

RECENT ADVANCES IN LANSOPRAZOLE SUSTAINED-RELEASE TABLET FORMULATIONS AND EVALUATION: A COMPREHENSIVE REVIEW**DUDDAGI SUCHITRA**

Associate Professor, Department of Pharmaceutical Analysis and Quality Assurance, Vision College of Pharmaceutical Sciences and Research, RNS Colony, Boduppal, Hyderabad, Telangana, India - 500 092.

***Corresponding Author**

Dr. Duddagi Suchitra

Article History: Received: 14.02.2026, Revised: 24.03.2026, Accepted: 16.04.2026**ABSTRACT**

Lansoprazole is a proton pump inhibitor (PPI) extensively used in the management of acid-related gastrointestinal disorders, including gastroesophageal reflux disease (GERD), peptic ulcer disease, Zollinger–Ellison syndrome, and *Helicobacter pylori*-associated infections. Despite its therapeutic efficacy, the drug exhibits several formulation challenges, such as acid instability, short plasma half-life, and variable bioavailability. These limitations have prompted extensive research into sustained-release (SR) tablet formulations aimed at prolonging drug release, enhancing gastric protection, improving patient compliance, and maintaining therapeutic plasma concentrations over extended periods. Recent advances in pharmaceutical technology have facilitated the development of innovative sustained-release systems utilizing hydrophilic and hydrophobic polymers, matrix tablets, osmotic delivery systems, multiparticulate formulations, gastro-retentive platforms, and nanotechnology-assisted approaches. These systems have demonstrated significant improvements in drug stability, controlled release behavior, pharmacokinetic performance, and clinical outcomes. Various formulation strategies employ polymers such as hydroxypropyl methylcellulose (HPMC), ethyl cellulose, Eudragit derivatives, carbopol, and sodium alginate to achieve desired release profiles. Comprehensive evaluation techniques including physicochemical characterization, dissolution studies, stability assessments, swelling behavior, kinetic modeling, and *in vivo* investigations are crucial for ensuring formulation quality and performance. This review critically discusses the physicochemical properties of lansoprazole, formulation approaches for sustained-release tablets, recent technological advancements, evaluation methodologies, regulatory considerations, challenges, and future perspectives. The article highlights contemporary research trends and provides a comprehensive overview for researchers and formulation scientists involved in the development of advanced oral controlled-release drug delivery systems.

Keywords: *Lansoprazole; Sustained-release tablets; Proton pump inhibitors; Controlled drug delivery; Gastro-retentive systems; Pharmaceutical formulation.*

This article is licensed under a Creative Commons Attribution-Non-commercial 4.0 International License. Copyright © 2026 Author(s) retains the copyright of this article.

**I. INTRODUCTION**

Proton pump inhibitors (PPIs) represent one of the most successful therapeutic classes used in the treatment of acid-related gastrointestinal disorders. Among these agents, lansoprazole has gained considerable clinical importance owing to its potent and selective inhibition of the gastric H⁺/K⁺-ATPase enzyme system responsible for acid secretion [1].

Lansoprazole is chemically designated as 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridyl] methyl] sulfinyl] benzimidazole. The drug exhibits superior efficacy in suppressing gastric acid secretion and is widely prescribed for gastroesophageal reflux disease (GERD), duodenal ulcers, gastric ulcers, nonsteroidal anti-inflammatory drug (NSAID)-induced ulcers, and Zollinger–Ellison syndrome [2].

Although clinically effective, conventional lansoprazole formulations possess certain limitations. The drug is highly unstable under acidic conditions and undergoes rapid degradation in gastric fluids. Additionally, its elimination half-life ranges from 1–2 hours, necessitating repeated administration to maintain therapeutic concentrations [3]. Consequently, sustained-release (SR) tablet formulations have emerged as promising alternatives to improve therapeutic efficacy and patient adherence.

The development of sustained-release formulations aims to provide prolonged drug release, minimize dosing frequency, reduce fluctuations in plasma drug concentrations, and improve overall treatment outcomes. Advances in polymer science, pharmaceutical engineering, and drug delivery technologies have enabled the design of sophisticated lansoprazole SR systems with enhanced performance characteristics [4].

This review summarizes current advances in sustained-release lansoprazole tablet formulations, formulation strategies, evaluation techniques, challenges, and future opportunities.

2. PHYSICOCHEMICAL AND BIOPHARMACEUTICAL CHARACTERISTICS OF LANSOPRAZOLE

Lansoprazole belongs to the benzimidazole class of proton pump inhibitors and exhibits unique physicochemical properties influencing formulation development.

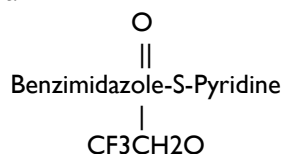


Figure 01: Chemical Structure of Lansoprazole

Figure 01 Simplified representation of the chemical structure of lansoprazole.

The drug is a weak base with pKa values approximately 4.0 and 8.8. It demonstrates poor stability in acidic environments but remains relatively stable under alkaline conditions [5].

Table 01: Physicochemical Properties of Lansoprazole

Property	Description
Molecular formula	C ₁₆ H ₁₄ F ₃ N ₃ O ₂ S
Molecular weight	369.36 g/mol
Appearance	White to brownish-white powder
pKa	4.0 and 8.8
Solubility	Freely soluble in dimethylformamide
Half-life	1–2 h
Bioavailability	80–90%
Protein binding	Approximately 97%

Table 01 illustrates the major physicochemical characteristics affecting formulation design.

Due to its acid-labile nature, formulation scientists often employ enteric coating and controlled-release technologies to protect the drug during gastric transit and optimize systemic absorption [6].

3. Rationale for Sustained-Release Formulation Development

The primary objective of sustained-release systems is to maintain therapeutic drug concentrations over extended periods while minimizing administration frequency.

Advantages include:

- Improved patient compliance
- Reduced dosing frequency
- Enhanced bioavailability
- Reduced plasma concentration fluctuations
- Better therapeutic outcomes
- Decreased adverse effects
- For lansoprazole, sustained-release systems offer additional protection against acidic degradation and facilitate prolonged therapeutic action [7].

4. PRINCIPLES OF SUSTAINED-RELEASE DRUG DELIVERY

Sustained-release systems control drug liberation through various mechanisms:

4.1 Diffusion-Controlled Systems

Drug release occurs through diffusion across a polymeric matrix.

4.2 Dissolution-Controlled Systems

Drug release depends on polymer dissolution rates.

4.3 Swelling-Controlled Systems

Hydrophilic polymers absorb water and swell, regulating drug diffusion.

4.4 Osmotic Systems

Drug release is governed by osmotic pressure gradients.

4.5 Erosion-Controlled Systems

Polymer erosion gradually releases the incorporated drug [8].

5. POLYMERS USED IN LANSOPRAZOLE SUSTAINED-RELEASE TABLETS

Polymers play a critical role in determining release kinetics and formulation stability.

Table 02: Common Polymers Used in Sustained-Release Lansoprazole Tablets

Polymer	Function	Release Mechanism
HPMC K100M	Matrix former	Diffusion/swelling
Ethyl cellulose	Hydrophobic matrix	Diffusion
Carbopol 934P	Bioadhesive polymer	Swelling
Sodium alginate	Gastro-retentive polymer	Gel formation
Eudragit RS/RL	Controlled-release coating	Permeability control
Xanthan gum	Natural polymer	Swelling and erosion

Table 02 summarizes major polymers used in sustained-release lansoprazole formulations.

Hydrophilic polymers such as HPMC remain the most widely investigated owing to their safety, reproducibility, and robust release control properties [9].

6. MATRIX-BASED SUSTAINED-RELEASE TABLETS

Matrix tablets are among the most extensively studied sustained-release dosage forms.

The drug is dispersed within a polymer matrix and released through diffusion and polymer swelling mechanisms.

Advantages

- Simple manufacturing
- Cost effectiveness
- Excellent scalability
- Reproducible drug release

Several investigations have demonstrated that HPMC-based matrix systems can sustain lansoprazole release for 12–24 hours [10].

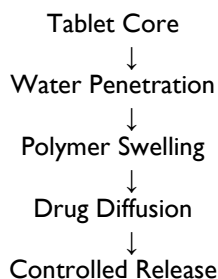


Figure 02: General mechanism of sustained drug release from hydrophilic matrix tablets.

7. GASTRO-RETENTIVE SUSTAINED-RELEASE SYSTEMS

Gastro-retentive systems prolong gastric residence time and improve drug availability.

Major approaches include:

7.1 Floating Tablets

Floating formulations possess densities lower than gastric fluids, allowing prolonged gastric retention.

7.2 Bioadhesive Tablets

These systems adhere to gastric mucosa and resist gastric emptying.

7.3 Expandable Systems

Upon hydration, tablet dimensions increase and remain in the stomach for extended periods.

Studies indicate that gastro-retentive systems significantly improve therapeutic efficacy in acid-related disorders [11].

8. MULTIPARTICULATE SUSTAINED-RELEASE SYSTEMS

Multiparticulate systems consist of pellets, granules, or mini-tablets enclosed within capsules or compressed into tablets.

Benefits include:

- Reduced dose dumping
- Uniform GI distribution
- Improved reproducibility
- Reduced local irritation

Lansoprazole-loaded pellets coated with Eudragit polymers have demonstrated controlled release profiles extending beyond 12 hours [12].

9. OSMOTIC SUSTAINED-RELEASE TABLETS

Osmotic delivery systems represent advanced controlled-release technologies.

Drug release occurs through osmotic pressure generated inside the tablet.

Advantages

- Predictable release
- pH-independent performance
- Minimal food effects
- Improved reproducibility

Research suggests osmotic systems can achieve near zero-order release kinetics for lansoprazole [13].

10. NOVEL NANOTECHNOLOGY-BASED APPROACHES

Nanotechnology has transformed oral drug delivery.

Emerging systems include:

10.1 Polymeric Nanoparticles

Enhance drug stability and controlled release.

10.2 Solid Lipid Nanoparticles

Improve oral bioavailability.

10.3 Nanostructured Lipid Carriers

Increase drug loading capacity.

10.4 Nanocomposite Tablets

Integrate nanoparticles into matrix tablets for dual release control [14].

These systems show promising potential for future commercialization.

11. EVALUATION PARAMETERS OF SUSTAINED-RELEASE LANSOPRAZOLE TABLETS

Comprehensive evaluation ensures formulation quality and performance.

Table 03: Evaluation Parameters for Sustained-Release Lansoprazole Tablets

Parameter	Purpose
Weight variation	Uniformity assessment
Hardness	Mechanical strength
Friability	Physical durability
Drug content	Dose uniformity
Swelling index	Hydration behavior
Floating lag time	Gastro-retention assessment
Dissolution studies	Release characterization
Stability studies	Shelf-life prediction

Table 03 presents critical evaluation tests performed during formulation development.

12. IN VITRO DISSOLUTION STUDIES

Dissolution testing remains the most important quality control tool.

Typically performed using:

- USP Apparatus I (Basket)
- USP Apparatus II (Paddle)
- Media commonly used:
 - 0.1 N HCl
 - Phosphate buffer pH 6.8
 - Simulated gastric fluid
 - Simulated intestinal fluid

Release profiles are analyzed according to regulatory guidelines [15].

13. DRUG RELEASE KINETICS

Drug release data are fitted to mathematical models.

Zero-Order Model

Constant drug release rate.

First-Order Model

Release dependent on remaining drug concentration.

Higuchi Model

Diffusion-controlled release.

Korsmeyer–Peppas Model

Determines release mechanism.

Most lansoprazole matrix tablets exhibit Higuchi and Korsmeyer–Peppas kinetics indicating diffusion-controlled release [16].

14. STABILITY STUDIES

Stability assessment is crucial because lansoprazole is susceptible to degradation.

According to ICH guidelines, formulations are evaluated under:

- 25°C ± 2°C / 60% RH ± 5%
- 30°C ± 2°C / 65% RH ± 5%
- 40°C ± 2°C / 75% RH ± 5%

Parameters monitored include:

- Drug content
- Dissolution profile
- Physical appearance
- Moisture content

Proper polymer selection and protective coatings significantly improve stability [17].

15. PHARMACOKINETIC AND CLINICAL EVALUATION

Pharmacokinetic studies assess:

- C_{max}
- T_{max}
- AUC
- Mean residence time

Sustained-release formulations generally demonstrate:

- Extended T_{max}
- Reduced plasma fluctuations
- Improved therapeutic coverage

Clinical investigations have reported enhanced symptom control and patient adherence compared with conventional formulations [18].

16. REGULATORY CONSIDERATIONS

Development of sustained-release lansoprazole products requires compliance with:

- ICH guidelines
- US FDA guidance
- EMA recommendations
- Pharmacopoeial standards

Key requirements include:

- Bioequivalence studies
- Dissolution profile comparison
- Stability data
- Manufacturing validation

Regulatory agencies increasingly emphasize quality-by-design (QbD) approaches [19].

17. CHALLENGES IN SUSTAINED-RELEASE LANSOPRAZOLE FORMULATION

Several challenges remain:

- Acid sensitivity
- Moisture-induced degradation
- Dose dumping risk
- Variable gastric emptying
- Polymer compatibility issues
- Scale-up difficulties

Addressing these challenges requires integrated formulation and process optimization strategies [20].

18. FUTURE PERSPECTIVES

Future research is expected to focus on:

- Artificial intelligence-assisted formulation design
- 3D-printed sustained-release tablets

- Smart responsive polymers
- Nanotechnology-enabled delivery systems
- Personalized medicine approaches
- Hybrid gastro-retentive systems

These innovations may further improve therapeutic outcomes and patient convenience [21].

19. CONCLUSION

Lansoprazole remains one of the most important proton pump inhibitors used in the treatment of acid-related gastrointestinal disorders. However, limitations associated with conventional dosage forms, including acid instability and short biological half-life, necessitate the development of advanced sustained-release formulations. Significant progress has been achieved through the utilization of hydrophilic matrices, hydrophobic polymers, gastro-retentive systems, multiparticulate technologies, osmotic delivery platforms, and nanotechnology-based approaches. These formulations have demonstrated improved drug stability, controlled release characteristics, enhanced pharmacokinetic profiles, and better patient compliance. Comprehensive evaluation involving physicochemical testing, dissolution studies, release kinetics analysis, stability assessment, and clinical investigations remains essential for successful product development. Emerging technologies such as 3D printing, artificial intelligence-guided formulation design, and nanomedicine are expected to shape the future landscape of sustained-release lansoprazole delivery systems. Continued research and innovation will facilitate the development of safer, more effective, and patient-centric oral drug delivery platforms.

20. FUNDING

Nil

21. CONFLICT OF INTEREST

Not applicable

22. INFORM CONSENT AND ETHICAL DECLARATIONS

Not Applicable

23. ACKNOWLEDGEMENT

Not applicable

24. REFERENCES

1. Sachs G, Shin JM, Howden CW. Review article: the clinical pharmacology of proton pump inhibitors. *Aliment Pharmacol Ther.* 2006;23(Suppl 2):2-8.
2. Shin JM, Kim N. Pharmacokinetics and pharmacodynamics of proton pump inhibitors. *J Neurogastroenterol Motil.* 2013;19(1):25-35.
3. Andersson T, Hassan-Alin M, Hasselgren G, Rohss K. Pharmacokinetic studies with proton pump inhibitors. *Clin Pharmacokinet.* 2001;40(6):411-426.
4. Colombo P, Bettini R, Santi P, De Ascentiis A, Peppas NA. Analysis of swelling and release mechanisms from drug delivery systems. *J Control Release.* 1996;39(2-3):231-237.
5. Yibchok-Anun S, Adisakwattana S. Stability and degradation behavior of proton pump inhibitors. *Drug Dev Ind Pharm.* 2010;36(4):465-472.
6. Dressman JB, Reppas C. In vitro–in vivo correlations for oral dosage forms. *Eur J Pharm Sci.* 2000;11(Suppl 2):S73-S80.
7. Chien YW. *Novel Drug Delivery Systems.* 2nd ed. New York: Marcel Dekker; 1992.
8. Siepman J, Peppas NA. Modeling of drug release from delivery systems. *Adv Drug Deliv Rev.* 2012;64:163-174.
9. Nokhodchi A, Raja S, Patel P, Asare-Addo K. The role of oral controlled release matrix tablets in drug delivery systems. *Bioimpacts.* 2012;2(4):175-187.
10. Alderman DA. Review of cellulose ethers in hydrophilic matrix systems. *Int J Pharm Tech Prod Mfr.* 1984;5:1-9.
11. Streubel A, Siepman J, Bodmeier R. Gastroretentive drug delivery systems. *Expert Opin Drug Deliv.* 2006;3(2):217-233.
12. Ghebre-Sellassie I. *Multiparticulate Oral Drug Delivery.* New York: Marcel Dekker; 1994.
13. Verma RK, Garg S. Osmotically controlled oral drug delivery. *Drug Dev Ind Pharm.* 2001;27(7):695-708.
14. Mehnert W, Mäder K. Solid lipid nanoparticles. *Adv Drug Deliv Rev.* 2012;64:83-101.
15. United States Pharmacopeia 47–National Formulary 42. Rockville, MD: USP Convention; 2024.
16. Korsmeyer RW, Gurny R, Doelker E, Buri P, Peppas NA. Mechanisms of solute release from porous matrices. *Int J Pharm.* 1983;15(1):25-35.

17. International Council for Harmonisation. ICH Q1A(R2): Stability Testing of New Drug Substances and Products. Geneva; 2003.
18. Miner P Jr, Katz PO, Chen Y. Clinical efficacy of proton pump inhibitor formulations. Am J Gastroenterol. 2003;98(12):2616-2620.
19. Yu LX. Pharmaceutical quality by design. AAPS J. 2008;10(2):268-276.
20. Rathbone MJ, Hadgraft J, Roberts MS. Modified-Release Drug Delivery Technology. 2nd ed. New York: Informa Healthcare; 2008.
21. Jamzad S, Fassihi R. Role of controlled-release technologies in oral delivery. Expert Opin Drug Deliv. 2006;3(5):597-608.