

Technical Information

Ibuprofen 25, 38, 50, 70 Ibuprofen DC 85 W Racemic Ibuprofen Lysinate Ibuprofen Sodium Dihydrate





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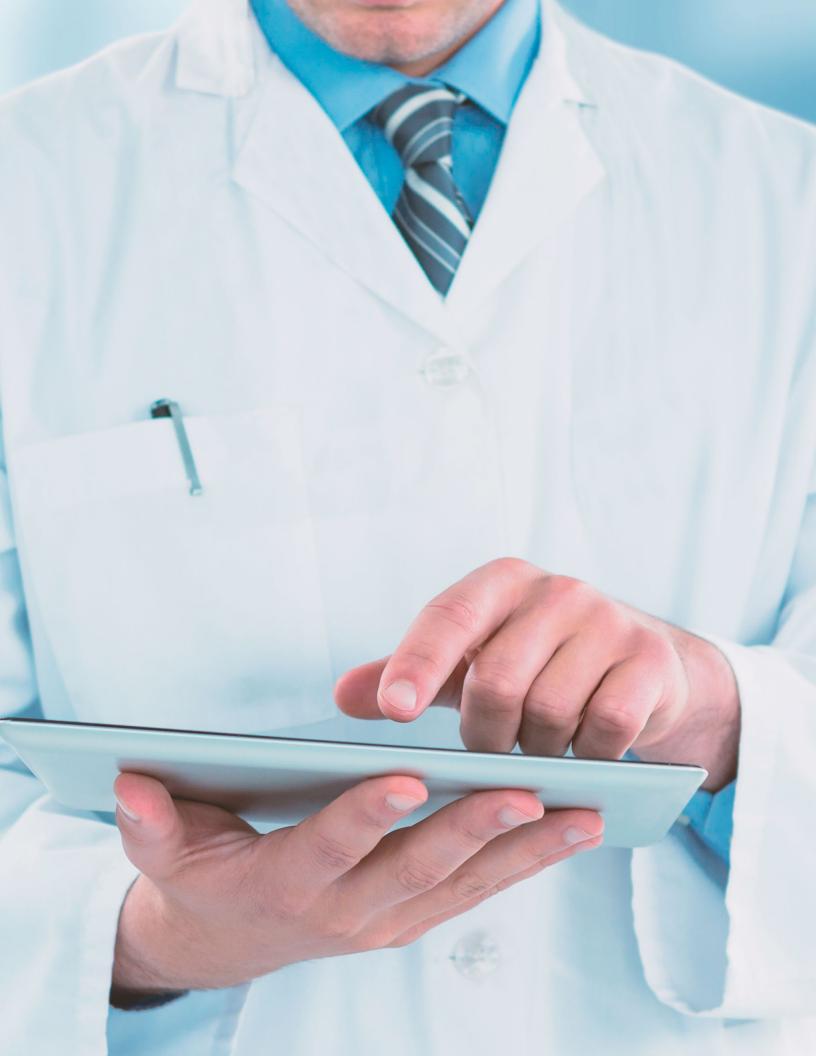
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WE OFFER
A WIDE PORTFOLIO
CONSISTING OF FOUR
POWDER GRADES, A
DIRECT COMPRESSIBLE GRADE, AND TWO
FAST-ACTING GRADES.



Introduction



Medical indication

Ibuprofen is a chiral propionic acid derivative belonging to the class of non-steroidal anti-inflammatory drugs (NSAIDs).

Due to its analgesic, antipyretic and anti-inflammatory actions, it is used in the treatment of inflammatory conditions such as rheumatoid arthritis, osteoarthritis, mild to moderate pain, dysmenorrhea, headache, and fever.¹

The common active ingredient dosage in tablets is 200, 400, 600 and 800 mg. The OTC dosage forms are mainly the 200 and 400 mg forms (except for the United States and some other countries, where the 200 mg form is the only OTC form). Other common dosage forms are capsules, syrups, suspensions, suppositories, and topical dosage forms like creams and gels.



Pharmacokinetics

Orally administered ibuprofen is absorbed rapidly in the GI tract.² After a single oral dose on an empty stomach, peak plasma levels are reached within 45 to 90 minutes and the apparent plasma volume of distribution is reported to be between 0.1 to 0.2 l/kg.³⁻⁵

Ibuprofen has an extensive protein binding capacity (>98%)⁶⁻⁷ and is excreted via the kidneys. The biological half-life is between 2 and 4 hours.² After 24 h, 100% of the active substance is excreted in the urine.⁸







Pharmacology

The mode of action of ibuprofen, while not completely understood, is believed to involve the reversible inhibition of the enzyme cyclooxygenase (COX) which is responsible for the biosynthesis of prostaglandins (PGs) from arachidonic acid in the cellular membrane.⁹

Prostaglandins are distributed in the various tissues and have, among other properties, a powerful effect on the smooth muscles. In case of an inflammatory stimulus or blood flow disturbances, PGs are synthesized in increased amounts and sensitize the tissues to the action of other agents such as histamine and kinins. As a result, symptoms such as pain and inflammation appear. Fever occurs by the influence of the PGs on the heat regulation center in the hypothalamus. There they raise the normal body temperature of 37 °C.¹⁰

References

- ¹ U.S. Food & Drug Administration "Ibuprofen Drug Facts Label" Revised 6 April 2016.
- ² Davies, N. M., "Clinical Pharmacokinetics of Ibuprofen," Clinical Pharmacokinetics, 34:101-154, 1998.
- ³ Gillespie, W. R. et al., "Relative Bioavailability of Commercially Available Ibuprofen Oral Dosage Forms in Humans," Journal of Pharmaceutical Sciences, 71:1034-1038, 1982.
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- 9 Neupert, W. et al., "Effects of Ibuprofen Enantiomers and Its Coenzyme a Thioester on Human Prostaglandin Endoperoxide Synthases," British Journal of Pharmacology, 122:487-92, 1997.
- ¹⁰ Ricciotti, E. and G. A. FitzGerald, "Prostaglandins and Inflammation," Arteriosclerosis Thrombosis, and Vascular Biology, 31(5): 986-1000, 2011.

Ibuprofen

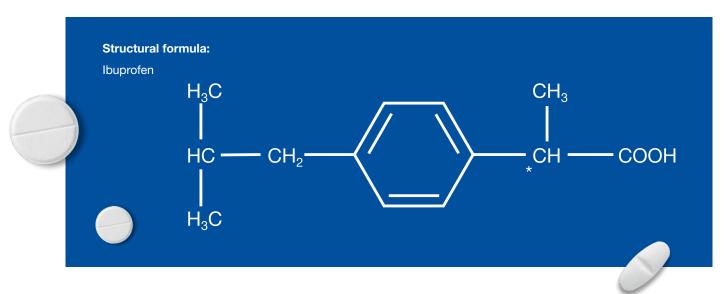
Chemical information

Ibuprofen

| Chemical name | (2RS)-2[4-(2-Methylpropyl)phenyl]propanoic acid | | |
|-------------------|---|--|--|
| CAS number | 15687-27-1 | | |
| EINECS number | 239-784-6 | | |
| Molecular formula | $C_{13}H_{18}O_2$ | | |
| Molecular weight | 206.28 g/mol | | |
| Product grades | BASF offers 4 grades based on different particle size distributions (see particle characterization). Furthermore, a direct compressible grade is offered: Ibuprofen DC 85 W, the composition of which can be found in chemical and physical properties section below. | | |
| Synonyms | (±)-2-[4-(2-methylpropyl)phenyl]propanoic acid; (±)-Benzeneacetic acid, alpha-methyl-4-(2-methylpropyl); (±)-p-Isobutylhydratropic acid; (±)-2-p-Isobutylphenylpropionic acid | | |
| Regulatory status | Ibuprofen meets the current Ph. Eur., USP, JP and IP monographs. DMFs and CEP are available upon request. | | |

Ibuprofen is the racemate of (+)-Ibuprofen and (-)-Ibuprofen (optical rotation = 0°). According to the literature, the pharmacologically active form is (+)-Ibuprofen.*

Approximately 30 to 70% of the (-)-Ibuprofen is converted to the active form (+)-Ibuprofen in the body. This process proceeds solely from the (-)- form to the (+)- form.



Chemical and physical properties

Ibuprofen grades 25, 38, 50, 70

Crystalline powder **Appearance** Color White Characteristic Odor 75-78 °C **Melting range**

Solubility in phosphate buffer pH 7.2 (37 °C)

5.2 mg/ml

Partition coefficient n-octanol/water

3.3

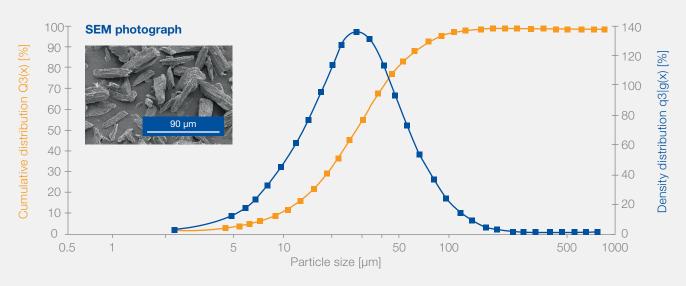
The chemical parameters of all pure ibuprofen powder grades are identical. The only difference is the particle size distribution (see particle characteristics).





Particle characterization

Ibuprofen 25 Particle Size Distribution

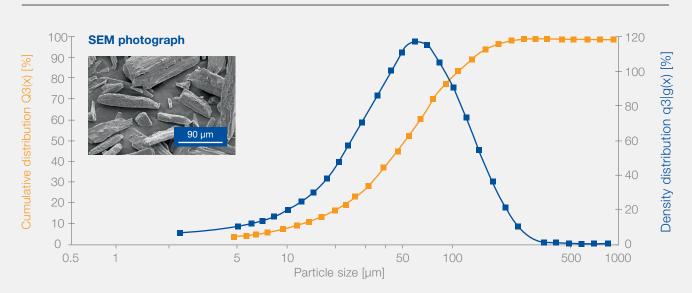


An example of the particle size distribution, as determined by laser diffraction using a dry powder morphology, is given in the diagram above. The median particle size for Ibuprofen 25 is between 20 μ m and 33 μ m.

Bulk density
Tapped density

Approximately 0.30 g/ml. Approximately 0.48 g/ml.

Ibuprofen 50 Particle Size Distribution

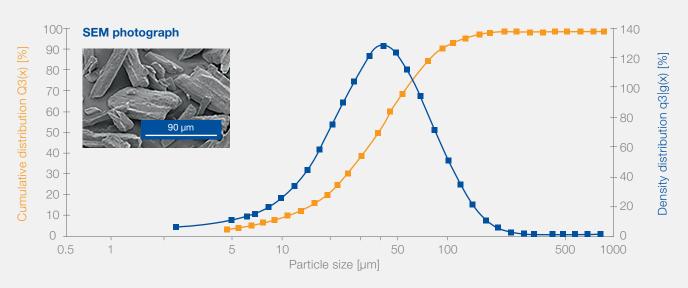


An example of the particle size distribution, as determined by laser diffraction using a dry powder morphology, is given in the diagram above. The median particle size for Ibuprofen 50 is between 45 μ m and 60 μ m.

Bulk density
Tapped density

Approximately 0.34 g/ml. Approximately 0.60 g/ml.

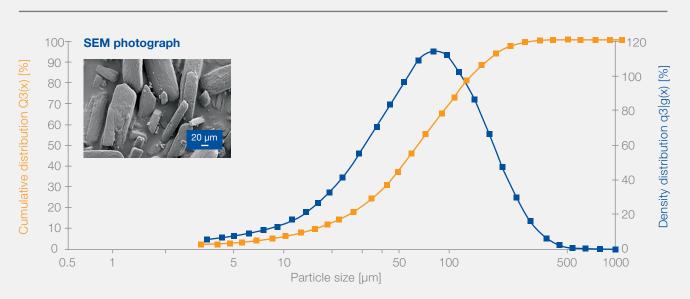
Ibuprofen 38 Particle Size Distribution



An example of the particle size distribution, as determined by laser diffraction using a dry powder morphology, is given in the diagram above. The median particle size for Ibuprofen 38 is between 33 μm and 45 μm.

Bulk density Tapped density Approximately 0.33 g/ml. Approximately 0.60 g/ml.

Ibuprofen 70 Particle Size Distribution



An example of the particle size distribution, as determined by laser diffraction using a dry powder morphology, is given in the diagram above. The median particle size for Ibuprofen 70 is between 60 μm and 85 μm.

Bulk density

Approximately 0.38 g/ml. **Tapped density** Approximately 0.68 g/ml.

Ibuprofen DC 85 W

Appearance Granules, free flowing, homogeneous material

Color White

Assay 82–88%

The ibuprofen used to manufacture Ibuprofen DC 85 W meets the current Ph. Eur., USP, JP and IP monographs. A Technical Package and a US-DMF are available upon request.

Particle Size Distribution

Sieve analysis

Min. 15% retained on 0.850 mm sieve

Min. 45% retained on 0.640 mm sieve

Bulk density Approximately 0.55 g/ml.

Tapped density Approximately 0.64 g/ml.

Angle of repose 33°

SEM photograph



Typical composition

| Ibuprofen 50 | 84.66-85.34% |
|----------------------------|--------------|
| Microcrystalline Cellulose | 6.59–6.67% |
| Colloidal Silicon Dioxide | 5.34–5.52% |
| Croscarmellose Sodium | 2.86–3.02% |



Recommendation for direct compression

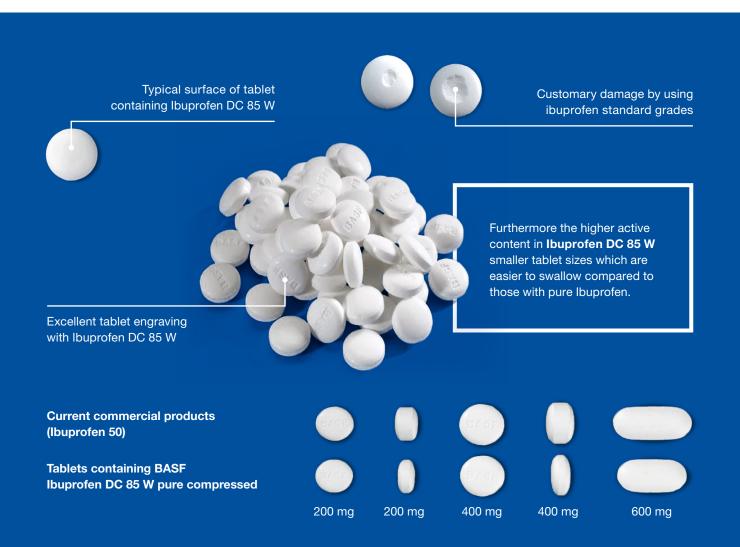
Today the manufacturing of ibuprofen tablets is often done by direct compression. Using this method, the expensive and time-consuming wet granulation method can be avoided. But in general, ibuprofen has the disadvantage of sticking on the tablet tools so that the process must be interrupted often.

Therefore, direct compression formulations with a high content of ibuprofen per tablet are often avoided. Mostly tablets with an ibuprofen content of maximum 60% are compressed.

BASF offers a formulated ibuprofen product ideal for direct compression: Ibuprofen DC 85 W. The direct compression (DC) grade ensures that tablet sticking is minimized and allows for excellent tablet engraving.

Furthermore, Ibuprofen DC 85 W has a lower angle of repose compared to standard grades, resulting in improved flowability.

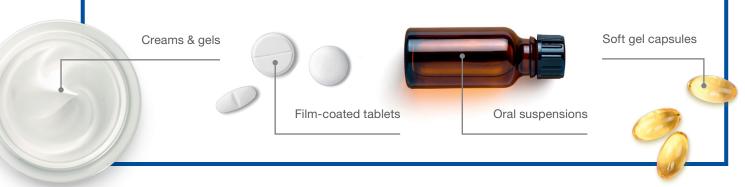




General information on processing of Ibuprofen

Ibuprofen is used mainly in three (3) different dosage forms:

- Oral film-coated tablets showing rapid disintegration and fast release of the active substance. The common strengths are 200, 400, 600 and 800 mg. There are also slow release formulations containing 800 mg of Ibuprofen.
- Oral suspensions which are used mainly for patients who have difficulties swallowing tablets and for pediatric patients.
- Creams and gels for topical application, generally used for treating rheumatic disorders or sports injuries.



Tablets

Recommended grade(s)

Ibuprofen 50, Ibuprofen 70, Ibuprofen DC 85 W (for direct compression)

Formulation guidance

High concentrations of magnesium stearate as a lubricant are not recommended. For direct compression, the ready-to-use Ibuprofen DC 85 W reduces sticking. For a film coating, Kollicoat® IR has a reduced viscosity in aqueous solutions compared to HPMC suspensions, which leads to higher solids content and a faster coating process.

Suspensions

Creams & Gels

Recommended grade(s)

Ibuprofen 25, Ibuprofen 38

Recommended grade(s)

Ibuprofen 25, Ibuprofen 38, Ibuprofen 50, Ibuprofen 70

Formulation guidance

To stabilize against sedimentation, fine particles should be used. The pH of the suspension should be in the acid range so that ibuprofen is undissolved, which will reduce bitter taste if any.

Formulation guidance

Ibuprofen is dissolved in the lipophilic phase of creams, thus there is no impact of particle size. Propylene glycol or low molecular weight polyethylene glycols are recommended as the oily component.

ZoomLab™ – Your Virtual Formulation Assistant



Access example formulations and build your own

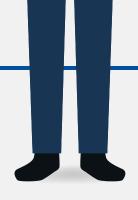
ZoomLab™ Formulation Wizard identifies suitable excipients and calculates potential formulations depending on the selected dosage form, defined target profile, and properties of the active ingredient. Example formulations include creams, tablets, and more!

Evaluate bioequivalence of your final formulation

A WHO biowaiver monograph is available for ibuprofen. The **ZoomLab™** dissolution module can be used to calculate difference and similarity factors (f1, f2) required for showing bioequivalence.

Estimate the processability and tabletability of the API and powder blend

ZoomLab™ provides values for parameters relating to particle size, powder density, flowability, and tabletability. The parameters are scaled from 0 to 10, a risk analysis is run, and an interpretation of results/formulation advice is provided.



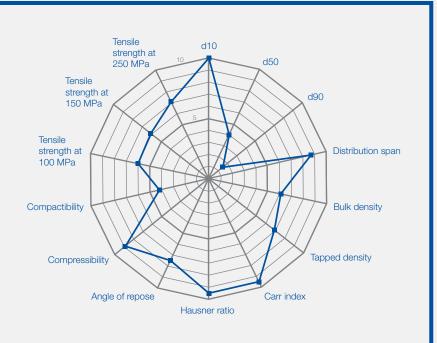
Example: Ibuprofen DC 85 W



Direct compression is possible

Dry granulation (roller compaction) is possible

Wet granulation (fluid-bed or high-shear granulation) is possible



Example formulations

Production of granules for 200, 400, 600 and 800 mg forms

The following ingredients are placed in a high shear mixer and granulated with water:

| Ibuprofen 50 | 60.1% w/w |
|----------------|-----------|
| Lactose | 18% w/w |
| Corn starch | 9% w/w |
| Kollicoat® IR* | 3.6% w/w |

Amount of water: approximately 0.2 kg water per 1 kg ibuprofen. Wet sieving (4 mm) and drying in a fluid bed granulator at 60 °C (inlet air) for approximately 30 minutes and sieved dry (1 mm). The batch is mixed with the following additives to form granules suitable for tableting.

Extra granular material

| Avicel® PH 102 | 3.6% w/w |
|--------------------|----------|
| AcDiSol | 4.8% w/w |
| Magnesium stearate | 0.6% w/w |
| Aerosil® 200 | 0.3% w/w |



Coating formulations for Ibuprofen tablets

| Composition | Fraction with reference to the atomised suspension [%] | Fraction with reference to the dry film [%] |
|-----------------|--|---|
| Polymer | | |
| Kollicoat® IR | 16.0 | 64 |
| Pigments | | |
| Talc | 6.0 | 24 |
| Sicovit® Red 30 | 3.0 | 12 600 |
| Total | 25 | 100 |
| | | |

Large scale processing Materials and methods

| Component | Quantity |
|--|----------|
| Ibuprofen 70 | 78.0% |
| Avicel® PH-105 (microcrystalline cellulose) | 10.4% |
| Aerosil® 200 (fumed silica) | 1.0% |
| DiCaFos® A12 (dicalcium phosphate anhydrous) | 3.6% |
| AcDiSol® SD-711 (croscarmellose sodium) | 4.0% |
| Kolliwax® S Fine (stearic acid) | 1.0% |

- 1. Sieving I (Ibuprofen 70, DiCaFos® A12)
- 2. Blending I (Ibuprofen 70, DiCaFos® A12)
- 3. Sieving II (Avicel® PH-105, Aerosil® 200, AcDiSol® SD-711)
- 4. Blending II (all components without lubricant)
- 5. Sieving III (Kolliwax® S Fine)
- 6. Blending III (all components)



Handling & Safety

Please refer to the individual material safety data sheet (MSDS) for instructions on safe and proper handling and disposal. Material safety data sheets are sent with every consignment. In addition they are available on **MyProduct-World** or from your local BASF sales representative.

Product specification

The current version of the product specification is available on **RegXcellence**® or from your local BASF sales representative.

Regulatory & Quality

Please refer to the individual document quality & regulatory product information (QRPI) which is available on RegXcellence® and from your local sales representative. The QRPI covers all relevant information including retest dates and storage conditions.

Publications

Publications including scientific posters are available on:

http://pharmaceutical.basf.com/en.html



PRD and article numbers

| | | Article numbers | Packaging |
|----------|-------------------|----------------------------------|---|
| PRD-No.* | Product name | 50909135 | 50 kg Fiber drum |
| 30076127 | Ibuprofen 25 | 56929776 | 0.5 kg Plastic bottle |
| 30076128 | Ibuprofen 38 | 54888322 50909188 56929829 | 51.5 kg Fiber drum 50 kg Fiber drum 0.5 kg Plastic bottle |
| 30076166 | Ibuprofen 50 | 50742398 50914488 56929882 | 62.8 kg Fiber drum 50 kg Fiber drum 0.5 kg Plastic bottle |
| | for 70 | 54017960 | 50 kg Fiber drum 0.5 kg Plastic bottle |
| 30487271 | Ibuprofen 70 | 54165459 50192890 50192933 | 50 kg Fiber drum |
| 30526498 | Ibuprofen DC 85 W | | 2 kg Metal pail |

^{*} BASF's commercial product number.

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Racemic Ibuprofen Lysinate (RIBL)

Chemical information

Ibuprofen Lysinate

(±)-2-[4-(2-methylpropyl)phenyl]propanoic acid lysinate

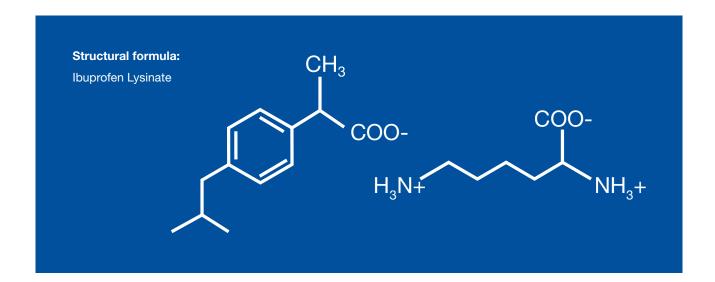
Synonymous names (±)-Benzeneacetic acid, alpha-methyl-4-(2-methylpropyl) lysinate

(±)-p-lsobutylhydratropic acid lysinate

(±)-2-p-Isobutylphenylpropionic acid lysinate

Empirical formula $C_{19}H_{32}N_2O_4$

Molecular weight 352.48 g/mol



Product information

profen Lysinate

30081848



56477527

(sample)

Retest period: See separate documentation: "Q&R PI (not for regulatory purposes)" available at RegXcellence®: info-mypharma.basf.com (registered access).

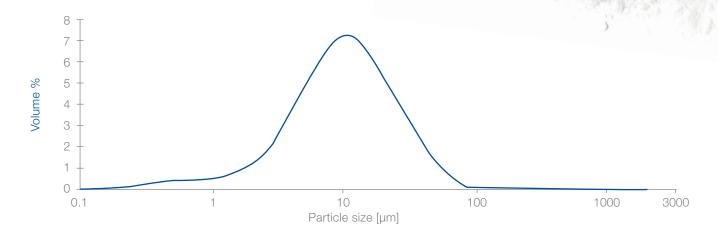
Chemical and physical properties

White to almost white, very fine crystalline powder with a high volume.

In the literature the solubility of Ibuprofen (acid) in distilled water is reported to be less than 0.1%. The solubility of Ibuprofen Lysinate is 1:5, or about 17%.*

Particle characterization

An example particle size distribution is shown below. The median particle size for RIBL is approximately 10 μm .



Regulatory status

Specification

No monographs exist.

E-DMF is available upon request.

See separate documentation: "Standard Specification (not for regulatory purposes)" available via **RegXcellence**®: (registered access)

https://info-mypharma.basf.com/







Medical indication

The term RIBL is the acronym for Racemic Ibuprofen Lysinate. Racemic signifies that the ibuprofen drug substance and the lysine anion are both racemic compounds. RIBL differs from the common ibuprofen acid, generally referred to as ibuprofen, in that it is more rapidly absorbed from the intestinal tract and reaches peak plasma levels and $t_{\rm max}$ more quickly. After absorption, RIBL is available in the form of pure ibuprofen acid and is therefore to be handled like ibuprofen.

Ibuprofen is a chiral propionic acid derivative belonging to the class of non-steroidal anti-inflammatory drugs (NSAIDs). Due to its analgesic, anti-pyretic and anti-inflammatory effects, ibuprofen is used in the treatment of inflammatory conditions such as rheumatoid arthritis, osteoarthritis, mild to moderate pain, dysmenorrhea, headache, and fever.³

For RIBL the usual dosage ranges are tablets containing 340 mg and 680 mg. RIBL has not yet been approved in the USA.



Pharmacokinetics

RIBL is readily and quickly absorbed from the gastrointestinal tract. $^{1-2}$ The peak plasma level of the free acid is reached within 30 to 60 min (with the free acid ibuprofen, t_{max} was measured between 60 and 120 minutes, depending on the dosage form). 1,6 After absorption, there is no difference between RIBL and the free acid.





Pharmacology

From a pharmacological point of view, there is no difference between RIBL and the free ibuprofen acid because it is the free acid and not the RIBL salt that is the active form.

The mode of action of ibuprofen, while not completely understood, is believed to involve reversible inhibition of the cyclooxygenase (COX) enzyme, which is responsible for the biosynthesis of prostaglandins (PGs) from arachidonic acid in the cellular membrane.⁴

Prostaglandins are distributed in the various tissues and have among other properties a powerful effect on the smooth muscles. In case of inflammatory stimuli or blood flow disorders, PGs are synthesized in increased amounts, making the tissues sensitive to the action of other agents such as histamine and kinins. As a result, symptoms like pain and inflammation occur. The incidence of fever is raised by the influence of the PGs on the heat regulation center in the hypothalamus. There they scale up the normal set point of 37 °C.5

References

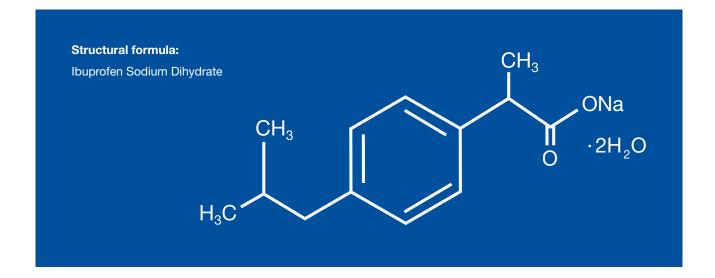
- ¹ Martin, W. et al., "Pharmacokinetics and Absolute Bioavailability of Ibuprofen After Oral Administration of Ibuprofen Lysine in Man," Biopharmaceutics & Drug Disposition, 11(3): 265-278, 1990.
- ² Hermann, T. W. et al., "Bioavailability of Racemic Ibuprofen and its Lysinate from Suppositories in Rabbits," Journal of Pharmaceutical Sciences, 82(11):1102-1111, 1993.
- ³ U.S. Food & Drug Administration "Ibuprofen Drug Facts Label" Revised 6 April 2016.
- ⁴ Neupert, W. et al., "Effects of Ibuprofen Enantiomers and Its Coenzyme a Thioester on Human Prostaglandin Endoperoxide Synthases," British Journal of Pharmacology, 122:487-92, 1997.
- ⁵ Ricciotti, E. and G. A. FitzGerald, "Prostaglandins and Inflammation," Arteriosclerosis Thrombosis, and Vascular Biology, 31(5): 986-1000, 2011.
- ⁶ Davies, N. M., "Clinical Pharmacokinetics of Ibuprofen," Clinical Pharmacokinetics, 34:101-154, 1998.

Ibuprofen Sodium Dihydrate

Chemical information

Ibuprofen Sodium Dihydrate

| Chemical name | 2-(4-isobutylphenyl)-propionate sodium dihydrate |
|-------------------|--|
| CAS-No. | 31121-93-4 |
| Empirical formula | C ₁₃ H ₁₇ O ₂ Na x 2 H ₂ O |
| Molecular weight | 228.26 + 36.03 g/mol |
| Appearance | White to almost-white powder |



Product information

| PRD-No. | Product name | Article no. | Packaging |
|----------|---------------------------------|-------------|-----------------------------------|
| 30260589 | Ibuprofen Sodi- um Dihydrate | 51224063 | 50 kg, 5 kg 0.5 kg (sample) |

Retest period: See separate documentation: "Q&R PI (not for regulatory purposes)" available at RegXcellence®: info-mypharma.basf.com (registered access).



Storage

Ibuprofen Sodium Dihydrate should be stored in the original, tightly sealed container. It should be placed in a well-ventilated room at ambient temperature and protected from light.

The retest period of Ibuprofen Sodium Dihydrate is 60 months for material stored in the original, unopened container and according to our recommendations.

Regulatory status

Currently there are no monographs describing Ibuprofen Sodium Dihydrate in the major Pharmacopoeias (USP, Ph. Eur., and JP).

E-DMF and US-DMF are both available on **RegXcellence**®.

Specification

See separate documentation: "Standard Specification (not for regulatory purposes)" available via **RegXcellence**® (registered access)

https://info-mypharma.basf.com/





Pharmacokinetics

According to the literature, ibuprofen sodium dihydrate dissolves more quickly in vitro and is absorbed into blood plasma more quickly than conventional ibuprofen, whereas tolerability and safety profiles of the two APIs are comparable.³

In an investigation of the dissolution, plasma pharmacokinetics, and safety of ibuprofen sodium dihydrate versus conventional ibuprofen, the following results were reported:³

- Ibuprofen sodium dihydrate dissolved significantly more rapidly at pH 1.2, 3.5 and 7.2 compared to conventional ibuprofen.
- Ibuprofen sodium dihydrate reached the t_{max} significantly earlier than conventional ibuprofen.
- Ibuprofen sodium dihydrate showed significantly higher c_{max} compared to conventional ibuprofen.
- Ibuprofen sodium dihydrate was characterized by significantly higher mean plasma concentration (10 min post-dose) compared to conventional ibuprofen.

 t_{max} is the necessary time until the maximum plasma concentration of a drug is reached; this is relevant for the drug onset. Generally, reaching the t_{max} early is of great advantage for analgesic treatment.

According to the literature, the first signs of pain relief occurred significantly earlier in ibuprofen sodium dihydrate treated patients, and pain intensity was reduced to half after 30 min for ibuprofen sodium dihydrate compared to 57 min for conventional ibuprofen. In summary, ibuprofen sodium dihydrate causes faster and more efficient pain relief during the first hour after oral intake compared to conventional ibuprofen.⁴









Pharmacology

The mode of action is believed to involve the reversible inhibition of the enzyme cyclooxygenase (CO)) which is responsible for the biosynthesis of prostaglandin (PGs) from arachidonic acid in the cellular membrane.¹

Prostaglandins are distributed in the various tissues and have, among other properties, a powerful effect on the smooth muscles. In case of an inflammatory stimulus or blood flow disturbances, PGs are synthesized in increased amounts and sensitize the tissues to the action of other agents such as histamine and kinins. As a result, symptoms such as pain and inflammation appear. Fever occurs by the influence of the PGs on the heat regulation center in the hypothalamus. There they raise the normal body temperature of 37 °C.²

References

- Neupert, W. et al., "Effects of Ibuprofen Enantiomers and Its Coenzyme a Thioester on Human Prostaglandin Endoperoxide Synthases," British Journal of Pharmacology, 122:487-92, 1997.
- ² Ricciotti, E. and G. A. FitzGerald, "Prostaglandins and Inflammation," Arteriosclerosis Thrombosis, and Vascular Biology, 31(5): 986-1000, 2011.
- ³ Soergel, F. et al. "Pharmacokinetics of Ibuprofen Sodium Dihydrate and Gastrointestinal Tolerability of Short-Term Treatment with a Novel, Rapidly Absorbed Formulation," International Journal of Clinical Pharmacology and Therapeutics. 43(3):140-149, 2005.
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