

FORMULATION AND EVALUATION OF CONTROLLED RELEASED ATORVASTATIN IN SITU GELS FOR THE TREATMENT OF PERIODONTAL DISEASES

Prakash Katakam¹, Ala NB Vinay Kumar^{1*}, Shanta Kumari Adiki²

¹University College of Pharmaceutical Sciences, Acharya Nagarjuna University, Guntur-522510, Andhra Pradesh

²Sarojini Naidu Vanita Pharmacy Maha Vidyalaya, Hyderabad-500017, Telangana, India

Corresponding Author: Prakash Katakam

Email: pkatakam9@gmail.com

ABSTRACT

The treatment for periodontal diseases includes systemic treatment with antibiotics. Local administration using intra-pocket drug delivery with sol-gel technique is recently evaluated. Bone tissue regeneration is an important factor to be considered for treatment associated with chronic periodontitis. This research work reveals the formulation and in vitro evaluation of periodontal pocketed drug delivery of atorvastatin, a bone tissue regenerator, using sol-gel technique. A total of six formulations were prepared with poly(lactic-co-glycolic acid) (PLGA) and solvent concentrations keeping the drug concentration 50 mg throughout the study. The drug excipient compatibilities were performed using IR spectroscopy. Formulation studies were done by considering spreadability studies, viscosities, sol-gel transition temperatures and in vitro drug release. No abnormal or shift in peaks were identified and support the selection of polymer for further formulation studies. It was identified that the release rate was directly proportional to drug concentration indicating the first-order release kinetics of atorvastatin. Also, based on the Higuchi and Korsmeyer-Peppas models, it could be interpreted that the prepared formulations follow Non-Fickian and diffusion transport mechanisms. It was identified that all the formulations showed good physical appearance by forming clear solutions when prepared. The pH of all the formulations were in between 5.9 to 6.1 indicating that they were slightly acidic to neutral and could be administered to the oral cavity. Based on gelling properties, spreadability and syringeability and viscosity profiles, the formulation F4 showed better profile compared to the rest of the formulations. In vitro drug release studies revealed that the formulations followed first-order kinetics with non-Fickian diffusion mechanism. Sustained and prolonged release was achieved for all the formulations. Formulations F5 and F6 had prolonged drug release up to 50 days. However, considering all the physicochemical parameters and in vitro release profiles into account the optimized formulation was considered to be F4. This formulation is further proposed to be considered for in vivo studies.

Keywords: Atorvastatin, Periodontal diseases, Bone tissue regeneration, In situ gels, PLGA, Controlled release

INTRODUCTION

Periodontal disease is a group of illnesses located in the gums and dental support structures (ligament and alveolar bone) and are produced by certain bacteria encountered in subgingival plaque. The main symptoms comprising gingival inflammation, formation of periodontal pocket, alveolar bone loss, abscess, or tooth mobility¹. The conventional treatment comprising scaling and root planing (SRP) presents limitations in certain cases involving deeper periodontal pockets, inaccessible areas, or severe periodontitis. Therefore, several adjunct pharmacological therapies have been tested to improve its outcomes. Systemic and local deliveries of drugs such as antibiotics, bisphosphonates, anti-inflammatory drugs, anticytokines, probiotics, and prebiotics have been tested so far to reduce bacterial load and to control inflammation². Mitigation in bone tissue loss and further bone regeneration helps in management of chronic periodontitis. Likewise, the use of statins in periodontal treatment has been explored recently. Statins, or inhibitors of 3-hydroxy-3-methylglutaryl coenzyme-A reductase (HMG-CoA reductase), are a group of drugs, used primarily to treat hyperlipidemia and to prevent cardiovascular diseases. They differ mainly in their ring structure, and these structural differences modify their pharmacological properties including hydrophilicity and lipophilicity. The lactone ring is present in an active form (already hydrolyzed) in all statins except for simvastatin, lovastatin, and mevastatin, in which the lactone ring is activated in the liver. The lactone form of the statins enables their transport, metabolism, and clearance.

Apart from their lipid-

lowering properties, statins possess pleiotropic effects due to their anti-inflammatory, antioxidative, antibacterial, and immunomodulatory properties. Statins have also been reported to have anabolic effects on the bone by augmenting bone morphogenetic protein-2 (BMP-

2) expression, thus contributing towards the differentiation and activity of osteoblasts (OBs). In view of their beneficial properties, statins have been presented as new potential candidates for improving periodontal therapy outcomes³.

⁴. For bone tissue engineering applications, much of the literature regarding regeneration of bone has focused on the delivery of bone morphogenetic proteins (BMPs) and vascular endothelial growth factor (VEGF), two growth factors that have been widely investigated for use in the regeneration of bone. The effects of statins on VEGF production are beginning to be elucidated. Simvastatin, atorvastatin, and rosuvastatin, but not pravastatin, have been found to augment VEGF mRNA expression in osteoblastic cells *in vitro*⁵.

Controlled delivery systems are designed to slowly release the drug for longer availability and longer drug use. These forms of dosage or the delivery systems are often called continuous, controlled, prolonged, timed, slow, prolonged and extended release. As of today, five drug products are available on the market in the intra-pocket industry. The following are available: tetracycline, metronidazole gel, minocycline ointment, chlorhexidine chip and resorbable polymer doxycycline hyalite⁶⁻⁷.

Literature survey revealed that there are no formulations available on PLGA based atorvastatin *in situ* hydrogels for periodontal applications. In the present research, the smart gels (sol-gel) were employed to formulate a periodontal medication (atorvastatin) with polylactic-co-

glycolic acid (PLGA), a copolymer of polylactic acid (PLA) and polyglycolic acid (PGA) was selected for formulation of *in situ* periodontal gel that shows phase transition due to physiological environmental changes. PLGA will afford gels of good mechanical strengths and form thermosensitive hydrogels⁸. With the help of the syringe, which is fitted with an intra-pocket needle, they can be

easily delivered into the periodontal pocket. The polymer changes its conformation into a gel at body temperature (37°C). The delivery system is easy to manage and has a long time due to the formation of gel. Their preformulation and formulation studies were evaluated and will be discussed in further sections of this article.

MATERIALS AND METHODS

Materials and chemicals

Poly(D,L-lactide-co-glycolide) lactide:glycolide (50:50), mol. wt. 30,000-60,000 was obtained from Sigma Aldrich, India. Atorvastatin (calcium salt) was a gift sample from Nishka Labs, India. All other chemicals obtained were of analytical grade and purchased from local market.

Drug excipient compatibility studies

FT-IR spectral studies were conducted by scanning drug and polymer alone, and combination of drug and polymer using potassium bromide pelletization technique⁹. For preparing pellet, using a calibrated weighing balance, 1 mg of drug was initially weighed followed by adding of potassium bromide to make up the final weight to 100 mg. It was mixed thoroughly with mortar and pestle. The mixture was then pressed under pellet hold to get the potassium bromide pellet. The pellet was kept in Shimadzu FT-

IR spectrophotometer and scanning was conducted. Similar procedure was adapted to excipient alone. For combination of drug and excipient, 1 mg of drug and 1 mg of excipient were weighed initially and the final weight was made up to 200 mg with potassium bromide.

Preparation of *in situ* gels

PLGA is chosen due to its optimal biodegradability information of biodegradable gels¹⁰. A total of six formulations were prepared with different combinations of copolymer and solvent (ethyl acetate) keeping the drug concentration as 50 mg throughout the study. The formulations are shown in Table 1.

Table 1: Formulation preparations and their combinations

Formulation	PLGA (mg)	Atorvastatin Calcium (mg)	Ethyl acetate (mg)
F1	100	50	900
F2	200	50	800
F3	250	50	750
F4	300	50	700
F5	400	50	600
F6	500	50	500

Evaluation of prepared *in situ* gels

Formulated gels were visually inspected for their appearance.

The pH for the formulations was determined using a calibrated pH meter (Mettler Toledo). Calibration is done with ready to use calibration solutions of pH 4.01, 9.21 and 7.00¹¹. The electrodes were dipped in the calibrated solutions and the readings were measured.

ed. A tolerance of ± 0.05 was considered as acceptable range. Once the calibration is completed, the electrodes were cleaned with deionised water before using for pH measurement of individual formulations (F1 to F6). An average of five readings was taken and the results were noted.

Determination of sol-gel transition temperature and gelation time

The quantities that are mentioned in Table 1 were weighed in 5 ml glass vials, sealed with stoppers and polypropylene caps, and labelled. These vials were shaken occasionally until the drug and polymer were completely dissolved. The vials were transferred to a water bath and were observed at different temperature set points and the gelation temperature was identified. Gel formation was indicated by lack of movement of the meniscus upon tilting of the vial. The time taken to form gelation at a specific temperature was noted using a stop watch and it was determined as gelation time¹².

Syringeability and spreadability

The formulated gels were transferred to a

5 ml plastic syringe and to that 21 G needle was attached. Syringeability was considered accepted if the formulated gel was passed through the syringe easily. The formulated gels were intended to spread uniformly to the affected periodontal portion. To simulate this efficiency, the formulations (of quantity 1 g each) could spread between the glass slides for a time of 1 min. Spreadability was calculated using the formula:

$$S = M \cdot L / T$$

Where S = Spreadability of the formulation

M = Mass weight tied up to the slide (125 g in this study)

L = Length of the glass slide

T = Time measurement (1 min in this study)

Determination of viscosity

Viscosity measurements for the formulations mentioned in Table 1 were done using Brookfield viscometer (LVDV IIIU, Brookfield Engineering Labs. USA). The formulations were taken in a beaker and maintained at room temperature. Measurements were carried out using spindle number 62 at 50 rpm for a time of 10 min¹³.

Determination of drug content

The prepared formulations (F1 to F6) were analyzed for the drug content by taking 1 ml of the prepared gel into a 50 ml volumetric flask. To it, a 3 ml of 6.8 pH buffer was added and shaken well to dissolve the drug. Then, the volume was made up to the mark by pH 6.8 buffer and the solution was kept aside for overnight. The drug content was determined by measuring the absorbance at 247 nm for (atorvastatin calcium) using UV-

Visible spectrophotometer (Shimadzu UV 1280), using the standard equation obtained from the standard plot.

In vitro drug-release studies

The 5 ml vials with glass stoppers were used for this study. Using disposable 1 ml syringe and 18 G needles drawn 1 ml of the prepared formulation and transferred to 5 ml vials. To them, added 1 ml of pH 6.8 phosphate buffer (simulated gingival fluid), shaken well until a uniform solution was achieved

and exposed them to 37.5°C by keeping them in a BD incubator. Samples were withdrawn once the solutions were converted to gels. A 1 ml of dissolution fluid was collected at a time interval of every 24 h up to 50 days by replacing with the same volume of pH 6.8 phosphate buffer. These sample solutions were transferred into the 10 ml volumetric flasks where the volume was made up to 10 ml with pH 6.8 phosphate buffer. The solution was filtered through a 0.45 µm Whatman filter paper and transferred to a cuvette to measure the absorbance at 247 nm using UV-visible spectrophotometer (Shimadzu UV-1280). Cumulative drug release was calculated by measuring the drug content using standard calibration plot.

RESULTS AND DISCUSSION

Drug-excipient compatibility studies

Drug-excipient compatibility studies through FT-IR infer that there are no abnormal or shift in peaks identified when the FT-IR graphs of drug alone and the combination of drug and polymer were compared. These results are referred in Figure 1.

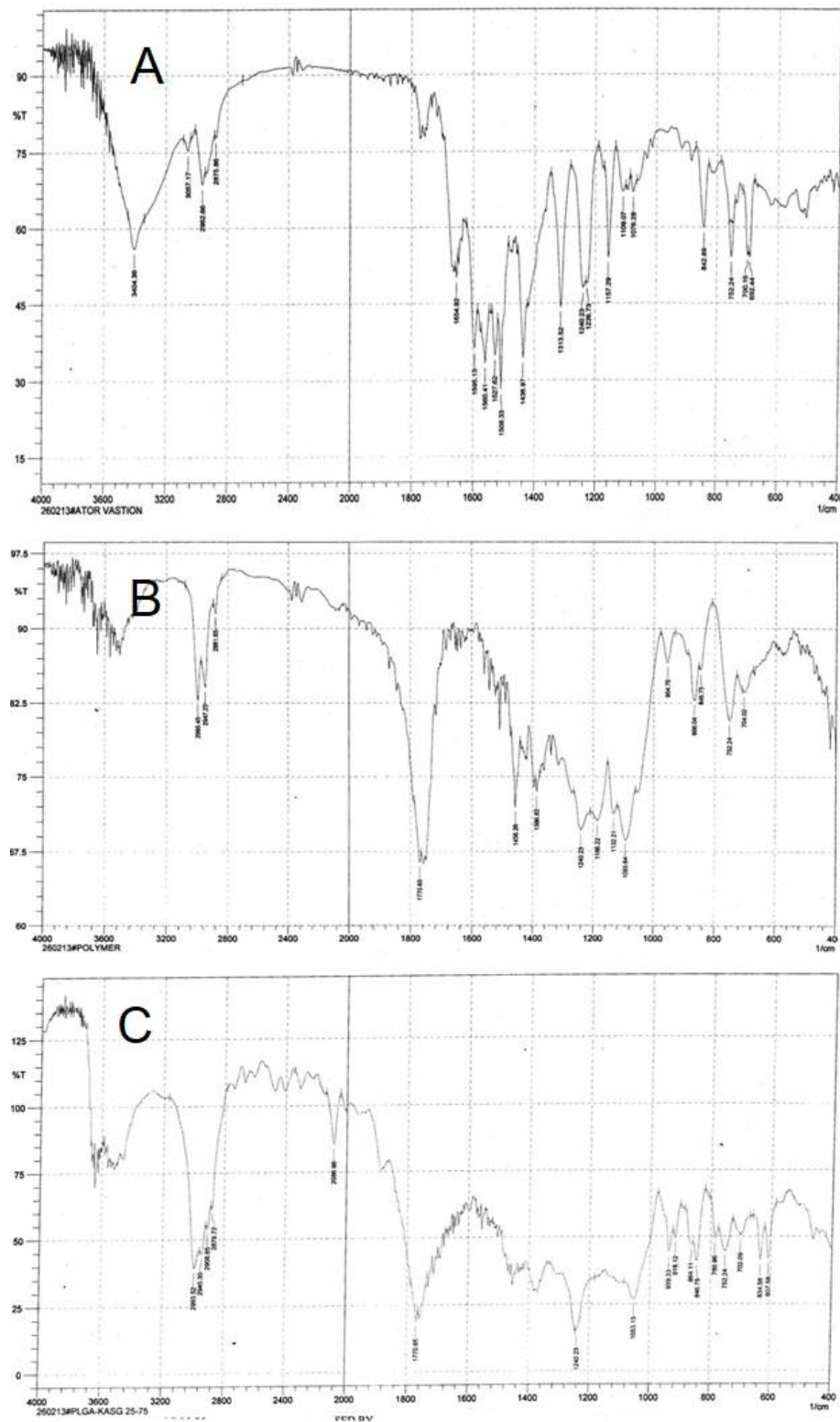


Figure 1: FT-IR spectra of (A) Atorvastatin,(B) PLGA and (C) Atorvastatin+PLGA

Evaluation of prepared in situ gels

All formulated in

situ gels when observed visually, they appear clear and transparent. The measured pH was in the range of 5.9 to 6.1. It would be preferable for a formulation which has a pH close to 6.8 as it resembles the pH of saliva. The pH values are given in Table 2

Sol-gel transition temperature and gelation time

It is identified that an increase in the concentration of the polymer reduces the gelling temperature as well as gelling time. The possible reason for this phenomenon would be the binding nature of the polymer. An ideal formulation should form gel at temperature in between 36 to 37°C. Formulations that form gel at less than 36°C were

considered as gel formation at room temperatures for which administration through syringes would be difficult. Formulation that form gel above 37°C might stay in liquid form even at body temperature without forming gel and leak from the periodontal pockets. Hence formulation F3 and F4 were found to have desired gelling abilities as they have optimum gelling times and within the sol-gel temperature range.

Syringeability and spreadability

Syringeability studies revealed that in

situ formulations were easily administered through 18G needle at room temperature of 25°C. It should be noted that this study was intended to check whether the formulations could be easily administered on the periodontal pocket but not for parenteral administration¹⁴. Spreadability studies showed that the extent of uniform spreading of the formulations decreased with an increase in polymer concentration. However, an optimum spreadability is desired to avoid spillage as well as over stickiness of the formulation when it is administered to the affected area.

Viscosity determination

Viscosity studies revealed that

an increase in concentration of polymer will increase the viscosity of the formulation. Optimum viscosities are desired to have better flow properties. It was observed that the viscosity of the prepared formulation contributed to the product adhesiveness, enumerating the significance of product rheology on this parameter. Additionally, the gel formed in situ should maintain its integrity without dissolving or eroding for a prolonged period. However, the viscosities for all the prepared formulations were found to be more than 1000 dyne/cm² which indicates that the flow of the formulations was adequate only if syringe needles of internal diameter is broader. Hence 18G (internal diameter 0.838mm) and below needles are recommended for the administration of the prepared formulations.

Drug content determination

Drug content determination studies interpreted that in all the formulations, irrespective of the change in concentration of polymer PLGA, the entrapment and hence the stability of the drug was good, which was in between 98% to 101%. The reason could be due to high viscosities and compatibility of drug with PLGA polymer. Formulation F4 was considered to be better compared to other formulations as along with drug content other parameters such as sol-gel transition temperatures, viscosities are in acceptable ranges. The results of pH, sol-gel transition temperatures, gelling time, spreadability, viscosities and drug content of the prepared formulations during the study are given in Table 2.

Table II: Determination of pH, sol-gel transition temperature, gelling time, spreadability, viscosity and drug content of prepared formulations (n=3)

Formulation	pH	Sol-gel transition temp. (°C)	Gelling time (min)	Spreadability (gm.cm/sec)	Viscosities (dynes/cm ²)	Drug content (%)
F1	6.0±0.03	39.0±0.6	11±0.5	13.22±0.24	1463±25	102±6.9
F2	5.9±0.08	38.8±0.5	10.5±0.4	12.11±0.64	1498±31	98±5.2
F3	6.1±0.13	36.9±0.3	9.2±0.6	11.93±0.16	1628±36	99±5.8
F4	6.0±0.17	36.4±0.9	8.1±0.7	10.45±0.28	1685±29	99±4.7
F5	6.1±0.21	35.7±0.6	6.4±0.5	09.92±0.11	1890±42	101±6.3
F6	6.0±0.19	34.9±0.8	5.5±0.3	08.12±0.09	1789±47	99±5.5

In vitro drug release studies

In vitro drug release studies were performed by plotting cumulative amount of drug release with respect to time (Figure 2). In vitro drug release interpretations were done by considering zero order, first order, Higuchi and Korsmeyer-Peppas plots¹⁵. The zero order, first order, Higuchi and Korsmeyer-Peppas plots were made to interpret the mechanism of release for the prepared formulations and are shown in Figures 2-5.

Also, the results of dissolution kinetics (regression coefficient values - R² and linear equations), which were determined for all the formulations are given in Table 3.

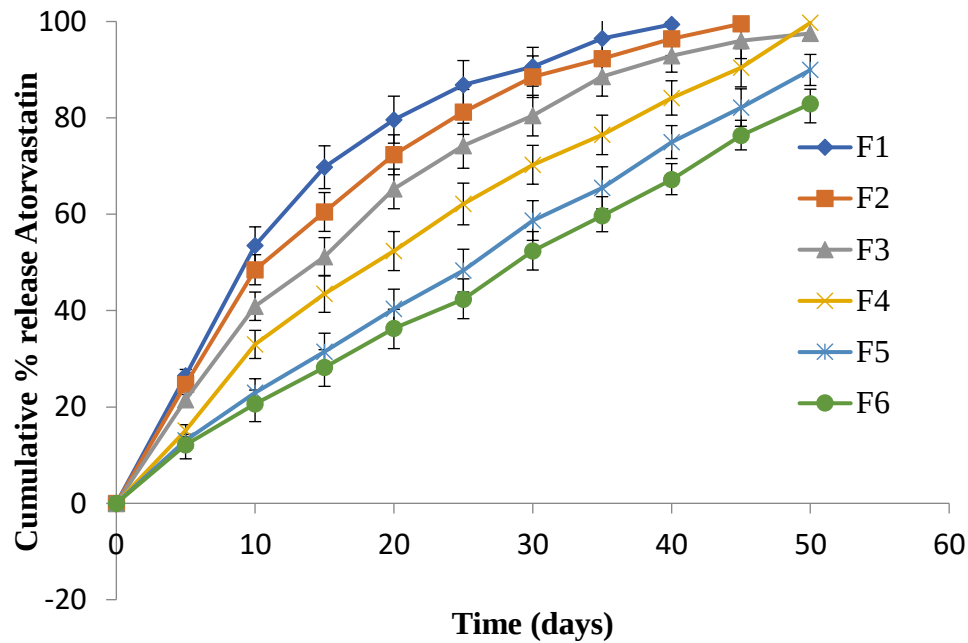


Figure 2: Cumulative amount of drug release vs time plots of formulations F1-F6

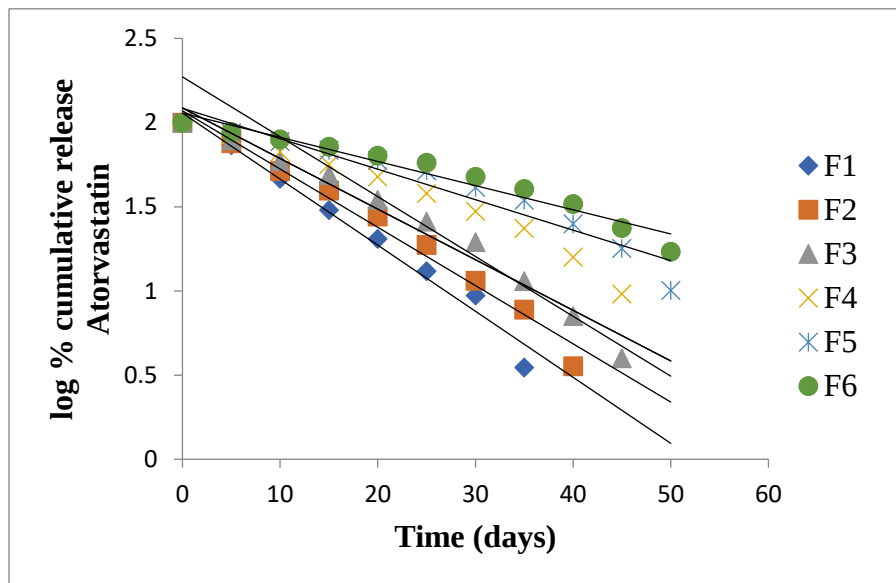


Figure 3: First order release kinetic plots for atorvastatin in formulations F1-F6

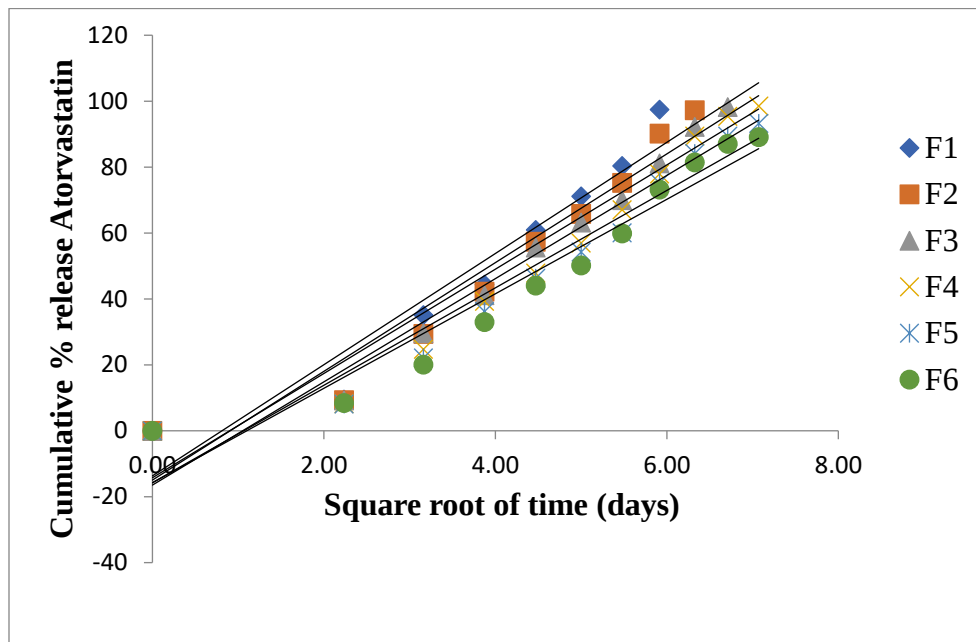


Figure 4: Higuchi kinetic plots for atorvastatin formulations F1-F6

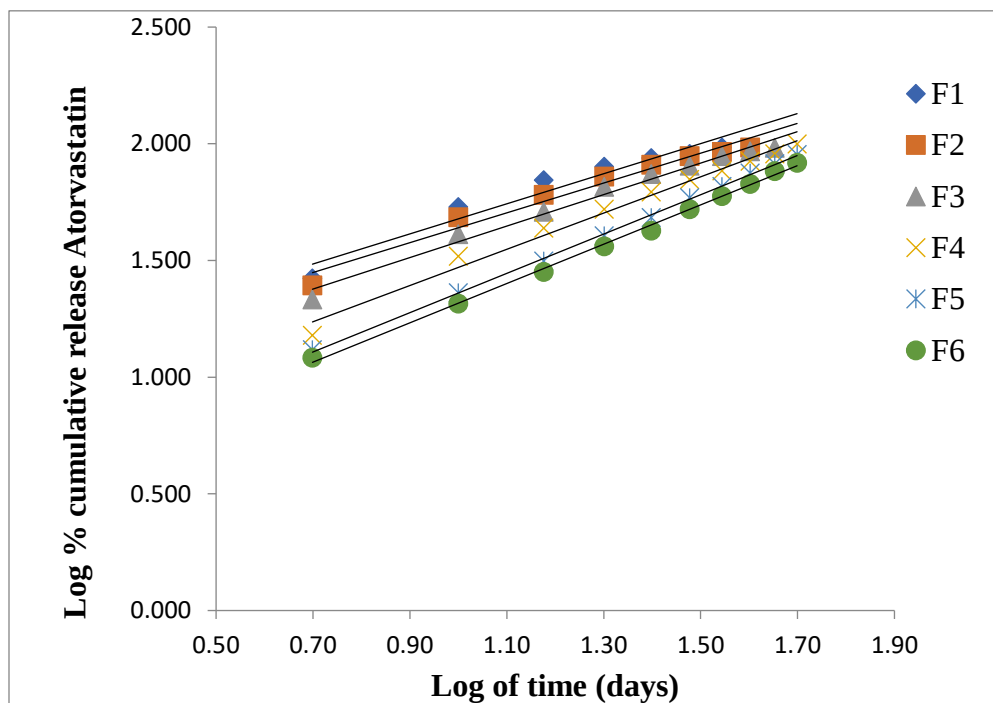


Figure 5: Korsmeyer Peppas plots for atorvastatin formulations F1-F6

Table III: Dissolution kinetic values obtained from different plots of formulations F1-F6 showing regression equations and correlation coefficients

Formulation	Zero order	First order	Higuchi	Korsmeyer-Peppas
F1	$y = 3.1219x + 34.634$ $R^2 = 0.5336$	$y = -0.0629x + 1.8389$ $R^2 = 0.9397$	$y = 20.327x + 15.057$ $R^2 = 0.7902$	$y = 0.5215x + 1.4529$ $R^2 = 0.7228$
F2	$y = 1.0248x + 37.74$ $R^2 = 0.5774$	$y = -0.0211x + 1.804$ $R^2 = 0.9404$	$y = 10.233x + 24.249$ $R^2 = 0.7641$	$y = 0.3538x + 1.4464$ $R^2 = 0.7082$
F3	$y = 0.6459x + 35.444$ $R^2 = 0.6661$	$y = -0.0122x + 1.8258$ $R^2 = 0.9454$	$y = 7.8733x + 22.913$ $R^2 = 0.8298$	$y = 0.3333x + 1.3816$ $R^2 = 0.7745$
F4	$y = 0.5728x + 31.544$ $R^2 = 0.7245$	$y = -0.0105x + 1.8644$ $R^2 = 0.958$	$y = 7.4903x + 18.771$ $R^2 = 0.8763$	$y = 0.3658x + 1.2839$ $R^2 = 0.8231$
F5	$y = 0.4111x + 21.439$ $R^2 = 0.8512$	$y = -0.0059x + 1.9432$ $R^2 = 0.9365$	$y = 6.3154x + 8.7724$ $R^2 = 0.9608$	$y = 0.4633x + 0.9656$ $R^2 = 0.876$
F6	$y = 0.3756x + 17.208$ $R^2 = 0.904$	$y = -0.0048x + 1.9665$ $R^2 = 0.9555$	$y = 5.9664x + 4.988$ $R^2 = 0.9823$	$y = 0.5209x + 0.796$ $R^2 = 0.8658$

Aspartofinitialplan,itwasproposedtocontinuethe dissolution studiesuntil90%of cumulative amount of thedrugreleasewasachieved.Itwasinferredthatthereleaseofthedrugfromthepolymerwassustainedfor aprolongedperiodwhichwasnotanticipatedatthebeginningofthestudy.A 90%ofthedrugwasreleasedin30daysforthe formulationF1whichwasconsideredasthefastestamongtheformulationsprepared.FormulationsF5andF6did notachievedesired drug release(90%) evenafter50days.Basedonthemaximumamountofcumulatedrug releaseandextentofsustainability, theformulationF4showedthebestreleaseprofile ascomparedtothe formulationsF1,F2andF3.Basedontheregressionvalues,thereleasekineticswerepredicted.Regressionvaluesofgreaterthan0.9shouldbeconsideredtoestimatethereleasephenomenon.Itwasinterpretedthatalltheformulationsfollowedfirstorder drug release kineticswhichmeans thatthereleasewasdirectlyproportionaltotheconcentrationofthedrugcontent.Also,an increaseintheconcentrationofthepolymerledtosustainthedrugrelease.Only,theformulationsF5toF6haveregression valuesofhigherthan0.9forHiguchimodel.HenceitcouldbeinferredthatformulationsF5andF6followedfirstorder releasekineticsalongwithFickiandiffusionmechanism.Asforall theformulations,whenKorsmeyer-Peppasequations wereplotted,theobtainedregressionvalueswerelessthan0.9.Henceitwasinferredthatthereleasekineticsfollowedfirstorder releasekineticsandnon-

Fickiandiffusionmechanisms.However,fortheformulationsF5andF6onlythefirstorderkineticscouldbeconfirmed.ThesetwoformulationscorrelatesbothHiguchiandKorsmeyerPeppasmodelsandhencetheirdiffusionmechanisms(Fickianornon-Fickian)cannotbeestimated.

Conclusion

Basedontheliteraturereview,PLGAwasusedfortheformulationandevaluationofcontrolled release atorvastatinin situgelstoseethefeasibilityofintrapocket-controlleddelivery,forthetreatmentofperiodontitis.Drug-excipientcompatibilitystudieswereperformedandbasedontheresultswithFTIRspectroscopy,itwasevidentthattheselectedpolymerwascompatiblewithatorvastatinandhencecontinuedforformulationandevaluationstudies.A total of six formulationswerepreparedandtheirphysicochemical evaluationssuchasvisualappearance,pH,sol-geltransitiontemperatures,gellingtime,spreadabilityandsyringeability,viscositiesweredetermined.Also,the drug releasekineticsandtheirmechanismswerestudiedusingzeroorder,firstorder,Higuchi,KorsmeyerandPeppasmodels.Itwas identifiedthatalltheformulationsshowedgoodphysicalappearancebyformingclearsolutionswhenprepared.The pHofalltheformulationswereinbetween5.9to6.1indicatingthattheywereslightlyacidictoneutralandcouldbeadministered totheoralcavity.Basedongellingproperties,spreadability and syringeability andviscosityprofiles, the formulationF4showedbetterprofilecomparedtotherestoftheformulations.InvitrodrugreleasestudiesrevealedthattheformulationsfollowedfirstorderkineticswithnonFickiandiffusionmechanism.Sustainedandprolongedreleasewasachievedfor alltheformulations.FormulationsF5 and F6hadprolongeddrug releaseofupto50days.However,consideringallthe physicochemicalparametersandin vitoreleaseprofilesintoaccounttheoptimizedformulationswasconsidered to beF4.Thisformulationisfurtherproposedtobe consideredforin vivostudies.

ACKNOWLEDGEMENTS

The authors are thankful to Gate Institute of Pharmaceutical Sciences, Telangana for providing the lab support in successful completion of this research work.

References

1. Periodontitis A Review. Periodontitis- A Review. Med clin rev [Internet]. 2017;03(03). Available from: <http://dx.doi.org/10.21767/2471-299x.1000056>.
2. Kinane DF, Stathopoulou PG, Papapanou PN. Periodontal diseases. Nat Rev Dis Primers [Internet]. 2017;3(1). Available from: <http://dx.doi.org/10.1038/nrdp.2017.38>.
3. Roca-Millan E, González-Navarro B, Izquierdo-Gómez K, Marí-Roig A, Jané-Salas E, López-López J, et al. The application of statins in the regeneration of bone defects. Systematic review and meta-analysis. Materials (Basel). 2019;12(18):2992.
4. Shah AR, Werlang CA, Kasper FK, Mikos AG. Novel applications of statins for bone regeneration. Natlsci rev. 2015;2:85–99.
5. Bertl K, Parllaku A, Pandis N, Buhlin K, Klinge B, Stavropoulos A. The effect of local and systemic statin use as an adjunct to non-surgical and surgical periodontal therapy—A systematic review and meta-analysis. J Dent. 2017;67:18–28.
6. Petit C, Batool F, Bugueno IM, Schwinté P, Benkirane-Jessel N, Huck O. Contribution of statins towards periodontal treatment: A review. Mediators Inflamm. 2019;2019:6367402.
7. Rothe R, Hauser S, Neuber C, Laube M, Schulze S, Rammelt S, et al. Adjuvant drug-assisted bone healing: Advances and challenges in drug delivery approaches. Pharmaceutics. 2020;12(5):428.
8. Steinman NY, Bentolila NY, Domb AJ. Effect of molecular weight on gelling and viscoelastic properties of poly(caprolactone)-b-poly(ethylene glycol)-b-poly(caprolactone) (PCL-PEG-PCL) hydrogels. Polymers (Basel). 2020;12(10):2372.
9. Segall AI. Preformulation: The use of FTIR in compatibility studies. Segall, Adriana Ines; Preformulation: The use of FTIR in compatibility studies; South Asian Academic Publications; Journal of Innovations in Applied Pharmaceutical Science. 2019;4:7.
10. Guarino V, Gentile G, Sorrentino L, Ambrosio L. Polycaprolactone: Synthesis, properties, and applications: Polycaprolactone: Synthesis, properties, and applications. In: Encyclopedia of Polymer Science and Technology. Hoboken, NJ, USA: John Wiley & Sons, Inc.; 2017. p. 1–36.
11. Mettler-Toledo International Inc. all rights reserved. pH Theory Guide [Internet]. www.mt.com. 2021 [cited 2021 Oct 26]. Available from: <https://www.mt.com/in/en/home/library/guides/process-analytics/ph-measurement-guide.html>.
12. Medina-Esquivel R, Freile-Pelegrin Y, Quintana-Owen P, Yáñez-Limón JM, Alvarado-Gil JJ. Measurement of the sol–gel transition temperature in agar. Int J Thermophys. 2008;29(6):2036–45.
13. Peng Y, Via B. The effect of cellulose nanocrystal suspension treatment on suspension viscosity and casted film property. Polymers (Basel) [Internet]. 2021;13(13). Available from: <http://dx.doi.org/10.3390/polym13132168>.
14. Inayathulla, Goudanavar P, Ali M, Din Wani SUD, Sreeharsha N. Formulation and evaluation of in-situ gel containing Linezolid in the treatment of periodontitis. Int j appl pharm. 2021;79–86.
15. BruschiML (2015). Strategies to modify drug release from pharmaceutical systems. Mathematical models of drug release. Elsevier; 2015. 2: 63-86 47.