

COCRYSTALLIZATION: AN APPROACH TO IMPROVE BIOAVAILABILITY BY ALTERING PHYSICOCHEMICAL PROPERTIES OF POORLY SOLUBLE API'S

Roshan Gyawali*, Sachin Aryal, YuvrajRegmi, S. Rajarajan Department of pharmaceutics, Karnataka College of Pharmacy, Bangalore 560064 India.

ABSTRACT

Biopharmaceutics Classification System (BCS) class II and IV suffer from poor aqueous solubility and hence low oral bioavailability during formulation development. Cocrystallization is one of the latest approach based on crystal engineering and has been used to enhance specific physicochemical parameters like melting point, solubility, dissolution rate, chemical stability and tablet ability of the active pharmaceutical ingredients. Cocrystal is crystalline single state material composed of two or more than two different molecular association systems of active pharmaceutical ingredients (API) with a stoichiometric ratio of pharmaceutically acceptable coformer incorporated within the crystal lattice. Various methods have been used for the preparation of cocrystal such as grinding, solvent evaporation, hot-melt extrusion, spray drying, etc. Currently, cocrystal gained exciting opportunities in the drug discovery and development of new medicine by improving poor physicochemical properties of APIs. There are a huge number of documents, literature available on cocrystal. However, there is a shortage of review on selection of Coformer. In this work, attempts have been made to fill this gap. This review also focuses an overview of pharmaceutical cocrystal and their method of preparation, selection of coformers with improved pharmaceutical application of cocrystal.

Keywords: Cocrystals, Coformers, Poorly Soluble APIs, Crystal Engineering, Solubility Enhancement.

INTRODUCTION

Biopharmaceutics Classification System (BCS) classifies APIs into four major categories based on their stability and permeability habits. BCS class II and class IV drug are having poor solubility characteristics [1]. About 40% of the newly synthesized APIs suffer from the drawback of poor aqueous solubility [2]. Drug with low water solubility usually shows dissolution-limited absorption which ultimately results low bioavailability. The most recent decade estimates that approximately 40 % of currently marketed drugs and up to 75 % of new chemical entities under development are suffering from poor water solubility, thus improving solubility of poorly water soluble active pharmaceutical ingredients (APIs) is a major challenge for research and development scientists [3]. Thus, in modern pharmaceutical development, solubility enhancement texchnologies for poorly water soluble APIs are becoming crucial to improve the bioavailability [4].Nowadays, attention has been paid to cocrystals as alternative solid forms to overcome problems in drug delivery. The example of improved physicochemical parameters of APIs

Address for correspondence:

Roshan Gyawali, Department of pharmaceutics, Karnataka College of Pharmacy, Bangalore 560064 India

e-mail: roshangyawali36@gmail.com

by cocrystallization includes improving in solubility, dissolution, bioavailability, stability and mechanical properties [5].

PHARMACEUTICAL COCRYSTAL

Pharmaceutical cocrystal may be defined as a molecular complex of an API with one or more cocrystal formers in а well-defined stoichiometric through hydrogen bond or other non-covalent interactions, such as hydrogen bonds, π - π stacking, and van der Waals interactions [6]. Cocrystallization is a reliable approach to alter physical and chemical properties of active pharmaceutical ingredients (APIs) such as solubility, dissolution rate, hygroscopicity, melting point, stability and compressibility without modifying their biological activity and empirical structure [7]. Nowadays, cocrystallization have received increasing attention in the pharmaceutical field and been broadly reported in scientific paper [8]. Cocrystals are crystalline single phase solid materials composed of two or more different molecular and/or ionic combinations in a fixed stoichiometric ratio, both of which are solid at room temperature, held together with in crystal lattice through non-covalent interaction [9,10]. One of the components must be an active pharmaceutical ingredient (API) and another Coformer should be a safe compound from

Generally Recognized As Safe (GRAS) list by US-FDA [11].

SOLID STATE ACTIVE

PHARMACEUTICAL INGREDIENTS

Solid Active Pharmaceutical Ingredients (APIs) can exist in two morphological forms: crystalline or amorphous. Crystalline APIs are more preferable than amorphous API due to better stability towards pharmaceutical development [12]. Many times, due to bioavailability or stability issues APIs cannot be formulated in its pure existing form. Thus, they are converted to solid forms such as salts, cocrystals; solvates, hydrates, and polymorphs. Each of them has different characteristics of physicochemical ultimately which impact property, on bioavailability [13]. Crystal engineering's have become one among the foremost effective strategies to modify the physicochemical properties of active pharmaceutical ingredients (APIs). Some examples of utilization of crystal engineering to overcome solubility issues are pharmaceutical polymorphs, cocrystals and salt formation [14].

Crystalline solids are thermodynamically stable and characterized by the presence of threedimensional long-range order of the molecule. However, amorphous solid are thermodynamically unstable and characterized by the presence of random atomic structure and a short-range order of the molecule, thus solidification in a random manner, structurally similar to the liquid state. Polymorphism is the substances pharmaceutical ability of to crystallize into different crystalline forms, thus they are also known as polymorphs. Hydrates and solvates are multicomponent crystalline solid containing both host molecule and guest molecule within the crystal lattice. The term solvate is used if solvent(s) molecule (solvated organic compound) present within the crystal lattice, while the hydrate is used for the crystal that contain water molecule(s) within the crystal lattice of Active Pharmaceutical Ingredients (APIs) and excipient [15-17].

Salt contains a three component system; an acid, a base, and one or more solvents. The formation of salt is possible by the intermolecular hydrogen bonding due to transfer from the proton between ionizable functional groups (acid, base). Hence salts formation is possible only active pharmaceutical ingredients (APIs) having ionizable moiety in it, for transfer of a proton in the ionic state. The pKa value of the components plays vital role in the transfer of a proton [18.19].

CO-CRYSTALS VERSUS SOLVATES

Cocrystals are multicomponent crystalline solids formed nearly close to solvates or hydrates, except components exist as solids within the crystal lattice at room temperature [20]. Unique differentiation between solvates and cocrystals is made by physical state of the isolated pure components: if one component within the crystals lattice is liquid at room temperature, the crystal are designed as solvates while both components are solids within the crystals lattice at room temperature, the crystals are designed as cocrystals [21].

COCRYSTAL VERSUS SALT

Generally, proton transfer from acid to base distinguishes salt and cocrystals formation [22]. Transfer of the proton depends up on pKa value of the participating component, if no proton transfer occurred favored the formation of cocrystals, if proton transfer completed favored the salt formation 12. Salt formations of active pharmaceutical ingredients (APIs) required presence of at least one ionizable center on chemical structure [23]. Salt formations take place, active pharmaceutical substances (APIs) and mixtures acting as ion counters are greater than 4 (pKa> 4) [24]. There will be no proton transfer, when the difference between pKa value of API and Coformer (ΔpKa) in range of negative values, therefore possibility of cocrystal formation in such case. While formation of salt is observed due to completion of proton transfer at Δp Ka value is greater than 3. When Δp Ka value remains adjacent to that of a base, then the process results as a salt and when it exists adjacent to the acid, then the process results as a cocrystal [19,25].

PREDICTION AND COFORMER SELECTION

APIs when co-crystallize with pharmaceutically accepted co-formers new crystalline forms of the APIs with modified physicochemical properties are obtained. During co-crystallization ionic salts are obtained when proton transfer occurs if not neutral co-crystals with hydrogen bonds obtained [26]. Crystal engineering strategies are applied in the preparation of novel cocrystals by the identification of a potential functional group, which can be utilized in the formation of synthon supramolecular [6]. These are homogeneous phases, which are solids at room temperature and are held together by weak noncovalent interaction, mainly hydrogen bonding [7]. Various approaches for selection of

Coformer were supramolecular synthon approach, Hansen solubility parameter, pKa based model, Cambridge structural database, hydrogen bond calculation and Binary and ternary phase diagrams.

Supramolecular Synthons Approach

E.J. Corey was framed the term "synthon" in 1967, while Desiraju mainly used the term "supramolecular synthons" when describing a series of cocrystals as "structural units within the supramolecule which may be formed or assembled by known or possible intra / intermolecular interactions" [27,28]. "Kinetically defined structural units that ideally express the core features or kernel of a crystal structure, and which encapsulate the essence of the crystal in terms of molecular recognition" known as supramolecular synthons [29]. Supramolecular synthons further classified in to two groups:

i. Supramolecular homosynthons:It is composed of same functional group intermolecular interactions. (e.g. amide-amide or carboxylic acid-carboxylic)

ii. Supramolecular heterosynthons:It is composed of the different functional group intermolecular interactions. (e.g. carboxylic acidpyridine or carboxylic acid-amide) [30].

Hansen solubility parameter (HSP)

By using HSP, the prediction of miscibility of drug and suitable coformer can be made during cocrystal formation. It has been used in pharmaceutical science to predict the miscibility of drug with carriers or with excipients in solid dispersion [31]. From chemical structures using the Van Krevelen method Hansen solubility parameters were calculated to determine solubility parameters for polymeric excipients the weight average molecular weight were used. Further HSP was divided into three different partial parameters of solubility: dispersion (δd), polar (δp) and hydrogen bonding (δh) [32]. The estimation of miscibility between drug and suitable Coformer were determined based on and Hansen solubility parameters. Drug Coformers are considering to be miscible when the difference solubility parameters are within certain limit, i.e. $\Delta\delta - \leq 5$ MP0.5 or $\Delta\delta t <$ 7MP0.5. Miscibility of two molecules at molecular level is possible only when the difference in Hansen solubility parameter being less than 7 MP0.5 [33].

Cambridge structural database

Cambridge Structural Database (CSD) is a database containing small molecules crystal structure displayed as a measurement of the

strength of a certain class of intermolecular arrangements involving strong hydrogen-bonded bimolecular ring patterns [29]. During the synthesis of cocrystals, analysis of existing crystal structure is the prime step; Cambridge Structural Database (CSD) provides guidance about statistical analysis of molecular packing design along with empirical information of corresponding common functional groups and how they occupy in molecular association [34]. Besides, novel Coformer are classified through Cambridge structural database with the systematic screening way, by selecting those that are able to form hydrogen bonds in various styles of hydrogen bond with API, which maximizes suitable Coformer finding possibilities [35].

Hydrogen bond

Another approach for selection of Coformer for the solid cocrystal systems is based on pairing of H-bond donor and acceptor [36]. Hydrogen bonds play crucial role during cocrystallization due to their solidity and directionality [37]. Complementary hydrogen bonds among API and Coformers are normally required inside the formation of a cocrystal [33]. The suitable Coformer is predicted on the ability to form reversible or non-covalent interaction with API. Both Coformer and APIs should contain hydrogen bond donor moiety or hydrogen bond acceptor moiety such as ether, ketone, alcohol, ester, carboxylic acid, amide, amine, etc [38].

PKa based model

Formation of cocrystals and salts are frequently predicted by proton transfer between acid and base or by calculation of the $\Delta pKa=$ [pKa (base)–pKa (acid)]. It is generally accepted that transfer of the proton will occur from acid to base if the difference within the pKa values is greater than 3. A smaller ΔpKa value (less than 0) favours the cocrystals formation whereas higher values (more than 3) favor the salt formation. This model is not an exact prediction of the formation of cocrystal and salt between the ΔpKa values 0 and 3 but the probability of formation of salt will increase when the ΔpKa increases [39-41].

Binary and ternary phase diagrams

Ternary phase diagram (TPD) based cocrystal screening has been used to screen suitable Coformer for desired cocrystal systems [42]. Phase diagrams utilized different solid phases that can be formed between API-Coformer combinations. Phase diagrams can be created either from two components (API-coformer) or from three component (API-Coformer-solvent) systems [43]. Generally binary phase diagrams

are constructed with the result outcome from the thermal analysis method 44. The melting point or character of both API and Coformer determines the solid solution/eutectic and cocrystal forming attribute for exploration systems. In general, the eutectic forming binary system adopts V-shaped curve while cocrystals forming systems adopt W-shaped curve [45-47]. Ternary phase diagrams (API-Coformer-solvent) help in deciding the cocrystal arrangements area for a given structure [48,49].

METHOD OF PREPARATION

APIs when co-crystallized with pharmaceutically accepted co-formers to yield neutral cocrystals with hydrogen bonds or ionic salts when a proton transfer occurs, thus new crystalline forms of the APIs with desirable physical and properties obtained chemical are [26]. Preparation of cocrystals via traditional solutionbased high throughput techniques suffers from disadvantages similar to preparation of cocrystals via solution and has low success rates. Screening of cocrystals via slurry and mechanochemical based high throughput screening improve success rates of screening have been reported in most research papers [50].Solid-state and solution-based techniques are two main processes that have been used for the synthesis of co-crystals. Synthesis of cocrystals via solid state techniques used no or very little solvents during the production, while solution-based techniques utilized a large number or excess solvent with subsequent isolation steps. Traditional technique for screening of co-crystals is solvent evaporation [9].The most commonly used techniques for cocrystal synthesis includes slow evaporation and liquid assisted grinding 2. There are several efficient methods of cocrystal preparation, such solvent-assisted grinding, anti-solvent as crystallization, slurry cocrystallization and solvent evaporation approaches [51].



Figure 1: Different methods of preparation of cocrystal

т

Drug	Coformer	Method of preparation	References
		include of preparation	Therefore
Nebivolol hydrochloride	4-hydroxybenzoic acid and nicotinamide	Liquid assisted grinding and solvent evaporation method.	[52]
S-Ibuprofen and RS- Ibuprofen	Nicotinamide	Ball milling, recrystallization from melt blending, and by evaporation from a solution.	[53]
Theophylline	Acesulfame, saccharin	Solvent drop grinding method	[54]
Hesperetin	Picolinic acid,	Solvent drop grinding technique	[55]

able 1	L:	Exam	ple of	some 1	reported	methods	of	preparation
--------	----	------	--------	--------	----------	---------	----	-------------

	nicotinamide, and caffeine		
Isoniazid	Vanillic acid, ferulic acid, caffeic acid, resorcinol	Slurry crystallization	[56]
Mefenamic acid	Nicotinamide	Gas Antisolvent	[57]
Mefenamic acid	Paracetamol	Gas Antisolvent	[58]
Ibuprofen	Isonicotinamide, Mannitol, Xylitol, Soluplus and PVP K15.	Spray drying, Hot melt extrusion	[59]
Ibuprofen	Nicotinamide, soluplus	Hot-melt extrusion	[60]
Myricetin	Isonicotinamide, Caffeine, Nicotinamide, Proline	Solvent evaporation method	[61]
Nateglinide	Benzamide	Solvent evaporation	[62]
Ibrutinib	Saccharin	Solvent evaporation	[63]
Chlorbipram	Fumaric aicd, Gentisic acid and salicylic acid	Slow solvent evaporation method	[64]

STUDIES ON PHYSICOCHEMICAL AND MECHANICAL PROPERTIES OF COCRYSTAL

Pharmaceutical cocrystallization is a reliable method to modify and improve physical and chemical properties of drugs such as solubility, stability, dissolution rate, hygroscopicity and compressibility without changing their pharmacological activity [65]. Therefore, in latest pharmaceutical development, to improve the bioavailability of poorly water-soluble (PWS) drugs candidates' solubility and dissolution rate enhancement technologies are becoming excessively crucial [50].

Melting point

Melting points are a unique identification of drug substances used for the classification and the characterization. They reflect purity, quality, stability and information about formulation strategies. The melting points of crystalline drugs reflect the temperature at which the solid is in equilibrium with its liquid [66]. The melting point is essential properties utilizes in the estimation of vapor pressure, boiling point and aqueous solubility [67]. Differential scanning calorimetry (DSC) and thermal gravimetric analysis (TGA) are most used techniques for determination of melting point [68].

Solubility

The solubility and dissolution rate of drugs are a decisive factor after oral administration for the

rate and extent of absorption. This factor offers key challenges for the discovery and formulation development of effective drugs in the pharmaceutical sector. In the present context more than 60% drugs coming from synthesis and 40% drugs in the pharmaceutical discovery and developments are poorly soluble and face bioavailability problems [69]. Actually, cocrystals are meta-stable solid and easily dissociate into their respective components in solution due to their weak intermolecular interaction between APIs and coformer[70]. Altering physical and chemical properties of poorly water-soluble drugs candidates in order to improve bioavailability through cocrystallization has attracted expanding interest over recent years. Cocrystals improve solubility by a mechanism supposed to be changed lattice and solvation energies due to presence of the coformer. Animal studies observed that improved solubility of cocrystals has influenced higher GI absorption of cocrystals [71].

Tabletability

Ideally, a mixture of several excipients and one or more active pharmaceutical ingredients (APIs) is directly compressed to the specified shape, dimension, weight, and hardness [72]. Tablets are obtained in the tableting process (Die filling, Compression, Decompression, and Ejection.), where the powders are transformed into a dense compact [73]. Among the various properties of

API, the most important one is the Crystallinity, which is directly involved in the compatibility, tablet hardness, lamination, disintegration time, dissolution rate [74].

Stability

Different stability studies like chemical stability, stability, solution thermal stability and photostability should be performed during development of pharmaceutical cocrystals. The stability studies of pharmaceutical products are the vital parameter for pharmaceutical development of new drug as well as new formulations. Stability studies of pharmaceutical products may be expressed as the time during which the pharmaceutical products retain its quality attributes throughout the shelf life [75].

During the developments of pharmaceutical cocrystals different stability studies should be performed like chemical stability, thermal stability, solution stability and photostability [19].

Bioavailability

The solubility determines the therapeutic effectiveness of active pharmaceutical ingredients (API). API, with low aqueous solubility indicates its low bioavailability [36]. Therefore, in modern pharmaceutical development solubility and dissolution rate enhancement technologies for poorly water soluble drug drugs become crucial in order to improve the bioavailability [69].

Cocrystal systems	Implication	Performances	References
Norfloxacin- Isonicotinamide	Solubility	Apparent solubility of norfloxacin with the cocrystal after 72 h, an approximately three fold enhancement in solubility of the cocrystal.	[76]
Indomethacin- Saccharin	Dissolution rate	Cocrystal showed a higher dissolution rate compared with the pure indomethacin.	[77]
Acyclovir-Fumaric acid	Solubility	Improved water solubility compared with pure acyclovir.	[78]
Carbamazepine- Trans-cinnamic acid	Dissolution rate	Cocrystals exhibited faster dissolution rates than pure carbamazepine.	[79]
Caffeine-oxalic acid	Stability	Superior stability at all relative humilities up to 98% relative humidity (RH) for 7 weeks relative to caffeine.	[80]
Adefovir dipivoxil- suberic acid-succinic acid	Stability	Both cocrystals displayed considerably improved thermal stability compared with pure adefovir dipivoxil.	[81]
Simvastatin- nicotinamide	Stability	Found stable for one month, at 40 degree C and relative humidity (RH) 75%.	[82]
Paracetamol- Theophylline	Tabletability	Showed an increase in compressibility than pure Paracetamol.	[83]
Carbamazepine- Nicotinamide,	Tabletability	Both cocrystals systems showed an increase in tensile strength for a given pressure.	[84,85]
Carbamazepine- Saccharin			

 Table 2: Some Reported performances implication of cocrystal systems

Metformin- sodiumsalicylate	Tabletability	Dramatically improved tabletability of Metformin HCL, when co crystallized with sodium salicylate.	[86]
Resveratrol-4- aminobenzamide, Resveratrol- isoniazid	Tabletability	Both cocrystal systems exhibit much improved tabletability than pure Resveratrol.	[87]
Daidzein- isonicotinamide, Daidzein-cytosine, Daidzein- theobromine	Melting point	The DSC thermogram of Daidzein showed a single endotherm at 336 °C, and the cocrystals showed a single endothermic transition at 179.63 °C (Daidzein-isonicotinamide), 291.65 °C (Daidzein-theobromine) and 276.88 °C (Daidzein-cytosine).	[88]
Ferulic acid- Isonicotinamide, Ferulic acid-Urea	Melting point	The DSC thermogram of Ferulic acid showed a single endotherm at 172.8 °C and the cocrystals Ferulic acid-Urea, Ferulic acid-Isonicotinamide showed a endothermic transition at 158.1 °C and 143.9 °C respectively.	[89]

CONCLUSION AND FUTUREPERSPECTIVES

Cocrystallization of poorly water-soluble drugs is one of the novel approach to improve their aqueous solubility. A lot of crystal engendering efforts is directed on synthesis of cocrystal of water-soluble drugs with poorly suitable Coformers. The physicochemical properties of cocrystal like melting point, aqueous solubility and hence their bioavailability depends upon the types of Coformer used. However, at present, Coformers are either chosen based on empirical acknowledge or based on complex procedures requiring detailed investigation and calculation. Therefore, development of a new and fast Coformer screening tool is necessary to screen Coformer suitable for cocrystallization. Furthermore, efforts are also needed to develop a understanding of intermolecular general interactions that influence the cocrystallization by employing supramolecular outcome chemistry and crystal engineering principles. While a rational design of a cocrystal can lead to successful outcome at the а end of cocrystallization, it is equally important to develop a solvent-free cocrystal production method. Additionally, further research effort also needs large-scale production and also needs to focus on stability. At present, very little documented information is available on the aspects related to cocrystal stability. REFERENCES

[1] Duarte A, Ferreira A, Barreiros S, Cabrita E, Reis R, Paiva A. Α comparison between pure active pharmaceutical ingredients and therapeutic deep eutectic solvents: Solubility and permeability studies. European Journal of Pharmaceutics and Biopharmaceutics. 2017;114:296-304.

- [2] Kalepu S, Nekkanti V. Insoluble drug delivery strategies: Review of recent advances and business prospects. Acta Pharmaceutica Sinica B. 2015;5(5):442-453.
- [3] Zhang Y, Yang Z, Zhang S, Zhou X. Synthesis, crystal structure, and solubility analysis of a famotidine cocrystal. Crystals. 2019; 9(7):360.
- [4] Al-Kazemi R, Al-Basarah Y, Nada A. Dissolution enhancement of atorvastatin calcium by cocrystallization. Advanced Pharmaceutical Bulletin. 2019; 9(4):559-570.
- [5] Tomar S, Chakraborti S, Jindal A, Grewal M, Chadha R. Cocrystals of diacerein: Towards the development of improved biopharmaceutical parameters. International Journal of Pharmaceutics. 2020; 574:118942.
- [6] Hiendrawan S, Veriansyah B, Tjandrawinata R. Solid-state properties and solubility studies of novel 24

pharmaceutical cocrystal of itraconazole. International Journal of Applied Pharmaceutics. 2018; 10(5):97.

- [7] Bhalekar M, Pradhan S. Scientific coformer screening, preparation and evaluation of fenofibrate tartaric acid cocrystal. Journal of Drug Delivery and Therapeutics. 2019; 9(4).
- [8] Li J, Wang L, Ye Y, Fu X, Ren Q, Zhang H et al. Improving the solubility of dexlansoprazole by cocrystallization with isonicotinamide. European Journal of Pharmaceutical Sciences. 2016; 85:47-52.
- [9] Gadade D, Pekamwar S. Pharmaceutical cocrystals: Regulatory and strategic aspects, design and development. Advanced Pharmaceutical Bulletin. 2016; 6(4):479-494.
- [10] Pol S, Nawale R, Puranik P, Chalak H, Pol H. Scientific coformer screening, preparation and evaluation of dabigatran etexilate mesylate cocrystal. Asian Journal of Pharmacy and Pharmacology. 2018; 4(6):810-520.
- [11] Kumar S, Thakuria R, Nangia A. Pharmaceutical cocrystals and a nitrate salt of voriconazole. CrystEngComm. 2014; 16(22):4722-4731.
- [12] Rodrigues M, Baptista B, Lopes J, Sarraguça M. Pharmaceutical cocrystallization techniques. Advances and challenges. International Journal of Pharmaceutics. 2018; 547(1-2):404-420.
- [13] Jagtap S, Magdum C, Jadge D, Jagtap R.
 Solubility Enhancement Technique: A
 Review. Journal of Pharmaceutical
 Sciences and Research. 2018;
 10(9):2205-2211.
- [14] Leyssens T, Springuel G, Montis R, Candoni N, Veesler S. Importance of solvent selection for stoichiometrically diverse cocrystal systems: Caffeine/Maleic Acid 1:1 and 2:1 Cocrystals. Crystal Growth & Design. 2012; 12(3):1520-1530.
- [15] Giron D, Mutz M, Garnier S. Solid-state of pharmaceutical compounds. Journal

of Thermal Analysis and Calorimetry. 2004; 77(2):709-747.

- [16] Healy A, Worku Z, Kumar D, Madi A. Pharmaceutical solvates, hydrates and amorphous forms: A special emphasis on cocrystals. Advanced Drug Delivery Reviews. 2017; 117:25-46.
- [17] Braun D, Griesser U. Why do hydrates (solvates) form in small neutral organic molecules? Exploring the crystal form landscapes of the alkaloids brucine and strychnine. Crystal Growth & Design. 2016;16(11):6405-6418.
- [18] Chandramouli Y, Gandhimathi R, Rubia B, Vikram A, Mahitha B, Imroz SM. Review on cocrystal as an approach with newer implications in pharmaceutical field. Int J Med Chem Anal. 2012; 2(2):91–100.
- [19] Kumar S, Nanda A. Pharmaceutical cocrystals: An overview. Indian J Pharm Sci. 2017; 79(6):858–71.
- [20] Malamatari M, Ross S, Douroumis D, Velaga S. Experimental cocrystal screening and solution based scale-up cocrystallization methods. Advanced Drug Delivery Reviews. 2017; 117:162-177.
- [21] Chaudhari S, Nikam S, Khatri N, Wakde S. Co-crystals: A review. Journal of Drug Delivery and Therapeutics. 2018; 8(6-s):350-358.
- [22] Mohamed S, Tocher D, Vickers M, Karamertzanis P, Price S. Salt or cocrystal? A new series of crystal structures formed from simple pyridines and carboxylic acids. Crystal Growth & Design. 2009; 9(6):2881-2889.
- [23] Karan M, Chadha K, Chadha R, Saini A. Cocrystal of caffeine with propionic acid: Preliminary characterization and stability evaluation. J Pharm Res. 2012;5(4):2022–6.
- [24] Sopyan I, N F, HS I, KY N, TW O, Sarah D. A review on solids state of characterization method in pharmaceuticals. International Research Journal of Pharmacy. 2019; 10(1):6-10.

- [25] Sathisaran I, Dalvi S. Engineering cocrystals of poorly water-soluble drugs to enhance dissolution in aqueous medium. Pharmaceutics. 2018; 10(3):108.
- [26] Boksa K, Otte A, Pinal R. Matrixassisted cocrystallization (MAC) simultaneous production and formulation of pharmaceutical cocrystals by hot-melt extrusion. Journal of Pharmaceutical Sciences. 2014; 103(9):2904-2910.
- [27] Corey E. General methods for the construction of complex molecules. Pure and Applied Chemistry. 1967; 14(1):19-38.
- [28] Desiraju G. Supramolecular synthons in crystal engineering—A new organic synthesis. Angewandte Chemie International Edition in English. 1995; 34(21):2311-2327.
- [29] Najar A, Azim Y. Pharmaceutical cocrystals: A new paradigm of crystal engineering. Journal of the Indian Institute of Science. 2014; 94(1).
- [30] Shaikh R, Singh R, Walker G, Croker D.Pharmaceutical cocrystal drug products:An outlook on product development.Trends in Pharmacological Sciences.2018; 39(12):1033-1048.
- [31] Mohammad M, Alhalaweh A, Velaga S. Hansen solubility parameter as a tool to predict cocrystal formation. International Journal of Pharmaceutics. 2011; 407(1-2):63-71.
- [32] Walsh D, Serrano D, Worku Z, Norris B, Healy A. Production of cocrystals in an excipient matrix by spray drying. International Journal of Pharmaceutics. 2018; 536(1):467-477.
- [33] Tsakiridou G, Reppas C, Kuentz M, Kalantzi L. A novel rheological method to assess drug-polymer interactions regarding miscibility and crystallization of drug in amorphous solid dispersions for oral drug delivery. Pharmaceutics. 2019; 11(12):625.
- [34] Vishweshwar P, McMahon J, Bis J, Zaworotko M. Pharmaceutical co-

crystals. Journal of Pharmaceutical Sciences. 2006; 95(3):499-516.

- [35] Karagianni A, Malamatari M, Kachrimanis K. Pharmaceutical cocrystals: New solid phase modification approaches for the formulation of APIs. Pharmaceutics. 2018; 10(1):18.
- [36] Budiman A, Megantara S, Apriliani A. Virtual screening of coformers and solubility test for glibenclamide cocrystallization. National Journal of Physiology, Pharmacy and Pharmacology. 2017; 1.
- [37] Li W, Pi J, Zhang Y, Ma X, Zhang B, Wang S et al. A strategy to improve the oral availability of baicalein: The baicalein-theophylline cocrystal. Fitoterapia. 2018; 129:85-93.
- [38] Siswandi S, Rusdiana T, Levita J. Virtual screening of co-formers for ketoprofen co-crystallization and the molecular properties of the co-crystal. Journal of Applied Pharmaceutical Science. 2015; 078-082.
- [39] Bhogala B, Basavoju S, Nangia A. Tape and layer structures in cocrystals of some di- and tricarboxylic acids with 4, 4'-bipyridines and isonicotinamide. From binary to ternary cocrystals. CrystEngComm. 2005; 7(90):551.
- [40] Childs S, Stahly G, Park A. The salt–cocrystal continuum: The influence of crystal structure on ionization state. molecular pharmaceutics. 2007; 4(3):323-338.
- [41] Kumar S, Nanda A. Pharmaceutical docrystals: An overview. Indian Journal of Pharmaceutical Sciences. 2017; 79(6).
- [42] Croker D, Foreman M, Hogan B, Maguire N, Elcoate C, Hodnett B et al. Understanding theptoluenesulfonamide/triphenylphosphine oxide crystal chemistry: A new 1:1 cocrystal and ternary phase diagram. Crystal Growth & Design. 2011; 12(2):869-875.
- [43] Svoboda V, MacFhionnghaile P, McGinty J, Connor L, Oswald I, Sefcik J. Continuous cocrystallization of

benzoic acid and isonicotinamide by mixing-induced supersaturation: Exploring opportunities between reactive and antisolvent crystallization concepts. Crystal Growth & Design. 2017; 17(4):1902-1909.

- [44] Yamashita H, Hirakura Y, Yuda M, Teramura T, Terada K. Detection of cocrystal formation based on binary phase diagrams using thermal analysis. Pharmaceutical Research. 2012; 30(1):70-80.
- [45] Cherukuvada S, Nangia A. Eutectics as improved pharmaceutical materials: design, properties and characterization. Chem Commun. 2014; 50(8):906-923.
- [46] Yan Y, Chen J, Lu T. Thermodynamics and preliminary pharmaceutical characterization of a melatonin–pimelic acid cocrystal prepared by a melt crystallization method. CrystEngComm. 2015; 17(3):612-620.
- [47] Raheem Thayyil A, Juturu T, Nayak S, Kamath S. Pharmaceutical cocrystallization: Regulatory aspects, design, characterization, and applications. Advanced Pharmaceutical Bulletin. 2020; 10(2):203-212.
- [48] Zhang S, Chen H, Rasmuson Å. Thermodynamics and crystallization of a theophylline–salicylic acid cocrystal. CrystEngComm. 2015; 17(22):4125-4135.
- [49] Sun X, Yin Q, Ding S, Shen Z, Bao Y, Gong J et al. Solid–liquid phase equilibrium and ternary phase diagrams of ibuprofen–nicotinamide cocrystals in ethanol and ethanol/water mixtures at (298.15 and 313.15) K. Journal of Chemical & Engineering Data. 2015; 60(4):1166-1172.
- [50] Nagapudi K, Umanzor E, Masui C. High-throughput screening and scale-up of cocrystals using resonant acoustic mixing. International Journal of Pharmaceutics. 2017; 521(1-2):337-345.
- [51] Cysewski P, Przybyłek M, Ziółkowska D, Mroczyńska K. Exploring the cocrystallization potential of urea and

benzamide. Journal of Molecular Modeling. 2016; 22(5).

- [52] Nikam V, Patil S. Pharmaceutical cocrystals of nebivolol hydrochloride with enhanced solubility. Journal of Crystal Growth. 2020; 534:125488.
- [53] Guerain M, Guinet Y, Correia N, Paccou L, Danède F, Hédoux A. Polymorphism and stability of ibuprofen/nicotinamide cocrystal: The effect of the crystalline synthesis method. International Journal of Pharmaceutics. 2020; 584:119454.
- [54] Aitipamula S, Wong A, Kanaujia P. Evaluating suspension formulations of theophylline cocrystals with artificial sweeteners. Journal of Pharmaceutical Sciences. 2018; 107(2):604-611.
- [55] Chadha K, Karan M, Bhalla Y, Chadha R, Khullar S, Mandal S et al. Cocrystals of hesperetin: Structural, pharmacokinetic, and pharmacodynamic evaluation. Crystal Growth & Design. 2017; 17(5):2386-2405.
- [56] Swapna B, Maddileti D, Nangia A. Cocrystals of the tuberculosis drug isoniazid: Polymorphism, isostructurality, and stability. Crystal Growth & Design. 2014; 14(11):5991-6005.
- [57] Wichianphong N, Charoenchaitrakool M. Statistical optimization for production of mefenamic acid– nicotinamide cocrystals using gas antisolvent (GAS) process. Journal of Industrial and Engineering Chemistry. 2018; 62:375-382.
- [58] Wichianphong N, Charoenchaitrakool M. Application of Box–Behnken design for processing of mefenamic acid– paracetamol cocrystals using gas antisolvent (GAS) process. Journal of CO2 Utilization. 2018; 26:212-220.
- [59] Walsh D, Serrano D, Worku Z, Madi A, O'Connell P, Twamley B et al. Engineering of pharmaceutical cocrystals in an excipient matrix: Spray drying versus hot melt extrusion. International Journal of Pharmaceutics. 2018; 551(1-2):241-256.
- [60] Karimi-Jafari M, Ziaee A, Iqbal J, O'Reilly E, Croker D, Walker G. Impact of polymeric excipient on cocrystal formation via hot-melt extrusion and subsequent downstream processing. International Journal of Pharmaceutics. 2019; 566:745-755.

- [61] Ren S, Liu M, Hong C, Li G, Sun J, Wang J et al. The effects of pH, surfactant, ion concentration, coformer, and molecular arrangement on the solubility behavior of myricetin cocrystals. Acta Pharmaceutica Sinica B. 2019; 9(1):59-73.
- [62] Bruni G, Maggi L, Mustarelli P, Sakaj M, Friuli V, Ferrara C et al. Enhancing pharmaceutical the behavior of nateglinide cocrystallization: bv Physicochemical assessment of cocrystal formation and informed use of differential scanning calorimetry for its quantitative characterization. Journal of Pharmaceutical Sciences. 2019; 108(4):1529-1539.
- [63] Patil S, Ujalambkar V, Mahadik A. Electrospray technology as a probe for cocrystal synthesis: Influence of solvent and coformer structure. Journal of Drug Delivery Science and Technology. 2017; 39:217-222.
- [64] Zhou J, Li L, Zhang H, Xu J, Huang D, Gong N et al. Crystal structures, dissolution and pharmacokinetic study on a novel phosphodiesterase-4 inhibitor chlorbipram cocrystals. International Journal of Pharmaceutics. 2020; 576:118984.
- [65] Nugrahani I, Utami D, Nugraha Y, Uekusa H, Hasianna R, Darusman A. Cocrystal construction between the ethyl ester with parent drug of diclofenac: structural, stability, and antiinflammatory study. Heliyon. 2019; 5(12):e02946.
- [66] Malallah O, Hammond B, Al-Adhami T, Buanz A, Algurshi A, Carswell W et al. Solid-state epimerisation and disproportionation of pilocarpine HCl: Why we need a 5-stage approach to validate melting point measurements for drugs. heat-sensitive International Journal of Pharmaceutics. 2020: 574:118869.
- [67] Loganathan S, Valapa R, Mishra R, Pugazhenthi G, Thomas S. Thermogravimetric Analysis for characterization of nanomaterials. Thermal and Rheological Measurement Techniques for Nanomaterials Characterization. 2017; 67-108.
- [68] Koshy O, Subramanian L, Thomas S. Differential scanning calorimetry in nanoscience and nanotechnology.

Thermal and Rheological Measurement Techniques for Nanomaterials Characterization. 2017; 109-122.

- [69] Panzade P, Shendarkar G, Shaikh S, Balmukund Rathi P. Pharmaceutical cocrystal of piroxicam: Design, formulation and evaluation. Advanced Pharmaceutical Bulletin. 2017; 7(3):399-408.
- [70] Kuminek G, Cao F, Bahia de Oliveira da Rocha A, Gonçalves Cardoso S, Rodríguez-Hornedo N. Cocrystals to facilitate delivery of poorly soluble compounds beyond-rule-of-5. Advanced Drug Delivery Reviews. 2016;101:143-166.
- [71] Emami S, Siahi-Shadbad M, Adibkia K, Barzegar-Jalali M. Recent advances in improving oral drug bioavailability by cocrystals. BioImpacts. 2018; 8(4):305-320.
- [72] Markl D, Strobel A, Schlossnikl R, Bøtker J, Bawuah P, Ridgway C et al. Characterisation of pore structures of pharmaceutical tablets: A review. International Journal of Pharmaceutics. 2018; 538(1-2):188-214.
- [73] Sierra-Vega N, Romañach R, Méndez R. Feed frame: The last processing step before the tablet compaction in pharmaceutical manufacturing. International Journal of Pharmaceutics. 2019; 572:118728.
- [74] Byard S, Jackson S, Smail A, Bauer M, Apperley D. Studies on the crystallinity of a pharmaceutical development drug substance. Journal of Pharmaceutical Sciences. 2005; 94(6):1321-1335.
- [75] Pokharana M, Vaishnav R, Goyal A, Shrivastava A. Stability testing guidelines of pharmaceutical products. Journal of Drug Delivery and Therapeutics. 2018; 8(2).
- [76] Basavoju S, Boström D, Velaga S. Pharmaceutical Cocrystal and Salts of Norfloxacin. Crystal Growth & Design. 2006; 6(12):2699-2708.
- [77] Basavoju S, Boström D, Velaga S. Indomethacin–saccharin cocrystal: Design, synthesis and preliminary pharmaceutical characterization. Pharmaceutical Research. 2007; 25(3):530-541.
- [78] Bruni G, Maietta M, Maggi L, MustarelliP, Ferrara C, Berbenni V et al.Preparation and physicochemical

characterization of acyclovir cocrystals with improved dissolution properties. Journal of Pharmaceutical Sciences. 2013; 102(11):4079-4086.

- [79] Moradiya H, Islam M, Halsey S. Maniruzzaman M, Chowdhry B. Snowden Μ et al. Continuous cocrystallisation of carbamazepine and trans-cinnamic acid via melt extrusion CrystEngComm. processing. 2014; 16(17):3573-3583.
- [80] Patil S, Chaudhari K, Kamble R. Electrospray technique for cocrystallization of phytomolecules. Journal of King Saud University -Science. 2018; 30(1):138-141.
- [81] Jung S, Lee J, Kim I. Structures and physical properties of the cocrystals of adefovir dipivoxil with dicarboxylic acids. Journal of Crystal Growth. 2013; 373:59-63.
- [82] Sopyan I, Fudholi A, Muchtaridi M, Sari I. Simvastatin-nicotinamide co-crystal: Design, preparation and preliminary characterization. Tropical Journal of Pharmaceutical Research. 2017; 16(2):297.
- [83] Karki S, FrisÌŒcÌŒicÌ T, Fábián L, Laity P, Day G, Jones W. Improving mechanical properties of crystalline solids by cocrystal formation: New compressible forms of paracetamol. Advanced Materials. 2009; 21(38â"39):3905-3909.

- [84] Rahman Z, Agarabi C, Zidan A, Khan S, Khan M. Physico-mechanical and stability evaluation of carbamazepine cocrystal with nicotinamide. AAPS PharmSciTech. 2011; 12(2):693-704.
- [85] Rahman Z, Samy R, Sayeed V, Khan M. Physicochemical and mechanical properties of carbamazepine cocrystals with saccharin. Pharmaceutical Development and Technology. 2011; 17(4):457-465.
- [86] Bhatt J, Bahl D, Morris K, Stevens L, Haware R. Structure-mechanics and improved tableting performance of the drug-drug cocrystal metformin:salicylic acid. European Journal of Pharmaceutics and Biopharmaceutics. 2020; 153:23-35.
- [87] Zhou Z, Li W, Sun W, Lu T, Tong H, Sun C et al. Resveratrol cocrystals with enhanced solubility and tabletability. International Journal of Pharmaceutics. 2016; 509(1-2):391-399.
- [88] Bhalla Y, Chadha K, Chadha R, Karan M. Daidzein cocrystals: An opportunity to improve its biopharmaceutical parameters. Heliyon. 2019; 5(11):e02669.
- [89] Aitipamula S, Das S. Cocrystal formulations: A case study of topical formulations consisting of ferulic acid Cocrystals. European Journal of Pharmaceutics and Biopharmaceutics. 2020; 149:95-104.