



REVIEW ON FORMULATION AND EVALUATION OF OCULAR IN SITU GEL

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**ABSTRACT**

In situ gel formulations have emerged as promising vehicles for ocular drug delivery due to their ability to undergo phase transition from liquid to gel upon application, thereby prolonging drug residence time and enhancing bioavailability. This review explores the development, characterization, and clinical applications of in situ gels in ophthalmic treatments, highlighting their advantages over conventional eye drops. Key aspects including formulation strategies, evaluation parameters such as rheology and drug release kinetics, clinical efficacy, and challenges like stability and ocular irritation are discussed. Despite their potential, ongoing research is needed to address existing limitations and optimize these formulations for broader therapeutic use in treating ocular diseases.

**Key Words:** In situ gel, ocular drug delivery, phase transition, bioavailability, rheology, drug release kinetics, clinical applications, stability, ocular irritation.

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**INTRODUCTION**

Ocular drug delivery remains a significant challenge due to the eye's unique anatomy and physiological barriers, such as tear turnover and rapid drug clearance. Conventional eye drops often suffer from low bioavailability and short duration of action. In situ gels have emerged as promising formulations to address these limitations by transitioning from a solution to a gel upon instillation into the eye, thus prolonging drug contact time and enhancing therapeutic efficacy (Smith and Jones, 2017; Patel *et al.*, 2013).

The development of in situ gels involves the use of biocompatible polymers that undergo phase transition in response to factors like pH, temperature, or ion concentration in the ocular environment (Chetoni *et al.*, 2016). These formulations offer several advantages, including improved drug retention, sustained release kinetics, and reduced frequency of administration, which are particularly

beneficial for chronic ocular diseases such as glaucoma and dry eye syndrome.

This review focuses on recent advancements in the formulation and evaluation of ocular in situ gels. It discusses the selection of polymers, formulation strategies, evaluation parameters such as rheological properties and in vitro drug release profiles, and the clinical applications of these novel drug delivery systems. The challenges associated with their development, including stability issues and potential ocular irritation, are also addressed. Overall, in situ gels represent a promising approach to enhance ocular drug delivery, aiming to improve patient compliance and therapeutic outcomes. This review integrates recent research findings and discusses future directions for optimizing these formulations to meet the evolving needs of ocular drug therapy.

### **Review on ocular drug delivery**

Ocular drug delivery remains a formidable challenge due to the unique anatomical and physiological barriers of the eye, such as rapid tear turnover and limited drug permeability across ocular tissues (Patel *et al.*, 2013). Conventional eye drops often suffer from poor bioavailability and short residence time, necessitating the development of advanced drug delivery systems. In situ gels have emerged as promising formulations designed to overcome these limitations by transitioning from a liquid to a gel state upon administration into the eye, thereby prolonging drug contact time and enhancing therapeutic efficacy (Chetoni *et al.*, 2016; Agrahari *et al.*, 2016).

These gels utilize biocompatible polymers such as methylcellulose, hyaluronic acid, and chitosan, which undergo phase transition in response to environmental cues such as pH, temperature, or ion concentration, thus improving drug retention and providing sustained release profiles (Gaudana *et al.*, 2010; Kim and Patton, 1989). The formulation process involves optimizing parameters like polymer concentration and viscosity to achieve desired gelation kinetics and biocompatibility, critical for effective ocular therapy (Das *et al.*, 2019).

Evaluation of in situ gels includes rheological characterization, gelation time determination, *in vitro* drug release studies, and assessment of ocular tolerance to ensure safety and efficacy. Rheological studies assess gel viscosity and elasticity, important for ease of application and patient comfort, while in vitro release studies simulate drug release kinetics within the ocular environment, guiding

formulation optimization (Bourlais *et al.*, 1998; Das *et al.*, 2019).

Clinical applications span various ocular conditions, including the delivery of antibiotics, anti-inflammatories, and anti-glaucoma agents. Challenges such as formulation stability, ocular irritation, and variability in ocular anatomy necessitate continued research efforts to refine these formulations and broaden their therapeutic applicability (Agrahari *et al.*, 2016; Gaudana *et al.*, 2010). In situ gels represent a promising advancement in ocular drug delivery, offering sustained release and improved therapeutic outcomes. Future research should focus on overcoming existing challenges to optimize formulation performance and expand their clinical utility in ocular therapy.

### **Evaluation parameters of in situ gel formulations**

**Rheological Properties:** Rheological studies assess the viscosity, shear-thinning behavior, and gel strength of in situ gels, which are crucial for ease of instillation, retention on the ocular surface, and patient comfort (Bourlais *et al.*, 1998).

**Gelation Time:** The gelation time determines how quickly the liquid formulation transitions to a gel upon contact with the ocular environment. Optimal gelation time ensures adequate residence time and prolonged drug release within the eye (Gaudana *et al.*, 2010).

**In vitro drug release kinetics:** In vitro release studies simulate drug release profiles from the gel matrix under conditions mimicking the ocular environment. These studies help in understanding drug diffusion and release mechanisms, guiding formulation optimization for sustained therapeutic effect (Chetoni *et al.*, 2016).

**Ocular Tolerance Studies:** Assessment of ocular irritation potential and tolerance is crucial to ensure patient safety. These studies evaluate the compatibility of the formulation with ocular tissues and the absence of adverse effects such as irritation or inflammation (Agrahari *et al.*, 2016).

**Bioavailability Studies:** Pharmacokinetic studies assess drug absorption, distribution, metabolism, and excretion following ocular administration of in situ gels. These studies provide insights into drug bioavailability and therapeutic efficacy in vivo (Kim and Patton, 1989).

**Stability Studies:** Stability testing evaluates the physical, chemical, and microbiological stability of in situ gels over time and under various storage conditions. This ensures formulation integrity and efficacy throughout its shelf life (Das *et al.*, 2019).

**Clinical Efficacy and Patient Compliance:** Clinical studies assess the overall efficacy of in situ gels in real-world settings, including patient compliance, ease of use, and therapeutic outcomes for ocular diseases (Patel *et al.*, 2013).

### **Clinical Applications and Challenges of In Situ Gel Formulations**

In situ gel formulations hold promise for a variety of clinical applications in ocular drug delivery, addressing challenges associated with conventional eye drops. These formulations are particularly advantageous in the treatment of chronic ocular conditions such as glaucoma, dry eye syndrome, and ocular infections. By transitioning from a liquid to a gel state upon instillation, in situ gels enhance drug residence time on the ocular surface, improve patient compliance,

and optimize therapeutic outcomes (Agrahari *et al.*, 2016; Chetoni *et al.*, 2016).

### **Clinical applications in ocular drug delivery**

**Glaucoma:** In situ gels offer sustained release of antiglaucoma medications, reducing intraocular pressure and improving treatment adherence compared to conventional eye drops (Patel *et al.*, 2013).

**Dry Eye Syndrome:** These formulations provide prolonged hydration and lubrication to the ocular surface, alleviating symptoms and improving ocular comfort in dry eye patients (Das *et al.*, 2019).

**Ocular Infections:** In situ gels deliver antimicrobial agents effectively to the site of infection, enhancing therapeutic efficacy and minimizing systemic side effects (Gaudana *et al.*, 2010).

### **Challenges in ocular drug delivery**

**Formulation Stability:** Maintaining the physical and chemical stability of in situ gels, especially under varying storage conditions and over extended periods, remains a challenge (Bourlais *et al.*, 1998).

**Ocular Irritation:** Ensuring the biocompatibility and tolerability of in situ gels with ocular tissues is critical to prevent irritation or adverse reactions (Agrahari *et al.*, 2016).

**Variable Ocular Anatomy:** Variations in ocular anatomy and tear dynamics among individuals can affect drug distribution and efficacy, requiring personalized approaches to treatment (Kim and Patton, 1989).

**Regulatory Considerations:** Meeting regulatory requirements for ocular drug delivery systems, including safety and efficacy assessments, adds complexity to the

development and commercialization of in situ gel formulations (Das *et al.*, 2019).

In conclusion, while in situ gel formulations offer significant advantages in ocular drug delivery, addressing these challenges through continued research and innovation is essential to realize their full clinical potential.

## CONCLUSION

In situ gel formulations represent a significant advancement in ocular drug delivery, offering several advantages over traditional eye drops such as prolonged residence time, improved bioavailability, and enhanced patient compliance. These formulations undergo a phase transition from liquid to gel upon application, which helps in sustained drug release and better therapeutic outcomes for ocular diseases like glaucoma, dry eye syndrome, and infections. Despite their promising benefits, challenges such as formulation stability, ocular irritation, variability in ocular anatomy, and regulatory hurdles remain significant. Continued research and development efforts are crucial to address these challenges, optimize formulation performance, and expand the clinical applications of in situ gels in ocular therapy.

## DECLARATION OF INTEREST

The authors declare no conflicts of interests. The authors alone are responsible for the content and writing of this article.

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