

Formulation, Evaluation & Development of Extended-Release Tablet of Class I Anti-Depressant Drug

Mohammad Shoaib Akthar^{*1}, Rajkumar Devara², P. Aravinda Reddy³

¹Department of Pharmaceutics, Mother Teresa College of Pharmacy, NFC Nagar Ghatkesar, Telangana India- 501301.

²Associate Professor, Mother Teresa College of pharmacy, NFC Nagar Ghatkesar, Telangana India- 501301.

³Principal and Professor, Mother Teresa College of Pharmacy, NFC Nagar Ghatkesar, Telangana India- 501301.

ABSTRACT

This study aimed to develop and assess extended-release tablets of Mirtazapine using various release-retarding polymers to achieve sustained therapeutic effects and enhance patient compliance. A UV-Visible spectrophotometric method was validated for drug quantification in 0.1N HCl and pH 6.8 phosphate buffer, showing excellent linearity over a 2–10 µg/ml range. Pre-compression analysis revealed favorable flow and compressibility characteristics of powder blends. Tablets prepared by direct compression exhibited uniform thickness, suitable hardness, low friability, and consistent drug content within pharmacopeia limits. In vitro dissolution studies demonstrated that drug release was influenced by polymer concentration, with formulation F3 showing the most promising controlled-release profile. FTIR spectroscopy confirmed no significant interactions between Mirtazapine and excipients, ensuring formulation stability. Kinetic modeling indicated that drug release from the optimized formulation followed the Higuchi model, reflecting a diffusion-controlled mechanism, with non-Fickian anomalous transport confirmed by the Peppas model. Carbopol was identified as the most effective release-retarding polymer. The optimized formulation provided sustained Mirtazapine release up to 24 hours, positioning it as a potential once-daily oral dosage form to improve therapeutic outcomes and adherence in depression management.

Keywords: Mirtazapine, extended-release tablets, UV-Visible spectrophotometry, Carbopol, drug release kinetics, Higuchi model, controlled release.

ARTICLE INFO

Corresponding Author

Mohammad Shoaib Akthar
 Department of Pharmaceutics
 Mother Teresa College of Pharmacy
 NFC Nagar Ghatkesar, Telangana India- 501301.

Article History

Received : 28 July 2025
 Revised : 10 Aug 2025
 Accepted : 21 Sept 2025
 Published : 22 Oct 2025

Copyright© 2025 The Contribution will be made Open Access under the terms of the Creative Commons Attribution-NonCommercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0>) which permits use, distribution and reproduction in any medium, provided that the Contribution is properly cited and is not used for commercial purposes.

Citation: Mohammad Shoaib Akthar, *et al*. Formulation, Evaluation & Development of Extended-Release Tablet of Class I Anti-Depressant Drug. A. J. Chem. Pharm. Res., 2025; 13(2): 60-65.

CONTENTS

1. Introduction.60
2. Materials and Methods61
3. Results and Discussion.62
4. Conclusion.65
5. References.65

1. Introduction

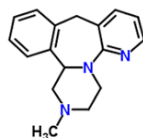


Fig.1: Mirtazapine

Molecular Formula: C₁₇H₁₉N₃

Molecular Weight: 265.35 g/mol

IUPAC Name: 1,2,3,4,10,14b-hexahydro-2-methylpyrazino[2,1a]pyrido[2,3-c]benzazepine

Chem Spider ID: 4039

Density: ~1.22 g/cm³ (predicted)

Boiling Point: ~432.4 °C (predicted)

Vapour Pressure: Not readily available

Flash Point: 9 °C

Refractive Index: Not specified

Polar Surface Area: Not specified

LogP (Octanol/Water): ~3.5 (estimated)

Generic Name: Mirtazapine

Brand Names: Remeron, Avanza, Zispin, Mirtaz, and many others globally

Drug Category: Tetracyclic antidepressant (NaSSA – Noradrenergic and Specific Serotonergic Antidepressant)

Indications: Major depressive disorder, anxiety, insomnia, appetite stimulation

Pharmacology: Blocks α_2 -adrenergic receptors and 5-HT₂/5-HT₃ receptors, enhancing noradrenergic and serotonergic activity

Potency: High affinity for histamine H₁ and serotonin receptors (pKi ~9.3 for H₁)

Tolerability: Generally well-tolerated; sedation and weight gain are common

Contraindications: Hypersensitivity to mirtazapine; caution in hepatic/renal impairment

Adverse Effects: Sedation, increased appetite, weight gain, dry mouth, dizziness

Availability: Widely available in oral tablet and orodispersible forms across many countries

Mechanism of Action:

Mirtazapine acts as a NaSSA (Noradrenergic and Specific Serotonergic Antidepressant). It blocks α_2 -adrenergic autoreceptors, heteroreceptors, increasing norepinephrine and serotonin release. It antagonizes 5-HT₂ and 5-HT₃ receptors, enhancing mood via 5-HT_{1A} pathway. Strong H₁ receptor blockade produces sedation and appetite stimulation. Overall, it improves mood, reduces anxiety, and aids sleep in depression.

2. Materials and Methods

Table 1: List of Materials and Suppliers

S.No	Ingredients	Suppliers
1	Mirtazapine	Supplied By Qulaychrome research labs
2	Carbopol	SD Fine Chemicals, Mumbai
3	HPMC K4M	SD Fine Chemicals, Mumbai
4	HPMC K15M	SD Fine Chemicals, Mumbai
5	PVP K30	SD Fine Chemicals, Mumbai
6	MCC	SD Fine Chemicals, Mumbai
7	Talc	SD Fine Chemicals, Mumbai
8	Magnesium stearate	SD Fine Chemicals, Mumbai

Table 2: List of equipment's and Companies

S.No	Name of the Equipment	Model
1	Electronic weighing balance	Scale-tec
2	Friabilator	Roche Friabilator Electrolab, Mumbai

3	Laboratory oven	Dtc-00r
4	Compression machine	Cmd(Cadmach)
5	Tablet hardness tester	Pfizer Hardness Tester, Mumbai
6	UV	Labindia Uv 3000+
7	Dissolution apparatus	Electrolab TDT-08L
8	Vernier calipers	Cd-6”Cs

I. Analytical Method Development in 0.1N HCL:

Preparation of 0.1 N Hydrochloric Acid (pH 1.2)

8.5 ml of concentrate hydrochloric acid was taken and diluted with distilled water up to 1000 ml.

Determination of λ_{max} of Mirtazapine in 0.1N HCL:

Procedure:

Working standard: 100mg of Mirtazapine was weighed and dissolved in 10ml methanol and then make up to the volume of 100ml with 0.1N HCL it give 1000 μ g/ml concentrated stock solution.

Dilution 1: From the working standard, 10ml solution was diluted to 100ml with 0.1NHcl it will give 100 μ g/ml concentrated solution.

Dilution 2: From the dilution1, 10ml solution was diluted to 100ml with 0.1NHcl it will give 10 μ g/ml concentrated solution. This solutions was scanned at range of 200-400nm wavelength light corresponding scan spectrum curve was noted .the corresponding wavelength having highest absorbance is noted as λ_{max}

Construction of calibration curve of Mirtazapine in 0.1N HCL:

Working standard:

100mg of Mirtazapine was weighed and dissolved in 10ml methanol and then make up to the volume of 100ml with 0.1N HCL it give 1000 μ g/ml concentrated stock solution.

Dilution 1:

From the working standard, 10ml solution was diluted to 100ml with 0.1NHcl it will give 100 μ g/ml concentrated solution.

From dilution 1, take 0.2, 0.4, 0.6, 0.8, and 1ml of solution was diluted up to mark in 10ml volumetric flask to obtain 2, 4, 6, 8 and 10 μ g/ml concentrated solutions. This solutions absorbance was noted at 280nm.

III. Analytical Method Development in 6.8 phosphate buffer: Preparation of 6.8 phosphate buffer:

6.8gms of potassium di hydrogen ortho phosphate was taken in a 1000ml volumetric flask and dissolved with distilled water and make up to 1000 ml with distilled water and adjust pH up to 6.8 with Sodium hydroxide solution.

Determination of λ_{max} of Mirtazapine in 6.8 phosphate buffer::

Working standard: 100mg of Mirtazapine was weighed and dissolved in 10ml methanol and then make up to the volume of 100ml with 6.8 phosphate buffer it give 1000 μ g/ml concentrated stock solution.

Dilution 1: From the working standard, 10ml solution was diluted to 100ml with 6.8 phosphate buffer it will give 100 μ g/ml concentrated solution.

Dilution 2: From the dilution-1, 10ml solution was diluted to 100ml with 6.8 phosphate buffer it will give 10 μ g/ml concentrated solution. This solution was scanned at range of 200-400nm wavelength light corresponding scan

spectrum curve was noted .the corresponding wavelength having highest absorbance is noted as λ_{max} .

Construction of calibration curve of Mirtazapine 6.8 phosphate buffer:

Working standard: 100mg of Mirtazapine was weighed and dissolved in 10ml methanol and then make up to the volume of 100ml with 6.8 phosphate buffer it give 1000 μ g/ml concentrated stock solution.

Dilution 1: From the working standard, 10ml solution was diluted to 100ml with 6.8 phosphate buffer it will give 100 μ g/ml concentrated solution. From dilution 1, take 0.2, 0.4, 0.6, 0.8 and 1ml of solution and was diluted up to mark in 10ml volumetric flask to obtain 2, 4, 6, 8 and 10 μ g/ml concentrated solutions. This solutions absorbance was noted at $\lambda_{max}=270$

II. Formulation of Extended release tablets of Mirtazapine by direct compression method

Processing steps involved in direct compression method:

The matrix tablets were prepared by following the General Methodology as given below:

1. All ingredients (Mirtazapine + MCC + polymer + PVP K30) were weighed accurately and co sifted by passing through #22 sieve, blended in a Poly Bag for 5 min.
2. The above blend were lubricated with # 40 Sieves passed Talc and Magnesium stearate.
3. The final blend was then compressed into tablets using 16 station tablet compression machine with an average hardness of 5.0 - 7.0Kg/cm², by using 8-12mm die.

Table 3: Formulation of mirtazapine SR tablets by direct compression method

Ingredients	F1	F2	F3	F4	F5	F6	F7	F8	F9
Mirtazapine	30	30	30	30	30	30	30	30	30
Carbopol	30	60	90	-	-	-	-	-	-
HPMC K4M	-	-	-	30	60	90	-	-	-
HPMC K15M	-	-	-	-	-	-	30	60	90
PVP K30	10	10	10	10	10	10	10	10	10
MCC	126	96	66	126	96	66	126	96	66
Talc	2	2	2	2	2	2	2	2	2
Mg.stearate	2	2	2	2	2	2	2	2	2
Total Weight(mg)	200	200	200	200	200	200	200	200	200

3. Results and Discussion

Construction of Standard calibration curve of Mirtazapine in 0.1N HCL: The absorbance of the solution was measured at 280nm, using UV spectrometer with 0.1N HCL as blank. The values are shown in table. A graph of absorbance Vs Concentration was plotted which indicated in compliance to Beer’s law in the concentration range 2 to 10 μ g/ml

Construction of Standard calibration curve of Mirtazapine in 6.8 phosphate buffer: The absorbance of the solution was measured at 270nm, using UV spectrometer with 6.8 phosphate buffer as blank. The values shown in table. A graph of absorbance Vs Concentration was plotted which indicated in compliance to Beer’s law in the concentration range 2 to 10 μ g/ml

Table 4: Standard Calibration graph values of Mirtazapine in 0.1N HCL

Con. (μ g/ml)	Absorbance
0	0
2	0.218
4	0.413
6	0.621
8	0.81
10	0.988

Table 5: Standard Calibration graph values of Mirtazapine in 6.8 phosphate buffer

Con.(μ g/ml)	Absorbance
0	0
2	0.191
4	0.372
6	0.558
8	0.744
10	0.948

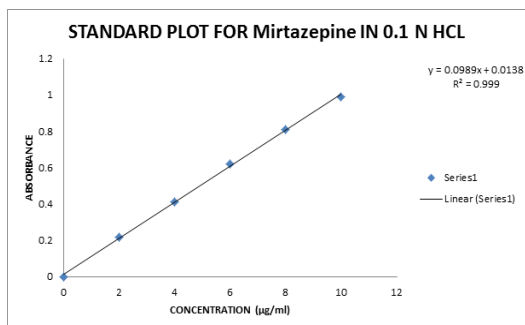


Fig.2: Standard calibration curve of Mirtazapine in 0.1N HCL

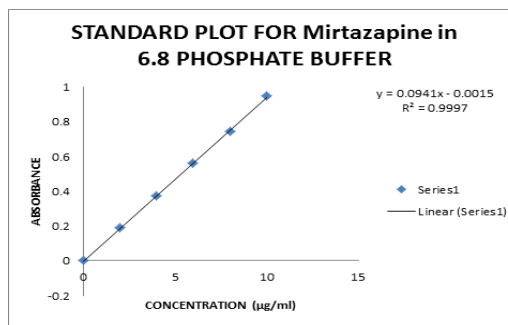


Fig.3: Standard calibration curve of Mirtazapine in 6.8 phosphate buffer

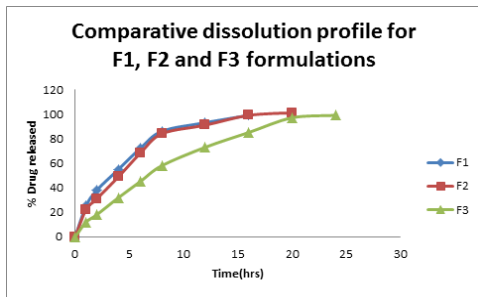


Fig.4: Comparative dissolution profile for F1, F2 and F3 formulations

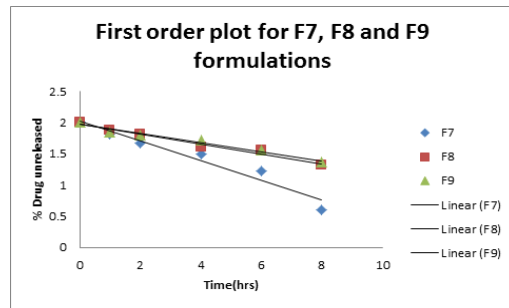


Fig.9: Higuchi plot for F7, F8 and F9 formulations

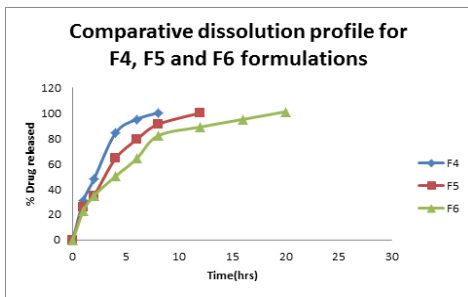


Fig.5: Comparative dissolution profile for F4, F5 and F6 formulations

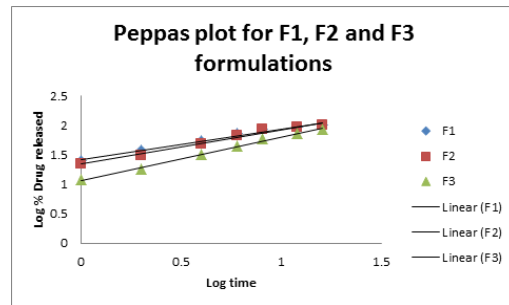


Fig.10: Peppas plot for F1, F2 and F3 formulations

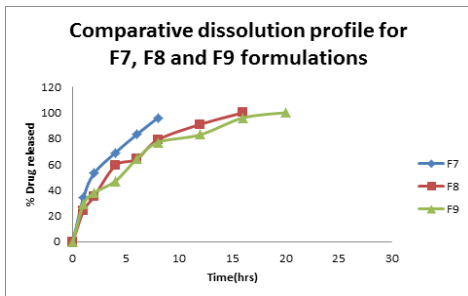


Fig.6: Comparative dissolution profile for F7, F8 and F9 formulations

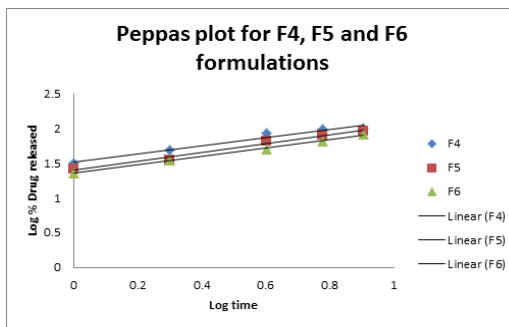


Fig.11: Peppas plot profile F4, F5 and F6 formulations

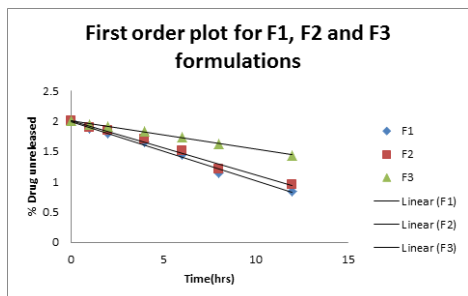


Fig.7: First order plot for F1, F2 and F3 formulations

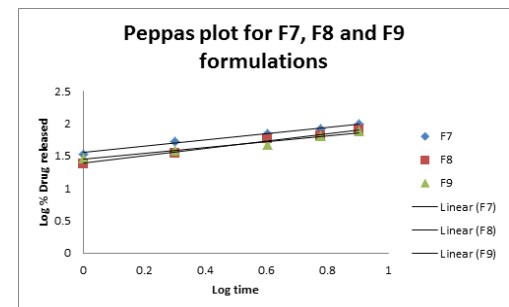


Fig.12: Peppas plot profile for F7, F8 and F9 formulations

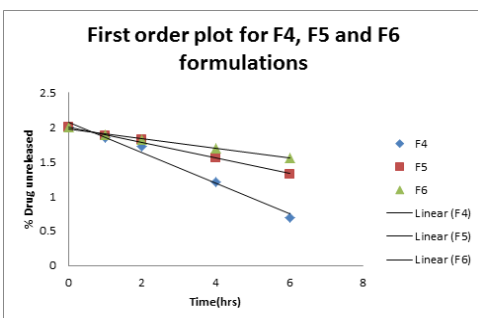


Fig.8: First order plot for F4, F5 and F6 formulations

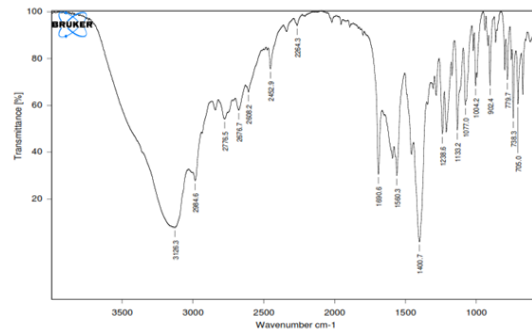


Fig.13: FTIR graph for Mirtazapine

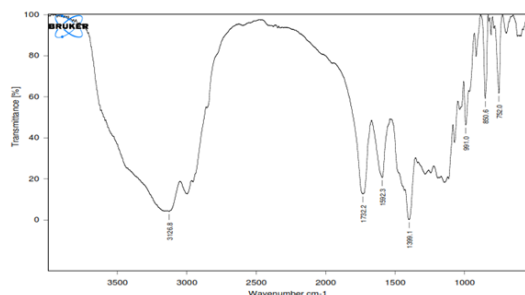


Fig.14: FTIR graph for Carbopol

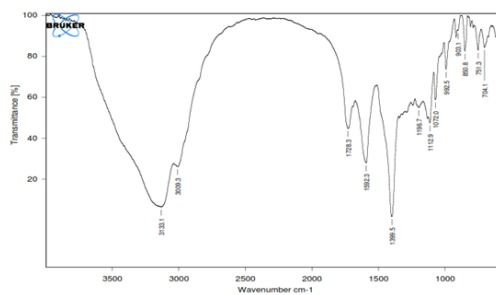


Fig.15: FTIR graph for Best formulation (F3)

Table 6: Pre compression studies of Mirtazapine ER tablets

Formulation Code	Pre compression studies, *n=3				
	Angle of repose (°)	Bulk density (g/cc)	Tapped density (g/cc)	Carr's Index (%)	Hausner's Ratio
F1	22.17±0.15	0.515±0.015	0.522±0.008	13.15±1.04	1.10±0.07
F2	31.11±0.11	0.471±0.011	0.476±0.012	16.23±0.23	1.21±0.11
F3	25.71±0.13	0.505±0.005	0.527±0.015	14.26±0.65	1.15±0.31
F4	23.31±0.13	0.522±0.023	0.519±0.022	12.36±0.26	1.09±0.23
F5	31.11±0.11	0.471±0.011	0.476±0.012	16.23±0.23	1.21±0.11
F6	25.71±0.13	0.505±0.005	0.527±0.015	14.26±0.65	1.15±0.31
F7	23.31±0.13	0.522±0.023	0.519±0.022	12.36±0.26	1.09±0.23
F8	31.11±0.11	0.471±0.011	0.476±0.012	16.23±0.23	1.21±0.11
F9	31.11±0.11	0.471±0.011	0.476±0.012	16.23±0.23	1.21±0.11

Table 7: Post compression studies of Mirtazapine ER tablets

Formulation Code	Post compression studies				
	Weight variation	Thickness (mm)(n=3)	Hardness (kp)(n=3)	*%Friability	%Drug content (n=3)
F1	Pass	5.82±0.34	5.9±0.26	0.59	99.98±0.18
F2	Pass	5.91±0.23	6.2±0.25	0.68	100.21±0.20
F3	Pass	5.84±0.1	6.3±0.21	0.58	99.67±0.12
F4	Pass	5.88±0.1	5.9±0.23	0.59	100.32±0.14
F5	Pass	5.84±0.1	6.3±0.21	0.58	99.67±0.12
F6	Pass	5.91±0.23	6.2±0.25	0.68	100.21±0.20
F7	Pass	5.82±0.34	5.9±0.26	0.59	99.98±0.18
F8	Pass	5.91±0.23	6.2±0.25	0.68	100.21±0.20
F9	Pass	5.84±0.1	6.3±0.21	0.58	99.67±0.12

Table 8: In-vitro Dissolution results for Mirtazapine ER tablets

Time (hrs)	F1	F2	F3	F4	F5	F6	F7	F8	F9
0	0	0	0	0	0	0	0	0	0
1	25	22	12	31	26	23	34	24	29
2	38	31	18	48	35	35	53	35	38
4	55	49	32	84	64	50	69	59	47
6	72	68	45	95	79	64	83	64	64
8	86	84	58	100	91	82	96	79	77
12	93	91	73	-	100	89	-	91	83
16	99	99	85	-	-	95	-	100	96
20	-	101	97	-	-	101	-	-	100
24	-	-	99	-	-	-	-	-	-

Table 9: R² value and n result table

FORMULATION CODE	R ² VALUES				"N" VALUES
	Zero order	First order	Higuchi	PEPPAS	
F1	0.840	0.991	0.976	0.978	0.515
F2	0.832	0.985	0.964	0.979	0.579
F3	0.938	0.996	0.984	0.995	0.737

F4	0.886	0.986	0.976	0.970	0.593
F5	0.883	0.994	0.980	0.985	0.634
F6	0.839	0.987	0.973	0.995	0.592
F7	0.892	0.950	0.996	0.990	0.482
F8	0.872	0.978	0.988	0.986	0.574
F9	0.855	0.971	0.982	0.970	0.457

4. Conclusion

The present study was undertaken to develop and evaluate extended-release tablets of Mirtazapine using different release-retarding polymers. Calibration curve studies in 0.1N HCl (280 nm) and pH 6.8 phosphate buffer (270 nm) confirmed linearity in the range of 2–10 µg/ml with excellent correlation ($R^2 = 0.999$). Pre-compression parameters such as angle of repose, bulk density, tapped density, Carr's index, and Hausner's ratio revealed good flow and compressibility of the powder blends, while post-compression evaluations demonstrated uniform thickness, acceptable hardness, low friability (<1%), and satisfactory drug content (98–102%). In-vitro dissolution studies indicated that release patterns varied with polymer concentration, with formulation F3 showing the most desirable controlled-release profile. FTIR spectra further confirmed drug-excipient compatibility, as the characteristic peaks of Mirtazapine were retained in the optimized formulation. Kinetic modeling revealed that the drug release from F3 followed the Higuchi model, suggesting a diffusion-controlled mechanism, while the Peppas model indicated a non-Fickian anomalous diffusion ($n = 0.737$), involving both diffusion and polymer relaxation. Overall, the results demonstrated that Carbopol had the highest drug release-retarding effect, and F3 provided a sustained release of Mirtazapine up to 24 hours. Thus, the optimized formulation can be considered a potential candidate for once-daily extended-release Mirtazapine tablets, offering consistent therapeutic action, improved patient compliance, and better clinical outcomes in the management of depression.

5. References

- [1] Ramarao, Challa Taraka, and Suvvari Bhagya Laxmi. "Floating Drug Delivery of Sustained Release Anti-depressant Mirtazapine Tablets by Box-Behnken Design: Formulation and Optimization." *Ind. J. Pharm. Edu. Res.* 2024; 58(1): 113-s125.
- [2] Challa, TarakaRamarao, et al. "Mirtazapine Loaded Solid and Liquid Self-Emulsifying Delivery System and Characterization with Neural Network Start (NNS) Modelling." *Palestinian Medical and Pharmaceutical Journal.* 2025; 10(1): 10.
- [3] Croom, Katherine F., Caroline M. Perry, and Greg L. Plosker. "Mirtazapine: a review of its use in major depression and other psychiatric disorders." *CNS drugs.* 2009; 23: 427-452.
- [4] Eissa, Essam M., et al. "pH-sensitive in situ gel of mirtazapine Invasomes for rectal drug delivery: Protruded bioavailability and anti-depressant efficacy." *Pharmaceuticals.* 2017, 8: 978.
- [5] Challa, Taraka Ramarao, et al. "Mirtazapine Loaded Solid and Liquid Self-Emulsifying Delivery System and Characterization with Neural Network Start (NNS) Modelling." *Palestinian Medical and Pharmaceutical Journal.* 2024; 10(1): 71-80.
- [6] Shah, Amjad Ali, Rashna Mirza, and Aqeedat Javed. "Brain Targeting of Mirtazapine Via Transferosome Embedded Thermoresponsive Nasal Gel for Sustained Release and Augmenting Bioavailability." *Bio Nano Science,* 2025; 15(2): 1-19.
- [7] Benjamin, Sophiya, and P. Murali Doraiswamy. "Review of the use of mirtazapine in the treatment of depression." *Expert opinion on pharmacotherapy.* 2011; 12(10): 1623-1632.
- [8] Thase, Michael E., et al. "Remission with mirtazapine and selective serotonin reuptake inhibitors: a meta-analysis of individual patient data from 15 controlled trials of acute phase treatment of major depression." *International clinical psychopharmacology,* 2010; 25(4): 189-198.
- [9] Houlihan, David J. "Serotonin syndrome resulting from coadministration of tramadol, venlafaxine, and mirtazapine." *Annals of Pharmacotherapy.* 2004; 38(3): 411-413.