

**A STUDY OF QUANTITATIVE METHODS FOR HUMAN PLASMA
PRESCRIPTION DRUGS**

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ABSTRACT

New bioanalytical approaches estimate new pharmaceutical pharmaceuticals such febuxostat, clebopride, darifenacin, cycloserine, and carbocisteine from human plasma employing protein precipitation, solid phase extraction, and liquid extraction. These unique drug plasma sample preparation procedures are quicker, easier, and simpler. Regulated procedures are precise. Plasma interferences did not alter peak response at the internal standard retention time. These approaches are trustworthy. Regulatory-compliant validation results help clinical studies. All medications' freezing and room temperature stability was assessed. The permitted technique for febuxostat linearity is 49.896 to 10060.888 ng/ml. Internal standard was lansoprazole. Febuxostat's m/z was 317.1>261.0 and lansoprazole's 370.1>251.9. Protein precipitation. 5-column chromatography utilized Hypurity C18 (100x4.6mm). The 3.3-minute infusion was 2 l. The permitted technique measures clebopride from 0.051 to 10.352 ng/ml. Internal benchmark was cinitapride. Febuxostat has 374.2>184.1, cinitapride 403.3>209.2. Solid-phase extraction. 15 l injection and 2.2 minutes runtime. Chromatography utilized Hypersil Gold C18 (50 x 4.6mm), 5 column.

KEYWORDS: Quantitative Methods, Human Plasma, Prescription Drugs, bioanalytical approaches, pharmaceutical

INTRODUCTION

In the discipline of bioanalytical chemistry, samples are subjected to qualitative and quantitative studies in order to ascertain if pharmacological chemicals are present or absent in biological fluids like plasma and serum. It is a critical step in the process of establishing the pharmacokinetic parameters required for studies on bioavailability and bioequivalence.

Since it is crucial to validate newly developed processes in order to maintain a constant level of quality, there has been an increase in the use of validated methodologies in recent years.

When it comes to the creation of new items and the accompanying research,

analytical techniques are essential. The two most crucial control variables that are employed throughout the whole method development and validation process are quality assurance and quality control. The choice of the chromatographic, spectrometric, and spectroscopic procedures, as well as the strategy, are based on the advantages and disadvantages of each method.

Each and every one of the validation variables must be applied to the selected determination procedure. Each research step must be completed under precisely the same circumstances since the aforementioned procedural elements, environment, and matrix may all affect



how an analysis is evaluated in a biological matrix. The collection of clinical samples must be the first phase in this inquiry, and the samples must then be examined as the second step.

The method validation procedure will begin after it is clear beyond a reasonable doubt that the full method creation process has been completed. Full method validation won't start until after promising results of method development have been realized since the method developer is uninformed of the exact situations that will be faced during method validation.

The main step in developing a technique is to investigate various situations in relation to the analyze's features. Based on the findings of that inquiry, the next step is to optimize the pertinent parameters. The three key stages in the development of the approach are sample preparation, chromatographic separation of the generated sample, and detection of the separated sample using the suitable detection technology. Before starting the process of developing a technique for a more modern analyte, a thorough literature study is required.

Following the completion of a literature study, the main relevance associated with the important components that were summarized and the concept for more research are produced. The process of choosing an instrument that is appropriate for use in analysis and is also practical will be guided by information gathered from a review of the relevant literature. This comprises of an analytical column, a high performance liquid chromatography system, and a detection device such mass spectrometry equipment. To do this, all of these things interact.

The internal standard is a further

parameter, and based on the analyte's characteristics, you should choose a suitable internal standard. Select an extraction technique that offers a high rate of recovery, accuracy, and precision and that has an industrial and economic point of view.

Two of the most crucial factors to examine when establishing quality are the processes' consistency and their capacity for recovery. The amount of analysis that is present in the little sample is referred to as the recovery of the analysis into the biological matrix. When absolute recovery is contrasted to relative recovery⁴, which is discovered by comparing the two, absolute recovery may be used to judge the veracity of a recovery. By comparing matrix composition to pure solvent, one may determine relative recovery.

The selection of the right internal standard is yet another crucial step in the procedure. It broadly takes into account the kind of molecule as well as the suitability of the chromatographic techniques. It is crucial to keep in mind that the analyst's coefficient and the internal standard's coefficient must be substantially equal while selecting an internal standard. This is one of the requirements that must be met.

The target analyte's structural isotope analogue is often utilized as the internal standard in contemporary labs. Prior to any kind of preprocessing, the structural and isotopic analogue of the analyte is first added to the biological sample in order to make it easier to calculate the area ratio between the analyte and the internal standard. The concentration of the medicine is then roughly determined by doing a back calculation using the standard curve as a guide.



The choice of an appropriate instrument and the manufacturer of that instrument are two of the most crucial factors to take into account while establishing a method. It should not be surprising that instruments created by different manufacturers have unique qualities, but these differences must be taken into account while constructing a technique.

HPLC method for analysis of drugs15-18

Because of its many benefits, the high-performance liquid chromatography (HPLC) technique is the method of choice for the most majority of drug testing. These benefits include simple automation, rapidity, specificity, accuracy, and precision. In order for the HPLC process to be successful, one must have access to efficient extraction methods and strategies for component isolation. The following is a list of some of HPLC's advantages:

- Increased sensitivity made possible by the use of a number of different instruments
- Increased resolution as a result of the use of several stationary phases
- Columns that may be reused for a variety of different drug analyses
- The most effective use of low-volatility chemicals
- It is simple to use and requires nothing in the way of maintenance.
- Successful sample retrieval
- Less time and effort are needed to complete the task.
- Capable of being reproduced, accurate, and dependable
- The calculations are performed by the integrator itself, which are done by the instrument.
- At a size appropriate for preparative

liquid chromatography

Various components of HPLC are described below”19, 20

Solvent delivery system

Pumps

The performance of this component is one of the most important aspects of high-performance liquid chromatography (HPLC), as it has a direct impact on the length of time that a peak is retained, the sensitivity of the detector, and the repeatability.

The following is a list of the three primary types of pumps:

- Pump for displacement:
- The following are examples of pumps that have revolving impellers:
- A constant pressure or pneumatic pump:

Sample injection system

Due to the unique characteristics of the four different types of HPLC injector designs, there are four separate types of HPLC injectors.

i. Type 1 Injectors

In order to accurately determine the amount that was injected, this particular kind of sample loop makes use of a sample loop that is completely full. These injectors are straightforward pieces of apparatus that can be relied upon, and they have rotating valves that provide six separate entry points for administering injections. When more sample has to be inserted into the sample loop, pulled out of the sample loop, or pushed into the sample loop, the tool of choice is a syringe. Because they calculate the quantity to be injected based on the loop volume, these injectors have the potential to offer injections with an exceptionally high degree of precision.



ii. Type 2 Injectors

When it comes to injectors of this kind, a micro-syringe is the tool of choice for transferring samples into the loop. This syringe is used to measure the volume of the injection since its sample size is consistently less than the volume of the loop. Additionally, there is no loss or trapping of the sample; nonetheless, the comparative accuracy is lower than that of type 1.

iii. Type 3 Injectors

These particular kinds of injectors are put to use for the full as well as the partial filling processes. The kind of disadvantage that is the most problematic is known as sample trapping. After the sample loop had been filled and the syringe had been put into the needle port, the apparatus emptied the contents of the container into the needle port. After the syringe has been extracted from the port, the valve will be replaced with a new one. During the switching operation, the loop was introduced into the flow of the stream without subjecting the syringe to a particularly high level of pressure. After the location of the syringe has been adjusted, the injector's connecting tube will continue to hold a portion of the sample even after the syringe has been moved. This trapping method has a number of drawbacks, including sample wastage, mistakes in the volume that is trapped, and the need that the injector be flushed after every single injection.

iv. Type 4 Injectors

Despite the fact that both of these approaches are applied, the sample is not being collected very well. It is comparable to a type 3 injector, with the distinction that there is not a route from the needle tip of the syringe to the sample loop in this

design. Since there is no trapping of samples, there is no need to wash the syringe in between injections, there is no waste of samples (with the exception of those used for trace analysis), and the reading on the syringe is always correct.

Chromatographic column

In order to create a column that is capable of withstanding an extreme amount of pressure, it is common practice to employ tubing made of thick glass or stainless steel. Columns typically have an inner diameter that ranges from 4 to 10 millimeters, a length that ranges from 10 to 30 centimeters, and a stationary phase that contains particles that are no bigger than 25 millimeters in diameter. The performance of columns with a 5 mm diameter is superior to that of columns with other diameters because of the trade-offs made between efficiency, sample volume, and the amount of packing and solvent required.

Column packing

In today's high-performance liquid chromatography (HPLC) methods, the column packing is typically comprised of tiny, stiff particles that have a narrow particle size distribution. The packing of columns may be roughly classified according to the three criteria that are stated below.

- Polymers having pores that may be used as beds;
- beds composed of layers that let water to pass through them;
- Particles of silica that are fully transparent to light

Recent years have seen an increase in the prevalence of above column packing in analytical HPLC. Dry-packed particles with a diameter of more than 20 micrometers and a lack of moisture.



Particles with a diameter of less than 20 micrometers are used in the construction of slurry-packed columns. During the first step of this process, the particles are first suspended on an appropriate solvent. After that, the resulting slurry is then forced into the column at an appropriate pressure.

CONCLUSION

A reliable bioanalytical method might be created by taking into consideration the outcomes of a variety of tests. The newly developed method for measuring febuxostat, clobopride, darifenacin, cycloserine, and carbocisteine was validated using a range of various regulatory criteria. Prior to beginning the protein extraction process, the protein needed to be precipitated. The extraction in the liquid phase was then completed. The validation parameters for these test methodologies were found to be adequate. The method was utilized to conduct the sample analysis for the bioequivalence inquiry. The bioanalytical method developed to ascertain the concentration of febuxostat in human plasma used the protein precipitation technique as the extraction method. With the use of this technique, samples may be prepared for the detection of febuxostat in human plasma considerably more quickly, simply, and easily. The developed method's accuracy and precision have been verified in compliance with the requirements set by the regulatory agency.

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