a number of specific considerations and problems. These difficulties stem from the unique buccal cavity's anatomical, physiological, and environmental features. The following are some of the main difficulties and important factors related to buccal medication delivery systems: -

- **Restricted Absorption Area:** In comparison to other delivery routes, such the gastrointestinal system, the buccal mucosa has a comparatively narrow absorption area. The quantity of medication that may be delivered by the buccal route is restricted by this small surface area.
- **Permeability:** In comparison to other mucosal membranes, such as the nasal or pulmonary pathways, the buccal mucosa has a lesser permeability. Therefore, for medication delivery through the buccal mucosa to be successful, it must possess sufficient permeability qualities.
- Saliva Flow and Swallowing: The drug's bioavailability may be decreased if saliva is produced or if swallowing it washes it away before it is absorbed. Proper management of these variables is necessary for a successful buccal delivery.
- **Medication Formulation:** It might be difficult to formulate medications for buccal distribution. To guarantee drug compatibility with the buccal mucosa, factors like the medication's physicochemical characteristics, solubility, and stability must be carefully considered.
- **Patient Acceptance and Compliance:** Compared to other methods, patients may regard buccal medication administration to be less convenient or socially acceptable. Important factors to consider

include patient compliance, acceptability, and simplicity of usage.

- **Taste and Irritation:** A lot of medications have an unpleasant or bitter taste, which can make utilizing the buccal route quite difficult. Furthermore, some medications may irritate the buccal mucosa or have negative effects on it.
- **Mucosal Permeability Variability:** The buccal mucosa's permeability varies from person to person and between locations inside the mouth cavity. These differences may impact the bioavailability and absorption of drugs.
- **Medication Clearance:** Because swallowing and salivation cause drugs to be quickly removed from the buccal cavity, it is crucial to keep medication concentrations at the site of absorption.
- **Dosing Precision:** Using buccal delivery systems to administer medication can be difficult since changes in the oral environment and the patient's activities, such as eating, drinking, and talking, can affect how well the drug is absorbed and retained.
- Local and Systemic Effects: It's important to evaluate and reduce the potential for some medications to have systemic adverse effects or local discomfort when taken by the buccal route.
- **Regulatory Considerations**: Safety and efficacy evaluations, as well as certain regulations and recommendations, are applicable to buccal drug delivery systems from regulatory bodies.

Applications of QbD principles in the development of buccal drug delivery systems^[12]

A methodical, scientific approach to medication development and production, Quality by Design (QbD) places a strong emphasis on building quality into a product from the beginning. It can result in more dependable and efficient pharmaceutical goods when used in the creation of buccal medication delivery systems. The following are some significant ways that QbD concepts have been applied in the creation of buccal drug delivery systems:

- Critical Quality Attributes (CQAs) Definition: Prioritizing and identifying the essential quality features of the buccal medication delivery system is the first stage in the QbD strategy. These are the qualities that significantly affect the product's safety and effectiveness. CQAs for buccal drug delivery systems might include system durability, drug permeability, bioadhesion, and release rate of the medication.
- **Risk Assessment:** To identify possible sources of variability and their potential effects on the product, QbD entails a comprehensive risk assessment. Risks

associated with buccal drug delivery systems might include formulation modifications, variances in manufacturing procedures, or environmental elements that impact medication stability. Manufacturers can put mitigation plans into place by recognizing these risks and implementing them.

- **Design of Experiments (DOE):** The principles of QbD promote the systematic investigation of the impact of different formulation and process factors on the CQAs through the use of design of experiments. This aids in comprehending how various elements interact and in streamlining the manufacturing and formulation procedures to reliably provide desired product qualities.
- **Formulation Development:** The composition of the buccal drug delivery system may be optimized by the use of QbD. This covers the choice of appropriate excipients, polymers, and active pharmaceutical ingredient (API). The optimal formulation may be found by methodical testing and analysis, guaranteeing the required drug release profile and bioadhesion.
- **Process Optimization:** QbD concepts should also be applied to the manufacturing procedures used to create buccal drug delivery devices. The quality of the product can be greatly impacted by variables including the mixing, coating, and drying processes. To guarantee consistency and dependability, these processes are systematically evaluated and optimized under the direction of QbD.
- **Control plan:** To guarantee that the product stays within specified quality limits, QbD requires the creation of a control plan that incorporates in-process controls and real-time monitoring. Testing for elements including drug content, mechanical strength, and adhesive characteristics during manufacture may be necessary for buccal drug administration devices.
- **Real-time Monitoring and Feedback:** Process analytical technology (PAT) is a tool that QbD principles encourage the use of to monitor important process parameters in real-time. This makes it possible to make quick modifications and fixes to preserve product quality. During production, real-time monitoring for buccal drug delivery systems may entail assessing adhesion strength, coating thickness, or drug release rates.
- **Risk-Based Regulatory Submissions:** Regulatory organizations like the FDA support QbD concepts. Regulatory applications and approvals can be facilitated by a thoroughly documented QbD methodology. It exhibits a thorough comprehension of the functionality and quality assurance of the product.

• **Continuous Improvement:** Quality by Design is a continuous process that lasts beyond the acceptance of a product. It promotes ongoing development and adjustment as new data become available. Over time, this may result in the improvement of buccal medication delivery systems.

Applications of QbD principles in the optimization of buccal drug delivery systems^[13]

The quality, effectiveness, and safety of buccal drug delivery systems may all be improved by implementing QbD principles. The following are some significant ways that QbD concepts are being applied to improve buccal drug delivery systems.

- Formulation Design: Quality by Design (QbD) promotes a methodical approach to formulation design that takes the product's critical quality attributes (CQAs) into account. The choice of appropriate excipients, polymers, and drug characteristics is essential for buccal medication administration. Comprehending the many factors influencing drug release, adhesion, and permeability is made possible using QbD, which facilitates the creation of optimal formulations.
- Critical Material Attributes (CMAs): List the drug, excipients, and polymers as well as their relative importance in the buccal drug delivery system. According to QbD principles, these materials must be thoroughly evaluated while considering how they will affect the performance of the final product.
- Critical Process Parameters (CPPs): Recognize and manage the crucial aspects of the manufacturing process while producing buccal drug delivery devices. For instance, adhesion and drug release can be greatly impacted by the temperature and duration of the curing process for mucoadhesive films.
- **Risk Assessment**: QbD places a strong emphasis on identifying possible hazards and developing mitigation plans for them. This might involve resolving any problems with adhesion, variations in buccal mucosa permeability, or drug-release kinetics in the context of buccal medication administration.
- In vitro and in vivo testing: are combined in the holistic approach to product characterization that is promoted by QbD principles. Studies on drug release, mucoadhesion, buccal tissue permeability, and pharmacokinetics in either human or animal subjects are included in the context of buccal drug administration.
- **Design of Experiments (DoE):** To methodically investigate and optimize the formulation and process factors, DoE is encouraged by QbD. DoE aids in determining the best mix of elements to get the

required level of performance and quality in a product.

- **Real-Time Release Testing (RTRT):** With QbD, RTRT in buccal drug delivery systems may be implemented. In order to guarantee constant product quality during production, this entails ongoing monitoring and control of crucial factors.
- Life Cycle Management: Post-approval modifications are included in the QbD principles that apply to the whole product lifetime. By doing this, it is ensured that any changes made to the buccal medication delivery system are done so fully aware of the possible effects on the performance and quality of the final product.
- **Control Strategy:** Create a control strategy for buccal drug delivery devices that includes guidelines, strategies for sampling, and standards for acceptance. This tactic guarantees that the product continuously satisfies the required quality standards.
- **Regulatory Compliance:** Pharmacies can more easily secure regulatory clearance and adhere to regulations by demonstrating a thorough grasp of their buccal drug delivery systems through the use of QbD principles.

Present case studies and examples of successful QbD applications in buccal drug delivery^[14]

• Buccal Films with Mucoadhesion

Case Study: A pharmaceutical business created mucoadhesive buccal films to administer a medicine that is highly concentrated and poorly soluble in water. They optimized the film's composition, thickness, and mucoadhesive qualities using QbD principles. They were able to produce consistent medication release and adhesion qualities with the use of the QbD technique, which resulted in a successful product launch.

• Using Buccal Tablets to Deliver Peptides

Case Study: The goal of the research was to create a buccal tablet that would deliver therapeutic peptides. They employed QbD to methodically look at a number of formulation-related variables, including tablet hardness, compression force, and excipient selection. By using this method, they were able to improve the peptides' stability and release profile, which led to the creation of a successful buccal delivery system.

• The Use of Buccal Spray in Local Anesthesia:

Case Study: To provide local anesthetic, a pharmaceutical firm created a buccal spray. They optimized the spray composition and delivery method by using QbD techniques. In clinical studies, they guaranteed a consistent and quick onset of anesthesia by considering parameters including

medication concentration, spray nozzle design, and excipient selection, which led to regulatory clearance.

• Buccal Patches: A Helpful Smoking Quit Aid:

Case Study: To help people quit smoking, a business tried to make buccal patches. The patch was methodically designed using QbD principles, considering variables including release rate, drug loading, and patch size. This strategy facilitated the creation of an efficient nicotine delivery system, the buccal patch, which aided in attempts to stop smoking.

• Buccal Films for Young People^[15]

Case Study: For pediatric patients who had trouble swallowing pills or capsules, researchers concentrated on creating buccal films. They used QbD to adjust the formulation's medication concentration, dissolve time, and flavor to the particular requirements of the pediatric population. This method produced an efficient and user-friendly buccal delivery device.

CONCLUSION

To sum up, implementing Quality by Design (QbD) concepts in the process of optimizing buccal drug delivery systems presents a viable approach to improving the development of pharmaceutical products. This thorough analysis highlights the possibility for better medication quality, more effectiveness, and a patientcentered strategy. Through the methodical examination of crucial quality qualities, risk mitigation, and regulatory compliance, Quality-Based Delivery (QbD) enables pharmaceutical firms to develop buccal drug delivery systems that are dependable and more efficient. The long-term advantages of QbD, such as shortened development times, fewer post-approval problems, and customized therapeutic formulations, outweigh the potential financial costs and make it an important tactic for expanding drug delivery technologies and enhancing patient outcomes.

ACKNOWLEDGEMENTS

The writers appreciate Dr. Anand chaurasia, Dr. Dharmendra Rajput (MPU, Bhopal) encouragement of their creative endeavors. Dr. Naveen Gupta, Dean of Patel college of Pharmacy (MPU), Bhopal, MP. India has been very helpful to the authors, and they are very grateful to him.

Conflict of Interest

There are no conflicting interests, as the authors have stated.

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