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Invitro Study of Phospholipid Assisted Nano-Suspensions of Efavirenz

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Abstract:

According to WHO, AIDS caused by HIV has killed over 770,000 people worldwide in 2018 with over 37.9 million people living with HIV. With advancement in science, the current regimen termed as Highly active antiretroviral therapy (HAART) has increased the life expectancy of patients. Since HAART generally includes a combination of three drugs, patient compliance as well as side-effects due to high doses of the drugs are common drawbacks of the regimen. Nano systems have been known to possess various advantages such as sustained and targeted delivery of drugs which often causes improvement in bioavailability and reduction in side effects. Efavirenz, a non nucleoside reverse transcriptase inhibitor (NNRTI) is a first line drug given in combination with other drugs as part of the HAART. Due to its high dose and erratic absorption patterns, EFV has been reported to show poor bioavailability. Moreover, absorption of EFV has been shown to increase in presence of food. The aim of the work presented in the thesis was to design phospholipid assisted nanosuspension for delivery of EFV, to characterize them by *in vitro*.

Keywords: Efavirenz, Nanosuspension, Antiretroviral, Lipolysis

INTRODUCTION

There are two strains of HIV namely HIV1 and HIV2, of which HIV1 is pathogenic and prevalent. HIV targets the CD4⁺ T cells and spreads to the lymphoid organs. The virus becomes detectable in the blood after about 10 days, the infection spreads exponentially over time. HIV causes progressive reduction in CD4⁺ T cell count with count <200 cells per µl and presence of the virus being termed as AIDS.⁴

Antiretroviral therapy (ART) has aided in combating AIDS to a large extent by reducing the viral load, improving the life

expectancy of patients, and reducing the transmission. Current regimen for AIDS is called HAART which is a combination of three drugs which target different enzymes in the HIV life cycle.

Drawbacks of Current Regimen

Even though HAART has been useful in controlling viral replication and decreasing mortality, there are certain disadvantages associated with the therapy. Some of them include:

- Antiretroviral drugs are often poorly soluble in nature which leads to decreased

ease in their oral bioavailability.

- Shorter residence times of the drugs mean lesser concentration in the reservoir sites like the lymphoid tissues, central nervous system, and lungs. Hence, prolonged duration with higher doses of drugs are needed to achieve optimal concentrations of the drug in the body which also leads to viral resistance.⁷
- Patient compliance has also been low due to side effects and toxicity of the drugs associated with taking them for a longer time.
- The high cost of HAART is another problem which increases the burden on the developing countries where the prevalence of the infection is the highest.⁸

Nanosystems are versatile drug delivery systems, with an ability to overcome physiologic barriers and to guide the drug to specific cells or intracellular compartments due to their small size, typically in the 10 to 1000 nm range. Nanosystems offer several advantages, such as the protection of drugs against degradation, targeting of drugs to specific sites, and tailoring the release kinetics to provide prolonged release of the drugs.⁸ Polymeric nanoparticles, solid lipid nanoparticles, liposomes, nanosuspensions and nanoemulsions have been reported to enhance the effective delivery of the drugs.

Efavirenz, a BCS Class II drug, is practically insoluble in water with solubility <10 µg/ml and low intrinsic dissolution rate of 0.037 mg/cm²/min.¹² Due to its poor solubility and erratic oral absorption, the bioavailability of EFV is reported to be 40%.¹³ Efavirenz has shown to have increased absorption in the presence of food with 28% increase in mean AUC and a 79% increase in mean C_{max} of EFV relative to the fasted condition.¹⁴

Hence, lipid assisted drug delivery systems like nanosuspensions with phospholipid as stabilizer was hypothesized to improve solubility and aid lymphatic uptake¹⁵ of the poorly soluble Efavirenz.

Preparation and Characterization of EFV nano-Suspensions

Phospholipid was dissolved in acetone while the other stabilizers were dissolved in water. The organic phase was added to the aqueous phase under constant vortexing until a uniform dispersion was formed. The dispersion was stirred on a magnetic stirring till complete evaporation of acetone.

Phospholipon® 90 G and Tween® 80 formed a nanosuspension which did not show any instability immediately on preparation as well as for a week after preparation. Hence, EFV nanosuspension using a mixture of phospholipid and Tween® 80 (PL TNS) were prepared using the procedure mentioned above, where in EFV was dissolved with acetone along with the phospholipid.

Optimization of EFV nanosuspension (PL-T NS) using factorial design

A 2³ factorial design was used to optimize the particle size and polydispersity index of PL TNS. The preparation of nanosuspension by antisolvent precipitation method is influenced by various parameters and process variables viz. stabilizer concentration, concentration of drug, amount of organic solvent, amount of antisolvent.

In Vitro Studies

In Vitro Lipolysis Studies:

In vitro lipolysis study considers the role of excipients which can undergo hydrolysis in the presence of the enzyme lipase which is present in the gastrointestinal tract for assisting the dissolution of the drug.

Materials:

Sodium chloride, calcium chloride dihyd

rate, tris maleate were purchased from S D Fine chemicals ltd. Bile salts and pancreatic lipase were purchased from Him edia. Lipoid, GmbH gifted the sample of Phospholipon® 90 G and Col oncon, India provided the gift sample of

Methocel K4M(hydroxypropyl methyl cellulose).

Preparation of Lipolysis Medium

The medium for lipolysis studies was prepared according to the formula mentioned in Table 1.

Table.1-. Formula for lipolysis medium for 1 formulation.

Ingredients	Quantity taken (g)
Sodium chloride	0.351
Calcium chloride dihydrate	0.0294
Tris maleate	0.0947
Bile salts	0.086
Lecithin (Phospholipon 90G)	0.038
Water	36 ml

Preparation of EFV dispersion

EFV, 50 mg, was triturated with 25mg of Methocel K4M by adding small quantities of MilliQ water till dispersion became pourable. The volume of the dispersion was made up to 10 ml with

MilliQ water. Concentration of EFV in the dispersion was 5mg/ml.

Procedure for in vitro lipolysis study:

36ml of the lipolysis medium was taken in beaker to which 2ml of formulation was added. The pH of the medium was then adjusted to 6.5 with 0.1 N NaOH. 40 mg pancreatic lipase enzyme dispersed in 3 ml water was added to the medium which was stirred for 1 hour on magnetic stirrer and pH of medium was monitored and adjusted to 6.5 whenever required. Aliquots were withdrawn at the end of 30 minutes and 1 hour. Aliquots were then centrifuged at 40,000 rpm for 45 minutes using ultracentrifuge (Beckman Coulter Allegra TM 64 R Centrifuge, USA).

Supernatants were separated and analyzed using reverse phase HPLC with UV detector set at 247nm.

IN VITRO RELEASE STUDIES:

Dissolution testing is a widely used tool to study the release profile of formulations

which in turn helps in predicting the behavior of the formulations in vivo. In vitro release studies for the nanosuspensions were performed using USP Type II and USP Type IV apparatus. The release profiles of the nanosuspensions were compared to that of the EFV dispersion and EFV solution using phosphate buffer pH 7.4 with 2% Tween 80 as the release medium.

Materials:

Sodium hydroxide, potassium dihydrogen phosphate, Tween®80 (SD fine chemicals Ltd), Transcutol®HP (Gattefosse India Pvt. Ltd) and Dialysis membrane (Himedia).

Preparation of EFV dispersion-

EFV dispersion using Methocel K4M was prepared.

Preparation of EFV solution-

50mg EFV was accurately weighed and dissolved in 10ml of Transcutol® HP to form a solution with 5mg/ml of EFV.

Preparation of release medium-

0.780g sodium hydroxide and 3.40g potassium dihydrogen phosphate were dissolved in water and volume was made to 500ml. 2% Tween 80 was added to this solution and shaken thoroughly

for complete dissolution of Tween 80 in the buffer.

Protocol for release study using USP Type II Apparatus:

1. Apparatus: Modified USP Dissolution apparatus Type II (paddle type) (Electrolab, Mini jar apparatus) and dialysis sac as barrier (Molecular weight cut off 12,000 to 14,000 Daltons, pore size 2.4 nm)
2. Formulations under study
EFV dispersion, EFV solution, PL-T NS, PL-G NS, PL-P NS
3. Volume of sample used: 0.5 ml
4. Dialysis medium: Phosphate buffer pH 7.4 + 2% Tween 80
5. Volume of release medium: 100 mL
7. Speed of rotation: 100 rpm
8. Aliquot: 1 mL at each time points were withdrawn and replaced with 1 mL of release medium
9. Time Points: 0.5, 1, 2, 4, 6, 8, 10, 12 hours
10. Analytical Method: Reverse phase HPLC using UV detector set at 247 nm.

Procedure using USP Type II apparatus:

Dialysis bags were cut to required length (around 8 cm) and were soaked in pH 7.5 phosphate buffer for a period of 12 hrs prior to the study. 0.5 mL formulation was filled in the dialysis bags and bags were sealed from both ends using cotton thread. Dialysis bags were then tied to paddle using thread and paddles were lowered into release media maintained at $37 \pm 0.5^\circ\text{C}$. Aliquots were withdrawn at predetermined time intervals and media was replaced with same volume of buffer solution. Aliquots were centrifuged (Minispin) at 5,000 rpm for 5 min and suitably diluted before analysis using reverse phase HPLC with UV detector set at 247 nm. Graph of cumulative release versus time was plotted to represent the results.

Protocol for release study using USP Type IV Apparatus:

1. Apparatus: USP Dissolution apparatus Type IV (flow through) (Electrolab,) and dialysis sac as barrier (Spectra/Por® Dialysis membrane, Molecular weight cut off: 20 KDa)
2. Formulations under study
EFV solution, PL-T NS, PL-G NS
Volume of sample used: 0.5 ml
3. Dialysis medium: Phosphate buffer pH 7.4 + 2% Tween 80
4. Volume of dialysis medium: 100 mL
7. Flow: 8 ml/min
8. Aliquot: 1 mL at each time points were withdrawn and replaced with 1 mL of release medium
9. Time Points: 0.5, 1, 2, 4, 6, 8, 10, 12 hours
10. Analytical Method: Reverse phase HPLC using UV detector set at 247 nm.

Procedure using USP Type IV apparatus:

USP dissolution apparatus 4, flow through cell (Electrolab) was used for the study. The flow through cell units were prepared for the experiment. Each cell unit consisted of a flow through cell, 22.6 mm in diameter, and a filter assembly which snugly fit on top of it and a ruby bead placed at the bottom with glass beads filled up to the lower mark. The filter assembly comprised of three stainless steel mesh placed alternating with Teflon ring supports and GF/D filter placed on the topmost mesh. The formulations (0.5 mL) were filled in dialysis sacs, secured to dialysis adapters and placed on top of glass beads in each cell. The cells were then closed with filter assemblies prepared as mentioned previously. These cell units were then placed in flow through cell and a closed loop system was employed for release testing of formulations. The pump stroke rate was held constant at 120 ppm throughout the experiment. Aliquots of 0.5 mL

were withdrawn from the reservoir media and fresh medium replaced at predetermined time points. The content of EFV was determined using reverse phase HPLC.

ANTI-HIV Testing using cell based assay:

Anti-HIV testing was carried out at National Aids Research Institute, Pune. Efavirenz as the pure drug and the nanosuspensions PL-TNS, PLGNS, PLPNS were studied for their effect on TZM-bl cells infected with two viral strains, namely HIV1 UG070 & VB28. The study was carried out in the following steps:

1. Maintenance of cell lines: The TZM-bl cells were maintained in DMEM supplemented with 10% FCS and antibiotics; penicillin (50U/ml) and 50ug/ml Streptomycin at 37°C with 5% CO₂.

2. Preparation of Virus stocks: Freshly collected blood from healthy, HIV seronegative individual was obtained. The peripheral blood mononuclear cells (PBMCs) were separated on Ficoll-hypaque and stored at -196°C in liquid nitrogen and stimulated with PHA (Phytohaemagglutinin A) as and when needed. Two HIV1 strains namely UG070 (X4 tropic) and VB28 (R5 tropic) strains were obtained from NARI virus repository. These strains were then

allowed to infect the two separate sets of PHA activated PBMCs. Each virus culture was maintained in RPMI 1640 medium supplemented with 10% FCS, 10U IL2 and antibiotics,

Penicillin+Streptomycin (50U/ml + 50ug/ml) at 37°C with 5% CO₂. Culture supernatant was collected and tested for P24 antigen ELISA. Culture supernatant (Virus stock) was stored at -70°C. Subsequently, the 50% tissue culture infectivity dose (TCID₅₀)

of each isolate was determined in the TZM-bl cell line.

3. Seeding of 96 well plates: The TZM-bl cells were trypsinized, enumerated and then added to the 96 well flat bottom plates. The plates were then incubated at 37°C with 5% CO₂ for 10 to 12 hrs. The cytotoxicity and anti-HIV assays were performed in these pre-seeded TZM-bl plates.

4. Preparation of Test compound: The test compound was dissolved in suggested solvent, filtered, sterilized, and used for the assays. EFV was dissolved in DMSO and the nanosuspensions were dissolved in phosphate buffer saline.

5. Cytotoxicity Assay: The cytotoxicity assay was carried out by preparing double dilutions of Test compound in pre-seeded TZM-bl plate. The cell viability was determined using MTT assay and percent viability and CC50 value (the concentration of a compound at which 50% cells are viable) was calculated by comparing with the Cell Control (only cells without TEST compound), sub-toxic concentrations were selected for anti-HIV assays.²²

5. Anti-HIV testing: This activity is measured as a function of reduction in Luciferase reporter gene expression after virus infection in TZM-bl cells. This testing was carried out using cell association assay (to test the replication inhibition of HIV1) against two Primary isolates of HIV1 (UG070, X4 tropic and VB028, R5 tropic).

Cell associated Anti-HIV assay: The TZM-bl cells were infected with the pre-titrated HIV-1 UG070 & VB28 viruses. were overlaid on to the infected cells and incubated at 37°C with 5% CO₂ for 48 hrs. After 48 hrs,

the supernatant was tested for Luciferase activity using Britelite Assay. This assay was to respective Drug control was tested in each assay to compare the IC50 value of Test compound demonstrate the ability of Test compound to inhibit HIV1 replication.

The activity of Test compound is compared with drug control. The results were expressed in terms of Relative Luminescence Units (RLU) and then the IC50 value was calculated for each virus. (Concentration of compound at which 50% virus is inhibited). Also, the inhibition of virus growth was monitored and compared with virus growth in absence of drug²³.

Result & Discussion

The lipolysis model used for the study of EFV nanosuspensions has been developed by our research group and has been previously studied for lipid nanoparticles of quercetin¹⁵ and nelfinavir mesylate.¹⁶ The lipolysis profile shows maximum improvement in solubilization of EFV in PLT NS

and PLP NS as compared to the EFV dispersion which showed only 6% solubilization at the end of one hour. The presence of phospholipids in the nanosuspensions enhance the solubilization of EFV. However, nanosuspension with Gelucire as one of the stabilizers fared poorly in the lipolysis study. Subramanian et al have reported inhibition of pancreatic lipase by certain lipid excipients.¹³ Inhibition of lipase by Gelucire did not allow digestion of the lipids reducing the solubilization of EFV causing the poor performance of PLG NS. Nonionic surfactants are generally digestible by lipases which prevents precipitation of the drugs after digestion of the formulation. However, higher concentrations of surfactants in combination with lower amounts of glycerides have been reported to reduce solubilization of drug.¹³ Hence, proportion of lipids to surfactants in the formulation is critical in estimation of solubilization capacity by the *in vitro* lipolysis study.

Table.2 % EFV solubilization (mean \pm S.D.)

Formulation	% EFV Solubilization	
	30 min	60 min
EFV dispersion	3.7 \pm 0.14	5.58 \pm 0.39
PL-T NS	5.49 \pm 0.25	24.5 \pm 0.42
PL-G NS	3.58 \pm 0.14	1.83 \pm 0.07
PL-P NS	6.81 \pm 0.11	25 \pm 0.29

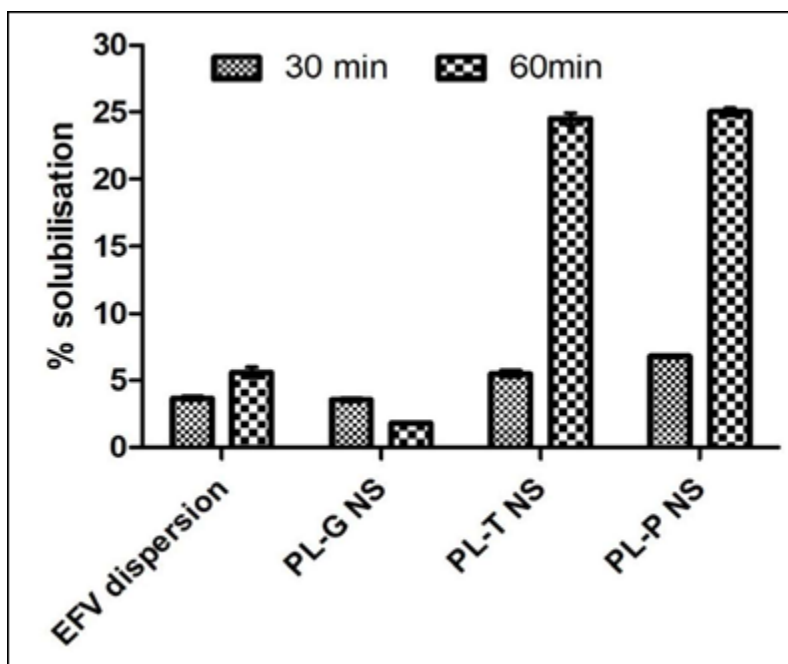


Figure 1 In vitro lipolysis profile of nanosuspensions

In vitro release profiling of nanosuspensions was performed by two methods. Based on solubility of EFV phosphate buffer pH 7.4+ 2% Tween 80 was chosen as the release medium.¹⁰ Fig.2

shows the release profile generated by using modified USP Type II dissolution apparatus. EFV solution in Transcutol HP showed close to 100% release in 12 hours. Dialysis membrane is thought to act as a barrier causing the complete release of EFV from the solution only after 12 hours. The use of phospholipid in various nanosystems to retard the release of drugs has been widely reported.¹⁵ More than 90% of EFV release in 2 hours, attributed to the large surface area of the nanosuspensions containing soya lecithin and poloxamer 407 has been reported by Taneja *et al.*¹³ Reduced particle size due to formulation of nanosuspensions increased dissolution rate of EFV with 99% of drug dissolved in one hour was reported by Patel *et al.*¹² EFV nanosuspensions were prepared with phospholipid as one of the stabilizers and have shown sustained release of

EFV over 12 hours. PLT NS showed maximum release as compared to EFV dispersion due to the presence of Tween 80 since EFV exhibits superior solubility in Tween 80.¹⁵

The release profile generated by using USP Type IV dissolution tester is shown in Fig.3. The closed loop system was used for the study where the release medium is circulated within the cells without complete replacement with fresh medium. Based on results from the experiment performed using USP Type II apparatus, PL-T NS and PL-G NS were the nanosuspensions chosen for further release testing. From the graph, it is observed that about 60% release was observed from EFV solution at the end of 12 hours with poor release of 25% observed in case of PLT NS and PLG NS. A comparison of the results from both the apparatus show that USP Type II apparatus gave a better release profile of EFV as compared to USP Type IV.

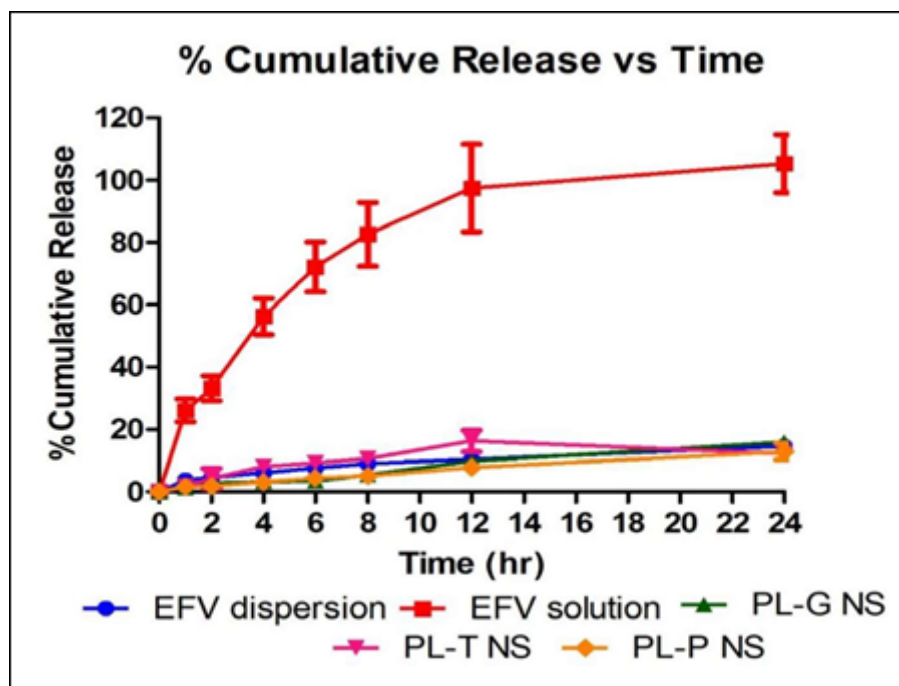


Figure 2 *In vitro* release profile of nanosuspensions (Type II apparatus)

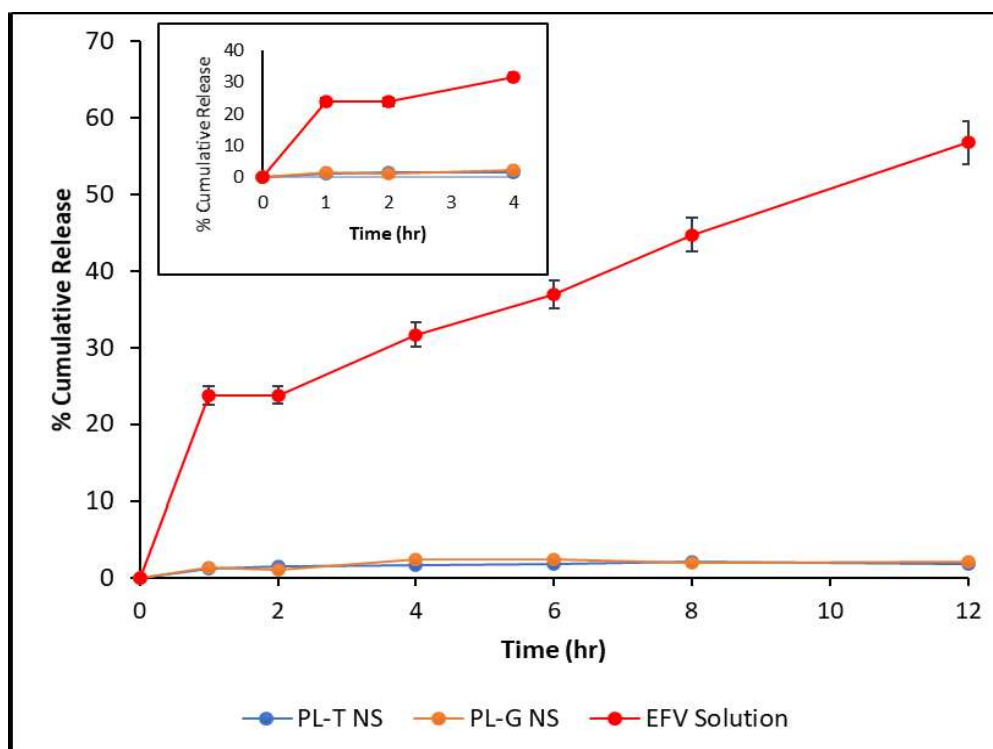


Figure 3. *In vitro* release profile of nanosuspensions (Type IV apparatus)

Anti-HIV testing using cell based assay

Cytotoxicity of drugs or formulations is commonly tested using MTT (3-[4,5-dimethylthiazol-2-yl]2,5-diphenyl tetrazoliumbromide) assay. The assay measures viable cells in a high throughput setting like a 96 well plate without

elaborate cell counting. It is based on the principle that decrease in mitochondrial activity is the indication of decrease in number of viable cells. Mitochondrial activity is reflected by the conversion of pale yellow tetrazolium salt MTT into red formazan.

crystals which can be measured by the optical density. MTT assay can be performed on primary cell lines and the OD values of cells incubated with drugs is generally compared to the cells which are not exposed to drugs.¹⁴

In the present study, CC₅₀ values were measured which is the concentration of the drug at which 50% cells are viable. Table.3 show the CC₅₀ values for EFV, nanosuspensions. Hari et al have reported that efavirenz loaded eudragit nanoparticles were less toxic as compared to the pure drug in an MTT assay performed using C8166 cell lines.¹⁴⁵ In the present study, the CC₅₀ value of EFV was found to be lower than that of the nanosuspensions which attributes to higher toxicity of the drug and confirms the advantage of using nanosuspensions for delivery of EFV.

AntiHIV testing has been carried out by different types of neutralizing antibody assays using various cell lines¹⁶. TZMbl cell line is a derivative of HeLa cell which expresses CD4 and CCR5 and is engineered to contain Tat responsive reporter gene for Luciferase (Luc). These features of TZMbl cell line make it highly susceptible to HIV1 infection in neutralizing antibody assays.¹⁷ In the current study, cytotoxicity study was carried out on pure EFV as well as nanosuspensions to determine toxic concentrations. Sub toxic concentrations were used to perform cell associated antiHIV assay by measuring Luciferase activity using Britelite plus substrate. In case of EFV and the nanosuspensions, IC₅₀ values were below detection range 0.001 µg/ml which is indicative of the potency of the drug and formulations in inhibition of viral growth.

Table.3 Results for cytotoxicity measurement using MTT assay and anti-HIV assay

Product	CC ₅₀ (µg/ml)	Cell associated assay	
		IC ₅₀ (µg/ml)	
		HIV-1 X4 tropic	HIV-1 R5 tropic
EFV	12.02	<0.001	<0.001
PL-T NS	28.14	<0.001	<0.001
PL-G NS	17.65	<0.001	<0.001
PL-P NS	20.35	<0.001	<0.001

Conclusion

Phospholipid assisted nanosuspensions of EFV were prepared by antisolvent precipitation method with acetone as the solvent and water as the antisolvent. Phospholipid (Phospholipon® 90 G) along with Tween® 80 (PLT NS), Poloxamer 188 (PLP NS) and Gelucire® 50/13 (PLG NS) were used as stabilizers to form the nanosuspensions. 2³ factorial design was

used for optimization of PLT NS with phospholipid, surfactant and drug load as the factors and particle size, polydispersity index as the responses.

In vitro lipolysis was a tool used to study the solubilization of EFV in presence of the enzyme lipase and other constituents of the lipolysis medium such as bile salts, lecithin, and salts. At the end of one hour PLT NS and PLP NS

howed 24.5% and 25% increase respectively, in solubilization of EFV as compared to EFV dispersion which showed 5% solubilization. Inhibition of pancreatic lipase by Gelucire probably caused reduced solubilization of EFV in PLG NS. *In vitro* release profile of the nanosuspensions was constructed using phosphate buffer 7.4 containing 2% Tween® 80 as the release medium using both USP Type II and USP Type IV dissolution apparatus. The nanosuspensions showed sustained release over a period of 12 hours as compared

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