

# Recent Updateson Cocrystals Technologieson Enhancement of Solubilityofthe Drugs

# Boopathy Raja, Udhumansha Ubaidulla, Grace Rathnam

(Department of Pharmaceutics, C.L. Baid Metha College of pharmacy, Thoraipakkam, Chennai-600097, India) Received 09October 2020; Accepted 24 October 2020

Abstract:Pharmaceutical co-crystals have acquired vast improvement in recent years due to its ability to change physicochemical properties of drugs. Pharmaceutical co-crystal consists of active pharmaceutical ingredient (API) and coformers. Co-crystals can be utilized to improve imperative physicochemical attributes of a medication, including solvency, disintegration, bioavailability and solidness of API while keeping up its therapeutic activity. Expanded commercialization of cocrystals has thus required extra research on techniques to make cocrystals, with specific highlight put on rising innovations that can be produced naturally attractive and efficient choices.

In this review, well-organized and ordered overview of pharmaceutical cocrystal is provided, focusing on the solids forms of API, design strategy, its method of preparation, physicochemical properties, mechanism of enhancing solubility and its characterization technique. An overview of applications and marketed drug products of cocrystals is also described.

Keywords: Pharmaceutical co-crystals, physicochemical properties, cocrystallization, solubility, stability.

### I. INTRODUCTION

Co-crystals are solids which are crystalline materials made of at least two particles in a similar crystal's lattice. Pharmaceutical co crystals have been characterized as "co-crystals that are created between a molecular or ionic API and a mild cocrystal former which remains solid under normal conditions <sup>[1].</sup> Solubility is a significant parameter for assessing the properties of a pharmaceutical co crystal. Conventional strategies for improving solubility of poorly water-soluble drugs incorporate salt development, solid dispersion (emulsification), and molecule size reduction.

In literature, analysts have characterized the co crystals in different definitions <sup>[2-5].</sup> Thereby and large acknowledged definition of co crystals was proposed by 46 researchers during the Indo-USBilateral Meeting held in Delhi, India in 2012. Researchers have proposed a wide definition of co crystal that was clear with the scientific literature. Co crystal are crystalline solids made of at least two distinctive molecular as well as ionic compounds in a stoichiometry proportion which are neither solutes nor salts <sup>[6].</sup> In 2013, USFDA proposed a concise definition of co crystal in the draft guidance as "solids that are crystalline materials made of at least two particles in a similar crystal's lattice" <sup>[7].</sup>

### II. PHARMACEUTICAL COCRYSTALS

Crystalline forms of active pharmaceutical ingredients (API), have been restricted to salts, solvates (counting hydrates) and poly morphs. Ongoing way to deal with pharmaceutical physical property enhancement is pharmaceutical co crystal arrangement. A co crystal might be thought of as a crystalline complex of at least two neutral molecules bound together in the crystal's lattice through non-covalent bonding, frequently including hydrogen bonds. The utilization of co crystallization to the pharmaceutical industry furnishes intrinsic advantages comparative to salt formation in two, different ways.

The first is that, from a certain theory, a wide range of particles (molecules) Can form co crystals, including feebly ionizable and non-ionizable active pharmaceutical ingredients, which are conventionally considered introducing a greater risk regarding physical property optimization because they have either restricted or no limit with respect to salt formation.

A subsequent advantage is that, just 12 or so acidic or basic counter ions are investigated in an average API salt screen for the toxicological reasons there are numerous potential counter-particles that might be utilized in co crystal synthesis. (A counter-particle might be characterized as the species co-crystallized with the API.) The US FDA deals with several lists of substances that have priority as foods or food ingredients (e.g., the FDA's Grass list, a list of substances, "generally perceived as safe"), with the combination add of drugs list within the thousands. In spite of the fact that the expanded scope of co crystals is a benefit in that it proposes a

greater probability of accomplishing a desirable physical property profile for an APIs physical form, it likewise presents a challenge regarding screening endeavors, even with high-throughput screening.

The physical and the chemical property enhancements through pharmaceutical co crystals moves towards the fields of crystals engineering and pharmaceutical sciences <sup>[5,8].</sup> A pharmaceutical co crystals is a crystalline solid which consolidates two neutral molecules, one being an API and the other a co crystals former <sup>[9].</sup> Co crystals former (conformer) can be an excipient or another drug (API). Pharmaceutical co crystals technology is utilized to recognize and develop new restrictive types of broadly prescribed drugs and offer an opportunity to expand the quantity of types of API <sup>[10,11].</sup> Some researchers have shown that altering the physical properties of an API through pharmaceutical co crystal development improved the performance of a drug known to have a poor solubility.

.Pharmaceutical co crystallization is a good strategy to change physical and technical properties of drugs, for example, disintegration rate, hygroscopicity, solubility, stability, and compressibility without changing their pharmacological behavior <sup>[12,13].</sup> Some regular aspects of co-crystals formation, screening techniques and layout approaches for co crystals functionality were accounted. The utilization of co crystals in drug designing and delivery and as practical materials with potential applications as pharmaceuticals has as of late attracted significant interest. Pharmaceutical co-crystals have been portrayed for some drugs (API), for example, acetaminophen, ibuprofen, flurbiprofen, aspirin etc. Co-crystals of anti-tubercular drugs with dicarboxylic acids were accounted for utilizing carbolic acid-pyridine synthon as a reliable tool <sup>[11,12].</sup>

#### **III. LIMITATION**

Co crystallization has a preferred position to improve the physicochemical properties of drugs (API) without changing the molecular structure of drugs. The bite about whether co crystals or salts will have the ideal properties relies on the API and explicit undertaking. Co crystals with negative PKA produces non-ionized medication, when separated salts will give ionized API, which is profoundly dissolvable in water. Co crystallization is an optional method to enhance or improve the solubility and bioavailability of drugs with poor water solubility, particularly for the drugs which are poorly ionized in nature <sup>[14-16].</sup>



Figure 1: Solid forms of Active Pharmaceutical Ingredients

Amorphicity is defined concerning crystallizing. Since amorphous solids have good solubility, amorphicity offers several advantages, and again preferable pressure attributes for compressibility over the respective co crystals. As compared to crystalline form, the amorphous form is a thermodynamic ally in stable which leads to greater physical and chemical instability <sup>[17]</sup>. As per the European Pharmacopoeia, polymorphic is the property whereby a substance can shape diverse crystalline structures that are phases with various crystalline structures of a solitary component. Poly morphs have a similar compound structure, however unique physicochemical properties because of the capacity of atoms or molecules to be consolidated in various manners, or to take various conformations in space <sup>[18].</sup>

Solid forms of Active Pharmaceutical Ingredients is given in figure 1. Absorption and bioavailability is affected by various physicochemical properties, chemical stability which determines, for instance solubility, dissolution rate, ease of table ting, resistance to mechanical & thermal stress and behavior during the formulation of poly morphs. And when the solvent used is water it makes up hydrate, and are suitable structures for drug

products, as their safety concerns surrounding water as a crystal abduct. Depending on how the water atoms are consolidated into the crystals cross section, hydrates can be additionally divided into hydrates where water particles exist at isolated locales, channel hydrates, and ion composed site hydrates <sup>[19]</sup>. Roughly 1/3 of API can form hydrates from anhydrous crystalline structures through various changes in relative humidity, temperature or weight, which can result in significant changes in physical properties, and can make extreme issues during storage wherein the appearance and the integrity of the dosage form might be modified. Salt development is normal among acidic and basic or zwitter-ionic substances, and is a basic, financially savvy technique for improving low water solvency and enhancing an API's bioavailability. Salts can likewise increase an API's crystalline, probability of isolation, purity, and stability as well as various technological characteristics, such as flowability.

As compared to salts or poly morphs, co crystals are alternative approach. for example, hydrogen bonds,  $\pi$  bonds and van der Walls bonds. As indicated by the US FDA Directive (2013), co crystals are defined as "solids which are crystalline materials made of at least two particles in a similar crystal's lattice <sup>[20].</sup>

### V. PHYSICOCHEMICAL PROPERTIES OF COCRYSTALS

#### Melting point

Melting point is an essential physical property, and is characterized as the temperature at which the solid phase is in balance with the liquid phase, and it is a thermodynamic process wherein the free transition energy remains zero. High melting point shows the thermodynamic ally solidness of the new materials, for example, warm soundness of an API can be expanded by choosing the conformer with higher boiling point <sup>[13].</sup>

Melting point of pharmaceutical co crystals can be custom fitted by sensible choice of the conformers. Differential examining calorimetry (DSC) or the Kofler technique are viewed as the strategies for getting melting point information, because of their capacity to recognize additional thermal data. The assurance of the melting purpose of a compound is the methods by which it very well may be arranged, and its purity identified <sup>[21].</sup> It is a standard practice to decide the melting point of a compound as a method for portrayal or purity distinguishing proof; be that as it may, inside pharmaceutical sciences, the boiling point is additionally truly important because of its connections to liquid solubility and vapor pressure. The atomic course of action inside the crystalline cross section, molecular balance, inter molecular communications, and conformation degrees of opportunity for a particle, one plainly observes the troubles in endeavoring to draw exacting correlations from sub-atomic structure to crystalline grid vitality to melting point <sup>[22].</sup>

#### Solubility

Solubility is a significant parameter to research the formulations of drugs with low solubility. Numerous methodologies have been utilized to improve the solubility of drug (API), for example, solid dispersion, particle size reduction, salt formation, etc, among which co-crystallization has been utilized by several researchers <sup>[23].</sup> The principal investigation on co crystals behavior in arrangement as an element of co crystal segment focus depended on the extensive knowledge on complexes (molecular), molecular compounds and solid-state complexes that existed before the initiation of the term of co crystals, and is closely resembling the impact of ions on the solubility of sparingly soluble salts<sup>[24].</sup> The solubility of co crystals has been accounted in various cases, and ins various media, including water, 0.1 N HCL, phosphate support, SGF, and SIF. Most investigations report powder disintegration information with different time focuses. At times, molecule size was constrained by sieving tests, in some there was no detailed control, and in others distinctive molecule size reaches were utilized for comparison<sup>[25]</sup>. This shows the wide scope of exploratory factors that can be utilized for resolvability testing which can be custom-made to acquire the ideal information<sup>[26].</sup>

#### Stability

Stability to different types of stress (humidity, heating, light, hydrolysis) is dependent on the structure and qualities of the API, and is constantly mulled over.

### Relative humidity (RH)

In solids, changes in relative humidity must be taken into account for the formation of co crystal. Studies on robotized moisture sorption/resorption are typically performed to determine the "stress" conditions and give directions for more detailed studies, if necessary. Moisture take up can be controlled through the presentation of the co crystal to a specific relative humidity utilizing a suitable adhesive chamber and afterward examining the example in the wake of arriving at balance. A deliberate report where caffeine was co crystallized with different carbolic acids to be specific oxalic, malonic, maleic and glutaric corrosive, demonstrated that the co crystals delivered displayed decreased hygroscopicity contrasted with the crude API. The examples were put

in four, relative humidity conditions and dissected following 1, 3 and 7 weeks. The caffeine-oxalic corrosive (2:1) co crystals showed total security to dampness in all RH conditions <sup>[27].</sup>

#### **Thermal stress**

Physical and chemical stability of the strong API under high temperature conditions is constantly assessed. An investigation analyzing the co crystal of a mono phosphate salt with phosphoric acid at 60 °C indicated no perceptible corruption or advances between forms <sup>[21].</sup>

#### Photostability

The carbamazepine-saccharin and carbamazepine-nicotinamide co crystals have longer ring separations, wiping out the instrument of photo degradation. In this way, the cocrystal can be shielded from undesirable procedures, since co crystallization may influence substance strength through the modification of the particles in the precious stone cross section <sup>[28,29].</sup>

#### Solution stability

This is a significant parameter to assess or evaluate during development, both for suspensions and solutions, just as for solid dosages forms that will dissolve in the gastrointestinal tract. Since co crystal dissociation may happen, the stability of solution is a key component in their development. An investigation on carbamazepine co crystals with 18 conformers evaluated the formation of carbamazepine hydrate when the co crystals were slurred in water for 24–48h. Of the studied co crystals, seven maintained their crystalline structures, and the rest was changed over into carbamazepine hydrate. The solubility (aqueous) of the conformer seemed, by all accounts to be a significant parameter for the development of the hydrate. It was noticed that co crystals containing conformers with generally high resolvability in water brought about the hydrated structure, while co crystals with conformers of moderately low solvency stayed stable in aqueous media <sup>[30].</sup>

#### Intrinsic dissolution

The dissolution rate of pure drug is measured by intrinsic dissolution rate (IDR) from a constant surface area, which remains independent of the drug formulation effects and it also measures the drug's intrinsic properties of the drug as an element of dissolution media e.g., counter ions, pH and ionic strength. The drugs intrinsic dissolution rate remains a good indicator for the APIs in vivo performance.

#### **Bioavailability**

Bioavailability of ineffectively water-dissolvable medications particularly unbiased mixes or mixes with feebly ionizable gatherings can be improved by planning co crystals. Crystal's habit, compressibility, friability dissolution rate and steadiness can likewise be improved by making co crystals in end co crystals improve the bioavailability of inadequately water-solvent medications and improve the pharmaceutical properties of medications.

### VI. PHARMACEUTICALCOCRYSTALS DESIGN STRATEGIES

Pharmaceutical co crystals design strategies The pharmaceutical co-crystals which are vulnerable to the designing by crystal engineering differentiates those co-crystals from other crystalline forms of API. Examination of existing crystalline structures represents the first step in a crystal designing trial. This is generally executed by means of the CSD (Cambridge Structural Database), which encourages statistical analysis of packing motifs and consequently providing observational data regarding common functional groups, and by way the molecules engage in molecular association that is, however they form supra molecular synthons <sup>[31].</sup>



The design strategies involved in the co-crystal formation is given in figure 2. By following these we can obtain a cocrystal with higher stability, solubility and bioavailability. The strategy is enlisted below:

- Selection of the drug (API) and the coformer
- Characterization of physicochemical properties of API and the coformer
- Selecting the cocrystallization technique
- Screening of the cocrystal formation
- Characterization of physicochemical properties of cocrystals
- In vitro and in vivo performance of prepared cocrystals
- Application of cocrystals
- Translational development of cocrystals
- Formulating the cocrystal and marketing

### VII. COCRYSTALS CHARACTERIZATION TECHNIQUES

Various methods used for the characterization of co crystals are hot stage microscopy (HSM), X-ray diffraction, Infra-red spectroscopy, differential scanning calorimetry (DSC) and Raman spectroscopy.

Co-crystallization method is a method used to consolidate or combine at least two molecules (API and conformer) through non-covalent interaction and through drug-drug interactions. Co-crystallization strategy selection is the most important as the nature, properties and morphology of co crystals formed are affected by this process <sup>[32,].</sup> Several aspects like API, solubility, stability, co-former, poly morphs, solvents, liability and are taken into account while choosing co-crystallization strategy. Technique versatility should be considered for applications in the industry <sup>[33].</sup> Thermodynamic techniques occur primarily in balance (equilibrium) conditions and set aside a lot of efforts to finish. Some of them are co-crystallization from melting, and solvent evaporation.the characterization of cocrystals is given in figure 3.The Characterization of cocrystals is given in table 1.Some of the methods for the preparation of cocrystals is given in tables 2.

	Table 1	:Characterization	of cocrystals <sup>[33]</sup>
--	---------	-------------------	-------------------------------

Crystal structure		
Single crystal XRD, Solid-state NMR, PXRD, FT-IR		
Interaction between API and coformer (Salt/Cocrystal discrimination)		
Newtron diffraction, Solid-state NMR, Raman, FT-IR		
X-ray photoelectron spectroscopy (XPS)		
Cocrystal formation screening		
Raman, PXRD, DSC, Solid-state NMR, Hot-stage microscopy		
Melting temperature		
Differential Scanning Calorimetry		

# Recent Updateson Cocrystals Technologieson Enhancement of Solubilityofthe Drugs

Crystallinity		
Powder X-Ray Diffraction, DSC		
Solvate/Hydrate formation		
Raman, FT-IR, TG, DSC		
Chemical composition		
HPLC		
Mixing in formulation		
Raman, NIR, Terahertz imaging		
Solubility/dissolution		
Shake-flask method		
Dissolution tests (paddle, basket, flow-through)		
Intrinsic dissolution measurement (UV, HPLC)		
Precipitation/insoluble solid		
Powder X-Ray Diffraction, Raman		

### **Table 2:** Some of the methods for the preparation of cocrystals

Туре	Standard	Known as	Definition
Solid state method	Dry grinding	Next animaline	Combination of solid forms of
		Neat grinding	both conformers
	Timuid anim din a	Calcord duon animitina	Combination of solid forms of
	Liquid grinding	Solvent drop grinding	both conformers
Solution based methods	Encomposition of annual allighting	Solution	Removal of solvent from an
	Evaporative cocrystallization	crystallization	solution of both conformers
	Slurry conversion	Slurry method	Addition of solid forms of both
	Shurry conversion	Shully method	conformers
	Cooling	Solution method	Cocrystallization from a
	Cocrystallization	Solution method	solution of both conformers
Supercritical fluid methods	Supercritical antisolvent	Gas antisolvent	Cocrystallization from a
	cocrystallization	Gas allusofvent	solution of both conformers
	Supercritical assisted spray	Atomization and	Fast removal of solvent
	drying	antisolvent	rast temoval of solvent



Figure 3:Common characterization techniques of cocrystals

# VIII. MECHANISM INVOLVED IN SOLUBILITY ENHANCEMENT

Solubility is mainly dependent on the solvent affinity and crystal lattice strength. Co-crystals have the ability to increase the solvent affinity and reduce the lattice strength <sup>[34,35]</sup>. Solvation affects the aqueous solubility of the co-crystal leading to an increase in drug hydrophobicity <sup>[36,37]</sup>. Due to this property, many of the co-crystals of hydrophobic drugs have shown lower solubility than the determined solubility using lattice energy <sup>[38,35]</sup>. Several literatures have correlated the solubility of co-formers with the solubility of co-crystals <sup>[35,31]</sup>. This indicates that the solvation barrier of the co-crystals is affected by the nature of co-formers.

### Spring and parachute effect

Guzman explained the Spring and Parachute phenomenon which enhance the solubility of hydrophobic drugs (API) using a supersaturation strategy. The Spring and Parachute mechanism involves in the origination of supersaturated meta stable state, and its maintenance <sup>[39].</sup> The hydrogen bonds which connects the drug and the co-former in co-crystals <sup>[40]</sup> are dissociated (broken down), which leads to the release of high water-soluble co-former from the crystal lattice of co-crystal to the biological medium (in the body). This spring forms clusters by precipitation immediately. To improve the solubility the maintenance of this super saturated stage for a sufficient period is required. Using some excipients or compounds which intrude with the crystal growth may lead to inhibit the precipitate and maintain spring state this is referred to as parachute. This stage transformer follows Ostwald's Law of stages <sup>[41,42].</sup>

### **IX. APPLICATION**

This new crystal structure sets forth a new set of physical properties, also independent of and different to the physical properties of the starting materials.

The delivery, and the clinical performance of the drug products can be enhanced by co-crystals by bringing some modulations in its solubility, pharmacokinetics, and bioavailability. BCS class II and IV drugs which have a poor oral absorption are a strong focus of several case studies published in the literature. Researchers have compared the improvement on the solubility and pharmacokinetics of AMG 517, a selective transient receptor potential vanilla 1 (TRPV1) antagonist, when co crystallized with carbolic acid<sup>[43]</sup>.Different investigations have exhibited the effectiveness of co crystallization in upgrading the solvency and bioavailability of ineffectively solvent APIs like indomethacin<sup>[44]</sup> baicalein, <sup>[45]</sup> and Quentin<sup>[46]</sup>.

Co crystallization provides an opportunist approach to modulate the physicochemical properties of pharmaceutical drugs that embrace solubility and dissolution rate. Significantly, depending on the conformer that co crystallizes with the API, the dissolution rate of the API in water or a buff er solution may be enhanced or minimized over time. Carbamazepine–cinnamic acid co crystals synthesized by solvent evaporation showed a better dissolution rate, solubility, and stability in water compared to carbamazepine <sup>[47].</sup> Arenas-Garcia et al. created many co crystals of acetazolamide (ACZ) with enhanced intrinsic dissolution rates in comparison to pure ACZ in a medium simulating physiological conditions (HCL 0.01 N, pH 2.0) <sup>[48].</sup>

Combining multiple actives pharmaceutical ingredients (APIs) into one unit dose has become a preferred trend within the drug formulation industry. The necessity to target multiple receptors for effective treatment of complicated disorders like HIV/AIDS, cancer, and diabetes in addition to increasing, demand for facilitating the reduction of drug producingcosts are the two fundamental explanations behind this developing pattern. Salts, mesomorph's complexes, co amorphous systems, and co crystals are systems that are used for combining multiple APIs in a single delivery system <sup>[6].</sup> Multidrug co crystals (MDC) are advantageous compared to co amorphous systems regarding their increased stability and regarding their reduced payload compared to the mesomorphs and cyclodextrin complexes, whereby the components might predominantly interact via non ionic interactions, and hardly through hybrid interactions (a combination of ionic and non ionic interactions involving partial proton transfer and H bonding) with or without the presence of solv molecules <sup>[49-51],"</sup> MDC might offer potential benefits compared to the pure drug components, like enhanced solubility and dissolution of a minimum of one among the components, <sup>[52,53]</sup> enhanced bioavailability, improved stability of unstable APIs via inter molecular interactions <sup>[54,55]</sup> and increased mechanical strength and flowability.



Recent Updateson Cocrystals Technologieson Enhancement of Solubilityofthe Drugs

Figure 4: Application of pharmaceutical cocrystals which alters respective properties

Ouick disintegrating tablets with immediate dissolution are required for the preparation of oral disintegrating tablets. This method allows the use of tablets without the need for chewing, or water intake, which allows broad spectrum of the drug consumers to geriatric, pediatric, and traveling patients with no access to water. However, readily disintegrating tablets requires the use of taste masking agents to improve the patients' portability. So far, the use of sugar-based excipients has been the essential approach. On the other hand, poor dissolution rate can be another limiting aspect in formulating oral disintegrating formulations. Co crystallization could be a promising approach for enhancing the dissolution rate using sugar-based conformers. Arafa et al. have carried out so by using sucrose as a conformer for preparing co crystals of hydrochlorothiazide. The produced co crystal obtained the benefits of accelerated dissolution rate and taste masking, concurrently <sup>[56].</sup> Mae no et al. reported a new co crystal of paracetamol with trimethylglycine (TMG) with increased tablet ability, compression, and dissolution properties. Moreover, the taste sensing experiments revealed the sweetness of the formulation due to the presence of TMG in the structure <sup>[57]</sup>. Theophelline is known for its bitter taste; hence, contemporary marketed solid and oral formulations have been formulated using artificial sweeteners such as vanilla, sodium glutamate, sodium saccharin, and d-sorbitol. A 1:1 stoichiometry co crystal of theophelline and saccharine was prepared through liquid assisted grinding. The prepared co crystal confirmed better dissolution and sweetness at the same time primarily based on the computerized sweetness tasting machine used in this study <sup>[58]</sup>. Application of Pharmaceutical cocrystals which alters respective properties is given in figure 4.

# X. PHARMACEUTICAL COCRYSTALSIMPENDING TOWARDSTHE MARKET

The FDA in December 2011 released a draft guidance for the applicants for New Drug Applications (NDAs) and Abbreviated New Drug Applications (AND As) on the regulatory classification of pharmaceutical co crystals <sup>[7].</sup> The FDA has regarded co crystals as "API-excipient' complexes which are dis sociable sharing a boundary between co crystals and physical mixtures. The guidance generates a stronger response from researchers in the field of co-crystals who propose definitions which distinguish multi-component drugs and their co crystals from hydrates and solutes <sup>[6].</sup> The Current status of pharmaceutical co-crystals is given in table 3.

Drug/Cocrystal	Indication	nt status of pharmaceutical co-crystals <sup>[:</sup> Components	Status/Source
Beta-Chlor®	Sedation	Chloral hydratebetaine	FDA approved 1963
Depakote®	Epilepsy	Valproic acid [valproate sodium]	FDA approved 1903
Cafcit®		Caffeine [citric acid]	
	Infantile apnoea		FDA approved 1999
Lexapro®	Depression	[Escitalopram oxalate]Oxalic acid	FDA approved 2002
Suglat®	Diabetes	Ipragliflozin L-proline	FDA approved 2014
Entresto®	Heart failure	[Valsartan sodium] [sacubitril sodium]	FDA approved 2015
Odomzo®	Basal cell carcinoma	[Sonidegib monophosphate] phosphoric acid	FDA approved 2015
Steglatro®	Diabetes	Ertugliflozin L-pyroglutamic acid	FDA approved 2017
Dichloralphenaz one	Migrain	Antipyrine Chloral hydrate	PubChem CID 10188
Iron sorbitex	Iron deficiency anaemia	Iron Sorbital Sodium citrate	PubChem CID 20715017
Nicotinamide- ascorbic acid	Vitamin complex	Nicotinamide ascorbic acid	PubChem CID 54710212
Tetracycline phosphate	Antibiotic	Tetracycline phosphoric acid	PubChem CID 54713149
Caffeine- sodium benzoate	Headache	Caffeine sodium benzoate	British Pharmaceutical Codex 1907
Acridine- sulfonamide	Antiseptic	Acridine sulfonamide	PubChem CID 54710212
Caffeine- sodium salicylate	Headache	Caffeine sodium salicylate	British Pharmaceutical Codex 1907
CC-31244	Non-nucleoside polymerase inhibitor	Non-nucleoside polymerase inhibitor	Under Phase-IIa Clinical trial Identifier- NCT0276075
TAK-020	Bruton tyrosine kinase inhibitor	TAK-020 gentisic acid	Under Phase-III Clinical trial Identifier- NCT03108482
E-58425	NSAID	Tramadol hydrochloride celecoxib	Under Phase-III Clinical trial Identifier- NCT03108482
T121E01F/T12 1E02F	Anticancer	Zoledronic acid co-crystals	Under Phase I Clinical trial Identifier- NCT01721993

### Recent Updateson Cocrystals Technologieson Enhancement of Solubilityofthe Drugs

### **XI. CONCLUSION**

In these days, Utilization of pharmaceutical co crystals is significant elective approach to improve the bioavailability of ineffectively water-solvent medications, particularly for these unbiased mixes or those having feebly ionizable gatherings. In spite of the fact that, the meaning of the expression, "pharmaceutical co crystal" is still being talked about, obviously these substances are valuable, and it is imperative to investigate new co crystals of an API to improve or acquire a few properties, for example, propensity, mass thickness, solvency, compress ability, liability, dissolving point, hygroscopy and disintegration rate. Another route for co crystals application is adjustment of drug's pharmacological activity, for instance insulin. Co crystals examination and creation are intriguing for specialists and exceptionally helpful for doctors and pharmacologists. Taking everything into account, co crystallization has become an exceptionally helpful instrument for a precious stone architect to adjust the properties of strong state materials. Later advancements here, for example, CT co crystals, enthusiastic co crystals, and ternary co crystals are however, to be built up. Starting at now, the consequences of utilization of co crystallization in pharmaceuticals are productive just at a minute level. Systems to produce co crystals in bigger scopes are yet to be wandered into, to yield productive consequences of whatever has been accomplished at a minute level. Obviously, in the coming year's examination in this territory would be increasingly centered around scaling up forms.

### ACKNOWLEDGEMENT

I would like to thank C.L. Baid Metha college of Pharmacy for providing computer facility, and to my staffs for encouraging to complete this review work successfully.

### REFERENCES

- [1]. Sohrab M , Mahapatra S.P: Pharmaceutical Co-crystal. A New Paradigm for Enhancing the Physicochemical Properties of Active Pharmaceutical Ingredient. International journal of pharmacy and life sciences. 2015;6(3):4324-33.
- [2]. Aakeröy CB, Salmon DJ.Building co-crystals with molecular sense and supramolecular sensibility. CrystEngComm. 2005;7:439-448.
- [3]. Shan N, Zaworotko MJ. The role of cocrystals in pharmaceutical science. Drug discovery today. 2008;13(9-10):440-6.
- [4]. Ter Horst JH, Deij MA, Cains PW. Discovering new co-crystals. Crystal Growth and Design. 2009;9(3):1531-7.
- [5]. Schultheiss N, Newman A. Pharmaceutical cocrystals and their physicochemical properties. Crystal growth and design. 2009;9(6):2950-67.
- [6]. Aitipamula S, Banerjee R, Bansal AK, Biradha K, Cheney ML, Choudhury AR, Desiraju GR, Dikundwar AG, Dubey R, Duggirala N, Ghogale PP. Polymorphs, salts, and cocrystals: what's in a name? Crystal growth & design. 2012;12(5):2147-52.
- [7]. Regulatory Classification of Pharmaceutical Co-Crystals Guidance for Industry February 2018.
- [8]. Tiekink ERT, Vittal JJ, Frontiers in Crystal Engineering, John Wiley & Sons, Ltd, 2006. Chapter 2: Crystal Engineering of Pharmaceutical Co-crystals: pp25-50.
- [9]. Vishweshwar P, McMahon JA, Bis JA, Zaworotko MJ. Pharmaceutical co-crystals. Journal of pharmaceutical sciences. 2006;95(3):499-516.
- [10]. Fleischman SG, Kuduva SS, McMahon JA, Moulton B, Bailey Walsh RD, Rodríguez-Hornedo N, Zaworotko MJ. Crystal engineering of the composition of pharmaceutical phases: multiple-component crystalline solids involving carbamazepine. Crystal Growth & Design. 2003;3(6):909-19.
- [11]. McNamara DP, Childs SL, Giordano J, Iarriccio A, Cassidy J, Shet MS, Mannion R, O'Donnell E, Park A. Use of a glutaric acid cocrystal to improve oral bioavailability of a low solubility API. Pharmaceutical research. 2006;23(8):1888-97.
- [12]. Babu NJ, Reddy LS, Aitipamula S, Nangia A. Polymorphs and polymorphic cocrystals of temozolomide. Chemistry–An Asian Journal. 2008 Jul 7;3(7):1122-33.
- [13]. Abourahma H, Cocuzza DS, Melendez J, Urban JM. Pyrazinamide cocrystals and the search for polymorphs. CrystEngComm. 2011;13(21):6442-50.
- [14]. Qiao N, Li M, Schlindwein W, Malek N, Davies A, Trappitt G. Pharmaceutical cocrystals: an overview. International journal of pharmaceutics. 2011;419(1-2):1-1.
- [15]. Batisai E, Ayamine A, Kilinkissa OE, Báthori NB. Melting point-solubility-structure correlations in multicomponent crystals containing fumaric or adipic acid. CrystEngComm. 2014;16(43):9992-8.
- [16]. Martin FA, Pop MM, Borodi G, Filip X, Kacso I. Ketoconazole salt and co-crystals with enhanced aqueous solubility. Crystal growth & design. 2013;13(10):4295-304.
- [17]. Yu L. Amorphous pharmaceutical solids: preparation, characterization and stabilization. Advanced drug delivery reviews. 2001 May16;48(1):27-42.
- [18]. Grant DW. Theory and origin of polymorphism in Polymorphism in Pharmaceutical Solids, HG Brittain, Editor. 1999;5:1-33.
- [19]. Byrn, S.R. Zografi, G. Chen S. Solid-state properties of pharmaceutical materials, 1st ed.; John Wiley & Sons. 2017;38-47.
- [20]. Food and Drug Administration. Regulatory Classification of Pharmaceutical Co-Crystals, Guidance for Industry. April 2013.
- [21]. Stanton MK, Bak A. Physicochemical properties of pharmaceutical co crystal: a case study of ten AMG 517 co-crystals. Crystal Growth Design 2008;8(10):3856-62.
- [22]. Jain A, Yang G, Yalkowsky SH. Estimation of melting points of organic compounds. Industrial & engineering chemistry research. 2004;43(23):7618-21.
- [23]. Higuchi T, Zuck DA. Investigation of some complexes formed in solution by caffeine. II. Benzoic acid and benzoate ion. Journal of the American Pharmaceutical Association. 1953;42(3):132-8.
- [24]. Burger A, Ramberger R. On the polymorphism of pharmaceuticals and other molecular crystals. I. Microchimica Acta. 1979;72(3-4):259-71.
- [25]. Abramowitz R, Yalkowsky SH, Pharm Res. 1990;7:942–94
- [26]. Jain N, Yalkowsky SH. Estimation of the aqueous solubility I: application to organic nonelectrolytes. Journal of pharmaceutical sciences. 2001;90(2):234-52.

- [27]. Trask AV, Motherwell WS, Jones W. Pharmaceutical cocrystallization: engineering a remedy for caffeine hydration. Crystal Growth & Design. 2005;5(3):1013-21.
- [28]. Chen AM, Ellison ME, Peresypkin A, Wenslow RM, Variankaval N, Savarin CG, Natishan TK, Mathre DJ, Dormer PG, Euler DH, Ball RG. Development of a pharmaceutical cocrystal of a monophosphate salt with phosphoric acid. Chemical communications. 2007(4):419-21.
- [29]. Childs SL, Rodríguez-Hornedo N, Reddy LS, Jayasankar A, Maheshwari C, McCausland L, Shipplett R, Stahly BC. Screening strategies based on solubility and solution composition generate pharmaceutically acceptable cocrystals of carbamazepine. CrystEngComm. 2008;10(7):856-64.
- [30]. Matsuda Y, Akazawa R, Teraoka R, Otsuka M. Pharmaceutical evaluation of carbamazepine modifications: comparative study for photostability of carbamazepine polymorphs by using Fourier- transformed reflection- absorption infrared spectroscopy and colorimetric measurement. Journal of pharmacy and pharmacology. 1994;46(3):162-7.
- [31]. Trask AV, Motherwell WS, Jones W. Physical stability enhancement of theophylline via cocrystallization. International journal of pharmaceutics. 2006;320(1-2):114-23.
- [32]. Moradiya H, Islam MT, Woollam GR, Slipper IJ, Halsey S, Snowden MJ, Douroumis D. Continuous cocrystallization for dissolution rate optimization of a poorly water-soluble drug. Crystal growth & design. 2014;14(1):189-98.
- [33]. Izutsu KI, Koide T, Takata N, Ikeda Y, Ono M, Inoue M, Fukami T, Yonemochi E. Characterization and quality control of pharmaceutical cocrystals. Chemical and Pharmaceutical Bulletin. 2016:c16-00233.
- [34]. Serajuddin AT. Salt formation to improve drug solubility. Advanced drug delivery reviews. 2007;59(7):603-16.
- [35]. Good DJ, Rodriguez-Hornedo N. Solubility advantage of pharmaceutical cocrystals. Crystal Growth and Design. 2009;9(5):2252-64.
- [36]. Liu R. Water-insoluble drug formulation. CRC press; 2000 Sep 30.
- [37]. Yalkowsky SH. Solubility and Solubilization in Aqueous Media. Journal of the American Chemical Society. 2000;122(40):9882.
- [38]. Bak A, Gore A, Yanez E, Stanton M, Tufekcic S, Syed R, Akrami A, Rose M, Surapaneni S, Bostick T, King A. The co- crystal approach to improve the exposure of a water- insoluble compound: AMG 517 sorbic acid co- crystal characterization and pharmacokinetics. Journal of pharmaceutical sciences. 2008;97(9):3942-56.
- [39]. Guzmán HR, Tawa M, Zhang Z, Ratanabanangkoon P, Shaw P, Gardner CR, Chen H, Moreau JP, Almarsson Ö, Remenar JF. Combined use of crystalline salt forms and precipitation inhibitors to improve oral absorption of celecoxib from solid oral formulations. Journal of pharmaceutical sciences. 2007;96(10):2686-702.
- [40]. Friščić T, Jones W. Benefits of cocrystallisation in pharmaceutical materials science: An update. Journal of Pharmacy and Pharmacology. 2010;62(11):1547-59.
- [41]. Brouwers J, Brewster ME, Augustijns P. Supersaturating drug delivery systems: the answer to solubilitylimited oral bioavailability?. Journal of pharmaceutical sciences. 2009;98(8):2549-72.
- [42]. Babu NJ, Nangia A. Solubility advantage of amorphous drugs and pharmaceutical cocrystals. Crystal Growth & Design. 2011;11(7):2662-79.
- [43]. Stanton MK, Kelly RC, Colletti A, Kiang YH, Langley M, Munson EJ, Peterson ML, Roberts J, Wells M. Improved pharmacokinetics of AMG 517 through co-crystallization part 1: comparison of two acids with corresponding amide co-crystals. Journal of pharmaceutical sciences. 2010;99(9):3769-78.
- [44]. Jung MS, Kim JS, Kim MS, Alhalaweh A, Cho W, Hwang SJ, Velaga SP. Bioavailability of indomethacin- saccharin cocrystals. Journal of pharmacy and pharmacology. 2010;62(11):1560-8.
- [45]. Zhu B, Zhang Q, Wang JR, Mei X. Cocrystals of baicalein with higher solubility and enhanced bioavailability. Crystal Growth & Design. 2017;17(4):1893-901.
- [46]. Smith AJ, Kavuru P, Wojtas L, Zaworotko MJ, Shytle RD. Cocrystals of quercetin with improved solubility and oral bioavailability. Molecular pharmaceutics. 2011;8(5):1867-76.
- [47]. Shayanfar A, Asadpour-Zeynali K, Jouyban A. Solubility and dissolution rate of a carbamazepinecinnamic acid cocrystal. Journal of Molecular Liquids. 2013;187:171-6.
- [48]. Arenas-García JI, Herrera-Ruiz D, Morales-Rojas H, Höpfl H. Interrelation of the dissolution behavior and solid-state features of acetazolamide cocrystals. European Journal of Pharmaceutical Sciences. 2017;96:299-308.
- [49]. Sarkar A, Rohani S. Molecular salts and co-crystals of mirtazapine with promising physicochemical properties. Journal of pharmaceutical and biomedical analysis. 2015;110:93-9.
- [50]. Mahieux J, Gonella S, Sanselme M, Coquerel G. Crystal structure of a hybrid salt–cocrystal and its resolution by preferential crystallization:((±) trans-N, N'-dibenzyldiaminocyclohexane)(2, 3dichlorophenylacetic acid) 4. CrystEngComm. 2012;14(1):103-11.

- [51]. Kelley SP, Narita A, Holbrey JD, Green KD, Reichert WM, Rogers RD. Understanding the effects of ionicity in salts, solvates, co-crystals, ionic co-crystals, and ionic liquids, rather than nomenclature, is critical to understanding their behavior. Crystal growth & design. 2013;13(3):965-75.
- [52]. Sanphui P, Goud NR, Khandavilli UR, Nangia A. Fast dissolving curcumin cocrystals. Crystal growth & design. 2011;11(9):4135-45.
- [53]. Aitipamula S, Chow PS, Tan RB. Trimorphs of a pharmaceutical cocrystal involving two active pharmaceutical ingredients: potential relevance to combination drugs. CrystEngComm. 2009;11(9):1823-7.
- [54]. Chadha R, Saini A, Arora P, Jain DS, Dasgupta A, Row TG. Multicomponent solids of lamotrigine with some selected coformers and their characterization by thermoanalytical, spectroscopic and X-ray diffraction methods. CrystEngComm. 2011;13(20):6271-84.
- [55]. Luszczki JJ, Czuczwar M, Kis J, Krysa J, Pasztelan I, Swiader M, Czuczwar SJ. Interactions of lamotrigine with topiramate and first- generation antiepileptic drugs in the maximal electroshock test in mice: an isobolographic analysis. Epilepsia. 2003;44(8):1003-13.
- [56]. Arafa MF, El-Gizawy SA, Osman MA, El Maghraby GM. Sucralose as co-crystal co-former for hydrochlorothiazide: development of oral disintegrating tablets. Drug development and industrial pharmacy. 2016;42(8):1225-33.
- [57]. Maeno Y, Fukami T, Kawahata M, Yamaguchi K, Tagami T, Ozeki T, Suzuki T, Tomono K. Novel pharmaceutical cocrystal consisting of paracetamol and trimethylglycine, a new promising cocrystal former. International journal of pharmaceutics. 2014;473(1-2):179-86.
- [58]. Aitipamula S, Wong AB, Kanaujia P. Evaluating suspension formulations of theophylline cocrystals with artificial sweeteners. Journal of pharmaceutical sciences. 2018;107(2):604-11.
- [59]. Vemuri VD, Lankalapalli S. Insight into Concept and Progress on Pharmaceutical Co-Crystals: An Overview. Indian Journal of Pharmaceutical Education and Research. 2019;53(4):S522-38.
- [60]. Kavanagh ON, Croker DM, Walker GM, Zaworotko MJ. Pharmaceutical cocrystals: from serendipity to design to application. Drug Discovery Today. 2019;24(3):796-804.

Boopathy Raja, et. al. "Recent Updateson Cocrystals Technologieson Enhancement of Solubilityofthe Drugs." *IOSR Journal of Pharmacy (IOSRPHR)*, 10(10), 2020, pp. 01-12.