



COCRYSTALLIZATION SCREENING FOR "DRUG-DRUG" TYPE OF COCRYSTALS

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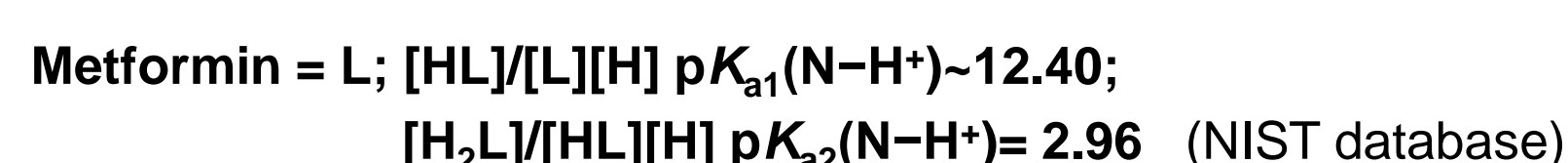
Introduction

"Drug-drug" cocrystals (CC) are part of pharmaceutical cocrystals (PCC) wherein two constitutive components (drug and coformer) represent Active Pharmaceutical Ingredients (APIs) cocrystallized in stoichiometric ratio into crystalline single phase. "Drug-drug" represent multicomponent complexes where the Charge Transfer (CT) or Electron Donor-Acceptor (EDA) Interactions between two APIs molecules may determine their crystal packing motifs that in first line exert dual or complementary pharmacological effect and alter the drug's physicochemical properties (e.g. solubility, melting point etc.) which directly affect its biopharmaceutical profile (e.g. drug dissolution, absorption) and processability of its solid phase (e.g. hygroscopicity, compressibility) [1-4].

"Drug-drug" CCs offer opportunities for formulations fixed-doses drug delivery systems including one API substance in form of "drug-drug" CC as New Chemical Entity (NCE) to obtain dual effect in therapy.

First Drug model (DM) Metformin (MET), *N,N*-dimethylbiguanide is the only approved hypoglycemic drug of the biguanide class used as oral type 2 diabetes, marketed as hydrochloride, embonat (pamoate) and *p*-chlorophenoxy acetate salt [5].

Because of the biguanide π -conjugated system, MET in solution can exist in three resonance-stabilized forms, i.e. as neutral molecule (MET), monoprotonated (METH⁺) or diprotonated (METH²⁺) cation, with dissociation constants in water typical of biguanides:



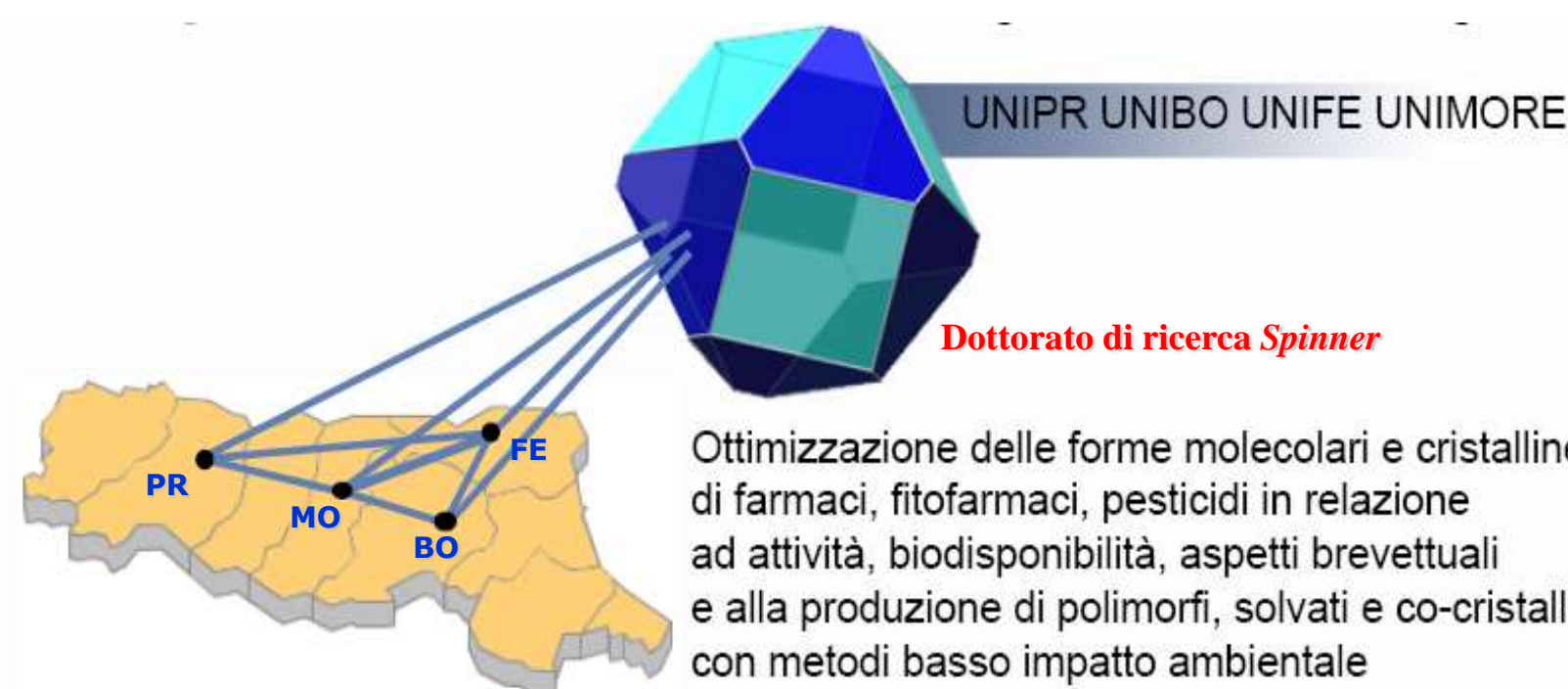
The high basicity of $\text{p}K_{a1}$ and the difference between the $\text{p}K_a$ values qualify MET as organosuperbase and determine the stability of its monoprotonated form METH⁺ within a wide range of pH [2].

Drug models used as CFs are:

Dichloroacetic acid Dichloroacetate (DCA) was introduced as novel class of oral ant diabetic drug that reduce blood glucose and lipids without stimulating insulin secretion. Recent study revealed its anticancer effect [6].

Diclofenac and salicylic acid are widely used anti-inflammatory drugs in pain-killer therapy.

Glycolic acid is drug applied for acne treatment in dermatology, as well it is a strong enhancer for drug transdermal delivery [7].



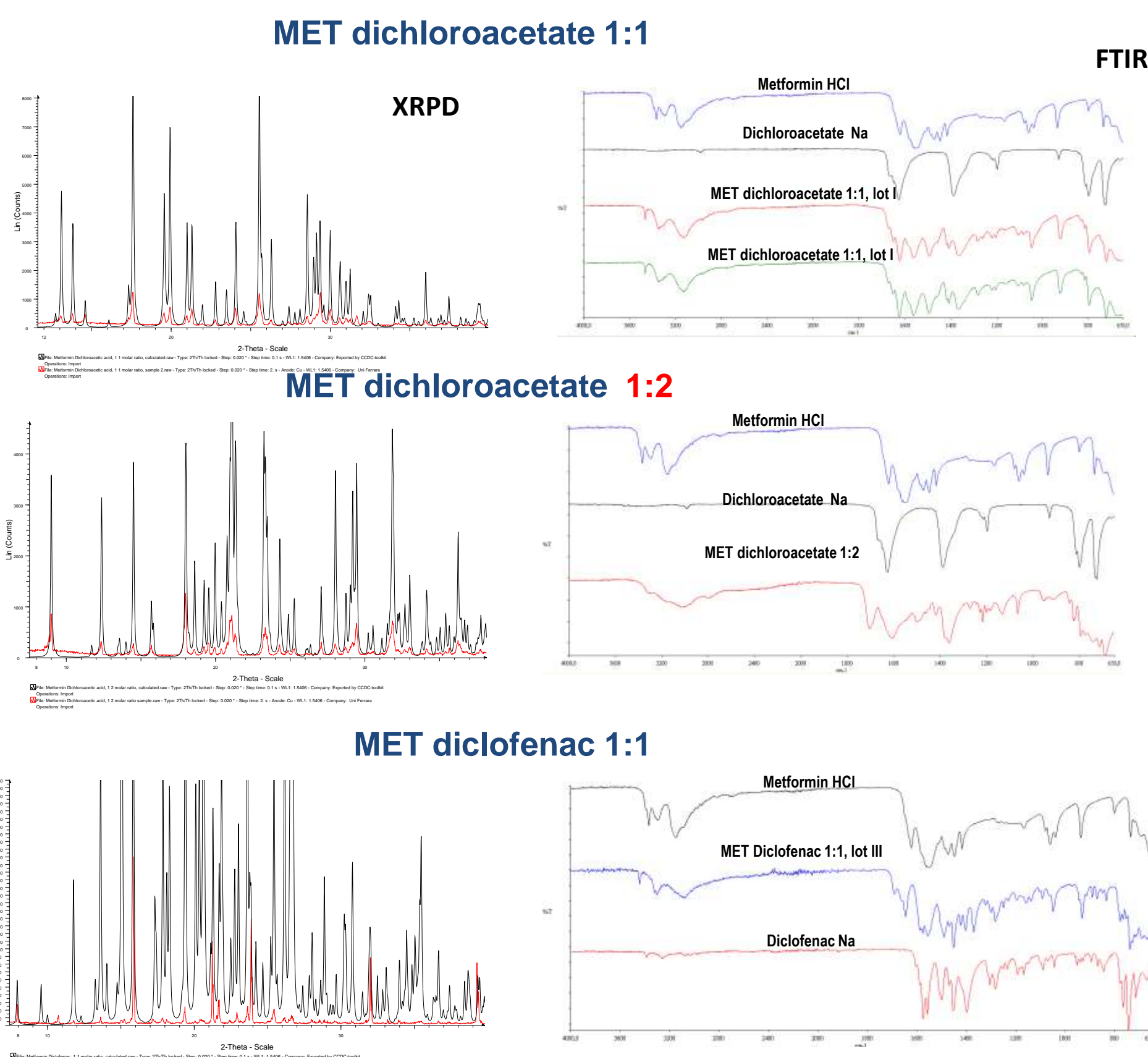
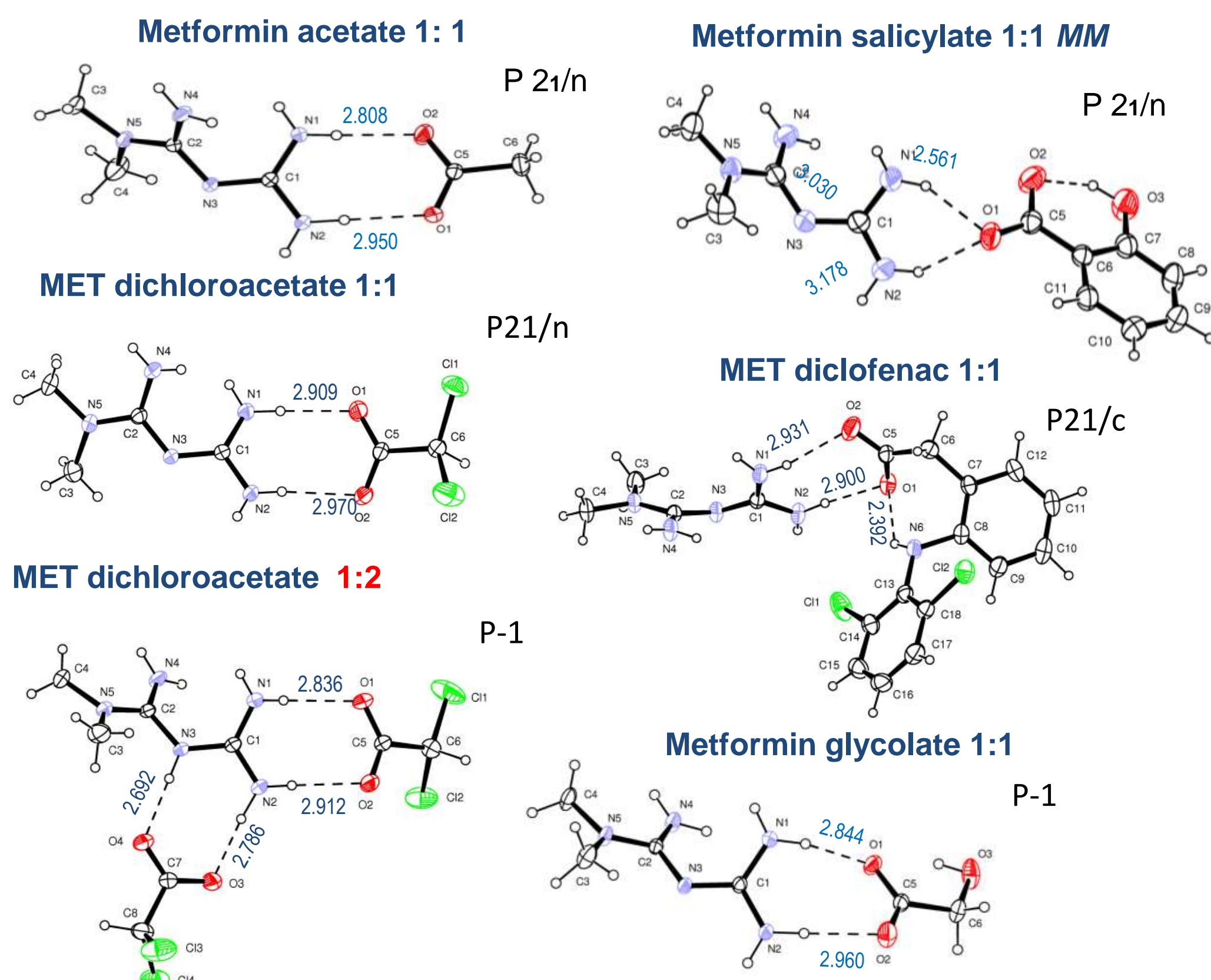
Compounds Studied

DM I	DM II (CF)	pKa (CF)	Molar ratio	Slow-rate solvent evaporation (SRSE)	"drug-drug" CCs
Metformin neutralized (MET) pKa1 : 12.4 pKa2 : 2.96	Acetic acid	4.75	1:1	methanol, SRSE	MET acetate 1:1
	Dichloroacetic acid	1.1	1:1 & 1:2	methanol/n-pentanol 50/50 V/V %	MET dichloroacetate 1:1 & 1:2
	Diclofenac	3.99	1:1	methanol/n-pentanol 50/50 V/V %	MET Diclofenac 1:1
	Glycolic acid	3.83	1:1	methanol/n-pentanol 50/50 V/V %	MET glycolate 1:1
Metformin-HCl	Dichloroacetate Sodium (DCAA-Na)	1.1	1:1	Kneaded in n-pentanol, filtrated, clear solution	MET dichloroacetate 1:1
	Diclofenac Sodium	3.99	1:1	Kneaded in ethanol: sediment re-suspended in n-pentanol, filtrated, clear solution	MET diclofenac 1:1

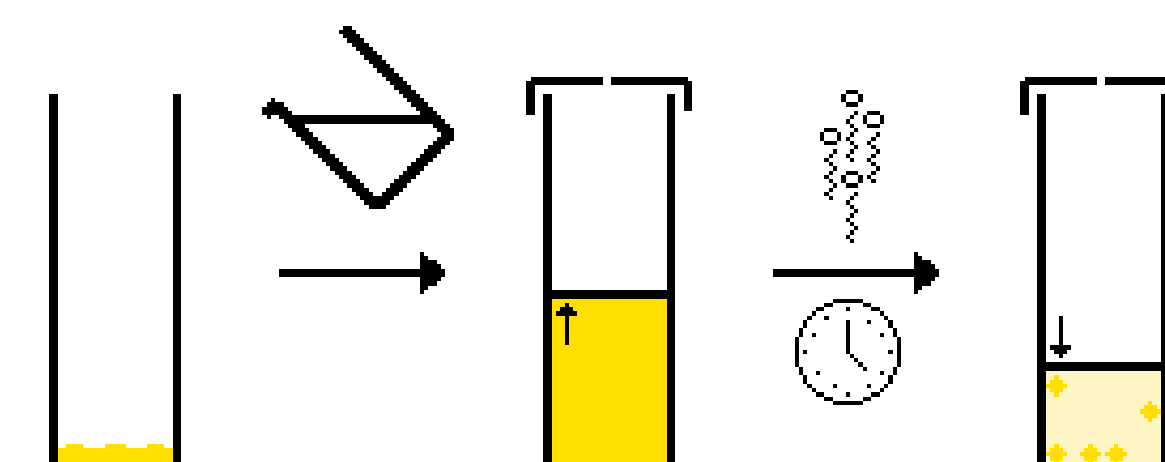
Characterization of PCC

Crystal structure were determined by single X-ray diffraction analyses. For quality control of the prepared large scaled batches, X-Ray powder diffraction (XRPD) and FT-IR Spectroscopy were applied. Thermodynamic properties were tested on Different Scanning Calorimetry (DSC)

Crystal Structures

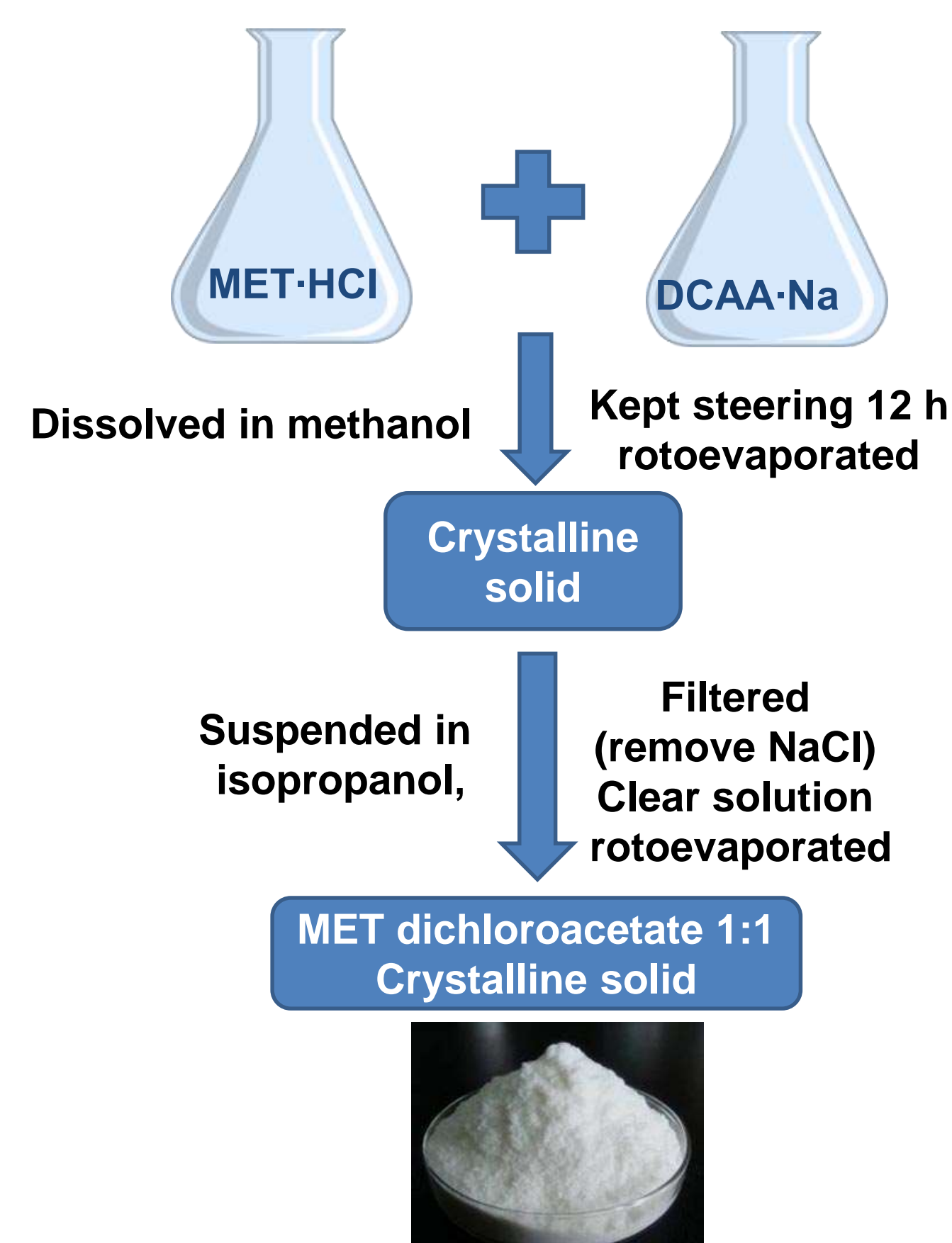


CC screening (small scale)



Single crystals with quality for structure determination were obtained by slow controlled rate of solvent evaporation techniques.

Method of preparation (Large scale)



The same method was applied for preparation of MET Dichloroacetic acid 1:2; MET:Diclofenac 1:1; and MET glycolate

Further Work

Measurements for equilibrium solubility and dissolution profiles are upcoming in order entire solid state profile to "drug-drug" CCs to be resolved.

References

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