## **Structural and functional characterisation of 3D printed** pharmaceutical dosage forms by means of high-resolution X-ray CT

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## **3D Printing in Pharmaceutical Technology**

3D printing technology is one of the most promising advances in modern pharmaceutical technology. Fabrication of dosage forms with bespoke designs is now made possible and opens new highways towards personalisation of medication with potential to revolutionize pharmacotherapy. Applications include fabrication of polypills for patients receiving a range of medications, on-site production (e.g. hospitals) of dosage forms tailored to patients'

**needs** and **cost-effective** production of sophisticated designs in the productions line.

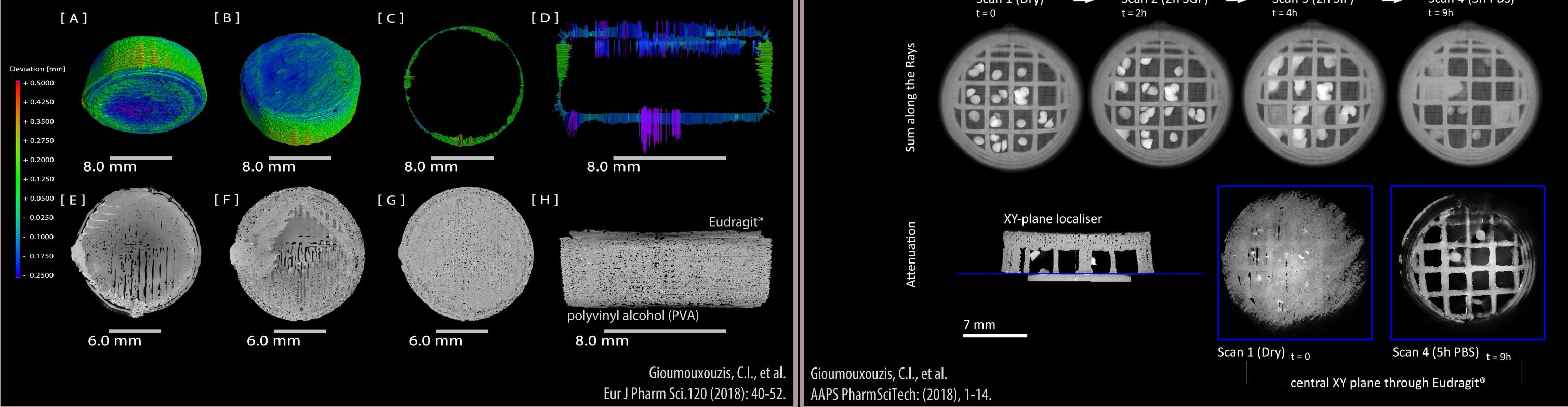
## **Quality Control, Structural and Functional Characterization**

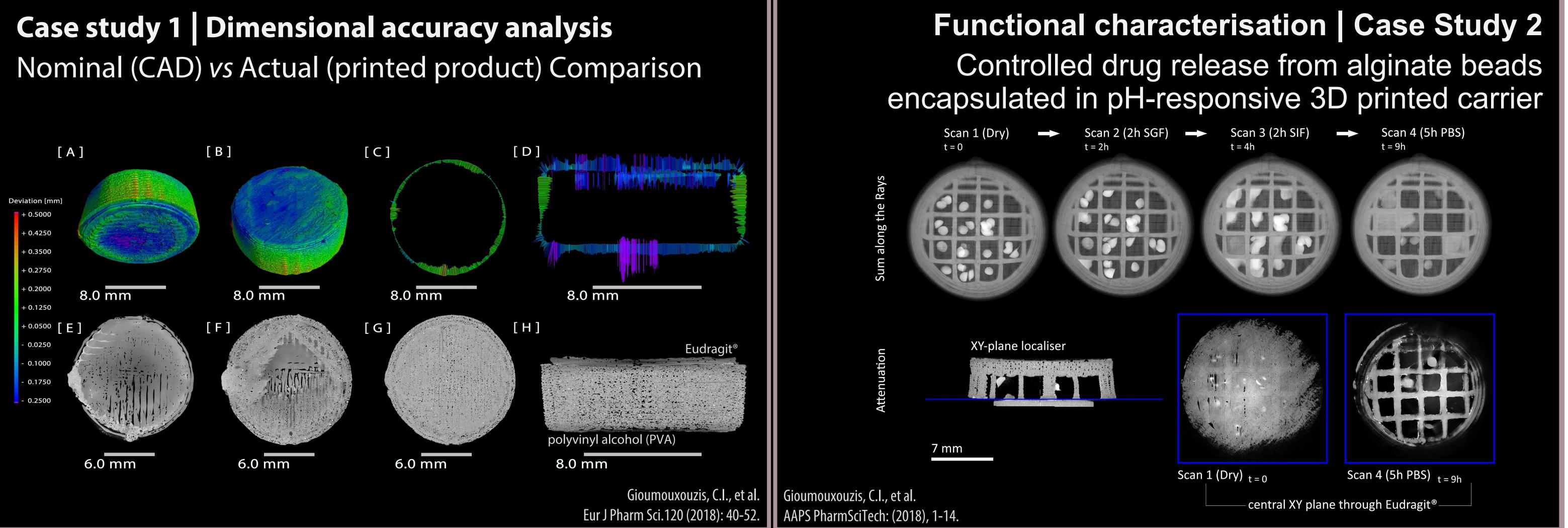
3D printing inherently produces objects that deviate from the ideal designed template for reasons specific to each 3D printing method. Microfocus X-ray Computed Tomography, µCT, is a high resolution non-destructive volume imaging technique that amongst others **allows for**:

 $\Re$  defect & porosity analysis ( $\mu$ CT imaging  $\blacktriangleright$  Feature extraction  $\triangleright$  Quantification)

 $\Re$  dimensional accuracy analysis ( $\mu$ CT imaging  $\blacktriangleright$  Surface extraction  $\triangleright$  Comparison with CAD  $\triangleright$  Quantification)  $\mathfrak{H}$  functional characterisation (*in situ* or *ex situ* time-resolved  $\mu$ CT imaging).

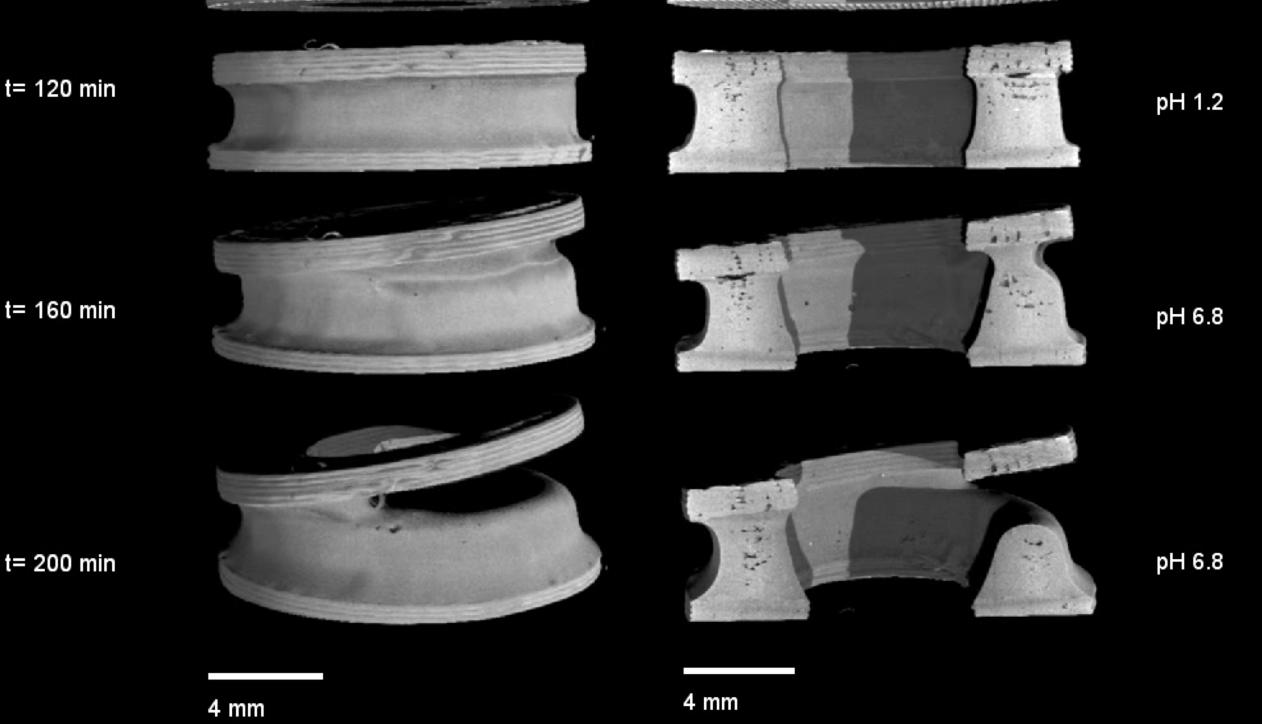
Case study 1 Dimensional accuracy analysis





**Case Study 1** [a-d] **Deviation map of Functional characterisation Case Study 3 Case study 2** | top row: *Sum along the Rays* Dissolution over time for zero-order kinetics drug release printed object's surface from the renderings of the printed form at its nominal values of the CAD design; initial/dry state (scan 1), after 2h exposure t= 0 min [e-g] CT slices trough the PVA layer, the PVA/ to simulated gastric fluid (scan 2), unexposed Eudragit<sup>®</sup> layer interface and the centre of consequent 2h exposure to simulated t= 30 min Eudragit<sup>®</sup>; [h] cross-section through the XZ intestinal fluid (scan 3), followed by 5h pH 1.2 plane Sample: flat cylindrical with exposure to PBS (scan 4). Bottom row: CT smoothed edges; Constituents: waterslices through the Eudragit<sup>®</sup>-based layer t= 100 min pH 1.2 soluble PVA (+ glimepiride), Eudragit<sup>®</sup> RL before and after the 9h exposure to the (+ Metformin) t= 120 min

Case Study 3 Dissolution of printed dosage form in simulated gastrointestinal environment Timestamps describe the "total exposure time" to the respective medium. **Sample**: Hollow cylinder dosage form (0.25 mm height); **Constituents**: water-insoluble polylactic acid (PLA), water-soluble PVA + model drug (mannitol and hydrochlorothiazide);



Gioumouxouzis, C.I., et al., J. Drug Delivery Science and Technology 40 (2017): 164-171.

various solutions ; **Sample:** Eudragit<sup>®</sup> L100-55 / Eudragit<sup>®</sup> S100 (pH responsive leyer), polylactic acid (PLA), alginate particled (+5-Fluorouracil)



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