

Study of Stability Profiles and Development of New Stability Indicating Analytical Methods for Selected Fluoroquinolones

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DOCTOR OF PHILOSOPHY

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By

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DECLARATION

I, Rupali Keny (Sachi Kudchadkar) hereby declare that this thesis represents work which has been carried out by me and that it has not been submitted, either in part or full, to any other University or Institution for the award of any research degree.

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CERTIFICATE

I hereby certify that the work was carried out under my supervision and may be placed for evaluation.

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“Education is a lifelong journey whose destination expands as you travel.”

— Jim Stovall

And it is said the journey is more beautiful than the destination.

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DEDICATED TO

THE LIGHT OF MY LIFE

MY SON

ISHAAN

*I want you to believe, deep in your heart...
That you are capable of achieving anything you put your mind to...*

*That you will never lose, you either win or you learn...
Just go ahead... learn ...
and win hearts along the way...*

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List of Abbreviations

Abbreviation.....	Full Form
%	Percentage
% RSD.....	Percentage Relative Standard Deviation
°C.....	Degree Centigrade
ACN.....	Acetonitrile
API.....	Active Pharmaceutical Ingredient
AR.....	Analytical Reagent
BP.....	British Pharmacopoeia
CDA.....	Acid hydrolytic Degradant of CIP
CDO.....	Oxidative Degradant of CIP
CIP.....	Ciprofloxacin
cm.....	Centimeter
Conc.....	Concentration
EP.....	European Pharmacopoeia
ESI.....	Electro Spray Ionization
FDA.....	Food and Drug Administration
Fig.....	Figure
FT-IR.....	Fourier Transform Infra-red
g/mol.....	Grams per Mole
GC.....	Gas Chromatography
GC-MS.....	Gas Chromatography-Mass Spectrometry
H ₂ O ₂	Hydrogen Peroxide
HCl.....	Hydrochloric Acid
HPLC.....	High Performance Liquid Chromatography
HPTLC.....	High Performance Thin Layer Liquid Chromatography
ICH.....	International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use
ID.....	Internal Diameter
IP.....	Indian Pharmacopoeia
IR.....	Infra-Red
LC.....	Liquid Chromatography
LC-MS.....	Liquid Chromatography – Mass Spectrometry

LDA.....	Acid hydrolytic Degradant of LEV
LDO.....	Oxidative Degradant of LEV
LEV.....	Levofloxacin
LOD.....	Limit of Detection
LOQ.....	Limit of Quantification
μ.....	Micron
m/z.....	Mass to Charge Ratio
mg.....	Milligram
μg.....	Microgram
min.....	Minute
mL.....	Milliliter
mL/min.....	Millimeter per minute
mM.....	Millimolar
mm.....	Millimeter
MOX.....	Moxifloxacin
N.....	Normality
N.....	Number of theoretical plates
NA.....	Not available
NaOH.....	Sodium Hydroxide
NLT.....	Not Less Than
nm.....	Nanometer
NMR.....	Nuclear Magnetic Resonance
NMT.....	Not More Than
NOR.....	Norfloxacin
ODS.....	Octadecyl-Silica
OFL.....	Ofloxacin
OPA.....	Ortho Phosphoric Acid
PDA.....	Photo Diode Array Detector
pKa.....	Dissociation Constant
PS.....	Peak Symmetry
R & D.....	Research and Development
RH.....	Relative Humidity
RRT.....	Relative Retention Time
Rs.....	Resolution
RSD.....	Relative Standard Deviation
RT.....	Room Temperature
R _t	Retention Time
SD.....	Standard Deviation
SIAM.....	Stability Indicating Assay Method
THF.....	Tetrahydrofuran
TLC.....	Thin layer chromatography
USP.....	United States Pharmacopoeia

UV.....	Ultra Violet
v/v.....	Volume by Volume
W h/m ²	Watt-hour per square meter
w/v.....	Weight by Volume
w/w.....	Weight by Weight
WHO.....	World Health Organization
λ	Lambda (wavelength)
λ_{max}	Wavelength at which absorbance is maximum

ABSTRACT

Abstract

Analysis of pharmaceuticals is vital at every stage of development, through the entire journey that starts with synthesis of a new molecule, and continues through various stages of development, until it is used in the patient. Pharmaceutical Analysis, previously with conventional wet chemistry methods and most recently with sophisticated instrumental techniques, assures the quality of the product by ensuring acceptance of the product meeting standards of safety and efficacy. At times, these techniques may need to identify and quantify the drug in presence of other matter, like impurities or degradants, that coexist due to synthesis process involved or arising due to degradation. The testing process needs to be sensitive and specific to establish the content of API in presence of these impurities and degradants and is also not expected to initiate or promote formation of degradants through conditions that are most conducive to degradation.

Stability studies meet the objectives of establishing shelf-life and predicting specific conditions for drug degradation. The outcome for such studies provides inputs for adopting good practices that inhibit degradation during the analysis. Application of such processes that promote evolution of degradants could lead to misleading results.

The objectives made for the study involved optimization of the experimental conditions that ensures structural integrity to remain secure and also design an algorithm for prediction of retention with molecules that possess identical or similar structural templates.

To meet the objectives, a set of drugs from a single class that has fair potential to get affected by experimental conditions commonly adopted during analysis like Fluoroquinolones (FQs) were considered. The drug candidates chosen for the study were

based on certain pre-set criteria like chemical structure, physicochemical properties and spectrum of activity- ciprofloxacin (CIP), levofloxacin (LEV), moxifloxacin (MOX), norfloxacin (NOR) and ofloxacin (OFL).

Diversity of literature published methods were first assessed with laboratory experiments. Newer HPLC methods were developed, optimized and validated that could be successfully applied for the drugs bearing common structural templates. Additional LC methods were developed to resolve drug peak from other peaks that were found on application of certain conditions that molecules are exposed to during analysis. LC-MS method was useful in assessing the nature of the degradant that accompanied LEV. The proposed optimized experimental conditions for the analysis of FQs of research interest have not yielded any degradants and is recommended for routine analysis.

From the data mine representing the experimental variables of the LC analysis of FQs of research interest, multiple linear regression (MLR) models were designed wherein the reported retention times were mapped to various parameters representing molecular descriptors. These models could predict the retention time of compounds. The prediction capability of these models was assessed and statistically validated through application of ANOVA.

Keywords: RP-HPLC, fluoroquinolones, stability, ICH, retention time, multiple linear regression models.

CHAPTER 1

INTRODUCTION

1. Introduction

1.1. Scope of Pharmaceutical Analysis

Pharmaceutical products are essential commodities of utmost importance, saving lives and alleviating human suffering to say the very least. It is therefore imperative that these medicaments have to meet standards of safety and efficacy in order to fulfil their purpose. To ensure this, every drug and its product has to undergo testing or analysis to check for compliance with quality specifications.

Analysis of a drug is inevitable at every stage of its evolution, right from synthesis, preclinical and clinical studies, formulation development to finished product quality control. It encompasses qualitative (identification) as well as quantitative evaluation (assay, content uniformity). Synthesis of a new molecule is almost immediately followed by testing methods to establish its yield and purity. Molecules showing promising pharmacological effects are taken for preclinical and clinical trials necessitating analytical methods with satisfactory performance in biological matrices. Formulation development involves choice of excipients and establishing compatibility through various analytical techniques like DSC.

Many times, testing involves detection and quantitation of synthesis related impurities and degradants in trace amounts; or accurate, selective and specific analysis of the molecule of interest, in presence of such related substances.

Impurities are substances that decrease the purity of substances by their presence in the substance. Any substance other than the drug being analysed will thus be an impurity and its mere presence will affect (increase or decrease) the efficiency/ efficacy of the drug, even if this “foreign” substance is not toxic or harmful in itself. It may interact with drug

or excipients and cause harm or decrease effect of the API thereby having profound effects on the health and safety of patients.

Degradants: These are impurities produced when the drug degrades to a different chemical entity. Instead of degrading or breaking down, the drug may undergo a chemical reaction and form a derivative. These too, like degradants, may or may not be pharmacologically active, and may decrease the efficacy in spite of being inactive.

Impurities: Impurities also include synthesis-related or process-related impurities which maybe by-products introduced during the synthesis of the drug, residual solvents, excess reactants left over due to incomplete conversion, and impurities may even originate from impure reactants used during synthesis. They may be formed during the formulation process, if process variables are not matched to stability profiles of the drug.

A known impurity, 1-(2,6-dichlorophenyl) indolin-2-one, is formed during terminal sterilization by autoclaving in the production of parenteral diclofenac sodium. Diclofenac undergoes intramolecular cyclic reaction at autoclaving temperatures, producing the impurity in quantities beyond the limit prescribed for it[1].

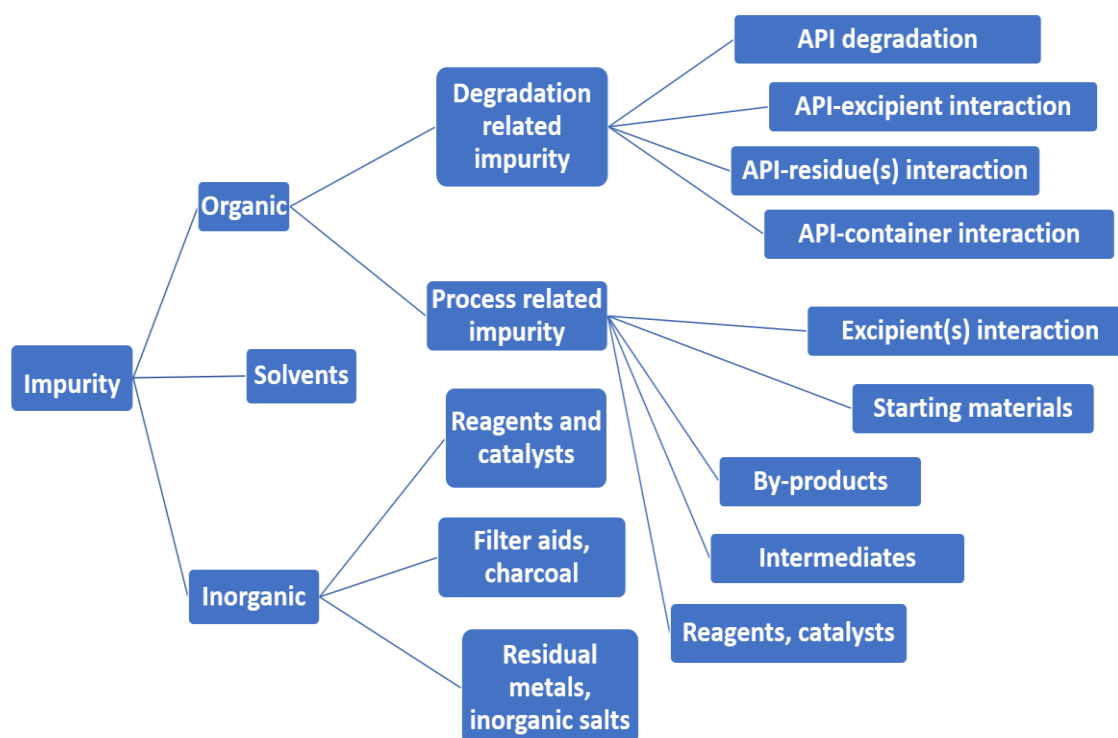


Fig.1.1. Types of Impurities

Related Substances: Impurities which are most regularly/ frequently associated with a drug are termed as related substances and find mention in the monographs of the drug in official compendia, often accompanied by analytical methods to detect them.

1.2. Analytical Method Development

A systematic approach to development of an analytical method involves certain steps which ensure the applicability and suitability of the proposed method. The analytical method comprises not just the actual detection or determination procedure, but encompasses additional or auxiliary procedures such as sample preparation which may range from simple dilution to complex extraction procedures from biological matrices.

Before starting the development process, the developer has to gather all available data related to the analyte and characterize the substance with respect to its physical and chemical properties, solubility being one of the important properties to be considered.

While doing this the developer has to gain a clear outlook towards the purpose of method development, whether one is aiming at developing a stability indicating method, type and extent of degradation the method is expected to detect and quantify and the extent of sensitivity and range desired in the method. With this in mind, literature is searched thoroughly for existence of similar methods which could possibly be adopted as such or adapted through some modifications. If this survey establishes the need for development of a new analytical method, one can then proceed with the next stage equipped with data from literature search and select the analytical technique best suited for needs already outlined. This is then followed by the instrumental setup and initial studies/ trials. The results of the trials are evaluated with system suitability parameters established for the chosen analytical technique. A trial showing promising results may then be chosen for further optimization wherein each method related variable (e.g., pH of mobile phase and

its composition and flow rate in case of chromatography) is optimized. Once optimized the method needs to be tested on marketed preparations and checked for recovery of spiked samples. The developed method is taken up for validation which happens almost simultaneously with the development process.

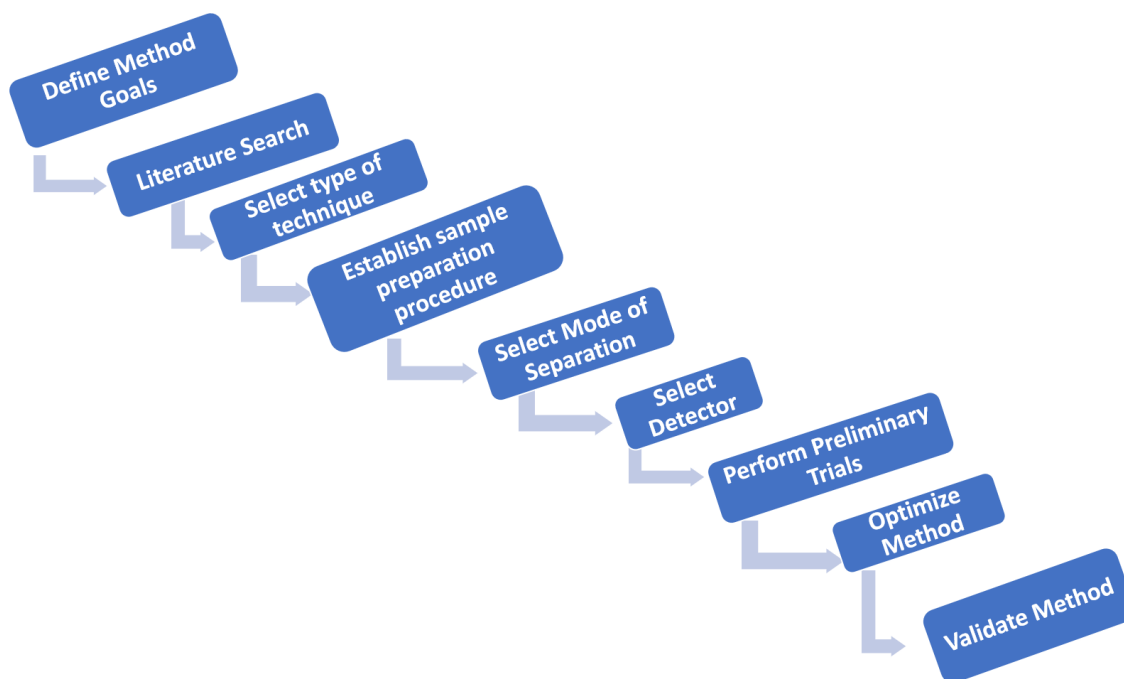


Fig.1.2. Analytical Method Development

While developing new methods, the conditions that are conducive to degradation of drug under study have to be avoided. For this purpose, the stability profile of the drug candidate has to be investigated through a literature search or experimentally.

1.3. Method Validation

To ensure the quality of a developed method, a step-by-step process called validation is applied to determine whether the analytical method fulfills the needs for the intended laboratory purpose, validation primarily involves a number of parameters. Before being used in analytical laboratories, all developed analytical procedures must be validated and revised till satisfactory.

According to different guidelines, validation is defined as follows:

FDA-guidelines: Validation is establishing documented evidence which provides a high degree of assurance that a specific process will consistently produce a product meeting its pre-determined specifications and quality attributes[2].

EU-guidelines: Action of proving, in accordance with GMP-principles that any procedure, process, equipment, material, activity or system actually leads to the expected results[3].

ICH-guidelines: Methods validation is the process of demonstrating that analytical procedures are suitable for their intended use[4].

Necessity of Method Validation Studies:

- To measurably specify the system performance.
- To identify and quantify potential for error.
- To recognize differences between each method.
- To assure adherence to regulatory guidelines.

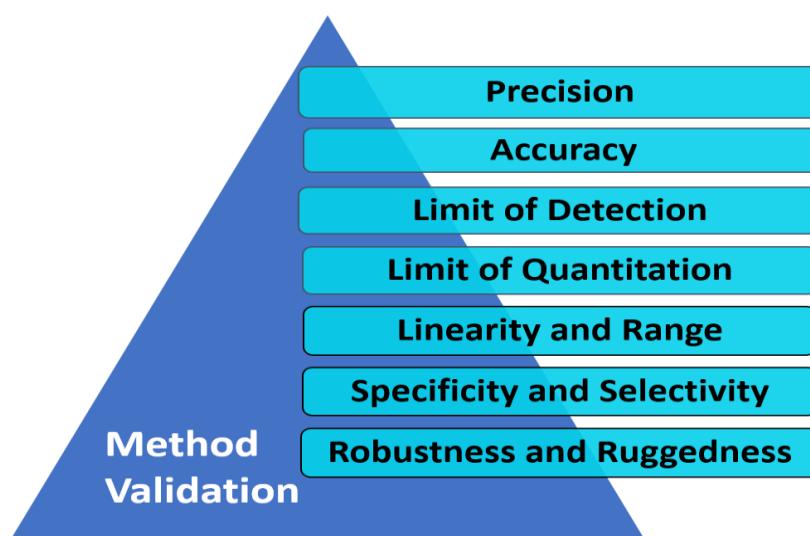


Fig.1.3. Method Validation

Parameters for Method Validation

Specificity, selectivity, accuracy, repeatability, intermediate precision, reproducibility, accuracy, range, LOD, LOQ, robustness, and ruggedness are the primary parameters listed by many authorities, organizations, and the ICH guidelines.

1.4 Stability Studies and Stability Indicating Analytical Methods

Stability Indicating Analytical Method (SIAM) is an analytical method with the additional capacity of ensuring detection of instability. It is proved through an extended part of validation of the assay process. In the world of pharmaceuticals, it is necessary to ensure safety as well as efficiency of drug substance and its product. The ICH and FDA guidelines state the necessity of maintaining, assessing, and documenting the stability profile of drugs[5].

Stability studies must be performed before registering a new medicine and long-term 12-month studies as well as 6-month accelerated stability studies are required for this purpose. Intermediate stability investigations can be milder than accelerated studies, but such studies are essentially time consuming. Forced degradation studies, on the other hand, take less time and yield degradation products faster (possibly in a few hours). The purpose of these stability studies is mainly to:

- a. Determine intrinsic stability of drug under study.
- b. Establish degradation pathways for the drug.
- c. Identify degradation products and distinguish them from process-related impurities.
- d. To identify suitable physical state for dosage form, establish compatibility with excipients and study the protective or catalytic effect of excipients on degradation of drugs in formulations.
- e. To select appropriate manufacturing process and packaging strategy to maintain stability of the drug in final dosage form.
- f. To predict and prolong shelf-life of the drug and its products.
- g. Validate stability indicating capability of testing method.

- h. Aid in developing a rational analytical method that does not in itself promote degradation in the drug by adopting suitable test parameters.

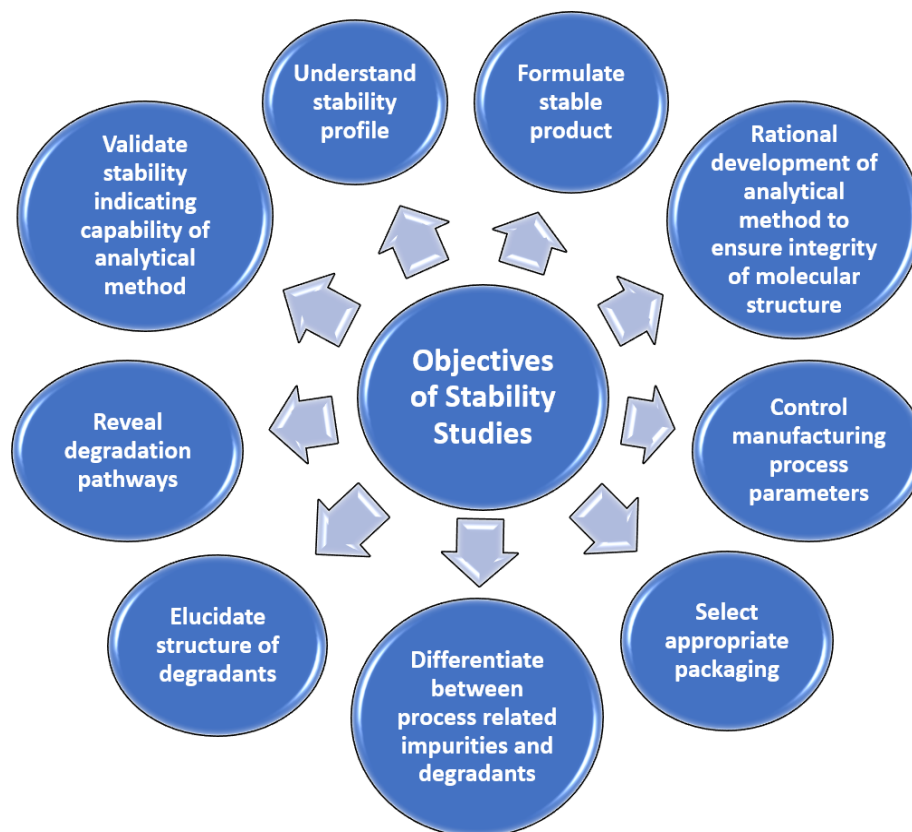


Fig.1.4. Objectives of Stability Studies

International Conference on Harmonization (ICH) emphasizes forced degradation studies to develop stability indicating assay methods (SIAM) under various stresses such as oxidation effect, pH, light exposure, exposure to moist and dry heat. In forced degradation studies focus is on getting maximum possible degradation products which entails use of extreme stress not encountered in routine analysis. This could possibly lead to production of unusual degradants and misleading results.

One of the guidance documents, Q1A (R2) – Stability Testing of New Drug Substances and Products, states: “Stress testing is likely to be carried out on a single batch of the drug

substance. The testing should include the effect of temperatures (in 10°C increments (i.e., 50°C, 60°C) above that for accelerated testing, humidity (i.e., 75% relative humidity or greater) where appropriate, oxidation, and photolysis on the drug substance. The testing should also evaluate the susceptibility of the drug substance to hydrolysis across a wide range of pH values when in solution or suspension.”

Stressed study samples are analysed using titrimetry, spectrophotometry, and chromatography. Currently, chromatography and spectrophotometry in combination are utilised to separate and identify degradants. Use of such hyphenated techniques, including LC-MS and GC-MS, reduces study time and offers more accurate qualitative and quantitative degradation data.

Chromatography is versatile for component separation and different stationary phases, mobile phases, and detecting technologies enable varied analyses. HPLC and HPTLC are widely used because of their great resolution, sensitivity, and specificity.

The ICH recommendation recognizes that strict deterioration rules are not possible and permits some flexibility in application of stress conditions. Accelerated stability research and scientific understanding of the product's breakdown mechanism under typical use situations should guide forced degradation conditions.

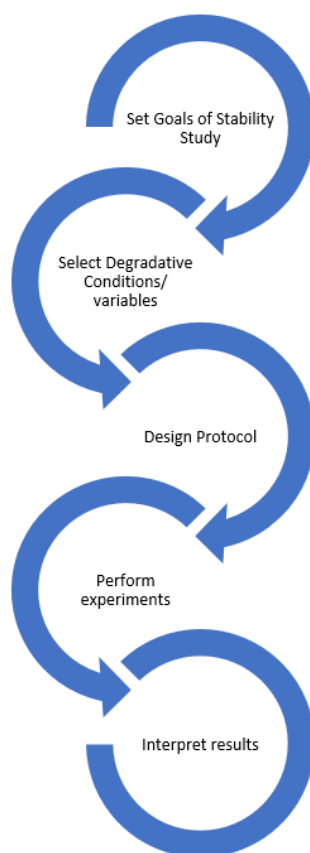


Fig.1.5. Schematic Strategies for Plan of Stability Studies

A suitable strategy for stability studies may be devised after mapping the available data from literature to the goals of research. Minimal conditions to be considered for forced degradation studies are:

- 1. Hydrolysis:** By observing the stability of the medication in 0.1 N HCl (or H₂SO₄) or 0.1 N NaOH, the hydrolytic breakdown of a drug molecule in acidic and alkaline conditions can be investigated. Testing can be terminated at the step where a reasonable amount of degradation is shown, but the sample should be refluxed in stronger acid or alkali for a longer period of time if no degradation is observed under mild circumstances. Alternately, if 100% degradation occurs after exposing the

medications to the initial mild conditions, acid/alkali strength and reaction temperature can be lowered.

Table 1.1. Drugs undergoing Hydrolytic Degradation

Drug	Conditions	Remarks	Reference
Ranitidine	1N NaOH, boiling for 20 min	Drug degraded by 84.4%	[6,7]
Retinoic acid	0.1N HCl, refluxing for 5min	65% recovery of drug	[6,7]
Omeprazole	1N H ₂ SO ₄ , boiling for 5min	Total degradation	[7,8]

2. Thermal Degradation (dry heat and moist heat):

Dry heat: Stress tests for dry heat degradation can be performed by heating the drug in solid form at a higher temperature in an oven.

Moist heat: By maintaining the drug in solution at 50°C and possibly 75% relative humidity for three months in a humidity chamber, moist heat degradation can be examined. Effect of higher temperatures and humidity conditions can also be studied.

Table 1.2. Drugs undergoing Thermal Degradation

Drug	Conditions	Remarks	Reference
Luliconazole	80°C, 2h of dry heat	14% degradation	[9]
Teneligliptin	69°C, 48 h, in methanol	29.21% degradation	[10]
Favipiravir	70°C, 24h of dry heat	20.76% degradation	[11]

3. Oxidation: It has been advised to utilize hydrogen peroxide in the concentration range of 3 to 30% to test for oxidation. When exposed to 3% hydrogen peroxide at ambient temperature for a very limited period of time, some medications experience

substantial deterioration. While in some other cases, even the most extreme circumstances, and an exposure to large concentrations of hydrogen peroxide does not result in any appreciable deterioration. This obviously indicates that the drug is stable to oxidative degradation.

Table 1.3. Drugs undergoing Oxidative Degradation

Drug	Conditions	Remarks	Reference
Ranitidine HCl	3% H ₂ O ₂ , at RT in 20min	37.8% loss in potency	[6,7]
Mefenamic acid	3% H ₂ O ₂ , at RT in 16h	7.79% degradation	[12]
Loperamide	1.5% H ₂ O ₂ , immediately	3.2% of the cis N-oxide of loperamide and 2.4% of the trans N-oxide	[7,13]

4. Photolysis: Many drugs undergo photodegradation by various pathways dependent on molecular structure and light conditions they are exposed to. Norfloxacin undergoes photodehalogenation as well as photoinduced ring cleavage[14]. While studying photostability, there are numerous parameters that need to be taken into account, such as the source of light, the duration of exposure, and the sample state. For the light source, use of lamps emitting only in the UV region, including UV-C, exposure of study sample on window sill and exposure to window-glass filtered daylight has been reported[15]. Conditions closest to 'in use' conditions need to be chosen[16].

UV light: Photolytic experiments should involve exposure to light with either a cool white or UV fluorescent lamp combo. Fluorescent light exposure energy must be at least 1.2 million lux hours, and if decomposition is not observed, intensity must be

increased by a factor of five. The substance can be deemed photo stable if there has been no further breakdown[17].

Sunlight: Photolytic investigations ought to cover how long medication solutions are exposed to the sun. A few hours to several months of exposure time are possible and studies on photolysis are generally conducted at room temperature[5].

Table 1.4. Drugs undergoing Photolytic Degradation

Drug	Conditions	Remarks	Reference
Nifedipine	Visible/UV light, 30min on TLC plate	Converted to nitroso derivative within 5-30min, no intact drug left after 5h	[6,7]
Retinoic acid	254nm, 20cm distance, 2h	50% degradation	[18]
Sodium Levothyroxine	Intact tablets, longwave UV, 168h	91.9 % drug recovery	[19]

1.5 Appropriateness of Developed Analytical Methods

The analytical methods need to be strong and sensitive enough not to skip upon any other additional component in test substance, and at the same time reasonably harmless on the molecular structure, imperatively the conditions used during testing should not by themselves initiate any degradation of the molecule under test. Often during method development and optimization, molecules are subjected to severe conditions of stress leading to a compromise in the integral structure of the molecule resulting in the formation of degradants regarded as impurities.

The undesirable substances co-existing with main component could be process related impurities or degradants formed due to an unfavorable or hostile process unassumingly applied due to inadequate information on the stability profile of the drug. Such degradants

would not individually get detected by erstwhile less sensitive analytical methods like volumetric and gravimetric analysis as their minimum detectable concentrations are much higher than the advanced analytical techniques.

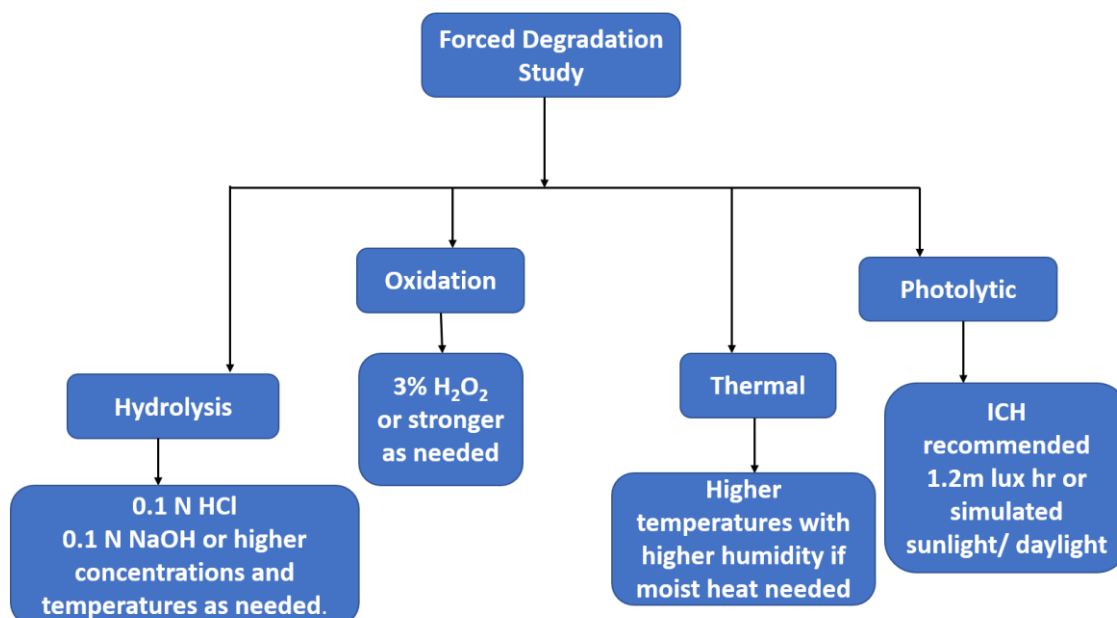


Fig.1.6. Nature of Forced Degradation Studies

Process related impurities are predictable and can be prevented in the drug substance. Presence of degradants can also be envisaged when the drug is exposed to adverse conditions during testing like hydrolysis, oxidation, higher temperature and light. If the structure is susceptible to degradation under applied experimental conditions, caution needs to be exercised during the design of new method development and measures taken for control of deterioration of drug even during the process of testing. Issues pertaining to origin of impurities during the testing process have been a major concern in drug analysis and need to be addressed authoritatively to ensure uncertainties while drawing inferences with regard to purity of the drugs.

Ranitidine which thermally degrades to carcinogenic N-nitrosodimethylamine (NDMA) is a typical example of drugs undergoing degradation during analysis and hence Gas chromatographic analysis was found to be inappropriate for analysis of NDMA in ranitidine[20]. On account of this in 2019, many reputed brands had to be recalled from

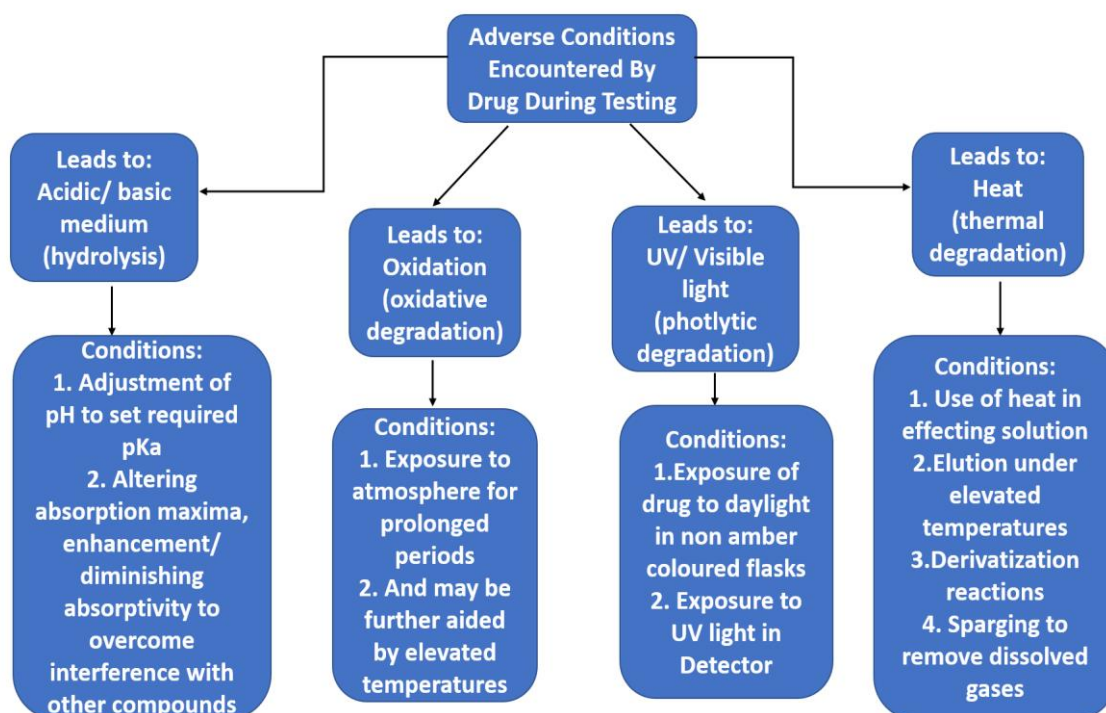


Fig.1.7. Adverse Conditions Encountered by Drug during Testing

the market and USFDA later developed a simulated gastric fluid model to be used with LC-MS to investigate the relevance in biological and in vivo environments since GC testing method was found unsuitable[21–23].

Quinolin-8-yl 1-pentyl-(1*H*-indole)-3-carboxylate (QUPIC), which is a synthetic cannabinoid, was found to undergo thermal degradation during gas chromatography–mass spectrometry (GC–MS), probably because of the presence of an ester bond in its structure, the thermal degradation being more pronounced when the drug was dissolved in methanol or ethanol. The degradation was seen to be less when nonalcoholic solvents

such as acetone and chloroform were used. In such cases, the effects of various parameters, such as injection methods (splitless or split, and split ratio), injector temperatures, and injector liners on the thermal degradation of drugs needs to be studied minutely while developing methods for analysis[24]. Another drug, α -Pyrrolidinopentiophenone (α -PVP), a popular recreational drug in Japan, has also been reported to undergo thermal degradation during GC-MS analysis[25].

Studies revealed that clozapine-N-oxide, which is the principal urinary metabolite of the antipsychotic agent clozapine, interferes with clozapine during analysis by GC-MS since significant on-column reduction of clozapine-N-oxide to the parent drug occurred during analysis. Hence sample preparation techniques need attention to avoid favorable conditions like in this particular case, the co-extraction of N-oxide led to artifactual contribution of this metabolite in the detection of clozapine[26].

Analytical methods like TLC also demonstrate event of degradation as seen in the case of phenylbutazone and its products that need special precautions for minimizing on-plate oxidation[27].

Certain ***pseudo degradation*** products have also been observed during stress degradation studies. These are not formed through degradation of the drug under study, but they are products of reaction of the drug with co-solvent and/ or stressor reagent used in the stress reaction mixtures. These unwanted reactions need to be avoided in order to prevent false interpretations of results. Stress testing on tenofovir disoproxil fumarate using methanol as solvent produced two pseudo degradants reported to be methyl esters of the drug. Certain other cases involve chlorination of compounds like efavirenz and ivabradine in the presence of hydrochloric acid that incidentally was used as a stress reagent [28,29].

In order to avoid contributing to already existing impurities and giving false results, testing methods that induce formation of new impurity/ and or potentiate the concentration of a previously existing impurity should not be proposed.

Rationale of analytical method development is not limited only to the design of process that promotes selective and sensitive detection and determination of all the components in test samples, but also assures safe medium or environment to enable molecules to retain their integrity and not contribute to synergism of impurities leading to misinterpretation.

CHAPTER 2

RESEARCH ENVISAGED

2. Research Envisaged

The process of sensible analytical method development requires an expertise with regard to knowledge of chemistry of molecules as well as understanding of its behavior in the environment that it is exposed to during testing. There have been several evidences published wherein the molecules under test have behaved indifferently and contributed to evolution of undesirable compounds leading to serious errors while drawing conclusions.

The properties exhibited by molecules, generally a reflection of its composition, could be exploited for rational method development that could ease the process and ensure accuracy and reliability in the results. Also, tapping the right locations in the molecule could unlock assumptions of extending methods to such other molecules bearing identical templates in their structure.

Analytical methods are generally based on specific chemical structure of the analyte that drives its chemical and physicochemical properties. This study envisages the possibility of developing methods that could be successfully used for analysing several fluoroquinolones with minor modification in the process. The proposed optimized methods upon validation shall be extended for assessment of their strength with regard to protection of the Fluoroquinolone against extended degradation during the course of analysis. Also, the methods would be evaluated for their stability indicating capabilities.

The study data will be used along with the one recorded from literature to identify the factors that govern the retention profile of the molecules. Retention of a molecule expectedly on the basis of its polarity – a physicochemical parameter could be explored

for possible sync through development of appropriate algorithms using published data from reputed literature.

The aims and objectives (primary and secondary) of the project work are listed below:

- ✓ To develop HPLC methods with isocratic elution involving common mobile phase for analysis of selected fluoroquinolones and extend them for analysis in formulations.
- ✓ To investigate stability profiles of selected fluoroquinolones under stressed conditions involving hydrolysis, temperature, light and oxidation.
- ✓ To develop models for prediction of retention times of molecules using appropriate molecular descriptors and statistical regression models.

Among the objectives listed the primary and secondary objectives of the research are defined as follows:

Primary Objectives

- To develop versatile HPLC methods with softer operation parameters extendable to a wider range of Fluoroquinolone class of drugs.
- To identify appropriate factors that affect retention profile of compounds for design of regression models for prediction of R_t in fluoroquinolones and to extend application of regression model for prediction of retention time for other related compounds.

Secondary Objectives

- To investigate the applicability of compendial methods of analysis upon extension to other fluoroquinolones.
- Review methods reported for analysis of selected fluoroquinolones and study the diversity of variables applied for separations in special cases with co-existing compounds or formed due to stress conditions.
- To investigate stability profiles of selected fluoroquinolones under stressed conditions involving hydrolysis, temperature, light and oxidation.

CHAPTER 3

REVIEW OF LITERATURE

3. Review of Literature

Envisaging principal objectives of study, a comprehensive literature survey was undertaken to familiarize different methods published on various fluoroquinolones (FQs) as this series of molecules provides large number of molecules under antibacterial class with diverse functional constituents in their structures. Also, an elaborate literature on analytical methods is accessible to generate a data mine with regard to operational variables like mobile phase composition, pH, stationary phase and so on that could assist in the prediction study of retention profiles.

3.1 Compendial Methods

While reviewing the compendial methods of analysis for FQs of research interest and their finished dosage forms, diverse methods have been recommended that extend over a wide range from potentiometric non-aqueous volumetry to more complex RP-HPLC. In spite of compounds showing similarity in their chemical structures, methods for their analysis are widely different and attracts rationalization. Although HPLC methods recommend use of C18 columns, phenylsilyl columns are recommended in certain procedures (moxifloxacin).

Rationalization of analytical method for application to a specific chemical class that encompass a large number of molecules could be an attempt to seek seamless exploration and their application for accurate analysis of existing or new compounds. This could prove beneficial for routine analysis of pharmaceuticals especially to pharma companies dealing with large number of batches of multiple products belonging to specific chemical class.

PHARMACOPOEIAL DATA ON ASSAY OF SELECTED FLUOROQUINOLONES

Table 3.1 Assay Methods for Selected FQs and their marketed products

DRUG / formulation	IP 2014 to 2022[30]	BP 2013 to 2023[31]	USP 36 (2013) to USP 44- NF 39 2021[32]
CIP pure drug	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA C18 (25 cm x 4.0 mm) at 30 °C; 1.5 mL/min 278 nm	Potentiometric titration; non-aqueous using perchloric acid	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA. C18 (25 cm x 4.6 mm) at 30 °C; 278 nm; 1.5 mL/min
CIP HCl	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA C18 (25 cm x 4.0 mm) at 30 °C 1.5 mL/min 278 nm	HPLC MP: ACN and Buffer (13:87) Buffer: 2.45 g/L solution of phosphoric acid adjusted to pH 3.0 with TEA. C18 (25 cm x 4.6 mm) at 40 °C; 1.5 mL/min 278 nm	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA. C18 (25 cm x 4.6 mm) at 30 °C; 278 nm; 1.5 mL/min
CIP Injection/ Infusion	HPLC MP: ACN and Buffer (13:87)	HPLC	HPLC MP: ACN and Buffer (13:87)

	Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA C18 (25 cm x 4.0 mm) at 30°C 278 nm	13: 87 (ACN: 0.245 % w/v OPA adjusted to pH 3.0 with TEA; C18 (25 cm x 4.6 mm) at 40 °C; 1.5 mL/min; 278 nm	Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA; C18 (25 cm x 4.6 mm) at 30 °C; 278 nm
CIP Eye Drops (IP)/ Ophthalmic solution (USP)	HPLC MP: methanol and Buffer (25:75) Buffer: 0.005 M tetrabutylammonium phosphate, adjusted to pH 2.0 with OPA C18 (25 cm x 4.0 mm) at 30°C 280 nm	HPLC MP - 13: 87 (ACN: 0.245 % w/v OPA adjusted to pH 3.0 with TEA C18 (25 cm x 4.6 mm) at 40 °C; 1.5 mL/min; 278 nm	HPLC MP: ACN and aqueous (12:88) Aqueous: 0.29 % v/v, adjusted to pH 5.2 with TEA. C18 (25 cm x 4.6 mm, 5µ) at 39°C, 1 mL/min; 278 nm
CIP Tablets	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA C18 (25 cm x 4.0mm) at 30°C 278 nm	HPLC 13: 87 (ACN: 0.245 % w/v OPA adjusted to pH 3.0 with TEA C18 (25 cm x 4.6 mm) at 40 °C; 1.5 mL/min; 278 nm	HPLC MP: ACN and Buffer (13:87) Buffer: 0.025M phosphoric acid adjusted to pH 3.0 with TEA. 1.5 mL/min C18 (25 cm x 4.6mm) at 30°C; 278 nm
CIP Ophthalmic Ointment	NA	NA	HPLC MP: ACN and aqueous (12:88)

			Aqueous: 0.29 % v/v, adjusted to pH 5.2 with TEA. C18 (25 cm x 4.6 mm, 5 μ) at 39°C, 1 mL/min; 278 nm
CIP Ear Drops		HPLC MP - 13: 87 (ACN: 0.245 % w/v OPA adjusted to pH 3.0 with TEA C18 (25 cm x 4.6 mm) at 40 °C; 1.5 mL/min, 278 nm	
CIP oral suspension			HPLC MP: Methanol and Solution A (20:80) Solution A: 13.6 g of sodium acetate in 1000 mL of water and 1 mL of TEA. Adjust with phosphoric acid to a pH of 2.0. C18 (15 cm x 4.6 mm, 5μ) at 40°C, 1.2 mL/min; 278 nm
LEV pure drug	HPLC	Potentiometric titration; non-aqueous using perchloric acid	HPLC

	<p>MP: Methanol and Buffer (3:7) Buffer: 8.5 g/L of ammonium acetate, 1.25 g/L of cupric sulfate, pentahydrate, and 1.3 g/L of L-isoleucine in water. C18 (15 cm x 4.6 mm) at 45°C; 360 nm</p>		<p>MP: Methanol and Buffer (3:7) Buffer: 8.5 g/L of ammonium acetate, 1.25 g/L of cupric sulfate, pentahydrate, and 1.3 g/L of L-isoleucine in water. C18 (15 cm x 4.6 mm) at 45°C; 360 nm</p>
LEV infusion and LEV injection and LEV tablets	<p>HPLC MP- ACN: 0.05M citric acid monohydrate: 1M ammonium acetate (15:84:1) C18 (25 cm x 4.6 mm) at 30 °C</p>	<p>HPLC MP: 0.0874 % w/v copper sulphate pentahydrate, 0.091% w/v isoleucine and 0.594% w/v ammonium acetate in a mixture containing 3 volumes of methanol and 7 volumes of water. C18 (25 cm x 4.6 mm) at 45 °C; 360 nm 0.8 mL/min</p>	<p>HPLC (Tablets) MP: 0.0874 % w/v copper sulphate pentahydrate, 0.091% w/v isoleucine and 0.594% w/v ammonium acetate in a mixture containing 3 volumes of methanol and 7 volumes of water. C18 (25 cm x 4.6 mm) at 45 °C; 360 nm 0.8 mL/min</p>
LEV oral solution	NA	NA	<p>HPLC MP: Acetonitrile and water (18:82) with 0.1 % trifluoroacetic acid</p>

			Phenylsilyl column (25 cm x 4.6 mm) at 30°C; 294 nm
LEV Eye drops		HPLC MP: 0.0874% w/v copper sulphate pentahydrate, 0.091% w/v isoleucine and 0.594% w/v ammonium acetate in a mixture containing 3 volumes of methanol and 7 volumes of water.	
MOX HCl	HPLC MP: Methanol and buffer (28:72) Buffer: 0.05% tetrabutylammonium hydrogen sulphate, 0.1% KH ₂ PO ₄ , 0.34% OPA Phenylsilyl column (4.6 mm x 25 cm) at 45 °C	HPLC MP: Methanol and buffer (28:72) Buffer: 0.05% tetrabutylammonium hydrogen sulphate, 0.1% KH ₂ PO ₄ , 0.34% orthophosphoric acid Phenylsilyl (4.6 mm x 25 cm) column at 45 °C	HPLC MP: Methanol and buffer (28:72) Buffer: 0.05% tetrabutylammonium hydrogen sulphate, 0.1% KH ₂ PO ₄ , 0.34% orthophosphoric acid (4.6 mm x 25 cm) column at 45 °C; 0.9 mL/ min
MOX parenteral		HPLC MP: Methanol and buffer (28:72) Buffer: 0.05% tetrabutylammonium hydrogen	

		sulphate, 0.1% KH₂PO₄, 0.34% OPA Phenylsilyl (4.6 mm x 25 cm) column at 45 °C	
MOX Eye Drops IP/Ophthalmic Solution USP	HPLC Gradient MP: Methanol and buffer Buffer: 0.05% tetrabutylammonium hydrogen sulphate, 0.1% KH ₂ PO ₄ , 0.34% orthophosphoric acid Phenylsilyl column (4.0 mm x 25 cm) at 45 °C	NA	HPLC Gradient MP: Methanol and buffer Buffer: 0.05 g% of tetrabutylammonium hydrogen sulfate and 0.1 g% of monobasic potassium phosphate 0.2 % of phosphoric acid Phenylsilyl (4.0 mm x 25 cm) column at 45 °C; 293 nm
MOX tablets		HPLC MP: Methanol and buffer (28:72) Buffer: 0.05% tetrabutylammonium hydrogen sulphate, 0.1% KH₂PO₄, 0.34% OPA Phenylsilyl (4.6 mm x 25 cm) column at 45 °C	HPLC MP: ACN and Solution A (50:1000) Buffer: 1.36 g/L of monobasic potassium phosphate in water. Add 2 mL of TEA for each L of the solution and adjust with phosphoric acid to a pH of 1.9.

			Solution A: Methanol, <i>n</i>-propyl alcohol, and Buffer (300:34:666) Phenylsilyl (4.0 mm x 25 cm) column at 45 °C; 293 nm; 1.5 mL/min
NOR pure drug	Potentiometric titration; non-aqueous using perchloric acid	Potentiometric titration; non-aqueous using perchloric acid	HPLC Gradient MP: ACN and water adjusted with phosphoric acid to a pH of 2.0 USP L60 (amide) column (4.6 mm x 25 cm) at 60 °C; 1.4 mL/min; 265 nm
NOR Eye Drops IP / Ophthalmic solution USP	HPLC MP: Methanol and 0.1% orthophosphoric acid (30:70) C18 (3.9 mm x 30 cm) at 50 °C; 280nm 2 mL/min	NA	HPLC MP: ACN and (1 in 1000)dil. phosphoric acid (15:85) C18 (3.9 mm x 30 cm) at 50 °C; 278 nm 0.5 mL/min
NOR Tablets	HPLC	HPLC	HPLC

	MP: ACN and 0.1% orthophosphoric acid (15:85) C18 (3.9 mm x 30 cm) at 40 °C; 275 nm 2 mL/min	MP: ACN and (1 in 1000) dil. phosphoric acid (15:85) C18(3.9 mm x 30 cm) at 40 °C, 275 nm	MP: ACN and (1 in 1000) dil. Phosphoric acid (15:85) C18(3.9 mm x 30cm) at 40 °C; 2 mL/min; 275 nm
OFL pure drug	HPLC MP: ACN and buffer (20:80) Buffer: 27.2 g/L of potassium dihydrogen orthophosphate anhydrous, adjusted to pH 2.4 with OPA C18 column (10 cm x 4.6 mm)	Potentiometric titration; non-aqueous using perchloric acid	Potentiometric titration; non-aqueous using perchloric acid
OFL Infusion	HPLC MP: ACN and buffer (20:80) Buffer: 6.8 g/L of KH ₂ PO ₄ , 0.47 g/L sodium 1-hexane sulphonate and 1 ml/L TEA in water, adjusted to pH 3.0 with OPA. C18 (4.6 mm x 25 cm) column	NA	NA
OFL Ophthalmic Solution / Eye Drops	HPLC MP: ACN and buffer (20:80) Buffer: phosphate buffer pH 7.25 prepared by dissolving 2.54 g/L of	HPLC MP: 10 volumes of acetonitrile and 90 volumes of a solution containing 2.72% w/v of	HPLC MP- ACN, 0.24% sodium dodecyl sulphate, and glacial acetic acid (400:580:20)

	tetrabutyl ammonium hydrogen sulphate and 3.56 g/L of disodium hydrogen phosphate in water C18 column (4.6 mm x 15 cm)	potassium dihydrogen phosphate, previously adjusted to pH 3.3 with orthophosphoric acid. C18 (10cm x 4.6 mm, 3.5 μ) 294 nm; 2 mL/min	C18 (4.6 mm x 25 cm) at 35 °C; 294 nm; 1.5 mL/min
OFL Oral Suspension	HPLC MP: ACN and buffer (20:80) Buffer: 27.2 g/L of potassium dihydrogen orthophosphate anhydrous, adjusted to pH 2.4 with orthophosphoric acid C18 column (10 cm x 4.6 mm)	NA	NA
OFL Tablets	HPLC MP: ACN and buffer (8:92) Buffer: 27.2 g/L of potassium dihydrogen orthophosphate anhydrous, adjusted to pH 2.4 with orthophosphoric acid C18 column (15 cm x 4.6 mm)	HPLC MP: 10 volumes of acetonitrile and 90 volumes of a solution containing 2.72% w/v of potassium dihydrogen phosphate, previously adjusted to pH 3.3 with orthophosphoric acid. C18 (10 cm x 4.6 mm, 3.5 μ) 294 nm 2 mL/min	HPLC MP: ACN and buffer (3:22) Buffer: 27.2 g/L of potassium dihydrogen orthophosphate anhydrous, adjusted to pH 3.3 with dil. phosphoric acid C18 column (10 cm x 4.6 mm); 294 nm; 2 mL/min

Bold font assay methods are as updated in latest editions of IP, BP and USP (2022-2023)

3.2 STABILITY PROFILES

A therapeutic agent which is not stable or is reactive may undergo degradation or structural change thereby altering its efficacy, and could produce degradants or derivatives that could compromise safety apart from providing misleading results during analysis by undergoing degradation or derivatization during testing process. Conditions of testing drugs exposes the molecule to routine conditions like hydrolysis, oxidation, high temperatures and light. Hence it is of paramount importance to study the chemistry of molecules and determine such conditions which trigger degradation. One of the ways to ascertain the stability of a molecule is the conduct of forced degradation study where severe conditions of temperature, humidity, and conditions of diverse pH are used in order to force the compound to degrade and produce degradants. With a thorough understanding of the chemistry of FQs and the specific conditions under which degradants are formed, measures could be evolved to avoid exposure to conditions not just during manufacture and storage but also during the testing of such drugs. During method development too, special measures are required to be enabled in case any particular condition has a damaging effect on the drugs under study, so that the method applied provides a true picture with regard to the quality of the compound analysed. It should be noted that certain experimental conditions applied during the testing produces degradants which in the natural course may not form and results of incorrect method of analysis could be misleading. To summarize, the analytical method should be specific and strong enough to detect drug and degradants if formed, but not be a cause for formation of degradants or derivatives due to application of extreme conditions adopted in the testing method.

3.2.1 HYDROLYTIC DEGRADATION

Hydrolysis is the cleavage of a chemical species by water. Forced drug degradation by exposure of drug solutions to acidic or basic conditions (or neutral) is useful to predict the primary hydrolytic drug degradation conditions and products[33].

Hydrolysis has a significant impact on the structural integrity of drugs in general. It has been reported that 71.6% of ethacrynic acid degraded after subjecting to stress degradation with 0.1 N HCl at 65 °C for 21 days, whereas 50% hydrolysis was seen in lidocaine with 6.5 N HCl at 108 °C in 25 h[8]. In case of azilsartan medoxomil potassium, acidic hydrolysis was carried out in 0.1 N HCl for 2 h at 60 °C, and 4 degradation products were noted[34].

While polythiazide was totally degraded in 1 h with 1N NaOH at 35 °C, norfloxacin subjected to degradative stress of 1 N NaOH at 100 °C for 15 h showed no degradation [7].

Researchers have studied the effect of strength of acid, duration and temperature on the acid hydrolytic degradation of CIP, and results of some of these studies have been tabulated below in Table 3.2 and graphically represented in the following Fig.3.1.

Table 3.2 Acid Hydrolysis studies on CIP

Study No.	Normality of HCl (N)	Duration (h)	Temp (°C)	% of CIP Degraded	Ref
1	0.1	4	25	60	[35]
2	0.1	4	80	0.6	[36]
3	0.5	5	50	2.0	[37]
3	1	4	80	13	[36]
4	5	22	40	91.3	[38]

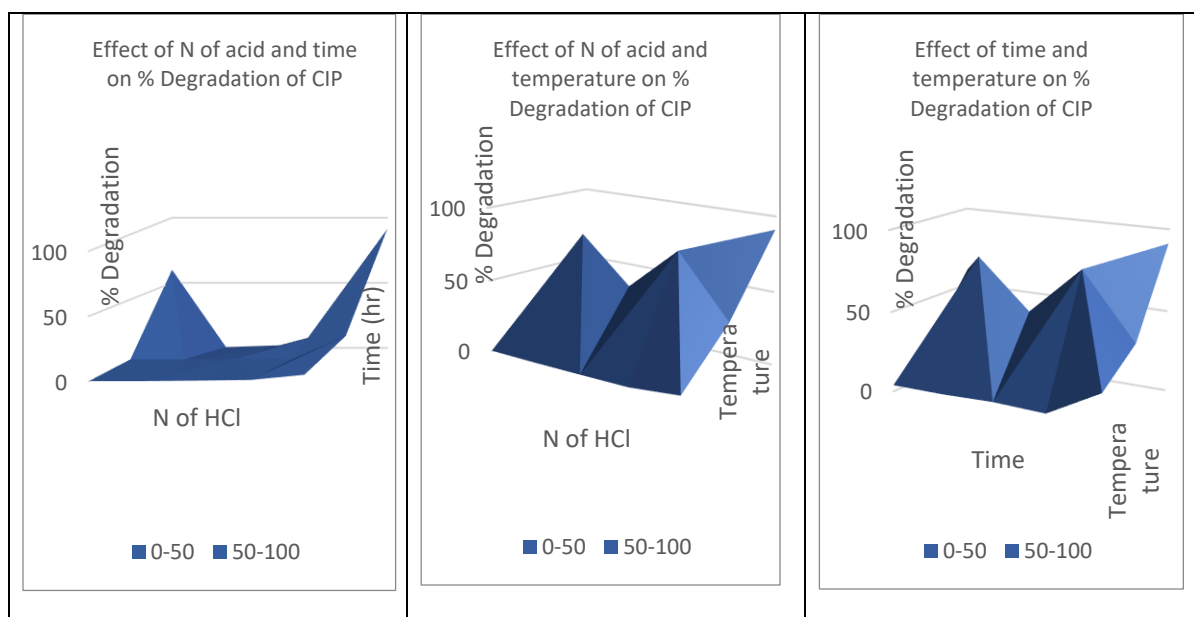


Fig.3.1 Effect of strength of acid, duration and temperature on the acid hydrolytic degradation of CIP

Similarly, effect of the variables on the acid hydrolytic degradation of LEV has been tabulated in Table 3.3 and graphically represented in the following Fig.3.2.

Table 3.3 Acid Hydrolysis studies on LEV

Study No.	Normality of HCl (N)	Duration (h)	Temp (°C)	% of LEV Degraded	Ref
1	0.5	168	70	3.3	[39]
2	0.1	12	25	4.8	[40]
3	5.0	6	60	34.4	[41]
4	0.1	1	80	8.12	[42]
5	0.1	2	60	0	[43]
6	1.0	3	25	14.5	[44]

During this study forced degradation of LEV and CIP was carried out using 5 N HCl, at 65 °C, for 6 h. No degradation was observed in case of LEV with NaOH.

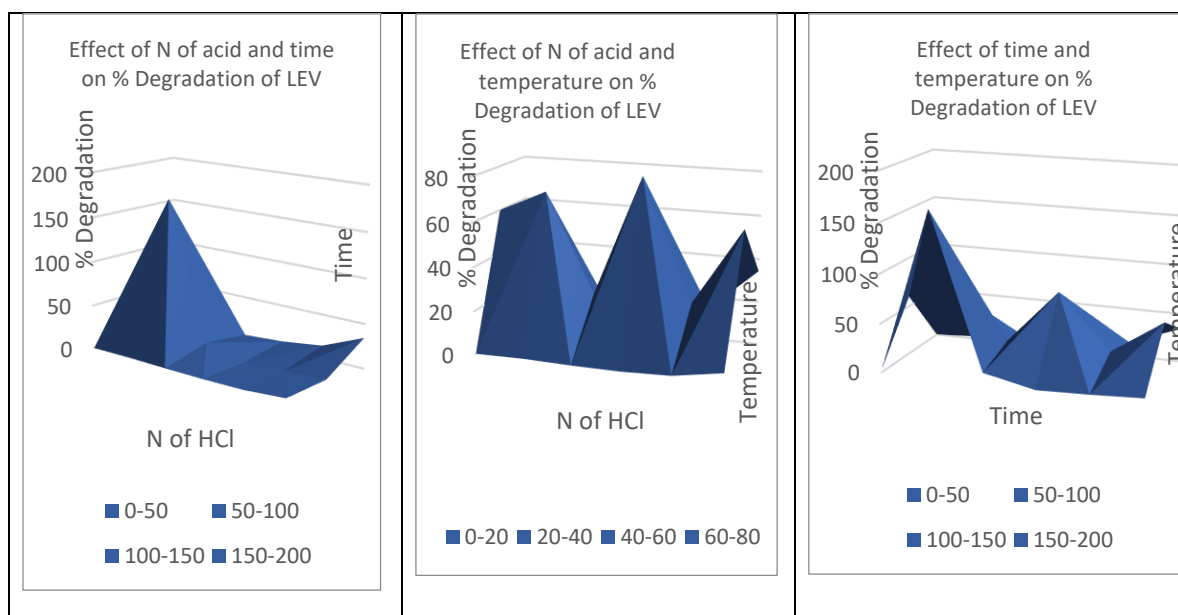


Fig.3.2 Effect of strength of acid, duration and temperature on the acid hydrolytic degradation of LEV

Stress degradation studies on levofloxacin showed significant degradation only upon acid hydrolysis, with descarboxyl levofloxacin as the major degradation product reported. Presence of other degradation products namely, desmethyl levofloxacin, levofloxacin-N-oxide and desethylene levofloxacin resulting from piperazinyl ring opening has also been reported along with other degradants. [45].

3.2.2 THERMAL DEGRADATION

Many APIs are sensitive to heat or tropical temperatures. When amlodipine was heated to 140 °C under atmospheric conditions and temperature maintained between 140 °C and 160 °C for 6 h, amlodipine was found to be fully degraded.

The FQs were exposed to a temperature of 60 °C for 6 h in a hot air oven and no degradation was observed.

The five FQs under investigation, namely, norfloxacin, ciprofloxacin, levofloxacin, ofloxacin and moxifloxacin, are reported to be stable to thermal degradation despite refluxing at 100 °C for 24 h[46]. This is in agreement with the reports of many other researchers[39,47].

3.2.3 OXIDATIVE DEGRADATION

Oxidation is one of the key reactions through which drugs undergo degradation in presence of molecular oxygen. Uncatalyzed oxidation of a substrate by molecular oxygen O₂ is termed as autoxidation. Autoxidation may start a chain process when the oxidized substrate, or superoxide, generates a reactive species that subsequently attacks additional substrate molecules in a sequence of steps[48].

“Initiation” is either through autoxidation by molecular oxygen or by reaction of substrate with other endogenous chain-initiating radicals. Chain-initiating radicals may be generated through exposure of the system to light, heat, and catalytic levels of redox-active transition metals.

Ranitidine HCl suffers 37.8% loss in potency when exposed to 3% hydrogen peroxide at room temperature[7]. Significant oxidative degradation was also observed in case of LEV with 15% H₂O₂ in the dark, and levofloxacin-N-oxide was the major degradant[45].

The effect of strength of peroxide, duration and temperature on the oxidative degradation of CIP and LEV has been researched and results of some of these studies have been tabulated below in Tables 3.4 and 3.5 and graphically represented in the following Fig.3.3 and 3.4.

Table 3.4 Oxidative degradation studies on CIP

Study	% of H ₂ O ₂	Duration (h)	Temp (°C)	Degradation	Ref
1	3	24	25	1.1	[37]
2	3	4	80	3.5	[36]
3	6	22	40	91.8	[38]

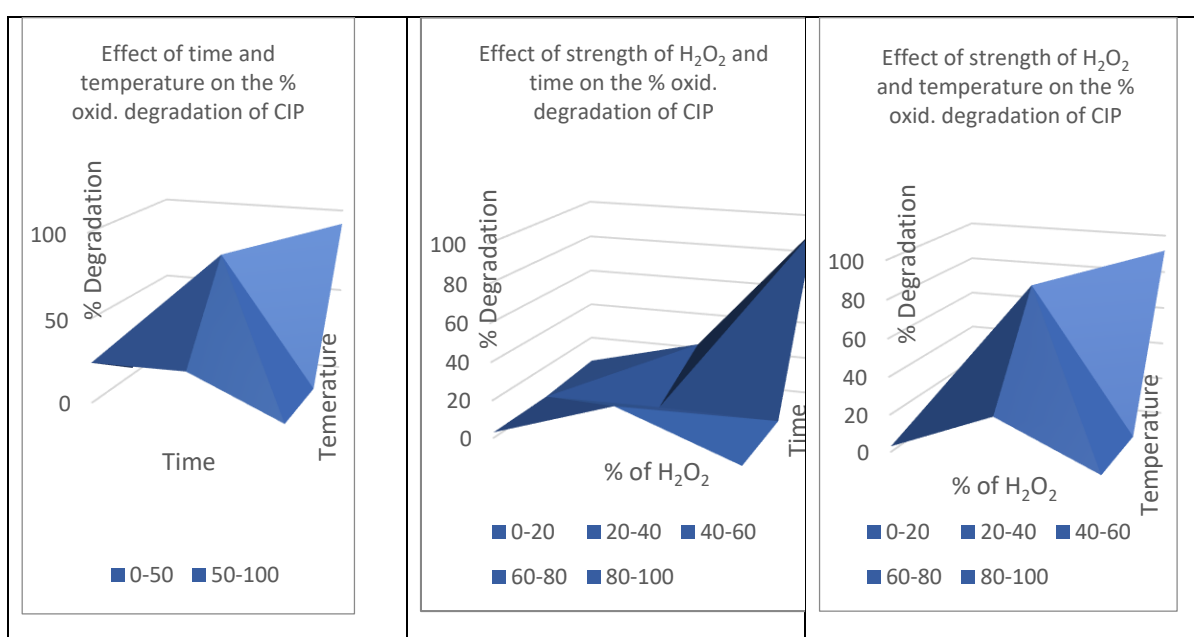


Fig.3.3 Effect of strength of peroxide, duration and temperature on the oxidative degradation of CIP

FQs are generally reported to be stable towards oxidation. However, forced oxidative degradation requires the presence of catalytic oxidizing agents like manganese dioxide (MnO₂) and chlorine dioxide (ClO₂) [49].

Table 3.5 Oxidative degradation studies on LEV

Study	% of H ₂ O ₂	Duration (h)	Temp (°C)	Degradation	Ref
1	0.01	12	25	12.7	[39]
2	30	0.08	25	12.3	[40]
3	30	1	25	9	[41]
4	3	1	80	66.44	[42]
5	3	0.5	60	3.9	[43]
6	3	3	25	13.2	[44]

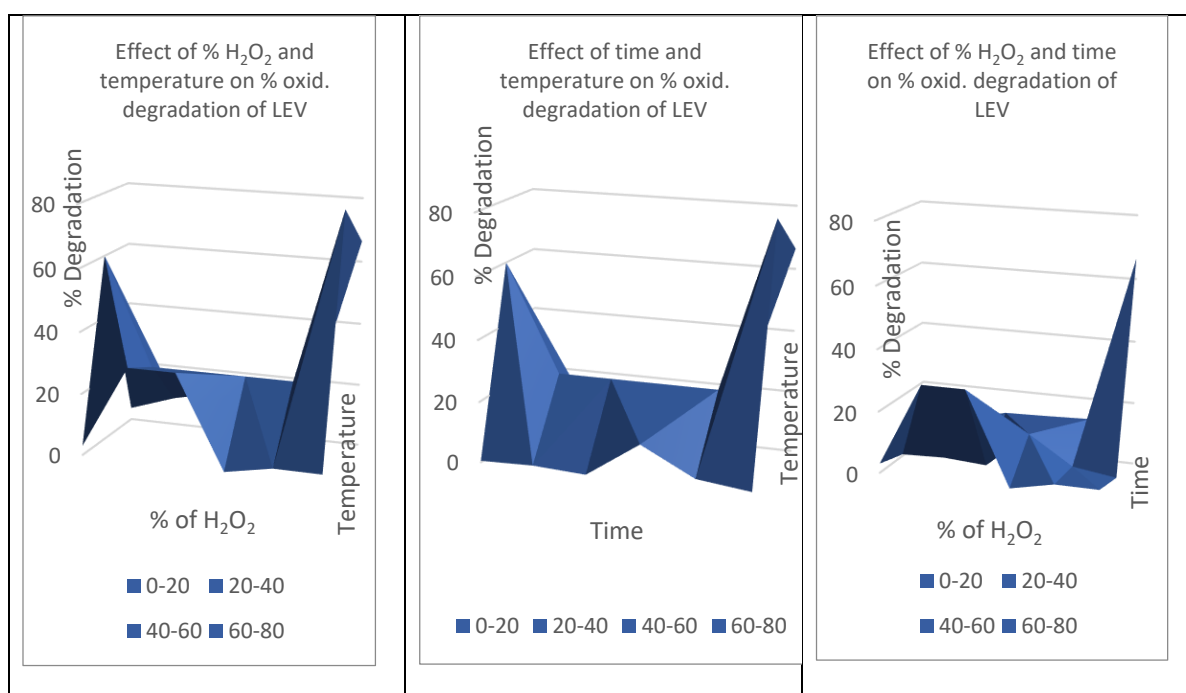


Fig.3.4 Effect of strength of peroxide, duration and temperature on the oxidative degradation of LEV

During the present study degradation was observed for LEV and CIP with 3% and 30% H₂O₂ at room temperature for 6 h.

The uneven slopes/ contours (Fig 3.1 to Fig 3.4) need to be construed as nonlinear behavior of drug exposed to extreme conditions or existence of certain other unknown parameters that determine the stability of the drug.

3.2.4 PHOTOLYTIC DEGRADATION

Photosensitive drugs are those molecules which undergo photodegradation i.e., degrade on exposure to light. From literature studied, it is evident that the fluoroquinolone class of therapeutic agents shows a tendency to undergo photolytic degradation.

The effects on photodegradation of sunlight, both natural and simulated, UV light at various wavelengths, irradiation power and duration of exposure have been observed by many researchers. Exposure may bring about an increase in temperature and this in turn will expedite degradation and may even change the reaction pathway leading to thermal degradation[50].

It is imperative that the molecule under investigation absorbs radiations at the wavelengths used for irradiation since degradation starts with absorbance of energy and molecules shifting to the excited state[51], and hence the source of light, its wavelength range, power of irradiation, temperature control provisions and many such factors play an important role in the study of photostability. An attempt to bring uniformity in such studies led to the introduction of Q1B guidelines by the ICH in 1996.

Drugs such as acetaminophen, amiodarone and dapsone, have been reported to get completely degraded in aqueous media on exposure to sunlight in 6 h[52]. Haloperidol underwent complete decomposition after 21 days exposure to daylight (transparent glass bottle)[53].

A detailed survey of literature revealed that conditions used for photodegradation studies were diverse and the results were not consistent, thus could not be presented graphically as has been done in case of acid hydrolytic and oxidative degradation of LEV and CIP through figures 3.1 to 3.4. The data has been reported in Tables 3.6 and 3.7.

Table 3.6 Photodegradation studies on CIP

Study	Wavelength λ (nm)	Power W	ICH guidelines	Solvent	pH	Duration (h)	Temp	Distance from source (cm)	Degradation % degraded	Ref
1	room light					4			98.7	[50]
2	room light					96			91.2	[50]
3	direct sunlight					3months		different packing		[54]
4	254					24	20	60	8.06	[55]
5	365					2712			15.56	[56]
6	high pressure mercury lamp			0.1M HCl	1.2	4			60	[57]
7	high pressure mercury lamp			citrate & borate buffers	3	1			15	[58]
8	high pressure mercury lamp			citrate & borate buffers	8.6	1			85	[58]
9	254			methanol		0.08			4.2	[59]
10	254			methanol		0.25			5	[59]
11	254			methanol		0.5			6.5	[59]
13	medium pressure mercury lamp	150		water, pH adjusted with NH ₄ Cl or KCl	9	2 min			64	[60]
14	medium pressure mercury lamp	150		water, pH adjusted with NH ₄ Cl or KCl	9	4 min			80	[60]

Table 3.7 Photodegradation studies on LEV

Study	Wavelength λ (nm)	Power W	ICH guidelines	Solvent	pH	Duration (h)	Temp	Distance from source (cm)	Degradation % degraded	Ref
1	sunlight					48			1.6	[40]
2			1.2 m lux h			72			1.6	[40]
3			1.2 m lux h						1.8	[40]
4	Daylight			0.9% NaCl		168			0	[61]
5	Daylight			5% dextrose		168			0	[61]
6	Daylight			Ringer's		168			0	[61]
7	Daylight			0.9% NaCl		2016			4.89	[61]
8	Daylight			5% dextrose		2016			3.99	[61]
9	Daylight			Ringer's		2016			14.4	[61]
10	solar simulator			0.9% NaCl		2016			5	[61]
11	solar simulator			5% dextrose		2016			8	[61]
12	solar simulator			Ringer's		2016			12	[61]
13	280-400	0.119-0.125 mW/m ²		0.1M HCl		2.5		15.5		[62]
14		200 W h m ⁻²	1.2 m lux h			264			0.7	[39]
15	Sunlight					120			27.82	[42]
16		200 W h / m ²							0	[41]
17	254					168			0.18	[43]
18	Sunlight					12			13.3	[44]

3.3 Process Related Impurities and Degradants.

The literature search was extended to include various related substances included in compendial monographs for the selected FQs. This helped to distinguish between process (synthesis) related impurities and degradants among the related substances notified in pharmacopoeia.

The data collected has been reported in Table 3.8.

Table 3.8 List of Impurities and degradants of selected Drugs

DRUG	PROCESS RELATED IMPURITIES	DEGRADANTS
CIP	Fluoroquinolonic acid[63,64]	Desethylene ciprofloxacin (metabolite and photodegradant too)[63,65–67]
	Desfluoro ciprofloxacin[63]	Decarboxy ciprofloxacin (through photodegradation or photo-induced oxidation) [60,63]
	7-chloro 6-piperazine derivative[64,68]	6-DesFluoro 6-Hydroxy Ciprofloxacin (photodegradant) [60,63]
LEV	Levofloxacin D-isomer (inactive isomer)[69,70]	Levofloxacin-N-oxide (inactive metabolite, photodegradant and oxidative degradant) [61,71–73]
	N-Desmethyl levofloxacin (active metabolite)[73–76]	Decarboxy Levofloxacin (formed through photodegradation or photo-induced oxidation) [73,77]
	9-Desfluoro levofloxacin[76]	N-Desmethyl levofloxacin (photodegradant) [45,73]
	Decarboxy Levofloxacin[76]	N,N-Desethylene Levofloxacin (photodegradant) [45,78]
	Difluoro Levofloxacin[79–81]	

	N,N-Desethylene Levofloxacin[78,82]	
MOX	6,8-difluoro moxifloxacin [83,84]	Decarboxylated Moxifloxacin (acid hydrolytic degradant) [83–86]
	6,8-dimethoxy moxifloxacin [83,84]	
	8-ethoxy, 6-fluoro moxifloxacin [83,84]	
	8-fluoro, 6-methoxy moxifloxacin [83,84]	
	6-fluoro, 8-hydroxy moxifloxacin [72,84,87]	
	Ethyl 1-cyclopropyl-6,7-difluoro8-methoxy-4-oxo-1,4-dihydroquinoline-3-carboxylate[72]	
	1-Cyclopropyl-6,7-difluoro-8-methoxy-4-oxo-1,4-dihydroquinoline3-carboxylic acid[72]	
	1-Cyclopropyl-6,7-difluoro8-hydroxy-4-oxo-1,4-dihydroquinoline-3-carboxylic acid[72]	
1-Cyclopropyl-6-fluoro-8-methoxy-7-((4aS,7aS)-1-methyltetrahydro1H-pyrrolo[3,4-b]pyridin-6(2H,7H,7aH) -		

	yl)-4-oxo-1,4-dihydroquinoline3-carboxylic acid[72]	
NOR	7-chloro-6-fluoro-norfloxacin[88–91]	1-ethyl-6-fluoro-7-(piperazin-1-yl) quinolin-4(1H)-one Decarboxylated deriv (photodegradant and oxidative degradant)[92–96]
	6,7-bis(piperazin-1-yl) norfloxacin[92]	7-[(2-aminoethyl) amino] norfloxacin Ethylenediamine derivative (photodegradant and oxidative degradant)[92–95,97]
	7-chloro -6-(piperazin-1-yl) norfloxacin[92]	6-fluoro-7-(4-formylpiperazin-1-yl) norfloxacin (photodegradant)[92,94,95]
	6-chloro -7-(piperazin-1-yl) norfloxacin[92]	7-amino derivative (photodegradant) [94,95]
OFL	N-Desmethyl ofloxacin[98,99]	Ofloxacin-N-oxide (photodegradant and oxidative degradant) [98,99]
	Desfluoro ofloxacin[98,99]	Decarboxy ofloxacin (photodegradant) [98,99]
	Decarboxy ofloxacin[98,99]	
	Difluoro ofloxacin (difluoro pyrido benzoxazine carboxylic acid)[99]	
	9-methyl Piperazino ofloxacin[98–100]	

3.4 Review of Reported Methods

HPLC methods reported in literature were compiled and compared with proposed methods. The methods found in literature are presented in Table 3.9, 3.10, 3.11, 3.12 and 3.13 for CIP, LEV, MOX, NOR and OFL respectively.

Drug 1: Ciprofloxacin

A detailed literature search revealed 66 HPLC methods, among which 10 reported methods used gradient elution, 41 methods used fluorometric or MS detection, 9 methods needed specialized techniques or rare columns whereas 10 of the methods worked at elevated temperatures. The rest of the reported methods were found to be using a higher proportion of organic phase as compared to developed method.

Table 3.9. HPLC methods reported in literature in case of Ciprofloxacin

Sr. No.	HPLC Method variables					Retention time for drug peak (min)	Acid/ Base/ Neutral hydrolysis/ Oxidation/ Photolytic/ Thermal (Or stability)	Degradants/ Peak (Name and structure)	Comparison with Developed Method (DM) with Reported Method (RM)	Remarks	Reference
	Column	Column temp (°C)	Mobile Phase	Flow rate (mL/min)	Detection (FL/ UV) (nm)						
1	Polystyrene-divinylbenzene RP (PLRP-S)	30	0.02M trichloroacetic acid (pH 3.0) :Acetonitrile: methanol (74:22:4)	0.7	FL	apprx. 8.0 min from chromatogram	Freeze -thaw		Specialised column and FL detection for RM	Metabolites Fluorometric detection	[101]
2	C18	35	Gradient Acetonitrile: Phosphate buffer (20 mM adjusted to pH 3 with PA; 16mL of Tetramethylammonium hydroxide to 1L buffer)	1.5	FL	4.7	No degradation after keeping 10hr in autosampler	No structures	Gradient and FL detection in case of RM	Metabolites in plasma	[102]
3	C18	RT	Water: Acetonitrile:Triethylamine (80:19:1)	1.4	275	4.6	Not mentioned	No structures		Residues in eggs after end of treatment	[103]
4	C18	50	Acetonitrile:methanol:5%acetic acid (5:5:90)	1.0	280	Apprx 12min as mentioned	Not mentioned	No structures	Elevated temp for RM	IS lomefloxacin	[104]
5	Pentafluorophenylpropyl		Gradient Potassium hydrogen phosphate (0.05	1.0	FL	14.843 (from chromatogram)	-70°C, freeze-thaw, autosampler,	No structures	Gradient elution and FL detection for RM Specialised column	IS NOR	[105]

			mol/L, pH 3 adjusted with phosphoric acid) and acetonitrile				5°C, daylight at RT				
6	C18		Gradient Acetonitrile: Potassium Phosphate buffer (5mM, pH3)		FL		Photodegradation in presence of org matter		Gradient elution and FL detection for RM	Mentioned as modification of method 43 by Yorke	[106]
7	Column switching C18 to C8		Mobile phase 1 -20mM phosphate buffer pH 3.5 : Methanol (97:3) to Mobile phase 2- 20mM phosphate buffer pH 3.5: Acetonitrile (85:15)	1.0	FL	9.58	No	No	Specialised techniques and FL detection for RM	2 columns	[107]
8	C18	Ambient	0.4M citric acid: methanol: Acetonitrile (10 :3:1)	1.0	FL	7.52	No	No	FL detection for RM	Pipemidic acid IS (Rt 4.88)	[108]
9	C18	Ambient	Acetonitrile: 2% acetic acid (16:84)	1.0	280	6.5	RT 48hr Freeze thaw cycles	No		Umbelliferone as IS (Rt 13.2)	[109]
10	C18		Acetonitrile: buffer (40:60) Buffer- 2g sodium acetate, 2g sodium citrate, 1mL Triethylamine in 850mL water, pH 4.5)	1.5	FL	1.06	Stability in infusion bags containing saline & glucose	No	FL detection for RM	OFL & pefloxacin (different method parameters for each)	[110]
11	C18	40	Methanol: 25mM phosphate buffer pH 3.0 (28:72)	1.0	293	3.42	No	No	Elevated temp for RM	LEV (Rt 2.86) & MOX(Rt 9.98)	[111]
12	C18		Linear gradient		280				Gradient elution for RM	simultaneous determination of grepafloxacin, ciprofloxacin, and theophylline in human plasma and urine	[112]

13	C18		Gradient Methanol: Acetonitrile: formate buffer, 1M, pH3	1.0	280	3.19	No	No	Gradient elution for RM		[113]
14	C18	RT	Water: Acetonitrile: Triethylamine (80:20:0.3); final pH 3.3 with Phosphoric acid	1.0	279	2.45	No	No	Higher proportion of ACN as compared to DM	CIP & NOR (Rt 2.3); not simultaneous	[114]
15	C18		Acetonitrile: methanol: acetate buffer (pH 3.6, 005M) (10:30:60)	0.8	FL	5.1	No	No	FL detection and high proportion of organic phase	Anthranilic acid as IS (Rt 8.8)	[115]
16	C18		20:80 Acetonitrile : aqueous solution Aq soln- 0.02 M potassium dihydrogen phosphate, 0.006 M PA, 0.012M tetraethyl ammoniumbromide, adjusted pH to 3 with 2M sodium hydroxide	1.0	FL	2.28	No	No	FL detection for RM Multiple components in buffer of mobile phase for RM	Simultaneous with ENRO (Rt 3.3) SARA as IS (Rt 4.4) CIP as metabolite of ENRO	[116]
17	C18		65% methanol in phosphate buffer Buffer- (0.055 M potassium phosphate monobasic and 0.018M sodium phosphate dibasic) with 0.0055M hexadecyltrimethyl ammonium Bromide; adjusted to pH 7.4 with sodium hydroxide	1.0	313	4.3	No	No	High proportion of organic phase	Nalidixic acid as IS (Rt 7.3)	[117]
18	C8	50	0.16% <i>ortho</i> -phosphoric acid (adjusted to pH 3.0 with tetrabutyl ammonium hydroxide) with 20 ml/L acetonitrile per litre solution added after adjusted pH	1.0	FL	6.0	16hr at 5°C	No	Elevated temp and FL detection in RM	ENR (Rt 10min)	[118]
19	C18	Amb ient	Acetonitrile: 0.025M PA adj.to pH 3 with Tetrabutylammonium hydroxide	2.0	FL	4.0	No	No	FL detection in RM	Comparison with microbio assay	[119]

20	C18	Ambient (23°C)	10mM Sodium dodecyl sulphate, 10 tetrabutyl ammonium acetate 25mM citric acid with 43% Acetonitrile	1.0	280 (UV) & FL	9.0	No	No	FL detection in RM	LEV as IS (Rt 7.0min)	[120]
21	C18		Acetonitrile:PA: Tetrabutylammonium hydroxide (100: 1.67:15) in 1 L water	2.0	FL	2.7	No	No	FL detection in RM	IS (A-56619) Rt 4.0 NOR (Rt 2.3)	[121]
22	C18		0.01M phosphate buffer pH 2.6 :Methanol (82:18)	2.0	277	8.3	Solution stability at RT	No	Higher proportion of organic phase (meth) coupled with high flow rate will give high back pressures	OFL as IS (Rt 10.6)	[122]
23	C18	ambient	(0.04M) 1.9ml PA with 1.4g Tetrabutyl amm.iodide, 300 ml methanol, 700ml water; pH 2.2	1.0	278	7.5			High proportion of organic phase	Serum NOR(Rt7.0),OFL (Rt6.5) & peloxacin (Rt 6.5) IS DL8357 (Rt 4.1)	[123]
24	C8		(41:59) 0.018M Phosphate buffer+ 0.1% Triethylamine, pH adj to 3 with PA :methanol	1.5	270	3.522	Stress testing: 5M NaOH & HCL, 40°C/ 75%RH for various time intervals Oxid.6% H ₂ O ₂ at 40°C/ 75%RH for 22hr	6 peaks under acid, base & thermal 2 peaks under oxid & photolytic (could be of CIP or dexa)	High proportion of organic phase	Formulations, serum, urine Dexamethasone (Rt 7.628)	[38]

							Thermal: at 40°C/ 75%RH for 22hr Photolytic: sunlight for 1.25 hr				
25	C18	40	0.1%PA, pH 3: methanol (70:30)	0.6	FL	3.2	Stress degradation: N NaOH/ HCl, 30min, 60°C 3% H ₂ O ₂ , 30min, 60°C UV chamber, 4 days Thermal- 80°C, 4 hr	No	Elevated temp and FL detection in RM		[124]
26	C18 for both methods	Ambient	A- Tetrahydrofuran: Acetonitrile: 1-hexanesulphonic acid sodium (0.005 M, pH 3.0 with 0.1 M phosphoric acid) (10:5:85, v/v/v) B- Tetrahydrofuran: Acetonitrile: 1-hexanesulphonic	1.0	A: 254 B: 220	12	Impurities used		THF not healthy for humans and for PEEK material in HPLC system	2 methods for 20 <u>related compounds</u> - 1 for CIP & components eluting before CIP (1 st 12min). Other for components eluting after CIP (after 12min)	[125]

			acid sodium (0.005 M, pH 3.0 with 0.1 M phosphoric acid) (25: 15:60, v/v/v).							Total run time 35min	
27	C8		Acetonitrile:methanol: citric acid (0.4mol/L) (7:15:78)	1.2	275	8.566	Solution stability 6months of refrigeration	No	2 components in organic phase of mobile phase in RM	Serum & pharmaceuticals Enoxacin (Rt 6.571) NOR(Rt 7.812) OFL (Rt 7.266) HCT as IS (Rt 4.272)	[126]
28	C18	40	Acetonitrile: phosphate buffer adjusted to pH 2.7 with PA (23:77)	1.0	278	8.5	Freeze-thaw, autosampler and long term stability for 4 weeks (in plasma)	No	Elevated temp in RM	Plasma	[127]
29	C18		Acetonitrile:water:Triethylamine (25:75:1), pH adjusted to 6 with PA	1.0	300	2.7	RT for 6 days	No	Higher proportion of organic phase as compared to DM	Simultaneous with: OFL(Rt 3.5) Tinidazole (Rt 4.5) Ornidazole (Rt 5.8)	[128]
30	C8	50	5%acetic acid : methanol: Acetonitrile (90:5:5)	0.5	280	9	Left standing for 15hr	No	Elevated temp in RM	Plasma Lomefloxacin as IS (Rt 11min)	[129]
31	C8		1%Triethylamine, pH3.0 : Acetonitrile (14:86)	1.0	FL	14.5	RT for 24 hr	No	FL detection	Serum	[130]

							-20°C for 3 months Freeze-thaw cycles			With pazufloxacin (Rt 11.3) and LEV (Rt 12.8) from fig	
32	C8		Buffer- 0.068% PA adjusted to pH 3 with Triethylamine Acetonitrile: buffer (20:80)	0.5	FL	9.5	no	No	FL detection	CIP as metabolite of ENRO In bovine & porcine muscle ENRO (Rt 12min from fig)	[131]
33	C18	25	(30:70) Acetonitrile: water with 0.1% glacial acetic acid adjusted to pH 2.8 with PA	1.0	299	Not mentioned	0.5N NaOH/HCl, 50°C, 5hr 3%, 25°C, 24hr 80°, 5hr Photo: white florescent lamp, 1.2 million lux hours and near ultraviolet (UV) 200 watt/m ² /h at 25°C	Impurity (EDA) used	Higher proportion of organic component in mobile phase of RM	With ornidazole. Impurity (EDA) used. No data on Rt, no chromatogram available	[132]
34	Pentafluorophenyl core-shell	25	Gradient Acetonitrile: phosphate buffer 20mM, pH 2	1.0	UV DAD 280 & FL (different	4.7 (from chromatogram)	24hr at 4°C; -80°C for 2months;	No	Specialised column Gradient elution in RM	Urine & plasma With LEV (Rt3.8), MOX (Rt 7.1) & gemi (Rt	[133]

					ex& em for each drug)		Freeze-thaw cycles			7.3) from chromatogram	
35	C18	Ambient	Acetonitrile: 0.1 M Sodium dihydrogen phosphate, pH 3.9(2:8)	2.0	FL	4.55	No	No	FL detection	Gingival crevicular fluid IS Quinine sulphate (Rt13.25)	[134]
36	C18	30	Gradient Eluents- Acetonitrile /Methanol/0.025M TBA·Cl/TFA A : 75/25/899/1 B :150/50/799/1 both at pH 3.5	250µl/min	FL	6.6	Autosampler for 15hr Freeze-thaw	No	FL detection and gradient elution in RM	Plasma With MOX Rt 13), OFL (Rt 4.5) and IS (sarafloxacin Rt 10.6)	[135]
37	C18	Ambient (23)	10mM SDS, 10mM tert-Butyl acetoacetate, 10mM citric acid with 43% Acetonitrile adjusted to pH 3.5	1.0	UV 293 FL	5.5 (from chromatogram)	RT for 24hr -70°C for 3months Freeze-thaw cycles	No	High organic component in mobile phase of RM, multiple components in RM FL detection	Plasma LEV Gati MOX Trovafloracin Cinoxacin (Rt not clear)	[136]
38	C18	26	Gradient A: 0.4% phosphoric acid, pH 2.45	1.2	280 (for CIP) 293	9.5	-20°C for 6 months Freeze-thaw	No	Gradient elution	LEV(Rt 8.9) MOX(Rt 14.9)	[137]

			B: methanol: Acetonitrile (1:3)							Pefloxacin(Rt 9.2) Gatifloxacin (as IS) (Rt 12.1)	
39	C12	40	0.025M PA: methanol: Acetonitrile (75:13:12), pH adjusted to 3.0 with Triethylamine	1.0	FL	3.6	Stored at various temp 7 checked at 7 & 30 days	No	Elevated temp in RM FL detection	Plasma Sarafloxacin as IS (Rt 7.0)	[138]
40	UPLC BEH C18	45	A: aq.0.1% formic acid-2mM ammonium acetate, pH 2.82 B: methanol. 0.1% formic acid-2mM ammonium acetate, pH 4.3	0.3	MS	1.02	Freeze-thaw cycles RT, 4°C, -20°C for 24hr to 3 months	No	Specialised technique Elevated temp in RM MS detection	Plasma UPLC-MS but no MS data LEV (Rt 0.86) MOX (Rt 1.34) Rifampicin (Rt 1.68)	[139]
41	C18	21	2.5%acetic acid: methanol: Acetonitrile (70:15:15)	1.0	275	2.62min	No	No	High proportion of organic phase in mobile phase of RM	Ophthalmic solution	[140]
42	PLRP-S (polymeric)	50	0.02M PA: Acetonitrile (85:15)	0.8	FL	6.07-6.12 min	No	No	Elevated temp in RM FL detection	9 quinolones (simultaneous) in chicken tissue	[141]
43	C18		Acetonitrile: 0.25M PA (60:40)	1.0	275	5.0	No	No	High proportion of organic phase in mobile phase of RM	Serum, aqueous humour. Oph.drops, tablets. Acetaminophen as IS (Rt 3.0)	[142]
44	C18	Ambient	Acetonitrile: methanol: 1% acetic acid (8:8:84)	1.5	280	7.7	0.1N NaOH, 0.1N	No	Both ACN and meth needed in mobile phase of RM		[42]

							methanolic HCl for 24hr 254nm for 24hr 60°C for 24hr				
45	C18		Acetonitrile:0.005 M tetrabutylammonium bromide (10:90) pH adjusted to 2.0 with phosphoric acid	2.0	254	2.4				High flow rate. Also pH 2.0 is not healthy for C!8 column	[143,144]
46	C18	25	0.02 M sodium phosphate buffer– Acetonitrile (65:35), pH 3, containing 0.2% triethylamine and 0.2% sodium dodecyl sulphate	1.75	280	4.67	Storage stability Freeze thaw	No	With OFL & other FQs Also identified LEV but not validate Tried in different matrices	Higher proportion of Acetonitrile in RM	[145]
47	C18		Methanol: Phosphate buffer		277 & FL		No	No	Comparison of method (C18 columns, ratio of meth & buffer)	More than 30% meth in all mobile phases	[146,147]
48	C18		Acetonitrile: tetrabutyl ammonium phosphate		FL	5.0	No	No	Metabolites in body fluids	FL detection	[148]
49	C18		Phosphoric acid, Tetrabutylammonium hydroxide, Ceric ammonium nitrate	2.0	FL	5.0	no	No	Body fluids	FL detection	[149]
50	C18		pH 3 phosphate buffer/acetonitrile/ methanol (81/5/14)	1.5	FL	8.03	No	No	Serum, urine		[150]

51	C18		ammonium phosphate pH 2.5, Acetonitrile, Methanol (80:13:7)	4.0	FL	5.0	No	No	Plasma	Higher proportion of organic phase FL detection	[151]
52	C18	ambient	methanol-acetonitrile- 0.4 M citric acid (3:1:10);	2.0	275	9.5	No	No	plasma Pipemidic acid as IS	High proportion of organic phase	[152]
53	C18		Buffer containing phosphoric acid and Tetrabutylammonium hydroxide: Acetonitrile (88:12)	2.0	FL	3.6	No	No	Serum	FL detection	[153]
54	C18	40	0.1 M potassium phosphate, pH 2.5: Acetonitrile (81:19)	0.8	FL	12.0	No	No	Serum With metabolites Gradient for metabolites	FL detection	[154]
55	C18		0.3% Tetrabutylammonium hydroxide in 0.02 M potassium dihydrogen phosphate, adjusted with phosphoric acid to pH 3.0: methanol: Acetonitrile (0.3: 14:5)	1.7	FL	7.6			Serum Urine With metabolites	FL detection Higher ratio of organic phase	[155]
56	C18		(3:1:10) Methanol: Acetonitrile: 0.4M citric acid	1.0	275	10.51	No	No	In body fluids	Higher ratio of organic phase	[156]
57	C18		18 mM potassium dihydrogen phosphate with 0.13mM heptane sulphonic acid, methanol and concentrated phosphoric acid (700:300:1)		UV (278) & FL	8.5	No	No	Serum With NOR, OFL & other FQs With CIP metabolites	Higher ratio of organic phase in RP FL detection	[157]
58	Polystyrene divinyl	30	Acetonitrile: Methanol: 0.02M TCA adjusted to pH 3.0 (22:4:74)	0.5 to 1.0	UV (277) & FL	9.5 (from chromatogram)	No	No	Serum, bile, saliva.	Specialized column	[158]

	benzene C18								With CIP metabolites		
59	C18	RT	water: methanol: Acetonitrile (90:5:5)	1.0	FL				With NOR & OFL Blood, serum, urine	FL detection	[159]
60	C18		Acetonitrile-0.025 M orthophosphoric acid adjusted to pH 3.0 with Tetrabutylammonium hydroxide (11:89)	1.5	FL	3.1	No	No	Serum, urine with NOR	FL detection	[160]
61	C18		Acetonitrile-0.025 M phosphoric acid adjusted to pH 3.0 with Tetrabutylammonium hydroxide (5:95)	2.0	FL	3.5	No	No	Plasma, serum, urine	FL detection	[147]
62	Immuno affinity chromatography (HPIAC)				FL				Uses antiFQS	HPIC column FL detection	[161]
63	Phenyl	30	Gradient 1% formic acid adjusted to pH 3.0 with ammonia : Acetonitrile	0.5	FL- &MS		No	No	Multiresidues in egg	Specialised instrumentation/ columns/ detection Gradient elution	[162]
64	Phenyl	30	Gradient 1% formic acid adjusted to pH 3.0 with ammonia : Acetonitrile	0.5	FL- &MS		No	No	Multiresidues in egg	Specialised instrumentation/ columns/ detection Gradient elution	[163]

65	C18		Acetonitrile: phosphate buffer 0.02M	1.0	FL	4.317	No	No	With Sara, flume, enro, oxo. In Salmon muscle tissue	FL detection	[164]
66	C18	ambient	Acetonitrile: water with 0.04M PA, 0.1M Sodium dihydrogen phosphate, 0.5% sodium dodecyl sulphate and 0.005 M acetyl hydroxamic acid (42:58)	1.0	FL		No	No		Multicomponent aqueous phase, higher proportion of Acetonitrile, FL detection in RM	[165,166]

Drug 2: Levofloxacin

A detailed literature search revealed 45 HPLC methods, among which 9 reported methods used gradient elution, 9 methods used fluorometric detection, 7 methods needed sophisticated techniques or rare columns whereas 9 of the methods worked at elevated temperatures. The rest of the reported methods were found to be using a higher proportion of organic phase as compared to developed method.

Table 3.10. HPLC methods reported in literature in case of Levofloxacin

Sr. No.	HPLC Method variables					Retention time for drug peak (min)	Acid/ Base/ Neutral hydrolysis/ Oxidation/ Photolytic/ Thermal (Or stability)	Degradants/ Peak (Name and structure)	Comparison with Developed Method (DM) with Reported Method (RM)	Remarks	Reference
	Column	Column temp (°C)	Mobile Phase	Flow rate (mL/min)	Detection (FL/ UV) (nm)						
1	C18	Ambient (23)	10mM SDS, 10mM TBAA, 10mM citric acid with 43% Acetonitrile adjusted to pH 3.5	1.0	UV 293 FL	5.5 (from chromatogram)	RT for 24hr -70°C for 3months Freeze-thaw cycles	No	DM has less components in buffer	Plasma LEV Gati MOX Trovafloracin Cinoxacin (Rt not clear)	[167]
2	C18	RT (25)	Acetonitrile: 0.4% Triethylamine, pH adjusted to 3.0 with Phosphoric Acid (24:76)	1.0	FL	1.7	Freeze-thaw cycles 3 months at -20°C	No	DM uses UV detector which is more popular	Plasma MOX as IS (3.7)	[168]
3	C18	RT (25)	Acetonitrile: 0.3 % Triethylamine adjusted to pH 3.3 with Phosphoric Acid (20:80)	1.0	287/ 295				Stability indicating capacity of RM not mentioned High org phase		[169,170]
4	UPLC BEH C18	30	Acetonitrile: buffer (23: 77), (buffer: 20mM Dipotassium hydrogen phosphate + 0.1% Triethylamine, pH 2.5 by Ortho phosphoric acid).	0.4	294	1.4	0.1M HCl/NaOH, 80°C for 1 hr 3% H ₂ O ₂ , 80°C 1hr Thermal: 80°C 1hr		DM uses usual C18 column	% degradation reported; highest in oxid. No data of retention times	[42]

							Sun 48 hr				
5	C18	20	Gradient	0.25	FL	8.3	4°C , 14 days RT, 12 hr Autosampler, 15 hr	No	DM is isocratic And uses UV detection	Plasma IS MOX 16.7	[171]
6	C18	25	Gradient Acetonitrile:0.6% Triethylamine adjusted to pH 3 with Ortho Phosphoric acid	1.2	284		Freeze-thaw, 37°C, Long n short term			Biomimetic media	[172]
7	C18	25	0.05M citric acid monohydrate: 1 M ammonium acetate : Acetonitrile (84:1:15)	1.0	293	11.2	0.1N HCl/NaOH and 3% H ₂ O ₂ , 60°C for 2hr, thermal 105°C for 48hr, uv for 7days	No		In injection	[43]
8	C18	30	0.5% glacial acetic acid adjusted to pH 3.0 with ammonia solution : methanol (45:55)	1.0	290	5.4	1N HCl, 1 N NaOH, 3hr RT 3% H ₂ O ₂ , 2hr, RT Thermal- 80°C 3hr Sunlight for 12hr	No peaks reported (though seen in figure)	DM uses lower proportion of organic phase	With cefixime	[44]
9	C18	40	0.1mol/L Dipotassium hydrogen phosphate/Acetonitrile/ Methanol / Trifluoroacetic acid in a ratio of 80/15/5/ 0.3	0.8	294	2.6	1M HCl, NaOH, 3% H	Prominent peak of oxidant seen in chromatogram, not mentioned in text	DM uses simpler MP with less components. RM uses elevated temperature.	Comparison of different suspension vehicles	[173]
10	C18	40	0.04 M Ortho phosphoric acid buffer adjusted to pH 3 with Triethylamine: Acetonitrile (87:13)	1.0	284	Around 6.5 from	RT, fridge for 48hr		RM uses elevated temperature.	Injection With 5 hydroxy methyl furfural as degradant from	[174]

						chroma togram				glucose/dextrose in formulation	
11	Zorbax SB-Phenyl	45	0.094M phosphate buffer, methanol, Acetonitrile, Trifluoroacetic acid (80:5: 15:0.3)	1.0	294	Not mentioned Around 15 min from chromatogram	Sunlight for 57days, 1N NaOH, H ₂ SO ₄ , 60°C for 2 hr	Known impurities and degradants used (des-fluoro, des-methyl, diamine deriv, N-oxide)	RM uses elevated temperature, phenyl column, more components in MP	% degradation in acidic conditions mentioned	[175,176]
12	C8	40	80:20 (water, pH adj with Ortho phosphoric acid: methanol)	0.8	270	3.0			RM uses elevated temperature, C8 column, no stability indicating data.	Combined tablet with cefpodoxime proxetil	[177]
13	C18	40	0.01 M Dipotassium hydrogen phosphate:methanol:0.5 M tetrabutyl ammonium hydrogen sulphate (75:25:4)	1.0	290	4.84			RM uses elevated temperature, no stability indicating data.	CIP as IS (6.74min)	[178]
14	C18	32	20mM Dipotassium hydrogen phosphate (pH 2.5): Acetonitrile (80:20)	1.0	235	5.9			RM uses controlled temperature, no stability indicating data.	Gatifloxacin as IS (10.1min)	[179]
15	C18	40	Methanol: 25mM phosphate buffer pH3 (28:72)	1.0	293				RM uses elevated temperature, no stability indicating data.	3 FQs LEV, CIP, MOX Rt not clear	[111]
16	C18	ambient	Methanol: water (70:30)	1.0	294	2.1			RM reports no stability indicating data. High meth ratio		[180]
17	Column								DM is simple, no column switching		[181]

	switching										
18	C18	40	0.1%FA in methanol :0.1%FA in water (21:79)	0.5		1.9			DM does not use elevated temp	CIP (2.5) IS is Enro (2.8min)	[182]
19	Water Acquity HSS T-3 C18	50	Gradient 0.1% Triethylamine: Acetonitrile	0.45	288	2.319	0.1 N NaOH/HCl 105°C, 96hr 30% H ₂ O ₂ UV & sunlight 96hr		DM is isocratic, simple HPLC (not UPLC), does not use elevated temp	UPLC	[183]
20	C18		Gradient 0.01M Sodium dihydrogen phosphate, pH2.7: Ceric ammonium nitrate	1.5	FL	7.1		CIP (7.7min) Desmethyl Lev (7.7min) Lev N-oxide	DM uses isocratic mode, popular UV detection	With MOX 9.7min	[184]
21	C18	25	Gradient 0.1% FA adjusted to pH 3.0 with Triethylamine: methanol: Acetonitrile	1.0	FL	3.6			DM uses isocratic mode, popular UV detection RM does not provide stability data	With GAT, PAZU, MOX, NOR as IS (4.4)	[185]
22	C8		1% Triethylamine (pH3): Acetonitrile (86:14)	1.0	FL	12.789	RT, freeze thaw, -20°C		DM uses popular C18 column and UV detection	CIP(14.512) Pazu(11.248)	[130]
23	C8 & C18	40	Gradient 15mM citrate buffer, pH adjusted to 3.2 with 5N sodium hydroxide: methanol: Acetonitrile	1.5	280	7.8	from chromatogram		DM is isocratic, does not use elevated temp. No stability data in RM	7 FQs Marbo as IS	[186]

24	C18	30	PO ₄ Buffer: Acetonitrile: methanol with Triethylamine to pH 5.2 (650:250:100)	1.0	220	3.38			RM uses controlled temperature, no stability indicating data.	With ambroxol (6.08)	[187]
25	C18		1.5 mM potassium dihydrogen phosphate pH adjust to 4.5 with phosphoric acid) with 0.0125% Triethylamine–methanol (70:30)	1.0	292	Not mentioned			DM uses lower proportion of organic component. No stability data in RM	With ceftriaxone, metronidazole	[188]
26	C18	25	10 mM phosphate buffer at pH 3.0 (containing 0.01% triethylamine)–acetonitrile (76:24, v/v)	1.0	FL				DM uses popular UV detection, lower proportion of organic component. No stability data in RM	Terazosin as IS	[189]
27	Pentafluorophenyl core shell	25	Gradient Phosphate buffer: Acetonitrile	1.0	UV 280 & FL				DM uses popular C18 column with isocratic elution. RM does not mention stability data	With CIP, MOX, Gemi	[133]
28	C18	ambient	Phosphate buffer pH3: Acetonitrile (40:60)	0.7	295	2.448			DM uses lower proportion of organic component		[190]
29	C18	26	Gradient 0.4% Phosphoric acid and 1:3 mix of methanol: Ceric ammonium nitrate	1.2	293	8.9			DM uses isocratic mode. RM does not mention stability data	With Peflo(9.2), CIP (9.5)& MOX(14.9) Gati (12.1) as IS	[137]
30	C18	35	phosphate buffer (pH 2.5)–Acetonitrile (80:20)	1.0	293	6.0			DM does not use elevated temperature. No stability data in RM	LEV as IS Gati(10.8) , Spar(12.8) & MOX(17.0)	[191]

31	UPL C BEH C18		Gradient water-formic acid (100:0.1, v/v)- ammonium acetate 2 mM (A) and methanol-formic acid (100:0.1, v/v)-ammonium acetate 2 mM	0.3	MS	0.86			RM comprises UPLC with MS detection and gradient mode. DM is simple	LEV, MOX(1.34), CIP(1.02) and rifampicin(1.69)	[139]
32	C18	30	0.1%FA: 0.1% FA in Acetonitrile (60:40)	0.5	MS	2.58			DM uses simple UV detection. RM uses MS detection, higher organic component, elevated/ controlled temperature	Enro is used as IS (2.66) With MOX(2.82)	[192]
33	C18		Acetonitrile: potassium dihydrogen phosphate: methanol (20:70:10)	1.2	306	3.433			RM has more components in MP (both meth and Acetonitrile); no stability data	With Ambroxol (6.887) QbD	[193]
34	C18		Methanol:0.01M ammonium acetate(70:30)	1.0	265	3.0			No stability data. Chromatograms show peaks with less RS, shoulder for IS peak	With amoxicillin & lansoprazole. Paracetamol as IS	[194]

35	C18	25	Acetonitrile:water (5:6) with Phosphoric Acid added to adjust pH to 2.9	1.0	260 265 270 275 280	3.8			RM has high proportion of Acetonitrile, multiple wavelengths for multivariate analysis	With propylparaben as IS (7.8min)	[195]
36	C18	35	Sodium dihydrogen ortho-phosphate buffer pH 2.5: Acetonitrile (80:20)	1.0	293				RM reports low recovery for IS LEV (63.47%)	Gati, spar, moxi. Levo as IS	[191]
37	C18		Acetonitrile: 10 mM <i>o</i> -phosphoric acid (25:75)		FL				More data not available	Moxi as IS	[196]
38	C18		Gradient Acetonitrile:0.1 M phosphoric acid: sodium hydroxide buffer (pH 3.0):0.01 M n-octylamine (pH 3.0)	1.0	292- LEV 294- MOX	7.5	No degradation studies		Complicated buffer Cefepime with 3 FQs, LEV, MOX and garenoxacin Urine	MOX 8.9 Gare 10.5	[197]
39	C18	RT (24)	water: acetonitrile:phosphoric acid 0.025 M, pH adjusted to 3.0 with triethylamine (60:20:20)	1.0	294	3.52	No degradation studies		Higher proportion of Acetonitrile Compared with uv spectro mtd		[198]

40	C18		Acetonitrile: water (80:20 v/v) adjusted to pH 3.5 by Ortho phosphoric acid	1.4	296	1.38	No degradation studies		Plasma, saliva Run time 2min		[199]
41	C18		Acetonitrile:0.2% Triethylamine adjusted to pH 3.15 with Ortho phosphoric acid	1.0	315	2.99	No degradation studies		Tailing of peaks 1.5	Ornidazole 4.81	[200]
42	C18	35	Copper(II) sulfate pentahydrate (5 mM) containing L-isoleucine (10 mM)-methanol (87.5:12.5)	1.0	330	Levo 8min			Stereospecific Chiral reagents added for chiral separation	D-isomer 10 min CIP (IS) 13min	[201]
43	C18		Acetonitrile: methanol: phosphate buffer (pH 3) (17:3:80)	1.0	295	7.66				CIP as IS (8.5min)	[202]
44	C18	ambient	25 mM sodium phosphate monobasic monohydrate and 0.1% trifluoroacetic acid (pH 2.4); Acetonitrile (86: 14)	1.5	266	8.0	No degradation studies		plasma	CIP as IS (9.4 min)	[203]
45	C18 (18e)		methanol: 0.025M potassium dihydrogen phosphate adjusted to pH 3 using Orthophosphoric acid (20:80)	4.0	290	1.1	No degradation studies		Separation achieved in 5min. Requires special column	With lome (2), spar(2.98) and gati(4.3)	[204]

Drug 3: Moxifloxacin

A detailed literature search revealed 54 HPLC methods, among which 15 reported methods used gradient or stepwise elution, 16 methods used fluorometric detection, 5 used MS detection, one used ECD detection, 5 methods needed sophisticated techniques or rare columns whereas 7 of the methods worked at elevated temperatures. The rest of the reported methods were found to be using a higher proportion of organic phase as compared to developed method.

Table 3.11. HPLC methods reported in literature in case of Moxifloxacin

Sr. No.	HPLC Method variables					Retention time for drug peak (min)	Acid/ Base/ Neutral hydrolysis/ Oxidation/ Photolytic/ Thermal (Or stability)	Degradants/ Peak (Name and structure)	Comparison with Developed Method (DM) with Reported Method (RM)	Remarks	Reference
	Column	Column temp (°C)	Mobile Phase	Flow rate (mL/min)	Detection (FL/ UV) (nm)						
1	C18	25	Phosphate Buffer: Methanol (55:45)	1.0	293	5.855	No	No	Higher proportion of organic phase in RM	OPA adjusted with TEA (pH 6.0 or 2.5 not clear)	[205]
2	Column switching	20	2 mobile phases	1.0 & 1.2	FL	13.4	No	No	Column switching and FL detection	With LEV and gatifloxacin	[181]
3	Column switching	20	2 mobile phases	1.0 & 1.25	FL	5.7	No	No	Column switching and FL detection		[206]

4	C18	50	Gradient 0.01 mol/l tetrabutyl ammonium sulphate and 0.05 mol/l sodium dihydrogenephosphate (a, pH 3.0) And Ceric ammonium nitrate	1.1 & 1.3	FL	12.8	No	No	RM requires elevated temp, gradient elution and fluorimetric detection	HPLC compared with bioassay. Biofluids	[207–210]
5	C8	50	0.16% Ortho phosphoric acid adjusted to pH 6 with Tetrabutylammonium hydroxide: Acetonitrile (100:5)	1.5	FL	6.0	no	No	RM uses elevated temp and fluorimetric detection	Serum sample	[211]
6	C18		Methanol: Acetonitrile: water (85:5:10) water pH adj to 2.75	1.0	290	2.0	no	no	Higher proportion of organic phase in mobile phase of RM	Serum Dead time needs to be checked	[212]
7	C18	45	Gradient A: 10 ml Phosphoric acid + 1 ml trifluoroacetic acid in 1000 ml water (pH adjusted to 2.2 with triethylamine) and methanol in the ratio of 85:15. B: methanol and water in the ratio of 80:20	1.0	295		no	no	RM uses elevated temp and fluorimetric detection	With synthesis related impurities	[87]
8	C18	45	Water with 2% Triethylamine adjusted to pH 6 : Acetonitrile (90:10)	1.5	290	5.0	no	no	RM uses elevated temp	With impurities	[213]

9	C18		Gradient Acetonitrile/0.1 M phosphoric acid/ sodium hydroxide buffer (pH 3.0)/0.01 M n-octylamine (pH 3.0)	1.0	294	8.9	no	no	RM uses gradient elution	With cefepime and LEV & garenoxacin. Different wavelengths for each drug. Urine sample.	[197]
10	C18	Ambient (23)	10mM SDS, 10mM tert-Butyl acetoacetate, 10mM citric acid with Acetonitrile adjusted to pH 3.5 (57:43)	1.0	UV 293 FL	5.5 (from chromatogram)	RT for 24hr -70°C for 3months Freeze-thaw cycles	No	DM has less components in buffer	Plasma LEV Gati MOX Trovafloracin Cinoxacin (Rt not clear)	[136]
11	LC-ESI/MS-MS C18		0.1% formic acid: Acetonitrile (60:40)		MS	2.75	No	No	LC-ESI/MS-MS Higher proportion of Acetonitrile in RM	In plasma With lomefloxacin as IS	[214]
12	C18		Acetonitrile:10mM potassium dihydrogen phosphate buffer adjusted to pH 4 (18:82)	1.25	296	6.0	No	No	Higher proportion of Acetonitrile in RM	Plasma and lung samples	[215]

13	C18	25	Acetonitrile: 0.25 mol/L Trisodium phosphate pH 3 (5:95)	1.0	FL	3.55	No	No	FL detection	OFL as IS Plasma	[216]
14	C18		Acetonitrile: 10 mM orthophosphoric acid (pH 2.5) (80:20)	1.2	FL	4.795	No	No	FL detection Higher proportion of Acetonitrile in RM	NOR as IS Plasma	[217]
15	C18	35	Gradient Dihydrogen phosphate buffer 50mM :Acetonitrile	1.0	270 & 280 (Changed during run at 14min)	12.55	Freeze-thaw	No	Gradient elution Change in wavelength during run	Plasma With LEV, linezolid, rifampicin. Quinoxaline as IS	[218]
16	C18		Gradient Acetonitrile: buffer Acetonitrile from 20 to 41%	1.0	FL	7.3	No	No	Gradient elution Higher proportion of Acetonitrile in RM	Plasma Full details of HPLC method not provided but reference made to[210]	[219]
17	C18		Acetonitrile: 10mM potassium dihydrogen phosphate (19:81)	1.0	296	8.82			Higher proportion of Acetonitrile in RM	Serum Full data not available	[220]
18	C18	ambient	50 mM phosphate buffer, pH 2.6 (adjusted with 1 N HCl) and Acetonitrile (80:20)	1.5	FL	4.0	No	No	FL detection Higher proportion of Acetonitrile in RM	Human saliva Plasma OFL as IS	[221,222]
19	C8	25	18mm phosphate buffer with 0.1% Triethylamine adjusted to pH 2.8 with dilute phosphoric acid and methanol (38:62)	1.5	254	3.449	Acid, base (5M HCl and NaOH) for varied time. Thermal at 105°C		High proportion of org phase in mobile phase of RM	With prednisolone	[223]

							Oxidative deg with 6% H ₂ O ₂ Photodeg under sunlight				
20	C18	ambient	10mM sodium phosphate buffer: methanol (60:40) pH 4	1.0	294	7.8	Forced degradation Photodeg under daylight	Some peaks seen. No structure	High proportion of org phase in mobile phase of RM		[224]
21	C18	25	Methanol: water: Triethylamine (112.5:208.8:0.06)	1.0	289				High proportion of org phase in mobile phase of RM	Chinese journal. Full data not available.	[225]
22	C18	40	Methanol: 25mM phosphate buffer pH 3 (28:72)	1.0	293		No	No	High proportion of org phase in mobile phase of RM Elevated temp required for RM	Comparison of behavior of MOX, CIP and MOX on different columns.	[111]
23	C18		Gradient Acetonitrile: 0.1mol/L sodium dihydrogen phosphate at pH 2.7	1.5	FL	9.7	No	No	Gradient elution FL detection	Plasma With LEV	[184]
24	C18	35	phosphate buffer (pH 2.5) and acetonitrile (80:20)	1.0	293	16.0	No	No	High proportion of organic phase in mobile phase of RM Long retention / run time RM requires column temp maintenance	Plasma With gatifloxacin and sparfloxacin LEV as IS	[191]

25	C8	30	Acetonitrile: methanol:KH ₂ PO ₄ buffer solution (0.02 M, containing 1% triethylamine, pH 3.0 adjusted with concentrated phosphoric acid) (15:20:65)	1.0	296	7.6	Freeze-thaw	No	High proportion of organic phase in mobile phase of RM RM requires column temp maintenance	Plasma Gatifloxacin as IS	[226]
26	C18	30	Gradient Acetonitrile/Methanol/ 0.025 M TBA·Cl/ Trifluoroacetic acid (pH 3.5)	0.25	FL Different em & ex waveleng ths for each drug	13.0	Freeze-thaw	No	Gradient elution Fluorimetric detection in RM	Plasma With CIP & OFL Sarafloxacin as IS	[135]
27	C18 Wate rs Acc Q tag (ami no acid analy sis)	30	Gradient Methanol: Acetonitrile: TBA.Cl : Trifluoroacetic acid	1.0	FL	16.7	No	No	Gradient elution, Fluorimetric detection and special column in RM Run/ Retention time too long	Aqueous & vitreous humor With OFL Sarafloxacin as IS	[227]
28	LC- ESI/ MS- MS C18	20	Gradient Water: Acetonitrile: buffer containing ammonium acetate, acetic acid and Trifluoroacetic acid	0.3	MS	1.58	Freeze -thaw, room temp, refrigerator		Gradient elution, MS detection in RM Temp control needed	Plasma, CSF	[228]
29	C8		eco-friendly isocratic eluent; ethanol: water containing	1.0	240 and 280 (time based	4.8	No	No	High proportion of ethanol	Green method In combination with other drugs	[229]

			0.05% triethanolamine (90:10, pH 4.5)		program ming)				Programming/ change of wavelength needed	dexamethasone, prednisolone	
30	C18	RT	Acetonitrile: 0.4% Triethylamine, pH 3.0 (24:76)	1.0	295	4.0	Freeze-thaw	No	High proportion of organic phase in mobile phase of RM	LEV as IS	[230]
31	C18		methanol: potassium dihydrogen phosphate buffer (pH 3.2; 25 mM, 0.5% Triethylamine) (60:40)	1.2	308	3.3	No	No	High proportion of organic phase in mobile phase of RM	With ketorolac	[231]
32	dC18 (used for polar com poun ds)		Gradient Acetonitrile: 0.1% Trifluoroacetic acid	1.0	FL for MOX	10.78	No	No	Gradient elution, Fluorimetric detection	Different UV wavelengths n FL detection for each drug With CIP and sparfloxacin and other substances	[232]
33	LC- MS/ MS (ESI- APC I com bine d mod e)	30	Methanol :0.03% Triethylamine (85:15)	0.5	MS	2.1	Freeze-thaw cycles	No	MS detection	With pyrazinamide and a prodrug. Metronidazole used as IS	[233]

34	LC-MS/MS C18		Gradient Water: Acetonitrile: acetate buffer	0.3	MS		No	No	Gradient elution and MS detection in RM	With cyanoimipramin as IS	[234]
35	C18		0.01M phosphate buffer: Acetonitrile (50:50)	1.0	254	2.58	No	No	High proportion of organic phase in mobile phase of RM	With dexamethasone	[235]
36	C18	ambient	Ammonium dihydrogen orthophosphate solution (pH adjusted to 3) and Acetonitrile (75: 25)	1.5	295	4.0	No	No	High proportion of organic phase in mobile phase of RM		[236]
37	C18	25	A-Phosphoric acid and tetramethyl amm hydroxide in water: Acetonitrile (95:5) Acetonitrile: methanol (55:45), adjusted to pH 3	1.0	294	5.6			High proportion of organic phase in mobile phase of RM		[237]
38	C8 & C18	40	Gradient 15mM citrate buffer, pH adj to 3.2 with 5N sodium hydroxide: methanol: Ceric ammonium nitrate	1.5	280	7.8 from chromatogram	No	No	RM uses elevated temp.	7 FQs Marbo as IS	[186]
39	Pentafluorophenyl core shell	25	Gradient Phosphate buffer: Acetonitrile	1.0	UV 280 & FL		No	No	RM requires special column and gradient elution	With CIP, MOX, Gemi	[133]

40	LC/E SI- MS/ MS	30	Step elution 10 mM ammonium formate in water-formic acid (99.9:0.1) and methanol	0.5	MS	2.15	RT Refrigerator Freeze-thaw	No	RM requires specialised detection and step elution	With CIP and some other drugs	[238]
41	C18		methanol: water: Acetonitrile, 60:45:5, pH 2.7	1.0	Different wavelengths for each drug	6.7	No	No	High proportion of organic phase in mobile phase of RM	With cimetidine, famotidine and ranitidine.	[239]
42	C18	ambient	Acetonitrile: Buffer pH 4 (60:40) Ammonium acetate buffer adjusted to pH 4 with phosphoric acid	1.0	294	3.54	No	No	High proportion of organic phase in mobile phase of RM	With ketorolac	[240]
43	C18	RT	0.1% Triethylamine adjusted to pH 4.8 with phosphoric acid: Acetonitrile (80:20)	1.0	296	Beyond 15min	No	No	Retention time of MOX is beyond 15 min (longer run time) High proportion of organic phase in mobile phase of RM	Plasma CIP as IS	[241]
44	C18		50 mM potassium dihydrogen phosphate (pH 2.4): Acetonitrile (77:23)	1.5	FL	6.5	Freeze-thaw RT daylight	No	FL detection High proportion of organic phase in mobile phase of RM	Plasma LEV as IS	[242]

45	C18	ambient	Gradient methanol and triethylamine phosphate buffer (pH 2.5)	1.2	296	7.0	No	No	Gradient elution in RM	With bedaquiline and pyrazinamide (different wavelengths for each)	[243]
46	C18		Acetonitrile : 0.01M Potassium dihydrogen phosphate (40:60)	1.0	276	7.007	No	No	High proportion of organic phase in mobile phase of RM	With cefixime	[244]
47	C18		Methanol, water and acetonitrile (45:30:25) at pH 4	1.0	295	2.35	Accelerated stability studies	No	High proportion of organic phase in mobile phase of RM	In tablets, plasma Benzoic acid as IS	[245]
48	C18		Methanol: water: triethylamine (60:40:0.75; pH adjusted to 3.25 with orthophosphoric acid	0.8	244.2	4.23	No	No	High proportion of organic phase in mobile phase of RM	With dexamethasone	[246]
49	C18	35	Britton Robinson buffer pH 5.0 and methanol (93 : 7}	0.5	ECD	5.075	No	No	ECD detector		[247]
50	C18	35	0.05 M monobasic phosphate buffer: acetonitrile (65:35) pH 6.0	1.0	265	5.7			High proportion of organic phase in mobile phase of RM	Plasma, aqueous humor, formulations With timolol maleate, dexamethasone and diclofenac sodium	[248]
51	C8		Methanol: Water (75:25 v/v) pH adjusted to 3.0 with ortho-phosphoric acid	1.0	240	2.22	No	No	High proportion of organic phase in mobile phase of RM	With dexamethasone in ophthalmic solution	[249]

52	C18				FL				FL detection	Pharmacokinetic study OFL as IS Not much info available	[250]
53	C18		Methanol: Acetonitrile: ammonia buffer (20:20:60)	1.0	290	6.2			High proportion of organic phase in mobile phase of RM	Also for LEV	[251]
54	C18	ambient	0.1 M formic acid (pH 2.80) and methanol (30:70)	1.0	280	2.0	No	NO	High proportion of organic phase in mobile phase of RM	Rosuvastatin as IS	[252]
55	C18	45	Methanol: 0.05% trifluoroacetic acid (38:62)	1.1	290	8.0	No	No	with OFL (3.8)	Higher proportion of methanol	[253]

Drug 4: Norfloxacin

A detailed literature search revealed 36 HPLC methods, among which 3 reported methods used gradient or stepwise elution, 13 methods used fluorimetric detection, and 2 methods needed sophisticated techniques or rare columns whereas 6 of the methods worked at elevated temperatures. The rest of the reported methods were found to be using a higher proportion of organic phase as compared to developed method.

Table 3.12. HPLC methods reported in literature in case of Norfloxacin

Sr. No	HPLC Method variables					Retention time for drug peak (min)	Acid/ Base/ Neutral hydrolysis/ Oxidation/ Photolytic/ Thermal (Or stability)	Degradants/ Peak (Name and structure)	Comparison with Developed Method (DM) with Reported Method (RM)	Remarks	Reference
	Column	Column temp (°C)	Mobile Phase	Flow rate (mL/min)	Detection (FL/ UV) (nm)						
1	C18	40	20mM sodium hydrogen phosphate buffer pH 3.0: Acetonitrile (80:12)	1.2	280	10.5	RT and freeze-thaw cycles	No	RM has elevated temp and longer run time	Plasma CIP as IS	[254]
2	C18		96-97% buffer 3-4% Tetrahydrofuran Buffer: 30mM/L dipotassium hydrogen phosphate adjusted to pH 3 using HCl		FL		Photo induced degradation		RM uses FL detection	Plasma, urine With CIP, OFL, enoxacin Irradiated and photodegraded	[255]
3	C18		50mM Sodium dihydrogen phosphate buffer: Acetonitrile: Methanol, (pH 2.5 adjusted orthophosphoric acid) 15:70:15	1.0	294	5.48	No	No	RM uses very high proportion of organic phase	With ornidazole	[256]
4	C18		5% acetic acid: methanol (80:20)	1.0	277	5.7	Heating, oxid, acid-base hydrolysis stress	No	Higher proportion of organic phase in RM		[257]
5	C18	RT (24)	Water: acetonitrile: triethylamine (80:20:0.3) pH 3.3	1.0	279	2.3	No	No	Higher proportion of Acetonitrile as	With CIP	[114]

									compared to DM		
6	C8	ambient	Sodium phosphate buffer pH 3.0 (85:15)	2.0	278	6.29	Photodeg (sunlight, uv, fluorescent)	4.23	Higher flow rate in RM (more consumption of Acetonitrile)		[97]
7	C5	30	Gradient Acetonitrile: Tetrahydrofuran: potassium phosphate buffer pH 2.6	1.0	UV and FL	9.91	No	No	Gradient elution and FL detection in RM	Auto extraction from animal feed	[258]
8	C18	40	0.01 potassium dihydrogen orthophosphate : Acetonitrile (60:40) pH 3.0	1.0	260	2.38	Impurities used	No	Higher proportion of Acetonitrile		[88]
9	C18		0.1 M orthophosphoric acid, pH 3.5–Acetonitrile (85:15)	1.0	280	5.73	No	No		Animal tissue & eggs With CIP (Rt 6.99) and other FQs	[259]
10	C18		Acetonitrile:0.005 M tetrabutylammonium bromide (10:90) pH adjusted to 2.0 with phosphoric acid	2.0	254	2.4			High flow rate. Also pH 2.0 is not healthy for C18 column		
11	C18		Acetonitrile: PA: Tetrabutylammonium hydroxide (100: 1.67:15) in 1 L water	2.0	FL	2.3	No	No	IS (A-56619) Rt 4.0 CIP (Rt 2.7)	FL detection in RM	[121]
12	C18		(3:1:10) Methanol: Acetonitrile: 0.4M citric acid	1.0	275	8.67	No	No	Higher ratio of organic phase	In body fluids	[156]

13	C18		Acetonitrile: 0.5 M potassium dihydrogen orthophosphate buffer pH 4.5 with triethylamine (30:70)	0.9	289	9.9	No	No	Higher ratio of organic phase	With metronidazole	[260]
14	Anion exchange		Acetonitrile-phosphate buffer 0.05M, pH 7.0 (20:80)	1.2	273	6.1	No	No	Anion Exchange Higher ratio of organic phase in RP	Serum, urine	[261,262]
15	C18		18 mM potassium dihydrogen phosphate with 0.13mM heptane sulphonic acid, methanol and concentrated phosphoric acid (700:300:1)		UV (278) & FL	5.7			Higher ratio of organic phase in RP FL detection	Serum With CIP, OFL & other FQs	[157]
16	C18		Methanol: phosphate buffer (30:70)	2.0	UV & FL	5.1	No	No	Higher proportion of organic phase in RM	Plasma, urine With ion-pair reagent	[263]
17	C18		Phosphate buffer pH 4.6: Acetonitrile (45:55)	1.0	254	4.51	No	No	Higher proportion of organic phase in RM	With metronidazole	[264]
18	C18		Buffer pH 4: Acetonitrile (82:18)	1.0	290	3.4	Acid-base 0.1M HCl/NaOH for 90min, 60°C for 60min, 3% H ₂ O ₂	No	Higher proportion of organic phase in RM	With metronidazole	[265]
19	C18		Acetate buffer pH 4.8: Acetonitrile (85:15)	2.0	FL	2.8	No	No	FL detection	Plasma, tissue With Pefloxacin and some metabolites	[266]

20	C18		Gradient Acetonitrile: water: buffer with disodium hydrogen phosphate, tert-Butyl alcohol iodide adjusted to pH 9.7 with Triethylamine	2.0	270	4.0			pH 9 is not recommended for C18 Gradient elution	Plasma, urine With Pefloxacin and some metabolites	[267]
21	C8	ambient	Methanol: 0.01% Trifluoroacetic acid (25:75)	1.2	FL	6.9	No	No	FL detection used in RM	Plasma Enrofloxacin as IS Details of mobile phase not clear	[268]
22	C18	RT	Water: methanol: Acetonitrile (90:5:5)	1.0	FL				FL detection	With CIP & OFL Blood, serum, urine	[159]
23	C8	RT	Acetonitrile: methanol : phosphate buffer (pH 2.5) (19:3:78)	1.2	FL	6.0	No	No	FL detection	Human tissues & plasma	[269]
24	C18		Acetonitrile-0.025 M orthophosphoric acid adjusted to pH 3.0 with Tetrabutylammonium hydroxide (11:89)	1.5	FL	2.8	No	No	FL detection	Serum, urine with CIP	[160]
25	C8		Acetonitrile: 0.005M (pH 2.5) phosphate buffer (80: 20)	2.0	282	4.5	No	No	High proportion of organic phase in RM	Plasma, urine	[270]
26	C18	40	Methanol : 0.1 M perchloric acid and 0.02 M triethylamine (30:70)	1.0	FL	2.0	RT Freeze-thaw		High proportion of organic phase in RM FL detection elevated temp	Plasma urine	[271]
27	C18	40	Methanol: 0.005 M sodium laurylsulphate (2 : 1, v/v) adjusted to pH 2.5 with 85% phosphoric acid	0.6	284	6.5	No	No	Elevated temp	Plasma	[272]

									Higher ratio of organic phase in RM		
28	C18	30	Acetonitrile: 0.01 M phosphate buffer (pH 2.5) containing 0.001 M triethylamine (11:89)	1.0	279	1.9			70% recovery	Serum Used guard cartridge instead of analytical column	[273]
29	C18	40	Acetonitrile: phosphate buffer, pH 3.0, 25mM (15:85)	1.0	FL	4.33	RT Freeze-thaw	No	Elevated temp FL detection	CIP as IS	[274]
30	C8		Acetonitrile: methanol: citric acid (0.4mol/L) (7:15:78)	1.2	275	7.81 2	Solution stability 6months of refrigeration	No	2 components in organic phase of mobile phase in RM & higher proportion	Serum & pharmaceuticals Enoxacin (Rt 6.571) CIP(Rt 8.566) OFL (Rt 7.266) HCT as IS (Rt 4.272)	[126]
31	C18		5.3mM phosphate buffer of pH 3.5: Acetonitrile (60:40)	0.5	278	2.11	No	No	Higher proportion of Acetonitrile in RM	tablets	[275]
32	C18	25	Gradient(stepwise) 0.05 M Sodium dihydrogen phosphate (pH 2.5)– Acetonitrile	1.3	275	15.1	No	No Some peaks are of known photodegradants	Gradient elution in RM Long run/ retention time	With known impurities	[276]

33	C18e	ambient	Methanol: 0.025M Potassium dihydrogen phosphate adjusted to pH 3 with Ortho phosphoric acid (20:80)	4.0	290	1.6	No	No	High flow rate, higher methanol. Monolithic silica column		[204]
34	C18		Methanol: Sodium dihydrogen phosphate: Acetonitrile (30:30:40) adjusted to pH 3.5 with Ortho phosphoric acid	1.0	280	2.46	No	No	High proportion of organic phase in RM	Plasma With CIP (Rt 2.81)	[245]
35	C18		Water: methanol adjusted to pH 3 with phosphoric acid (65:35) + Tetrabutylammonium hydroxide	1.0	FL	4.169	No	No	High proportion of methanol FL detection	Chicken tissue	[277]
36	C18		0.01mol/L: Acetonitrile: Tetrahydrofuran (89:10:1)	1.0	280	10.8	No	No	use of Tetrahydrofuran	With H-NMR Enoxacin as IS	[278]

Drug 5: Ofloxacin

A detailed literature search revealed 54 HPLC methods, among which 6 reported methods used gradient or stepwise elution, 10 methods used fluorometric detection, 7 used MS detection, 5 methods needed rare or special columns, 1 method used column switching technique whereas 8 of the methods worked at elevated temperatures. Ofloxacin being racemic, many chiral chromatographic separations have been reported. The rest of the reported methods were found to be using a higher proportion of organic phase as compared to developed method.

Table 3.13. HPLC methods reported in literature in case of Ofloxacin

Sr. No.	HPLC Method variables					Retention time for drug peak (min)	Acid/ Base/ Neutral hydrolysis/ Oxidation/ Photolytic/ Thermal (Or stability)	Degradants/ Peak (Name and structure)	Comparison with Developed Method (DM) with Reported Method (RM)	Remarks	Reference
	Column	Column temp (°C)	Mobile Phase	Flow rate (mL/min)	Detection (FL/ UV) (nm)						
1	C18	ambient (25)	Acetonitrile: water with 10 mM Tert-butyl acetoacetate, 10 mM sodium dodecyl sulphate & 25 mM citric acid (35: 65), pH 3.4	1.3	multiple wavelengths	11.1		No	Higher proportion of Acetonitrile in RM	With OFL, CIP, lomefloxacin, nalidixic acid	[279]
2	C18		Buffer pH 3.0: Acetonitrile (80:20)	1.0	300				Higher proportion of Acetonitrile in RM	With ornidazole	[280]
3	C18		Acetonitrile: buffer (40:60) Buffer- 2g Na acetate, 2g Na citrate, 1mL Triethylamine in 850mL water, pH 4.5)	1.5	FL	1.06	Stability in infusion bags containing saline & glucose	No	FL detection for RM	OFL & pefloxacin (different method parameters for each)	[110]
4	C18	RT	Acetonitrile: dihydrogen phosphate buffer pH 3.0 (35:65)	1.0	296	2.58	0.1 N HCl & NaOH, 10% H ₂ O ₂ , 50°C thermal	2.4 min for acid & base hydrolytic degradant of OFL	Higher proportion of Acetonitrile in RM	With Satranidazole	[281]

5	C18	RT (25)	Methanol: potassium dihydrogen phosphate buffer + Triethylamine adjusted to pH 3 with phosphoric acid (55:45)	0.8	270	4.246	1N & 5N HCl & NaOH, 6% H ₂ O ₂ , 40°C thermal, sunlight	No	Higher proportion of meth in RM	With ketorolac	[282]
6	LC-MS/MS (Pentafluorophenyl column)		Gradient Acetonitrile: water with 0.1% formic acid	0.4	MS	3.24	RT Freeze-thaw cycles	No	MS detection Gradient elution in RM	Plasma Gatifloxacin as IS No fragmentation data	[283]
7	C18		Acetonitrile: 0.25M potassium dihydrogen phosphate (80:20) with 0.5% Triethylamine adjusted to pH 2.5 with Ortho phosphoric acid	1.0	320	2.19	No	No	High proportion of ACN	With nitazoxanide	[284]
8	C18	RT	0.1M citric acid: methanol (75:25)	2.0	FL	438 sec (7.3)	No	No	Higher proportion of organic phase	Serum With metabolites desmethyl OFL & OFL-N-oxide	[285]
9	C18		18 mM potassium dihydrogen phosphate with 0.13mM heptane sulphonic acid, methanol and concentrated phosphoric acid (700:300:1)		UV (278) & FL	5.7			Higher ratio of organic phase in RP FL detection	Serum With CIP, OFL & other FQs	[157]

10	C18		Acetonitrile: methanol: water (6.5:2.5:1)	1.0	313	3.99	No	No	High proportion of organic phase in RM	With metronidazole	[286]
11	C18	40	Methanol: 0.005M sodium lauryl sulphate (2:1) adjusted to pH 2.5 with phosphoric acid	0.6	275 & 300	5.9	No	No	High proportion of organic phase in RM	Plasma With fenbufen and its active metabolite felbinac. Two IS	[287]
12	C18		Water with 0.055% Triethylamine: Acetonitrile (80:20) adjusted to pH 3 with Ortho phosphoric acid	1.0	284	6.5	No	No	Higher proportion of Acetonitrile in RM	With Ornidazole	[288]
13	C18	45	Acetonitrile: aqueous solution of ammonium acetate and potassium perchlorate pH adjusted to 3.5 with Ortho phosphoric acid (18:82)	1.0	294	9.997	No	Decarb OFL (4.343) 9-pip OFL (8.13) desmeth OFL (9.06) N-oxide (14.275)	Higher proportion of Acetonitrile and elevated temp in RM	With degradants desmethyl OFL, decarboxy OFL, OFL-N – oxide, 9-piperazino OFL	[98]
14	C18	ambient	Acetonitrile: water with 0.04M PA, 0.1M Sodium dihydrogen phosphate, 0.5% sodium dodecyl sulphate and 0.005 M acetyl hydroxamic acid (42:58)	1.0	FL		No	No	Multicomponent aqueous phase, higher proportion of Acetonitrile, FL detection in RM		[165,166]

15	C18	25	Methanol: citric acid-Triethylamine buffer (30:70)	1.0	289 MS				Higher proportion of organic phase	Fenton Oxid	[289]
16	BEH - C18 UPLC		Methanol: 0.1% formic acid in water (18:82)	1.0	294				UPLC column		[290]
17	C18	60	Gradient Ammonia Tetrabutylammonium hydroxide buffer: Acetonitrile	1.0	294	20.0	5M NaOH & HCl, 30% H ₂ O ₂ , 105C		Elevated column temp Gradient elution Long run (30-40min)	5 known impurities taken (EP)	[99]
18	C18	45	Acetonitrile: 50mM ammonium acetate buffer with 20mM trifluoroacetic acid, pH 3.3 (16:84)	1.0	294	15.68	1N HCl & NaOH, 80°C Dry heat 80°C UV, 30% H ₂ O ₂ for 5d	11 peaks not named (Rt from 2.25 to 14.16)	Elevated temp Longer run Higher proportion of Acetonitrile		[291]
19	C18		Gradient Methanol: 0.05% formic acid	0.2	MS	13.44	Photolytic		MS detection Gradient elution	many fragments	[292]
20	C18	30	Gradient Eluents- Acetonitrile/Methanol/0.025M TBA·Cl/TFA	250μ l/min	FL	4.5	Autosampler for 15hr Freeze-thaw	No	Plasma With MOX Rt 13), CIP (Rt 6.6) and IS	FL detection and gradient elution in RM	[135]

			A: 75/25/899/1 B :150/50/799/1 both at pH 3.5						(sarafloxacin Rt 10.6)		
21	C8	50	Acetonitrile: citrate buffer pH 4.8 (15:85)	1.5	FL	4.9	Freeze-thaw	No	Plasma	Elevated temp	[293]
									N-allyl pefloxacin as IS (Rt 10.8)	FL detection	
22	C18	RT	Chiral mobile phase with additive phenylalanine, Copper(II) sulfate: methanol (86:14)	1.0	FL	S (13.0) R (15.8)	No	No	Rat liver	Chiral separation	[294]
	Chiral								CIP as IS (22.0)	FL detection	
23	C18		0.45% Triethylamine: Acetonitrile adjusted to pH 2.3 with Ortho phosphoric acid (83:14)	1.0	295 MS	4.2	UV	9.6 20.8			[295]
24	C18	ambient	(0.04M) 1.9ml PA with 1.4g Tetrabutyl ammonium iodide, 300 ml methanol, 700ml water; pH 2.2	1.0	278	6.5			Serum	High proportion of organic phase	[123]
									NOR(Rt7.0), CIP (Rt7.5) & peloxacin (Rt 6.5)		
									IS DL8357 (Rt 4.1)		
25	C18		Acetonitrile: water: Triethylamine (25:75:1), pH adjusted to 6 with PA	1.0	300	3.5	RT for 6 days	No	Simultaneous with:	Higher proportion of organic phase as compared to DM	[128]
									CIP (Rt 2.7)		
									Tinidazole (Rt 4.5)		

									Ornidazole (Rt 5.8)		
26	C18 Waters AccQ tag (amino acid analysis)	30	Gradient Methanol: Acetonitrile: TBA.Cl : Trifluoroacetic acid	1.0	FL	16.7	No	No	Gradient elution, Fluorimetric detection and special column in RM Run/ Retention time too long	Aqueous & vitreous humor With MOX Sarafloxacin as IS	[227]
27	C18	45	Ammonium acetate, potassium perchlorate buffer: Acetonitrile (82:18) Nanocomposites	1.0	294	10.01	photocatalytic advanced technique	9-piperazino OFL (7.99) & desmethylOFL (9.68)	Elevated temp	with CIP	[100]
28	C18		2mM phosphate buffer: Acetonitrile (70:30), pH adjusted to 3.5 with Ortho phosphoric acid	1.0	293	2.1	No	No	With ornidazole (5.5) & IS GATI (2.5)	Higher proportion of Acetonitrile	[296]
29	C18		Acetonitrile: methanol: 0.025M phosphate buffer, pH 3.0 (30 :10: 60)	1.0	318	4.04	No	No	with 2 isomers of ornidazole (5.82 & 6.77)	More components and proportion of organic component	[297]
30	C18	25	0.03m potassium dihydrogen phosphate buffer pH 3: Acetonitrile (55: 45)	0.8	230	2.91	No	No	with Rifampicin (4.87)	Higher proportion of Acetonitrile	[298]
31	C18	25	Acetonitrile: methanol: 0.5% formic acid (23: 10: 67)	0.6	MS	2.81	Freeze thaw	No	Plasma With cefixime	Higher proportion of Acetonitrile	[299]

									(3.28) & IS MOX (4.13)		
32	C8		0.5% Triethylamine, pH 3: Acetonitrile (73:27)	1.2	303	2.3	No	No	with Tinidazole (4.1) & IS ambroxol (5.1)	Higher proportion of Acetonitrile	[300]
33	C18	35	Acetonitrile: 0.1% Triethylamine adjusted to pH 3 with Ortho phosphoric acid (15:85)	1.0	294 MS	1.69	Freeze thaw RT for 2h -20°C for 7 days	No	rat plasma	Temperature control for column	[301,302]
34	C18	RT	Acetonitrile: mixed phosphate buffer pH 4 (50:50)	1.0	236	2.4	No	No	with dexamethason e (4.0)	Higher proportion of Acetonitrile	[303]
35	ACE C18	30	Methanol: 0.1% formic acid (40:60)	1.0	MS		No	No	MS method	Higher proportion of organic phase MS detection	[304]
36	C8		Methanol: 0.025mM potassium dihydrogen phosphate buffer (70:30)	1.0	290	6.24	No	No	With cefixime (3.60)	Higher proportion of organic phase	[305]
37	C18		Acetonitrile: methanol: 0.4M citric acid (60:30:10)	0.6	304	3.122	No	No	with nitazoxanide (5.902)	Higher proportion of	[306]

										multicomponent organic phase	
38	Cellulose (C4)		Methanol (43.3), Acetonitrile (46.6), hexane (10) with small amounts of acetic acid (0.4), diethyl amine (0.2)	1.4	285		No	No	Enantiomeric separation	Higher proportion of organic phase	[307]
39	C18	25	Water with 10mM L-phenylalanine & 5mM copper sulphate: methanol (85.5: 14.5)	1.0	FL	S-(7.5) R-(8.7)	No	No	Rabbit plasma Enantiomeric separation Marbo as IS (5.6)	FL detection	[308]
40	C18		Phosphate buffer pH 2.8: Acetonitrile (82:18)	1.0	FL	5.89	No	No	Human serum Suitable for CIP(6.5) & peflox (6.4)	FL detection	[309]
41	Column switching (phenyl & C18)		0.5% sodium acetate pH 2.5: Acetonitrile (87: 13)	1.0	UV	apprx 13	No	No	Human serum Enoxacin as IS	Column switching	[310]
42	C8	35	Gradient 0.1% formic acid: methanol: Acetonitrile	1.0	311	6.38	Freeze thaw RT for 24h	No	Human plasma	Gradient elution	[311]

							-20°C for 15days		With flavoxate (8.96)		
43	C18	30	Triethylamine: Acetonitrile: 0.3% Ortho phosphoric acid (0.02:20:80)	1.0	290	6.15	No	No	With metronidazole (3.42)	Higher proportion of ACN	[312]
44	C18		Methanol: 25mM phosphate buffer adjusted to pH 5.5 with Ortho phosphoric acid (40:60)	1.2	290	7.8	No	No	With cefixime (2.5)	Higher proportion of organic phase	[313]
45	Chiral cel OD-H	25	Hexane: ethanol :acetic acid (60: 40: 0.1)	0.5	294		No	No	Enantiomeric separation	Chiral column & mobile phase	[314]
46	C18		Methanol: 0.01M Tetrabutylammonium bromide : 0.5M phosphate buffer (35:65:4, pH 2.5)	1.0	294				human plasma	Higher proportion of organic phase	[315]
47	C8	25	Acetonitrile: buffer (35:65)	1.5	315		No	No		Higher proportion of Acetonitrile	[316]
48	C18	ambient	Tetrahydrofuran: 25mM phosphate buffer, pH 5 with Ortho phosphoric acid (25:75)	1.2	294	1.927	3days RT	No	With nimorazole (2.9)	Tetrahydrofuran used	[317]
49	C18		Acetonitrile: 0.025M phosphate buffer,pH2.5 (14.5:85.5)	1.2	294	12.533	No	No	CIP as IS SPE used	longer Rt	[318]
50	C18	ambient	15mM buffer: methanol: Acetonitrile: Triethylamine (66:24:10:1)	1.0	289	6.03	6 wks in fridge	No	with CIP (3.01)	Higher proportion of organic phase	[319]

51	C18		Acetonitrile: phosphate buffer pH 6 (30:70)	1.2	300	3.72	RT for 8hr	No	With satranidazole(6.13)	Higher proportion of Acetonitrile	[320]
52	C18		Water: Acetonitrile: Triethylamine (83:14:0.45) adjusted to pH 2.3 with Ortho phosphoric acid	1.0	295	5.1	spiked/ frozen tissue extracts	No	Chicken tissues	No stability indicating assessment	[321]
53	C18 NPS		15mM potassium dihydrogen phosphate buffer pH 2.7: methanol (94:6)	0.6	270	3.7	0.1N NaOH, HCl & water, 3% H ₂ O ₂ , 254nm UV	OFL acid hyd degradant peak at 2.19	With meropenem (1.6)	Special column	[322]
54	C18		Acetonitrile: phosphate buffer (85:15)	1.0	300	8.508	No	No	With tinidazole (3.308)	Higher proportion of Acetonitrile	[323]
55	Anion exchange		0.05M phosphate buffer pH 7: Acetonitrile (20:80)	2.0	297	10.4	No	No	With NOR as IS (6.7)	Anion exchange column Higher Acetonitrile, flow rate	[324]
56	C8	RT	0.35M glacial acetic acid, 4.8mM SDS : Acetonitrile (60:40)	0.25	FL	10	No	No	rat tissues & serum, mucosa	FL detection	[325]
57	C18		Acetonitrile: 0.2M phosphate buffer pH 2.4 (20:80)	1.0	294	2.9	No	No	microspheres	Higher proportion of Acetonitrile	[326]
58	C18		Methanol : 0.01M oxalic acid (35:65)	1.0	298 MS		Photocatalytic degradation with TiO ₂ & H ₂ O ₂	No		Higher proportion of organic phase	[327]
59	C18		0.025 M phosphate buffer pH 2.2 : Acetonitrile (85.5:14.5)	2.0	294				plasma	low pH	[328]

									CIP as IS		
60	C18	35	sodium acetate pH3: Acetonitrile (with Triethylamine 10mM) (70:30)	1.0	280 FL	1.5-1.7	No	No	with CIP, NOR	High Acetonitrile	[329]
61	C18	25	Acetonitrile: pH 5.8 ammonium acetate buffer (25:75)	1.0	293	4.278	refluxed for 8h for acid,alkaline hyd, 80°C for 24h. direct sunlight 4h	extra peaks seen only for photolytic degradation	with ornidazole	higher CAN	[330]
62	C18	RT	Methanol: potassium dihydrogen phosphate buffer pH 2.5 (42:58)	1.0	295				Chinese	Higher proportion of methanol	[331]
63	C18		Methanol: 60mM phosphate buffer pH 3.5 (40:60)	1.2	285	6.0	No	No		Higher proportion of methanol	[332]
64	C18	45	Methanol: 0.05% trifluoroacetic acid (38:62)	1.1	290	3.8	No	No	with MOX (8.0)	Higher proportion of methanol	[253]
65	C8	ambient	Gradient 0.2% Hexanesulfonic acid, pH 2.7 with Orthophosphoric acid: Acetonitrile	0.8	243	4.18	No	No	with 3 other drugs in creams	Gradient elution	[333]
66	Chiral		50mM potassium dihydrogen phosphate buffer pH2.6: methanol (60:40)	1.8	240 -260	R-13.5 S- 12.0	No	No		Chiral / enantiomeric separation	[334]
67	C18	ambient	0.05M phosphate buffer pH 2.4: Acetonitrile (80:20) with 1- heptane sulfonic acid	0.6	FL		No	No	Chicken tissues	Higher proportion of Acetonitrile	[335]

68	C18	ambient	Methanol: Acetonitrile: 0.4M citric acid (3:1:10)	1.0	FL	7.32	No	No	Aqueous humour With pipemidic acid as IS (4.82)	Higher proportion of organic phase	[336]
69	C18		50mM phosphate buffer pH 2.6 adjusted with disodium dihyd phosphate: Acetonitrile (82:18)	1.5	FL	7.0	No	No	Plasma & urine	Higher proportion of organic phase	[337]
70	Resolvisi l BSA 7 (for enant iome rs)	ambient	Phosphate buffer pH 8: Propan-2-ol (97:3)	1.0	FL	5.2 (- enantiomer) & 7.5 (+ enantiomer)	No	No	2 methods enantiomeric separation	Special Column	[338]
71	C18	40	0.2M phosphoric acid adjusted to pH 1.85 with tetraethyl ammonium hydroxide: Acetonitrile (80:20)	1.5	FL	2.6 (- deriv)& 3.8 (+deriv)	No	No		Derivatisation	[338]
72	C18		Potassium dihydrogen phosphate buffer pH 2.6 with Ortho phosphoric acid : Acetonitrile (82:18)	0.8	FL	9.39	No	No	Human hair Also for CIP (9.97) & NOR (9.09)	FL detection Higher Acetonitrile	[339]
73	C18		0.025M Ortho phosphoric acid pH adjusted to 3 with Tetrabutylammonium hydroxide: Acetonitrile (9:1)	1.5	FL	4.0	No	No	In bile	FL detection	[340]
74	C18		40% Acetonitrile, 1% Ortho phosphoric acid, 0.2% sodium lauryl sulphate	1.2	FL	6.7	No	No		FL detection	[341]

										Higher proportion of Acetonitrile	
75	C8	ambient	Tetrahydrofuran: 50mM potassium dihydrogen phosphate adjusted to pH 2 with Ortho phosphoric acid: 1 M ammonium acetate (7.5:92.5:1)	1.0	FL	9.6	No	No	Serum, urine With metabolites	FL detection	[342]

3.5 Data on HPLC Methods for FQs

Data on HPLC methods reported for multiple FQs was collected through a thorough literature survey for the purpose of prediction of Retention time using Multiple Linear Regression. Data has been tabulated in Table 3.14.

Table 3.14 HPLC Data of Fluoroquinolones

Sr. No	Method							Name Drug/Related Substance	Rt min	Ref
	Column	Mobile Phase			pH of buffer	Flow rate (mL/min)	Column dimensions			
		Methanol	ACN	Aq Phase						
1	C18		10	90(TBAH- phosphate buffer)	3.0	2.0	15cm x 3.9mm, 10 μ	Norfloxacin	2.3	[121]
								Ciprofloxacin	2.7	
2	C18		35	65 (TBAA- sod.dodecyl sulphate, citric acid)	3.4	1.3	15cm x 4.6 mm, 5 μ	Nalidixic acid	4.54	[279]
								ofloxacin	7.85	
								lomefloxacin	10.49	
								norfloxacin	11.10	
								ciprofloxacin	11.92	
3	C18		42	38 (sod.dodecyl sulphate, phosphate)			25cm x 4.6 mm, 7 μ	ciprofloxacin	No data available	[165]
								ofloxacin		
4	C18		53	47		1.5	25cm x 4.6 mm, 7 μ	Temafloxacin	6 to 9	[166]
5	C18			0.025M TBA·Cl/TFA		250 μ L/min		Ofloxacin	4.5	[135]

		Gradient	75 50	899:1	3.5 (both A&B)	1.0	15cm x 2.1 mm, 3.5 μ	Ciprofloxacin	6.6	
		Eluent A:		799:1				Sarafloxacin	10.6	
		25						Moxifloxacin	13.0	
		Eluent B:								
6	C8		14	86 (1%TEA)	3.0	1.0	25cm x 4.6 mm, 5 μ	Pazufloxacin	11.3	[130]
								Cip	14.5	
								Lev	12.8	
7	C18		20	80 (phosphate buffer)	2.5	1.0	25cm x 4.6 mm, 5 μ	Gatifloxacin	10.8	[343]
								Sparfloxacin	12.8	
								Moxifloxacin	17.0	
								Levofloxacin	6.0	
8	C18		88	12 (10mM phosphate buffer with 2mM TBA.Br)	2.5	1.2	15cm x 4.6 mm, 5 μ	Levofloxacin	5.19	[181]
								Gatifloxacin	8.93	
								Moxifloxacin	13.45	
9	C18	Gradient C	B	A 0.1% formic acid adj with TEA	3.0	1.0	5.5cm x 4 mm, 3 μ	Levofloxacin	3.6	[185]
								Pazufloxacin	6.0	
								Gatifloxacin	9.8	
								Moxifloxacin	10.3	
								Trovafloxacin	10.7	

								Norfloxacin	4.4	
10	C18		43	57 (10mM sodium dodecyl sulphate, 10mM TBAA. 25mM citric acid)	3.5	1.0	25cm x 4.6 mm, 5 μ	Cinoxacin	3.8	[136]
								Levofloxacin	4.7	
								Ciprofloxacin	5.5	
								Gatifloxacin	6.4	
								Moxifloxacin	7.0	
								Trovafloxacin	8.4	
11	C18		25	75 (0.1%TEA)	6.0	1.0	25cm x 4.6 mm, 5 μ	Ciprofloxacin	2.73	[128]
								Ofloxacin	3.59	
12	C18		50	50 (0.1% TEA adj with PA)	3.3	2.0	10cm x 4.6 mm, 5 μ	Pefloxacin	1.59	[110]
			40	60 (sod.acetate-citrate, TEA)	4.5	1.0		Ofloxacin	1.45	
						1.5		Ciprofloxacin	1.06	
13	C18		20	80 (0.3% TEA)	3.3	1.0	12.5cm x 4 mm, 5 μ	Pefloxacin	2.56	[170]
								Lomefloxacin	2.81	
								Gatifloxacin	4.14	
								Levofloxacin	2.37	
14	C18	30		70 (TBA.I, PA)	2.2	1.0	25cm x 4.6 mm, 5 μ	Pefloxacin	6.5	[123]
								Ciprofloxacin	7.5	
								Ofloxacin	6.5	
								Norfloxacin	7.0	

15	C8	15	7	78 (0.4mol/L citric acid)		1.2	25cm x 4 mm, 5 μ	Enoxacin	6.571	[126]
								Ofloxacin	7.266	
								Norfloxacin	7.812	
								Ciprofloxacin	8.566	
16	C18	3-4% THF		96-97% buffer			15cm x 3.9 mm	Enoxacin	4.7	[255]
								Norfloxacin	5.2	
								Ciprofloxacin	6.4	
								Ofloxacin	8.9	
17	C18		27	1.5% TEA: 33.8 mM NaH ₂ PO ₄ (36.5:36.5)	2.5	1.0		Levofloxacin	2.85	[344]
								Moxifloxacin	4.75	
		17	12	0.7% TEA: 50 mM NaH ₂ PO ₄ (35.5:35.5)	2.5	1.0		Levofloxacin	5.41	
								Ciprofloxacin	6.19	
18	C18		20	80 (Phosphate buffer)	3.0	1.0	25cm x 4.6 mm, 5 μ	Marbofloxacin	4.25	[345]
								Enrofloxacin	5.75	

CHAPTER 4

DRUGS OF RESEARCH

INTEREST

4. Drugs of Research Interest

4.1 Rationale for Selection of Drugs

Drug molecules comprise of structures that exhibit their own reactivity and sensitivity while present in solution, necessitating an elementary study to understand the influence of acids, bases, oxidising agents, light and elevated temperatures on structural integrity of molecules prior to attempting analytical method development. This way any possible effects on the measurement parameters due to unanticipated incidences on the structure that otherwise could lead to erroneous results could be predicted.

For the study, compounds from FQ group were considered as they can provide a scope of large number of analogues bearing functional groups widely distributed over basic FQ nucleus resulting in they exhibiting diverse physical and chemical properties.

Also, it has been surveyed from literature that diverse conditions have been applied for the study of their stability giving rise to outcomes widely different from various sources.

The criteria considered for selection of drugs were based upon the physicochemical properties primarily although their spectrum of activity was also considered to enable selection of extant drugs.

The chemistry of molecules is required to be well-understood while considering the development of analytical methods. A study of physicochemical parameters was considered while selecting molecules of research interest. In selecting FQs diverse molecules with regard to core viz. bicyclic, tricyclic that were available for selection for a study on comparative stability, when frequently used operating conditions while conducting analytical studies was considered.

For the study, selected molecules from Fluoroquinolone group were considered as their number is vast, with diverse physical and chemical properties. Certain criteria were considered for their selection to meet objectives of study. The criteria considered for selection were:

4.1.1 Spectrum of Activity

Class I: Fluoroquinolones that are given orally, but the use is restricted to urinary tract infections, e.g., **Norfloxacin (NOR)**, Pefloxacin (PEF)[346].

Class II: Fluoroquinolones having wider uses and meant for systemic indications, e.g., **Ciprofloxacin (CIP)**, **Ofloxacin (OFL)**, Fleroxacin (FLE), Enoxacin (ENO).

Class III: Fluoroquinolones having increased effectiveness against Gram-positive and atypical pathogens. e.g., **Levofloxacin (LEV)**, Sparfloxacin (SPA), Grepafloxacin (GRE).

Class IV: Fluoroquinolones having increased effectiveness against Gram-positive and atypical pathogens as well as anaerobes, e.g., **Moxifloxacin (MOX)**, Gatifloxacin (GAT), Trovafloxacin (TRO), Clinafloxacin (CLI).

It was considered to select a compound to represent each class of drug representing spectrum of activity, viz. Norfloxacin, Ciprofloxacin, Ofloxacin, Levofloxacin and Moxifloxacin from Class I, II, III and IV respectively[346].

4.1.2 Structure and Physicochemical Properties of FQs:

Chemistry of molecules is generally exploited while considering the development of analytical methods. Study of physicochemical parameters was also considered while selecting the molecules of research interest.

Ciprofloxacin, Norfloxacin and Moxifloxacin have a bicyclic core, while Ofloxacin and its levo isomer Levofloxacin have a tricyclic core as shown in Fig.4.1.

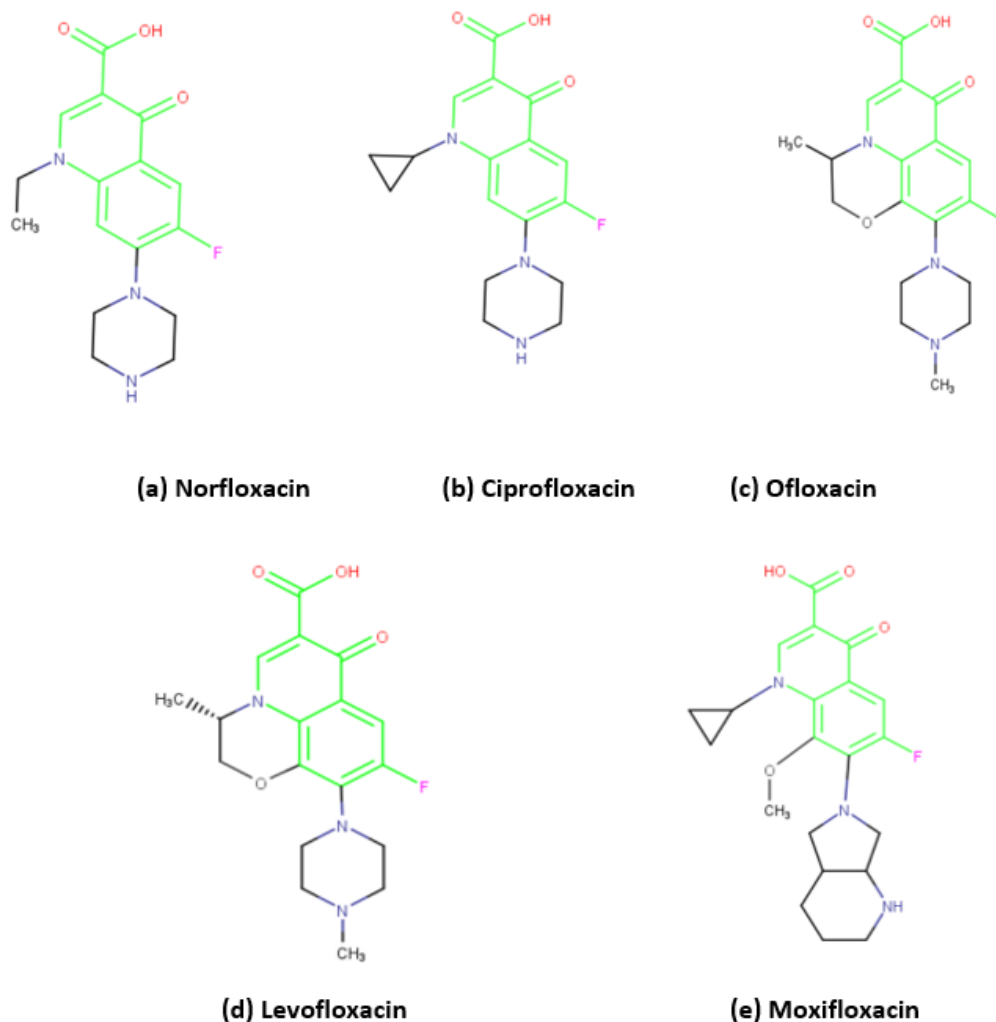


Fig. 4.1. Structures of (a) Norfloxacin (NOR), (b) Ciprofloxacin (CIP), (c) Ofloxacin (OFL), (d) Levofloxacin (LEV) and (e) Moxifloxacin (MOX)

As seen in Fig.4.1. the molecules of research interest are analogs of Fluoroquinolone carboxylic acids (6-fluoro-4-oxoquinoline-3-carboxylic acid). The two other substituents are alicyclic or heterocyclic bearing no additional chromogen nor active substituents that have a bearing on the quinolone ring[347]. All the five compounds have a similarity in

their pKa (5.4 to 5.6), as it being a factor that is considered critical for design of mobile phase of appropriate pH.

Table 4.1. Physicochemical properties and Retention times of drugs in Method 1

FQ	pKa	clogP	Mobile Phase composition	Rt (min)	Remarks
CIP	5.56, 8.77	(-) 1.5264	Methanol: phosphate buffer pH 3.0 (70:30), flow rate 1.25ml/min, 40°C column temp	2.075	Void volume is 2.0 ml and dead time is 1.6 min
LEV	5.35, 6.72	(-) 0.3426		2.058	
MOX	5.49, 9.51	(-) 0.9536		2.133	
NOR	5.58, 8.77	(-) 1.6498		2.117	
OFL	5.35, 6.72	(-) 0.3426		2.067	

4.1.2.1. LogP:

$\text{Log}(C_{\text{octanol}}/C_{\text{water}})$ is logarithm of the partition coefficient of a substance between *n*-octanol and water. clogP being an indicator of the molecular polarity and possibly a factor governing retention in partition chromatography was considered as a criterion for selection of appropriate Fluoroquinolones[348]. FQs with clogP spread over a narrow range were considered with constants of four among them varying from (-) 0.3426 up to (-) 1.6498. It was observed generally that the Rt increased with increase in clogP values confirming its role on the retention profile of the molecules.

4.1.2.2. pKa:

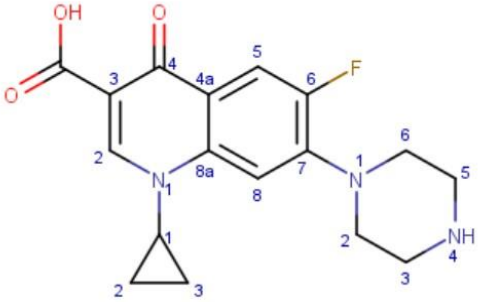
Another criterion considered for selection of drugs was pKa. *The acid dissociation constant (pKa) indicates the degree of ionization of molecules in solution at different pH values*[349]. The FQs selected for study had varied values ranging closely from 5.35 to

5.58 (acidic) since the alkali sensitive silica columns remain stable over wide pH range in the acidic region.

Two sets of compounds (Levofloxacin vs Ofloxacin; Ciprofloxacin vs Norfloxacin) with identical pKa were selected for a comparative study on the effect of Ionizing ability (described by pKa) varying with Retention profiles.

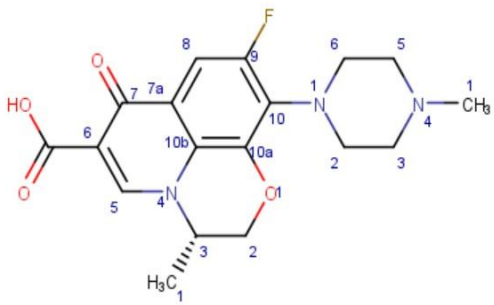
4.2 Drug Profiles

4.2.1 Ciprofloxacin

General Name	Ciprofloxacin[30–32]
Chemical Structure	
Chemical Name	1-cyclopropyl-6-fluoro-4-oxo-7-piperazin-1-yl quinoline-3-carboxylic acid
Molecular Formula	C ₁₇ H ₁₈ FN ₃ O ₃
Molecular Weight	331.34
Melting Point	255-257°C
Description	Faintly yellowish to yellow crystal
Solubility	Soluble in dilute hydrochloric acid; practically insoluble in ethanol
pKa	5.56, 8.77
Drug Category	Anti-Infective Agents; Nucleic Acid Synthesis Inhibitors
Clinical Pharmacology	Ciprofloxacin is broad spectrum antibiotic, acts on bacterial topoisomerase II (DNA gyrase) and topoisomerase IV. It functions by inhibiting a type II topoisomerase (DNA gyrase) and topoisomerase IV,

	necessary to separate bacterial DNA, thereby inhibiting cell division[350,351].
Pharmacokinetics	<p>A maximum concentration of drug about 0.94 mg/L reaches in 0.81 hours after an oral dose (250 mg). Ciprofloxacin has a 70% absolute bioavailability. With a steady-state range following oral or intravenous dosage of 1.74 to 5.0 L/kg, the volume of distribution is substantial and reflects drug penetration into the majority of tissues[352].</p> <p>About 27% of dose is excreted in the urine.</p>
Toxicity	<p>The oral LD50 in rats is >2000mg/kg. It has been documented that ciprofloxacin overdoses can cause acute renal damage. Ciprofloxacin's elimination half-life in older people ranges from 3.3 to 6.8 hours, as opposed to 3 to 4 hours in younger people[353]. There is very little data suggesting that ciprofloxacin is excreted in breast milk[354].</p>

4.2.2 Levofloxacin

General Name	Levofloxacin[30–32]
Chemical Structure	
Chemical Name	(S)-9-fluoro-2,3-dihydro-3-methyl-10-(4-methylpiperazin-1-yl)-7-oxo-7H-pyrido[1,2,3-de]-1,4-benzoxazine-6-carboxylic acid
Molecular Formula	C ₁₈ H ₂₀ FN ₃ O ₄
Molecular Weight	361.4
Melting Point	225-227 °C
Description	It is solid, light yellowish -white to yellow-white crystal or crystalline powder
Solubility	Freely soluble in glacial acetic acid, chloroform; sparingly soluble in water
pKa	5.35, 6.72
Drug Category	Anti-Bacterial Agents; Anti-Infective Agents
Clinical Pharmacology	Levofloxacin is a bactericidal fluoroquinolone antibiotic that inhibits bacterial DNA synthesis directly. Levofloxacin causes the breakdown of DNA strands in

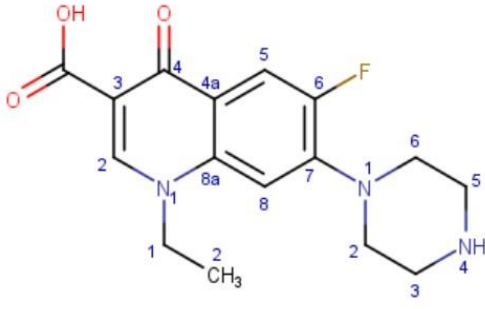
	<p>sensitive species by blocking DNA-gyrase, which prevents the relaxation of supercoiled DNA.</p>
Pharmacokinetics	<p>An oral administration of drug gives rapid absorption, with an oral bioavailability of approximately 99%. Levofloxacin is widely distributed in the body, with an average volume of distribution following oral administration between 1.09-1.26 L/kg (~89-112 L). Levofloxacin undergoes little hepatic metabolism in humans and is eliminated unchanged in the urine[355]. Approximately 87% of a single oral dose of levofloxacin was excreted unchanged in the urine after 48 hours and less than 4% was eliminated in the feces within 72 hours[356].</p>
Toxicity	<p>The elimination half-life of levofloxacin in people with renal impairment ranges from 27 to 35 hours, depending on severity, compared to six to eight hours in healthy persons. This longer half-life implies that these patients require a dosage change. Levofloxacin has been linked to neurotoxicity, including status epilepticus that may not involve convulsions[357].</p>

4.2.3 Moxifloxacin

General Name	Moxifloxacin[30–32]
Chemical Structure	
Chemical Name	1-Cyclopropyl-6-fluoro-8-methoxy-7-(octahydro-6H-pyrrolo[3,4-b] pyridin-6-yl)-4-oxo-1,4-dihydro-3-quinolinecarboxylic acid
Molecular Formula	C ₂₁ H ₂₄ FN ₃ O ₄
Molecular Weight	401.4
Melting Point	238-242 °C
Description	Solid powder
Solubility	Soluble in water, ethanol, DMSO
pKa	5.49, 9.51
Drug Category	Antibacterial agent
Clinical Pharmacology	Moxifloxacin is bactericidal because it inhibits the enzymes topoisomerase II (DNA gyrase) and topoisomerase IV. DNA gyrase is an important enzyme involved in bacterial DNA replication, transcription, and repair. Topoisomerase IV is an enzyme that plays a

	<p>crucial role in the division of chromosomal DNA during bacterial cell division[350].</p>
Pharmacokinetics	<p>Moxifloxacin is absorbed from the gastrointestinal tract. Moxifloxacin has oral bioavailability is approximately 90%.</p> <p>Approximately 30-50% of moxifloxacin bound to serum proteins, independent of drug concentration. The volume of distribution of moxifloxacin ranges from 1.7 to 2.7 L/kg. Moxifloxacin is widely distributed throughout the body, with tissue concentrations often exceeding plasma concentrations.</p> <p>Approximately 45% of an oral or intravenous dose of moxifloxacin is excreted as unchanged drug (~20% in urine and ~25% in feces).</p>
Toxicity	<p>CNS and gastrointestinal symptoms of an overdose include decreased activity, somnolence, tremor, convulsions, vomiting, and diarrhea. 100 mg/kg is the lowest intravenous fatal dosage for mice and rats[358].</p>

4.2.4 Norfloxacin

General Name	Norfloxacin[30–32]
Chemical Structure	
Chemical Name	1-ethyl-6-fluoro-4-oxo-7-piperazin-1-yl-1H-quinoline-3-carboxylic acid
Molecular Formula	C ₁₆ H ₁₈ FN ₃ O ₃
Molecular Weight	319.33
Melting Point	227-228 °C
Description	It is solid, white to light-yellow crystalline powder
Solubility	It is freely soluble in glacial acetic acid, and very slightly soluble in ethanol, methanol and water.
pKa	5.58, 8.77
Drug Category	Anti-Bacterial Agents; Enzyme Inhibitors; Nucleic Acid Synthesis Inhibitors
Clinical Pharmacology	The bactericidal action of Norfloxacin results from inhibition of the enzymes topoisomerase II (DNA gyrase) and topoisomerase IV, which are required for bacterial DNA replication, transcription, repair, and recombination[350].

Pharmacokinetics	Norfloxacin is rapidly absorbed after single dosages of 200 mg, 400 mg, and 800 mg. Approximately one hour after administration, the corresponding peak serum and plasma concentrations of 0.8, 1.5, and 2.4 g/mL are reached at the relevant dosages. In serum and plasma, the half-life of norfloxacin is 3–4 hours. Norfloxacin will reach steady-state concentrations within two days of treatment. The high rate of renal clearance (about 275 mL/min) demonstrates that renal excretion occurs via glomerular filtration and tubular secretion. Within 24 hours of medication administration, 26 to 32% of the provided dose is recovered in the urine as norfloxacin, and an additional 5 to 8% of the administered dose is recovered as six active metabolites with diminished antibacterial effectiveness. Norfloxacin's serum protein binding ranges between 10 and 15% [359].
Toxicity	Norfloxacin has also been linked to rare but occasionally severe and even fatal cases of acute liver injury.

4.2.5 Ofloxacin

General Name	Ofloxacin[30–32]
Chemical Structure	
Chemical Name	(RS)-9-fluoro-2,3-dihydro-3-methyl-10-(4-methyl-1-piperazinyl)-7-oxo-7H-pyrido[1,2,3-de]-1,4-benzoxazine-6-carboxylic acid
Molecular Formula	C ₁₈ H ₂₀ FN ₃ O ₄
Molecular Weight	361.4
Melting Point	250-257 °C
Description	It is solid, off-white to pale yellow crystalline powder
Solubility	It is slightly soluble in water, alcohol, dichloromethane, and methyl alcohol but sparingly soluble in chloroform.
pKa	5.35, 6.72
Drug Category	Anti-Bacterial Agents; Anti-Infective Agents, Urinary; Nucleic Acid Synthesis Inhibitors
Clinical Pharmacology	Ofloxacin acts on DNA gyrase and topoisomerase IV, enzymes which, like human topoisomerase, prevents the excessive supercoiling of DNA during replication or transcription. By inhibiting their function, the drug thereby inhibits normal cell division[350].

Pharmacokinetics	Ofloxacin has approximately 98% bioavailability. Less than 10% of a single dose of ofloxacin is metabolized. Ofloxacin is mainly eliminated by renal excretion, where between 65% and 80% of an administered oral dose of ofloxacin is excreted unchanged via urine within 48 hours of dosing. About 4-8% of an ofloxacin dose is excreted in the feces and the drug is minimally subject to biliary excretion[360].
Toxicity	Ofloxacin has also been linked to rare but occasionally severe and even fatal cases of acute liver injury[361]. The time to onset is typically short (2 days to 2 weeks) and the presentation is often abrupt with nausea, fatigue, abdominal pain and jaundice.

CHAPTER 5

EXPERIMENTAL

5. Experimental

5.1 Equipment and Chemicals

5.1.1 Instruments and Equipment:

HPLC (Jasco make) was used for development and validation of newer analytical methods, analyse market samples and for estimation of drugs after subjecting them to stress. For characterization of drug and impurities in stress-induced samples, Triple Quadrupole LC-MS system of Agilent Technologies (Courtesy BITS Goa Campus) was used. Details of instruments used in the research work have been listed in Table 5.1.

Table 5.1: List of Instruments/ Equipment

Instruments	Source and Specifications
HPLC System	Jasco, LC- 4000 series quaternary pump system (PU-4180), an online degasser, an auto- sampler (AS-4050), a column temperature controller (CO-4061) and a diode array detector (MD- 4010). Software: Jasco Chrom NAV software
Column	PhenomenexRP-C-18 (4.6 ×250 mm, 5 µm)
Sonicator	Citizone Ultrasonic cleaner
pH meter	Digital pH Meter, Labtronics, LT- 10
Electronic balance	Wensar Digital Electronic Balance MAB 220
HPLC water purification system	Bio- age water purifier
Hot air oven	Universal
Constant temperature water bath	Tempo Single Phase TI 241B
LC-MS	6400 Series Triple Quadrupole B.08.00 (B8023.5 SP1) of Agilent Technologies

5.1.2 Chemicals and Reagents:

Chemicals and reagents used for the study:

- Methanol (HPLC grade)
- Acetonitrile (ACN, HPLC grade)
- Water (HPLC grade)
- Potassium dihydrogen ortho-phosphate (KH₂PO₄, AR grade)
- Sodium dibasic hydrogen phosphate (NaH₂PO₄, AR grade)
- Ortho phosphoric acid (OPA, HPLC grade)
- Triethylamine (TEA, HPLC grade)
- Formic acid (AR grade)
- Hydrochloric acid (HCl, AR grade)
- Sodium hydroxide (NaOH, AR grade)
- Hydrogen peroxide (H₂O₂, AR grade)

5.1.3 Drug Samples:

Ciprofloxacin (CIP), Levofloxacin (LEV), Moxifloxacin (MOX), Norfloxacin (NOR) and Ofloxacin (OFL) used for the study were obtained as gift samples from Abaris Healthcare Pvt. Ltd., Ahmedabad, Gujarat, India.

5.2 Exploratory Trials: Application of existing methods to other FQs.

Performance of Pharmacopeial methods on analysis of FQs, CIP, LEV, NOR, MOX and OFL were assessed.

5.2.1 Procedure for Preparation of Solutions (CIP):

Preparation of Standard Stock Solutions of CIP:

A quantity of 25 mg of CIP was weighed accurately into a 25 mL volumetric flask and dissolved in methanol with sonication and volume made up with methanol to obtain a concentration of 1000 µg/mL (1 mg/mL).

Preparation of Standard Stock Solutions of LEV, MOX, NOR and OFL:

Stock solution of each drug was prepared in a similar way as in case of CIP above.

Preparation of Working Standard Solutions of CIP:

An aliquot of 0.2 mL of stock solution was diluted to 10 mL to obtain a final concentration of 20 µg/mL.

Preparation of Working Standard Solutions of LEV, MOX, NOR and OFL:

Working Standard solution of each drug was prepared in a similar way as in case of CIP above to obtain final concentrations of 20 µg/mL.

5.2.2 Procedure for Preparation of Mobile Phase:

Appropriate volume of Orthophosphoric acid (OPA) required to prepare 0.1 % OPA was used to prepare 1000 mL.

Aqueous (0.1 % OPA) as well as organic components (methanol) of mobile phase were filtered through 0.45 µ membrane filters to remove any particulate matter and then sonicated for 15 min, for degassing.

5.2.3 Trials

For initial study, mobile phase comprising of Methanol: 0.1% OPA (30:70) was used for development, at a flow rate of 2 mL/min, with column temperature maintained at 50 °C, as non-buffered hydroalcoholic type mobile phase, and flow rate at highest mode with elevated column temperatures was used. The results of the study are presented with Rt of peaks from concerned chromatograms and system suitability parameters in Table 6.1 (pp 163)

Successively the trials involving use of Mobile Phase of Methanol: 0.1% OPA (40:60), flow rate of 2 mL/min, and column temperature of 50 °C was considered for the study.

The method using Mobile Phase of Methanol: 0.1% OPA (70:30), flow rate of 1 mL/min, and column temperature 40 °C showed higher tailing and low N and did not fall in the acceptance criteria for LEV and OFL. The results of the study are presented with Rt of peaks from concerned chromatograms and system suitability parameters in Table 6.2 (pp 164)

5.3 Method Development and Validation.

Experimental parameters such as flow rate, pH along with change in proportion of organic phase and buffer were explored and system suitability factors used to evaluate results.

5.3.1. Method 1

5.3.1.1 Procedure for Preparation of Solutions for Method 1:

Preparation of Stock and Working Standard Solutions of FQs:

Standard stock solutions of 1000 µg/mL concentration were prepared for each of the FQs as per procedure provided in section 5.2.1 (pp 121). From the stock solutions of each FQ,

a working standard solution of the corresponding FQ was prepared resulting in final concentration of 20 µg/mL for each drug.

5.3.1.2 Procedure for Preparation of Mobile Phase:

Phosphate buffer (20 mM) was prepared by dissolving 2.72 g of Potassium dihydrogen orthophosphate in water, OPA was then used to set required pH and the volume made up to 1000 mL.

Aqueous as well as organic components of mobile phase were filtered through 0.45 µ membrane filters to remove any particulate matter and then sonicated for 15 min for the purpose of degassing.

5.3.1.3 Development of Method 1

Trials: Mobile phase proportion was varied from 70:30 (Methanol: phosphate buffer) to 40:60 (Methanol: phosphate buffer). The effect of pH of phosphate buffer was tried at 2.7, 3.0 and 3.3. Trials were conducted with flow rates of 1.0 and 1.25 mL/min with detection wavelength set at 294 nm.

Effect of mobile phase composition (Methanol: Phosphate buffer pH 2.7) and flow rates (1.0 mL/min and 1.25 mL/min) on retention time and system suitability are tabulated in Table 6.3 A and B (pp 165) and Table 6.4 (pp 166).

The outcome of change in pH of mobile phase composed of Methanol: Phosphate buffer (70:30) at 1.25 mL/min flow rate is reported in Table 6.5 (pp 167).

The effect of mobile phase adjusted to pH 3.0, at 1.25 mL/min flow rate, on retention and system suitability is presented as Table 6.6 (pp 168)

The effect of column temperature (30 °C, 40 °C, 50 °C and 60 °C), and use of loop volumes of 10 and 20 µL is tabulated as Table 6.7 (pp 169) and 6.8 (pp 170) respectively.

From the trials, it was observed that Methanol: Phosphate buffer pH 3.0 in the proportion 70:30 provided best results with regards to retention and system suitability. Flow rate of 1.25 mL/min and detection wavelength of 294 nm was selected. Column temperature was maintained at 40 °C.

Method 1 was applied to selected FQs of research interest using isocratic mobile phase system comprising of Methanol: Phosphate buffer pH 3.0, in the proportion 70:30 for development, at a flow rate of 1.25 mL/min, with detection wavelength of 294 nm and column temperature of 40 °C. The method parameters have been tabulated in Table 6.9 (pp 172) and representative chromatograms of each of the five selected FQs, namely, CIP, LEV, MOX, NOR and OFL, presented in Fig. 6.1, 6.2 and 6.3 (pp 172,173).

5.3.1.4. System Suitability and Validation for Method 1

System Suitability and Validation for Method 1 parameters were then assessed separately for each of the selected Fluoroquinolones as per ICH guidelines[4,362].

System Suitability Parameters:

5.3.1.4.1 Retention Time: *The time elapsed between sample introduction (beginning of the chromatogram) and the maximum signal given by the sample at the detector is called as the Retention Time (t_R). The retention time is longer when the solute has higher affinity to the stationary phase due to its chemical nature.*

Retention time was assessed by six replicate injections of FQs at a concentration of 20 µg/mL prepared as stated in section 5.3.1.1 (pp 122) and the results for CIP are tabulated

in Table 6.10 A & B (pp 174), Table 6.17 A & B (pp 179) for LEV, Table 6.24 A & B (pp 184) for MOX, Table 6.31 A & B (pp 189) for NOR and Table 6.38 A & B (pp 193, 194) for OFL.

5.3.1.4.2 Column Efficiency: *Column Efficiency is a quantitative measure of the quality of separation.* The determination of column efficiency is an essential step while establishing system suitability of the analytical method for a drug by HPLC[363]. The efficiency of the column is evaluated by calculating number of theoretical plates per column:

$$N = 16 (t/w)^2$$

where,

t is the retention time;

w is the width at the base of the peak

Column efficiency was assessed by six replicate injections of each FQ at a concentration of 20 µg/mL prepared as stated in section 5.3.1.1 (pp 122) and the results for CIP are tabulated in Table 6.10 A & B (pp 173,174), Table 6.17 A & B (pp 179) for LEV, Table 6.24 A & B (pp 184) for MOX, Table 6.31 A & B (pp 189) for NOR and Table 6.38 A & B (pp 193, 194) for OFL.

The acceptance criterion for column efficiency was $N \geq 2000$.

5.3.1.4.3 Peak Symmetry: *The degree of peak symmetry is given by Symmetry Factor, also called "Tailing Factor".* Good peak shape can be defined as a *symmetrical or gaussian peak* and poor peak shape can include both peak fronting and tailing. Gaussian peak shapes in chromatography indicate a well-behaved system and provide improved sensitivity (lower detection limits) and allow ease of quantitation.

Peak symmetry was assessed by six replicate injections of each FQ at a concentration of 20 µg/mL. The acceptance criterion for peak symmetry was a range from 0.8 to 1.2.

Validation Parameters:**5.3.1.4.4 Linearity**

Linearity is the linear range of detectability that obeys the Beer's Law. It is dependent on the compound being analysed and the detector used. It was determined that the calibration curve was linear across the concentration range of 10 to 60 µg/mL of selected FQs.

Preparation of Standard Solutions of CIP:

Standard Stock solution of 1000 µg/mL concentration was prepared for CIP as per procedure provided in section 5.2.1 (pp 121). Aliquots were taken from stock solution of CIP, as per volumes shown in Table 5.2, and diluted to give working standard solutions of desired concentration. These resultant solutions were injected into the chromatograph under optimal conditions. The peak area versus concentration relationship was plotted to establish the regression equation, validated through acceptable correlation coefficient.

Table 5.2 Preparation of Standard Solutions for Linearity Studies

Volume of CIP from Stock in mL	Final Volume made up to (mL)	Resultant Concentration (µg/mL)
0.1	10	10
0.2	10	20
0.3	10	30
0.4	10	40
0.5	10	50
0.6	10	60

Standard Solutions of LEV, MOX, NOR and OFL:

Standard Solutions of LEV, MOX, NOR and OFL were prepared in a way similar to CIP standard solutions as per Table 5.2 (pp 126) and the resultant solutions were injected into the chromatographic column under optimal chromatography conditions.

The results of linearity studies for CIP have been reported in Table 6.11 (pp 175), Fig. 6.4 (pp 175). Linearity study data for LEV is presented in Table 6.18 (pp 180), Fig. 6.5 (pp 180), whereas those of MOX, NOR and OFL have been tabulated in Table 6.25 (pp 184), 6.32 (pp 189) and 6.39 (pp 194) and Fig. 6.6 (pp 185), 6.7 (pp 190) and 6.8 (pp 194) respectively.

5.3.1.4.5 Limit of Detection (LOD) and Limit of Quantification (LOQ):

The limit of detection (LOD or the detection limit, DL) is the lowest concentration at which the method can reliably identify or detect the analyte inside the matrix. It is also known as the lowest concentration that can be reliably distinguished from background noise.

The limit of quantitation (LOQ or the quantification limit, QL) is the lowest concentration of the analyte that can be reliably and quantitatively measured by the method. A suitable precision and trueness must exist and be shown in order for something to be considered reliable.

The method's limit of detection (LOD) and limit of quantification (LOQ) were obtained from the linearity plot. The signal-to-noise ratio for selected FQs (CIP, LEV, MOX, NOR, OFL) was used to calculate LOD and LOQ. The S/N ratio for LOD was 3 and for LOQ it was 10.

The LOD and LOQ were calculated for each FQ from their respective linearity relationship plots.

5.3.1.4.6 Precision

The precision of an analytical method is the degree of agreement among individual test results when the method is applied repeatedly to multiple sampling of a homogeneous sample. It is considered at three levels: repeatability, intermediate precision and reproducibility.

Repeatability: *Repeatability expresses the precision under the same operating conditions over a short interval of time. Repeatability is also termed intra-assay precision.*

The repeatability of the method was evaluated by repeatedly injecting six times a 20 µg/mL solution of the selected FQ (CIP, LEV, MOX, NOR, OFL). The percent RSD should not be more than 2 percent.

Intermediate Precision: *Intermediate precision expresses within-laboratories variations: different days, different analysts, different equipment, etc.*

The intraday and inter-day accuracy of intermediate precision were used to assess the performance of the method. Six repetitive injections of selected FQs (CIP, LEV, MOX, NOR, OFL), 20 µg/mL concentration, were used to investigate the intraday precision. The precision within and between days was investigated by assessing the equivalent concentration six times on the same day and six times on other days. The findings were expressed as a percent relative standard deviation. The percent RSD should not be more than 2 percent.

Reproducibility: *Reproducibility expresses the precision between laboratories (in case of collaborative studies, usually applied to standardization of methodology).*

The results of precision studies performed on 30 µg/mL of CIP have been reported in Table 6.12 (pp 176). Precision studies carried out on 25 µg/mL concentrations of LEV, MOX, NOR and OFL have been presented in Table 6.19 (pp181), 6.26 (pp 186), 6.33 (pp 191) and 6.40 (pp 195) respectively.

5.3.1.4.7 Accuracy

Accuracy is the measure of how close the experimental value is to the true value. Spiking technique was used to assess the accuracy of the procedure under consideration. To previously examined sample solutions of the FQ were added standard solutions of various concentrations at levels ranging between 80 - 120 percent, as shown in Table 5.3.

Table 5.3 Preparation of Solutions for Accuracy Studies

Level	Level of addition of Standard (%)	Assay value (previously analysed samples) (µg/mL)	Amount of std spiked (µg/mL)	Volume of std added from Stock (mL)	Final conc. (µg/mL)
1	80	25	20	0.20	45
2	100	25	25	0.25	50
3	120	25	30	0.30	55

The resultant solutions were subjected to chromatographic analysis using the optimised mobile phase. The percentage of concentration recovered and the percentage of RSD at each dose level of the FQ were calculated and compared. In each level, the responses were examined with three replicate injections and the results for CIP have been reported in Table 6.13 (pp 177), while that for LEV, MOX, NOR and OFL have been presented in Table 6.20 (pp 182), 6.27 (pp 187), 6.34 (pp 191) and 6.41 (pp 196) respectively.

5.3.1.4.8. Robustness

Robustness/ruggedness is defined as a measure of an analytical procedure's ability to remain unaffected by small but deliberate variations in parameters listed in the procedure documentation and to provide an indication of its suitability during normal use.

Testing the robustness was done by observing the impact of minor deliberate changes in operational variables like the composition of the mobile phase solution, pH of aqueous component, flow rate on the performance of the method etc. Chromatographic parameters, including pH of aqueous component in mobile phase (± 0.2 units), proportion of mobile phase components ($\pm 2\%$), and flow rate (± 0.2 mL/min) of mobile phase, were deliberately altered in the current study to investigate their effect on the method and its performance. Robustness was evaluated by calculating the percent RSD.

The effect of $\pm 2\%$ variation in the mobile phase proportion, namely the ratio of organic phase to aqueous phase, 72:28 and 68:32 of methanol: buffer as compared to 70:30 used in the proposed method, has been studied and the results reported in Table 6.14 (pp 177), 6.21 (pp 182), 6.28 (pp 187), 6.35 (pp 192) and 6.42 (pp 196) for CIP, LEV, MOX, NOR and OFL respectively.

The impact of change in pH of buffer to 2.8 and 3.2 as compared to pH 3.0 used in the optimized method (resulting in ± 0.2 units variation) was investigated and has been tabulated in Table 6.15 (pp 178), 6.22 (pp 183), 6.29 (pp 187), 6.36 (pp 192) and 6.43 (pp 197) for CIP, LEV, MOX, NOR and OFL respectively.

Variation in mobile phase flow rate by working at 1.05 mL/min and 1.45 mL/min as compared to 1.25 mL/min used in the proposed method (± 0.2 mL variation) was checked and the outcome has been presented in Tables 6.16 (pp 178), 6.23 (pp 183), 6.30 (pp 188), 6.37 (pp 193) and 6.44 (pp 197) for CIP, LEV, MOX, NOR and OFL respectively.

5.3.1.4.9 Assay of Marketed Formulation

The marketed formulations used for the study were as follows:

- CIP: Ciplox- 500 (batch no. SB60176) manufactured by Cipla Ltd.
- LEV: Leon 500 (batch no. LB60710) manufactured by Dr. Reddy's Laboratories Ltd.
- MOX: Mahoflox 400 (batch no. C5ABP010) manufactured by Mankind Pharma Ltd.
- NOR: Norflox- 400 (batch no. ACT6163) manufactured by Cipla Ltd.
- OFL: Zenflox- 400 (batch no. E1AH0004) manufactured by Mankind Pharma Ltd.

The determination of content of FQs (CIP, LEV, MOX, NOR, OFL) in the tablets was carried out by weighing 20 tablets. The mean weight was determined and the tablets crushed to fine powder. Accurately 25 mg of tablet powder was then weighed and transferred to a 25 mL volumetric flask containing methanol, sonicated for 30 min, and diluted up to 25 mL using methanol and filtered. The resulting stock solution of about

1000 µg/mL was further diluted to get sample solution of 25 µg/mL. A 20 µL volume of sample solution was injected into chromatograph, six times, under the conditions described earlier. The peak areas were measured at 294 nm and concentrations in the samples were determined using multilevel calibration developed on the same HPLC system under the same conditions using linear regression equation.

The system suitability and results of validation study for Method 1 of the 5 selected FQs are summarized in Table 6.45 (pp 198).

The method was applied to stress induced samples as described in section 5.3.1.5.

5.3.1.5. Forced Degradation

LEV and CIP were subjected to stress degradation under conditions that produce degradation.

Preparation of Solutions:

Stock solutions of 1mg/mL concentration were prepared for each drug as mentioned in 5.3.1.1 (pp 122). Further these standard solutions were used to prepare test samples for exposure to such conditions normally a drug experiences during analysis.

Hydrolytic Degradation under Acidic Conditions:

An aliquot of 0.2 mL stock was withdrawn from the stock solutions, a volume of 2 mL of methanol was added and resultant solutions subjected to hydrolysis using 2 mL of hydrochloric acid of increasing molarity, namely, 0.1 M, 1 M and 5 M of HCl. The degradative studies were carried out at room temperature as well as elevated temperatures of 65 °C, after making up the volumes to 10 mL with water. At the end of 6 h, the solutions

were neutralised and volume made up to 25 mL. The resultant solution was used to investigate the stress withstanding ability of drug under hydrolytic conditions.

It was observed that lower concentrations of acid produced insignificant degradation evident through decreased peak areas, but the samples degraded further aided by conditions that produced higher stress seen as degradant peaks. These samples degraded under stronger stress conditions (with 5 M HCl, water bath at 65 °C for 6 h) and hence need to avoid use of such extreme conditions during method development.

Hydrolytic Degradation under Basic Conditions:

An aliquot of 0.2 mL stock was withdrawn from the stock solutions, volume of 2 mL of methanol was added and resultant solutions subjected to hydrolysis using 2 mL of sodium hydroxide solution of increasing molarity, namely, 0.1 M, 1 M and 5 M of NaOH. The degradative studies were carried out at room temperature as well as elevated temperatures of 65 °C, after making up the volumes to 10 mL with water. At the end of 6 h, the solutions were neutralised and volume made up to 25 mL. The resultant solution was used to investigate the stress withstanding ability of drug under hydrolytic conditions.

No degradation was observed under these conditions.

Oxidative Degradation:

Oxidative degradation was induced with 30% hydrogen peroxide as oxidising agent.

An aliquot of 0.2 mL was withdrawn from the stock solutions, volume of 2 mL of methanol was added and resultant solutions were subjected to oxidation using 2 mL of 30 % hydrogen peroxide solution. The degradative studies were carried out at room

temperature, after making up the volumes to 10 mL with water. At the end of 6 h, the solutions were used to investigate the stability indicating capability of proposed method.

Substantial degradation was observed with 30% H₂O₂ in 6 h.

Thermal Degradation:

The FQs were subjected to conditions conducive to thermal degradation by placing the drugs in powder form and as solutions in hot air oven, maintained at elevated temperatures of 65 °C and 100 °C, for 6 h.

Dry Powder (Solid State):

The drug in powder form spread evenly on watch glass was placed in hot air oven at 65 °C and 100 °C, for 6 h. It was then used to make solution as stated in section 5.3.1.1 (pp 122). The resultant solutions were checked for degradation using optimised chromatographic conditions thereby investigating the ability of drug to withstand exposure at elevated temperatures (65 °C and 100 °C) for prolonged duration (up to 6 h).

Drug Solution:

Stock solutions were prepared as mentioned in section 5.3.1.1 (pp 122) and dilutions made in mobile phase to achieve a final concentration of 20 µg/mL. The solution was placed in a hot air oven at 65 °C and 100 °C, for 6 h. The solution was then assessed for degradation by injecting into the chromatograph under optimised conditions.

No degradation was observed for the drug exposed to elevated temperature either in dry powder form or as solution under applied conditions of elevated temperature.

Photolytic Degradation:

Preparation of stock solutions was done as mentioned in section 5.3.1.1 (pp 122). Dilutions were then made with mobile phase to achieve a final concentration of 20 µg/mL. The solution was placed in a hot air oven at 65 °C and 100 °C, for 6 h, 24 h and 7 days. The solution was then evaluated for degradation by injecting into the chromatograph under optimised conditions.

No degradation was observed for sample solutions under the conditions used for study.

Method 1 was applied satisfactorily to all selected FQs. For LEV additional peak was found where resolution with possible degradant peak did not appear satisfactory and was found merged with drug peak, as seen in Fig.6.9 (pp 199)

This drawback necessitated the development of new method that could resolve degradant peak satisfactorily from drug peak.

5.3.1.6 Solution Stability of Drugs

The stability of the FQs under the test conditions while in solution was assessed. From literature and forced degradation studies performed in the laboratory, it was evident that the FQs under investigation need to remain stable at least over the periods of handling the solution till their injections into the chromatograph in presence of light and atmospheric oxygen, in solutions made with the mobile phase used as in test method, adjusted to an acidic pH of 3.0.

Table 5.4. Forced Degradation Studies

Stress	Drug	Stressing Agent	Strength of Acid/ Base/ Peroxide	Temperature	Duration	Remarks
Acid Hydrolysis	CIP, LEV	HCL	0.1 N, 1 N, 5 N	65 °C	6 h	Degradation observed in the form of additional peak
Base Hydrolysis	CIP, LEV	NaOH	0.1 N, 1 N, 5 N	65 °C	6 h	Additional peak not observed
Oxidation	CIP, LEV	H ₂ O ₂	30 %	65 °C	6 h	Degradation observed in the form of additional peak
Thermal	CIP, LEV	Dry Heat	—	65 °C, 100 °C	6 h	Additional peak not observed
Photolytic	CIP, LEV	Daylight	—	RT	7 days	Additional peak not observed

Preparation of Solutions:

Stock solutions of 1mg/mL concentration were prepared for each drug as mentioned in 5.3.1.1 (pp 122). From this stock solution, aliquot of 0.2 mL was taken and volume made up to 10 mL with mobile phase used for Method 3, composed of ACN: 0.1% TEA adjusted to pH 3.0 with formic acid (85: 15).

Stability Studies:

Stability of 20 µg/ml solutions of drugs in mobile phase was studied over a period of 24 h, and up to 7 days, at room temperature. A comparison of degradation produced in solutions stored on laboratory platform, (exposed to daylight, but not in direct sunlight) and those protected from light was done.

At the end of duration of exposure, the samples were analysed using proposed optimized methods. Readings were taken in triplicate and average peak area used to calculate percentage of drug that remained undegraded.

The observations are reported in Tables 6.85 and 6.86 for CIP, 6.87 and 6.88 for LEV, 6.89 and 6.90 for MOX, 6.91 and 6.92 for NOR, 6.93 and 6.94 for OFL (pp 249 to 251).

5.3.2 Method 2: Method Development for Analysis of LEV in presence of its degradant

5.3.2.1 Procedure for Preparation of Solutions for Method 2:

Preparation of Stock and Working (Standard) Solutions of FQs:

Stock solutions of 1000 µg/mL concentration were prepared for each of the FQs as per procedure provided in section 5.2.1 (pp 121). From the stock solutions of each FQ, a

working standard solution of the corresponding FQ was prepared resulting in final concentration of 20 µg/mL for each drug.

Preparation of Stress Induced Samples:

CIP and LEV, stress induced samples were prepared as per procedures stated in section 5.3.1.5 (pp 132). In the chromatograms, LDA represents the degradant produced through acid hydrolysis of LEV and LDO the degradant of LEV subjected to oxidizing conditions.

5.3.2.2 Trials towards Development of Method 2

A method with improved resolution for LEV and its degradants was proposed to be developed in order to meet the acceptance criteria with resolution (R_s) of 2.0 between the drug and degradant. Various trials were conducted with methanol as well as acetonitrile, combined in different ratios with both sodium and potassium phosphate buffers and orthophosphoric acid (OPA). Effect of triethylamine (TEA) was also studied along with effect of varying flow rates.

Table 5.5 presents results of the trials performed while developing Method 2.

Table 5.5. Trials planned for Development of Method for LEV and its Degradants

Trial No.	Mobile Phases
1	Methanol and 0.1% OPA
2	Methanol and Phosphate buffer
3	Methanol and Phosphate buffer with 0.4% TEA
4	Methanol and Sodium phosphate buffer (20mM Na ₂ HPO ₄)
5	Trials with 0.1% TEA
6	Potassium dihydrogen phosphate buffer (to compare Sodium and Potassium phosphate buffers)

The outcomes of these trials have been reported in Table 6.46 (pp 200). Suitability of buffers was evaluated by comparing between Sodium phosphate and Potassium phosphate buffers. The results are presented in Table 6.47 (pp 203).

The effect of flow rate was assessed by comparing performance between flow rates of 0.8, 1.0 and 1.25 mL/min. The results are presented in Table 6.48 (pp 204).

The effect on performance of the method by varying the proportion of mobile phase components deliberately was studied and results presented in Tables 6.49 to 6.52 (pp 204, 205).

Based on the observations, Sodium phosphate buffer (20 mM) with 0.1% TEA adjusted to pH 3.0 with OPA was chosen as buffer, for mobile phase ratio optimized of methanol and buffer was 43:57. The flow rate used was 0.8 mL/min.

The result of study is presented in Table 6.53 (pp 206) and resultant chromatograms presented as Fig. 6.13 & 6.14 (pp 206, 207).

Method 2 was developed for LEV that was showing ability to resolve peaks of LEV from degradants, using methanol and phosphate buffer (pH 3.0) in the proportion 43:57 at a flow rate of 0.8 mL/min and with column temperature of 40 °C. The method was shown to separate acid and oxidative degradant of LEV satisfactorily.

5.3.2.3 System Suitability and Validation of Method 2

5.3.2.3.1 Retention Time:

Retention time was assessed with six replicate injections of FQs at a concentration of 20 µg/mL prepared as stated in section 5.3.2.1 (pp 137).

5.3.2.3.2 Column Efficiency:

Column efficiency represented by the number of theoretical plates (N) was assessed with six replicate injections of solutions (standard and stress induced sample) prepared as stated in section 5.3.2.1 (pp 137).

5.3.2.3.3 Peak Symmetry:

Peak symmetry was also assessed by the same process described in section 5.3.2.1 (pp 137).

5.3.2.3.4 Resolution:

Resolution (R_s) is another measure of the quality of separation. The resolution between two adjacent peaks may be calculated from the retention times of the peaks of interest (t_{r2} and t_{r1}) and the baseline width of the peaks (w_1 and w_2). It is given by:

$$R_s = (t_{r2} - t_{r1}) / (0.5 \times (w_1 + w_2))$$

Resolution between the drug and degradant peaks was used for evaluating the stability indicating capacity of proposed methods.

The results of System Suitability observed for six replicate injections have been presented in Table 6.54 (pp 207).

Validation Parameters

5.3.2.3.5 Precision:

Repeatability and intermediate precision studies were performed by injecting six replicate injections each of LEV working standard solution of concentration 20 µg/mL and stress induced sample of LEV, on two different days. Results are presented in Table

6.55 (pp 208), 6.56 (pp 210) and 6.57 (pp 212).

5.3.2.3.6 Linearity:

Stock solution of 1000 µg/mL concentration was prepared for LEV as per procedure provided in section 5.2.1(pp 121). Aliquots were taken from stock solution of LEV, as per volumes shown in Table 5.6, and diluted to give standard solutions of 30-210 µg/mL concentration. These resultant solutions were injected into the chromatographic column under optimal chromatography conditions. The peak area versus concentration relationship was plotted to determine the regression equation and correlation coefficient.

Table 5.6 Preparation of Standard Solutions of LEV for Linearity Studies

Volume of LEV from Stock in mL	Final Volume made up to (mL)	Resultant Concentration (µg/mL)
0.3	10	30
0.6	10	60
0.9	10	90
1.2	10	120
1.5	10	150
1.8	10	180
2.1	10	210

The results of linearity studies for LEV have been presented in Table 6.58 (pp 213), Fig. 6.15 (pp 213).

5.3.2.3.7 Limit of Detection (LOD) and Limit of Quantification (LOQ):

The method's limit of detection (LOD) and limit of quantification (LOQ) were obtained from the linearity plot.

5.3.2.3.8 Accuracy

Spiking technique was used to assess the accuracy of the procedure under consideration. To previously examined sample solutions of LEV were added standard solutions of various concentrations at levels ranging between 80 - 120 percent, as shown in Table 5.3 (pp 129).

The resultant solutions were subjected to chromatographic analysis using the optimised mobile phase. The percentage of concentration recovered and the percentage of RSD at each dose level of LEV were calculated and compared. In each level, the responses were examined with three replicate injections and the results for LEV have been reported in Table 6.59 (pp 214).

5.3.2.3.9 Robustness

The robustness of the approach was assessed by observing the impact of minor changes in experimental variables like the composition of the mobile phase solution, pH of aqueous component, flow rate on the performance of the method. Chromatographic parameters - pH of aqueous component in mobile phase (± 0.2 units), proportion of mobile phase components ($\pm 2\%$), and flow rate (± 0.2 mL/min) of mobile phase, were deliberately altered in the current investigation to investigate their effect on the method and its performance. Robustness was evaluated by calculating the % RSD.

The effect of $\pm 2\%$ variation in the mobile phase proportion, namely the ratio of organic phase to aqueous phase, 41:59 and 45:55 of methanol: buffer as compared to 43:57 used in the proposed method, has been studied and the results reported in Table 6.60 (pp 215), for LEV and degraded samples containing degradants LDA and LDO.

The impact of change in pH of buffer to 2.8 and 3.2 as compared to pH 3.0 used in the optimized method (resulting in ± 0.2 units variation) was investigated and has been tabulated in Table 6.61 (pp 215) for LEV and its stress induced samples. % RSD was calculated.

Variation in mobile phase flow rate by working at 0.6 mL/min and 1.0 mL/min as compared to 0.8 mL/min used in the proposed method (± 0.2 mL variation) was checked and the outcome has been presented in Tables 6.62 (pp 216) for LEV and its degraded samples. Flow rate is expected to proportionately alter the retention time of the eluates.

5.3.2.3.10 Assay of Marketed Formulation

The proposed HPLC method was extended for the determination of LEV in tablets (Leon 500, batch no. LB80304, manufactured by Dr. Reddy's Laboratories Ltd.). Analysis was carried out using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 2.

The system suitability and validation results of Method 2 are summarised in Table 6.63 (pp 217).

Though the proposed Method 2 was found to be stability indicating, phosphate buffer a non-volatile component is not considered suitable for LC-MS systems. Hence a separate method development was proposed that would be LC-MS compatible and aid in studying stability profiles.

5.3.3. Method 3: Method Development for Analysis of CIP and LEV on LC-MS.

5.3.3.1 Procedure for Preparation of Solutions for Method 3:

Preparation of Stock and Working (Standard) Solutions of FQs:

Stock solutions of 1000 µg/mL concentration were prepared for CIP and LEV as per procedure provided in section 5.2.1 (pp 121). From the stock solutions of each FQ, a working solution of the corresponding FQ was prepared resulting in final concentration of 20 µg/mL for each.

Preparation of Stressed Samples:

CIP and LEV, were subjected to stress as per procedures stated in section 5.3.1.5 (pp 132) and were used for developing a new stability indicating method.

LDA refers to the degradant produced upon acid hydrolysis of LEV and LDO to the degradant formed in oxidised sample of LEV.

5.3.3.2 Trials towards Development of Method 3

Attempts were made for development of MS compatible methods for LEV that could be used for characterization i.e., identify degradants through Mass Spectrometry (LC-MS). Method 2 used phosphate buffer, a non-volatile buffer and hence not useful for LC-MS analysis. Non-volatile buffers and additives are not advised since they cause precipitation in the MS. Volatile buffer (like ammonium acetate) and use of appropriate additives (like formic acid, triethyl amine (TEA)) is required for LC-MS enabled methods.

Trials: Trials involved using acetonitrile (ACN) in combination with acetate buffer, formic acid, triethylamine, adjusted to varied pH conditions and in various proportions, and flow rates. Acetate buffer of differing strengths, from 20 to 50 mM were used.

Table 5.7 presents list of the trials conducted while developing Method 3.

Table 5.7. Trials conducted to find suitable LC-MS compatible HPLC method for LEV and its degradants

Trial No.	Experimental Conditions (Mobile phase, pH, flow rate)	Chromatogram
1	ACN: acetate buffer, 20mM, pH 3.0, (20:80 and 30:70), 1.0ml/min	Fig. 6.16, 6.17& 6.18
2	ACN: acetate buffer, 20mM, pH 6.0 (30 :70, 35:65), 0.8 &1.0ml/min	Fig. 6.19, 6.20, 6.21 &6.22
3	ACN: acetate buffer, 30mM, pH 3.0 30 :70), 1.0ml/min	Fig. 6.23
4	ACN: acetate buffer, 50mM, pH 3.0 (30 :70), 1.0ml/min	Fig. 6.24
5	ACN: 0.1% formic acid (pH not adjusted); 25:75	Fig. 6.25, 6.26
6	ACN: 0.1% TEA, pH adjusted with Formic acid (17.5:82.5) (pH 3.0)	Fig. 6.27
7	15:85 of ACN: 0.1% TEA, pH adjusted to 3.5 with Formic acid	Fig. 6.28

The outcomes of the trials are presented in Table 6.64 (pp 218) and corresponding chromatograms shown as Fig.6.16 to Fig.6.28 (pp 219 to 225).

Mobile phase of ACN: 0.1% TEA, adjusted to pH 3.0 with formic acid in ratio of 15:85 at a flow rate of 0.8 mL/min achieved good resolution between LEV and its degradants. The experimental variables established for proposed Method 3 are presented in Table 6.65 (pp 226) and the resulting chromatograms are presented as Fig.6.29 and 6.30 (pp 225 and 226).

5.3.3.3 System Suitability and Validation of Method 3

5.3.3.3.1 Retention Time:

Retention time was assessed with six replicate injections of FQs at a concentration of 20 µg/mL prepared as stated in section 5.3.2.1 (pp 137).

5.3.3.3.2 Column Efficiency:

Column efficiency, represented by N, the number of theoretical plates, was assessed by six replicate injections of solutions (standard and stress induced sample) prepared as stated in section 5.3.2.1 (pp 137).

5.3.3.3.3 Peak Symmetry:

Peak symmetry was also assessed by the same process described in section 5.3.2.3 (pp 139).

5.3.2.3.4 Resolution:

Resolution between the drug and degradant peaks was used for evaluating the stability indicating capability of proposed methods.

The results of System Suitability observed for six replicate injections have been presented in Table 6.66 (pp 227).

Validation Parameters

5.3.3.3.5 Precision:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of diluted tablet extract (conc. 50 µg/mL) on two different days. Results of the study are presented in Table 6.67 (pp 228).

5.3.3.3.6 Linearity:

Stock solution of 1000 µg/mL concentration was prepared for LEV as per procedure provided in section 5.2.1 (pp 121). Aliquots were taken from stock solution of LEV, as per volumes shown in Table 5.8, and diluted to give standard solutions of 10-120 µg/mL concentration.

Table 5.8 Preparation of Standard Solutions of LEV for Linearity Studies

Volume of LEV from Stock in mL	Final Volume made up to (mL)	Resultant Concentration (µg/mL)
0.1	10	10
0.2	10	20
0.3	10	30
0.5	10	50
0.8	10	80
1.0	10	100
1.2	10	120

These resultant solutions were injected into the chromatograph under optimized experimental conditions. The peak area versus concentration relationship was plotted to establish the regression equation and correlation coefficient.

The results of linearity studies for LEV have been tabulated in Table 6.68 (pp 229), Fig. 6.31 (pp 229).

5.3.2.3.7 Limit of Detection (LOD) and Limit of Quantification (LOQ):

The method's limit of detection (LOD) and limit of quantification (LOQ) were obtained from the linearity plot.

5.3.3.3.8 Accuracy

Spiking technique was used to assess the accuracy of the procedure under consideration. To previously analyzed sample solutions of LEV tablet extract (conc. of 50 µg/mL) were added standard solutions of various concentrations at levels ranging between 80 - 120 percent, as shown in Table 5.3 (pp 129).

The resultant solutions were subjected to chromatographic analysis using the optimised mobile phase. The percentage of concentration recovered and the percentage of RSD at each dose level of LEV were calculated and compared. At each level, the responses were examined with three replicate injections and the results for LEV have been reported in Table 6.69 (pp 230).

5.3.3.3.9 Robustness

The robustness of the approach was tested by observing the impact of minor but deliberate changes in experimental variables like the composition of the mobile phase solution, pH

of aqueous component, and flow rate on the performance of the method. Experimental parameters altered were pH of aqueous component in mobile phase (± 0.2 units), proportion of mobile phase components ($\pm 2\%$), and flow rate (± 0.2 mL/min) of mobile phase. Robustness was evaluated by calculating the percent RSD.

The effect of $\pm 2\%$ variation in the mobile phase proportion, namely the ratio of organic phase to aqueous phase, 13:87 and 17:83 of ACN: 0.1 % TEA as compared to 15:85 used in the proposed optimized method, has been studied and the results presented in Table 6.70 (pp 231), for LEV and stress induced samples containing degradant LDA.

The impact of change in pH of aqueous phase to 2.8 and 3.2 as compared to pH 3.0 used in the optimized method (resulting in ± 0.2 units variation) was investigated and has been tabulated in Table 6.71 (pp 231) for LEV and its stress induced sample.

Variation in mobile phase flow rate by working at 0.6 mL/min and 1.0 mL/min as compared to 0.8 mL/min used in the proposed method (± 0.2 mL variation) was checked and the outcome has been presented in Tables 6.72 (pp 232) for LEV and its degraded sample.

5.3.3.3.10 Assay of Marketed Formulation

The proposed HPLC method was extended for the determination of LEV in tablets (Leon 500 (batch no. LB80304) manufactured by Dr. Reddy's Laboratories Ltd.). It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 3.

The system suitability and validation results of Method 3 are summarised in Table 6.73 (pp 233).

Method 3 for analysis of LEV and degradants has been satisfactorily validated. Trials were also performed to extend this method to analysis of CIP and its degradants.

5.3.4 Method 4: Method Development for Analysis of CIP on LC-MS

5.3.4.1 Procedure for Preparation of Solutions for Method 4:

Preparation of Stock and Working (Standard) Solutions of FQs:

Stock solution of 1000 µg/mL concentration were prepared for CIP as per procedure provided in section 5.2.1 (pp 121). From the stock solution of CIP, a working solution was prepared resulting in final concentration of 20 µg/mL.

Preparation of Degraded Samples:

Solutions of CIP, subjected to stress as per procedures stated in section 5.3.1.5 (pp 132) were used for developing a new stability indicating method.

CDA refers to the degradant produced upon acid hydrolysis of CIP and CDO to the degradant formed in oxidised sample of CIP.

Stressed sample of CIP undergoing acid hydrolysis showed two degradant peaks that were termed as CDA1 and CDA2. The oxidative stress resulted in only one degradant peak termed CDO.

5.3.4.2 Trials towards Development of Method 4

Attempts were made to extend Method 3 earlier developed for LEV to analyse CIP and its possible degradants for the purpose of their identification with Mass Spectrometry (LC-MS).

Trials: The method parameters of Method 3 were tried for CIP and its degradants. Some of the trials conducted to find suitable LC-MS compatible HPLC method for CIP and its degradants are presented in Table 5.9.

Table 5.9. Trials conducted to find suitable LC-MS compatible HPLC method for CIP and its degradants

Trial No.	Experimental Conditions (Mobile phase, pH, flow rate)	Chromatogram
1	ACN and 0.1% TEA, pH 3.0 (20:80; 0.8 mL/min)	Fig. 6.32
2	ACN and 0.1% TEA, pH 3.0 (15:85; 0.8 mL/min)	Fig. 6.33
3	ACN and 0.1% TEA, pH 3.0 (13:87, 0.8 mL/min)	Fig. 6.34
4	ACN and 0.1% TEA, pH 3.0 (13:87, 1.0 mL/min)	Fig. 6.35
5	ACN and 0.1% TEA, pH 3.0 (13:87, 1.5 mL/min)	Fig. 6.36, 6.37

The outcomes of the trials are reported in Table 6.74 (pp 234) and corresponding chromatograms shown in Fig.6.32 to Fig.6.37 (pp 235 to 237).

Method using a mobile phase having components same as in Method 3, namely, ACN and 0.1% TEA adjusted to pH 3.0 with formic acid in a slightly different proportion of 13:87, but at a higher flow rate of 1.5 mL/min to keep the run time shorter, was found to be suitable to CIP and its degradants.

The experimental variables for proposed Method 4 are presented in Table 6.75 (pp 238) and the resulting chromatograms are presented as Fig.6.33 and 6.34 (pp 235, 236).

5.3.4.3 System Suitability and Validation of Method 4

5.3.4.3.1 Retention Time:

Retention time was assessed with six replicate injections of degraded sample of CIP at a concentration of 20 µg/mL prepared as stated in section 5.3.2.1.(pp 137)

5.3.4.3.2 Column Efficiency:

Column efficiency represented by the number of theoretical plates (N), was assessed with six replicate injections of solutions (standard and degraded sample) prepared as stated in section 5.3.2.1.(pp 137)

5.3.4.3.3 Peak Symmetry:

Peak symmetry was also assessed by the same process described in section 5.3.2.3(pp 139)

5.3.2.3.4 Resolution:

Resolution between the drug and degradant peaks was used for evaluating the stability indicating capacity of proposed methods.

The results of System Suitability observed for six replicate injections have been presented in Table 6.76 (pp 238).

Validation Parameters:**5.3.4.3.5 Precision:**

Repeatability and intermediate precision studies were performed by injecting six replicate injections of diluted tablet extract (conc. 50 µg/mL) on two different days. Results are presented in Table 6.77 (pp 239).

5.3.4.3.6 Linearity:

Stock solution of 1000 µg/mL concentration was prepared for CIP as per procedure provided under section 5.2.1 (pp 121). Aliquots were taken from stock solution of CIP, as per volumes shown in Table 5.10, and diluted to give standard solutions of 10-120 µg/mL concentration.

Table 5.10 Preparation of Standard Solutions of CIP for Linearity Studies

Volume of CIP from Stock in mL	Final Volume made up to (mL)	Resultant Concentration (µg/mL)
0.1	10	10
0.2	10	20
0.3	10	30
0.5	10	50
0.8	10	80
1.0	10	100
1.2	10	120

These resultant solutions were injected into the chromatographic column under optimal

chromatography conditions. The peak area versus concentration relationship was plotted to determine the regression equation and correlation coefficient. The results of linearity studies for CIP have been reported in Table 6.78 (pp 240), Fig. 6.38 (pp 240).

5.3.4.3.7 Limit of Detection (LOD) and Limit of Quantification (LOQ):

The method's limit of detection (LOD) and limit of quantification (LOQ) were obtained from the linearity plot.

5.3.4.3.8 Accuracy

Spiking technique was used to assess the accuracy of the procedure under consideration. To previously examined sample solutions of CIP tablet extract dilution (conc. of 50 µg/mL) were added standard solutions of various concentrations at levels ranging between 80 - 120 percent, as shown in Table 5.3 (pp 129)

The resultant solutions were subjected to chromatographic analysis using the optimised mobile phase. The percentage of concentration recovered and the percentage of RSD at each dose level of CIP were calculated and compared. At each level, the responses were examined with three replicate injections and the results for CIP have been reported in Table 6.79 (pp 241).

5.3.4.3.9 Robustness

The robustness of the approach was tested by observing the impact of minor but deliberate changes in experimental variables like the composition of the mobile phase solution, pH of aqueous component, and flow rate on the performance of the method. Experimental parameters altered were pH of aqueous component in mobile phase (± 0.2 units),

proportion of mobile phase components ($\pm 2\%$), and flow rate (± 0.2 mL/min) of mobile phase. Robustness was evaluated by calculating the % RSD.

The effect of $\pm 2\%$ variation in the mobile phase proportion, namely the ratio of organic phase to aqueous phase, 15:85 and 11:89 of ACN: 0.1 % TEA as compared to 13:87 used in the proposed optimized method, has been studied and the results presented in Table 6.80 (pp 242), for CIP and its stress induced samples containing degradants CDA1 and CDA2.

The impact of change in pH of aqueous phase to 2.8 and 3.2 as compared to pH 3.0 used in the optimized method (resulting in ± 0.2 units variation) was investigated and has been tabulated in Table 6.81 (pp 242) for CIP and its degraded sample.

Variation in mobile phase flow rate by working at 1.3 mL/min and 1.7 mL/min as compared to 0.8 mL/min used in the proposed method (± 0.2 mL variation) was checked and the outcome has been presented in Tables 6.82 (pp 243) for CIP and its degraded sample.

5.3.4.3.10 Assay of Marketed Formulation

The proposed HPLC method was extended for the determination of CIP in tablets (Ciplox- 500 (batch no. SB60176) manufactured by Cipla Ltd.). It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 4.

The system suitability and validation results of Method 4 are summarised in Table 6.83 (pp 244).

LC-MS studies were performed on the degraded samples of LEV and CIP using Methods 3 and 4, both of which were LC-MS compatible.

5.4 LCMS Studies

The stress degraded samples of CIP and LEV have been subjected to LCMS studies for characterization of components (parent drug and degradants) that have emerged as peaks in the HPLC, using methods 3 & 4.

Liquid Chromatography coupled with Mass Spectrometry is an analytical technique which combines physical separation of components (drug and its degradant, in this case) with identification of separated components eluting as peaks. Soft ionization ESI (electrospray ionization) technique was used for mass fragmentation on the LC-MS 6400 Series Triple Quadrupole B.08.00 (B8023.5 SP1) of Agilent Technologies.

5.5 Comparison of Proposed Methods with Existing methods

The newer methods are compared with HPLC methods reported in literature. The data collected has been presented in section 3.4, Review of Literature, Chapter 3 (pp 46).

5.6 Prediction of Retention times.

The prediction of analyte retention factor in RP-LC helps largely in method development since it considerably simplifies the optimization procedures to find the best experimental conditions. Several models have been proposed to estimate the chromatographic behavior of the solutes in RP-LC. Some of these approaches are based on solute–mobile phase interactions, where descriptors such as the organic modifier volume fraction in the mobile phase and mobile phase polarity are used. However accurate predictions could be done only in a specific range of mobile phase compositions. In order to overcome this limitation, more complete models have been introduced to try and explain the chromatographic behavior using mobile phase–solute–stationary phase interactions. The

scope of identifying an appropriate model for prediction of R_t has been explored in the current study.

The retention in reversed-phase liquid chromatography has been related to solute, mobile phase and stationary phase relative polarity parameters [364–367].

5.6.1. Collection of data on existing HPLC methods for multiple FQs

In the work presented here published HPLC methods for estimation of multiple fluoroquinolones were referred to and attempts were made to establish relation between solute descriptors and retention time.

5.6.2. Calculation of Physicochemical properties of fluoroquinolones

Physicochemical properties of fluoroquinolones were calculated using OSIRIS DataWarrior and Chemaxon Software.

The universal data analysis and visualisation tool DataWarrior is a flexible tool for examining huge data sets of chemical compounds with alphanumeric attributes thanks to its incorporated cheminformatics algorithms[368,369]. To assist synthetic and medicinal chemists in their daily work, DataWarrior uses both old and new cheminformatics algorithms. In order to assist chemists in making wiser judgements about structural alterations toward better property profiles, these techniques include combinatorial library enumeration, the prediction of molecular characteristics, and numerous approaches to display chemical space and activity cliffs. To visualise the chemical space of medium-sized compound collections, the new 2-dimensional scaling technique "Rubber Band Scaling" was introduced and contrasted with principal component analysis and the self-organizing map. The approach has the benefit that no

molecules are concealed behind others and that all molecule markers are uniformly distributed. Therefore, this strategy works well when all molecules must be displayed, such as when illustrating activity space or activity cliffs. This method, in contrast to PCAs and SOMs, may be applied to complicated, non-vector descriptors like the Flexophore, which makes it possible to view the probable binding behavior space of chemical libraries. The DataWarrior application includes the Rubber Band Scaling method.

5.6.3. Application of Multiple Linear Regression analysis

Multiple Linear Regression analysis was applied to each selected method separately to determine the most relevant solute descriptors.

Applicability of certain Molecular Descriptors was studied to investigate their effect on Retention Time. These are:

1. cLogP (Octanol-water partition coefficient; partitioning): *The octanol/water partition coefficient (K_{ow}) is defined as the ratio of a chemical's concentration in the octanol phase to its concentration in the aqueous phase of a two-phase octanol/water system*[370–372].
2. LogS (water solubility): *It is defined as a common solubility unit corresponding to the 10-based logarithm of the solubility of a molecule measured in mol/L*[373].
3. Topological Surface Area (TSA, affects binding to stationary phase, ease of movement): *The polar surface area (PSA) or topological polar surface area (TPSA) of a molecule is defined as the surface sum over all polar atoms or molecules, primarily oxygen and nitrogen, also including their attached hydrogen atoms*[374].

4. Relative Polar Surface Area (Rel PSA, SAS, surface area of polar groups): *It is defined as the surface area of the molecule accessible to solvent*[374].
5. LogD (at pH used in method, affects ionisation): *LogD is the ratio of the sum of the concentrations of all species of the compound in octanol to the sum of the concentrations of all species of the compound in water*[372].

The methods involving gradient elution were not included in the study as that could lead to difficulty with prediction of retention time/ factor with a continuous change in composition of mobile phase proportion. Also, optimized methods involving less than four FQs were omitted as statistical calculations involving multiple linear regression need sample size of minimum 4 for studying effect of at least 2 variables (X) on retention time/ factor (Y).

Attempts were made at establishing correlation between these Molecular Descriptors/ physicochemical properties and Retention Time by using Multiple Linear Regression.

5.6.4. Evaluation & selection of Multiple Linear Regression

The models or regression equations thus generated were evaluated for their prediction capability using F-test and R^2 .

An F test is a statistical test that has an F-distribution under the null hypothesis. It is used to compare statistical models according to the provided data set[375].

Here the null hypothesis along with the alternate hypothesis. The F-value is calculated, using the formula. This F-statistic formula is the ratio of the variance of the group means divided by the mean of the within-group variances. The F Statistic which is the critical value for this test is determined and, on this basis, the Null Hypothesis is accepted or rejected.

R^2 is a metric used in statistics to determine how well a regression line matches actual data. R squared calculates the degree of difference between the regression model's predicted and observed values.

5.6.5. Calculation of Physicochemical properties of FQ related substances

Physicochemical properties of related substances of LEV were calculated using OSIRIS DataWarrior and Chemaxon Software.

5.6.6 Prediction of Retention Times for Related Substances of LEV

One of the selected HPLC methods (Method 10) was further investigated and those models which showed promise were further studied for their prediction capacity by using reported degradants / related substances of LEV.

5.6.7 Application of ANOVA to Predicted Retention Times

Analysis of variance (ANOVA) is an analysis tool used in statistics. One-way (or unidirectional) and two-way ANOVA are the two main varieties. ANOVA also comes in several forms[376]. For instance, MANOVA (multivariate ANOVA) is different from ANOVA in that the former evaluates several dependent variables simultaneously while the latter only does so for one. The number of independent variables in your analysis of variance test—one or two—is referred to as one-way or two-way. To evaluate if there are any statistically significant differences between the means of three or more independent (unrelated) groups, the one-way ANOVA is utilised. The one-way ANOVA is expanded upon by the two-way ANOVA. One independent variable influences one or more dependent variables in a one-way relationship. A two-way ANOVA has two independent variables. It is used to examine the simultaneous effects of two factors and observe how the two elements interact.

ANOVA procedure involves calculating all the means for all the groups. The null hypothesis assumes that there is no variance data in different groups. The alternate hypothesis states the means are different. The sum of squares (SS) based on the entire set in all the groups is calculated.

$$SS_{total} = \sum_{j=1}^n (\bar{X}_j - \bar{X})^2$$

Then the total degree of freedom (DFT), Degrees of Freedom Within Groups (DFW) and Degrees Between Groups (DFB) are calculated using following formulae:

$$DFT = n - 1$$

Where, n is to total of all the data sets combined.

$$DFW = k - 1$$

Where, k is the number of groups.

$$DFB = n - k$$

The mean square between (MSB) and mean square within (MSW) is calculated by using following formulae:

$$MS_{between} = \frac{SS_{between}}{df_{between}}$$

$$MS_{within} = \frac{SS_{within}}{df_{within}}$$

The F statistic is then calculated using the formula:

$$F = \frac{MS_{between}}{MS_{within}}$$

The calculated F values (absolute value) are compared with the tabulated F values. If the absolute value is greater than the critical value, we reject the null hypothesis and conclude that there is significant different between the means of the populations. Otherwise, we accept the null hypothesis and conclude that there is no significant difference.

Statistical test ANOVA was applied to the predicted Retention Times of each of the related substances reported for LEV.

CHAPTER 6

RESULTS AND DISCUSSION

6. Results and Discussion

6.1 Exploratory Trials: Application of existing methods to other FQs.

System Suitability Parameters for FQs of research interest using mobile phase Methanol: 0.1% orthophosphoric acid (OPA) in the ratio 40:60, at a flow rate of 2 mL/min, and elevated temperature of 50 °C have been tabulated in Table 6.1.

Table 6.1. System Suitability Parameters for some FQs using mobile phase Methanol: 0.1% orthophosphoric acid (OPA) in the ratio 40:60, at a flow rate of 2 mL/min, and elevated temperature of 50°C

Sr. No.	Drug	Rt (min)	N	Peak Symmetry
1	CIP	4.78	1764	0.858
2	LEV	4.98	1089	1.039
3	MOX	10.76	1421	1.007
4	NOR	18.54	5329	0.898
5	OFL	4.93	1069	1.070

(Acceptance Criteria: $N \geq 2000$ and peak symmetry 0.8 to 1.2)

It was observed that the method when applied to other FQs, namely, CIP, MOX, LEV and OFL, provided results that were not satisfactory with respect to system suitability. Modification of organic phase ratio, flow rate, pH with the objective of improving the system suitability parameters and arriving at a method most suitable for analysis of FQs was considered.

Among the various trials carried out, the method showing improved outcomes was observed with mobile phase comprising of Methanol: 0.1% OPA (70:30), at flow rate of

1 mL/min, 40°C column temperature, has been reported in Table 6.2. This method showed high tailing and low N for LEV and OFL as is visible from data summarised.

Table 6.2. System Suitability Parameters for FQs using mobile phase with Methanol: 0.1%OPA in the ratio 70:30, at flow rate 1 mL/min, and elevated temperature of 40 °C

Sr. No.	Drug	Rt (min)	N	Peak Symmetry
1	CIP	4.22	4318	1.592
2	LEV	4.97	2000	1.939
3	MOX	4.97	2517	1.658
4	NOR	5.48	5556	0.863
5	OFL	4.96	1932	1.955

It was generally observed that the compendial methods varied for each of the FQs and could not be applied to other FQs in spite of structural similarities due to system suitability data not being within the acceptance criteria.

These unsuccessful attempts necessitated development of appropriate analytical method that could be applied to several FQs and their marketed dosage forms.

6.2 Method Development and Validation.

Experimental parameters such as flow rate, pH along with change in proportion of organic phase and buffer were explored and system suitability factors used to evaluate results.

The effect of mobile phase composition and flow rate on retention time and peak symmetry has been reported in Table 6.3 A & B.

Table 6.3A. Effect of mobile phase composition (Methanol: Phosphate buffer pH 2.7) and flow rate on retention time and peak symmetry

Drug	Flow rate	1.25 mL/min
	Composition	70:30
Ciprofloxacin	Rt (min)	2.092
	Tailing	0.886
	N	1856
Levofloxacin	Rt(min)	2.083
	Tailing	0.884
	N	1949
Moxifloxacin	Rt(min)	2.167
	Tailing	0.846
	N	2270
Ofloxacin	Rt(min)	2.083
	Tailing	0.876
	N	2007
Norfloxacin	Rt(min)	2.817
	Tailing	1.181
	N	3906

Table 6.3B. Effect of mobile phase composition (Methanol: Phosphate buffer pH 2.7) and flow rate on retention time and peak symmetry.

Drug	Flow rate	1.0 mL/min	1.25 mL/min					
	Ratio	70:30	70:30	65:35	60:40	55:45	50:50	40:60
Levofloxacin	Rt(min)	2.608	2.083	2.108	2.125	2.175	2.308	2.908
	Tailing	0.831	0.884	0.895	0.835	0.770	0.748	0.730
	N	2870	1949	1873	1653	1299	903	451
Moxifloxacin	Rt(min)	2.708	2.167	2.233	2.352	—	3.000	5.75
	Tailing	Bad shape	0.846	0.801	0.842	—	0.862	0.672
	N	2570	2270	1792	1396	—	817	699

Mobile phase composition with ratio of 70:30 Methanol: Phosphate buffer pH 2.7 at 1.25 mL/min was found to give promising results since the peak symmetry was found to be good for all five drugs of research interest. Number of theoretical plates (N) was also found to be satisfactory in most cases. Further trials for optimizing mobile phase compositions were carried out at flow rate 1.25 mL/min.

Table 6.4. Effect of mobile phase (Methanol: Phosphate buffer pH 2.7) and flow rate

Drug	Flow rate	1.25 mL/min		
	Composition	70:30	65:35	60:40
Levofloxacin	Rt(min)	2.083	2.092	2.108
	Tailing	0.942	0.897	0.850
	N	2007	2043	1674
Moxifloxacin	Rt(min)	2.167	2.217	2.325
	Tailing	0.835	0.846	0.893
	N	2368	1867	1410
Ofloxacin	Rt(min)	2.083	2.083	2.108
	Tailing	0.865	0.833	0.829
	N	2191	2040	1706
Ciprofloxacin	Rt(min)	2.092	2.108	2.15
	Tailing	0.884	0.837	0.819
	N	2013	1938	1596
Norfloxacin	Rt(min)	2.808	3.167	3.717
	Tailing	1.196	1.113	1.079
	N	3928	3712	3589

From literature fluoroquinolones generally were shown to possess two pKa values, one at around 5 and other at 8. Silica columns are generally considered to be damaged at pH > 8, trials were continued with pH of mobile phase in the mid-acidic region of 2.5 to 3.5.

Table 6.5. Effect of pH of mobile phase Methanol: Phosphate buffer (70:30) at 1.25 mL/min flow rate

Drug ↓	Flow rate→	1.25 mL/min		
	Composition→	70:30		
	pH→	2.7	3.0	3.3
Levofloxacin	Rt(min)	2.083	2.108	2.125
	Tailing	0.942	0.867	0.912
	N	2007	3801	1820
Moxifloxacin	Rt(min)	2.167	2.158	2.167
	Tailing	0.835	0.882	0.883
	N	2368	2505	2669
Ofloxacin	Rt(min)	2.083	2.108	2.117
	Tailing	0.865	0.872	0.943
	N	2191	3888	1909
Ciprofloxacin	Rt(min)	2.092	2.108	2.108
	Tailing	0.884	1.673	1.770
	N	2013	4696	4566
Norfloxacin	Rt(min)	2.808	2.800	2.792
	Tailing	1.196	1.167	1.200
	N	3928	3913	3888

Considering the Number of Theoretical Plates (N) and shape of peaks in chromatograms, pH 3.0 was found to be most suitable. Further trials were carried out to finalise the composition of mobile phase by varying the proportion of Phosphate buffer pH 3.0, at flow rate 1.25 mL/min

Table 6.6. Effect of mobile phase Methanol: Phosphate buffer (adjusted to pH 3.0), at 1.25 mL/min flow rate

Drug	Composition→	70:30	65:35	60:40
Levofloxacin	Rt(min)	2.100	2.1000	2.125
	Tailing	0.911	0.888	0.829
	N	3934	3253	2322
Moxifloxacin	Rt(min)	2.158	2.208	2.317
	Tailing	0.916	0.869	0.879
	N	2430	1919	1465
Ofloxacin	Rt(min)	2.100	2.100	2.117
	Tailing	0.961	0.892	0.880
	N	4022	3320	2375
Ciprofloxacin	Rt(min)	2.100	2.108	2.150
	Tailing	0.903	0.883	0.836
	N	2660	2273	1792
Norfloxacin	Rt(min)	2.792	2.150	3.642
	Tailing	1.191	0.836	1.180
	N	3936	1792	3715

It was generally observed from data captured there was a decrease in Number of Theoretical plates (N) with reduction in the proportion of methanol in the mobile phase and also peak shape was not satisfactory (showing visible distortion, and increased peak width, thereby decreasing N).

Effect of Column Temperature:

The column in the instrument used was installed in a column oven, wherein the temperature can be programmed from 0-100 °C. The effect of column temperature on system suitability parameters was studied from ambient up to 60 °C.

Table 6.7. Effect of Column Temperature

Temperature→	30 °C	40 °C	50 °C	60 °C
Rt(min)	2.11	2.12	2.11	2.10
Tailing	1.03	1.01	1.00	0.99
N	3951.00	4132.67	4176.00	4282.67
Peak area	1462404.00	1452108.00	1437611.00	1456193.00
Peak height	234281.30	233872.00	232927.00	237756.70

Since there were no marked differences observed in system suitability data with changes in temperature, it was decided to select 40 °C as temperature for column oven as this was the default temperature set for the instrument.

Effect of loop volume:

Loop volumes of different magnitude were considered while optimization to verify impact of loop volume on system suitability data.

Table 6.8. Effect of Loop Volume

Drug	Loop Volume→	10 µl	20 µl
Levofloxacin	Rt(min)	2.075	2.075
	Tailing	1.148	1.000
	N	3302	2819
	Peak area	393350	764619
	Peak height	63780	109700
Moxifloxacin	Rt(min)	2.142	2.133
	Tailing	1.265	1.011
	N	3529	3293
	Peak area	802806	893076
	Peak height	135242	142107
Ofloxacin	Rt(min)	2.075	2.067
	Tailing	1.158	0.892
	N	3404	3320
	Peak area	433569	871389
	Peak height	72938	127365
Ciprofloxacin	Rt(min)	2.075	2.075
	Tailing	1.055	0.920
	N	3096	2229
	Peak area	178413	352503
	Peak height	27685	45353
Norfloxacin	Rt(min)	2.758	2.742
	Tailing	1.229	1.234
	N	5723	3744
	Peak area	120385	248095
	Peak height	20801	35676

Besides the obvious increase in peak area and peak height with increase in loop volume, a decrease in Number of Theoretical Plates was observed. However, the Number of Theoretical plates was found to remain well within acceptance limits. The peak symmetry or tailing was optimum with loop volume of 20 μ L, hence considered for validation studies.

UV absorption spectra were recorded for all 5 FQs of research interest. In the matter of CIP at 294 nm the absorptivity was 45% of maxima; also, absorptivity was slightly less (459) to that of few others. It was proposed as detection wavelength to harmonise experimental for a group of drugs belonging to similar chemical class without compromising on sensitivity of detection. The UV spectra of FQs selected for study have been presented as Fig. 6.A.

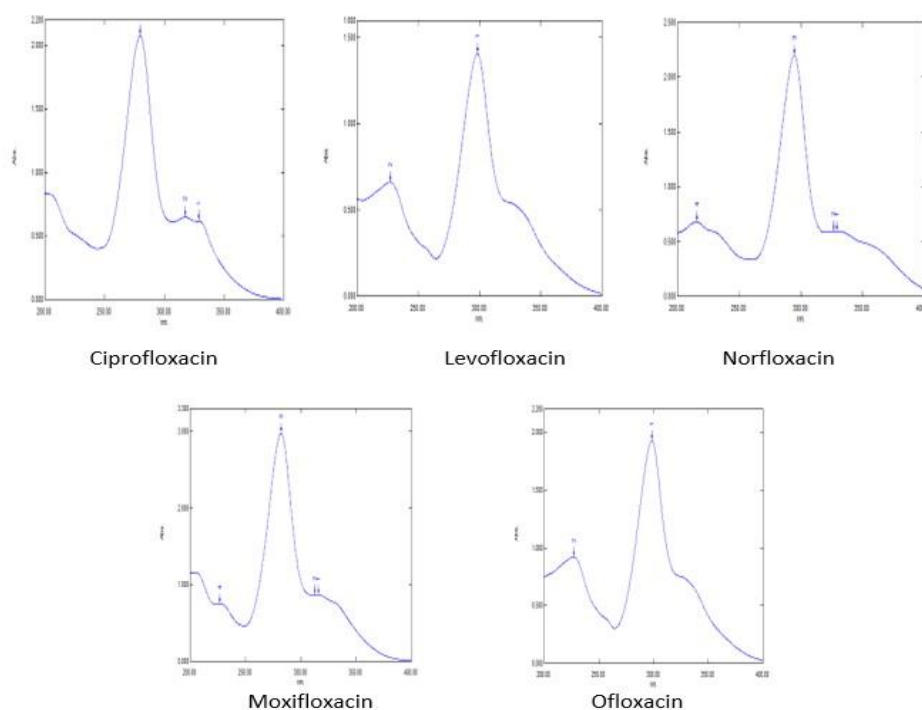


Fig.6.A. UV Absorption Spectra of FQs

6.2.1 Method 1

From the trials, it was observed that Methanol: Phosphate buffer pH 3.0 in the proportion 70:30 showed best results to meet acceptance criteria (Table 6.10B) wherein flow rate of 1.25 mL/min, detection wavelength of 294 nm and column temperature of 40 °C was used.

Method 1 was subjected to optimization and validated for analysis of FQs of research interest. Results of study are presented in Table 6.9.

Table 6.9. Developed Method 1

Method No.	Column	Column Temperature	Mobile Phase	Flow rate (mL/min)	Applicable to
1	C18	40 °C	Methanol: Phosphate buffer pH 3.0, (70:30) in isocratic mode	1.25	All selected FQs (CIP, LEV, MOX, NOR, OFL)

Retention times of FQs were found to be reasonable. Method was validated in accordance with ICH Q2R1 guidelines and system suitability data found to be satisfactory. Representative chromatograms are presented as Fig. 6.1, 6.2 and 6.3.

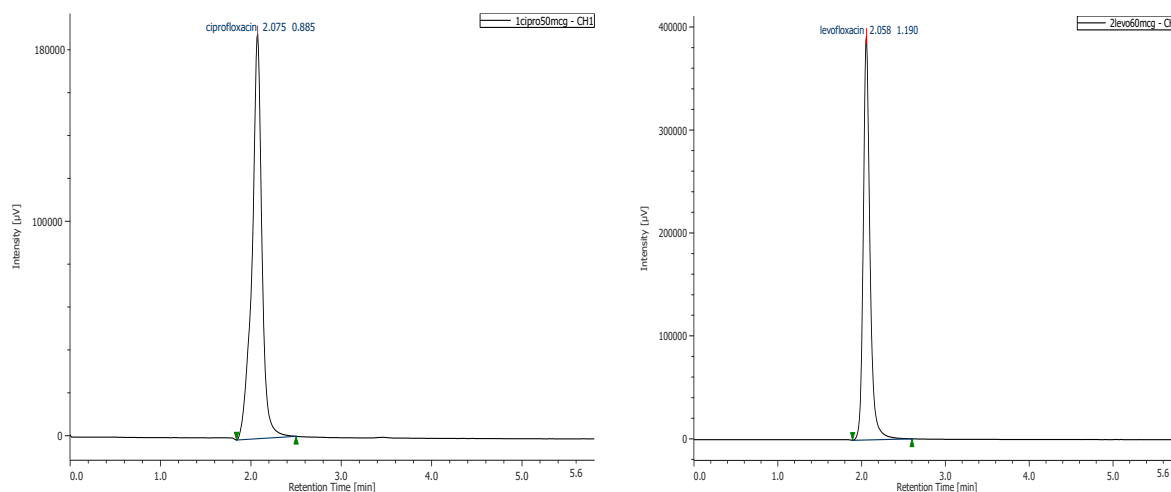


Fig.6.1. Chromatograms of CIP and LEV using mobile phase Methanol: phosphate buffer pH 3.0 (70:30), flow 1.25 mL/min, column temperature 40 °C

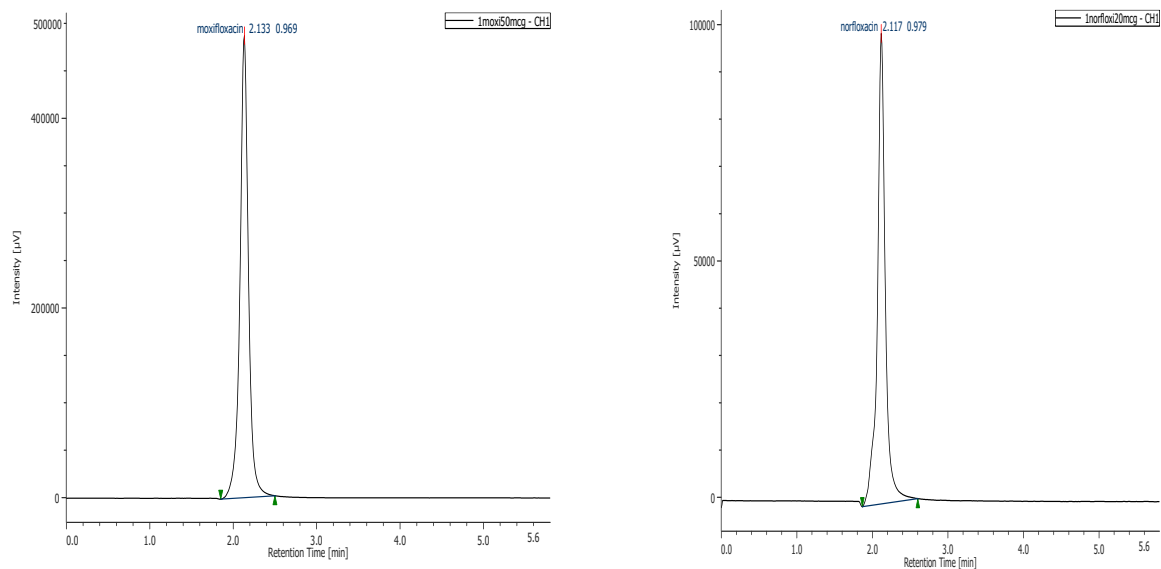


Fig.6.2. Chromatograms of MOX and NOR using mobile phase Methanol: phosphate buffer pH 3.0 (70:30), flow 1.25 mL/min, column temperature 40 °C

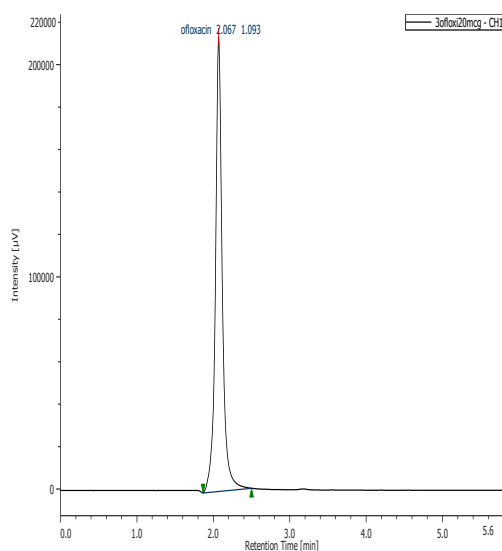


Fig. 6.3. Chromatogram of OFL using mobile phase Methanol: phosphate buffer pH 3.0 (70:30), flow 1.25 mL/min, column temperature 40 °C

6.2.1.1. System Suitability and Validation of Method 1

6.2.1.1.1 Ciprofloxacin

Table 6.10A. System suitability of Method 1 for CIP (at conc. 20 µg/mL)

Sr. No.	Rt (min)	Peak Area	N	Tailing Factor
1	2.100	18975	2394	0.868
2	2.100	19074	2337	0.867
3	2.092	18904	2408	0.900
4	2.092	19134	2256	0.908
5	2.092	19347	2287	0.900
6	2.092	19369	2282	0.904
Mean	2.095	19133.83	2327.333	0.891
SD	0.004	190.984		
RSD(%)	0.197	0.998		

Table 6.10B. System suitability of Method 1 for CIP

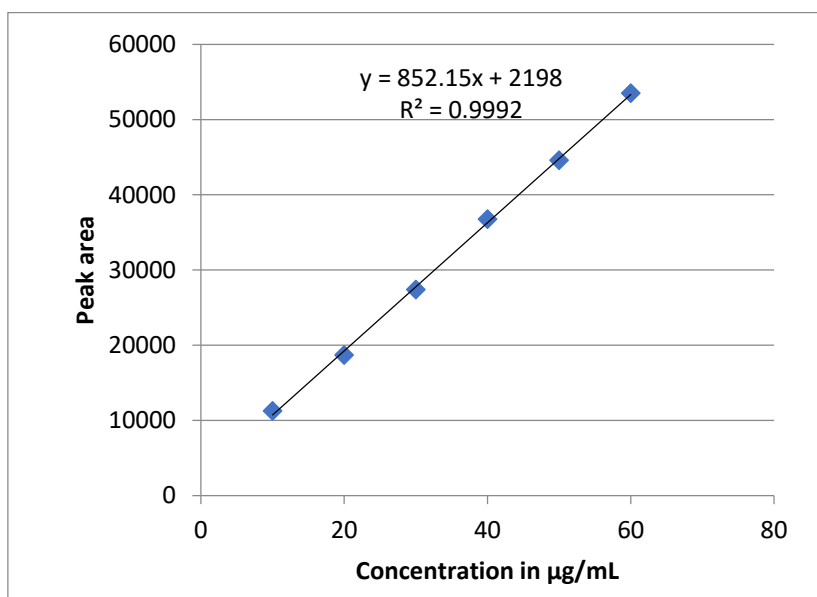
Sr No	Parameters	Acceptance Criteria	CIP
1	Theoretical Plates	>2000	2327
2	Tailing factor	<2	0.891
3	RSD of area	<2%	0.998
4	RSD of Ret.Time	<1%	0.197

Linearity: The response was linear over concentration range 10-60 µg/ml with R² value of 0.999. Linearity graph is presented as Fig. 6.4.

Table 6.11. Linearity data for CIP: Peak areas for Concentration range

Conc($\mu\text{g/ml}$)	Peak Area*
10	11255.33
20	18676.33
30	27390.67
40	36743.67
50	44581.67
60	53492.00

*Average of three injections

**Fig. 6.4. Linearity Graph for CIP (Method 1)**

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 1.79 $\mu\text{g/ml}$

Limit of Quantitation, LOQ (calculated) = 5.96 $\mu\text{g/ml}$

Precision Study of Analysis of CIP by Method 1:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Concentration calculated from the linearity graphs and equations obtained on the respective days. Fresh solutions were prepared each day and intraday precision calculated.

Table 6.12. Inter- and intraday Precision for CIP (Conc. 20 µg/mL)

Day1			Day2		
Sr. No.	Peak Area	Conc(µg/ml)	Sr. No.	Peak Area	Conc(µg/ml)
1	18975	19.688	1	19256	20.018
2	19074	19.804	2	19274	20.039
3	18904	19.605	3	19197	19.948
4	19134	19.874	4	19186	19.935
5	19347	20.124	5	19006	19.724
6	19369	20.150	6	19157	19.901
Mean	19133.83	19.874	Mean	19179.33	19.928
SD	190.984	0.224	SD	95.64448	0.112
RSD(%)	0.998	1.128	RSD(%)	0.498685	0.563
Inter-day Precision					
Mean	19156.58	19.901			
SD	145.953	0.171			
RSD(%)	0.762	0.861			

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different levels equivalent to 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of the standard to a sample of known concentration (test solution) and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 124).

Table 6.13. Results of Accuracy of Method 1 for CIP

Level of addition (std) (%)	Amount of std added ($\mu\text{g/mL}$)	Avg. Peak Area	Conc ($\mu\text{g/mL}$)	Assay	Recovery	% Recovery
80	20	43410	48.35	28.13	20.22	101.10
100	25	47866	53.41	28.13	25.28	101.11
120	30	52866	58.60	28.13	30.47	101.56

Robustness: The effect of small but deliberate changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and peak symmetry was studied.

Effect of mobile phase proportion (72:28 and 68:32 of methanol: buffer as compared to optimized ratio 70:30 used in the method)

Table 6.14. Robustness: Effect of Mobile Phase Ratio (for CIP 20 $\mu\text{g/mL}$)

Mobile Phase Ratio	72:28	70:30 (optimized)	68:32	%RSD
Avg. Peak Area (n=3)	19896.67	19940.67	20236	0.986
%RSD	0.866	0.321	0.700	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.15. Robustness: Effect of pH (for CIP 20 µg/mL)

pH	2.8	3.0 (optimized)	3.2	%RSD
Avg. Peak Area (n=3)	19918.33	19940.67	19988.33	0.245
%RSD	0.147	0.321	0.137	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.05 mL/min and 1.45 mL/min as compared to optimized flow rate of 1.25 mL/min used in the method (0.2 mL variation).

Table 6.16. Robustness: Effect of Mobile Phase Flow Rate (for CIP 20 µg/mL)

Mobile Phase Flow Rate (mL/min)	1.05	1.25 (optimized)	1.45	%RSD
Avg. Peak Area (n=3)	19505.33	19940.67	20125.33	1.385
%RSD	0.906	0.321	0.145	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of CIP in tablets. The tablet used was Ciplox- 500 (batch no. SB60176) manufactured by Cipla Ltd. It was

analysed using procedure given in section 5.3.1.4.9 (pp 131), using the proposed Method

1. Sample concentrations 25 µg/mL were injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 815841.

The concentration of sample CIP was calculated to be 25.410 µg/mL and assay results found to be complying 100.05% with label claim (I.P. limits 90-110%).

6.2.1.1.2 Levofloxacin

Table 6.17A. System suitability of Method 1 for LEV (Concentration 20 µg/mL)

Sr. No.	Rt (min)	Peak Area	N	Tailing Factor
1	2.100	1561473	3968	0.878
2	2.100	1556514	3778	0.896
3	2.092	1557721	3697	0.898
4	2.092	1560998	3702	0.899
5	2.092	1559812	3779	0.882
6	2.092	1559763	3831	0.882
Mean	2.095	1559380	3792.5	0.889
SD	0.004	1913.015		
RSD(%)	0.197	0.123		

Table 6.17B. System suitability of Method 1 for LEV

Sr No	Parameters	Acceptance Criteria	LEV
1	Theoretical Plates	>1000	3792.5
2	Tailing factor	<2	0.889
3	RSD of area	<2%	0.123
4	RSD of Ret. Time	<1%	0.197%

Linearity: The response was linear from 10-60 $\mu\text{g/ml}$ with a R^2 value of 0.999. Linearity graph is seen as Fig. 6.5.

Table 6.18. Linearity data for LEV: Peak areas for Concentration range

Conc($\mu\text{g/ml}$)	Peak Area*
10	786636
20	1558786
30	2246531
40	2962968
50	3618195
60	4295056

*Average of three injections

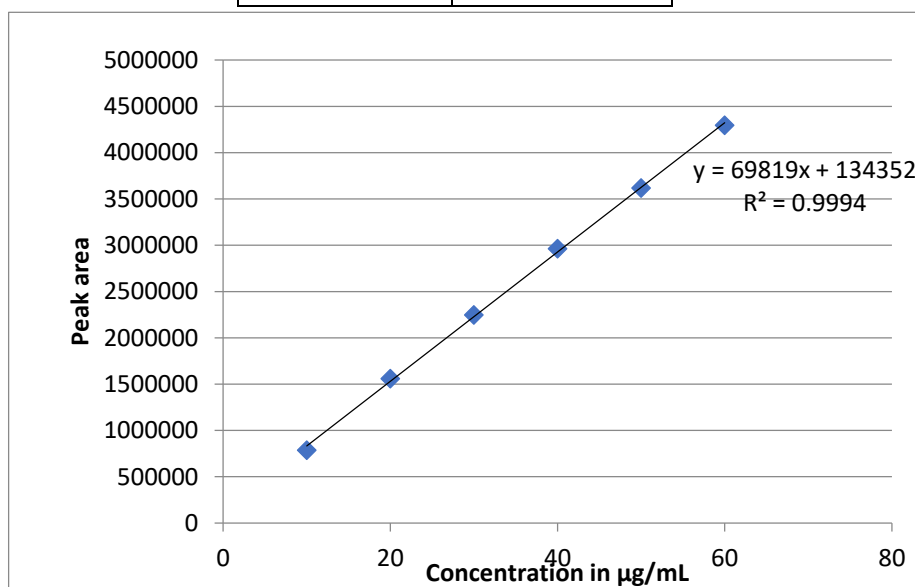


Fig. 6.5. Linearity Graph for LEV (Method 1)

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 1.57 $\mu\text{g/ml}$

Limit of Quantitation, LOQ (calculated) = 5.24 $\mu\text{g/ml}$

Precision Study of Analysis of LEV by Method 1:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Concentration was calculated from the linearity graphs and equations obtained on the respective days. Fresh solutions were prepared each day and intraday precision calculated.

Table 6.19. Inter- and intraday Precision for LEV (Conc. 20 µg/mL)

Day1			Day2		
Sr. No.	Peak Area	Conc(µg/ml)	Sr. No.	Peak Area	Conc(µg/ml)
1	1561473	20.440	1	1557893	20.389
2	1556514	20.369	2	1567182	20.522
3	1557721	20.386	3	1582334	20.739
4	1560998	20.434	4	1561675	20.443
5	1559812	20.417	5	1562366	20.453
6	1559763	20.416	6	1560993	20.433
Mean	1559380	20.410	Mean	1565407	20.497
SD	1913.015	0.027	SD	8818.084	0.126
RSD(%)	0.123	0.134	RSD(%)	0.563	0.616
Inter-day Precision					
Mean	1564601	20.485			
SD	8327.652	0.119			
RSD(%)	0.532	0.582			

Accuracy:

Accuracy (% Recovery) was evaluated in triplicate, at three levels of concentrations equivalent to 80, 100 and 120% of the target concentration of active ingredient, by spiking

a known amount of the standard to a sample of known concentration and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 129).

Table 6.20. Results of Accuracy of Method 1 for LEV

Level of addition (std) (%)	Amount of std added ($\mu\text{g/ml}$)	Avg. Peak Area	Conc ($\mu\text{g/ml}$)	Assay	Recovery	% recovery
80	20	3357030	46.232	25.97	20.262	101.31
100	25	3637342	50.104	25.97	24.134	96.536
120	30	3949088	54.670	25.97	28.700	95.667

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and peak symmetry was studied.

Effect of mobile phase proportion (72:28 and 68:32 of methanol: buffer as compared to optimized ratio 70:30 used in the method)

Table 6.21. Robustness: Effect of Mobile Phase Ratio (for LEV 20 $\mu\text{g/mL}$)

Mobile Phase Ratio	72:28	70:30 (optimized)	68:32	%RSD
Avg. Peak Area (n=3)	1558878	1558569	1554133	0.334
%RSD	0.153	0.166	0.570	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to pH 3.0 optimized for the method (0.2 units variation)

Table 6.22. Robustness: Effect of pH (for LEV 20 µg/mL)

pH	2.8	3.0 (optimized)	3.2	%RSD
Avg. Peak Area (n=3)	1555432	1558569	1565128	0.299
%RSD	0.326	0.166	0.251	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.05 mL/min and 1.45 mL/min as compared to optimized 1.25 mL/min used for the method (0.2 mL variation).

Table 6.23. Robustness: Effect of Mobile Phase Flow Rate (for LEV 20 µg/mL)

Mobile Phase Flow Rate (mL/min)	1.05	1.25 (optimized)	1.45	%RSD
Avg. Peak Area (n=3)	1556977	1558569	1557523	0.328
%RSD	0.506	0.166	0.372	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of LEV in tablets. The tablet used was Leon 500 (batch no. LB60710) manufactured by Dr. Reddy's Laboratories Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 1. Sample concentration of 25 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 1826948.

The concentration of sample LEV sample was calculated to be 25.970 µg/mL and assay results found to be complying 104.19% with label claim (I.P. limits 90-110%).

6.2.1.1.3 Moxifloxacin

Table 6.24A. System suitability of Method 1 for MOX (conc 20 µg/mL)

Sr. No.	Rt (min)	Peak Area	N	Tailing Factor
1	2.158	1420471	2395	0.867
2	2.150	1428320	2370	0.866
3	2.158	1410939	2390	0.863
4	2.150	1419871	2371	0.866
5	2.150	1420342	2377	0.902
6	2.142	1422675	2376	0.897
Mean	2.151	1420436	2379.833	0.877
SD	0.006	5615.921		
RSD(%)	0.279	0.395		

Table 6.24B. System suitability of Method 1 for MOX

Sr No	Parameters	Acceptance Criteria	MOX
1	Theoretical Plates	>1000	2379.8
2	Tailing factor	<2	0.877
3	RSD of area	<2%	0.395
4	RSD of Ret.Time	<1%	0.279

Linearity: The response was linear from 10-60 µg/mL with R² value of 0.999. Linearity graph is presented as Fig.6.6.

Table 6.25 Linearity data for MOX: Peak areas for Concentration range

Conc(µg/mL)	Peak Area*
10	741934.7
20	1419910
30	2111037
40	2754234
50	3459527
60	4034960

*Average of three injections

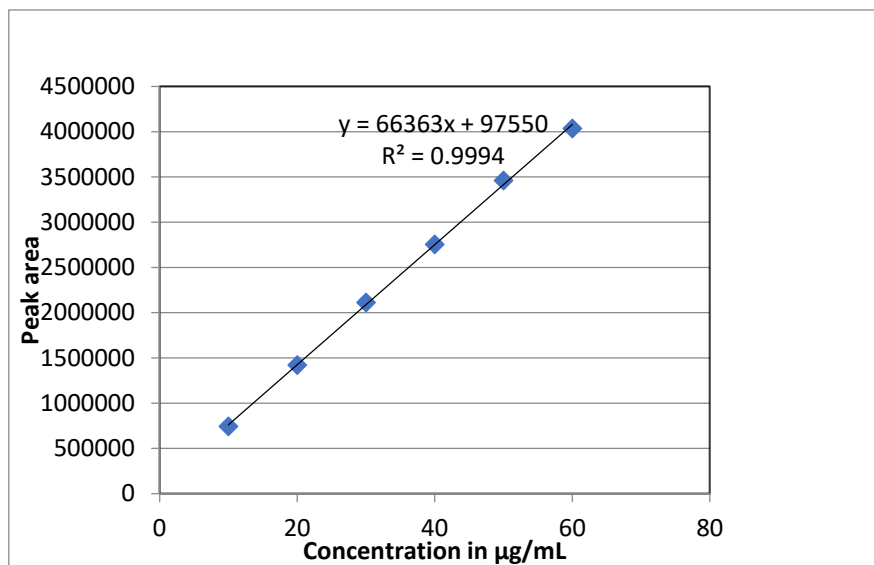


Fig. 6.6. Linearity Graph for MOX (Method 1)

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 1.57 µg/mL

Limit of Quantitation, LOQ (calculated) = 5.22 µg/mL

Precision Study of Analysis of MOX by Method 1:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Conc calculated from the linearity graphs and equations obtained on the respective days.

Fresh solutions were prepared each day and intraday precision calculated.

Table 6.26. Inter- and intraday Precision for MOX (Conc. 20 µg/mL)

Day 1			Day 2		
Sr. No.	Peak Area	Conc (µg/mL)	Sr. No.	Peak Area	Conc (µg/mL)
1	1420471	19.935	1	1430356	20.084
2	1428320	20.053	2	1429863	20.076
3	1410939	19.791	3	1428876	20.061
4	1419871	19.926	4	1422456	19.965
5	1420342	19.933	5	1423465	19.980
6	1422675	19.968	6	1428976	20.063
Mean	1420436	19.934	Mean	1427332	20.038
SD	5615.921	0.085	SD	3445.759	0.052
RSD(%)	0.395	0.425	RSD(%)	0.241	0.259
Inter-day Precision					
Mean	1423884	19.986			
SD	5718.469	0.08617			
RSD(%)	0.402	0.431			

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different concentration levels equivalent to 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 129).

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and peak symmetry was studied.

Effect of mobile phase proportion: Ratios of mobile phase, namely, 72:28 and 68:32 of methanol: buffer as compared to the optimized ratio of 70:30 used in the method.

Table 6.27. Results of Accuracy of Method 1 for MOX

Level of addition (std) (%)	Amount of std added ($\mu\text{g/mL}$)	Avg. Peak Area	Conc ($\mu\text{g/mL}$)	Assay	Recovery	% recovery
80	20	3052671	44.84	25.68	19.16	95.8
100	25	3486146	51.06	25.68	25.38	101.52
120	30	3724623	54.70	25.68	29.02	96.73

Table 6.28. Robustness: Effect of Mobile Phase Ratio

Mobile Phase Ratio	72:28	70:30 (optimized)	68:32	%RSD
Avg. Peak Area (n=3)	1412491	1419910	1433881	0.777
%RSD	0.509	0.613	0.195	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.29. Robustness: Effect of pH

pH	2.8	3.0 (optimized)	3.2	%RSD
Avg. Peak Area (n=3)	1417116	1419910	1431022	0.707
%RSD	0.637	0.613	0.645	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.05 mL/min and 1.45 mL/min as compared to optimized flow rate of 1.25 mL/min used in the method (0.2 mL variation).

Table 6.30. Robustness: Effect of Mobile Phase Flow Rate

Mobile Phase Flow Rate (mL/min)	1.05	1.25 (optimized)	1.45	%RSD
Avg. Peak Area (n=3)	1430361	1419910	1426069	0.453
%RSD	0.192	0.613	0.021	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of MOX in tablets. The tablet used was Mahoflox 400 (batch no. C5ABP010) manufactured by Mankind Pharma Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 1. Sample concentration of 25 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 1801520.

The concentration of sample MOX sample was calculated to be 25.68 µg/mL and assay results found to be complying 103.17 % with label claim (I.P. limits 90-110%).

6.2.1.1.4 Norfloxacin

Table 6.31A. System suitability of Method 1 for NOR (Conc 20 µg/mL)

Sr. No.	Rt (min)	Peak Area	N	Tailing Factor
1	2.108	726638	2826	0.976
2	2.108	736164	2838	0.980
3	2.108	739297	2876	0.942
4	2.117	740136	2888	0.925
5	2.108	740012	2828	0.968
6	2.108	739987	2830	0.971
Mean	2.110	737039	2847.667	0.960
SD	0.004	5313.489		
RSD(%)	0.017	0.721		

Table 6.31B. System suitability of Method 1 for NOR

Sr No	Parameters	Acceptance Criteria	NOR
1	Theoretical Plates	>1000	2847.667
2	Tailing factor	<2	0.960
3	RSD of area	<2%	0.721
4	RSD of Ret.Time	<1%	0.017

Linearity: The response was linear from 10-60 µg/mL with a R² value of 0.999. Linearity graph is presented as Fig.6.7.

Table 6.32. Linearity data for NOR: Peak areas for Concentration range

Conc(µg/mL)	Peak Area*
10	365431.3
20	734033
30	1117134
40	1488039
50	1850903
60	2204221

*Average of three

injections

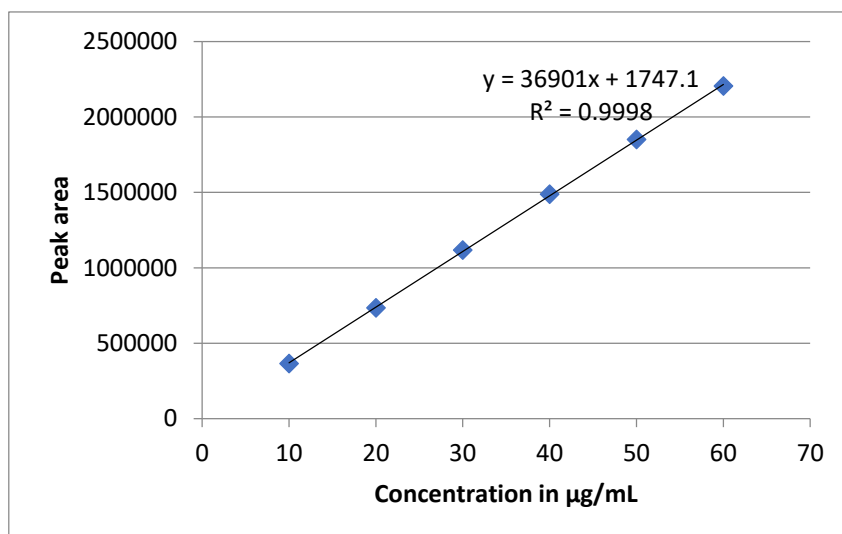


Fig. 6.7. Linearity Graph for NOR (Method 1)

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 0.799 µg/mL

Limit of Quantitation, LOQ (calculated) = 2.677 µg/mL

Precision Study of Analysis of NOR by Method 1:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different concentration levels equivalent to 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration (30 µg/mL) and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 129).

Table 6.33. Inter- and intraday Precision for NOR (Conc. 20 µg/mL)

Day 1			Day 2		
Sr. No.	Peak Area	Conc(µg/mL)	Sr. No.	Peak Area	Conc(µg/mL)
1	726638	19.644	1	741034	20.034
2	736164	19.902	2	740124	20.010
3	739297	19.987	3	739968	20.005
4	740136	20.010	4	741123	20.037
5	740012	20.007	5	740344	20.016
6	739987	20.006	6	743989	20.114
Mean	737039	19.926	Mean	741097	20.036
SD	5313.489	0.144	SD	1493.766	0.041
RSD(%)	0.721	0.723	RSD (%)	0.202	0.202
Inter-day Precision					
Mean	739068	19.981			
SD	4282.359	0.116			
RSD(%)	0.579	0.581			

Table 6.34. Results of Accuracy of Method 1 for NOR

Level of addition (std) (%)	Amount of std added (µg/ml)	Avg. Peak Area	Conc (µg/ml)	Assay	Recovery	% recovery
80	24	2037652	55.15	30.632	24.518	102.16
100	30	2287631	61.85	30.632	31.218	104.06
120	36	2507652	67.41	30.632	36.778	102.16

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and peak symmetry was studied.

Effect of mobile phase proportion: Mobile phase ratios of 72:28 and 68:32 of methanol: buffer as compared to optimized ratio of 70:30 used in the method were tried.

Table 6.35. Robustness: Effect of Mobile Phase Ratio

Mobile Phase Ratio	72:28	70:30 (optimized)	68:32	% RSD
Avg. Peak Area (n=3)	736999	734033	723961.7	1.067
% RSD	0.824	0.898	0.669	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.36. Robustness: Effect of pH

pH	2.8	3.0 (optimized)	3.2	% RSD
Avg. Peak Area (n=3)	731268	734033	722494.3	0.950
%RSD	0.581	0.898	0.640	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.05 mL/min and 1.45 mL/min as compared to optimized flow rate of 1.25 mL/min used in the method (0.2 mL variation).

Table 6.37. Robustness: Effect of Mobile Phase Flow Rate

Mobile Phase Flow Rate (mL/min)	1.05	1.25 (optimized)	1.45	% RSD
Avg. Peak Area (n=3)	731570.7	734033	732180.3	0.586
%RSD	0.5196	0.898	0.452	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of NOR in tablets. The tablet used was Norflox- 400 (batch no. ACT6163) manufactured by Cipla Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 1. Sample concentration of 20 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 798022.5.

The concentration of sample NOR sample was calculated to be 21.58 µg/mL and assay results found to be complying 106.75 % with label claim (I.P. limits 90-110%).

6.2.1.1.5 Ofloxacin**Table 6.38A. System suitability of Method 1 for OFL (20 µg/mL)**

Sr. No.	Rt (min)	Peak Area	N	Tailing Factor
1	2.100	1538574	4016	0.877
2	2.092	1539239	4056	0.877
3	2.092	1537185	4069	0.881
4	2.092	1543172	4074	0.874
5	2.092	1531558	4081	0.880
6	2.092	1539273	4057	0.873
Mean	2.093	1538167	4058.833	0.877
SD	0.003	3800.824		
RSD(%)	0.156	0.247		

Table 6.38B. System suitability of Method 1 for OFL

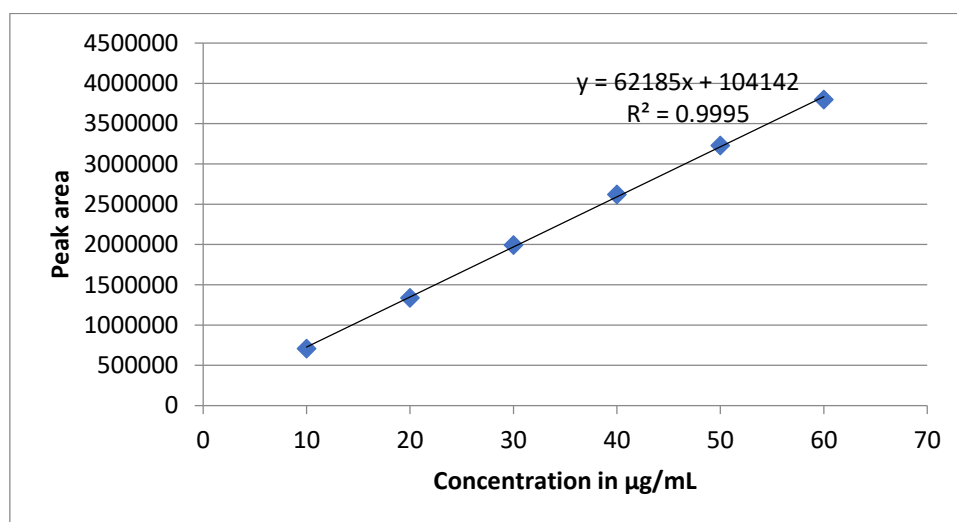
	Parameters	Acceptance Criteria	OFL
1	Theoretical Plates	>1000	4058.8
2	Tailing factor	<2	0.877
3	RSD of area	<2%	0.247
4	RSD of Ret. Time	<1%	0.156

Linearity: The response was linear for a range of concentrations of OFL from 10-60 µg/mL with R² value of 0.999. Linearity graph is shown as Fig. 6.8.

Table 6.39. Linearity data for OFL: Peak areas for Concentration range

Conc(µg/mL)	Peak Area*
10	706297.7
20	1337761
30	1992044
40	2619663
50	3228983
60	3799010

*Average of three injections

**Fig. 6.8. Linearity Graph for OFL (Method 1)**

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 1.39 $\mu\text{g/mL}$

Limit of Quantitation, LOQ (calculated) = 4.64 $\mu\text{g/mL}$

Precision Study of Analysis of OFL by Method 1:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of dilutions made from the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Table 6.40. Inter- and intraday Precision for OFL (Conc. 25 $\mu\text{g/mL}$)

Day 1			Day 2		
Sr. No.	Peak Area	Conc ($\mu\text{g/mL}$)	Sr. No.	Peak Area	Conc ($\mu\text{g/mL}$)
1	1538574	24.574	1	1545942	25.555
2	1539239	24.585	2	1538970	25.439
3	1537185	24.552	3	1530987	25.306
4	1543172	24.648	4	1544269	25.528
5	1531558	24.462	5	1539873	25.454
6	1539273	24.586	6	1567364	25.913
Mean	1538167	24.568	Mean	1544568	25.533
SD	3800.824	0.061	SD	12324.44	0.206
RSD (%)	0.247	0.249	RSD (%)	0.798	0.807
Inter-day Precision					
Mean	1541367	25.050			
SD	9315.656	0.524			
RSD (%)	0.60476	2.092			

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different concentration levels equivalent to 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration and then

calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7(pp 129).

Table 6.41. Results of Accuracy of Method 1 for OFL

Level of addition (std) (%)	Amount of std added (µg/ml)	Avg. Peak Area	Conc. (µg/ml)	Assay	Recovery	% recovery
80	20	2748604	44.03	24.57	19.46	97.30
100	25	3171021	50.82	24.57	26.25	105.00
120	30	3337886	53.51	24.57	28.94	96.47

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and Tailing Factor was studied.

Effect of mobile phase proportion: Ratios 72:28 and 68:32 of methanol: buffer as compared to optimized ratio of 70:30 used in the method were tried.

Table 6.42. Robustness: Effect of Mobile Phase Ratio

Mobile Phase Ratio	72:28	70:30 (optimized)	68:32	%RSD
Avg. Peak Area (n=3)	1334310	1337761	1331447	0.284
%RSD	0.225	0.115	0.300	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.43. Robustness: Effect of pH

pH	2.8	3.0 (optimized)	3.2	%RSD
Avg. Peak Area (n=3)	1342680	1337761	1333941	0.348
%RSD	0.361	0.115	0.138	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.05 mL/min and 1.45 mL/min as compared to optimized flow rate of 1.25 mL/min used in the method (0.2 mL variation).

Table 6.44. Robustness: Effect of Mobile Phase Flow Rate

Mobile Phase Flow Rate (mL/min)	1.05	1.25 (optimized)	1.45	%RSD
Avg. Peak Area (n=3)	1339177	1337761	1338075	0.263
%RSD	0.476	0.115	0.168	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of OFL in tablets. The tablet used was Zenflox- 400 (batch no. E1AH0004) manufactured by Mankind Pharma Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 1. Sample concentration of 25 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 1538167.

The concentration of sample OFL sample was calculated to be 24.568 µg/mL and assay results found to be complying 98.004 % with label claim (I.P. limits 90-110%).

The system suitability and validation results are summarized in Table 6.45.

Table 6.45. System Suitability and Validation parameters using proposed Method 1 using mobile phase Methanol: phosphate buffer pH 3.0, in the ratio 70:30, at flow rate 1.25 mL/min, and column temperature 40 °C

Parameter	CIP	LEV	MOX	NOR	OFL
N	2327	3793	2380	2848	4059
Tailing factor (Pk sym)	0.891	0.889	0.877	0.960	0.877
RSD of area (< 2%)	0.998	0.123	0.395	0.721	0.247
R _t (min)	2.095	2.095	2.151	2.110	2.093
RSD of R _t (<2%)	0.197	0.197	0.279	0.017	0.156
Linearity	$y = 852.15x + 2198$ $R^2 = 0.9992$	$y = 69819x + 134352$ $R^2 = 0.9994$	$y = 66363x + 97550$ $R^2 = 0.9994$	$y = 36901x + 1747.1$ $R^2 = 0.9998$	$y = 62185x + 104142$ $R^2 = 0.9995$
LOD(µg/mL)	1.79	1.57	1.57	0.80	1.39
LOQ(µg/mL)	5.96	5.24	5.22	2.68	4.64
Precision (RSD < 2%)	Complies	Complies	Complies	Complies	Complies
Assay of marketed formulation (Limits 90-110%)	100.05%	104.19%	103.17%	106.75%	98.004%
Accuracy	101-102%	95-102%	95-102%	102-105%	96-105%
Robustness (RSD < 2%)	Complies	Complies	Complies	Complies	Complies

Evaluation of Stability Indicating Capability of Method 1:

As seen in previous sections, Method 1 has been successfully applied to all selected FQs. However, when method was applied for stress induced study, a degradant of LEV formed under experimental conditions of acid hydrolysis (as mentioned in 5.3.1.5, pp 132) eluted very close to the drug peak and hence resolution was not satisfactory. The degradant has been termed as LDA and the chromatogram of LEV degraded through acid hydrolysis is presented as Fig. 6.9.

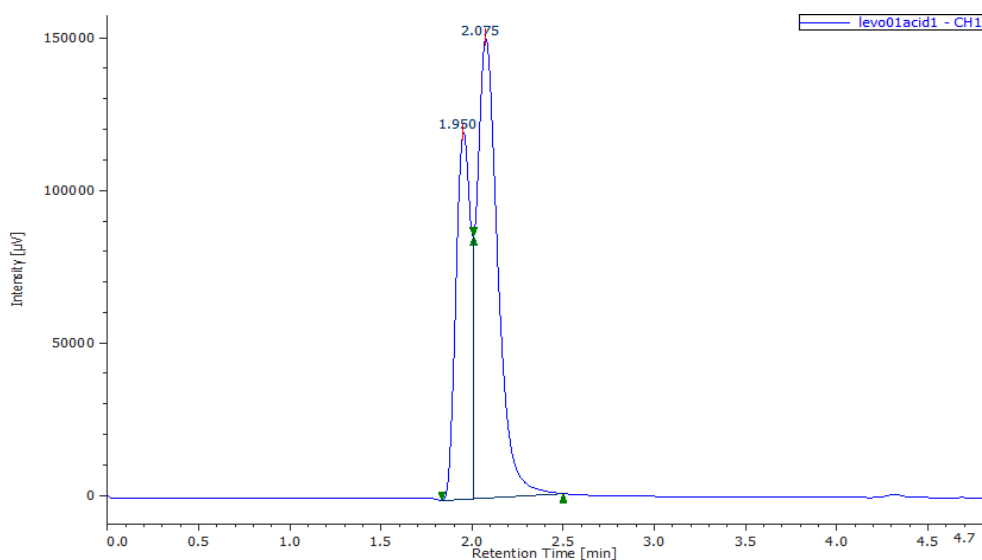


Fig. 6.9. Chromatogram of LEV subjected to stress conditions of acid hydrolysis analyzed by Method 1

Hence attempts were made to develop alternate method that can resolve the drug peak from its degradants (LDO and LDA).

6.2.2. Method 2

6.2.2.1. Trials

Series of trials were conducted for resolution of drug peak from its degradants (LDO and LDA). Results of the study are summarised in Table 6.46. Some chromatograms have been presented in Fig 6.10, 6.11 and 6.12.

Table 6.46. Trials for Development of Method for LEV and its Degradants

Sr. No.	Trial	Range or Variation	Observations
1	Methanol and Phosphate buffer: (a) % of Methanol (b) pH of buffer	95 to 50% 2.5 to 3.5	Peak of degradant not resolved Poor Tailing Factor and N
2	Methanol and Phosphate buffer with 0.4% TEA, pH adjusted with OPA. (a) % of Methanol (b) pH of buffer	95 to 50% 2.5 to 3.5	Peak of degradant not resolved
3	Methanol and 0.1% OPA (a) % of Methanol	95 to 50%	Peak of degradant not resolved (Representative chromatogram in Fig.6.10)
4	Higher conc of drug	20 and 40 µg/mL	N increased tremendously
5	Change in flow rate	0.8 to 1.25 mL/min	No improvement in tailing
6	Methanol and Sodium buffer (20mM Na ₂ HPO ₄)	Methanol: Phosphate buffer pH 3.0, 0.8 mL/min	Good separation at 40:60 but high tailing
7	Trials with 0.1% TEA	Methanol: Phosphate buffer pH 3.0 (43:57), 0.8 mL/min	Least tailing and high N and good resolution
8	Potassium and sodium phosphate buffers	Methanol with 20mM of each buffer (43:57)	Sodium buffer (20mM Na ₂ HPO ₄) shows higher N and lower tailing

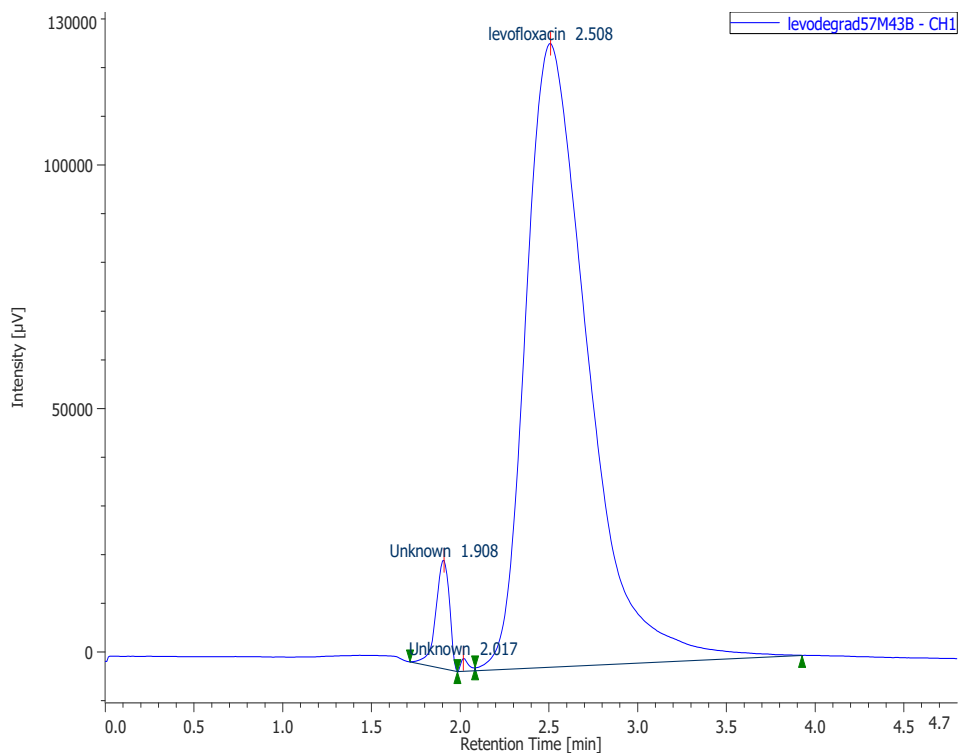


Fig.6.10. Chromatogram of acid hydrolysis degraded product of LEV (LDA) at 57:43 (methanol: 0.1%OPA); 1.0 mL/min

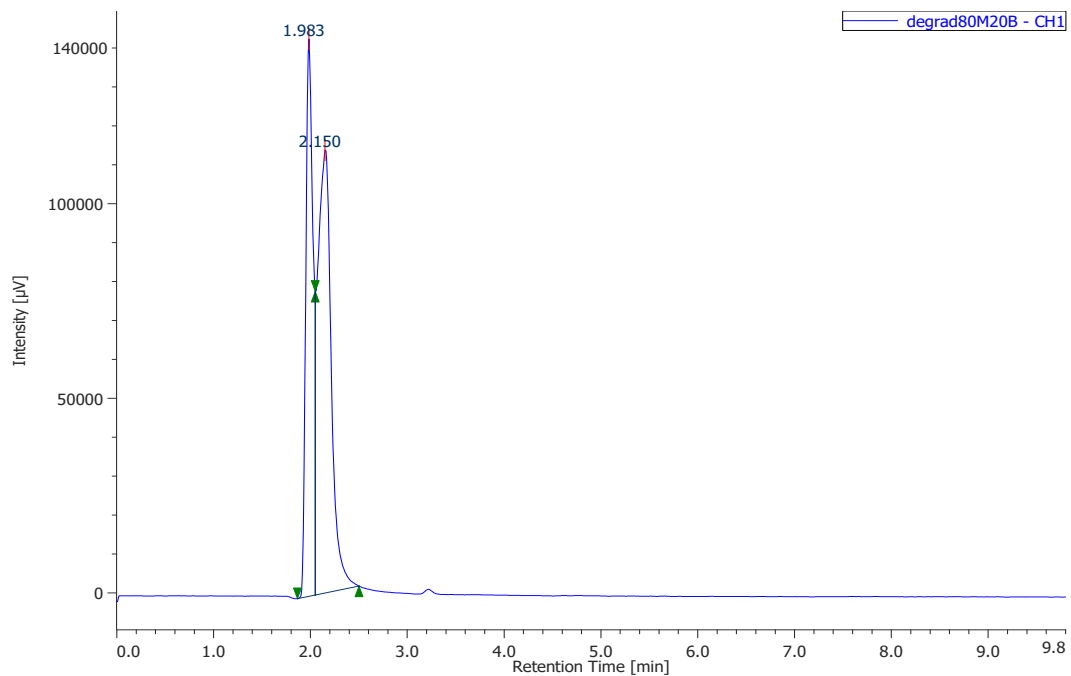


Fig.6.11. Chromatogram of acid hydrolysis degraded product of LEV (LDA) at 80:20 (methanol: phosphate buffer pH 3.0)

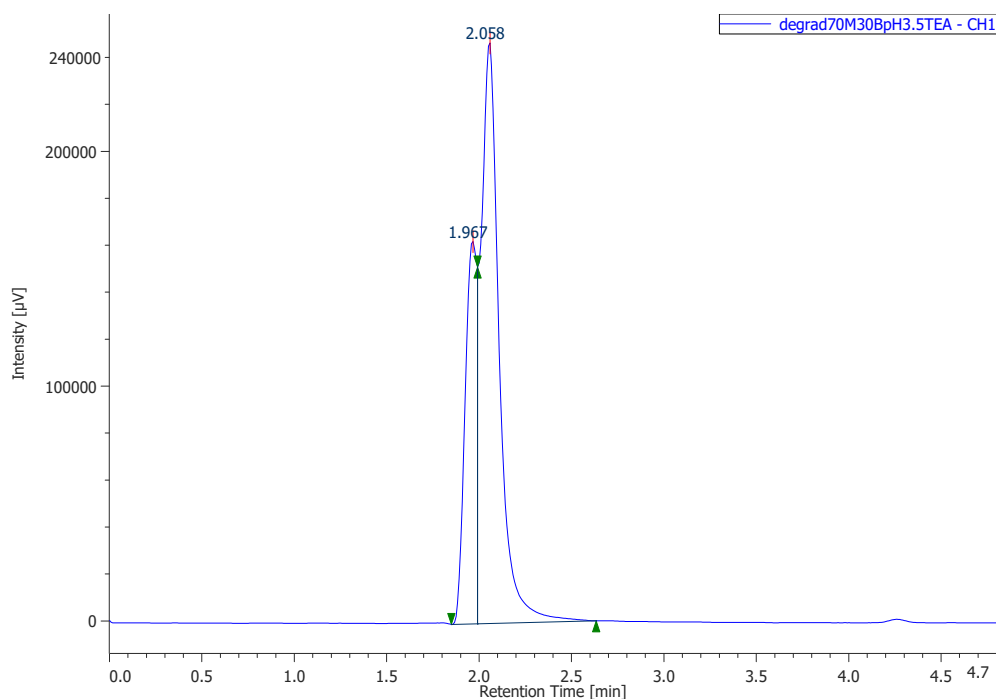


Fig.6.12. Chromatogram of degraded product acid hydrolysis degraded product of LEV (LDA) at 70:30 (methanol: phosphate buffer with 0.1% TEA, pH 3.5)

Mobile phase of Methanol: phosphate buffer 20 mM, adjusted to pH 3.0, at a flow rate of 1.25 mL/min, and detector wavelength 294 nm showed promising results but the N was found to be low and hence attempts were made to improve N. The options for increasing N [365] were:

- (1) Increasing concentration of the drug
- (2) Decreasing flow rate
- (3) Increasing proportion of aqueous phase
- (4) Trying different column: changing column packing, particle size, length of column

6.2.2.1.1 Trial 1: Comparison between Sodium and Potassium phosphate Buffers

Suitability of buffer was tried by comparing between Sodium and Potassium buffers.

Methanol: 20 mM phosphate buffer (Sodium or Potassium), adjusted to pH 3.0, at flow rate of 0.8 mL/min, and detector wavelength set at 294 nm.

The results are presented in Table 6.47.

Table 6. 47. Comparison between Na and K Buffers using Mobile Phase Methanol: 20mM phosphate buffer (Sodium or Potassium), adjusted to pH 3.0, at 0.8 mL/min

Buffer	Sodium phosphate buffer				Potassium phosphate buffer			
	LDA		LDO		LDA		LDO	
	LDA	LEV	LEV	LDO	LDA	LEV	LEV	LDO
Rs	2.097	-----	2.669	3.759	2.088	-----	2.985	3.910
N	3188	3220	2752	3056	3068	2828	2711	2895
PS	1.383	1.600	1.656	1.567	1.448	1.571	1.688	1.419

It was observed that Sodium phosphate (Na_2HPO_4) buffer showed higher N and lower tailing in most cases.

6.2.2.1.2 Trial 2: Effect of Flow Rate

Effect of flow rate was checked by comparing between flow rates of 0.8, 1.0 and 1.25 mL/min. Methanol: 20 mM Sodium phosphate buffer, adjusted to pH 3.0, at different flow rates of 0.8 to 1.25 mL/min, and detector wavelength set at 294 nm.

The results are presented in Table 6.48.

Table 6.48. Effect of Flow Rate using Mobile Phase Methanol: 20 mM Sodium phosphate buffer, adjusted to pH 3.0 on LDA

Flow rate	0.8 mL/min		1.0 mL/min		1.25 mL/min	
	LDA	LEV	LDA	LEV	LDA	LEV
Rs	2.097	-----	2.287	-----	2.351	-----
N	3188	3220	3579	3429	3073	3210
PS	1.383	1.600	1.315	1.520	1.395	1.583

Though it was observed that Tailing Factor was lowest and N highest at 1.0 mL/min, the R_t was below 3.325 and V_r was 2.66 which is close to V_0 (2.5). Hence 0.8 mL/min was selected where R_t and V_r are both 4.133 which is sufficiently higher than V_0 of 3.125.

6.2.2.1.3 Trial 3: Effect of Proportion of Mobile Phase

Effect of proportion of mobile phase components was checked by comparing between various ratios of organic and aqueous phases as shown in Tables 6.49 to 6.52.

Table 6.49. Effect of Proportion of Mobile Phase with Sodium phosphate (buffer at 1.25 mL/min (for LDA, the LEV sample degraded by acid hydrolysis)

Mobile Phase Proportion	45:55		43:57		40:60		38:62		35:65	
	LDA	LEV	LDA	LEV	LDA	LEV	LDA	LEV	LDA	LEV
Rs	2.001	-----	2.369	-----	2.898	-----	3.364	-----	4.172	-----
N	2841	3266	2905	3323	2873	3298	2808	3295	2854	3387
PS	-----	1.611	-----	1.572	1.398	1.622	1.524	1.622	1.465	1.649

Table 6.50. Effect of Proportion of Mobile Phase with Potassium phosphate buffer at 1.00 mL/min (for LEV sample degraded by acid hydrolysis)

Mobile Phase Proportion	43:57		40:60	
	LDA	LEV	LDA	LEV
Rs	2.036	-----	2.627	-----
N	2614	2592	2658	2719
PS	-----	1.606	1.492	1.566

Table 6.51. Effect of Proportion of Mobile Phase with Potassium phosphate buffer at 0.80 mL/min (for LEV sample degraded by acid hydrolysis)

Mobile Phase Proportion	45:55		43:57		40:60		38:62		35:65	
	LDA	LEV	LDA	LEV	LDA	LEV	LDA	LEV	LDA	LEV
Rs	1.862	-----	2.088	-----	2.682	-----	3.154	-----	3.849	-----
N	3196	2981	3068	2828	3083	2763	2913	2936	2915	2843
PS	-----	1.578	1.448	1.571	1.472	1.636	1.483	1.617	1.441	1.741

Table 6.52. Effect of Proportion of Mobile Phase with Potassium phosphate buffer at 0.80 mL/min (for LEV sample degraded by oxidation)

Mobile Phase Proportion	45:55		43:57		40:60		38:62		35:65	
	LEV	LDO	LEV	LDO	LEV	LDO	LEV	LDO	LEV	LDO
Rs	2.651	3.999	2.985	3.910	3.754	3.399	4.455	2.738	5.720	1.389
N	2748	2943	2711	2895	2656	2984	2701	3018	2711	3443
PS	1.663	1.567	1.688	1.419	1.671	1.667	1.670	1.682	1.735	-----

Based on above observations, Sodium phosphate buffer (20 mM) with 0.1% TEA adjusted to pH 3.0 with OPA was chosen as buffer with preferred flow rate of 0.8 mL/min. The preferred ratio for methanol and buffer was 43:57.

The optimized method resulting from the trials is presented in Table 6.53 and resultant chromatograms are presented in Fig. 6.13 & 6.14.

Table 6.53. Experimental Variables for Proposed Method 2.

Method No.	Column	Column Temperature	Mobile Phase	Flow rate (mL/min)	Applicable to
2	C18	40 °C	Methanol: Phosphate buffer with 0.1% TEA, adjusted to pH 3.0 with OPA (43:57)	0.8	Acid and oxidative degradants of LEV

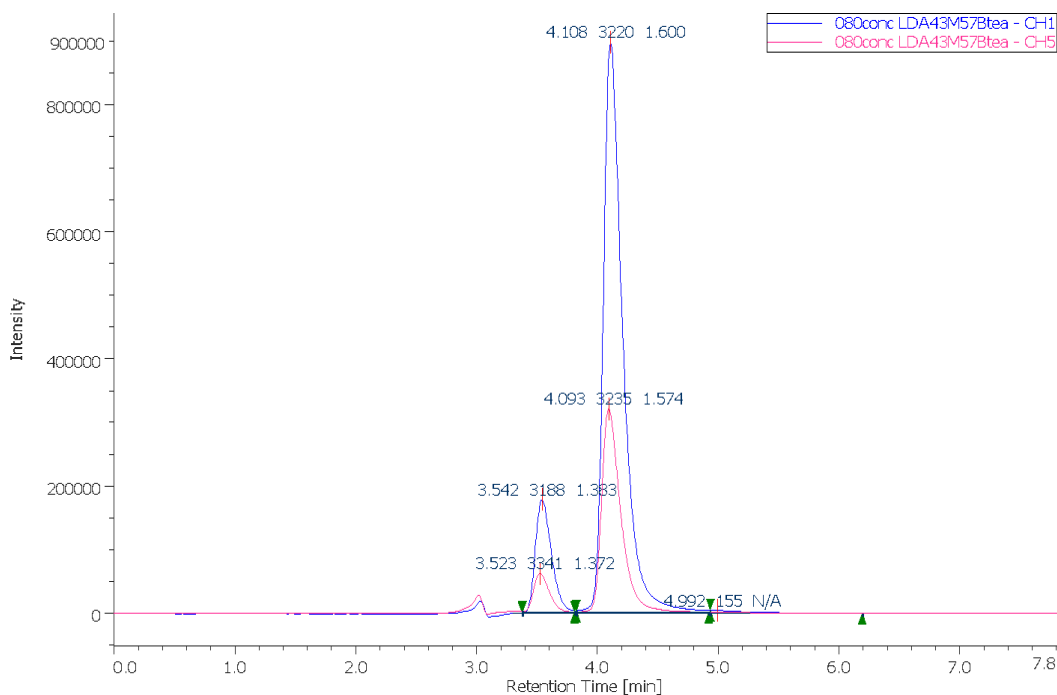


Fig. 6.13. Chromatogram of LEV degraded by acid hydrolysis using Method 2

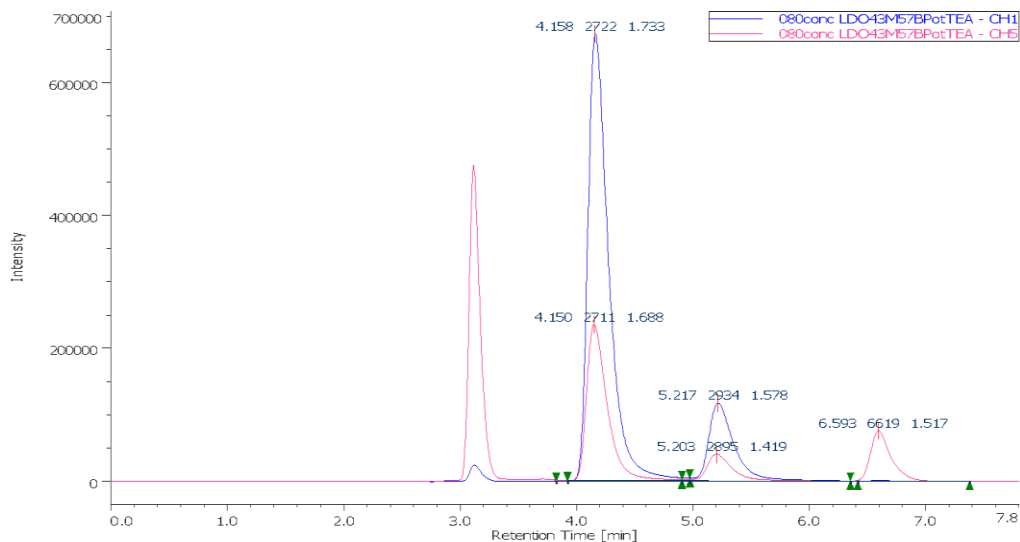


Fig. 6.14. Chromatogram of LEV degraded by oxidation using Method 2

6.2.2.2. System Suitability and Validation of Method 2

The system suitability and validation parameters achieved through Method 2, following procedures as per section 5.3.2.1(pp 137) have been reported here.

LDA is the degradant produced through acid hydrolysis of LEV and LDO the degradant in sample of LEV exposed to oxidative degradation.

Table 6.54. System Suitability Parameters using proposed Method 2 {Methanol: Phosphate buffer with 0.1% TEA, adjusted to pH 3.0 with orthophosphoric acid (OPA) in the ratio 43:57, at a flow rate of 0.8 mL/min with column at 40 °C}

System Suitability	LEV	LDO	LDA
N	3419	3497	3291
Tailing factor (Pk sym)	1.502	1.419	1.368
% RSD of area (<2%)	0.577	1.068	0.546
R _t	4.118	5.041	3.545
% RSD of R _t (<2%)	0.434	0.280	0.284
R _s with adjacent peak	2.932	4.565	2.169

Precision Study for Analysis of LEV in presence of degradant:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the tablet extract on two different days.

Acceptance criteria: % RSD should be <2%.

Tables 6.55(1), (2), (3) & (4). Precision Study Data of LEV sample degraded by acid hydrolysis**(1) Precision Study Data for Peak 1 (LDA), on Day 1**

Sr. No.	Rt	A	H	N	R _s	Peak Sym
1	3.525	1850853	202297	3336	2.119	1.392
2	3.542	1855699	197219	3213	2.164	1.392
3	3.550	1864015	197916	3230	2.205	1.401
4	3.550	1874776	200106	3295	2.183	1.336
5	3.550	1854599	197444	3282	2.158	1.374
6	3.550	1873447	200535	3392	2.186	1.315
Mean	3.545	1862232	199252.8	3291.333	2.169	1.368
SD	0.010	10165.94	2041.288	66.524	0.030	0.035
%RSD	0.284	0.546	1.024	2.021	1.371	2.555

(2) Precision Study Data for Peak 2 (LEV), on Day 1

Sr. No.	Rt	A	H	N	PS
1	4.083	11396230	1010029	3332	1.508
2	4.117	11273799	1002865	3420	1.541
3	4.133	11295257	1002260	3506	1.458
4	4.125	11365399	1015362	3487	1.515
5	4.125	11220466	1001874	3352	1.514
6	4.125	11349090	1015067	3418	1.475
Mean	4.118	11316706.833	1007909.500	3419.167	1.502
SD	0.018	65279.409	6403.951	69.646	0.030
%RSD	0.434	0.577	0.635	2.037	2.005

(3) Precision Study Data for Peak 1 (LDA), on Day 2

Sr. No.	Rt	A	H	N	Rs	PS
1	3.533	1916747	209061	3638	2.052	1.333
2	3.558	1931929	204305	3338	2.104	1.331
3	3.558	1929002	205149	3308	2.147	1.352
4	3.558	1924653	205722	3505	2.177	1.332
5	3.558	1922497	205195	3493	2.143	1.326
6	3.550	1920635	204987	3361	2.156	1.387
Mean	3.553	1924243.833	205736.500	3440.500	2.130	1.344
SD	0.010	5552.422	1691.262	126.732	0.045	0.023
%RSD	0.284	0.289	0.822	3.684	2.111	1.720

(4) Study Data for Peak 2 (LEV), on Day 2

Sr. No.	Rt	A	H	N	PS
1	4.067	11485925	1024837	3247	1.485
2	4.117	11457609	1023988	3353	1.491
3	4.125	11428585	1027241	3465	1.460
4	4.117	11392718	1031440	3650	1.495
5	4.117	11388008	1028553	3454	1.476
6	4.117	11386676	1029454	3441	1.444
Mean	4.110	11423253.500	1027585.500	3435.000	1.475
SD	0.021	41590.907	2824.870	133.858	0.020
%RSD	0.518	0.364	0.275	3.897	1.336

Tables 6.56(1), (2), (3) & (4). Precision Study Data of LEV sample degraded by oxidation

(1) Precision Study Data for Peak 1 (LEV), on Day 1

Sr. No.	Rt	A	H	N	Rs	PS
1	4.107	3983396	346701	3141	2.947	1.6
2	4.113	4074564	352557	3119	2.951	1.593
3	4.117	4097185	354605	3137	2.954	1.565
4	4.113	4091077	353401	3095	2.932	1.578
5	4.107	4102123	354592	3120	2.915	1.565
6	4.100	4098213	354781	3110	2.890	1.565
Mean	4.110	4074426.333	352772.833	3120.333	2.932	1.578
SD	0.006	45639.135	3098.621	17.061	0.025	0.0156
%RSD	0.147	1.120	0.878	0.547	0.852	0.988

(2) Precision Study Data for Peak 2 (LDO), on Day 1

Sr. No.	Rt	A	H	N	PS
1	5.047	652370	47351	3425	1.410
2	5.050	667322	48568	3527	1.424
3	5.053	661528	48353	3534	1.421
4	5.047	657559	48721	3504	1.399
5	5.030	663461	48869	3515	1.427
6	5.017	672413	49098	3477	1.431
Mean	5.041	662442.167	48493.333	3497.000	1.419
SD	0.014	7076.692	614.617	40.561	0.012
%RSD	0.280	1.068	1.267	1.160	0.844

(3) Precision Study Data for Peak 1 (LEV), on Day 2

Sr. No.	Rt	A	H	N	Rs	PS
1	4.133	3947581	332240	3000	3.098	1.572
2	4.163	3904494	329683	3080	3.118	1.599
3	4.167	3895349	327422	3058	3.091	1.597
4	4.180	3893984	326168	3058	3.126	1.595
5	4.177	3873968	325695	3044	3.108	1.575
6	4.183	3893347	325533	3019	3.130	1.597
Mean	4.167	3901453.833	327790.167	3043.167	3.112	1.589
SD	0.018	24703.106	2669.657	29.137	0.016	0.012
%RSD	0.442	0.633	0.814	0.957	0.500	0.770

(4) Precision Study Data for Peak 2 (LDO), on Day 2

Sr. No.	Rt	A	H	N	PS
1	5.163	905455	61933	3232	1.352
2	5.193	928385	61983	3317	1.363
3	5.180	909472	63065	3421	1.362
4	5.210	932971	62890	3415	1.349
5	5.200	907549	62703	3419	1.341
6	5.233	909781	61032	3264	1.332
Mean	5.197	915602.167	62267.667	3344.667	1.350
SD	0.024	11868.956	765.828	85.165	0.012
%RSD	0.466	1.296	1.230	2.546	0.891

Tables 6.57 (1) & (2) Precision Study Data of LEV (undegraded) on Day1 & 2

(1) Precision Study Data for undegraded LEV, on Day 1 (Conc. 60 µg/mL)

Sr. No.	Rt	A	H	N	PS
1	4.108	7299976	315124	786	0.777
2	4.108	7337588	313228	774	0.782
3	4.117	7356205	315138	791	0.784
4	4.150	7440059	313438	768	0.805
5	4.150	7423893	312972	787	0.807
6	4.150	7405274	312357	779	0.815
Mean	4.131	7377165.833	313709.500	780.833	0.795
SD	0.022	54576.697	1159.322	8.750	0.016
%RSD	0.523	0.740	0.370	1.121	1.995

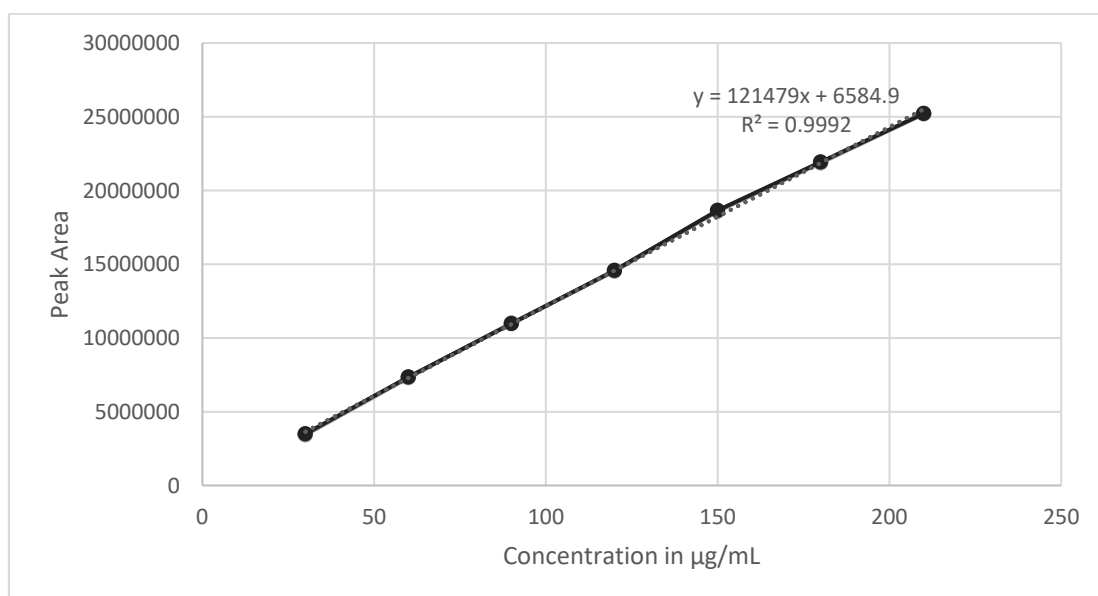
(2) Precision Study Data for undegraded LEV, on Day 2 (Conc. 60 µg/mL)

Sr. No.	Rt	A	H	N	PS
1	4.200	7460948	316927	805	0.828
2	4.200	7458806	316302	801	0.826
3	4.200	7464312	317226	804	0.827
4	4.167	7466699	321913	794	0.828
5	4.167	7460917	320972	785	0.830
6	4.175	7481183	320387	806	0.831
Mean	4.185	7465477.500	318954.500	799.167	0.828
SD	0.017	8189.464	2408.705	8.183	0.002
%RSD	0.403	0.110	0.755	1.024	0.225

Linearity: Linearity in response was observed over concentration range 30-210 µg/mL as presented in Table 6.57, with R² value of 0.999. Linearity graph is presented as Fig. 6.15.

Table 6.58. Linearity: Peak areas and Concentration of LEV

Conc µg/mL	Peak Area				SD	%RSD
	1	2	3	Avg		
30	3429937	3439877	3513509	3461108	45652.226	1.319
60	7299976	7337588	7356205	7331256	28644.243	0.394
90	11011128	10993027	10970774	10991643	20212.569	0.184
120	14540336	14550249	14592841	14561142	27896.001	0.192
150	18608251	18600599	18655448	18621433	29705.563	0.160
180	21861587	21919056	21941312	21907318	41138.164	0.188
210	25184229	25228798	25230796	25214608	26327.657	0.104

**Fig. 6.15. Linearity Graph for LEV (Method 2)**

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 5.92 µg/mL

Limit of Quantitation, LOQ (calculated) = 19.75 µg/mL

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different concentration levels of 75, 100 and 125 % of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration and then calculating the recovery and RSD (%) for each concentration as per procedure given under section 5.3.1.4.7 (pp 129).

Table 6.59. Results of Accuracy for LEV (Method 2)

Level of addition (std) (%)	Amount of std added ($\mu\text{g/mL}$)	Avg. Peak Area	Conc ($\mu\text{g/mL}$)	Assay	Recovery	% Recovery
75	30	10997154	90.473	60.67	29.803	99.343
100	60	14563509	119.831	60.67	59.161	98.601
125	90	18625884	153.272	60.67	92.602	102.891

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and Tailing Factor was studied.

Effect of mobile phase proportion: Mobile phase ratio was changed to 41:59 and 45:55 of methanol: buffer as compared to optimized ratio of 43:57 used in the method.

Table 6.60. Robustness: Effect of Mobile Phase Ratio

Drug/ Degradant	Mobile Phase Ratio	41:59	43:57 (optimized)	45:55	% RSD
LEV	Avg. Peak Area (n=3)	7739262	7565481	7555822	1.637
	%RSD	0.352	0.468	0.422	
LDA	Avg. Peak Area (n=3)	1863339	1925892	1909190	1.511
	%RSD	0.378	0.418	0.306	
LDO	Avg. Peak Area (n=3)	3039871	2962741	3056568	1.680
	%RSD	1.225	0.329	1.175	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.61. Robustness: Effect of pH

Drug/ Degradant	pH	2.8	3.0 (optimized)	3.2	% RSD
LEV	Avg. Peak Area (n=3)	7760177	7461355	7670492	1.762
	%RSD	0.356	0.037	0.419	
LDA	Avg. Peak Area (n=3)	1904027	1925892	1880793	1.102
	%RSD	0.476	0.418	0.493	
LDO	Avg. Peak Area (n=3)	2615664	2662741	2556921	1.936
	%RSD	1.302	0.367	0.906	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 0.6 mL/min and 1.0 mL/min as compared to optimized flow rate of 0.8 mL/min used in the method (0.2 mL variation).

Table 6.62. Robustness: Effect of Mobile Phase Flow Rate

Drug/ Degradant	Mobile Phase Flow Rate	0.6 mL/min	0.8 mL/min (optimized)	1.0 mL/min	% RSD
LEV	Avg. Peak Area (n=3)	7418804	7461355	7463831	0.308
	%RSD	0.496	0.037	0.386	
LDA	Avg. Peak Area (n=3)	1935319	1925893	1935899	0.424
	%RSD	0.371	0.418	0.390	
LDO	Avg. Peak Area (n=3)	2648580	2662741	2653738	0.554
	%RSD	0.936	0.367	0.393	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of LEV in tablets. The tablet used was Leon 500 (batch no. LB80304) manufactured by Dr. Reddy's Laboratories Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 2. Sample concentration of 60 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 7377166.

The concentration of sample LEV sample was calculated to be 60.674 µg/mL and assay results found to be complying 101.12 % with label claim (I.P. limits 90-110%). The system suitability and validation results are summarized in Table 6.63.

Table 6.63. System Suitability and Validation Results for Method 2

System Suitability Parameters	LEV	LDO (Degradant 1)	LDA (Degradant 2)
N	3419	3497	3291
Tailing factor (Pk sym)	1.502	1.419	1.368
RSD of area	0.577	1.068	0.546
R _t (min)	4.118	5.041	3.545
RSD of R _t (%)	0.434	0.280	0.284
R _s with adjacent peak	2.932	4.565	2.169
Linearity	$y = 121479x + 6584.9$ $R^2 = 0.9992$	NA	NA
LOD(µg/mL)	5.92	NA	NA
LOQ(µg/mL)	19.75	NA	NA
Precision (RSD < 2%)	Complies	Complies	Complies
Assay of marketed formulation (Limits 90-110%)	101.12%	NA	NA
Accuracy	98-103%	NA	NA
Robustness (RSD < 2%)	Complies	Complies	Complies

6.2.3 Method 3

For a LC-MS compatible mobile phase system for LEV, acetonitrile (ACN), 0.1% triethylamine (TEA) and formic acid was chosen for several trials with various other mobile phases.

6.2.3.1 Trials

Table 6.64. Trials conducted to find suitable LC-MS compatible HPLC method for LEV and its degradants

Trial No.	Experimental Conditions (Mobile Phase & Flow Rate)	Observations	Chromatogram
1	ACN: acetate buffer, 20mM, pH 3.0, (20:80 and 30:70), 1.0ml/min	Reasonably good for LDA at 30:70 and 20:80, but not good separation for LDO	Fig. 6.16, 6.17 & 6.18
2	ACN: acetate buffer, 20mM, pH 6.0 (30 :70, 35:65), 0.8 &1.0ml/min	Separation not good, peak shapes show splits and shoulders	Fig. 6.19, 6.20, 6.21 & 6.22
3	ACN: acetate buffer, 30mM, pH 3.0 30 :70), 1.0ml/min	No separation for LDO	Fig. 6.23
4	ACN: acetate buffer, 50mM, pH 3.0 (30 :70), 1.0ml/min	No separation for LDO	Fig. 6.24
5	ACN: 0.1% formic acid (pH not adjusted); 25:75	Good separation at 25:75, but high tailing	Fig. 6.25, 6.26
6	ACN: 0.1% TEA, pH adjusted with Formic acid (17.5:82.5) (pH 3.0 & 3.5)	Good separation, tailing decreased, but needs further improvement	Fig. 6.27, 6.28
7	15:85 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid	Method 3	Fig. 6.29

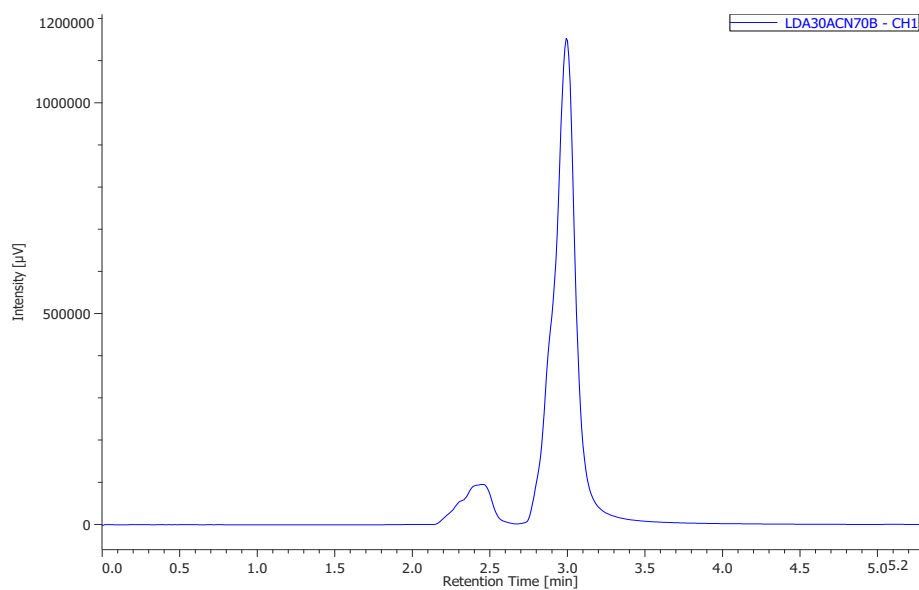


Fig. 6.16. Chromatogram of LDA, 30:70 ACN and acetate buffer (pH 3.0, 20 mM), 1.0 mL/min

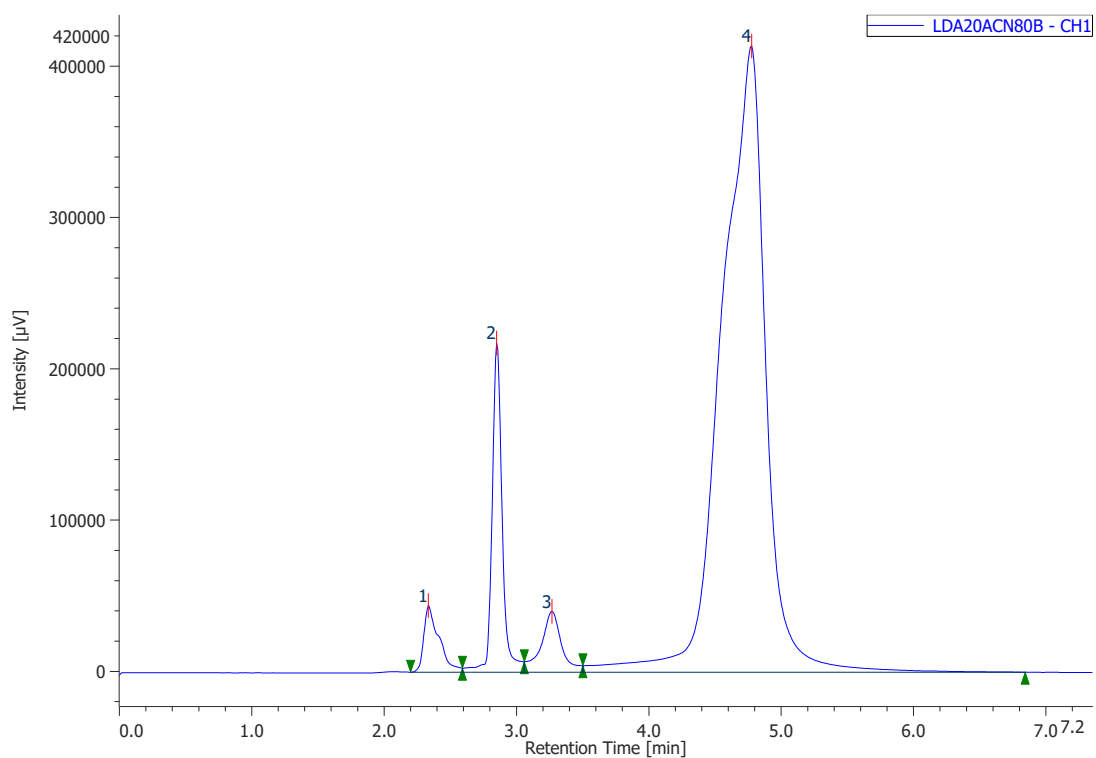


Fig. 6.17. Chromatogram of LDA, 20:80 ACN and acetate buffer (pH 3.0, 20 mM), 1.0 mL/min

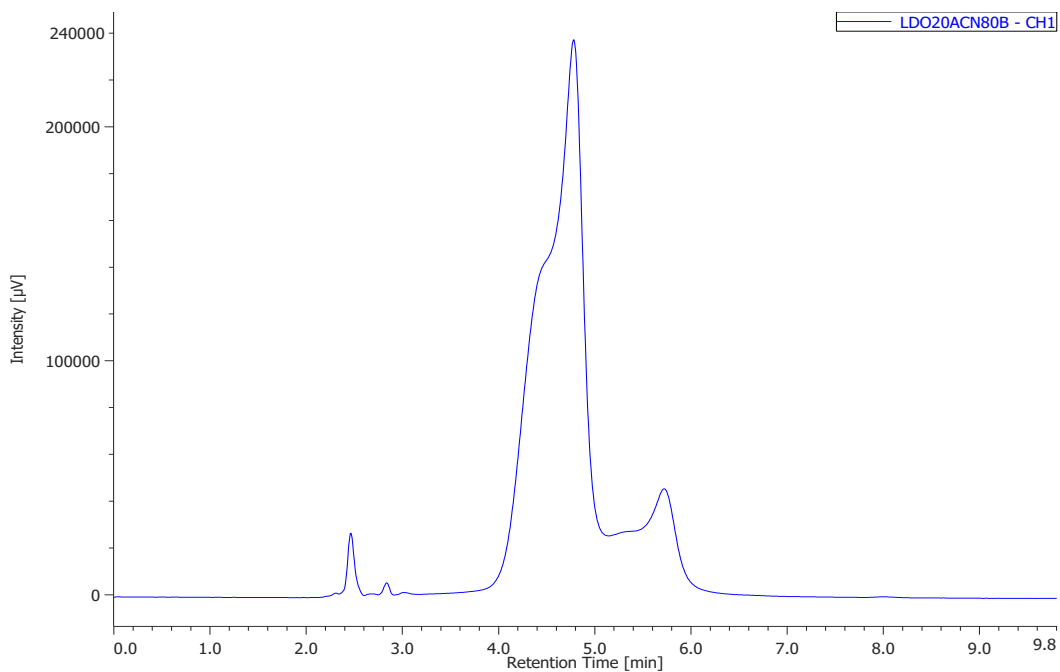


Fig. 6.18. Chromatogram of LDO, 20:80 ACN and acetate buffer (pH 3.0, 20 mM), 1.0 mL/min

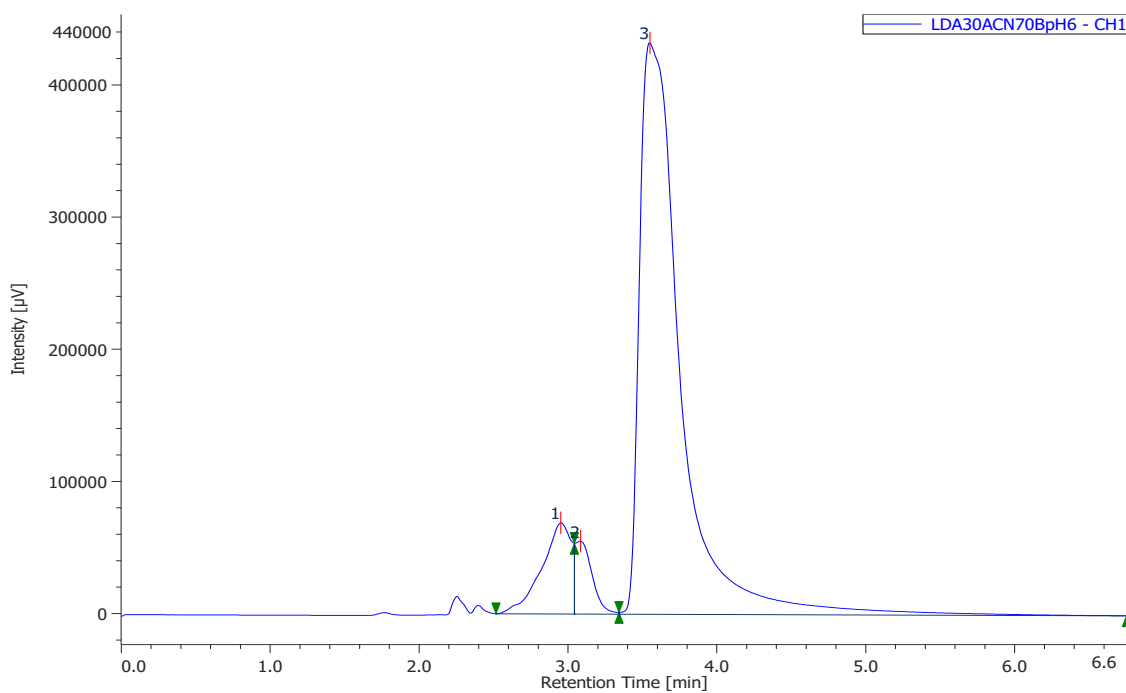


Fig. 6.19. Chromatogram of LDA, 30:70 ACN and acetate buffer (pH 6.0, 20 mM), 1.0 mL/min

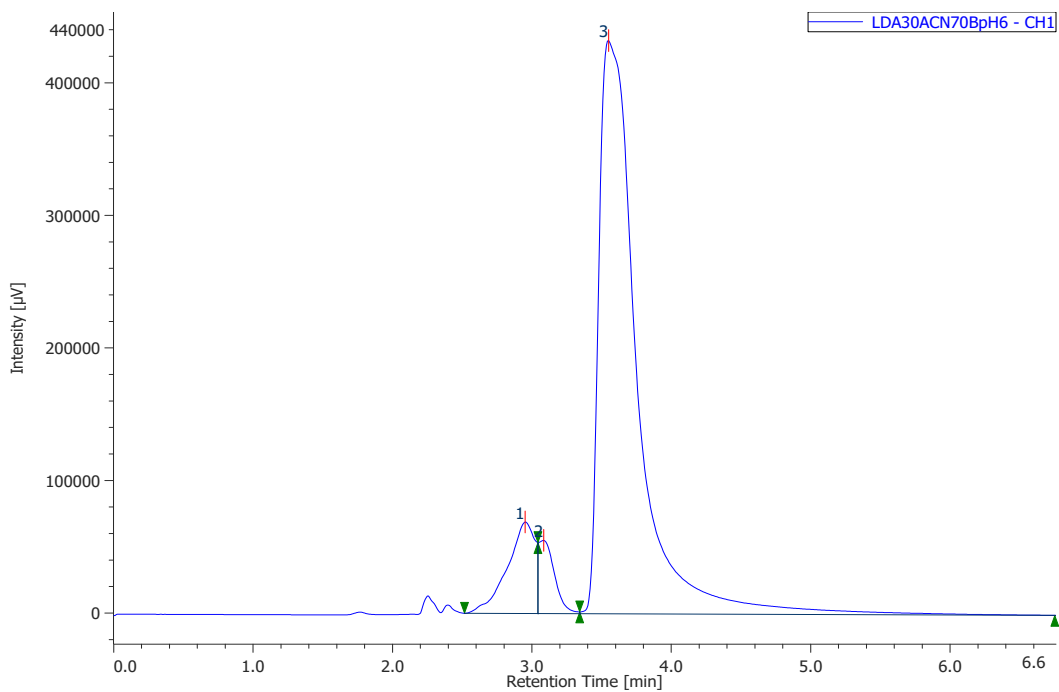


Fig. 6.20. Chromatogram of LDA, 35:65 ACN and acetate buffer (pH 6.0, 20 mM), 1.0 mL/min

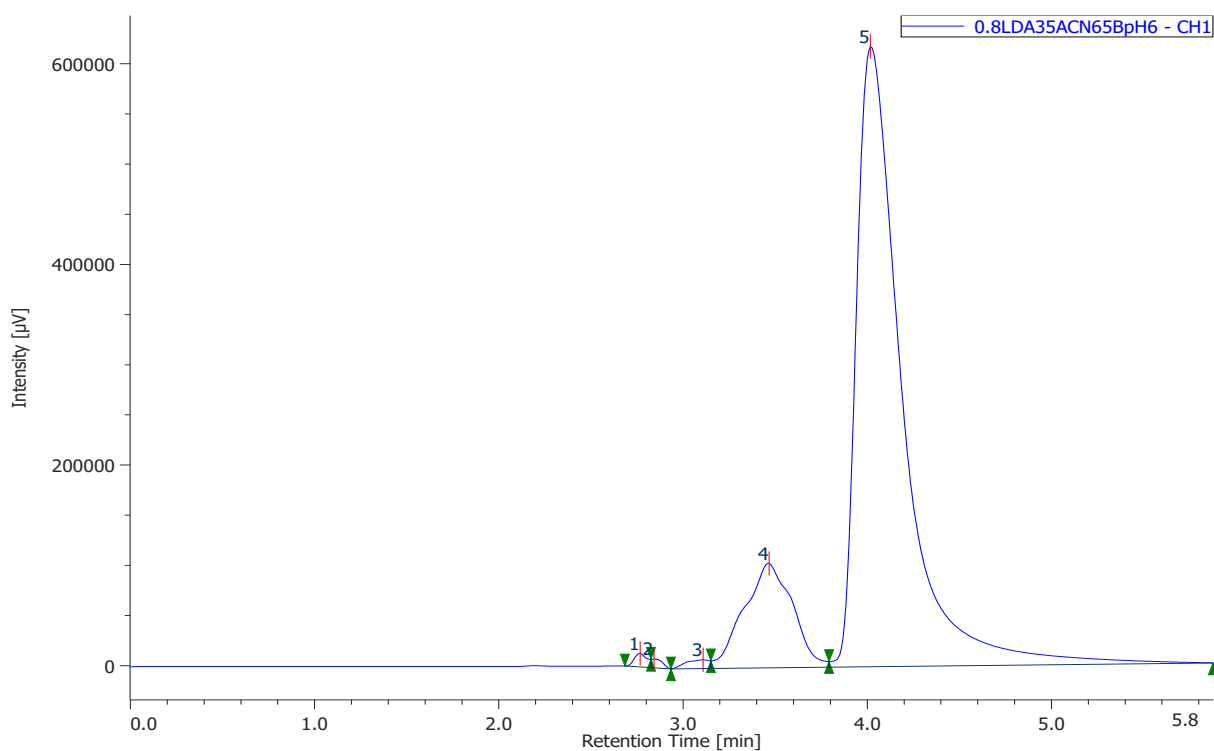


Fig. 6.21. Chromatogram of LDA, 35:65 ACN and acetate buffer (pH 6.0, 20 mM) 0.8 mL/min

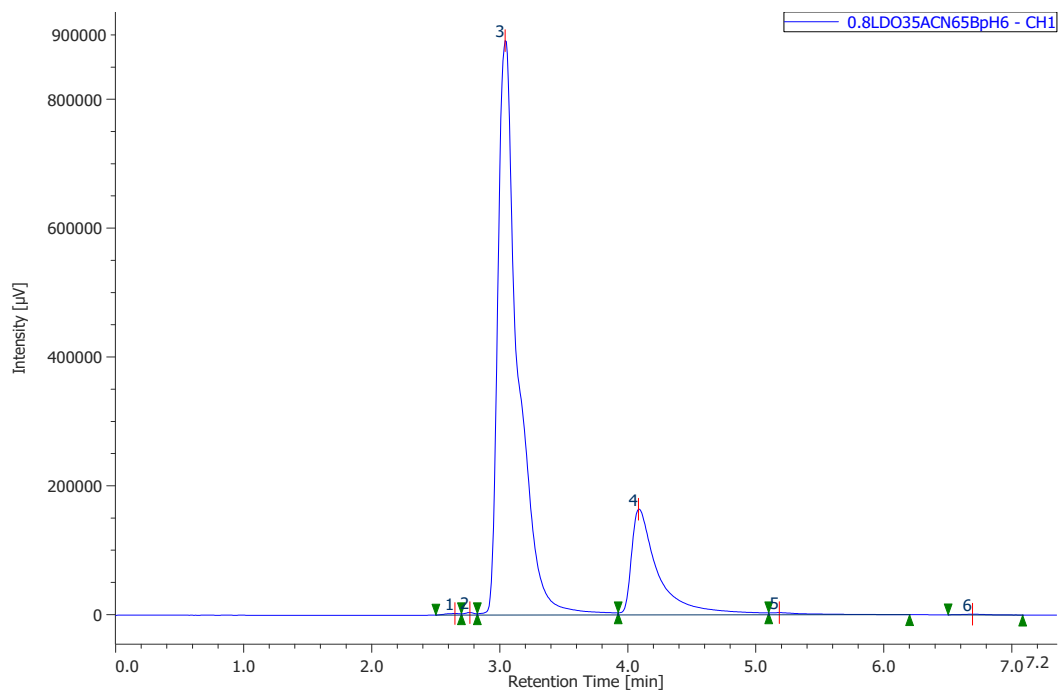


Fig. 6.22. Chromatogram of LDO, 35:65 ACN and acetate buffer (pH 6.0, 20 mM) 1.0 mL/min

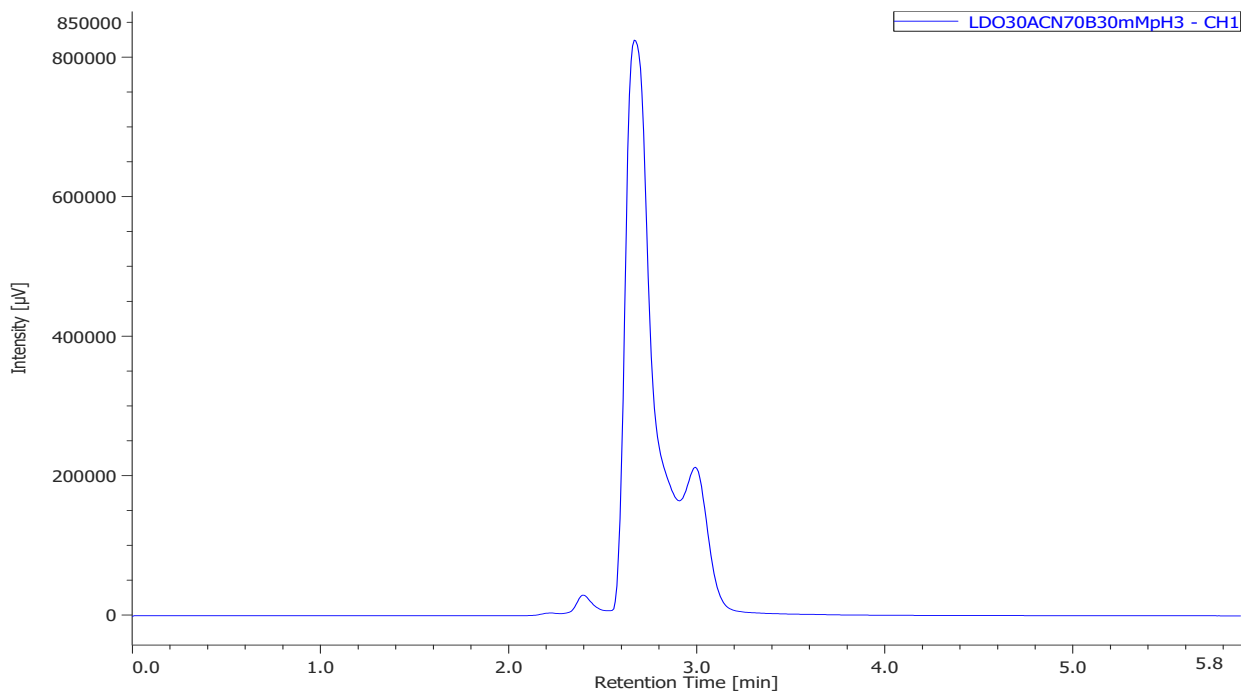


Fig. 6.23. Chromatogram of LDO, 30:70 ACN and acetate buffer (pH 3.0, 30 mM) 1.0 mL/min

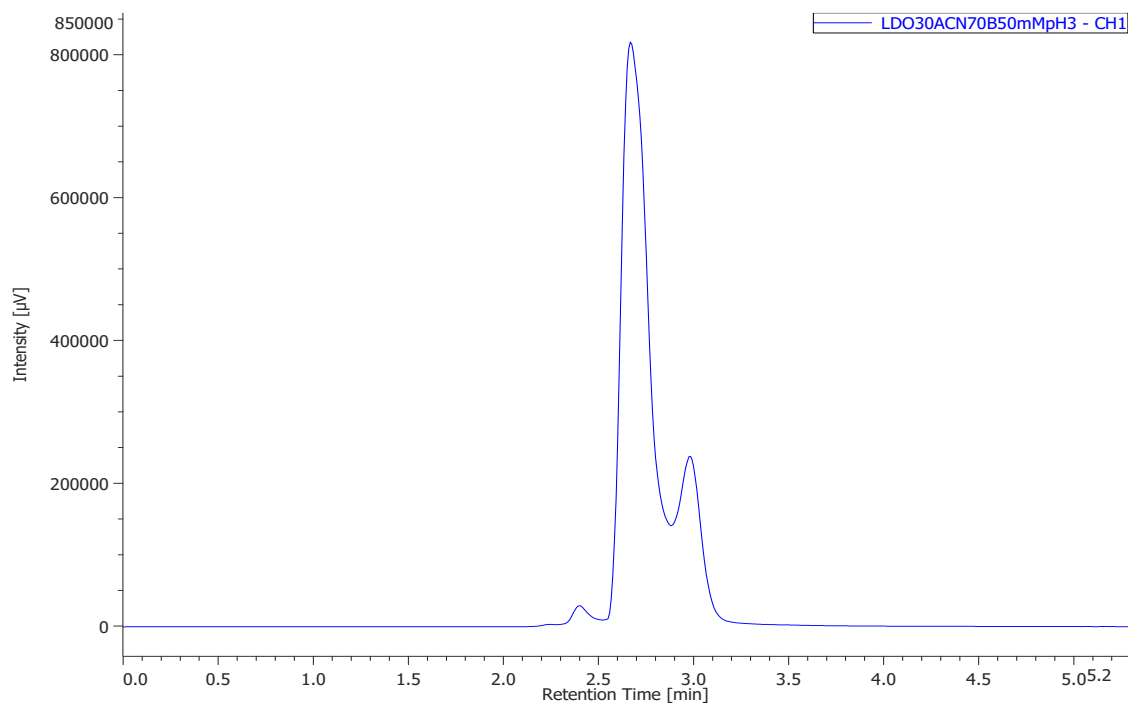


Fig. 6.24. Chromatogram of LDO, 30:70 ACN and acetate buffer (pH 3.0, 30 mM) 1.0 mL/min

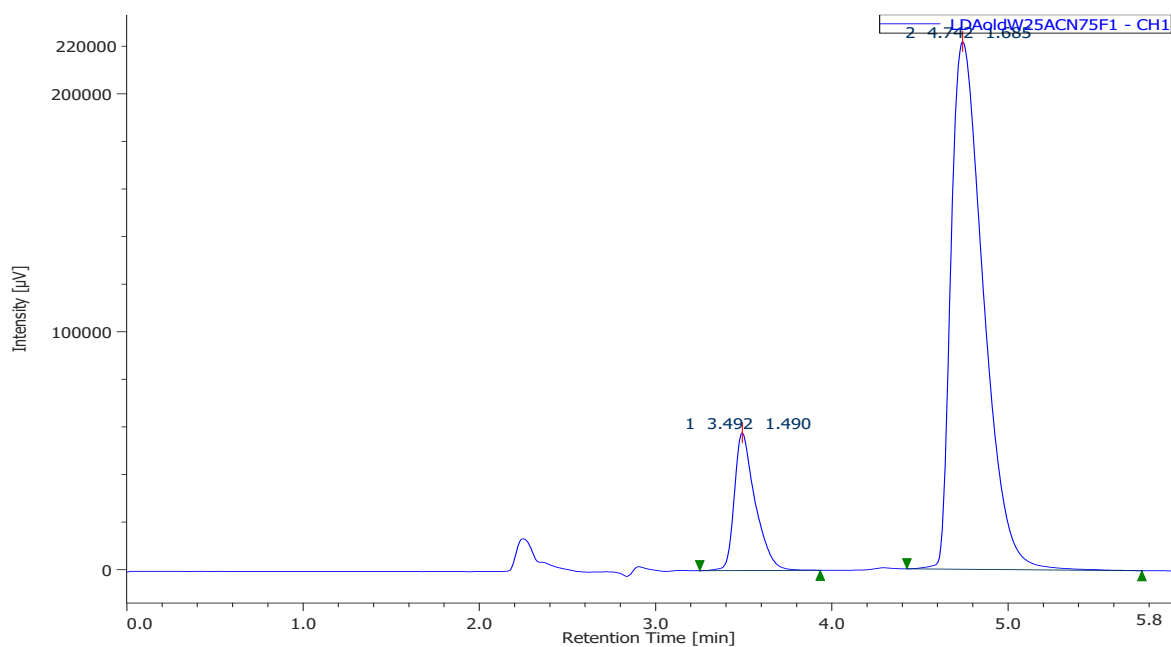


Fig. 6.25. Chromatogram of LDA, 25:75 ACN: 0.1% formic acid, 1.0 mL/min

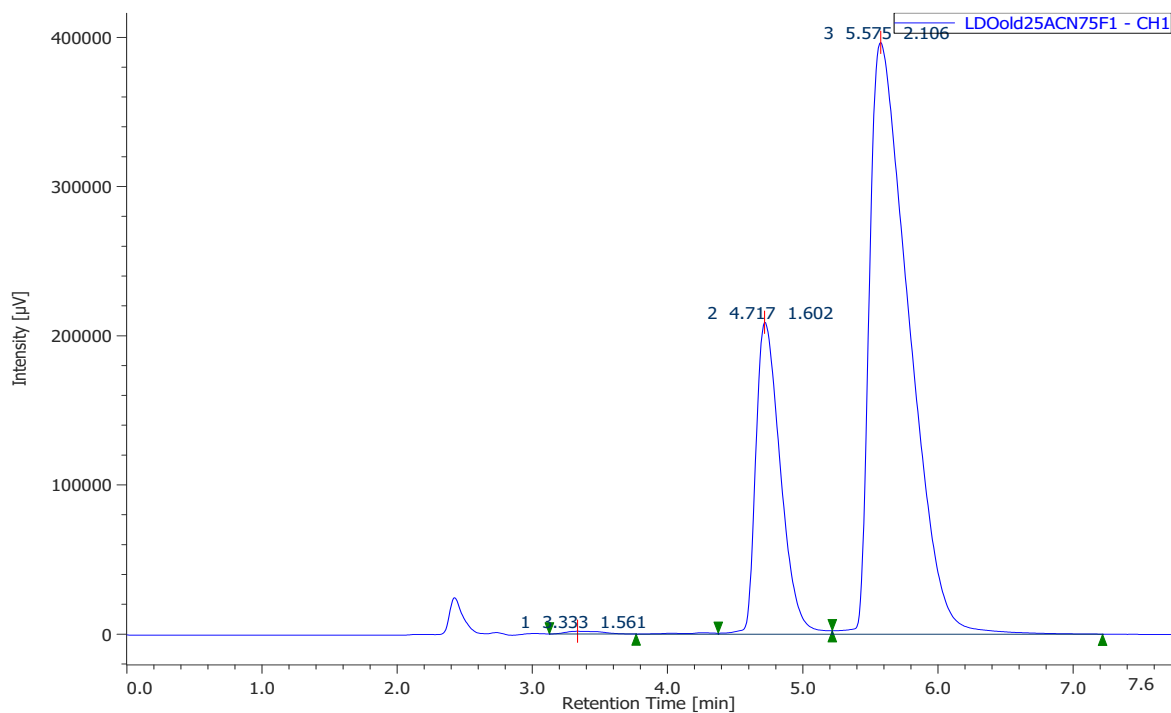


Fig. 6.26. Chromatogram of LDO, 25:75 ACN: 0.1% formic acid, 1.0 mL/min

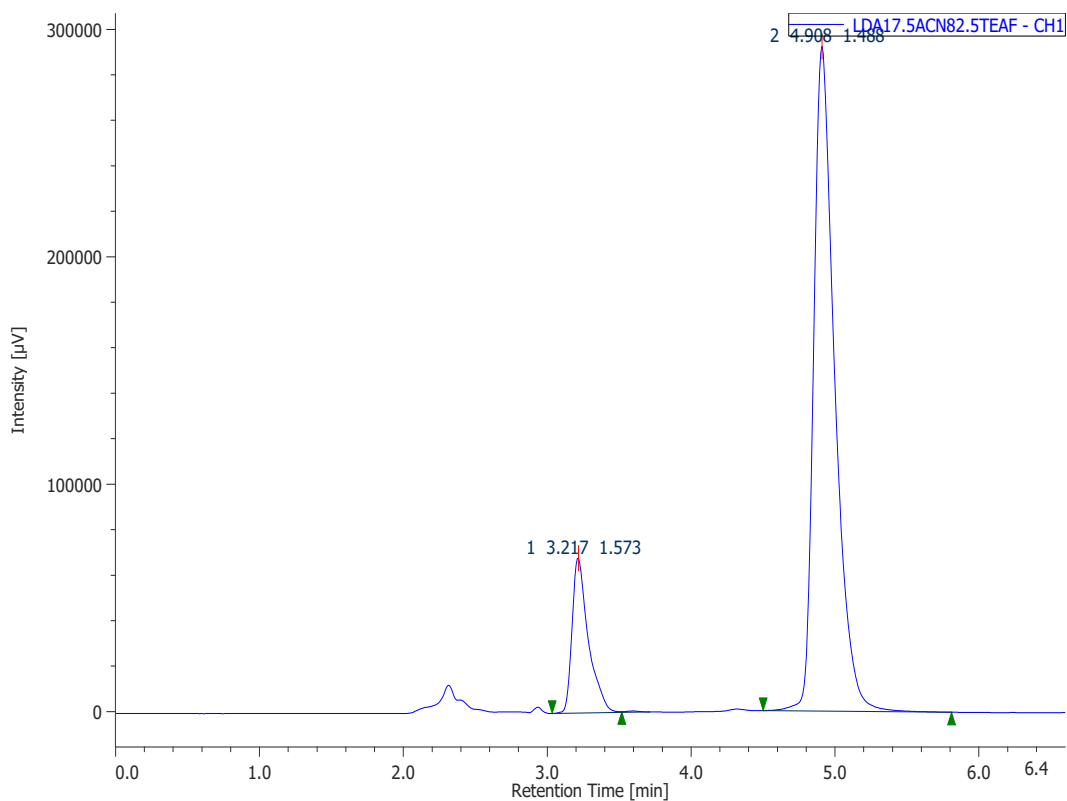


Fig. 6.27. Chromatogram of LDA, 17.5:82.5 ACN: 0.1% TEA, pH 3.0 with formic acid, 1.0 mL/min

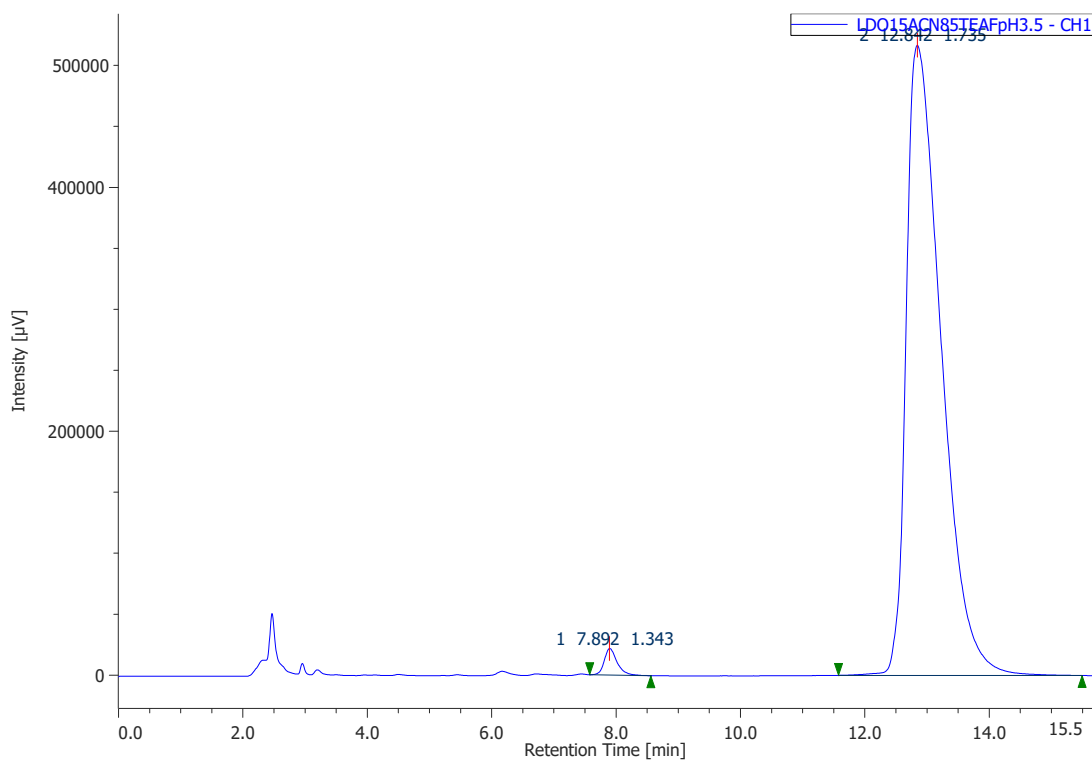


Fig. 6.28. Chromatogram of LDA, 15:85 ACN: 0.1% TEA, pH 3.5 with formic acid, 1.0 mL/min

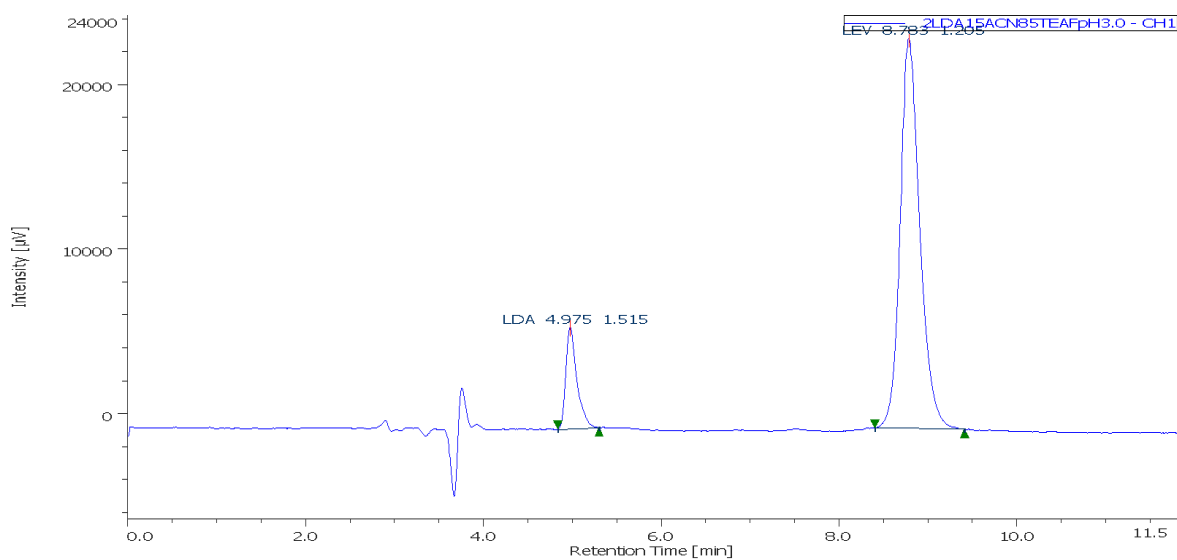


Fig. 6.29. Chromatogram of LEV sample degraded by acid hydrolysis (LDA) using Method 3

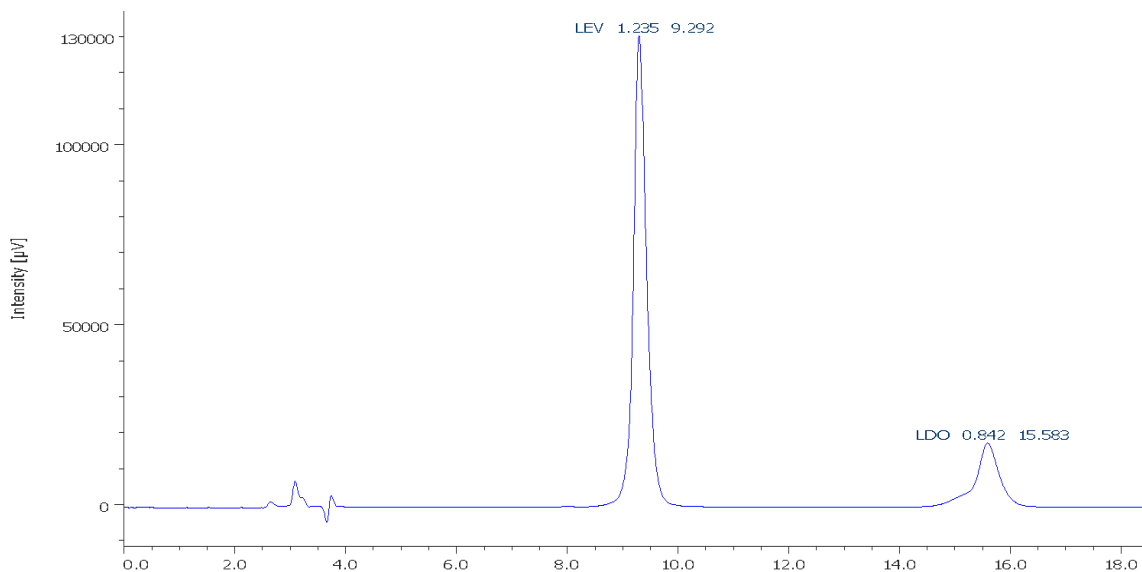


Fig. 6.30. Chromatogram of LEV sample degraded by oxidation (LDO) using Method 3

Table 6.65. Experimental Variables for Proposed Method 3.

Method No.	Column	Column Temperature	Mobile Phase	Flow rate (mL/min)	Applicable to
3	C18	ambient	ACN: 0.1% TEA, adjusted to pH 3.0 with Formic Acid (15:85)	0.8	Acid and oxidative degradants of LEV and LCMS compatible

Method 3 used ACN: 0.1% TEA, adjusted to pH 3.0 with formic acid in proportion of 15:85 at a flow rate of 0.8 mL/min and achieved good resolution between LEV and its degradants. The chromatograms obtained using Developed Method 3 have been presented as Figures 6.29 and 6.30. The corresponding System Suitability and Validation Parameters have been tested and reported in following section.

6.2.3.2. System Suitability and Validation of Method 3

The system suitability and validation parameters achieved through Method 3, following procedures as per section 5.3.1.4 (pp 124) have been reported here.

LDA is the degradant produced through acid hydrolysis of LEV and LDO the degradant in oxidized sample of LEV.

Table 6.66. System Suitability Parameters of Method 3 for LEV and acid hydrolysis degradant LDA

System Suitability Parameters	LEV	LDA	LDO
N	7642.333	7593.667	7541.000
Tailing factor (Pk. sym)	1.243	1.522	0.852
RSD of area (%)	1.861	1.155	0.270
R _t	8.742	4.972	15.523
RSD of R _t (%)	0.255	0.093	0.155
R _s with adjacent peak	-----	12.000	10.945

Precision Study for Analysis of LEV in presence of degradant:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of the dilutions (conc. 50 µg/mL) made from tablet extract (as per procedure given under section 5.3.1.4.9, pp 131) on two different days.

Acceptance criteria: % RSD should be <2%.

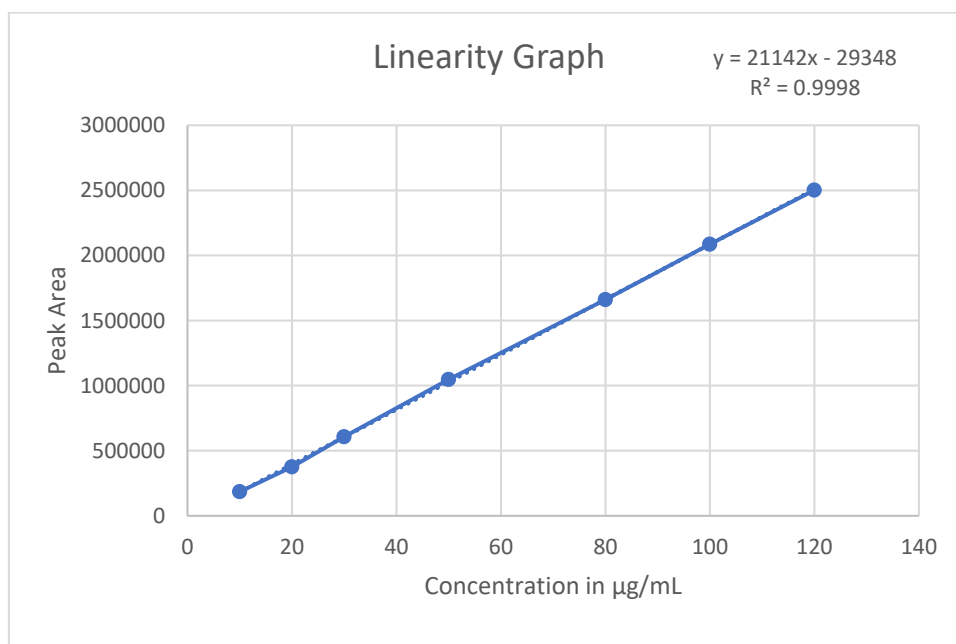
Table 6.67. Precision Study Data of LEV (Conc. 50 µg/mL)

Day 1			Day 2		
Sr. No.	Peak Area	Conc (µg/mL)	Sr. No.	Peak Area	Conc (µg/mL)
1	1047997	50.821	1	1048134	50.828
2	1048332	50.837	2	1049412	50.888
3	1050121	50.922	3	1046785	50.764
4	1049736	50.904	4	1050163	50.924
5	1047929	50.818	5	1048145	50.828
6	1046546	50.752	6	1047815	50.812
Mean	1048444	50.842	Mean	1048409	50.841
SD	1308.554	0.057	SD	1201.504	0.052
%RSD	0.125	0.112	%RSD	0.115	0.102
Inter-day Precision					
Mean	1048426	50.84142			
SD	1197.847	0.056827			
%RSD	0.114252	0.111772			

Linearity: The response was linear over concentration range of 10-120 µg/mL as presented in Table 6.68, with R² value of 0.999. The linearity graph is shown as Fig. 6.31.

Table 6.68. Linearity: Peak areas and Concentration of LEV

Conc µg/mL	Peak Area				SD	%RSD
	1	2	3	avg		
10	185726	184968	183421	184705.0	1174.791	0.636
20	375271	379828	370889	375329.3	4469.785	1.191
30	602349	610167	608110	606875.3	4052.602	0.668
50	1055937	1049651	1037115	1047568.0	9582.386	0.915
80	1664197	1669569	1648040	1660602.0	11205.690	0.675
100	2084065	2095999	2077078	2085714.0	9567.678	0.459
120	2487495	2504409	2513891	2501932.0	13371.240	0.534

**Fig. 6.31. Linearity Graph for LEV (Method 3)**

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 1.287 µg/mL

Limit of Quantitation, LOQ (calculated) = 4.290 µg/m

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different levels of concentrations ranging from 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration (prepared from tablet extract) and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 129).

Table 6.69. Results of Accuracy of Method 3 for LEV

Level of addition (std) (%)	Amount of std added ($\mu\text{g/mL}$)	Avg. Peak Area	Conc ($\mu\text{g/mL}$)	Assay	Recovery	% recovery
80	40	1865425	89.600	49.571	40.029	100.073
100	50	2085723	100.051	49.571	50.480	100.960
120	60	2298078	110.126	49.571	60.555	100.924

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and Tailing Factor was studied.

Effect of mobile phase proportion: Mobile phase ratios 13:87 and 17:83 of methanol: buffer as compared to optimized ratio of 15:85 used in the method.

Table 6.70. Robustness: Effect of Mobile Phase Ratio

Drug/ Degradant	Mobile Phase Ratio	13:87	15:85 (optimized)	17:83	% RSD
LEV	Avg. Peak Area (n=3)	404809	391593	396258	1.883
	%RSD	0.883	0.705	1.790	
LDA	Avg. Peak Area (n=3)	59254	56896	57338	1.880
	%RSD	1.367	0.893	1.193	

Effect of variation in pH: pH of aqueous phase was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.71. Robustness: Effect of pH

Drug/ Degradant	pH	2.8	3.0 (optimized)	3.2	% RSD
LEV	Avg. Peak Area (n=3)	392210	391593	392343	1.56
	%RSD	0.188	0.705	0.328	
LDA	Avg. Peak Area (n=3)	56611	56896	56999	1.11
	%RSD	0.927	0.893	0.657	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 0.6 mL/min and 1.0 mL/min as compared to optimized flow rate of 0.8 mL/min used in the method (0.2 mL variation).

Table 6.72. Robustness: Effect of Mobile Phase Flow Rate

Drug/ Degradant	Mobile Phase Flow Rate	0.6 mL/min	0.8 mL/min (optimized)	1.0 mL/min	% RSD
LEV	Avg. Peak Area (n=3)	39669	391593	399676	1.704
	%RSD	0.980	0.705	1.871	
LDA	Avg. Peak Area (n=3)	57380	56896	56902	0.828
	%RSD	0.383	0.893	0.310	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of LEV in tablets. The tablet used was Leon 500 (batch no. LB80304) manufactured by Dr. Reddy's Laboratories Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 3. Sample concentration of 50 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 1048444.

The concentration of sample OFL sample was calculated to be 49.571 µg/mL and assay results found to be complying 98.71 % with label claim (I.P. limits 90-110%).

The system suitability and validation results are summarised in Table 6.73.

Table 6.73. System Suitability and Validation Parameters using proposed Method 3 for LEV and degradant LDA using mobile phase with ACN: 0.1% TEA adjusted to pH 3.0 with formic acid in the ratio 15:85, with flow rate 0.8 mL/min

System Suitability Parameters	LEV	LDA (Degradant)
N	7642.333	7593.667
Tailing factor (Pk.sym)	1.243	1.522
% RSD of area (<2%)	1.861	1.155
R _t (min)	8.742	4.972
% RSD of R _t (<2%)	0.255	0.093
R _s with adjacent peak	NA	12.000
Linearity	$y = 21142x - 29348$ $R^2 = 0.9998$	NA
LOD(µg/mL)	1.287	NA
LOQ(µg/mL)	4.290	NA
Precision (RSD < 2%)	Complies	NA
Assay of marketed formulation (Limits 90-110%)	98.71%	NA
Accuracy	100-101%	NA
Robustness (RSD < 2%)	Complies	Complies

6.2.4 Method 4

For a LC-MS compatible mobile phase system for CIP, acetonitrile (ACN), 0.1% triethylamine (TEA) and formic acid was chosen for several trials with various other mobile phases.

6.2.4.1 Trials

Table 6.74. Trials conducted to find suitable LC-MS compatible HPLC method for CIP and its degradants

Trial No.	Experimental Conditions	Observations	Chromatogram
1	ACN and 0.1% TEA, pH 3.0 (20:80; 0.8ml/min)	Peak of degradant not well-separated from CIP	Fig. 6.32
2	ACN and 0.1% TEA, pH 3.0 (15:85; 0.8ml/min)	Peaks of degradant seen Good N but low Rs	Fig. 6.33
3	ACN and 0.1% TEA, pH 3.0 (13:87, 0.8ml/min)	N above 3000, PS 1.1 to 1.4, Rs good	Fig. 6.34
4	ACN and 0.1% TEA, pH 3.0 (13:87, 1.0ml/min)	N above 2000, PS satisfactory, Rs good, run time long	Fig. 6.35
5	ACN and 0.1% TEA, pH 3.0 (13:87, 1.5ml/min)	N above 2000, PS satisfactory, Rs good, run time 12min	Fig. 6.36, 6.37

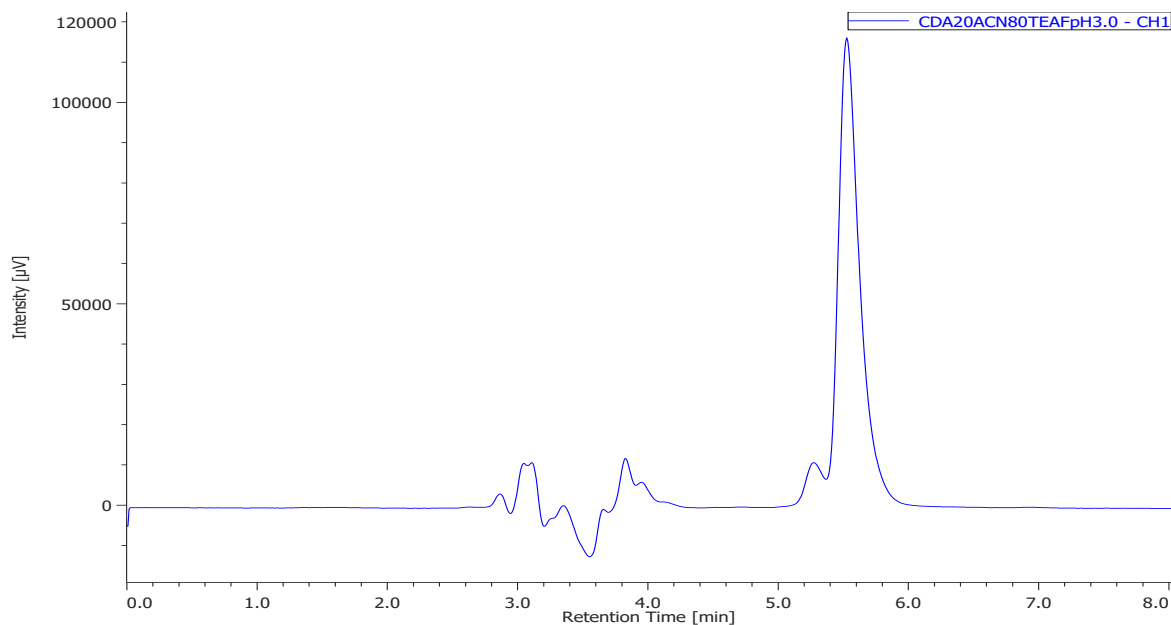


Fig. 6.32. Chromatogram of CDA with mobile phase 20:80 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 0.8 mL/min

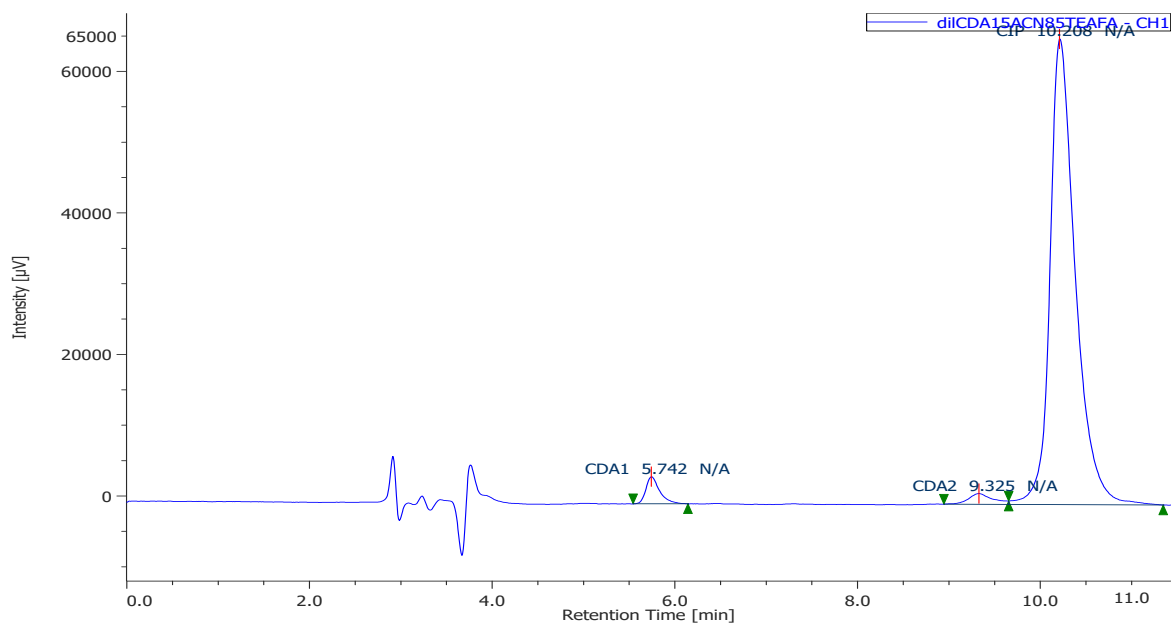


Fig. 6.33. Chromatogram of CDA with mobile phase 15:85 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 0.8 mL/min

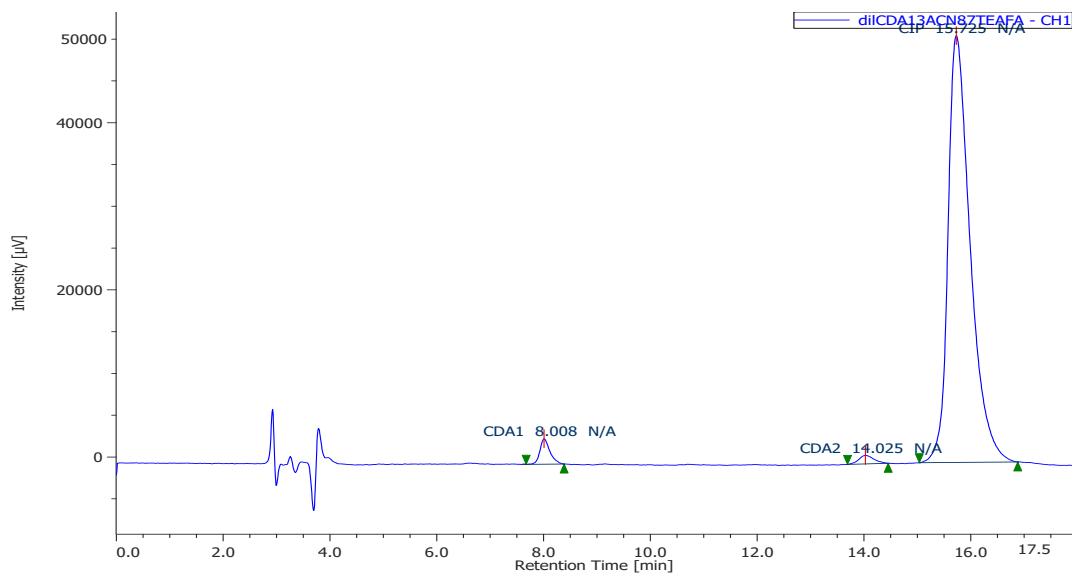


Fig. 6.34. Chromatogram of CDA with mobile phase 13:87 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 0.8 mL/min

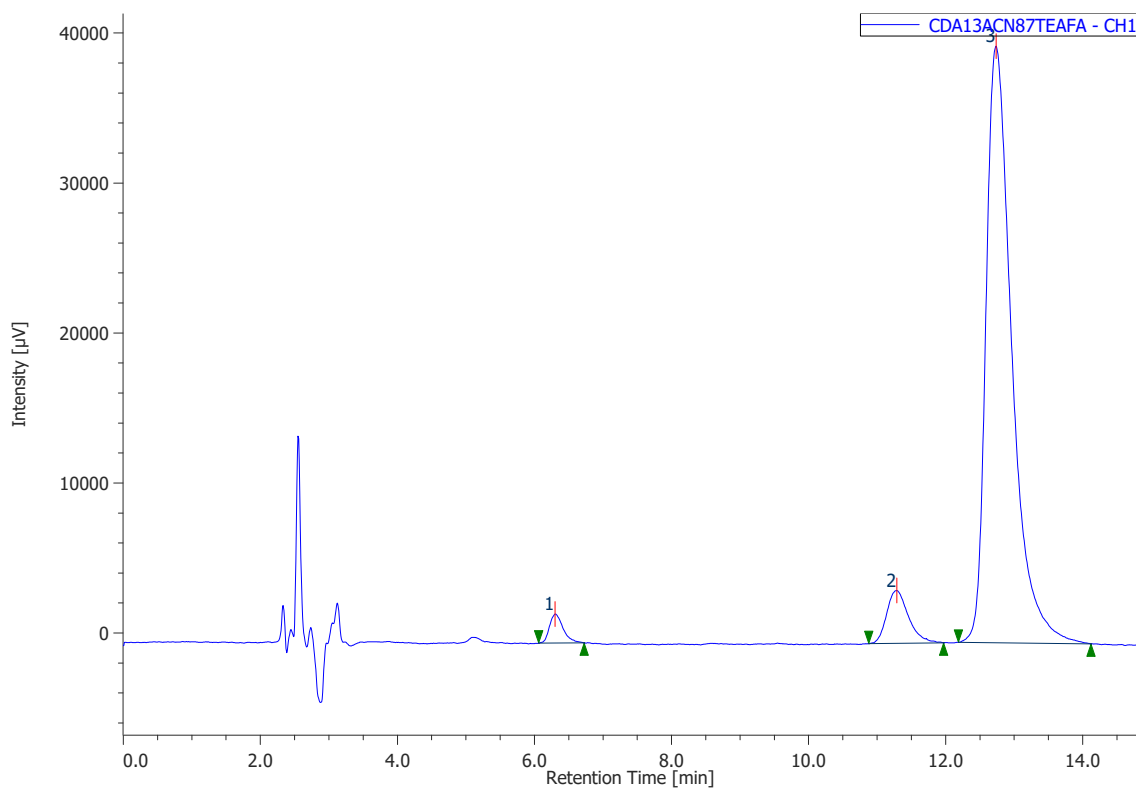


Fig. 6.35. Chromatogram of CDA with mobile phase 13:87 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 1.0 mL/min

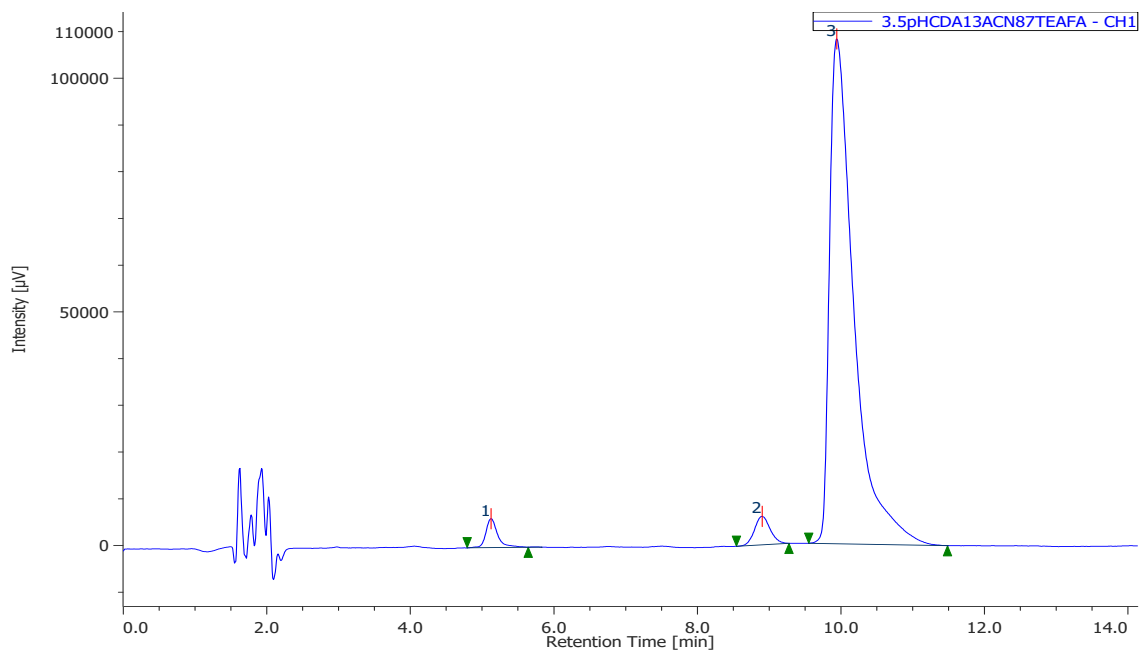


Fig. 6.36. Chromatogram of CDA with mobile phase 13:87 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 1.5 mL/min

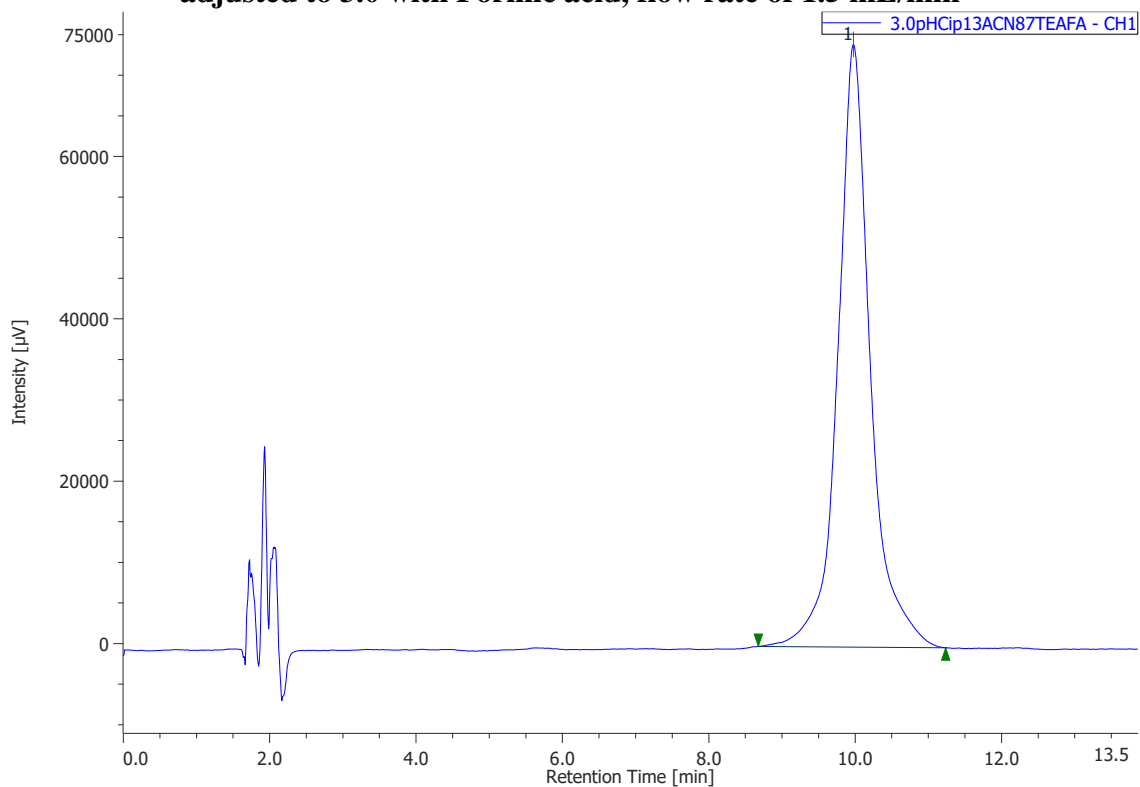


Fig. 6.37. Chromatogram of CIP with mobile phase 13:87 of ACN: 0.1% TEA, pH adjusted to 3.0 with Formic acid, flow rate of 1.5 mL/min

Table 6.75. Experimental Variables for Proposed Method 4.

Method No.	Column	Column Temperature	Mobile Phase	Flow rate (mL/min)	Applicable to
4	C18	ambient	ACN: 0.1% TEA, adjusted to pH 3.0 with Formic Acid (13:87)	1.5	Acid hydrolysis degradants of CIP and LCMS compatible

Method 4 found suitable for application to CIP analysis used a mobile phase having same components, namely, ACN and 0.1% TEA adjusted to pH 3.0 with formic acid in a slightly different proportion of 13:87, but at a higher flow rate of 1.5 mL/min to keep the run time shorter.

6.2.4.2. System Suitability and Validation of Method 4

The system suitability and validation parameters achieved through Method 4, following procedures as per section 5.3.1.4 (pp 124) have been reported here.

CDA1 and CDA2 are the degradants produced through acid hydrolysis of CIP.

Table 6.76. System Suitability Parameters of Method 4 for CIP and acid hydrolysis degradants CDA and CDA2

System Suitability Parameters	CDA1	CDA2	CIP
N	5713	7744	2497
Tailing factor (Pk sym)	1.469	1.109	1.114
RSD of area	0.088	0.026	0.001
R _t	5.125	8.900	9.977
RSD of R _t (%)	0	0.009	0.036
R _s with adjacent peak	11.115	2.063	-----

Precision Study for Analysis of CIP in presence of degradants:

Repeatability and intermediate precision studies were performed by injecting six replicate injections of dilutions made from tablet extract (concentration 50 µg/mL) prepared as per procedure given under section 5.3.1.4.9 (pp 131), on two different days.

Acceptance criteria: % RSD should be <2%.

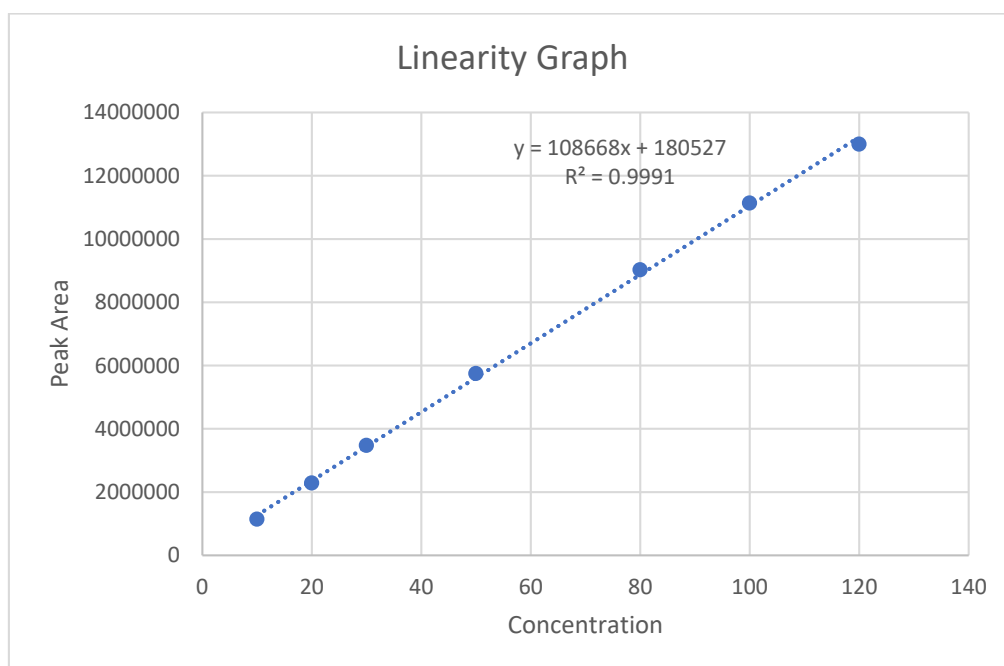
Table 6.77. Precision Study Data of CIP (concentration 50 µg/mL)

Day 1			Day 2		
Sr. No.	Peak Area	Conc (µg/mL)	Sr. No.	Peak Area	Conc (µg/mL)
1	5689532	50.696	1	5715589	50.936
2	5714628	50.927	2	5705266	50.841
3	5699522	50.788	3	5711145	50.895
4	5687784	50.680	4	5707892	50.865
5	5701586	50.807	5	5681678	50.623
6	5674412	50.557	6	5697121	50.766
Mean	5694577	50.742	Mean	5703115	50.821
SD	13811.921	0.127	SD	12190.170	0.112
%RSD	0.243	0.250	%RSD	0.214	0.221
Inter-day Precision					
Mean	5698846	50.78146			
SD	13196.18	0.121436			
%RSD	0.231559	0.239134			

Linearity: The response was linear over concentration range of 10-120 µg/mL as presented in Table 6.78, with R² value of 0.999. Linearity graph is shown in Fig. 6.38.

Table 6.78. Linearity: Peak areas and Concentration of CIP

Conc µg/mL	Peak Area				SD	%RSD
	1	2	3	Avg		
10	1145789	1139046	1143555	1142797	2804.558	0.245
20	2285337	2285466	2285578	2285460	98.469	0.004
30	3475826	3476225	3475133	3475728	451.161	0.013
50	5749552	5749602	5749589	5749581	21.182	0.001
80	9024855	9025132	9025163	9025050	138.465	0.002
100	11133516	11142614	11138995	11138375	3740.027	0.034
120	12972895	13040253	12988312	13000487	28814.833	0.222

**Fig. 6.38. Linearity Graph for CIP (Method 4)**

Limit of Detection and Limit of Quantitation were calculated and found to be:

Limit of Detection, LOD (calculated) = 4.266 µg/mL

Limit of Quantitation, LOQ (calculated) = 14.221 µg/mL

Accuracy:

Accuracy (% Recovery) was assessed in triplicate, at three different concentration levels of 80, 100 and 120% of the target concentration of active ingredient, by spiking a known amount of each of the standard to a sample of known concentration and then calculating the recovery and RSD (%) for each concentration as per procedure given in section 5.3.1.4.7 (pp 129).

Table 6.79. Results of Accuracy of Method 4 for CIP

Level of addition (std) (%)	Amount of std added ($\mu\text{g/mL}$)	Avg. Peak Area	Conc ($\mu\text{g/mL}$)	Assay	Recovery	% recovery
80	40	10126012	91.521	50.742	40.780	101.949
100	50	11140279	100.855	50.742	50.113	100.226
120	60	12095250	109.643	50.742	58.901	98.169

Robustness: The effect of changes in mobile phase proportion, pH and flow rate on retention time, peak area, number of theoretical plates and Tailing Factor was studied.

Effect of mobile phase proportion: Effect of mobile phase ratios 15:85 and 11:89 of methanol: buffer as compared to optimized ratio of 13:87 used in the method was studied.

Table 6.80. Robustness: Effect of Mobile Phase Ratio

Drug/ Degradant	Mobile Phase Ratio	15:85	13:87 (optimized)	11:89	% RSD
CIP	Avg. Peak Area (n=3)	2014534	2004476	2007186	0.296
	%RSD	0.003	0.275	0.271	
CDA1	Avg. Peak Area (n=3)	68492	71272	69477	1.776
	%RSD	0.488	0.089	0.620	
CDA2	Avg. Peak Area (n=3)	90249	92695	91321	1.167
	%RSD	0.116	0.026	0.087	

Effect of variation in pH: pH of buffer was adjusted to 2.8 and 3.2 as compared to optimized pH of 3.0 used in the method (0.2 units variation)

Table 6.81. Robustness: Effect of pH

Drug/ Degradant	pH	2.8	3.0 (optimized)	3.2	% RSD
CIP	Avg. Peak Area (n=3)	2058865	2004476	2067666	1.515
	%RSD	0.798	0.275	0.225	
CDA1	Avg. Peak Area (n=3)	72513	71272	72737	1.111
	%RSD	0.176	0.089	1.078	
CDA2	Avg. Peak Area (n=3)	91499	92695	90682	0.992
	%RSD	0.390	0.026	0.317	

Effect of variation in mobile phase flow rate: Flow rate of mobile phase was changed to 1.3 mL/min and 1.7 mL/min as compared to optimized flow rate of 1.5 mL/min used in the method (0.2 mL variation).

Table 6.82. Robustness: Effect of Mobile Phase Flow Rate

Drug/ Degradant	Mobile Phase Flow Rate	1.3 mL/min	1.5 mL/min (optimized)	1.7 mL/min	% RSD
CIP	Avg. Peak Area (n=3)	2012867	2004476	2013301	0.258
	%RSD	0.078	0.275	0.045	
CDA1	Avg. Peak Area (n=3)	72714	71272	72550	0.119
	%RSD	0.544	0.089	0.983	
CDA2	Avg. Peak Area (n=3)	92714	92695	92785	0.451
	%RSD	0.667	0.026	0.600	

Assay of Marketed Formulation:

The proposed HPLC method was extended for the determination of CIP in tablets. The tablet used was Ciplox- 500 (batch no. SB60176) manufactured by Cipla Ltd. It was analysed using procedure given in section 5.3.1.4.9 (pp 131), using proposed Method 4. Sample concentration of 50 µg/mL was injected into the chromatograph and resulting peak area from chromatogram recorded.

Average area (6 injections) for assay solution was calculated to be 5694577.

The concentration of sample OFL sample was calculated to be 50.742 µg/mL and assay results found to be complying 100.241 % with label claim (I.P. limits 90-110%).

The system suitability and validation results for Method 4 are summarised in Table 6.83.

Table 6.83. System Suitability and Validation parameters using proposed Method 4 for CIP and degradants

System Suitability Parameters	CDA1 (Degradant 1)	CDA2 (Degradant 2)	CIP
N	5713	7744	2497
Tailing factor (Pk Sym)	1.469	1.109	1.114
%RSD of area(%RSD < 2%)	0.088	0.026	0.001
R _t (min)	5.125	8.900	9.977
%RSD of R _t (%RSD < 2%)	0	0.009	0.036
R _s with adjacent peak	11.115	2.063	NA
Linearity	NA	NA	y = 108668x +180527 R ² = 0.9991
LOD(µg/mL)	NA	NA	4.266
LOQ(µg/mL)	NA	NA	14.221
Precision (%RSD < 2%)	Complies	Complies	Complies
Assay of marketed formulation (Limits 90-110%)	NA	NA	100.241%
Accuracy	NA	NA	98-102%
Robustness (%RSD < 2%)	Complies	Complies	Complies

6.3 LCMS Studies

Instrument used: 6400 Series Triple Quadrupole B.08.00 (B8023.5 SP1) of Agilent Technologies (Courtesy: K.K. Birla Goa Campus of BITS Pilani)

6.3.1 Application of Method 3 for separation and subsequent detection of degradant via LCMS study

The stress degraded samples of LEV were prepared as stated under Table 5.4 (pp 136). The degraded samples (resulting from forced degradation of solutions of 20 µg/mL concentration) were subjected to LCMS studies for characterization of the components (parent drug and degradants) that have emerged as peaks in the HPLC, using Method 3. Samples analysed: (1) LDA (Degradant produced by acid hydrolysis of LEV) and

(2) LDO (Degradant produced by oxidative degradation of LEV)

Method was developed, optimized and validated on HPLC in college laboratory. The validated method was then used for separation and detection of separated components on LC-MS at BITS Goa. Fragmentation was done with ESI, voltage calibrated to 135V for deriving optimum Collision Energy and spectrum run for mass range of 70 to 500.

6.3.1.1. Mass Spectrum of acid hydrolysis degradant (LDA)

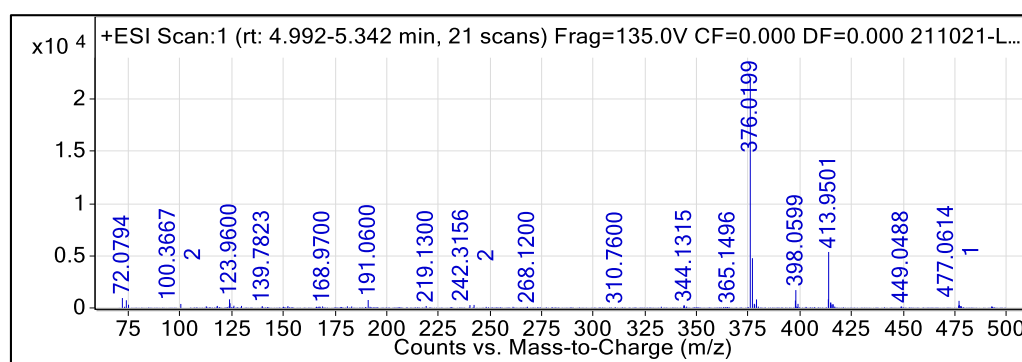


Fig. 6.39. Mass Spectrum of acid hydrolysis degradant LDA

6.3.1.2. Mass Spectra of oxidative degradant (LDO)

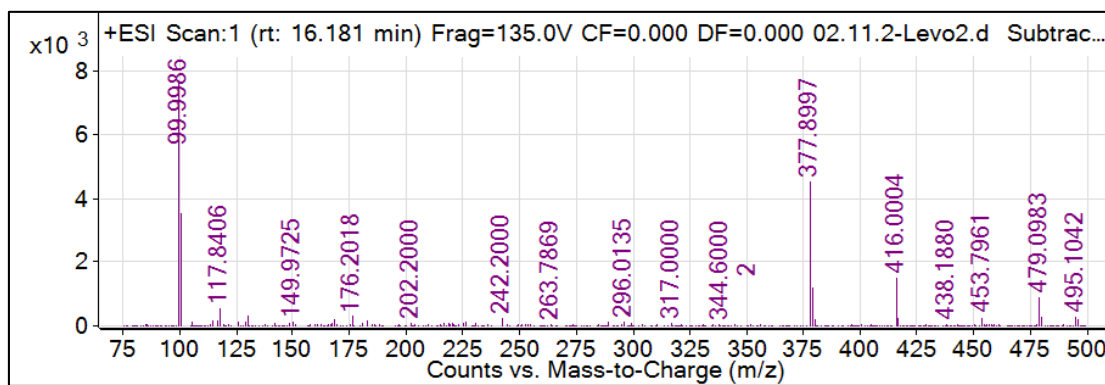


Fig. 6.40. Mass Spectrum of oxidative degradant LDO

In case of LDA as well as LDO, abundance was observed for peak at m/z 377. The degradant that gives a peak in the mass spectrum with m/z 377 ($M+16$) is identified in literature as an N-oxide of LEV and confirmed with literature cited reports [41].

It was seen through a detailed search of literature that Levofloxacin-N-oxide is a major degradant in acid hydrolysis as well as oxidative degradation of LEV.

6.3.2 Application of Method 4 for separation and subsequent detection of degradant via LCMS study

The stress degraded samples of CIP were prepared as stated under Table 5.4 (pp 136). The degraded samples (resulting from forced degradation of solutions of 20 $\mu\text{g/mL}$ concentration) were subjected to LCMS studies for characterization of components (parent drug and degradants) that have emerged as peaks in the HPLC, using Method 4.

Samples analysed: (1) CDA1 and CDA2 (Degradants produced by acid hydrolysis of CIP)

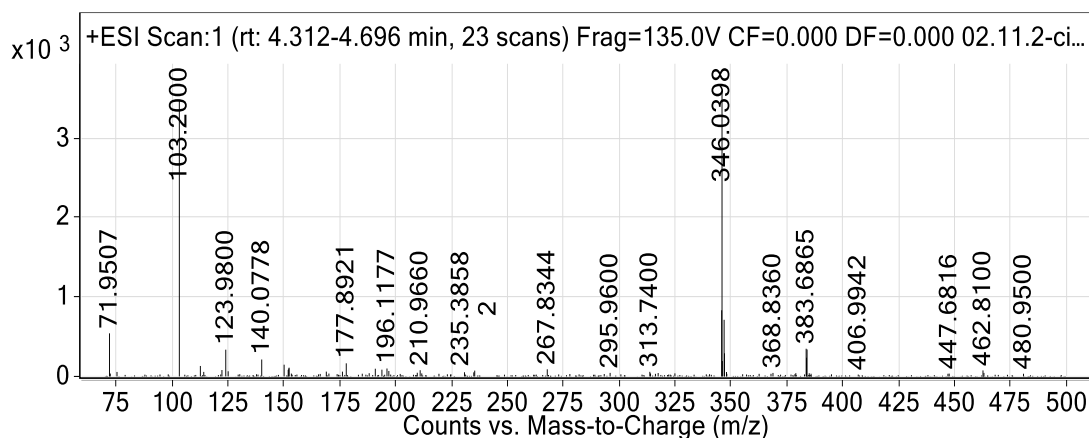


Fig. 6.41. Mass Spectrum of oxidative degradant CDA1 of CIP

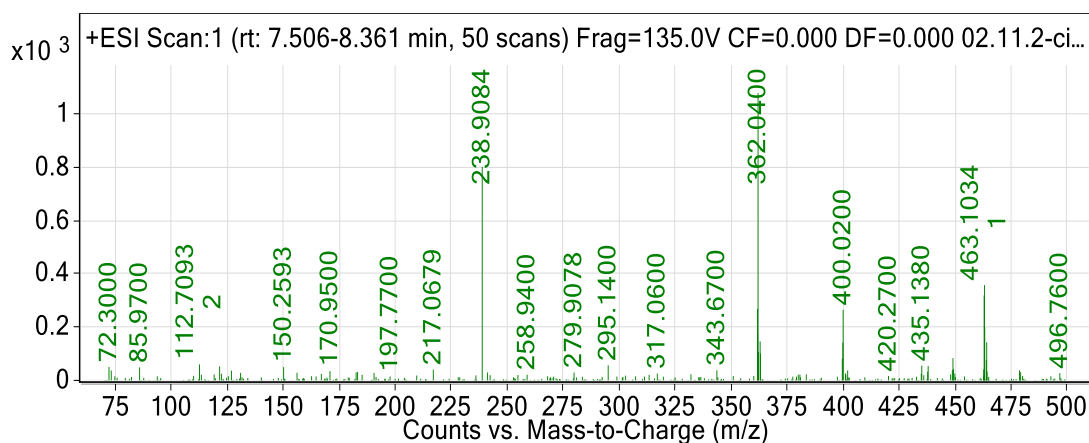


Fig. 6.42. Mass Spectrum of oxidative degradant CDA2 of CIP

LCMS studies have confirmed formation of degradants. Degradants that were predictable from Levofloxacin could be observed and confirmed.

It was observed that proposed validated stability indicating HPLC methods were compatible to LCMS. Some fragments produced in the mass spectrum could be correlated from published literature and are predictable for FQs.

6.4 Stability of Drugs under Forced Degradation

LEV and CIP were subjected to stress degradation under conditions that produce degradation.

Solutions were prepared as mentioned in section 5.3.1.1 (pp 122) and subjected to stress degradation studies as per procedures given in section 5.3.1.5 (pp 132).

The results are outlined in Table 6.84

Table 6.84. Forced Degradation Studies

Stress	Drug	Stressing Agent	Strength of Acid/ Base/ Peroxide	Temperature	Duration	Observations
Acid Hydrolysis	CIP, LEV	HCL	0.1 N, 1 N, 5 N	65 °C	6 h	Degradation observed in the form of additional peak
Base Hydrolysis	CIP, LEV	NaOH	0.1 N, 1 N, 5 N	65 °C	6 h	Additional peak not observed
Oxidation	CIP, LEV	H ₂ O ₂	30 %	65 °C	6 h	Degradation observed in the form of additional peak
Thermal	CIP, LEV	Dry Heat	—	65 °C, 100 °C	6 h	Additional peak not observed
Photolytic	CIP, LEV	Daylight	—	RT	7 days	Additional peak not observed

6.5 Stability of Drugs during Testing Conditions

The stability of the FQs under test conditions and parameters used in proposed methods was investigated. Solutions were prepared and subjected to stability testing as stated in section 5.3.1.6 (pp 135).

The results are presented in Table 6.85 and 6.86 for CIP, 6.87 and 6.88 for LEV, 6.89 and 6.90 for MOX, 6.91 and 6.92 for NOR, 6.93 and 6.94 for OFL.

6.5.1 Stability Studies for CIP

Table 6.85. CIP samples not protected from light

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	285223	289783	286132	287046	21.13546	
1 day	284904	284293	285111	284769.3	20.45415	96.776
7days	281212	281342	281297	281283.7	19.98345	94.549

Table 6.86. CIP samples protected from light

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	285223	289783	286132	287046	21.13546	
1 day	283445	284132	283899	283825.3	20.77013	98.271
7days	281448	281515	281994	281652.3	20.08076	95.010

6.5.2 Stability Studies for LEV

Table 6.87. LEV samples not protected from light

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	1286703	1286951	1286856	1286837	20.07825	
1 day	1286534	1286662	1286722	1286639	20.07602	99.989
7days	1251571	1252235	1251438	1251748	19.07632	95.010

Table 6.88. LEV samples protected from light

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	1286703	1286951	1286856	1286837	20.07825	
1 day	1285698	1285462	1287923	1286361	20.07115	99.965
7days	1252374	1253135	1250236	1251915	19.88738	99.049

6.5.3 Stability Studies for MOX**Table 6.89. MOX samples not protected from light**

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	1384783	1376755	1389280	1383606	19.97450	
1 day	1382236	1385166	1383232	1383545	19.90123	99.633
7days	1381335	1381236	1381070	1381214	19.72473	98.750

Table 6.90. MOX samples protected from light

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	1384783	1376755	1389280	1383606	19.97450	
1 day	1381335	1379321	1384663	1381773	19.87324	99.49308
7days	1381436	1385643	1387765	1384948	19.78390	99.04577

6.5.4 Stability Studies for NOR**Table 6.91. NOR samples not protected from light**

Time	Peak Areas				Conc ($\mu\text{g/mL}$)	% drug remaining
	1	2	3	Avg		
0	548793	549391	549712	549298.7	20.96499	
1 day	546675	546513	547525	546904.3	20.55441	98.042
7days	545668	546245	545543	545818.7	19.19506	93.387

Table 6.92. NOR samples protected from light

Time	Peak Areas				Conc (µg/mL)	% drug remaining
	1	2	3	Avg		
0	548793	549391	549712	549298.7	20.96499	
1 day	546233	546397	546542	546390.7	20.57838	98.156
7days	545878	546103	545946	545975.7	19.61749	95.331

6.5.5 Stability Studies for OFL**Table 6.93.OFL samples not protected from light**

Time	Peak Areas				Conc (µg/mL)	% drug remaining
	1	2	3	Avg		
0	1275889	1273243	1275680	1274937	20.06702	
1 day	1274067	1271785	1281986	1275946	19.89278	99.131
7days	1251571	1252235	1251438	1251748	19.07632	95.060

Table 6.94.OFL samples protected from light

Time	Peak Areas				Conc (µg/mL)	% drug remaining
	1	2	3	Avg		
0	1275889	1273243	1275680	1274937	20.067	
1 day	1274339	1274768	1274189	1274432	19.890	99.118
7days	1252374	1253135	1250236	1251915	19.379	96.570

From the results it is observed that the FQs show negligible degradation under conditions used for testing. The test conditions are soft on the molecules and do not encourage degradation.

6.6 Comparison of Proposed Methods with Existing methods

The proposed methods were compared with published methods for FQs as given under Review of Literature. As evident from the data obtained through literature survey, most HPLC methods reported for selected FQs of research interest involved sophisticated techniques of detection (fluorometric or MS), use of special columns (columns like phenylsilyl and chiral based columns which are beyond routine C18 and C8 type) and development through gradient elution. Methods that did not involve these techniques, were seen to contain higher proportion of organic component in the mobile phase or used a multicomponent mobile phase.

The proposed methods are isocratic and use UV detector / PDA detector, considered universal, column of C18 type with low proportion of organic phase was low.

Results of new developed methods on comparison to that of published methods confirms application to FQs of research interest and degradants with minor modifications. Methods with non-volatile buffers could be extendable to MS detection for identification of degradants.

In summary the methods developed were specific and also the FQs were found to remain stable during the analysis to provide true picture of the quality. The operational/experimental variables did not elicit formation of degradants during the period of analysis.

Also, data from published methods can be utilized to generate Multiple Linear Regression models and these models can be used to predict retention times of other FQs and their related substances as reported in next section.

6.7 Prediction of Retention times.

6.7.1 Collection of Data

Published HPLC methods for estimation of multiple fluoroquinolones were selected (Table 3.14, pp 98) and attempts were made to establish relation between solute descriptors and retention time. Initially the Multiple Linear Regression analysis was applied to each selected method separately to determine the most relevant solute descriptors.

6.7.2 Calculation of Physicochemical Properties of Fluoroquinolones

Physicochemical properties of fluoroquinolones were calculated using OSIRIS DataWarrior and Chemaxon Software and are reported in Table 6.95.

Table 6.95. Physicochemical properties of fluoroquinolones calculated using OSIRIS DataWarrior and Chemaxon Software

Name	cLogP	LogS	LogD	Topological Surface Area	Relative PSA
Ofloxacin	-0.34	-2.74	-1.56	252.39	0.24
Ciprofloxacin	-1.53	-3.32	-2.03	232.79	0.25
Norfloxacin	-1.65	-2.86	-2.08	232.29	0.25
Lomefloxacin	-1.22	-3.55	-1.52	249.64	0.23
Nalidixic acid	0.54	-2.67	-1.00	173.66	0.31
Levofloxacin	-0.34	-2.736	-2.15	252.39	0.24
Moxifloxacin	-0.95	-4.232	-1.76	280.31	0.24
Sparfloxacin	-1.45	-4.466	-1.27	269.66	0.27
Gatifloxacin	-1.27	-3.716	-1.88	266.05	0.26
Trovafloxacin	-0.55	-6.027	-7.95	271.03	0.27
Cinoxacin	0.96	-2.661	-6.44	181.16	0.41
Pefloxacin	-0.26	-2.494	-1.57	243.39	0.20
Enoxacin	-2.12	-3.111	-9.52	231.05	0.30

6.7.3 Application of Multiple Linear Regression Analysis

The models or regression equations were generated and evaluated for their prediction capability using F-test and R^2 .

One of the selected HPLC methods (named as Method 10) which was further investigated by establishing multiple linear regression models has been described-

Description of Method 10:

Column: C18 (25cm x 4.6 mm, 5 μ)

ACN (43): Aqueous (57; 10mM sodium dodecyl sulphate, 10mM TBAA. 25mM citric acid)

pH: 3.5; Flow: 1.0mL/min

Correlation Study between Molecular Descriptors and Retention Time is presented in Table 6.96.

Table 6.96. Multiple Linear Regression Models obtained for Method 10 and the corresponding F, p and R^2 values

Sr. No.	Molecular Descriptor	Regression Equation	F-statistic	F from table	p-value	R^2
1	cLogP	$Rt = 5.37 - 0.97 \text{ cLogP}$	1.47	7.71	0.2900	0.27
2*	LogS	$Rt = 1.19 - 1.26 \text{ LogS}$	40.70	7.71	0.0031	0.91
3	TSA	$Rt = -3.14 + 0.037 \text{ TSA}$	7.60	7.71	0.0510	0.66
4	Rel PSA	$Rt = 9.66 - 13.36 \text{ Rel PSA}$	1.60	7.71	0.2700	0.29
5	LogD (pH3.5)	$Rt = 7.42 + 0.61 \text{ LogD}$	4.97	7.71	0.0900	0.55
6*	cLogP, LogS	$Rt = 1.27 - 0.50 \text{ cLogP} - 1.16 \text{ LogS}$	60.41	9.55	0.0030	0.98

7	cLogP, TSA	$Rt = -3.65 + 0.14 \text{ cLogP} + 0.039 \text{ TSA}$	2.89	9.55	0.2000	0.66
8	Rel PSA, cLogP	$Rt = 8.03 - 0.43 \text{ cLogP} - 8.44 \text{ Rel PSA}$	0.64	9.55	0.5900	0.30
9*	LogS, TSA	$Rt = -1.64 - 0.97 \text{ LogS} + 0.016 \text{ TSA}$	93.50	9.55	0.0020	0.98
10*	LogS, Rel PSA	$Rt = 3.41 - 1.16 \text{ LogS} - 6.55 \text{ Rel PSA}$	52.86	9.55	0.0050	0.97
11	TSA, Rel PSA	$Rt = -13.68 + 15.86 \text{ Rel PSA} + 0.062 \text{ TSA}$	4.71	9.55	0.1200	0.76
12*	LogS, LogD	$Rt = 2.55 - 1.05 \text{ LogS} + 0.23 \text{ LogD}$	36.51	9.55	0.0080	0.96
13	LogD, cLogP	$Rt = 7.78 + 0.25 \text{ cLogP} + 0.69 \text{ LogD}$	1.92	9.55	0.2900	0.56
14	LogD, TSA	$Rt = -2.74 + 0.035 \text{ TSA} + 0.027 \text{ LogD}$	2.85	9.55	0.2000	0.66
15	LogD, Rel PSA	$Rt = 0.40 + 34.51 \text{ Rel PSA} + 1.66 \text{ LogD}$	5.33	9.55	0.1000	0.78
16*	LogS, TSA, cLogP	$Rt = -0.66 - 0.26 \text{ cLogP} - 1.02 \text{ LogS} + 0.011 \text{ TSA}$	99.43	19.16	0.0100	0.99
17*	cLogP, LogS, Rel PSA	$Rt = 2.27 - 0.31 \text{ cLogP} - 1.15 \text{ LogS} - 3.06 \text{ Rel PSA}$	32.27	19.16	0.0300	0.98
18*	cLogP, LogS, LogD	$Rt = 1.63 - 0.40 \text{ cLogP} - 1.12 \text{ LogS} + 0.063 \text{ LogD}$	28.74	19.16	0.0300	0.98
19*	LogS, TSA, Rel PSA	$Rt = -1.20 + 0.015 \text{ TSA} - 0.99 \text{ LogS} - 0.63 \text{ Rel PSA}$	41.78	19.19	0.0200	0.98

20*	LogS, TSA, LogD	$R_t = -2.26 + 0.018 \text{ TSA} - 0.98 \text{ LogS} - 0.042 \text{ LogD}$	42.7	19.16	0.0200	0.98
21*	LogS, LogD, Rel PSA	$R_t = 5.19 - 23.71 \text{ Rel PSA} - 1.51 \text{ LogS} - 0.67 \text{ LogD}$	48.41	19.16	0.0200	0.99
22	cLogP, LogD, TSA	$R_t = -2.33 + 0.035 \text{ TSA} + 0.21 \text{ cLogP} + 0.10 \text{ LogD}$	1.3	19.16	0.4600	0.66
23	cLogP, LogD, Rel PSA	$R_t = -3.44 + 47.31 \text{ Rel PSA} - 0.88 \text{ cLogP} + 1.76 \text{ LogD}$	3.46	19.16	0.2300	0.84
24	cLogP, TSA, Rel PSA	$R_t = -18.39 + 0.065 \text{ TSA} - 0.88 \text{ cLogP} + 27.64 \text{ Rel PSA}$	2.97	19.16	0.2600	0.82
25	LogD, TSA, Rel PSA	$R_t = -10.50 + 0.037 \text{ TSA} + 1.08 \text{ LogD} + 35.40 \text{ Rel PSA}$	5.58	19.16	0.1600	0.89

The bigger the F-value calculated (larger than the tabulated F-value), more likely is the model/ regression equation to explain the dependency of the Y (Retention Time) on the X-variables (Molecular Descriptors). R^2 expresses the ratio of the variance that can be explained by the regression model. Higher R^2 values indicate majority of the variance can be explained.

6.7.4 Calculation of Physicochemical properties of FQ related substances

Using the criteria for evaluation, those models which showed promise, namely methods at Sr. No.s 2, 6, 9, 10, 12, 16, 17, 18, 19, 20 and 21 (marked with an *) in Table 6.96, were further investigated for their prediction capacity by using reported degradants / related substances of Levofloxacin.

Physicochemical properties of these degradants / related substances were also calculated using OSIRIS DataWarrior and Chemaxon Software.

Table 6.97. Physicochemical Properties of degradants/ related substances calculated using OSIRIS DataWarrior and Chemaxon Software

Imp/ Deg No.	Name	cLogP	LogS	LogD			Topol ogical Surfac e Area	Relativ e PSA
				pH 2.5	pH 3.4	pH 3.5		
1	Levofloxacin	-0.34	-2.74	-1.86	-1.52	-1.45	252.39	0.24
2	Desmeth- levofloxacin	-1.73	-3.10	-2.06	-2.05	-2.05	241.29	0.28
3	D-Levofloxacin	-0.34	-2.74	-1.86	-1.52	-1.45	252.39	0.24
4	Desmeth-D- Levofloxacin	-1.73	-3.10	-2.06	-2.05	-2.05	241.29	0.28
5	Levofloxacin-N- oxide	-0.39	-0.57	0.35	0.37	0.37	254.26	0.24
6	Desfluoro- levofloxacin	-0.44	-2.42	-2.06	-1.93	-1.9	246.04	0.24
7	Descarboxyl- Levofloxacin	1.42	-3.14	-1.45	-1.12	-1.05	230.08	0.15
8	Difluoro- levofloxacin	0.91	-3.45	1.75	1.74	1.74	184.34	0.29
9	Desethylene- Levofloxacin	-1.51	-2.98	-2.54	-2.52	-2.51	240.69	0.31
10	Levofloxacin- ethylester	1.42	-3.16	-1.13	-0.79	-0.72	282.06	0.20

6.7.5 Prediction of Retention Times for Related Substances of LEV

The retention times of these related substances of LEV were predicted using the regression models generated and have been reported in Table 6.98.

Table 6.98. Predicted Retention times for degradants/ related substances using regression models generated earlier for each method/ study

Imp / Deg No.	Name	Retention Times (in mins)										
		Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8	Model 9	Model 10	Model 11
1	Levofloxacin	4.64	4.62	5.05	5.03	5.09	5.00	4.80	4.74	5.15	5.03	4.67
2	Desmeth-levofloxacin	5.09	5.73	5.23	5.16	5.33	5.60	5.51	5.66	5.31	5.21	4.59
3	D-Levofloxacin	4.64	4.62	5.05	5.03	5.09	5.00	4.80	4.74	5.15	5.03	4.67
4	Desmeth-D-levofloxacin	5.09	5.73	5.23	5.16	5.33	5.60	5.51	5.66	5.31	5.21	4.59
5	Levofloxacin-N-oxide	1.90	2.12	2.98	2.48	3.23	2.82	2.30	2.44	3.02	2.86	0.04
6	Desfluoro-levofloxacin	4.24	4.30	4.65	4.63	4.66	4.63	4.45	4.40	4.74	4.62	4.35
7	Descarboxy levofloxacin	5.14	4.20	5.08	6.09	5.60	4.70	4.99	4.51	5.26	5.00	7.16
8	Difluoro-levofloxacin	5.53	4.81	4.65	5.53	6.57	4.65	5.08	5.24	4.80	4.36	2.44

9	Desethylen levofloxacin	4.94	5.47	5.10	4.80	5.10	5.41	5.20	5.41	5.16	5.09	3.91
10	levofloxacin- ethylester	5.18	4.23	5.94	5.76	5.71	5.30	4.85	4.56	6.04	5.95	5.68

Model 1: $R_t = 1.19 - 1.26 \text{ LogS}$

Model 2: $R_t = 1.27 - 0.50 \text{ cLogP} - 1.16 \text{ LogS}$

Model 3: $R_t = -1.64 - 0.97 \text{ LogS} + 0.016 \text{ TSA}$

Model 4: $R_t = 3.41 - 1.16 \text{ LogS} - 6.55 \text{ Rel PSA}$

Model 5: $R_t = 2.55 - 1.05 \text{ LogS} + 0.23 \text{ LogD}$

Model 6: $R_t = -0.66 - 0.26 \text{ cLogP} - 1.02 \text{ LogS} + 0.011 \text{ TSA}$

Model 7: $R_t = 2.27 - 0.31 \text{ cLogP} - 1.15 \text{ LogS} - 3.06 \text{ Rel PSA}$

Model 8: $R_t = 1.63 - 0.40 \text{ cLogP} - 1.12 \text{ LogS} + 0.063 \text{ LogD}$

Model 9: $R_t = -1.20 + 0.015 \text{ TSA} - 0.99 \text{ LogS} - 0.63 \text{ Rel PSA}$

Model 10: $R_t = -2.26 + 0.018 \text{ TSA} - 0.98 \text{ LogS} - 0.042 \text{ LogD}$

Model 11: $R_t = 5.19 - 23.71 \text{ Rel PSA} - 1.51 \text{ LogS} - 0.67 \text{ LogD}$

6.7.6 Application of ANOVA to Predicted Retention Times

One way ANOVA was then used to analyse the results obtained and prove that they are not significantly different.

The statistical test used was One-Way ANOVA test, using F distribution df(10,99) (right tailed). The results are presented in Table 6.99.

Table 6.99. One-Way ANOVA test for Predicted Retention Times

Source	DF	Sum of Square	Mean Square	F Statistic	P-value
Groups (between groups)	10	6.4453	0.6445	0.6095	0.8025
Error (within groups)	99	104.6988	1.0576		
Total	109	111.1441	1.0197		

F- value from Table: 1.93 (Table 6.99)

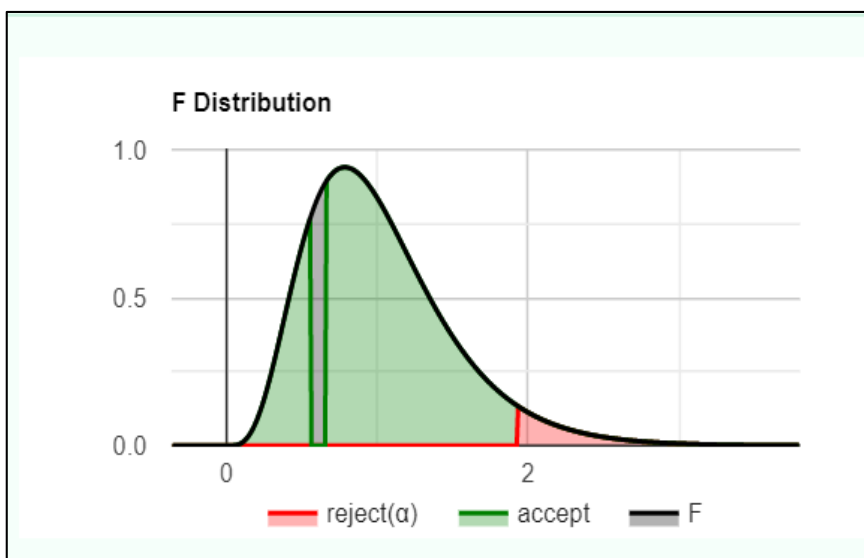


Fig. 6.43. One-Way ANOVA test for Predicted Retention Times

Since the calculated F-value (0.6095) is less than the tabulated F-value (1.93), it can be statistically concluded that the predicted retention times are not significantly different.

It has been observed that retention times of other fluoroquinolones and their related substances/ degradants can be predicted with high degree of confidence and accuracy provided the sample size of training set of fluoroquinolones is sufficiently large.

It was also found that studies/ methods which involved lower sample size (4 or less) were not suitable for formulation of regression or prediction models for predicting retention times.

Available data sets on drugs selected were found to be lesser and tabulation of the data could not provide an algorithm that could correlate retention profile with physicochemical attributes of the drug.

CHAPTER 7
SUMMARY AND CONCLUSIONS

7. Summary and Conclusions

Analytical techniques assure that the drug under investigation, or its formulated product, meets with the standards set for safety and efficacy. In order to do this reliably, the analytical method needs to be selective and specific so that the results are a true reflection of the quality of the sample. The method in itself should not employ conditions conducive to alteration in the drug molecule due to degradation during testing, thereby giving erroneous and misleading results. Hence it is of utmost importance that the stability profile of the drug candidate is studied and analytical methods developed in a way that avoids creating conditions encouraging drug instability during testing.

Testing methods being based on molecular properties linked to chemical structures, it is generally assumed that drug molecules bearing similar structural features will be analysed by same or similar methods. In the past on the basis of the chemistry of molecules similar process were used in volumetric analysis whereas in the current compendia diverse conditions (stationary phase, mobile phase) are recommended for use while performing assay.

It is envisaged here to identify certain parameters that favor use of stationary phase - mobile phase systems to such molecules that possess a common structural template. As a study case, Fluoroquinolones (FQs) were selected that offers several dozens of molecules bearing common structural features. The FQ class of compounds comprises of a wide range of drugs which have the same FQ nucleus but bearing widely differing functional groups, a fact that results in the drugs exhibiting diverse physical and chemical properties. While selecting drugs belonging to the class due consideration was given to their spectrum of activity and physicochemical properties.

The proposed newer methods were compared with published methods for FQs for the performance. As evident from the data obtained through literature survey, most HPLC methods reported for selected FQs of research interest involved sophisticated techniques of detection (fluorometric or MS), use of special columns and development through gradient elution. Methods that did not involve such techniques, were seen to contain higher proportion of organic component in the mobile phase or used gradient mobile phase.

The newer methods proposed are isocratic and use UV detector / PDA detector, considered universal, column of C18 type with low proportion of organic phase and were successfully applied to formulations, and may be applied to other FQs as single APIs.

Results of new developed methods on comparison to that of published methods confirms application to FQs of research interest and degradants with minor modifications. Response appears to be restricted to FQ core, additional diverse functional groups lead to modifications in the experimental conditions. Methods with volatile buffers could be extendable to MS detection for identification of degradants.

Yet another primary objective of predicting retention times of molecules using appropriate molecular descriptors and statistical regression models, was achieved by collating critical data like retention time, mobile phase systems, stationary phases and such other experimental attributes like temperature, detection wavelength from published methods to enable generation of Multiple Linear Regression models. It was demonstrated that these models could be successfully used to predict retention times of other FQs and their related substances. Factors like cLogP, LogD, LogS, Topological surface area,

Relative polar surface area were identified to be molecular descriptors that affect retention time.

The secondary objective involved study of stability profiles of selected fluoroquinolones under stressed conditions involving hydrolysis, temperature, light and oxidation that generally the drug gets exposed to during analysis. Assessment of stability profiles recorded ensured that proposed methods did not invoke such conditions that endanger the structural integrity of the FQ molecules.

In summary, the process in the methods developed were specific and ensured FQs remain stable during the period of analysis thus showcasing true picture of quality. The operational/ experimental variables did not elicit formation of degradants during the period of analysis.

Future Scope

There have been instances wherein batches of drugs have been recalled due to reasons arising out of deficiencies in testing method wherein impurities have been generated. It is highly recommended that stability profiles of drugs be studied thoroughly with conditions generally adopted during analytical method development. Drugs containing hydrolysable groups like esters and amides, oxidizable groups like ketones require judicious application of experimental conditions. Molecules with such groups are expected to pose a challenge to the analyst. Such studies would ensure testing methods to be strong and could reflect eventually true quality of the sample.

Using molecular descriptors to develop MLR models and predict retention times, will help tremendously in analytical method development to shorten duration and lessen efforts put into development of methods, by predicting the time of elution of other related substances, including other members of the class or degradants and impurities. Preliminary steps and numerous trials can be skipped by taking help of available computing tools, making the process of method development simpler, easier and quicker.

CHAPTER 8
REFERENCES

References:

- [1] Roy J, Islam M, Khan AH, Das SC, Akhteruzzaman M, Deb AK. Diclofenac sodium injection sterilized by autoclave and the occurrence of cyclic reaction producing a small amount of impurity. *J Pharm Sci* 2001;90:541–4.
[https://doi.org/10.1002/1520-6017\(200105\)90:5<541::AID-JPS1011>3.0.CO;2-O](https://doi.org/10.1002/1520-6017(200105)90:5<541::AID-JPS1011>3.0.CO;2-O).
- [2] FDA Guidelines. Analytical Procedures and Methods Validation for Drugs and Biologics: Guidance for Industry. 2015.
- [3] European Union. EU Guidelines: Guideline on Process Validation for Finished Goods. 2016.
- [4] ICH Guidelines: Validation of Analytical Procedures: Text and Methodology. 2005.
- [5] ICH Guidelines. Stability Q1. 1996.
- [6] Florey K. Analytical Profiles of Drug Substances. vol. 10–24. London: Academic Press; 1981.
- [7] Singh S, Bakshi M. Guidance on Conduct of Stress Tests to Determine Inherent Stability of Drugs. *Pharm Technol* 2000;4:1–14.
- [8] Mathew M, Gupta VD, Bailey RE. Stability of Omeprazole Solutions at Various pH Values as Determined by High-Performance Liquid Chromatography. *Drug Dev Ind Pharm* 2008;21:965–71.
<https://doi.org/10.3109/03639049509026660>.
- [9] Malasiya A, Goyal A. Method Development and Validation of RP HPLC Method for Assay and related Substances of Luliconazole in Topical Dosage form. *Int J Pharm Chem and Analysis* 2017;4:46–50.
<https://doi.org/10.18231/2394-2797.2017.0012>.
- [10] Kumar TNVG, Vidyadhara S, Narkhede NA, Silpa YS, Lakshmi MR. Method development, validation, and stability studies of teneligliptin by RP-HPLC and identification of degradation products by UPLC tandem mass spectroscopy. *J Anal Sci Technol* 2016;7:1–12.
<https://doi.org/10.1186/S40543-016-0107-4/FIGURES/12>.
- [11] Sabir Ali SN, Mobina L, Mehfuza M, Seema P, Ahmed A, J. Khan G. Analytical Method Development and Validation and Forced Degradation Stability-Indicating Studies of Favipiravir by RP-HPLC and UV in Bulk and Pharmaceutical Dosage Form. *J Pharm Res Int* 2021;33:254–71.

- [12] Dhumal BR, Bhusari KP, Tajne MR, Ghante MH, Jain NS. Stability Indicating Method for the Determination of Mefenamic Acid in Pharmaceutical Formulations by HPLC. *J Appl Pharm Sci* 2014;4:60–064.
<https://doi.org/10.7324/JAPS.2014.41211>.
- [13] Van Rompay J, Carter JE. Loperamide Hydrochloride. *Analytical Profiles of Drug Substances and Excipients* 1990;19:341–65.
[https://doi.org/10.1016/S0099-5428\(08\)60372-X](https://doi.org/10.1016/S0099-5428(08)60372-X).
- [14] Ahmad I, Ahmed S, Anwar Z, Sheraz MA, Sikorski M. Photostability and Photostabilization of Drugs and Drug Products. *Int J Photoenergy* 2016;2016:1–19.
<https://doi.org/10.1155/2016/8135608>.
- [15] Fasani E, Albin A. Photostability stress testing. *Pharm Stress Testing*. 2nd ed., CRC Press; 2016, 204–29.
<https://doi.org/10.3109/9781439801802-11>.
- [16] Baertschi SW, Alsante KM, Tønnesen HH. A Critical Assessment of the ICH Guideline on Photostability Testing of New Drug Substances and Products (Q1B): Recommendation for Revision. *J Pharm Sci* 2010;99:2934–40.
<https://doi.org/10.1002/JPS.22076>.
- [17] Huynh-Ba K, Zahn M. Understanding ICH guidelines applicable to stability testing. *Handbook of Stability Testing in Pharmaceutical Development: Regulations, Methodologies, and Best Practices* 2009:21–41.
https://doi.org/10.1007/978-0-387-85627-8_3/COVER.
- [18] Caviglioli G, Parodi B, Cafaggi S, Bignardi G, Romussi G. Stability Indicating HPLC Assay for Retinoic Acid in Hard Gelatine Capsules Containing Lactose and as Bulk Drug Substance. *Drug Dev Ind Pharm* 2008;20:2395–408.
<https://doi.org/10.3109/03639049409042645>.
- [19] Garnick RL, Burt GF, Long DA, Bastian JW, Aldred JP. High-Performance Liquid Chromatographic Assay for Sodium Levothyroxine in Tablet Formulations: Content Uniformity Applications. *J Pharm Sci* 1984;73:75–7.
<https://doi.org/10.1002/jps.2600730120>.
- [20] Alshehri YM, Alghamdi TS, Aldawsari FS. HS-SPME-GC-MS as an alternative method for NDMA analysis in ranitidine products. *J Pharm Biomed Anal* 2020;191:1–6.
<https://doi.org/10.1016/J.JPBA.2020.113582>.
- [21] FDA calls generic Zantac carcinogen levels “unacceptable,” but pushes back against lab claims | BioPharma Dive (accessed January 22, 2023).

- [22] FDA Updates and Press Announcements on NDMA in Zantac (ranitidine) | FDA n.d. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-and-press-announcements-ndma-zantac-ranitidine> (accessed January 18, 2023).
- [23] Laboratory Tests | Ranitidine | FDA n.d. <https://www.fda.gov/drugs/drug-safety-and-availability/laboratory-tests-ranitidine> (accessed January 22, 2023).
- [24] Tsujikawa K, Yamamuro T, Kuwayama K, Kanamori T, Iwata YT, Inoue H. Thermal degradation of a new synthetic cannabinoid QUPIC during analysis by gas chromatography–mass spectrometry. *Forensic Toxicol* 2014;32:201–201.
- [25] Tsujikawa K, Kuwayama K, Kanamori T, Iwata YT, Inoue H. Thermal degradation of α -pyrrolidinopentiophenone during injection in gas chromatography/mass spectrometry. *Forensic Sci Int* 2013;231:296–9. <https://doi.org/10.1016/J.FORSCIINT.2013.06.006>.
- [26] Markowitz JS, Patrick KS. Thermal degradation of clozapine-N-oxide to clozapine during gas chromatographic analysis. *J Chromatogr B Biomed Sci Appl* 1995;668:171–4. [https://doi.org/10.1016/0378-4347\(95\)00060-V](https://doi.org/10.1016/0378-4347(95)00060-V).
- [27] Awang DVC, Vincent A, Matsui F. Pattern of Phenylbutazone Degradation. *J Pharm Sci* 1973;62:1673–6.
- [28] Kurmi M, Sahu A, Singh DK, Singh IP, Singh S. Stability behaviour of antiretroviral drugs and their combinations. 8: Characterization and in-silico toxicity prediction of degradation products of efavirenz. *J Pharm Biomed Anal* 2018;148:170–81. <https://doi.org/10.1016/j.jpba.2017.09.029>.
- [29] Patel PN, Borkar RM, Kalariya PD, Gangwal RP, Sangamwar AT, Samanthula G, et al. Characterization of degradation products of Ivabradine by LC-HR-MS/MS: a typical case of exhibition of different degradation behaviour in HCl and H₂SO₄ acid hydrolysis. *J Mass Spectrom* 2015;50:344–53. <https://doi.org/10.1002/jms.3533>.
- [30] Indian Pharmacopoeia Commission. *Indian Pharmacopoeia*. 9th ed. Ghaziabad, India: Ministry of Health and Family Welfare; 2022.
- [31] Medicines & Healthcare products Regulatory Agency. *British Pharmacopoeia*. London: Stationery Press; 2023.
- [32] USP 2021 (*United State Pharmacopeia 44 - NF 39*). 44th ed. Rockville MD: 2021.

- [33] Waterman KC, Adami RC, Alsante KM, Antipas AS, Arenson DR, Carrier R, et al. Hydrolysis in pharmaceutical formulations. *Pharm Dev Technol* 2002;7:113–46. <https://doi.org/10.1081/pdt-120003494>.
- [34] Swain D, Patel PN, Palaniappan I, Sahu G, Samanthula G. Liquid chromatography/tandem mass spectrometry study of forced degradation of azilsartan medoxomil potassium. *Rapid Commun Mass Spectrom* 2015;29:1437–47. <https://doi.org/10.1002/rcm.7235>.
- [35] Torniaainen K, Tammilehto S, Ulvi V. The effect of pH, buffer type and drug concentration on the photodegradation of ciprofloxacin. *Int J Pharm* 1996;132:53–61. [https://doi.org/10.1016/0378-5173\(95\)04332-2](https://doi.org/10.1016/0378-5173(95)04332-2).
- [36] Shrinivas S, Revanasiddappa M. Analytical Stability Indicative Method Development and Validation by High Pressure Liquid Chromatography for Assay in Ciprofloxacin hydrochloride Drug Substances. *Am J Analyt Chem* 2015;06:719–30. <https://doi.org/10.4236/ajac.2015.69069>.
- [37] Vaghela BK, Rao SS. A novel validated stability indicating high performance liquid chromatographic method for estimation of degradation behavior of ciprofloxacin and tinidazole in solid oral dosage. *J Pharm Bioallied Sci* 2013;5:298–308. <https://doi.org/10.4103/0975-7406.120082>.
- [38] Razzaq SN, Ashfaq M, Mariam I, Khan IU, Razzaq SS, Mustafa G. Stability indicating rp-hplc method for simultaneous determination of ciprofloxacin and dexamethasone in binary combination. *J Chilean Chem Soc* 2017;62:3572–7. <https://doi.org/10.4067/s0717-97072017000303572>.
- [39] Lalitha Devi M, Chandrasekhar KB. A validated stability-indicating RP-HPLC method for levofloxacin in the presence of degradation products, its process related impurities and identification of oxidative degradant. *J Pharm Biomed Anal* 2009;50:710–7. <https://doi.org/10.1016/j.jpba.2009.05.038>.
- [40] Sateesh J, Subba Reddy G, Jayaveera K, Dhayalamurthi S. A validated stability-indicating isocratic LC method for levofloxacin in the presence of degradation products and its process-related impurities. *Acta Chromatogr* 2012;24:23–36. <https://doi.org/10.1556/AChrom.24.2012.1.3>.
- [41] Mehta J, Pancholi Y, Patel V, Kshatri N, Vyas N. Development and Validation of a Sensitive Stability Indicating Method for Quantification of Levofloxacin related substances and degradation products in pharmaceutical dosage form. *Int J Pharmtech Res* 2010;2:1932–42.

- [42] Dabhi B, Parmar B, Patel N, Jadeja Y, Patel M, Jebaliya H, et al. A Stability Indicating UPLC Method for the Determination of Levofloxacin Hemihydrate in Pharmaceutical Dosage Form: Application to Pharmaceutical Analysis. *Chromatogr Res Int* 2013;2013. <https://doi.org/10.1155/2013/432753>.
- [43] Prasad Babu N, Ramachandran D, Geetha Bhavani K. Development and validation of stability indicating RP-HPLC method for quantitative estimation of levofloxacin injection 5mg/ml dosage form. *Curr Trends Biotechnol Pharm* 2021;15:51–61. <https://doi.org/10.5530/CTBP.2021.1.6>.
- [44] Dhara P, Dhananjay M, Vandana P, Devanshi P, Hiral P. A Validated Stability Indicating RP-HPLC Method Development and Validation for Simultaneous Estimation of Cefixime Trihydrate and Levofloxacin Hemihydrate in Pharmaceutical Dosage Form. *Int J AnalytTech* 2016;3:1–12. <https://doi.org/10.15226/2577-7831/3/1/00109>.
- [45] Zheng YJ, He JM, Zhang RP, Wang YC, Wang JX, Wang HQ, et al. An integrated approach for detection and characterization of the trace impurities in levofloxacin using liquid chromatography-tandem mass spectrometry. *Rapid Commun Mass Spectrom* 2014;28:1164–74. <https://doi.org/10.1002/rcm.6886>.
- [46] Kaale E, Höllein L, Holzgrabe U. Development and validation of a generic stability-indicating MEEKC method for five fluoroquinolone antibiotics. *Electrophoresis* 2015;36:2736–44. <https://doi.org/10.1002/elps.201500025>.
- [47] Svahn O, Björklund E. Thermal stability assessment of antibiotics in moderate temperature and subcritical water using a pressurized dynamic flow-through system. *Int J Innov Appl Stud* 2015;11:872–80.
- [48] Hovorka SW, Schöneich C. Oxidative degradation of pharmaceuticals: Theory, mechanisms and inhibition. *J Pharm Sci* 2001;90:253–69. [https://doi.org/10.1002/1520-6017\(200103\)90:3<253::AID-JPS1>3.0.CO;2-W](https://doi.org/10.1002/1520-6017(200103)90:3<253::AID-JPS1>3.0.CO;2-W).
- [49] Zhang H, Huang C-H. Oxidative transformation of fluoroquinolone antibacterial agents and structurally related amines by manganese oxide. *Environ Sci Technol* 2005;39:4474–83. <https://doi.org/10.1021/es048166d>.
- [50] Tiefenbacher E. M, Haen E, Pryzbilla B, Kurz H. Photodegradation of some quinolones used as antimicrobial therapeutics. *J Pharm Sci* 1994;83:463–7.

- [51] Thoma K, Klimek R. Photostabilization of drugs in dosage forms without protection from packaging materials. *Int J Pharm* 1991;67:169–75. [https://doi.org/10.1016/0378-5173\(91\)90429-R](https://doi.org/10.1016/0378-5173(91)90429-R).
- [52] Kawabata K, Sugihara K, Sanoh S, Kitamura S, Ohta S. Photodegradation of pharmaceuticals in the aquatic environment by sunlight and UV-A, -B and -C irradiation. *J Toxicol Sci* 2013;38:215–23. <https://doi.org/10.2131/jts.38.215>.
- [53] Driouich R, Trabelsi H, Bouzouita KA. Stability—Indicating assay for haloperidol syrup by high-performance liquid chromatography. *Chromatographia* 2001;53:629–34. <https://doi.org/10.1007/BF02493010>.
- [54] Roy J, Shakleya D, Callery P, Sarker D, Miah A, Das S. The effect of natural sunlight on Ciprofloxacin Ophthalmic solution. *J Mississippi Acad of Sci* 2005;50:224–30.
- [55] Hubicka U, Krzek J. Effect of Selected Metal Ions on the Photodegradation of Ciprofloxacin in the Solid Phase. *J AOAC Int* 2008;91:1331-1338(8).
- [56] Hubicka U, Zmudzki P, Talik P, Zuromska-Witek B, Krzek J. Photodegradation assessment of ciprofloxacin, moxifloxacin, norfloxacin and ofloxacin in the presence of excipients from tablets by UPLC-MS/MS and DSC. *Chem Cent J* 2013;7:133. <https://doi.org/10.1186/1752-153X-7-133>.
- [57] Torniaainen K, Mäki E. Development of an isocratic high-performance liquid chromatographic method for monitoring of ciprofloxacin photodegradation. *J Chromatogr A* 1995;697:397–405. [https://doi.org/10.1016/0021-9673\(94\)00831-S](https://doi.org/10.1016/0021-9673(94)00831-S).
- [58] Torniaainen K, Tammilehto S, Ulvib V. The effect of pH, buffer type and drug concentration on the photodegradation of ciprofloxacin. *Int J Pharm* 1996;132:53–61.
- [59] Bairros A de V. Evaluation of the influence of fluoroquinolone chemical structure on stability: forced degradation and in silico studies. *Brazilian J Pharm Sci* 2018;54.
- [60] Vasconcelos TG, Henriques D, König A, Martins A, Kümmerer K. Photodegradation of the antimicrobial ciprofloxacin at high pH: Identification and biodegradability assessment of the primary by-products. *Chemosphere* 2009;76:487–93.
- [61] Czyrski A, Anusiak K, Teżyk A. The degradation of levofloxacin in infusions exposed to daylight with an identification of a degradation product with HPLC-MS. *Sci Rep* 2019;9:1–7. <https://doi.org/10.1038/s41598-019-40201-9>.

- [62] Frąckowiak A, Kamiński B, Urbaniak B, Dereziński P, Klupczyńska A, Darul-Duszkiewicz M, et al. A study of ofloxacin and levofloxacin photostability in aqueous solutions. *J Med Sci* 2016;85:238–44. <https://doi.org/10.20883/JMS.2016.178>.
- [63] Michalska K, Pajchel G, Tyski S. Determination of ciprofloxacin and its impurities by capillary zone electrophoresis. *J Chromatogr A* 2004;1051:267–72. <https://doi.org/10.1016/J.CHROMA.2004.04.048>.
- [64] Mirzaie Y, Lari J, Vahedi H, Hakimi M. Conventional and microwave-assisted synthesis of quinolone carboxylic acid derivatives. *Russian J Gen Chem* 2016 86:12 2017;86:2865–9. <https://doi.org/10.1134/S1070363216120525>.
- [65] de Witte B, Dewulf J, Demeestere K, van Langenhove H. Ozonation and advanced oxidation by the peroxone process of ciprofloxacin in water. *J Hazard Mater* 2009;161:701–8. <https://doi.org/10.1016/J.JHAZMAT.2008.04.021>.
- [66] Bergan T, Thorsteinsson SB, Rohwedder R, Scholl H. Elimination of Ciprofloxacin and Three Major Metabolites and Consequences of Reduced Renal Function. *Chemotherapy* 1989;35:393–405. <https://doi.org/10.1159/000238702>.
- [67] Wang H, Hu C, Liu L, Xing X. Interaction of ciprofloxacin chlorination products with bacteria in drinking water distribution systems. *J Hazard Mater* 2017;339:174–81. <https://doi.org/10.1016/J.JHAZMAT.2017.06.033>.
- [68] Mirzaie Y, Lari J, Vahedi H, Hakimi M, Nakhaei A, Rezaeifard A. Fast and Green Method to Synthesis of Quinolone Carboxylic Acid Derivatives Using Giant-Ball Nanoporous Isopolyoxomolybdate as Highly Efficient Recyclable Catalyst in Refluxing Water. *J Mex Chem Soc* 2017;1:35-40.
- [69] Bonfiglio G, Cascone C, Azzarelli C, Cafiso V, Marchetti F, Stefani S. Levofloxacin in vitro activity and time–kill evaluation of *Stenotrophomonas maltophilia* clinical isolates. *J Antimicrob Chemother* 2000;45:115–7. <https://doi.org/10.1093/JAC/45.1.115>.
- [70] Wimer SM, Schoonover L, Garrison MW. Levofloxacin: a therapeutic review. *Clin Ther* 1998;20:1049–70. [https://doi.org/10.1016/S0149-2918\(98\)80104-5](https://doi.org/10.1016/S0149-2918(98)80104-5).
- [71] Hemeryck A, Mamidi RNVS, Bottacini M, Macpherson D, Kao M, Kelley MF. Pharmacokinetics, metabolism, excretion and plasma protein binding of 14C-

levofloxacin after a single oral administration in the Rhesus monkey. *Xenobiotica* 2008;36:597–613.

<https://doi.org/10.1080/00498250600674436>.

[72] Lalitha Devi M, Chandrasekhar KB. A Validated, Specific Stability-Indicating RP-LC Method for Moxifloxacin and Its Related Substances. *Chromatographia* 2009 69:9 2009;69:993–9.

<https://doi.org/10.1365/S10337-009-1061-8>.

[73] Wang Wei-Jian, Li Tao, Li Jun, Liu Qi, Xie Yuan-Chao. [HPLC-MS identification of degradation products of levofloxacin] - PubMed. *Yao Xue Xue Bao* 2012;47:498–501.

[74] Sudo K, Okazaki O, Tsumura M, Tachizawa H. Isolation and identification of metabolites of ofloxacin in rats, dogs and monkeys. *Xenobiotica* 2008;16:725–32.

<https://doi.org/10.3109/00498258609043563>.

[75] Wong F, Flor S. The Metabolism of Ofloxacin in Humans. *Drug Metab Disp* 1990;18:1103–5.

[76] Patent. Process for producing levofloxacin or a hydrate thereof 2005.

[77] Czyrski A. Analytical Methods for determining third and fourth generation Fluoroquinolones: A Review. *Chromatographia* 2017;2: 181-200.

[78] Meng F, Wang Y, Chen Z, Hu J, Lu G, Ma W. Synthesis of CQDs@FeOOH nanoneedles with abundant active edges for efficient electro-catalytic degradation of levofloxacin: Degradation mechanism and toxicity assessment. *Appl Catal B* 2021;282:119597.

<https://doi.org/10.1016/J.APCATB.2020.119597>.

[79] López-Iglesias M, Busto E, Gotor V, Gotor-Fernández V. Chemoenzymatic Asymmetric Synthesis of 1,4-Benzoxazine Derivatives: Application in the Synthesis of a Levofloxacin Precursor. *J Org Chem* 2015;80:3815–24.

https://doi.org/10.1021/ACS.JOC.5B00056/SUPPL_FILE/JO5B00056_SI_001.PDF.

[80] Satoh K, Inenaga M, Kanai K. Synthesis of a key intermediate of levofloxacin via enantioselective hydrogenation catalyzed by iridium(I) complexes. *Tetrahed Asym* 1998;9:2657–62.

[https://doi.org/10.1016/S0957-4166\(98\)00276-6](https://doi.org/10.1016/S0957-4166(98)00276-6).

[81] Miyadera A, Imura A. Enantioselective synthesis of a key intermediate of Levofloxacin using microbial resolution. *Tetrahed Asym* 1999;10:119–23.

[https://doi.org/10.1016/S0957-4166\(98\)00475-3](https://doi.org/10.1016/S0957-4166(98)00475-3).

- [82] Ming Liu, Ran Cen, Ji-Hong Lu, Tie-Hong Meng, Chun-Rong Li, Carl Redshaw, et al. Cucurbit[6]uril-based carbon dots for recognizing l -tryptophan and capecitabine. *Mater Chem Front* 2022.
<https://doi.org/10.1039/D2QM00589A>.
- [83] Djurdjevic P, Ciric A, Djurdjevic A, Stankov MJ. Optimization of separation and determination of moxifloxacin and its related substances by RP-HPLC. *J Pharm Biomed Anal* 2009;50:117–26.
<https://doi.org/10.1016/j.jpba.2009.03.029>.
- [84] al Omari MMH, Jaafari DS, Al-Sou'od KA, Badwan AA. Moxifloxacin Hydrochloride. *Profiles Drug Subst Excip Relat Methodol* 2014;39:299–431.
<https://doi.org/10.1016/B978-0-12-800173-8.00007-6>.
- [85] Daoud F, Pelzer D, Zuehlke S, Spittler M, Kayser O. Ozone pretreatment of process waste water generated in course of fluoroquinolone production. *Chemosphere* 2017;185:953–63.
<https://doi.org/10.1016/J.CHEMOSPHERE.2017.07.040>.
- [86] Wu CS, Jia ZX, Ning BM, Zhang JL, Wu S. Separation and identification of moxifloxacin impurities in drug substance by high-performance liquid chromatography coupled with ultraviolet detection and Fourier transform ion cyclotron resonance mass spectrometry. *Chinese Chem Lett* 2012;23:1185–8.
<https://doi.org/10.1016/J.CCLET.2012.09.001>.
- [87] Kumar YR, Prasad Raju VVNKV, Kumar RR, Eswaraiah S, Mukkanti K, Suryanarayana M v., et al. Structural identification and characterization of impurities in moxifloxacin. *J Pharm Biomed Anal* 2004;34:1125–9.
<https://doi.org/10.1016/J.JPBA.2003.11.012>.
- [88] Nageswara Rao R, Nagaraju V. Separation and determination of synthetic impurities of norfloxacin by reversed-phase high performance liquid chromatography. *J Pharm Biomed Anal* 2004;34:1049–56.
<https://doi.org/10.1016/J.JPBA.2003.11.009>.
- [89] Kotovskaya S. Improved method for the synthesis of norfloxacin. *Pharm Chem J* 1996;30:540.
- [90] Kalkote UR, Sathe VT, Kharul RK, Chavan SP, Ravindranathan T. Quinolone antibiotics: Study of reactivity and impurity profile of piperazine with chloro-fluoro-quinolone carboxylic acid in aqueous medium. *Tetrahedron Lett* 1996;37:6785–6.
[https://doi.org/10.1016/S0040-4039\(96\)01477-3](https://doi.org/10.1016/S0040-4039(96)01477-3).

- [91] Jackson A, Meth-Cohn O. A new short and efficient strategy for the synthesis of quinolone antibiotics. *J Chem Soc Chem Commun* 1995:1319–1319.
<https://doi.org/10.1039/C39950001319>.
- [92] Mielji B, Popovi G, Agbaba D, Markovi S, Simonovska B, Vovk I. Column High-Performance Liquid Chromatographic Determination of Norfloxacin and Its Main Impurities in Pharmaceuticals. *J AOAC Int* 2008;91:332-338(7).
- [93] Al-Deeb OA, Abdel-Moety EM, Abounassif MA, Alzaben SR. Photochemical stability of norfloxacin in solutions, bulk form and tablets. *Boll Chim Farm* 1996;135:397–400.
- [94] Alnajjar A, Idris AM, AbuSeada HH. Development of a stability-indicating capillary electrophoresis method for norfloxacin and its inactive decarboxylated degradant. *Microchem J* 2007;87:35–40.
<https://doi.org/10.1016/J.MICROC.2007.05.001>.
- [95] el Khateeb SZ, Abdel Razeq SA, Amer MM. Stability-indicating methods for the spectrophotometric determination of norfloxacin. *J Pharm Biomed Anal* 1998;17:829–40.
[https://doi.org/10.1016/S0731-7085\(97\)00271-9](https://doi.org/10.1016/S0731-7085(97)00271-9).
- [96] Hubicka U, Krzek J, Walczak M. Stability of ciprofloxacin and norfloxacin in the presence and absence of metal ions in acidic solution. *Pharm Dev Technol* 2010;15:532–44.
<https://doi.org/10.3109/10837450903338379>.
- [97] Córdoba-Borrego M, Córdoba-Díaz M, Córdoba-Díaz D. Validation of a high-performance liquid chromatographic method for the determination of norfloxacin and its application to stability studies (photo-stability study of norfloxacin). *J Pharm Biomed Anal* 1999;18:919–26.
[https://doi.org/10.1016/S0731-7085\(98\)00037-5](https://doi.org/10.1016/S0731-7085(98)00037-5).
- [98] Zivanovic L, Zigic G, Zecevic M. Investigation of chromatographic conditions for the separation of ofloxacin and its degradation products. *J Chromatogr A* 2006;1119:224–30.
<https://doi.org/10.1016/J.CHROMA.2006.02.029>.
- [99] Reddy BV, Kumar AP, Reddy GVR, Sahai M, Sreeramulu J, Park JH. Stability Indicating Reversed-Phase High Performance Liquid Chromatography Method for Determination of Impurities in Ofloxacin Tablet Formulations. *Anal Lett* 2010;43:2653–62.
<https://doi.org/10.1080/00032711003731423>.

- [100] T Sponza D, Koyuncuoglu P. Photodegradation of ciprofloxacin and ofloxacin antibiotics and their photo-metabolites with sunlight. *Clin Microbiol Infect Dis* 2019;4. <https://doi.org/10.15761/CMID.1000149>.
- [101] Krol GJ, Beck GW, Benham T. HPLC analysis of ciprofloxacin and ciprofloxacin metabolites in body fluids. *J Pharm Biomed Anal* 1995;14:181–90. [https://doi.org/10.1016/0731-7085\(95\)01611-2](https://doi.org/10.1016/0731-7085(95)01611-2).
- [102] Imre S, Dogaru MT, Vari CE, Muntean T, Kelemen L. Validation of an HPLC method for the determination of ciprofloxacin in human plasma. *J Pharm Biomed Anal* 2003;33:125–30. [https://doi.org/10.1016/S0731-7085\(03\)00151-1](https://doi.org/10.1016/S0731-7085(03)00151-1).
- [103] Gorla N, Chiostri E, Ugnia L, Weyers A, Giacomelli N, Davicino R, et al. HPLC residues of enrofloxacin and ciprofloxacin in eggs of laying hens. *Int J Antimicrob Agents* 1997;8:253–6. [https://doi.org/10.1016/S0924-8579\(97\)00018-6](https://doi.org/10.1016/S0924-8579(97)00018-6).
- [104] Kamberi M, Tsutsumi K, Kotegawa T, Nakamura K, Nakano S. Determination of ciprofloxacin in plasma and urine by HPLC with ultraviolet detection. *Clin Chem* 1998;44:1251–5. <https://doi.org/10.1093/CLINCHEM/44.6.1251>.
- [105] Vybiralová Z, Nobilis M, Zoulova J, Květina J, Petr P. High-performance liquid chromatographic determination of ciprofloxacin in plasma samples. *J Pharm Biomed Anal* 2005;37:851–8. <https://doi.org/10.1016/j.jpba.2004.09.034>.
- [106] J.B. Beldena, b, J.D. Maula MJL. Partitioning and photodegradation of ciprofloxacin in aqueous systems in the presence of organic matter. *Chemosphere* 2007;66:1390–1395.
- [107] Ba BB, Ducint D, Fourtillan M, Saux MC. Fully automated high-performance liquid chromatography of ciprofloxacin with direct injection of plasma and Mueller-Hinton broth for pharmacokinetic/pharmacodynamic studies. *J Chromatogr B Biomed Appl* 1998;714:317–24. [https://doi.org/10.1016/S0378-4347\(98\)00192-3](https://doi.org/10.1016/S0378-4347(98)00192-3).
- [108] Basci NE, Bozkurt A, Kalayci D, Kayaalp SO. Rapid liquid chromatographic assay of ciprofloxacin in human aqueous humor. *J Pharm Biomed Anal* 1996;14:353–6. [https://doi.org/10.1016/0731-7085\(95\)01614-7](https://doi.org/10.1016/0731-7085(95)01614-7).

- [109] Wu SS, Chein CY, Wen YH. Analysis of ciprofloxacin by a simple high-performance liquid chromatography method. *J Chromatogr Sci* 2008;46:490–5. <https://doi.org/10.1093/CHROMSCI/46.6.490>.
- [110] Faouzi MA, Dine T, Luyckx M, Goudaliez F, Mallevais ML, Brunet C, et al. Stability and compatibility studies of pefloxacin, ofloxacin and ciprofloxacin with PVC infusion bags. *Int J Pharm* 1993;89:125–31.
- [111] Chamseddin C, Jira T. Comparison of the chromatographic behavior of levofloxacin, ciprofloxacin and moxifloxacin on various HPLC phases. *Pharmazie* 2011;66:244–8. <https://doi.org/10.1691/ph.2011.0314>.
- [112] Kamberi M, Hajime N, Kamberi P, Uemura N, Nakamura K, Nakano S. Simultaneous Determination of Grepafloxacin, Ciprofloxacin, and Theophylline in Human Plasma and Urine by HPLC. *Ther Drug Monit* 1999;21:335.
- [113] Espinosa-Mansilla A, Muñoz de la Peña A, González Gómez D, Cañada-Cañada F. HPLC determination of ciprofloxacin, cloxacillin, and ibuprofen drugs in human urine samples. *J Sep Sci* 2006;29:1969–76. <https://doi.org/10.1002/JSSC.200600126>.
- [114] Kassab NM, Singh AK, Kedor-Hackmam ERM, Santoro MIRM. Quantitative determination of ciprofloxacin and norfloxacin in pharmaceutical preparations by high performance liquid chromatography. *Revista Brasileira de Ciencias Farmaceuticas/ Brazilian J Pharm Sci* 2005;41:507–13. <https://doi.org/10.1590/S1516-93322005000400014>.
- [115] Zotou A, Miltiadou N. Sensitive LC determination of ciprofloxacin in pharmaceutical preparations and biological fluids with fluorescence detection. *J Pharm Biomed Anal* 2002;28:559–68. [https://doi.org/10.1016/S0731-7085\(01\)00689-6](https://doi.org/10.1016/S0731-7085(01)00689-6).
- [116] Garcia MA, Solans C, Aramayona JJ, Rueda S, Bregante MA, de Jong A. Simultaneous determination of enrofloxacin and its primary metabolite, ciprofloxacin, in plasma by HPLC with fluorescence detection. *Biomed Chromatogr* 1999;13:350–3. [https://doi.org/10.1002/\(SICI\)1099-0801\(199908\)13:5<350::AID-BMC889>3.0.CO;2-C](https://doi.org/10.1002/(SICI)1099-0801(199908)13:5<350::AID-BMC889>3.0.CO;2-C).
- [117] Vallée F, LeBel M, Bergeron MG. Determination of Ciprofloxacin in Biological Samples by Reversed-Phase High Performance Liquid Chromatography. *Ther Drug Monit* 1986;3:340-45.

http://journals.lww.com/drug-monitoring/Abstract/1986/09000/Determination_of_Ciprofloxacin_in_Biological.18.aspx (accessed July 10, 2015).

[118] Sunderland J, Lovering AM, Tobin CM, MacGowan AP, Roe JM, Delsol AA. A reverse-phase HPLC assay for the simultaneous determination of enrofloxacin and ciprofloxacin in pig faeces. *Int J Antimicrob Agents* 2004;23:390–3. <https://doi.org/10.1016/j.ijantimicag.2003.07.014>.

[119] Joos B, Ledergerber B, Flepp M, Bettex JD, Lüthy R, Siegenthaler W. Comparison of high-pressure liquid chromatography and bioassay for determination of ciprofloxacin in serum and urine. *Antimicrob Agents Chemother* 1985;27:353–6. <https://doi.org/10.1128/AAC.27.3.353>.

[120] Sowinski KM, Kays MB. Determination of ciprofloxacin concentrations in human serum and urine by HPLC with ultraviolet and fluorescence detection. *J Clin Pharm Ther* 2004;29:381–7. <https://doi.org/10.1111/J.1365-2710.2004.00575.X>.

[121] Morton SJ, Shull VH, Dick JD. Determination of norfloxacin and ciprofloxacin concentrations in serum and urine by high-pressure liquid chromatography. *Antimicrob Agents Chemother* 1986;30:325–7. <https://doi.org/10.1128/AAC.30.2.325>.

[122] Amini M, Khanavi M, Shafiee A. Simple High-Performance Liquid Chromatographic Method for Determination of Ciprofloxacin in Human Plasma. *Iranian J Pharm Res* 2010;0:99–101. <https://doi.org/10.22037/IJPR.2010.583>.

[123] Groeneveld AJ, Brouwers JR. Quantitative determination of ofloxacin, ciprofloxacin, norfloxacin and pefloxacin in serum by high pressure liquid chromatography. *Pharm Weekbl Sci* 1986;8:79–84.

[124] Vishnuraj AR, Gurupadayya BM, Kathirvel S. Stability Indicating Analytical Method Development and Validation of Ciprofloxacin By RP-HPLC with Fluorescence Detector. *Int J Pharm Qual Assur* 2021;12:51–6. <https://doi.org/10.25258/ijpqa.12.1.8>.

[125] Lacroix PM, Curran NM, Sears RW. High-pressure liquid chromatographic methods for ciprofloxacin hydrochloride and related compounds in raw materials. *J Pharm Biomed Anal* 1996;14:641–54. [https://doi.org/10.1016/0731-7085\(95\)01667-8](https://doi.org/10.1016/0731-7085(95)01667-8).

- [126] Samanidou VF, Demetriou CE, Papadoyannis IN. Direct determination of four fluoroquinolones, enoxacin, norfloxacin, ofloxacin, and ciprofloxacin, in pharmaceuticals and blood serum by HPLC. *Anal Bioanal Chem* 2003 375:5 2003;375:623–9. <https://doi.org/10.1007/S00216-003-1749-9>.
- [127] Talha Usmani M, Harris Shoaib M, Siddiqui F, Rafiq Ahmed F, Pharm Sci PJ, Jabeen S, et al. Modification and validation of liquid chromatographic method for the quantification of ciprofloxacin in human plasma and its application to a bioavailability study. *Pak J Pharm Sci* 2021;34:767–72. <https://doi.org/10.36721/PJPS.2021.34.2.SUP.767-772.1>.
- [128] Singh R, Maithani M, Saraf SK, Saraf S, Gupta RC. Simultaneous Estimation of Ciprofloxacin, Ofloxacin, Tinidazole and Ornidazole by Reverse Phase-High Performance Liquid Chromatography. *Eurasian J Anal Chem* 2009;4:161–7.
- [129] Maya MT, Gonçalves NJ, Silva NB, Morais JA. Simple high-performance liquid chromatographic assay for the determination of ciprofloxacin in human plasma with ultraviolet detection. *J Chromatogr B Biomed Sci Appl* 2001;755:305–9. [https://doi.org/10.1016/S0378-4347\(01\)00126-8](https://doi.org/10.1016/S0378-4347(01)00126-8).
- [130] Watabe S, Yokoyama Y, Nakazawa K, Shinozaki K, Hiraoka R, Takeshita K SY. Simultaneous measurement of pazufloxacin, ciprofloxacin, and levofloxacin in human serum by high-performance liquid chromatography with fluorescence detection. *J Chromatogr B* 2010;878:1555–1561.
- [131] Tarbin J, Tyler D, Shearer G. Analysis of enrofloxacin and its metabolite ciprofloxacin in bovine and porcine muscle by high-performance liquid chromatography following cation exchange clean-up. *Food Addit Contam* 1992;9:345–50.
- [132] Swamy Damerakonda K, Bindu MH. A novel validated stability indicating simultaneous estimation of ciprofloxacin and ornidazole by reverse phase high pressure liquid chromatography. *Int J Pharm Biol Sci* 2015;5:2230–7605.
- [133] Yıldırım S, Karakoç HN, Yaşar A, Köksal İ. Determination of levofloxacin, ciprofloxacin, moxifloxacin and gemifloxacin in urine and plasma by HPLC–FLD–DAD using pentafluorophenyl core–shell column: Application to drug monitoring. *Biomed Chromatogr* 2020;34:e4925. <https://doi.org/10.1002/bmc.4925>.
- [134] Dincel A, Yildirim A, Caglayan F, Bozkurt A. Determination of ciprofloxacin in human gingival crevicular fluid by high-performance liquid chromatography. *Acta Chromatogr* 2005;15:308–14.
- [135] de Smet J, Boussery K, Colpaert K, de Sutter P, de Paepe P, Decruyenaere J. Pharmacokinetics of fluoroquinolones in critical care patients: A bio-analytical HPLC method for the simultaneous quantification of ofloxacin, ciprofloxacin and

- moxifloxacin in human plasma. *J Chromatogr B* 2009;877:961–7.
<https://doi.org/10.1016/J.JCHROMB.2009.02.039>.
- [136] Liang H, Kays MB, Sowinski KM. Separation of levofloxacin, ciprofloxacin, gatifloxacin, moxifloxacin, trovafloxacin and cinoxacin by high-performance liquid chromatography: application to levofloxacin determination in human plasma. *J Chromatogr B* 2002;772:53–63.
[https://doi.org/10.1016/S1570-0232\(02\)00046-6](https://doi.org/10.1016/S1570-0232(02)00046-6).
- [137] Zheng Y, Wang Z, Lui G, Hirt D, Treluyer JM, Benaboud S, et al. Simultaneous quantification of levofloxacin, pefloxacin, ciprofloxacin and moxifloxacin in microvolumes of human plasma using high-performance liquid chromatography with ultraviolet detection. *Biomed Chromatogr* 2019;33.
<https://doi.org/10.1002/bmc.4506>.
- [138] Muchohi SN, Thuo N, Karisa J, Muturi A, Kokwaro GO, Maitland K. Determination of ciprofloxacin in human plasma using high-performance liquid chromatography coupled with fluorescence detection: Application to a population pharmacokinetics study in children with severe malnutrition. *J Chromatogr B Analyt Technol Biomed Life Sci* 2011;879:146–52.
<https://doi.org/10.1016/j.jchromb.2010.11.032>.
- [139] Llopis B, Funck-Brentano C, Tissot N, Bleibtreu A, Jaureguiberry S, Fourniols E, et al. Development and validation of a UPLC-MS/MS method for simultaneous quantification of levofloxacin, ciprofloxacin, moxifloxacin and rifampicin in human plasma: Application to the therapeutic drug monitoring in osteoarticular infections. *J Pharm Biomed Anal* 2020;183:113137.
<https://doi.org/10.1016/J.JPBA.2020.113137>.
- [140] C. L. Cazedey E, Othman A, Garg S, R. N. Salgado H. A Validated Stability-Indicating LC Method for Orbifloxacin in the Presence of Degradation Products. *Curr Pharm Anal* 2011;7:176–81.
<https://doi.org/10.2174/157341211796353264>.
- [141] Yorke JC, Froc P. Quantitation of nine quinolones in chicken tissues by high-performance liquid chromatography with fluorescence detection. *J Chromatogr A* 2000;882:63–77.
[https://doi.org/10.1016/S0021-9673\(00\)00165-5](https://doi.org/10.1016/S0021-9673(00)00165-5).
- [142] Iqbal Z, Khan A, Khan MI, Khan GM. The Development and Validation of HPLC-UV analysis method for Ciprofloxacin in serum and aqueous humour. *Arch Pharm Practice* 2011;2:116–22.

- [143] Jehl F, Gallion C, Debs J, Brogard JM, Monteil H, Minck R. High-performance liquid chromatographic method for determination of ciprofloxacin in biological fluids. *J Chromatogr B Biomed Sci Appl* 1985;339:347–57.
[https://doi.org/10.1016/S0378-4347\(00\)84662-9](https://doi.org/10.1016/S0378-4347(00)84662-9).
- [144] Brogard JM, Jehl F, Monteil H, Adloff M, Blicke JF, Levy P. Comparison of high-pressure liquid chromatography and microbiological assay for the determination of biliary elimination of ciprofloxacin in humans. *Antimicrob Agents Chemother* 1985;28:311–4.
<https://doi.org/10.1128/AAC.28.2.311>.
- [145] Wright DH, Herman VK, Konstantinides FN, Rotschafer JC. Determination of quinolone antibiotics in growth media by reversed-phase high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1998;709:97–104.
[https://doi.org/10.1016/S0378-4347\(98\)00006-1](https://doi.org/10.1016/S0378-4347(98)00006-1).
- [146] Weber A, Chaffin D, Smith A, Opheim KE. Quantitation of ciprofloxacin in body fluids by high-pressure liquid chromatography. *Antimicrob Agents Chemother* 1985;27:531–4.
<https://doi.org/10.1128/AAC.27.4.531>.
- [147] Wingender W, Graefe KH, Gau W, Förster D, Beermann D, Schacht P. Pharmacokinetics of ciprofloxacin after oral and intravenous administration in healthy volunteers. *Eu J Clin Microbiol* 1984 3:4 1984;3:355–9.
<https://doi.org/10.1007/BF01977494>.
- [148] Lode H, Höffken G, Prinzing C, Glatzel P, Wiley R. Liquid Chromatographic Determination of Ciprofloxacin and some Metabolites in Human Body Fluids. *Clin Chem Lab Med* 1986;24:325–32.
<https://doi.org/10.1515/CCLM.1986.24.5.325/MACHINEREADABLECITATION/RIS>.
- [149] Gau W, Ploschke HJ, Schmidt K, Weber B. Determination of Ciprofloxacin (Bayo 9867) in Biological Fluids by High-Performance Liquid Chromatography. *J Liq Chromatogr* 2006;8:485–97.
<https://doi.org/10.1080/01483918508067095>.
- [150] Nix DE, de Vito JM, Schentag JJ. Liquid-chromatographic determination of ciprofloxacin in serum and urine. *Clin Chem* 1985;31:684–6.
<https://doi.org/10.1093/CLINCHEM/31.5.684>.
- [151] El-Yazigi A, Al-Rawithy S. A direct liquid chromatographic quantitation of ciprofloxacin in microsamples of plasma with fluorometric detection. *Ther Drug Monit* 1990;12:378–81.
<https://doi.org/10.1097/00007691-199007000-00014>.

- [152] Mehta AC, Hart-Davies S, Kay EA. High-performance liquid chromatographic determination of ciprofloxacin in plasma. *J Clin Pharm Ther* 1992;17:117–20.
<https://doi.org/10.1111/J.1365-2710.1992.TB01278.X>.
- [153] Fasching CE, Peterson LR. High Pressure Liquid Chromatography of (Bay o 9867) Ciprofloxacin in Serum Samples. *J Liq Chromatogr* 2006;8:555–62.
<https://doi.org/10.1080/01483918508067101>.
- [154] Myers CM, Blumer JL. High-performance liquid chromatography of ciprofloxacin and its metabolites in serum, urine and sputum. *J Chromatogr B Biomed Sci Appl* 1987;422:153–64.
[https://doi.org/10.1016/0378-4347\(87\)80448-6](https://doi.org/10.1016/0378-4347(87)80448-6).
- [155] Awni WM, Clarkson J, Guay DRP. Determination of ciprofloxacin and its 7-ethylenediamine metabolite in human serum and urine by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1987;419:414–20.
[https://doi.org/10.1016/0378-4347\(87\)80309-2](https://doi.org/10.1016/0378-4347(87)80309-2).
- [156] Chan CY, Lam AW, French GL. Rapid HPLC assay of fluoroquinolones in clinical specimens. *Journal of Antimicrobial Chemotherapy* 1989;23:597–604.
<https://doi.org/10.1093/JAC/23.4.597>.
- [157] Griggs DJ, Wise R. A simple isocratic high-pressure liquid chromatographic assay of quinolones in serum. *J Antimicrob Chemother* 1989;24:437–45.
<https://doi.org/10.1093/JAC/24.3.437>.
- [158] Krol GJ, Noe AJ, Beermann D. Liquid Chromatographic Analysis of Ciprofloxacin and Ciprofloxacin Metabolites in Body Fluids. *J Liq Chromatogr* 1986;9:2897–919.
<https://doi.org/10.1080/01483918608074158>.
- [159] Schönfeld W, Knöller J, Bremm KD, Dahlhoff A, Weber B, König W. Determination of Ciprofloxacin, Norfloxacin, and Ofloxacin by High Performance Liquid Chromatography. *Zentralbl Bakteriol Mikrobiol Hyg A* 1986;261:338–44.
[https://doi.org/10.1016/S0176-6724\(86\)80051-7](https://doi.org/10.1016/S0176-6724(86)80051-7).
- [160] Nilsson-Ehle I. Assay of ciprofloxacin and norfloxacin in serum and urine by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1987;416:207–11.
[https://doi.org/10.1016/0378-4347\(87\)80504-2](https://doi.org/10.1016/0378-4347(87)80504-2).
- [161] Holtzapple CK, Buckley SA, Stanker LH. Determination of fluoroquinolones in serum using an on-line clean-up column coupled to high-performance immunoaffinity–

reversed-phase liquid chromatography. *J Chromatogr B Biomed Sci Appl* 2001;754:1–9.
[https://doi.org/10.1016/S0378-4347\(00\)00575-2](https://doi.org/10.1016/S0378-4347(00)00575-2).

[162] Schneider MJ, Donoghue DJ. Multiresidue determination of fluoroquinolone antibiotics in eggs using liquid chromatography–fluorescence–mass spectrometry. *Anal Chim Acta* 2003;483:39–49.
[https://doi.org/10.1016/S0003-2670\(02\)01378-8](https://doi.org/10.1016/S0003-2670(02)01378-8).

[163] Schneider MJ, Donoghue DJ. Multiresidue analysis of fluoroquinolone antibiotics in chicken tissue using liquid chromatography-fluorescence-multiple mass spectrometry. *Journal of Chromatography B* 2002;780:83–92.
[https://doi.org/10.1016/S1570-0232\(02\)00437-3](https://doi.org/10.1016/S1570-0232(02)00437-3).

[164] Ramos M, Aranda A, Garcia E, Reuvers T, Hooghuis H. Simple and sensitive determination of five quinolones in food by liquid chromatography with fluorescence detection. *J Chromatogr B* 2003;789:373–81. [https://doi.org/10.1016/S1570-0232\(03\)00212-5](https://doi.org/10.1016/S1570-0232(03)00212-5).

[165] Mueller B a., Brierton DG, Abel SR, Bowman L. Effect of enteral feeding with ensure on oral bioavailabilities of ofloxacin and ciprofloxacin. *Antimicrob Agents Chemother* 1994;38:2101–5.
<https://doi.org/10.1128/AAC.38.9.2101>.

[166] Granneman GR, Varga LL. High-performance liquid chromatographic procedures for the determination of temafloxacin in biological matrices. *J Chromatogr B Biomed Sci Appl* 1991;568:197–206.
[https://doi.org/10.1016/0378-4347\(91\)80353-E](https://doi.org/10.1016/0378-4347(91)80353-E).

[167] Hairui Liang, Michael B Kays KMS. Separation of levofloxacin, ciprofloxacin, gatifloxacin, moxifloxacin, trovafloxacin and cinoxacin by high-performance liquid chromatography: application to levofloxacin determination in human plasma. *J Chromatogr B* 2002;772:53–63.

[168] A. Czyski, Szalek E. An HPLC method for levofloxacin determination and its application in biomedical analysis. *J Anal Chem* 2016;71:840–843.

[169] Ahmad I, Bano R, Sheraz MA, Ahmed S, Mirza T, Ansari SA. Photodegradation of levofloxacin in aqueous and organic solvents: A kinetic study. *Acta Pharmaceutica* 2013;63:223–9.
<https://doi.org/10.2478/acph-2013-0011>.

[170] Santoro MIRM, Kassab NM, Singh AK, Kedor-Hackmam ERM. Quantitative determination of gatifloxacin, levofloxacin, lomefloxacin and pefloxacin fluoroquinolonic antibiotics in pharmaceutical preparations by high-performance liquid

- chromatography. *J Pharm Biomed Anal* 2006;40:179–84.
<https://doi.org/10.1016/J.JPBA.2005.06.018>.
- [171] Siewert S. Validation of a levofloxacin HPLC assay in plasma and dialysate for pharmacokinetic studies. *J Pharm Biomed Anal* 2006;41:1360–2.
<https://doi.org/10.1016/j.jpba.2006.02.010>.
- [172] Matos AC, Pinto R V, Bettencourt AF. Easy-Assessment of Levofloxacin and Minocycline in Relevant Biomimetic Media by HPLC–UV Analysis. *J Chromatogr Sci* 2017;55:757–65.
- [173] Tardif V, Lepage O, Friciu M, St-Jean I, Forest JM, Leclair G, et al. Stability assessment of levofloxacin in three different suspension vehicles. *J Pharm Pract Res* 2020;50:220–5. <https://doi.org/10.1002/JPPR.1620>.
- [174] Lakka NS, Goswami N. A novel isocratic RP-HPLC method development and validation for estimation of 5HMF in Levofloxacin Hemihydrate intravenous infusion. *Int J Res Pharm Sci* 2011;2:45–51.
- [175] HL VandenBussche, CE Johnson EF and JM. Stability of levofloxacin in an extemporaneously compounded oral liquid. *Am J Health-Syst Pharm* 1999;56:2316–8.
- [176] Williams NA, Bornstein M, Johnson K. Stability of levofloxacin in intravenous solutions in polyvinyl chloride bags. *American Journal of Health-System Pharmacy* 1996;53:2309–13.
<https://doi.org/10.1093/AJHP/53.19.2309>.
- [177] Spandana K, Rathnakar Ch, Bhavana K. Method Development and Validation for The Simultaneous Estimation of Levofloxacin and Cefpodoxime Proxetil by Using RP-HPLC in Combined Tablet Dosage Form. *Mat Sci Res India* 2014;11:67–73.
<https://doi.org/10.13005/MSRI/110109>.
- [178] Wang Q, Wang G, Xie S, Zhao X, Zhang Y. Comparison of high performance liquid chromatography and ultraviolet visible spectrophotometry to determine the best method to assess Levofloxacin released from mesoporous silica microspheres/nano hydroxyapatite composite scaffolds. *Exp Ther Med* 2019;17:2694–702.
<https://doi.org/10.3892/ETM.2019.7238>.
- [179] Manish Kumar T, Srikanth G, Venkateshwar Rao J, Sambasiva Rao KRS. Development and validation of HPLC-UV method for the estimation of levofloxacin in human plasma. *Int J Pharm Pharm Sci* 2011;3:247–50.
- [180] Naveed S, Sultana N, Saeed Arayne M, Dilshad H. A new HPLC method for the assay of levofloxacin and its application in drug-metal interaction studies. *J Sci and Innov Res* 2014;3:91–6.

- [181] Nguyen HA, Grellet J, Boubakar B, Quentin C, Saux M-C. Simultaneous determination of levofloxacin, gatifloxacin and moxifloxacin in serum by liquid chromatography with column switching. *J Chromatogr B* 2004;810:77–83.
- [182] Szerkus O, Jacyna J, Gibas A, Sieczkowski M, Siluk D, Matuszewski M, et al. Robust HPLC–MS/MS method for levofloxacin and ciprofloxacin determination in human prostate tissue. *J Pharm Biomed Anal* 2017;132:173–83.
<https://doi.org/10.1016/j.jpba.2016.10.008>.
- [183] Gupta H, Aqil M, Khar RK, Ali A, Chander P. A single reversed-phase UPLC method for quantification of levofloxacin in aqueous humour and pharmaceutical dosage forms. *J Chromatogr Sci* 2010;48:484–90.
<https://doi.org/10.1093/chromsci/48.6.484>.
- [184] Schulte S, Ackermann T, Bertram N, Sauerbruch T, Paar WD. Determination of the newer quinolones levofloxacin and moxifloxacin in plasma by high-performance liquid chromatography with fluorescence detection. *J Chromatogr Sci* 2006;44:205–8.
<https://doi.org/10.1093/chromsci/44.4.205>.
- [185] Sousa J, Alves G, Campos G, Fortuna A, Falcão A. First liquid chromatography method for the simultaneous determination of levofloxacin, pazufloxacin, gatifloxacin, moxifloxacin and trovafloxacin in human plasma. *J Chromatogr B* 2013;930:104–11.
- [186] Nemutlu E, Kir S, Özyüncü Ö, Beksaç MS. Simultaneous separation and determination of seven quinolones using HPLC: Analysis of levofloxacin and moxifloxacin in plasma and amniotic fluid. *Chromatographia* 2007;66.
<https://doi.org/10.1365/s10337-007-0292-9>.
- [187] Kothekar KM, Jayakar B, Khandhar AP, Mishra RK. Quantitative Determination of Levofloxacin and Ambroxol hydrochloride in Pharmaceutical Dosage Form by Reversed- Phase High Performance Liquid Chromatography. *Eurasian J Anal Chem* 2007;2:21–31.
- [188] Sun H, Wang H, Ge X. Simultaneous Determination of the Combined Drugs of Ceftriaxone Sodium, Metronidazole, and Levofloxacin in Human Urine by High-Performance Liquid Chromatography. *J Clin Lab Anal* 2012;26:486–92.
<https://doi.org/10.1002/jcla.21551>.
- [189] Zhou Z-L, Yang M, Yu X-Y, Peng H-Y, Shan Z-X, Chen S-Z, et al. A rapid and simple high-performance liquid chromatography method for the determination of human plasma levofloxacin concentration and its application to bioequivalence studies. *Biomed Chromatogr* 2007;21:1045–1051.
- [190] Nagaraj Y. Development of some new and sensitive analytical method for the estimation and validation of levofloxacin by reverse phase high performance liquid chromatography (RP-HPLC). *Int J Pharma Bio Sci* 2013;4:102–20.

- [191] Srinivas N, Narasu L, Shankar BP, Mullangi R. Development and validation of a HPLC method for simultaneous quantitation of gatifloxacin, sparfloxacin and moxifloxacin using levofloxacin as internal standard in human plasma: application to a clinical pharmacokinetic study. *Biomed Chromatogr* 2008;22:1288–95.
<https://doi.org/10.1002/BMC.1060>.
- [192] Lee SJ, Desta KT, Eum SY, Dartois V, Cho SN, Bae D-W, et al. Development and validation of LC-ESI-MS/MS method for analysis of moxifloxacin and levofloxacin in serum of multidrug-resistant tuberculosis patients: Potential application as therapeutic drug monitoring tool in medical diagnosis. *J Chromatogr B Analyt Technol Biomed Life Sci* 2016;1009–1010:138–43.
- [193] Sumithra M, Shanmugasundaram P, Ravichandran V. Quality by design-based optimization and validation of new reverse phase-high-performance liquid chromatography method for simultaneous estimation of levofloxacin hemihydrate and ambroxol hydrochloride in bulk and its pharmaceutical dosage form. *Asian J Pharm Clin Res* 2016;9:190–6.
<https://doi.org/10.22159/ajpcr.2016.v9s3.14040>.
- [194] Gülfen M, Canbaz Y, Özdemir A. Simultaneous Determination of Amoxicillin, Lansoprazole, and Levofloxacin in Pharmaceuticals by HPLC with UV–Vis Detector. *J Anal Test* 2020;4:45–53.
<https://doi.org/10.1007/s41664-020-00121-4>.
- [195] Arayne MS, Sultana N, Siddiqui FA. Optimization of levofloxacin analysis by RP-HPLC using multivariate calibration technique. *Pak J Pharm Sci* 2007;20:100–6.
- [196] Toker SE, Kızıllıçay GE, Sagırlı O. Determination of levofloxacin by HPLC with fluorescence detection in human breast milk. *Bioanalysis* 2021;13:1063–70.
<https://doi.org/10.4155/BIO-2021-0058>.
- [197] Ocaña González JA, Callejón Mochón M, Barragán De La Rosa FJ. Simultaneous Determination of Cefepime and the Quinolones Garenoxacin, Moxifloxacin and Levofloxacin in Human Urine by HPLC-UV. *Microchimica Acta* 2005 151:1 2005;151:39–45.
<https://doi.org/10.1007/S00604-005-0391-Y>.
- [198] Hurtado FK, Nogueira DR, Bortolini F, da Silva LM, Zimmermann E, Souza MJE, et al. Determination of levofloxacin in a pharmaceutical injectable formulation by using HPLC and UV spectrophotometric methods. *J Liq Chromatogr Relat Technol* 2007;30:1981–9.
<https://doi.org/10.1080/10826070701386629>.
- [199] Sheikh NW, Tripathi AS, Chitra V, Choudhury A, Dewani AP. Development and validation of RP-HPLC assay for levofloxacin in rat plasma and saliva: Application to

- pharmacokinetic studies. *Afr J Pharm Pharmacol* 2011;5:1612–8.
<https://doi.org/10.5897/AJPP11.001>.
- [200] Syed S, Pavani H. Validated Simultaneous Estimation and Development of Levofloxacin and Ornidazole by RP-HPLC Method. *Int J Pharm Clin Res* 2012;4:52-55.
- [201] Wong FA, Juzwin SJ, Flor SC. Rapid stereospecific high-performance liquid chromatographic determination of levofloxacin in human plasma and urine. *J Pharm Bio Anal* 1997;6:765-771.
- [202] Maharini I, Martien R, Nugroho AK, Supanji, Adhyatmika. RP-HPLC-UV validation method for levofloxacin hemihydrate estimation in the nano polymeric ocular preparation. *Arabian J Chem* 2022;15:103582.
<https://doi.org/10.1016/j.arabjc.2021.103582>.
- [203] Caufield W V, Stewart JT. Determination of zidovudine and levofloxacin in human plasma by reversed phase HPLC and solid phase extraction. *J Liq Chromatogr Relat Technol* 2002;25:1791–805.
<https://doi.org/10.1081/JLC-120005874>.
- [204] Sebaiy MM, El-shanawany AA, El-adl SM, Abdel-aziz LM, Hashem HA. Rapid RP-HPLC Method for Simultaneous Estimation of Norfloxacin and Tinidazole in Tablet Dosage Form. *Asian J Res Chem* 2011;1:79–84.
- [205] Subbaiah PR, Kumudhavalli M v, Saravanan C, Kumar M, Chandira RM. Method Development and Validation for estimation of Moxifloxacin HCl in tablet dosage form by RP-HPLC method. *Pharm Anal Acta* 2010;01:1–2.
<https://doi.org/10.4172/2153-2435.1000109>.
- [206] Boubakar B. Ba, Renaud Etienne, Dominique Ducint, Claudine Quentin, Marie-Claude Saux. Determination of moxifloxacin in growth media by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 2001;754:107–12.
- [207] Stass H, Dalhoff A. Determination of BAY 12-8039, a new 8-methoxyquinolone, in human body fluids by high-performance liquid chromatography with fluorescence detection using on-column focusing. *J Chromatogr B Biomed Sci Appl* 1997;702:163–74.
[https://doi.org/10.1016/S0378-4347\(97\)00371-X](https://doi.org/10.1016/S0378-4347(97)00371-X).
- [208] Müller M, Staß H, Brunner M, Möller JG, Lackner E, Eichler HG. Penetration of moxifloxacin into peripheral compartments in humans. *Antimicrob Agents Chemother* 1999;43:2345–9.
- [209] Wirtz M, Kleeff J, Swoboda S, Halaceli I, Geiss HK, Hoppe-Tichy T, et al. Moxifloxacin penetration into human gastrointestinal tissues. *Journal of Antimicrobial Chemotherapy* 2004;53:875–7.
<https://doi.org/10.1093/jac/dkh173>.

- [210] Ober MC, Hoppe-Tichy T, Köninger J, Schunter O, Sonntag HG, Weigand M. Tissue penetration of moxifloxacin into human gallbladder wall in patients with biliary tract infections. *J Antimicrob Chemother* 2009;64:1091–5.
<https://doi.org/10.1093/jac/dkp318>.
- [211] Tobin CM, Sunderland J, White LO, MacGowan AP, Reeves DS. An isocratic high performance liquid chromatography (HPLC) assay for moxifloxacin, a new 8-methoxyquinolone. *J Antimicrob Chemother* 1998;42:278–9.
<https://doi.org/10.1093/JAC/42.2.278>.
- [212] Sultana N, Arayne MS, Akhtar M, Shamim S. High-Performance Liquid Chromatography Assay for Moxifloxacin in Bulk , Pharmaceutical Formulations and Serum : Application to In-Vitro Metal Interactions. *J Chinese Chem Soc* 2010;57:1–10.
- [213] Djurdjevic P, Ciric A, Djurdjevic A, Stankov MJ. Optimization of separation and determination of moxifloxacin and its related substances by RP-HPLC. *J Pharm Biomed Anal* 2009;50:117–26.
<https://doi.org/10.1016/j.jpba.2009.03.029>.
- [214] Vishwanathan K, Bartlett MG, Stewart JT. Determination of moxifloxacin in human plasma by liquid chromatography electrospray ionization tandem mass spectrometry. *J Pharm Biomed Anal* 2002;30:961–8.
[https://doi.org/10.1016/S0731-7085\(02\)00393-X](https://doi.org/10.1016/S0731-7085(02)00393-X).
- [215] Lemoine T, Breilh D, Ducint D, Dubrez J, Jougon J, Velly JF, et al. Determination of moxifloxacin (BAY 12-8039) in plasma and lung tissue by high-performance liquid chromatography with ultraviolet detection using a fully automated extraction method with a new polymeric cartridge. *J Chromatogr B Biomed Sci Appl* 2000;742:247–54.
[https://doi.org/10.1016/S0378-4347\(00\)00166-3](https://doi.org/10.1016/S0378-4347(00)00166-3).
- [216] Aleksandra Laban-Djurdjevića, Milena Jelikić-Stankovb PD. Optimization and validation of the direct HPLC method for the determination of moxifloxacin in plasma. *J Chromatogr B* 2006;844:104–11.
- [217] Tatar US. High-performance liquid chromatography assay for moxifloxacin: Pharmacokinetics in human plasma. *J Pharm Biomed Anal* 2007;43:320–4.
<https://doi.org/10.1016/J.JPBA.2006.06.026>.
- [218] Baietto L, D’Avolio A, de Rosa FG, Garazzino S, Patanella S, Siccardi M, et al. Simultaneous quantification of linezolid, rifampicin, levofloxacin, and moxifloxacin in human plasma using high-performance liquid chromatography with UV. *Ther Drug Monit* 2009;31:104–9.
<https://doi.org/10.1097/FTD.0B013E31819476FA>.

- [219] Siefert HM, Domdey-Bette a., Henninger K, Hucke F, Kohlsdorfer C, Stass HH. Pharmacokinetics of the 8-methoxyquinolone, moxifloxacin: A comparison in humans and other mammalian species. *J Antimicrob Chemother* 1999;43:69–76.
https://doi.org/10.1093/jac/43.suppl_2.69.
- [220] Yin Z, Yi-nong C, Wen-fa C. Determination of moxifloxacin in serum by solid phase extraction HPLC. *Chinese J Hosp Pharm* 2007;27:481–3.
- [221] Kumar AKH, Sudha V, Srinivasan R, Ramachandran G. Simple and rapid liquid chromatography method for determination of moxifloxacin in saliva. *J Chromatogr B* 2011;879:3663–7.
<https://doi.org/10.1016/J.JCHROMB.2011.09.047>.
- [222] Kumar AKH, Ramachandran G. Simple and rapid liquid chromatography method for determination of moxifloxacin in plasma. *J Chromatogr B* 2009;877:1205–8.
- [223] Razzaq S, Khan I, Mariam I, Razzaq S. Stability indicating HPLC method for the simultaneous determination of moxifloxacin and prednisolone in pharmaceutical formulations. *Chem Cent J* 2012;6:94.
<https://doi.org/10.1186/1752-153X-6-94>.
- [224] Dewani AP, Barik BB, Kanungo SK, Wattyani BR, Chandewar A v. Development and Validation of RP-HPLC Method for the Determination of Moxifloxacin in Presence of Its Degradation Products. *American-Eurasian J Sci Res* 2011;6:192–200.
- [225] Dehui H, Jiangping Y. Determination of Moxifloxacin in Human Serum by RP-HPLC. *WwwCnkiComCn (Chinese Journal)* n.d.
- [226] Xu YH, Li D, Liu XY, Li YZ, Lu J. High performance liquid chromatography assay with ultraviolet detection for moxifloxacin: Validation and application to a pharmacokinetic study in Chinese volunteers. *J Chromatogr B* 2010;878:3437–41.
<https://doi.org/10.1016/J.JCHROMB.2010.10.024>.
- [227] Chan KP, Chu KO, Lai WW-K, Choy KW, Wang CC, Lam DS. Determination of ofloxacin and moxifloxacin and their penetration in human aqueous and vitreous humor by using high-performance liquid chromatography fluorescence detection. *Anal Biochem* 2006;353:30–6.
<https://doi.org/10.1016/j.ab.2006.03.016>.
- [228] Pranger AD, Alffenaar JWC, Wessels AMA, Greijdanus B, Uges DRA. Determination of Moxifloxacin in Human Plasma, Plasma Ultrafiltrate, and Cerebrospinal Fluid by a Rapid and Simple Liquid Chromatography-Tandem Mass

- Spectrometry Method. *J Anal Toxicol* 2010;34:135–41.
<https://doi.org/10.1093/JAT/34.3.135>.
- [229] Ibrahim FA, Elmansi H, Fathy ME. Green RP-HPLC method for simultaneous determination of moxifloxacin combinations: Investigation of the greenness for the proposed method. *Microchem J* 2019;148:151–61.
<https://doi.org/10.1016/J.MICROC.2019.04.074>.
- [230] Czyrski A, Sokół A, Szałek E. HPLC method for determination of moxifloxacin in plasma and its application in pharmacokinetic analysis. *J Liq Chromatogr Rel Technol* 2017;40:8–12.
<https://doi.org/10.1080/10826076.2017.1280680>.
- [231] Kalariya PD, Namdev D, Srinivas R, Gananadhamu S. Application of experimental design and response surface technique for selecting the optimum RP-HPLC conditions for the determination of moxifloxacin HCl and ketorolac tromethamine in eye drops. *J Saudi Chem Soc* 2017;21:S373–82.
<https://doi.org/10.1016/J.JSCS.2014.04.004>.
- [232] Cavazos-Rocha N, Carmona-Alvarado I, Vera-Cabrera L, Waksman-De-torres N, de La Luz Salazar-Cavazos M. HPLC Method for the Simultaneous Analysis of Fluoroquinolones and Oxazolidinones in Plasma. *J Chromatogr Sci* 2014;52:1281–7.
<https://doi.org/10.1093/CHROMSCI/BMU002>.
- [233] Wang L, Xu Y, Liang L, Diao C, Liu X, Zhang J. LC–MS/MS method for the simultaneous determination of PA-824, moxifloxacin and pyrazinamide in rat plasma and its application to pharmacokinetic study. *J Pharm Biomed Anal* 2014;97:1–8.
<https://doi.org/10.1016/J.JPBA.2014.03.046>.
- [234] Vu DH, Koster RA, Alffenaar JWC, Brouwers JRBJ, Uges DRA. Determination of moxifloxacin in dried blood spots using LC–MS/MS and the impact of the hematocrit and blood volume. *J Chromatogr B* 2011;879:1063–70.
<https://doi.org/10.1016/J.JCHROMB.2011.03.017>.
- [235] Katakam P, Prakash K, Sireesha Jain KR. Liquid Chromatographic Method for Determination of Moxifloxacin and Dexamethasone Sodium Phosphate in Eye Drops. *Eurasian J Anal Chem* 2012;7:1–7.
- [236] Abdelaziz AA, Elbanna TE, Gamaleldeen NM. Validated microbiological and hplc methods for the determination of moxifloxacin in pharmaceutical preparations and human plasma. *Brazilian J Microbiol* 2012:1291–301.
- [237] Guerra FLB, Paim CS, Steppe M, Schapoval EES. Biological Assay and Liquid Chromatographic Method for Analysis of Moxifloxacin in Tablets. *J AOAC Int* 2005;88:1086–92.
<https://doi.org/10.1093/JAOAC/88.4.1086>.

- [238] Paal M, Zoller M, Schuster C, Vogeser M, Schütze G. Simultaneous quantification of cefepime, meropenem, ciprofloxacin, moxifloxacin, linezolid and piperacillin in human serum using an isotope-dilution HPLC–MS/MS method. *J Pharm Biomed Anal* 2018;152:102–10.
<https://doi.org/10.1016/J.JPBA.2018.01.031>.
- [239] Sultana N, Akhtar M, Shamim S, Gul S, Arayne MS. Simultaneous determination of moxifloxacin and H2 receptor antagonist in pharmaceutical dosage formulations by RP-HPLC: application to in vitro drug interactions. *Quim Nova* 2011;34:683–8.
<https://doi.org/10.1590/S0100-40422011000400022>.
- [240] Patel D, Patel M, Patel K. Simultaneous RP-HPLC Estimation of Moxifloxacin Hydrochloride and Ketorolac Tromethamine in Ophthalmic Dosage Forms. *Asian J Res Chem* 2012;5:698–700.
- [241] Wang N, Zhu L, Zhao X, Yang W, Sun H, Alkondon M, et al. Improved HPLC Method for the Determination of Moxifloxacin in Application to a Pharmacokinetics Study in Patients with Infectious Diseases. *Corporation ISRN Pharmacology* 2013;2013.
<https://doi.org/10.1155/2013/462918>.
- [242] Wichitnithad W, Kiatkumjorn T, Jithavech P, Thanawattanawanich P, Ratnatilaka Na Bhuket P, Rojsitthisak P. A simple and sensitive HPLC-fluorescence method for the determination of moxifloxacin in human plasma and its application in a pharmacokinetic study. *Pharmazie* 2018;73:625–9.
<https://doi.org/10.1691/PH.2018.8148>.
- [243] Momin MAM, Rangnekar B, Das SC. Development and validation of a RP-HPLC method for simultaneous quantification of bedaquiline (TMC207), moxifloxacin and pyrazinamide in a pharmaceutical powder formulation for inhalation. *J Liq Chromatogr Relat Technol* 2018;41:415–21.
<https://doi.org/10.1080/10826076.2018.1437748>.
- [244] Devika GS, Sudhakar M, Rao VJ. Simultaneous Estimation of Cefixime and Moxifloxacin in Bulk and its Pharmaceutical Dosage form by RP-HPLC. *Oriental J Chem* 2012;28:1743–50.
- [245] Sher M, Ajaz Hussain M, Ashraf Shaheen M. Bioequivalence of two oral formulations of moxifloxacin and its analytical study by HPLC-UV method. *Pak J Sci* 2010;62:84–8.

- [246] Patwari A, Gul S, Dabhi MJ, Patwari AH, Desai H, Doshi B. Simultaneous Determination of Moxifloxacin Hydrochloride and Dexamethasone Sodium Phosphate in Eye Drops by HPLC. *J Chem Pharm Res* 2012;4:4462–7.
- [247] Phani Sekhar Reddy G, Navyasree KS, Jagadish PC, Bhat K. Analytical Method Development and Validation for HPLC-ECD Determination of Moxifloxacin in Marketed Formulations. *Pharm Chem J* 2018 52:7 2018;52:674–9.
<https://doi.org/10.1007/S11094-018-1879-1>.
- [248] Shahzad A, Arshad S, Zubair F, Shahzad S, Batool F, Fu Q. Development and Validation of Facile RP-HPLC Method for Simultaneous Determination of Timolol Maleate, Moxifloxacin Hydrochloride, Diclofenac Sodium and Dexamethasone in Plasma, Aqueous Humor and Pharmaceutical Products. *J Chromatogr Sci* 2022.
<https://doi.org/10.1093/CHROMSCI/BMAC057>.
- [249] Dhupal DM, Shirkhedkar AA, Nerkar PP, Surana SJ. Simultaneous estimation of moxifloxacin hydrochloride and dexamethasone sodium phosphate in bulk and in ophthalmic solution by RP- HPLC. *J Chilean Chem Soc* 2012;57:1344–7.
<https://doi.org/10.4067/S0717-97072012000400003>.
- [250] Pletz MW, Bloos F, Burkhardt O, Brunkhorst FM, Bode-Böger SM, Martens-Lobenhoffer J. Pharmacokinetics of moxifloxacin in patients with severe sepsis or septic shock. *Intensive Care Medicine* 2010 36:6 2010;36:979–83.
<https://doi.org/10.1007/S00134-010-1864-Y>.
- [251] Simeon M, Topsis D, Nikolaidis J, Alexiadou E, Lazaraki G, Grovaris L. Penetration of Moxifloxacin and Levofloxacin into Cancellous and Cortical Bone in Patients Undergoing Total Hip Arthroplasty. *J Chemother* 2013;19:682–7.
<https://doi.org/10.1179/JOC.2007.19.6.682>.
- [252] Ashour S, Kattan N. New, Simple and Validated RP-HPLC Method for Quality Control of Moxifloxacin. *SOJ Pharm Pharm Sci* 2016;3:1–6.
<https://doi.org/10.15226/2374-6866/3/1/00145>.
- [253] Khan FU, Nasir F, Iqbal Z, Khan I, Shahbaz N, Hassan M. Simultaneous determination of moxifloxacin and ofloxacin in physiological fluids using high performance liquid chromatography with ultraviolet detection. *J Chromatogr B* 2016;1017–1018:120–8.
<https://doi.org/10.1016/J.JCHROMB.2016.03.002>.
- [254] Bedor DCG, Gonçalves TM, Bastos LL, Sousa CEM de, Abreu LRP de, Oliveira EDJ, et al. Development and validation of a new method for the quantification of norfloxacin by HPLC-UV and its application to a comparative pharmacokinetic study in human volunteers. *Revista Brasileira de Ciências Farmacêuticas* 2007;43:231–8.
<https://doi.org/10.1590/S1516-93322007000200009>.

- [255] Espinosa-Mansilla A, PAGDSF. HPLC determination of enoxacin, ciprofloxacin, norfloxacin and ofloxacin with photoinduced fluorimetric (PIF) detection and multiemission scanning: application to urine and serum. *J Chromatogr B Analyt Technol Biomed Life Sci* 2005;822:185–93.
- [256] Patel P, Patel K, Bhatt KK, Patel S. New Improved RP-HPLC Method for Determination of Norfloxacin and Ornidazole in Their Combined Dosage Form. *Int J Res Pharm and Biomedical Sciences* 2011;2:710–3.
- [257] Chierentin L. Development and Validation of a Simple, Rapid and Stability-Indicating High Performance Liquid Chromatography Method for Quantification of Norfloxacin in a Pharmaceutical Product. *J Chromatogr Sep Tech* 2013;04:1–5.
<https://doi.org/10.4172/2157-7064.1000171>.
- [258] Pecorelli I, Galarini R, Bibi R, Floridi A, Casciarri E, Floridi A. Simultaneous determination of 13 quinolones from feeds using accelerated solvent extraction and liquid chromatography. *Anal Chim Acta* 2003;483:81–9.
[https://doi.org/10.1016/S0003-2670\(02\)01401-0](https://doi.org/10.1016/S0003-2670(02)01401-0).
- [259] Gigosos PG, Revesado PR, Cadahía O, Fente CA, Vazquez BI, Franco CM, et al. Determination of quinolones in animal tissues and eggs by high-performance liquid chromatography with photodiode-array detection. *J Chromatogr A* 2000;871:31–6.
[https://doi.org/10.1016/S0021-9673\(99\)01048-1](https://doi.org/10.1016/S0021-9673(99)01048-1).
- [260] Ghante MR, Pannu HK, Loni A, Shivsharan T. Development and validation of a rp-hplc method for simultaneous estimation of metronidazole and norfloxacin in bulk and tablet dosage form. *Int J Pharm Pharm Sci* 2012;4:241–5.
- [261] Boppana VK, Swanson BN. Determination of norfloxacin, a new nalidixic acid analog, in human serum and urine by high-performance liquid chromatography. *Antimicrob Agents Chemother* 1982;21:808–10.
<https://doi.org/10.1128/AAC.21.5.808>.
- [262] Forchetti C, Flammini D, Carlucci G, Cavicchio G, Vaggi L, Bologna M. High-performance liquid chromatographic procedure for the quantitation of norfloxacin in urine, serum and tissues. *J Chromatogr B Biomed Sci Appl* 1984;309:177–82.
[https://doi.org/10.1016/0378-4347\(84\)80021-3](https://doi.org/10.1016/0378-4347(84)80021-3).
- [263] Pauliukonis LT, Musson DG, Bayne WF. Quantitation of norfloxacin, a new antibacterial agent in human plasma and urine by ion-pair reverse-phase chromatography. *J Pharm Sci* 1984;73:99–102.
<https://doi.org/10.1002/JPS.2600730126>.

- [264] Parveen SKA, Nalla C. Development and Validation of a simple and rapid RP-HPLC Method for the Determination of Metronidazole and Norfloxacin in Combined Dosage Form. *Indian J Res Pharm Biotech* 2013;1:686–91.
- [265] Chavakula R, Chintala R, Tadanki B. Application of validated stability indicating HPLC method in stability testing of nor-metrogyl tablets. *J Pharm Res* 2013;6:499–503.
<https://doi.org/10.1016/J.JOPR.2013.04.037>.
- [266] Montay G, Tassel JP. Improved high-performance liquid chromatographic determination of pefloxacin and its metabolite norfloxacin in human plasma and tissue. *J Chromatogr B Biomed Sci Appl* 1985;339:214–8.
[https://doi.org/10.1016/S0378-4347\(00\)84647-2](https://doi.org/10.1016/S0378-4347(00)84647-2).
- [267] Montay G, Blain Y, Roquet F, le Hir A. High-performance liquid chromatography of pefloxacin and its main active metabolites in biological fluids. *J Chromatogr B Biomed Sci Appl* 1983;272:359–65.
[https://doi.org/10.1016/S0378-4347\(00\)86139-3](https://doi.org/10.1016/S0378-4347(00)86139-3).
- [268] Hussain MS, Chukwumaeze-Obiajunwa V, Micetich RG. Sensitive high-performance liquid chromatographic assay for norfloxacin utilizing fluorescence detection. *J Chromatogr B Biomed Sci Appl* 1995;663:379–84.
[https://doi.org/10.1016/0378-4347\(94\)00465-H](https://doi.org/10.1016/0378-4347(94)00465-H).
- [269] Laganá A, Curini R, D'Ascenzo G, Marino A, Rotatori M. High-performance liquid chromatographic determination of norfloxacin in human tissues and plasma with fluorescence detection. *J Chromatogr* 1987;417:135–42.
[https://doi.org/10.1016/0378-4347\(87\)80099-3](https://doi.org/10.1016/0378-4347(87)80099-3).
- [270] Eandi M, Viano I, di Nola F, Leone L, Genazzani E. Pharmacokinetics of norfloxacin in healthy volunteers and patients with renal and hepatic damage. *European J Clin Microbiol* 1983 2:3 1983;2:253–9.
<https://doi.org/10.1007/BF02029528>.
- [271] Mascher HJ, Kikuta C. Determination of norfloxacin in human plasma and urine by high-performance liquid chromatography and fluorescence detection. *J Chromatogr A* 1998;812:381–5.
[https://doi.org/10.1016/S0021-9673\(98\)00401-4](https://doi.org/10.1016/S0021-9673(98)00401-4).
- [272] Katagiri Y, Naora K, Ichikawa N, Hayashibara M, Iwamoto K. High-Performance Liquid Chromatographic Procedure for the Simultaneous Determination of Norfloxacin, Fenbufen and Felbinac in Rat Plasma. *Chem Pharm Bull (Tokyo)* 1989;37:2858–60. <https://doi.org/10.1248/CPB.37.2858>.

- [273] Wallis SC, Charles BG, Gahan LR. Rapid and economical high-performance liquid chromatographic method for the determination of norfloxacin in serum using a microparticulate C18 guard cartridge. *J Chromatogr B Biomed Sci Appl* 1995;674:306–9.
[https://doi.org/10.1016/0378-4347\(95\)00316-9](https://doi.org/10.1016/0378-4347(95)00316-9).
- [274] Sousa Maia MB, Martins IL, Nascimento DF do, Cunha AN, de Lima FEG, Bezerra FAF, et al. Validation of a Reversed-Phase High-Performance Liquid Chromatography Method with Fluorescence Detection for the Bioequivalence Study of Norfloxacin in Plasma Samples. *Ther Drug Monit* 2008;30:341–6.
<https://doi.org/10.1097/FTD.0b013e3181671609>.
- [275] Bera AK, De AK, Pal B. Validated and Precise Reverse Phase-HPLC Method for the Quantitative Estimation of Norfloxacin from Marketed Formulation. *Int J Pharmtech Res* 2014;6:1189–94.
- [276] Mišljčić B, Popović G, Agbaba D, Marković S, Simonovska B, Vovk I. Column High-Performance Liquid Chromatographic Determination of Norfloxacin and its Main Impurities in Pharmaceuticals. *J AOAC Int* 2008;91:332–8.
<https://doi.org/10.1093/JAOAC/91.2.332>.
- [277] Kowalski C, Rolinski Z. Determination of Norfloxacin in Chicken Tissues by HPLC with Fluorescence Detection. *J Liq Chromatogr Relat Technol* 2005;152:121–35.
- [278] Frackowiak A, Kokot ZJ. Quantitative analysis of norfloxacin by ¹H NMR and HPLC. *Acta Pol Pharm* 2012;69:597–601.
- [279] Shervington LA, Abba M, Hussain B, Donnelly J. The simultaneous separation and determination of five quinolone antibiotics using isocratic reversed-phase HPLC: Application to stability studies on an ofloxacin tablet formulation. *J Pharm Biomed Anal* 2005;39:769–75.
<https://doi.org/10.1016/j.jpba.2005.04.039>.
- [280] Natarajan S, Raman B. Development and validation of a stability indicating hplc method for simultaneous estimation of ofloxacin and ornidazole. *The Indian Pharmacist* 2005;4:79–84.
- [281] Godse VP, Bafana YS, Deshapande SY, Vyas MR, Bhosale AV. Validated stability-indicating hplc method for simultaneous estimation of ofloxacin and satranidazole from pharmaceutical dosage form. *Int J Appl Biol Pharm* 2010;I:1220–9.
- [282] Razzaq SN, Ashfaq M, Khan Islam Ullah, Mariam Irfana. Stability indicating HPLC method for the simultaneous determination of ofloxacin and ketorolac tromethamine in pharmaceutical formulations. *Anal Methods* 2012;4:2121–6.

- [283] Meredith SA, Smith PJ, Norman J, Wiesner L. An LC–MS/MS method for the determination of ofloxacin in 20µl human plasma. *J Pharm Biomed Anal* 2012;58:177–81.
<https://doi.org/10.1016/j.jpba.2011.09.030>.
- [284] Sharma R, Chaturvedi S, Kalta R. Simultaneous RPHPLC determination of nitazoxanide and ofloxacin in combined tablet dosage form. *Indian J Pharm Sci* 2008;70:491.
<https://doi.org/10.4103/0250-474X.44600>.
- [285] White LO, MacGowan AP, Lovering AM, Reeves DS, Mackay IG. A Preliminary Report on the Pharmacokinetics of Ofloxacin, Desmethyl Ofloxacin and Ofloxacin N-Oxide in Patients with Chronic Renal Failure. *Drugs* 1987;34:56–61.
<https://doi.org/10.2165/00003495-198700341-00013>.
- [286] Kasabe AJ, Shitole VV, Waghmare VV, Mohite V. Simultaneous Estimation of Metronidazole and Ofloxacin in Combined dosage form by Reverse Phase High Performance Liquid Chromatography Method. *Int J Chem Tech Res* 2009;1:1244–50.
- [287] Katagiri Y, Naora K, Ichikawa N, Hayashibara M, Iwamoto K. Simultaneous determination of ofloxacin, fenbufen and felbinac in rat plasma by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1988;431:135–42.
[https://doi.org/10.1016/S0378-4347\(00\)83076-5](https://doi.org/10.1016/S0378-4347(00)83076-5).
- [288] Al-Ahliyya NK, Shakya AK, Khalaf NA, Shurabji M, Goindi D. Development and Validation of an RP-HPLC Method for Simultaneous Analysis of Ofloxacin and Ornidazole in Tablets. *Jordan J Pharm Sci* 2010;3:87–99.
- [289] Pi Y, Feng J, Song M, Sun J. Degradation potential of ofloxacin and its resulting transformation products during Fenton oxidation process. *Chinese Sci Bull* 2014;59:2618–24.
<https://doi.org/10.1007/s11434-014-0293-7>.
- [290] Chen P, Blaney L, Cagnetta G, Huang J, Wang B, Wang Y. Degradation of Ofloxacin by Perylene Diimide Supramolecular Nanofiber Sunlight-Driven Photocatalysis. *Environ Sci Technol* 2019;53:1564–75.
<https://doi.org/10.1021/acs.est.8b05827>.
- [291] Burana-Osot J, Saowakul K, Charoensilpchai C, Surapeepong N, Pongsiriwan W, Kumsum A. Stability-indicating hplc method for determination of ofloxacin in bulk drug and tablets using trifluoroacetate as counter anions. *J Liq Chromatogr Relat Technol* 2012;35:1909–19.
<https://doi.org/10.1080/10826076.2011.627610>.

- [292] Calza P, Medana C, Carbone F, Giancotti V, Baiocchi C. Characterization of intermediate compounds formed upon photoinduced degradation of quinolones by high-performance liquid chromatography/high-resolution multiple-stage mass spectrometry. *Rapid Commun Mass Spectrom* 2008;22:1533–52.
<https://doi.org/10.1002/rcm.3537>.
- [293] Fabre D, Bressolle F, Kinowski JM, Bouvet O, Paganin F, Galtier M. A reproducible, simple and sensitive HPLC assay for determination of ofloxacin in plasma and lung tissue. Application in pharmacokinetic studies. *J Pharm Biomed Anal* 1994;12:1463–9.
[https://doi.org/10.1016/0731-7085\(94\)00076-X](https://doi.org/10.1016/0731-7085(94)00076-X).
- [294] Zeng S, Zhong J, Pan L, Li Y. High-performance liquid chromatography separation and quantitation of ofloxacin enantiomers in rat microsomes. *J Chromatogr B Biomed Sci Appl* 1999;728:151–5.
[https://doi.org/10.1016/S0378-4347\(99\)00085-7](https://doi.org/10.1016/S0378-4347(99)00085-7).
- [295] Tønnesen HH, Brunsvik A, Løseth K, Bergh K, Gederaas OA. Photoreactivity of biologically active compounds. XVIII. Photostability of ofloxacin in the solid state and in a tablet formulation. *Pharmazie* 2007;62:105–11.
<https://doi.org/10.1691/PH.2007.2.5184>.
- [296] Dhandapani B, Thirumoorthy N, Rasheed SH, Rama Kotaiah M, Anjaneyalu N. Method development and validation for the simultaneous estimation of ofloxacin and ornidazole in tablet dosage form by RP-HPLC. *Int J Pharm Sci Res* 2010;1:78–83.
- [297] Puranik M, Bhawsar D, Rathi P, Yeole PG. Simultaneous Determination of Ofloxacin and Ornidazole in Solid Dosage Form by RP-HPLC and HPTLC Techniques. *Indian J Pharm Sci* 2010;72:513.
<https://doi.org/10.4103/0250-474X.73937>.
- [298] Shah P, Pandya T, Gohel M, Thakkar V. Development and Validation of HPLC method for simultaneous estimation of Rifampicin and Ofloxacin using experimental design. *J Taibah Univ Sci* 2018;13:146–54.
<https://doi.org/10.1080/16583655.2018.1548748>.
- [299] Attimarad M, Alnajjar AO. A conventional HPLC-MS method for the simultaneous determination of ofloxacin and cefixime in plasma: Development and validation. *J Basic Clin Pharm* 2013;4:36.
<https://doi.org/10.4103/0976-0105.113606>.

- [300] Dharuman J, Vasudevan M, Somasekaran KN, Dhandapani B, Ghode PD, Thiagarajan M. RP-HPLC Method Development and Validation for the Simultaneous Estimation of Ofloxacin and Tinidazole in Tablets. *Intl J PharmTech Res* 2009;1:121–4.
- [301] Li J, Zhao H, Okeke CI, Li L, Liu Z, Yin Z, et al. Comparison of systemic absorption between ofloxacin ophthalmic in situ gels and ofloxacin conventional ophthalmic solutions administration to rabbit eyes by HPLC–MS/MS. *Int J Pharm* 2013;450:104–13.
<https://doi.org/10.1016/J.IJPHARM.2013.04.018>.
- [302] YanHou W, Lei J. Determination of ofloxacin in ofloxacin otic solution by HPLC. *Pract Pharm Clin Rem* 2009;12:107–8.
- [303] Katakam P, Sireesha KR, Prakash K. HPLC-UV Method for Simultaneous Determination of Ofloxacin and Dexamethasone Sodium Phosphate. *Int J Pharm Pharm Sci* 2012;4:415–8.
- [304] Byrro RMD, de Oliveira Fulgêncio G, da Silva Cunha A, César IC, Chellini PR, Pianetti GA. Determination of ofloxacin in tear by HPLC–ESI-MS/MS method: Comparison of ophthalmic drug release between a new mucoadhesive chitosan films and a conventional eye drop formulation in rabbit model. *J Pharm Biomed Anal* 2012;70:544–8.
<https://doi.org/10.1016/J.JPBA.2012.05.003>.
- [305] Khandagle KS, Gandhi S v, Deshpande PB, Gaikwad N. A simple and sensitive RP-HPLC method for simultaneous estimation of cefixime and ofloxacin in combined tablet dosage form. *Int J Pharm Pharm Sci* 2010;3:46–8.
- [306] Sharma S, Bhandari A, Choudhary VR, Rajpurohit H, Khandelwal P. RP-HPLC Method for Simultaneous Estimation of Nitazoxanide and Ofloxacin in Tablets. *Indian J Pharm Sci* 2011;73:84.
<https://doi.org/10.4103/0250-474X.89763>.
- [307] Kannappan V, Mannemala SS. Multiple Response Optimization of a HPLC Method for the Determination of Enantiomeric Purity of S-Ofloxacin. *Chromatographia* 2014;77:1203–11.
<https://doi.org/10.1007/S10337-014-2699-4>.
- [308] Garcia MA, Solans C, Calvo A, Royo M, Hernandez E, Rey R, et al. HPLC separation and quantification of ofloxacin enantiomers in rabbit plasma. Application to pharmacokinetic studies. *Chromatographia* 2002;56:39–42.
<https://doi.org/10.1007/BF02490244>.

- [309] Kraas E, Hirrle A. Determination of ofloxacin in biological fluids using HPLC with fluorimetric detection. *Fresenius' Zeitschrift Für Analytische Chemie* 1986;324:354–354.
<https://doi.org/10.1007/BF00487989>.
- [310] Ohkubo T, Kudo M, Sugawara K. Determination of ofloxacin in human serum by high-performance liquid chromatography with column switching. *J Chromatogr B Biomed Sci Appl* 1992;573:289–93.
[https://doi.org/10.1016/0378-4347\(92\)80131-9](https://doi.org/10.1016/0378-4347(92)80131-9).
- [311] Attimarad M, Harsh NS, Setty RS. Simultaneous determination of ofloxacin and fleroxate hydrochloride in human plasma by RP HPLC. *J Liq Chromatogr Rel Technol* 2012;35:768–77.
<https://doi.org/10.1080/10826076.2011.608234>.
- [312] Maslarska V, Tsvetkova B, Peikova L, Bozhanov S. RP-HPLC method for simultaneous determination of metronidazole and ofloxacin in synthetic mixture. *CBU International Conference Proceedings* 2016;4:900–5.
<https://doi.org/10.12955/CBUP.V4.871>.
- [313] Natesan S, Sugumaran A, Loganathan R, Krishnaswami V. Simultaneous estimation of Cefixime and Ofloxacin in tablet dosage form by RP-HPLC. *Int Journal of Res Pharm Sci* 2011;2:219–24.
- [314] Ali I, Sekkoum K, Belboukhari N, Rebizi MN, Zaid MEA, Yusuf K. Determination of enantio-separation, absolute configuration and chiral recognition mechanism of ofloxacin and flumequine by HPLC and modeling studies. *J Chem Technol Biotech* 2021;96:2901–8.
<https://doi.org/10.1002/JCTB.6843>.
- [315] Xu DK, Ding AZ, Yuan YS, Diao Y. Determination of ofloxacin in human plasma and studies of its pharmacokinetics using HPLC method. *Acta Pharma Sinica* 1992;27:462–6.
- [316] Kumar S, Patel N, Smith AA, Amuthalakshmi S, Gandhi VN, Manavalan R. Analytical Method Development and Validation of Ofloxacin Eye drop by HPLC. *Chem Pharm Sc* 2011:59–64.
- [317] Giriraj P, Sivakkumar T. A Rapid-Chemometrics Assisted RP-HPLC Method with PDA Detection for the Simultaneous Estimation of Ofloxacin and Nimorazole in Pharmaceutical Formulation. *J Liq Chromatogr Relat Technol* 2015;38:904–10.
<https://doi.org/10.1080/10826076.2014.991870>.

- [318] Muchtaridi M, Sopyan I, Yuliani E. Application off-line spe-hplc/uv methods in analysis of ofloxacin in human urine (in vitro). *Int J Pharm Pharm Sci* 2016;8:255–61.
- [319] Sachan N, Chandra P, Saraf SK, Gupta RC. Novel method for simultaneous estimation of ciprofloxacin hydrochloride and ofloxacin by reverse phase-high performance liquid chromatography (RP-HPLC). *Int J Pharm Sci Res* 2010;1:100–7.
- [320] Boopathy D, Prakash M, Mathew B, Suresh Kumar S, Perumal P. Method development and validation of simultaneous determination of Ofloxacin and Satranidazole in pharmaceutical dosage form by RP-HPLC. *Scholars Res Libr* 2010;2:22–6.
- [321] Maraschiello C, Cusidó E, Abellán M, Vilageliu J. Validation of an analytical procedure for the determination of the fluoroquinolone ofloxacin in chicken tissues. *J Chromatogr B Biomed Sci Appl* 2001;754:311–8. [https://doi.org/10.1016/S0378-4347\(00\)00623-X](https://doi.org/10.1016/S0378-4347(00)00623-X).
- [322] Spell JC, Stewart JT. HPLC analysis of a meropenem-ofloxacin mixture in intravenous solutions using a nonporous octadecylsilane column. *J Liq Chromatogr Relat Technol* 1999;22:2225–34. <https://doi.org/10.1081/JLC-100101797>.
- [323] Gandhi S, Patil D, Baravkar AA. Comparison of Chemometric assisted UV Spectrophotometric and RP-HPLC Method for the simultaneous determination of Ofloxacin and Tinidazole in their Combined dosage form. *Research J Pharm and Tech* 2021;14:5713–8. <https://doi.org/10.52711/0974-360X.2021.00993>.
- [324] Carlucci G, Mazzeo P, Fantozzi T. Determination of Ofloxacin in Pharmaceutical Forms by High - Performance Liquid Chromatography and Derivative Uvspectrophotometry. *Anal Lett* 1993;26:2193–201. <https://doi.org/10.1080/00032719308017462>.
- [325] Koulich E, Roland PS, Pawlowski KS. Comparison of systemic and otic administration of ofloxacin. *Laryngoscope* 2010;120:2083–8. <https://doi.org/10.1002/LARY.21088>.
- [326] Hwang SM, Kim DD, Chung SJ, Shim CK. Delivery of ofloxacin to the lung and alveolar macrophages via hyaluronan microspheres for the treatment of tuberculosis. *J Control Rel* 2008;129:100–6. <https://doi.org/10.1016/J.JCONREL.2008.04.009>.
- [327] Peres MS, Maniero MG, Guimarães JR. Photocatalytic degradation of ofloxacin and evaluation of the residual antimicrobial activity. *Photochem Photobiol Sci* 2015;14:556–62. <https://doi.org/10.1039/C4PP00256C>.

- [328] Mustarichi R, Indriyati W, Sopyan I. Ofloxacin analysis validation method in human blood plasma (in vitro) using solid-phase extraction HPLC. *Med Health Sci J* 2011;8:80–7.
- [329] Conkle JL, Lattao C, White JR, Cook RL. Pharmaceutical Analysis for Environmental Samples: Individual and Simultaneous Determination of Ciprofloxacin, Ofloxacin and Norfloxacin Using an HPLC with Fluorescence and UV Detection with a Wetland Soil Matrix. *Anal Lett* 2009;42:2937–50.
<https://doi.org/10.1080/00032710903201883>.
- [330] D Souza K, Syeda A, Khatal P, Badamane Sathyanarayana M, Vasantharaju SG V. Stability Indicating Assay Method Development and Validation for Simultaneous Estimation of Ofloxacin and Ornidazole by RP-HPLC in Bulk: An Application to Tablet Formulation and Dissolution Studies. *Indian J Pharm Edu Res* 2021;55:607–13.
<https://doi.org/10.5530/ijper.55.2.100>.
- [331] Zhang D, Zeng J, Bianba-Cangjue, Jiang X. Determination and Pharmacokinetics Study of Ofloxacin in Human Plasma by HPLC. *Chinese J Pharm Anal* 1998;18:308–10.
- [332] Özyazgan S, Senses V, Özüner Z, Akkan AG. Quantification of Ofloxacin in Biological Fluids by High-Performance Liquid Chromatography. *J Basic Clin Physiol Pharmacol* 1997;8:73–80.
<https://doi.org/10.1515/JBCPP.1997.8.1-2.73/MACHINEREADABLECITATION/RIS>.
- [333] Dewani AP, Bakal RL, Kokate PG, Chandewar A v., Patra S. Development of a Single Ion Pair HPLC Method for Analysis of Terbinafine, Ofloxacin, Ornidazole, Clobetasol, and Two Preservatives in a Cream Formulation: Application to In Vitro Drug Release in Topical Simulated Media-Phosphate Buffer Through Rat Skin. *J AOAC Int* 2015;98:913–20.
<https://doi.org/10.5740/JAOACINT.14-189>.
- [334] Kamal A, Mabrouk M, Hammad S. Determination of enantiomeric composition of ofloxacin in tablets by chemometric techniques applied to overlapped chromatograms. *Der Pharma Chemica* 2015;7:117–26.
- [335] Horie M, Saito K, Nose N, Nakazawa H. Simultaneous determination of benofloxacin, danofloxacin, enrofloxacin and ofloxacin in chicken tissues by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1994;653:69–76.
[https://doi.org/10.1016/0378-4347\(93\)E0428-S](https://doi.org/10.1016/0378-4347(93)E0428-S).
- [336] Basci NE, Hanioglu-Kargi S, Soysal H, Bozkurt A, Kayaalp SO. Determination of ofloxacin in human aqueous humour by high-performance liquid chromatography

- with fluorescence detection. *J Pharm Biomed Anal* 1997;15:663–6.
[https://doi.org/10.1016/S0731-7085\(96\)01889-4](https://doi.org/10.1016/S0731-7085(96)01889-4).
- [337] Immanuel C, Kumar AKH. Simple and rapid high-performance liquid chromatography method for the determination of ofloxacin concentrations in plasma and urine. *J Chromatogr B Biomed Sci Appl* 2001;760:91–5.
[https://doi.org/10.1016/S0378-4347\(01\)00260-2](https://doi.org/10.1016/S0378-4347(01)00260-2).
- [338] Lehr KH, Damm P. Quantification of the enantiomers of ofloxacin in biological fluids by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1988;425:153–61.
[https://doi.org/10.1016/0378-4347\(88\)80015-X](https://doi.org/10.1016/0378-4347(88)80015-X).
- [339] Miyazawa N, Uematsu T, Mizuno A, Nagashima S, Nakashima M. Ofloxacin in human hair determined by high performance liquid chromatography. *Forensic Sci Int* 1991;51:65–77.
[https://doi.org/10.1016/0379-0738\(91\)90206-X](https://doi.org/10.1016/0379-0738(91)90206-X).
- [340] Kazmierczak A, Pechinot A, Duez JM, Haas O, Favre JP. Biliary Tract Excretion of Ofloxacin in Man. *Drugs* 1987 34:1 2012;34:39–43.
<https://doi.org/10.2165/00003495-198700341-00010>.
- [341] Richman J, Zolezio H, Tang-Liu D. Comparison of ofloxacin, gentamicin, and tobramycin concentrations in tears and in vitro MICs for 90% of test organisms. *Antimicrob Agents Chemother* 1990;34:1602–4.
<https://doi.org/10.1128/AAC.34.8.1602>.
- [342] Okazaki O, Aoki H, Hakusui H. High-performance liquid chromatographic determination of (S)-(-)-ofloxacin and its metabolites in serum and urine using a solid-phase clean-up. *J Chromatogr B Biomed Sci Appl* 1991;563:313–22.
[https://doi.org/10.1016/0378-4347\(91\)80037-D](https://doi.org/10.1016/0378-4347(91)80037-D).
- [343] Nimmagadda S, Narasu L, Prabha Shankar S, Mullangi R. Development and validation of a HPLC method for simultaneous quantitation of gatifloxacin, sparfloxacin and moxifloxacin using levofloxacin as internal standard in human plasma: application to a clinical pharmacokinetic study. *Biomed Chromatogr* 2008;22:1288–95.
- [344] Czyrski A, Sznura J. The application of Box-Behnken-Design in the optimization of HPLC separation of fluoroquinolones. *Sci Rep* 2019.
<https://doi.org/10.1038/s41598-019-55761-z>.
- [345] Sturini M, Speltini A, Pretali L, Fasani E, Profumo A. Solid-phase extraction and HPLC determination of fluoroquinolones in surface waters. *J Sep Sci* 2009;32:3020–8.
<https://doi.org/10.1002/JSSC.200900135>.

- [346] Naber KG, Adam D. Classification of fluoroquinolones. *Int J Antimicrob Agents* 1998;10:255–7.
[https://doi.org/10.1016/s0924-8579\(98\)00059-4](https://doi.org/10.1016/s0924-8579(98)00059-4).
- [347] Bryskier A, Chantot J-F. Classification and Structure-Activity Relationships of Fluoroquinolones. *Drugs* 1995;49:16–28.
- [348] Machatha SG, Yalkowsky SH. Comparison of the octanol/water partition coefficients calculated by ClogP, ACDlogP and KowWin to experimentally determined values. *Int J Pharm* 2005;294:185–92.
<https://doi.org/10.1016/j.ijpharm.2005.01.023>.
- [349] Seybold PG, Shields GC. Computational estimation of pK. *WIREs Comput Mol Sci* 2015;5:290–7.
<https://doi.org/10.1002/wcms.1218>.
- [350] Drlica K, Zhao X. DNA gyrase, topoisomerase IV, and the 4-quinolones. *Microbiol Mol Biol Rev* 1997;61:377–92.
<https://doi.org/10.1128/MMBR.61.3.377-392.1997>.
- [351] Pommier Y, Leo E, Zhang H, Marchand C. DNA Topoisomerases and Their Poisoning by Anticancer and Antibacterial Drugs. *Chem Biol* 2010;17:421–33.
<https://doi.org/10.1016/J.CHEMBIOL.2010.04.012>.
- [352] Vance-Bryan K, Guay DR, Rotschafer JC. Clinical pharmacokinetics of ciprofloxacin. *Clin Pharmacokinet* 1990;19:434–61.
<https://doi.org/10.2165/00003088-199019060-00003>.
- [353] Wiseman LR, Balfour JA. Ciprofloxacin A Review of its Pharmacological Profile and Therapeutic Use in the Elderly. *Drugs Aging* 1994;4:145–73.
- [354] Kaplan Y, Koren g. Use of Ciprofloxacin during breastfeeding. *Canadian Family Physician* 2015;61:343–4.
- [355] Zhu L, Zhang Y, Yang J, Wang Y, Zhang J, Zhao Y, et al. Prediction of the pharmacokinetics and tissue distribution of levofloxacin in humans based on an extrapolated PBPK model. *Eur J Drug Metab Pharmacokinet* 2016;41:395–402.
<https://doi.org/10.1007/S13318-015-0271-8/METRICS>.
- [356] Fish DN, Chow AT. The clinical pharmacokinetics of levofloxacin. *Clin Pharmacokinet* 1997;32:101–19.
<https://doi.org/10.2165/00003088-199732020-00002/METRICS>.

- [357] Mazzei D, Accardo J, Ferrari A, Primavera A. Levofloxacin neurotoxicity and non-convulsive status epilepticus (NCSE): A case report. *Clin Neurol Neurosurg* 2012;114:1371–3. <https://doi.org/10.1016/j.clineuro.2012.03.029>.
- [358] Iannini PB, Kubin R, Reiter C, Tillotson G. Reassuring safety profile of moxifloxacin [3]. *Clin Infectious Diseases* 2001;32:1112–4. <https://doi.org/10.1086/319615/2/32-7-1112A-TBL002.GIF>.
- [359] Merck Sharp & Dohme MG approved by UF. NOROXIN® (NORFLOXACIN). 2008.
- [360] Cadila Pharmaceuticals Limited. DailyMed - OFLOXACIN tablet, film coated. Drug Label Information n.d. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c677b35c-0432-4ee5-af57-1f95449c48b6> (accessed January 3, 2023).
- [361] Goldfrank L, Flomenbaum N, Nelson L, Hoffman R. Goldfrank's Toxicologic Emergencies. 8th ed. New York: McGraw-Hill Companies, Incorporated; 2006.
- [362] Snyder LR, Glajch JL, Kirkland JJ. Practical HPLC Method Development. 2nd ed. New Jersey: John Wiley & Sons Inc; 1997.
- [363] Gill R, Osselton MD, Smith RM, Hurdley TG. Retention reproducibility of basic drugs in high-performance liquid chromatography on a silica column with a methanol-ammonium nitrate solvent. *J Chromatogr A* 1987;386:65–77. [https://doi.org/10.1016/S0021-9673\(01\)94585-6](https://doi.org/10.1016/S0021-9673(01)94585-6).
- [364] Bosch E, Bou P, Rosks M. Linear description of solute retention in reversed-phase liquid chromatography by a new mobile phase polarity parameter. *Anal Chim Acta* 1994;299:219–29.
- [365] Torres-Lapasió JR, García-Alvarez-Coque MC, Rosés M, Bosch E. Prediction of the retention in reversed-phase liquid chromatography using solute–mobile phase–stationary phase polarity parameters. *J Chromatogr A* 2002;955:19–34. [https://doi.org/10.1016/S0021-9673\(02\)00205-4](https://doi.org/10.1016/S0021-9673(02)00205-4).
- [366] Bosque R, Sales J, Bosch E, Rosés M, García-Alvarez-Coque MC, Torres-Lapasió JR. A QSPR study of the p solute polarity parameter to estimate retention in HPLC. *J Chem Inf Comput Sci* 2003;43:1240–7. <https://doi.org/10.1021/ci0340660>.
- [367] Herrero-Martínez JM, Izquierdo P, Sales J, Rosés M, Bosch E. Application of a polarity parameter model to the separation of fat-soluble vitamins by reversed-phase HPLC. *J Sep Sci* 2008;31:3170–81. <https://doi.org/10.1002/jssc.200800278>.

- [368] Sander T, Freyss J, von Korff M, Rufener C. DataWarrior: an open-source program for chemistry aware data visualization and analysis. *J Chem Inf Model* 2015;55:460–73.
<https://doi.org/10.1021/ci500588j>.
- [369] Sander T, Freyss J, von Korff M, Reich JR, Rufener C. OSIRIS, an entirely in-house developed drug discovery informatics system. *J Chem Inf Model* 2009;49:232–46.
<https://doi.org/10.1021/ci800305f>.
- [370] Kujawski J, Popielarska H, Myka A, Drabińska B, Bernard M. The log P Parameter as a Molecular Descriptor in the Computer-aided Drug Design – an Overview. *Compu Methods Sci Technol* 2012;18:81–8.
<https://doi.org/10.12921/cmst.2012.18.02.81-88>.
- [371] Viswanadhan VN, Ghose AK, Revankar GR, Robins RK. Atomic Physicochemical Parameters for Three Dimensional Structure Directed Quantitative Structure-Activity Relationships. 4. Additional Parameters for Hydrophobic and Dispersive Interactions and Their Application for an Automated Superposition of Certain Naturally Occurring Nucleoside Antibiotics. *J Chem Inf Comput Sci* 1989;29:163–72.
https://doi.org/10.1021/CI00063A006/ASSET/CI00063A006.FP.PNG_V03.
- [372] Hodges G, Eadsforth C, Bossuyt B, Bouvy A, Enrici MH, Geurts M. A comparison of log K_{ow} (n-octanol–water partition coefficient) values for non-ionic, anionic, cationic and amphoteric surfactants determined using predictions and experimental methods. *Environ Sci Eur* 2019;31:1–18.
<https://doi.org/10.1186/S12302-018-0176-7/TABLES/6>.
- [373] Hou TJ, Xia K, Zhang W, Xu XJ. ADME Evaluation in Drug Discovery. 4. Prediction of Aqueous Solubility Based on Atom Contribution Approach. *J Chem Inf Comput Sci* 2004;44:266–75.
https://doi.org/10.1021/CI034184N/SUPPL_FILE/CI034184NSI20030919_105919.ZIP.
- [374] Prasanna S, Doerksen RJ. Topological Polar Surface Area: A Useful Descriptor in 2D-QSAR. *Curr Med Chem* 2008;16:21–41.
<https://doi.org/10.2174/092986709787002817>.
- [375] Sureiman O, Mangera CM. F-test of overall significance in regression analysis simplified. *J Pract Cardiovasc Sci* 2020;6:116.
https://doi.org/10.4103/JPCS.JPCS_18_20.
- [376] Ostertagová E, Ostertag O. Methodology and Application of Oneway ANOVA. *American J Mech Eng* 2013;1:256–61. <https://doi.org/10.12691/AJME-1-7-21>.

CHAPTER 9

APPENDED DOCUMENTS

9. List of Appended Documents

List of Publications

- 9.1 Kudchadkar SS, N Pai SP. QbD Based RP-HPLC Method Development for Five Fluoroquinolone Anti-Bacterials-Through Creation of Design Space for Critical Attributes. Int J Pharm Sci Res 2019;10:4907.
- 9.2 Kudchadkar SS, Pai S. QbD Based Development of Two RP-HPLC Methods for Levofloxacin and Its Acid Degradation Product-Through Creation of Design Space for Critical Attributes and Application of ANOVA. Indian Journal of Natural Sciences 2022;13.

List of Presentations

- 9.3 Paper titled “QbD Based Analytical Method Development through Creation of Design Space for Critical Attributes - Application on RP=HPLC Method Development for five Fluoroquinolone Antibacterials” presented at 70th IPC at New Delhi (2018).
- 9.4 Paper titled “Development of simple RP-HPLC Methods for Levofloxacin and its Degradation Products” at 6th Annual International Conference on IPR at Goa College of Pharmacy, Panaji, Goa (2021).



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QbD BASED RP-HPLC METHOD DEVELOPMENT FOR FIVE FLUOROQUINOLONE ANTI-BACTERIALS - THROUGH CREATION OF DESIGN SPACE FOR CRITICAL ATTRIBUTES

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Keywords:

Fluoroquinolones,
RP-HPLC, QbD, Design space

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ABSTRACT: Quality by Design (QbD) has become an important concept for the pharmaceutical industry, and ICH recommends this concept through the Guideline Q8 (R2) wherein if the method is proved to be rugged and robust within the limits of a Design Space then approval may be requested for such a Design Space, and the method does not need redevelopment, revalidation, and reapproval during transfers, thereby saving significant time and resources. In this study, the QbD approach was used to develop a reverse-phase-high-performance liquid chromatography (RP-HPLC) method that could be applied for the estimation of several antibacterial agents of the fluoroquinolone group. The method was applied to five selected fluoroquinolones, namely, ciprofloxacin, levofloxacin, norfloxacin, moxifloxacin, and ofloxacin. The method developed used C18 column of make Phenomenex (250 mm × 4.6 mm, 5 μm) with mobile phase comprising of methanol and phosphate buffer (pH 3.0) in the proportion 70:30 at a flow rate of 1.25 ml/min and detection was carried out using a PDA detector at 294 nm. The method while being validated as per ICH guidelines, using ANOVA, simultaneously created a design space which set limits for critical attributes affecting the robustness. Any variations in these parameters within the design space does not affect method performance, making the method easily transferrable.

INTRODUCTION: The fluoroquinolones (FQs) are a family of broad-spectrum, systemic antibacterial agents that are being used widely for the treatment of respiratory and urinary tract infections. The first quinolone was reported in the early 1960s, with the isolation of 7-chloro-1-ethyl-1, 4-dihydro-4-oxyquinoline-3-carboxylic acid, a by-product of the commercial preparation of chloroquine.

Since this particular substance was discovered to have anti-bacterial activity, it was used to produce nalidixic acid, which is a 1, 8-naphthyridine¹. After the passage of many decades, the members of this class, even the older agents are still finding a use for various treatments^{2, 3}. The concept of Quality by Design has gained a lot of importance in Pharma Industry, and any analytical method developed using QbD principles does not need redevelopment, revalidation, and reapproval during transfers, provided one work within the limits of the approved Design Space, thereby saving time and resources⁴.

The work reported here describes our efforts towards using QbD principles and creation of a Design Space as recommended by ICH Q8 (R2) in

<p>QUICK RESPONSE CODE</p> 	<p>DOI: 10.13040/IJPSR.0975-8232.10(11).4907-12</p> <hr/> <p>This article can be accessed online on www.ijpsr.com</p> <hr/> <p>DOI link: http://dx.doi.org/10.13040/IJPSR.0975-8232.10(11).4907-12</p>
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the development and validation of a common analytical method for five selected FQs, namely, ciprofloxacin (CIP), levofloxacin (LEV), moxifloxacin (MOX), norfloxacin (NOR) and ofloxacin (OFL), the chemical structures of which have been shown in **Fig. 1**. A literature survey did not reveal any common method for these five FQs. Most of the reported analytical methods aimed at simultaneous estimation of FQs making the method complicated, involving gradient elution and fluorescence or other highly sophisticated detection and quantitation methods^{5, 6, 7, 8, 9}. As such, even though one often deals with multiple members of this class, they are not used in combination with each other. Hence, it was thought to develop an analytical method which was simple and quick and could be commonly used for the majority of the class. The method has been developed and validated as per ICH guidelines¹⁰ and using QbD approach^{11, 12, 13, 14}.

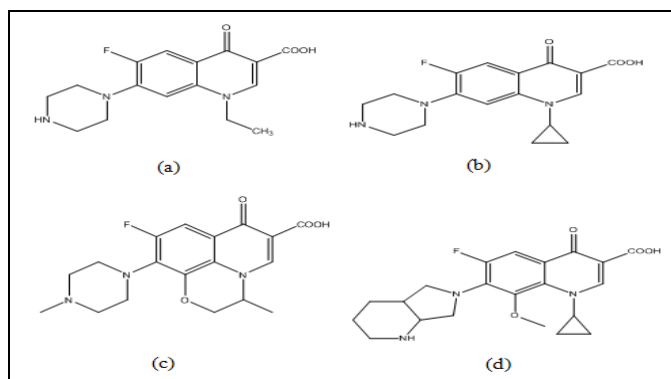


FIG. 1: STRUCTURES OF (A) NOR, (B) CIP, (C) OFL AND LEV* AND (D) MOX. *LEV is levorotatory whereas OFL is a racemic mixture, having the same chemical structure

MATERIALS AND METHODS:

Chemicals: The chemicals used were methanol (HPLC grade of Merck), HPLC grade water obtained in-house from BioAge Ultra Water Purification system, orthophosphoric acid and potassium dihydrogen orthophosphate (AR grade)

The pure drugs were obtained as gift samples from Abaris Healthcare Pvt. Ltd., Ahmedabad, Gujarat, India.

The experimental work was performed at the Central Instrument Laboratory of Goa College of Pharmacy, Panaji, Goa, India.

Equipment: The following equipment/instruments were used: Electronic Weighing Balance (Wensar),

sonicator (Citizen), pH meter (Labtronics), HPLC (Jasco) with ChromNav software and Phenomenex C18 column.

Chromatographic Conditions: The HPLC system used was Jasco CO-4061 with Autosampler (AS-4050) and a PDA detector and built-in degasser. The system used ChromNav software.

After various trials, Phenomenex C18 column (250 mm × 4.6 mm i.d., 5 μ) was selected with a mobile phase composed of methanol and phosphate buffer.

The mobile phase used was 70 parts methanol and 30 parts buffer. Phosphate buffer pH 3.0 was prepared by dissolving Potassium dihydrogen orthophosphate in water and adjusting the pH to 3.0 by using orthophosphoric acid. Mobile phase components were sonicated for 15min and filtered through 0.45 μ membrane filters before use.

The flow rate was maintained at 1.25 ml/min and a detector set to wavelength 294 nm. Autosampler used had variable loop volume 0-100 μ l, and in this method, 20 μ l was injected. The system had a column oven making it possible to program column temperatures during the run. After a trial at various temperatures, it was decided to set the column temperature at 40 °C throughout the method.

Optimized chromatographic conditions for selected fluoroquinolones are shown in **Table 1**.

TABLE 1: OPTIMIZED CHROMATOGRAPHIC CONDITIONS

Parameters	Values
Stationary phase (column)	C18 (250 mm × 4.6 mm, 5 μ m)
Mobile phase	Methanol: phosphate buffer pH 3.0 (70:30, v/v)
Flow rate (mL/min)	1.25
Run time (min)	5.0
Column Temperature	40°C
Injection Volume (μ l)	20
Detection Wavelength (nm)	294

Method Development:

Selection and Preparation of Mobile Phase:

Mobile phases containing methanol, water, acetonitrile, and buffers at different pH were tried in different proportions and at different flow rates. Satisfactory peaks were obtained at a flow rate of 1.25ml/min with a mobile phase made up of 70 parts methanol and 30 parts of phosphate buffer

pH3.0. The 20 mM buffer was prepared by dissolving 2.72 gm of potassium dihydrogen orthophosphate per liter of buffer solution and adjusting pH to 3.0 by using orthophosphoric acid with the help of pH meter. Both components of the mobile phase were filtered through 0.45 μ m membrane filters by application of vacuum and sonicated for 15 min before introducing into the system.

Preparation of Standard Stock Solutions: The standard solutions of the drugs were prepared in methanol. A quantity of 25 mg of each drug was weighed and dissolved in methanol in 25 ml volumetric flasks, to give standard stock solutions of 1000 μ g/mL of each drug. The standard stock solutions were further diluted with methanol to obtain required concentrations of each drug. All solutions, including stock solution, were freshly prepared each day.

Preparation of Calibration Curve: Volumes of standard stock solutions of each drug were transferred to a 10 mL volumetric flask and diluted up to the mark with methanol. Aliquots were taken in such a way to obtain final concentrations in the range of 10-60 μ g/mL for each drug.

Three injections of 20 μ l of each concentration were analyzed using optimized conditions. Each reading or peak area recorded was average or meant of three readings.

Calibration curves were plotted for each drug by plotting peak areas recorded for each concentration on the y-axis and the concentration of the drug on the x-axis. The coefficient of determination (R^2) was calculated for the calibration curve of each drug.

Method Validation: The method developed was validated as per ICH guidelines by evaluating parameters such as accuracy, precision, linearity, robustness, ruggedness, detection, and quantification limits. The results were evaluated considering acceptable limits as less than 2% for Relative Standard Deviation (RSD).

Precision: The precision of the developed method was confirmed for each of the drugs. The peak areas recorded by actual analysis of six replicate injections of a standard concentration of each drug.

The precision of the method was also checked in terms of the intra- and inter-day variation in the peak areas by calculating the RSD.

Accuracy: The accuracy of the method was tested for each of the drugs by spiking a known concentration of each drug at three different concentration levels, namely 80%, 100%, and 120%, and then comparing the difference between the expected/theoretical value and the concentration determined by the method.

Linearity: A stock solution of 1000 μ g/mL in methanol was prepared for each drug, namely, CIP, LEV, MOX, NOR, and OFL. From this stock, working standard solutions were prepared for each of the drugs, in the range of 10 to 60 μ g/mL and injected into the HPLC system. It was proved that each drug shows linearity in the range of 10–60 μ g/mL. The calibration graph (obtained by plotting peak areas of the drug under consideration versus its concentration) was generated by replicate analysis at all concentration levels, and the linearity of the relationship was established using Microsoft Excel® program.

Robustness and QbD Approach to Designate Critical Attributes: Robustness of the developed method for selected fluoroquinolones was confirmed by checking the effect of variation in critical parameters, namely, flow rate, pH and proportion of mobile phase components. ANOVA was applied to statistically prove robustness.

Detection and Quantification Limit: The limit of detection (LOD) and limit of quantification (LOQ) were calculated based on the linearity curve plotted. The formulae used for computing these values were:

$$\text{LOD} = 3.3\sigma/s$$

$$\text{LOQ} = 10\sigma/s$$

Where σ is the standard deviation of the y-intercept of the regression line, and s is the slope of the calibration curve.

RESULTS AND DISCUSSION:

Method Development:

Chromatographic Separation: After a number of trials, chromatographic conditions were optimized and selected based on System Suitability parameters.

The optimized chromatographic conditions are reported in **Table 1**.

Representative HPLC Chromatograms are shown in **Fig. 2**.

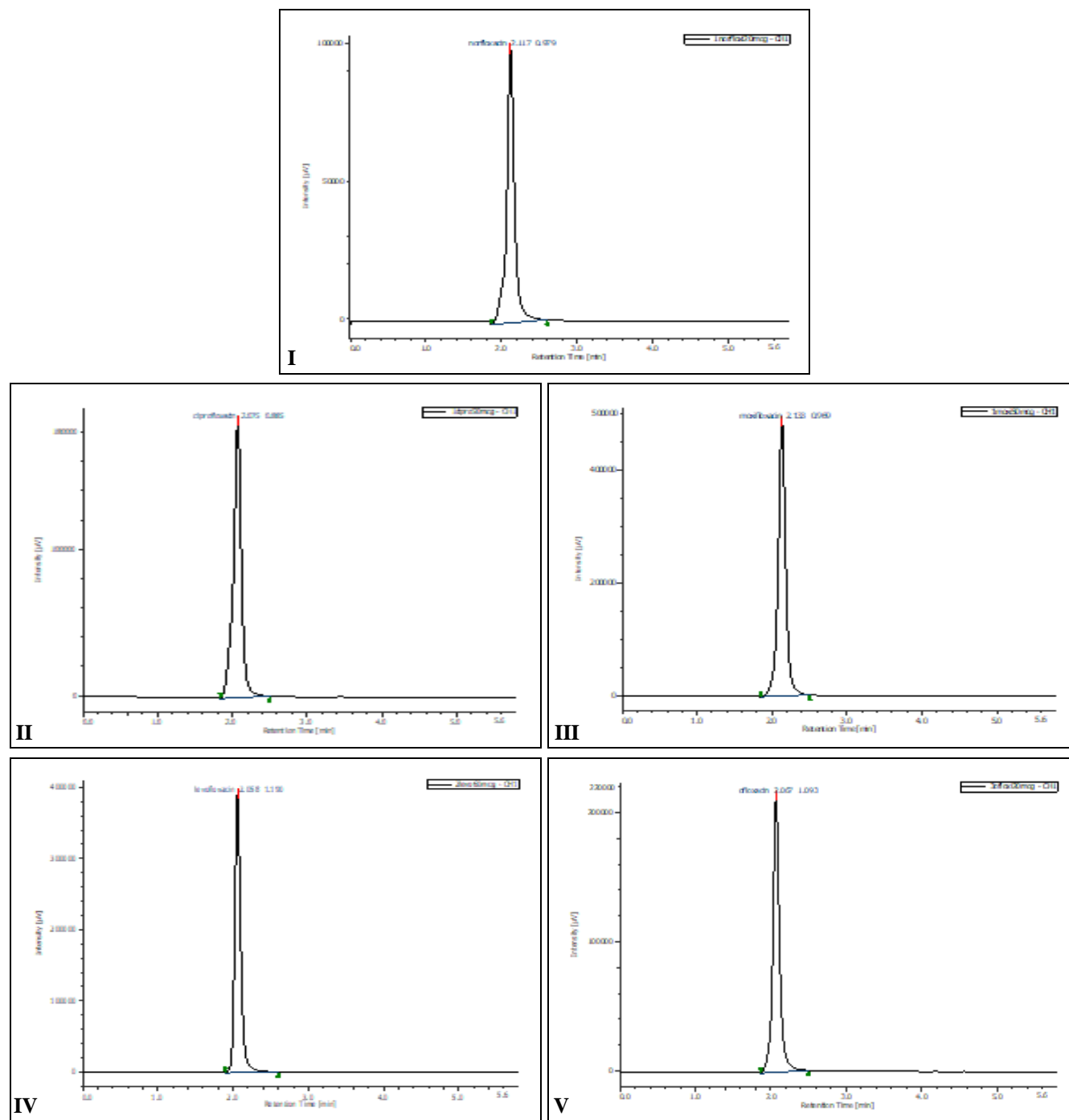


FIG. 2: REPRESENTATIVE CHROMATOGRAMS OF (I) NOR, (II) CIP, (III) MOX, (IV) LEV AND (V) OFL USING C18 COLUMN WITH MOBILE PHASE OF METHANOL AND PHOSPHATE BUFFER, pH 3.0 (70:30) AT 1.25 mL/min AND DETECTION AT 294 nm

System Suitability parameters for each drug were checked and are tabulated in **Table 2**.

TABLE 2: SYSTEM SUITABILITY PARAMETERS

S. no.	Parameters	Acceptance Criteria	CIP	LEV	MOX	NOR	OFL
1	Theoretical Plates	>1000	2327	3793	2380	2848	4059
2	Tailing factor	<2	0.891	0.890	0.877	0.960	0.877
3	RSD of area	<2%	0.196	0.390	0.051	0.075	0.067
4	RSD of Ret.Time	<1%	0.197	0.197	0.280	0.017	0.156

Calibration Curve: The correlation coefficients (R^2) for each of the three drugs under consideration and also the linearity equations are displayed in **Table 3**.

Method Validation: The method was validated and applied to marketed formulations. The results are reported in **Table 4**.

TABLE 3: CORRELATION COEFFICIENTS AND LINEARITY EQUATIONS

S. no.	Drug	R^2	Linearity equation
1	CIP	0.999	$y = 852.1x + 2198$
2	LEV	0.999	$y = 69819x + 134352$
3	MOX	0.999	$y = 66363x + 97550$
4	NOR	0.999	$y = 36901x + 1747.1$
5	OFL	0.999	$y = 62185x + 10414$

TABLE 4: VALIDATION RESULTS

	CIP	LEV	MOX	NOR	OFL
Linearity range($\mu\text{g/ml}$)	10-60	10-60	10-60	10-60	10-60
LOD($\mu\text{g/ml}$)	1.79	1.57	1.57	0.799	1.39
LOQ($\mu\text{g/ml}$)	5.96	5.24	5.22	2.667	4.64
Precision	Complies	Complies	Complies	Complies	Complies
Assay (Limits 90-110%) *	100.05%	104.19%	103.17%	106.75%	98.004%
Accuracy	101-102%	95-101%	96-102%	102-105%	96-105%
Robustness**	Complies	Complies	Complies	Complies	Complies

*Performed on marketed formulations; **Proved through the application of ANOVA

TABLE 5: CRITICAL ATTRIBUTES AND RANGES ANALYSED

S. no.	Critical Attribute	Value	Range
1	% of Methanol	70%	68-72%
2	pH of Buffer	3.0	2.8-3.2
3	Flow Rate	1.25ml/min	1.05-1.45ml/min

Creation of Design Space for Critical Attributes through QbD:

Identification of Critical Attributes and their Range: The critical attributes in designing a robust and easily transferrable method were identified and tested over ranges, as shown in **Table 5**.

Application of ANOVA to Creation of Design Space:

Application of statistical analysis in the form of ANOVA proved the method to be robust and helped create a Design Space for each critical parameter as enlisted in **Table 6**.

The f -ratio shows that there is no significant difference in results of the method if one works within the Design Space studied, thus displaying that method need not be redeveloped and revalidated during transfers.

TABLE 6: APPLICATION OF ANOVA TO PROVE ROBUSTNESS OF EACH CRITICAL ATTRIBUTE (CA)

Drug	CA	n	ΣX	Mean	ΣX^2	SD	f -ratio	p -value
CIP	% of Methanol	9	23.71	2.63	62.44	0.0033	1.00	0.420
	pH of Buffer	9	23.58	2.62	61.75	0.0053	7.00	0.027
	Flow Rate	9	23.68	2.63	62.35	0.0041	3.02	0.120
LEV	% of Methanol	9	23.66	2.63	62.17	0.0071	0.60	0.579
	pH of Buffer	9	23.46	2.61	61.17	0.0050	1.13	0.380
	Flow Rate	9	23.68	2.63	62.28	0.0052	0.65	0.550
MOX	% of Methanol	9	24.31	2.70	65.68	0.0077	6.34	0.033
	pH of Buffer	9	24.25	2.69	65.35	0.0053	2.13	0.120
	Flow Rate	9	24.37	2.71	65.96	0.0087	10.38	0.010
NOR	% of Methanol	9	23.64	2.63	62.07	0.0033	1.00	0.420
	pH of Buffer	9	23.47	2.61	61.22	0.0058	2.66	0.150
	Flow Rate	9	23.67	2.63	62.23	0.0053	2.86	0.130
OFL	% of Methanol	9	23.67	2.63	62.23	0.0073	0.80	0.490
	pH of Buffer	9	23.54	2.62	61.59	0.0147	8.93	0.016
	Flow Rate	9	23.68	2.63	62.32	0.0072	6.07	0.040

DISCUSSION: In the reported research work, the RP-HPLC analytical method for the selected fluoroquinolones was developed and validated as per the ICH guidelines. Since all the validation parameters checked were within limits, the method was considered successfully validated.

By applying ANOVA as a form of statistical analysis for validating robustness, it was proved that any variation within the tested Design Space did not bring about any change in validity and effectiveness of the method. Since, the result was not significant at $p < 0.01$, we accept the null

hypothesis that within this range there is no significant difference in the results, thereby proving that changes within the Design Space do not need revalidation of the method.

CONCLUSION: The developed RP-HPLC method was found to be suitable for the analysis of selected fluoroquinolones, namely, CIP, LEV, MOX, NOR, and OFL, in bulk form, as well as in marketed formulations like tablets. The method was found to be simple, quick, sensitive, economical, reliable, and precise. A Design Space was simultaneously created setting limits for critical attributes affecting the robustness. Any variations in parameters within the Design Space did not affect method performance, making the method easily transferrable without additional expenditure of time or money. This method can, therefore, be useful as a common and easily transferrable method for estimation of any of the selected fluoroquinolones, in bulk form or pharmaceutical dosage forms. This HPLC method will prove to be advantageous for laboratories handling numerous fluoroquinolones, especially since the method may be transferred without the need for revalidation within the Design Space.

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CONFLICT OF INTEREST: There is no conflict of interest.

REFERENCES:

1. Sheehan G and Chew NSY: The history of quinolones: Fluoroquinolone Antibiotics. Birkhäuser Basel 2003: 1-10.
2. Hooper DC: New Uses for New and Old Quinolones and the Challenge of Resistance. *Clin Inf Dis* 2000; 30: 243-54.
3. Murray TS and Baltimore RS: Pediatric uses of fluoroquinolone antibiotics. *Pediatric Annals* 2007; 36: 336-42.
4. International Conference of Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use, ICH Harmonized Tripartite Guideline, Q8(R2) 2009.
5. Lee SJ, Desta KT, Eum SY, Dartois V, Cho SN, Bae D and Shin SC: Development and validation of LC-ESI-MS/MS method for analysis of moxifloxacin and levofloxacin in the serum of multidrug-resistant tuberculosis patients: potential application as a therapeutic drug monitoring tool in medical diagnosis. *Journal of chromatography b: Analytical Technologies in the Biomedical and Life Sciences* 2016; 1009-1010: 138-43.
6. Czyrski A, Anusiak K and Teżyk A: The degradation of levofloxacin in infusions exposed to daylight with an identification of a degradation product with HPLC-MS. *Scientific Reports* 2019; 9(1): 1-7.
7. Pan Z, Peng J, Chen Y, Zang X, Peng H, Bu L, Xiao H, He Y, Chen F and Chen Y: Simultaneous determination of five fluoroquinolones by the selective high-performance liquid chromatography associating with sensitive resonance light scattering and mechanism study. *Microchemical Journal* 2018; 136(1): 71-79.
8. Zhou M, Peng J, He R, He Y, Zhang J and Li A: High-Performance Liquid Chromatography coupled with resonance rayleigh scattering for the detection of three fluoroquinolones and mechanism study. *Spectrochimica Acta Part A: Molecular and Biomolecular Spectroscopy* 2015; 136(B): 1181-87.
9. Sousa J, Alvesb G, Campos G, Fortuna A and Falcão A: First liquid chromatography method for the simultaneous determination of levofloxacin, pazufloxacin, gatifloxacin, moxifloxacin and trovafloxacin in human plasma. *Journal of Chromatography B* 2013; 930: 104-11.
10. Szerkus O, Jacyna J, Gibas A, Sieczkowski M, Siluk D, Matuszewski M, Kaliszan R and Markuszewski MJ: Robust HPLC-MS/MS method for levofloxacin and ciprofloxacin determination in human prostate tissue. *Jou of Pharma and Biomed Analy* 2017; 132: 173-83.
11. International Conference of Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use, ICH Harmonized Tripartite Guideline, Validation of Analytical Procedures: Text and Methodology Q2 (R1), 2005.
12. Sumithra M, Shanmugasundaram P and Ravichandran V: Quality by design-based optimization and validation of new reverse phase – high - performance liquid chromatography method for simultaneous estimation of levofloxacin hemihydrate and ambroxol hydrochloride in bulk and its pharmaceutical dosage form. *Asian Journal of Pharmaceutical and Clinical Research* 2016; 9(3): 190-96.
13. Shah P, Pandya T, Gohel M and Thakkar V: Development and validation of HPLC method for simultaneous estimation of rifampicin and ofloxacin using experimental design. *Journal of Taibah University for Science* 2019; 13(1): 146-54.
14. Padala A, Kurla VV and Pawar AKM: Quality by Design (Qbd) based Development of a Stability-Indicating RP-HPLC Method for Estimation of Cobicistat in bulk. *Int Journal of Pharmaceutical Sci* 2018; 9(6): 2589-94.
15. Vanitha C, Reddy B and Satyanarayana SV: Quality-by-design approach to selective stability indicating RP- HPLC method development and validation for estimation of Sofosbuvir in bulk drug. *International Journal of Pharmaceutical Sciences* 2018; 9(2): 298-08.

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QbD Based Development of Two RP-HPLC Methods for Levofloxacin and Its Acid Degradation Product - Through Creation of Design Space for Critical Attributes and Application of ANOVA

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ABSTRACT

Fluoroquinolones are antibacterials that are widely used in many countries, however there are growing worries about their presence in soil and water. Analytical methods for these medications are continually needed not only in the pharmaceutical area, but also in other fields such as chemical engineering and environmental sciences. Quality by Design (QbD) is a concept that ensures the robustness and adaptability of an analytical method or manufacturing process to any instrument, laboratory, or application. The major goal was to develop some easy stability indicating analytical procedures for Levofloxacin, a fluoroquinolone member, in the presence of its acid degradation product. The goal was to create a Reversed Phase-High Performance Liquid Chromatographic technology that could be used in any business and simply changed to suit their needs. The RP-HPLC procedures provided here employ a C18 column with dimensions of 25 cm (length) 0.46 mm (i.d.) and a particle size of 5 μm. The first approach employed a 43:57 ratio of methanol and phosphate buffer (pH 3.0) as the mobile phase, while the second method used a 15:85 ratio of acetonitrile and 0.1 percent triethylamine (pH 3.0). The analytes were detected using a PDA detector wavelength of 294nm in both procedures, which were performed at 0.8 ml/min flow. To validate parameters, ICH-recommended validation standards were used, as well as statistical methodologies such as ANOVA and the creation of a Design Space to assign limiting values for the essential variables impacting robustness. Two simple and reliable RP-HPLC techniques were devised, one of which could be modified for LC-MS compatibility.

Keywords: RP-HPLC, QbD, Critical Attributes, Design Space, LC-MS, Levofloxacin



**Sachi S. Kudchadkar and Sanjay Pai**

INTRODUCTION

Antibacterials belonging to the fluoroquinolone class are commonly used to treat respiratory and urinary tract infections (FQs). According to the literature, the first quinolone was discovered as a by-product of the synthesis of chloroquine in the 1960s, and when this chemical was shown to have antibacterial action, it led to the development of nalidixic acid [1]. Despite the passage of time and the introduction of newer members, older medications are still being utilised to treat a variety of infections [2-6]. Quality by Design is a method of incorporating quality into a product or process from the beginning of the design or planning process. This approach is gaining traction in the pharmaceutical industry, owing to the fact that analytical techniques developed using QbD principles do not require redevelopment, revalidation, or reapproval after transfers, as long as the Design Space boundaries are not exceeded. This saves both time and money [7-11]. There are growing worries about these medications being found in soil and water as a result of their widespread and indiscriminate usage, stressing the need to find avenues to speed biodegradation. This highlights the need for novel and easy analytical methods that can be quickly adopted and implemented in a variety of sectors, including chemical engineering and environmental sciences. We attempted to develop a common HPLC approach for several fluoroquinolones previously, however the method failed to detect any degradants (12). Our efforts in developing and verifying two stability-indicating RP-HPLC techniques for the selected FQ, levofloxacin (LEV), while it is present alongside its acid degradant, LDA, acquired through forced degradation of LEV, are described in this paper. Figure 1 depicts the chemical structure of LEV.

A review of the literature revealed that there is no straightforward technique for this medicine. The majority of the described analytical approaches required simultaneous estimate of FQs, which made the method difficult [13-27]. Some used gradient elution and fluorescence, as well as other advanced detection and quantification techniques [28-45]. As a result, it was decided to design basic and quick stability signalling techniques that could be simply adapted for the bulk of the class. To design the techniques and validate the important parameters, ICH-specified guidelines and QbD principles were used [46-52].

MATERIALS AND PROCEDURES

Chemicals

Merck's methanol and acetonitrile (HPLC grade) were used. HPLC grade water, orthophosphoric acid and triethyl amine (HPLC grade of Merck), formic acid, and disodium hydrogen phosphate were all prepared in the lab using the BioAge Ultra Water Purification system or purchased from Merck (AR grade). Abaris Healthcare Pvt. Ltd., Ahmedabad, Gujarat, India, donated the pure medicine. The experiments were carried out at Goa College of Pharmacy's Central Instrument Laboratory in Panaji, Goa, India.

Instrumentation

The following equipment/instruments were used: a Wensar electronic weighing balance, a Citizen sonicator, a Labtronics pH metre, a Jasco HPLC with ChromNav software, and a Phenomenex C18 column.

Chromatographic Circumstances

Jasco CO-4061 HPLC system with Autosampler (AS-4050), PDA detector, and built-in degasser was employed. ChromNav software was utilised in the system. Phenomenex C18 column (25cm length, 0.46cm internal diameter, and 5 particle size of packing) was chosen after several testing. Varied solvents in various amounts were explored, with methanol with phosphate buffer and acetonitrile with triethylamine being the two compositions chosen. Method 1's mobile phase consisted of 43 parts methanol and 57 parts buffer. Dissolving disodium hydrogen phosphate in water and correcting the pH to 3.0 with orthophosphoric acid yielded phosphate buffer pH 3.0. Method 2 utilised 15 parts acetonitrile and 85 parts 0.1 percent triethylamine (TEA) adjusted to pH 3.0 with formic acid as the mobile phase. Prior to use, the mobile phase components were sonicated for 15 minutes and filtered using



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0.45 membrane filters. The flow rate was kept constant at 0.8mL/min for both procedures, and the detector was set to 294nm wavelength. The autosampler employed has a variable loop volume of 0-100L, and 20L was injected in this approach. Table 1 shows the optimal chromatographic settings for a certain fluoroquinolone.

Development of a Method**Mobile Phase Selection and Preparation**

Mobile phases including methanol, acetonitrile, water, and buffers at various pH levels were tested in various quantities and flow rates[53-55]. At flow rates of 0.8mL/min, satisfactory peaks were achieved using the mobile phases listed in Table 1 and setting the pH to 3.0 using a pH metre. Before being introduced into the system, both components of the mobile phase were vacuum filtered through 0.45m membrane filters and sonicated for 15 minutes.

Standard Stock Solution Preparation

Depending on the procedure, the standard solutions of the medicines were produced in methanol/acetonitrile. To make standard stock solutions of 1000 g/mL of each medication, a quantity of 25 mg of each drug was weighed and dissolved in methanol/acetonitrile in 25mL volumetric flasks. To produce the appropriate concentrations of each medication, the standard stock solutions were further diluted with methanol/acetonitrile.

Calibration Curve Preparation

Each drug's standard stock solution was transferred to a 10 mL volumetric flask and diluted to the desired concentration using methanol/acetonitrile. Aliquots were taken in such a way that the final concentrations were within the acceptable limit. Using optimal circumstances, three injections of 20 L of each concentration were examined. The average or mean of three readings was used to record each reading or peak area. For each medication, calibration curves were created by graphing peak areas recorded for each concentration on the y-axis and the drug concentration on the x-axis. For each drug's calibration curve, the coefficient of determination (R²) was computed.

Experiments on Forced Degradation

Stock solutions of the medication LEV were produced in methanol/acetonitrile at a concentration of 1000 g/mL (1 mg/mL). 2mL aliquots were collected from the stock and used to make a 10mL volume of 5N HCl. For 6 hours, these acidic solutions were placed in a water bath at 65°C. The deteriorated solutions were then neutralised and diluted with water to make up to 25mL. From these damaged samples, 1mL was taken and built up to 10mL with methanol/acetonitrile to inject as a sample[56-61].

Validation of the Method

The method was validated using ICH guidelines, which included evaluating factors like accuracy, precision, linearity, robustness, ruggedness, detection, and quantification limits[62-71]. When evaluating the results, acceptable limits for Relative Standard Deviation were set at less than 2%. (RSD). ANOVA was also utilised to prove the precision and robustness of the approach statistically.

Perfection

For each of the medications, the precision of the devised approach was confirmed. Actual investigation of six replicate injections of a standard concentration of each medication yielded the peak areas [72]. The RSD was used to assess the method's precision in terms of intra- and inter-day fluctuation in the peak areas. ANOVA was also used to establish the method's precision.



**Sachi S. Kudchadkar and Sanjay Pai****Precision**

For each of the drugs, the method's accuracy was tested by spiking a known concentration of each drug at three different concentration levels, namely 80%, 100%, and 1200%, and then comparing the difference between the expected/ theoretical value and the concentration actually determined by the method [73-75].

Linearity

For the medication LEV, stock solutions of 1000 g/mL in methanol/acetonitrile were produced. Working standard solutions in the appropriate range were generated from these stocks and injected into the HPLC apparatus. Each medicine has been shown to be linear in the specified range. The calibration graph (obtained by plotting the drug's peak regions versus its concentration) was made using replicate analyses at all concentration levels, and the linearity of the connection was determined using the Microsoft Excel® application.

Designing Critical Attributes with Robustness and a QbD Approach

Variation in crucial parameters, such as flow rate, pH, and fraction of mobile phase components, was used to confirm the robustness of the devised technique for chosen fluoroquinolones. ANOVA was used to verify robustness statistically [73,74,76].

Limits of Detection and Quantification

The linearity curve was used to calculate the limit of detection (LOD) and limit of quantification (LOQ). These values were calculated using the following formulas: $LOD=3.3/s$
 $LOQ=10/s$, where s is the slope of the calibration curve and is the standard deviation of the y-intercept of the regression line.

LEV Calibration Curve

Table 3 shows the correlation coefficients (R^2) and linearity equations for each of the methodologies under discussion.

Validation of the Method

The procedure was verified and applied to commercially available formulations.

Determining Critical Attributes and Their Scope

The important attributes determining the approach's effectiveness were identified and used to build a method that is both resilient and easy to transfer. These factors were then tested over a variety of ranges, as shown in Table 5.

The Use of ANOVA in the Design of Design Space

It was discovered that the approaches were both robust when using ANOVA as a statistical analysis tool. As shown in Table 6, this exercise also resulted in the creation of a Design Space for each essential variable. The f-ratio demonstrates that there is no substantial difference in efficiency between the two methods in the event of any planned or unintentional alteration in any of the important parameters within the Design Space.

DISCUSSION

The new RP-HPLC techniques for the drug LEV in the presence of its acid degradant were developed and verified according to ICH guidelines in the study reported. It was demonstrated that any alteration within the examined Design Space had no effect on the validity and effectiveness of approaches using ANOVA as a form of statistical analysis for validating robustness. We accept the null hypothesis that there is no significant difference in the outcomes within this range because the result was not significant at $p < 0.05$, indicating that modifications within the Design Space do not require revalidation of the method.





CONCLUSION

The developed RP-HPLC methods were proven to be suitable for analysing the fluoroquinolone LEV in both bulk and marketed forms such as tablets. Simple, rapid, sensitive, inexpensive, dependable, and precise procedures were discovered. Method 2 can also be altered for use with LC-MS. Simultaneously, a Design Space was constructed, which defined limitations for essential attributes determining robustness. Variations in parameters inside the Design Space have no effect on the method's performance, allowing it to be easily transferred without additional effort or expense. Both of these approaches can be used to estimate LEV in the presence of its acid breakdown product, whether in bulk or in medicinal dosage forms. Method 2 using acetonitrile is also compatible with LC-MS, which is a benefit over Method 1.

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REFERENCES

1. Sheehan, G.; Chew, N. S. Y. The History of Quinolones. In *Fluoroquinolone Antibiotics*; Birkhäuser Basel: Basel, 2003; pp 1–10. https://doi.org/10.1007/978-3-0348-8103-6_1.
2. Hooper, D. C. New Uses for New and Old Quinolones and the Challenge of Resistance. *Clin. Infect. Dis.*2000, 30 (2), 243–254. <https://doi.org/10.1086/313677>.
3. Davis, R.; Bryson, H. Levofloxacin. *Tuberculosis*2008, 88 (2), 119–121. <https://doi.org/10.1111/j.1542-4758.2011.00592.x>.
4. Kahn, J. B. Latest Industry Information on the Safety Profile of Levofloxacin in the US. In *Chemotherapy*; 2001; Vol. 47, pp 32–37. <https://doi.org/10.1159/000057842>.
5. Zhanel, G. G.; Ennis, K.; Vercaigne, L.; Walkty, A.; Gin, A. S.; Embil, J.; Smith, H.; Hoban, D. J. A Critical Review of the Fluoroquinolones. *Drugs*2002, 62 (1), 13–59. <https://doi.org/10.2165/00003495-200262010-00002>.
6. Murray, T. S.; Baltimore, R. S. Pediatric Uses of Fluoroquinolone Antibiotics. *Pediatr. Ann.*2007, 36 (6), 336–342. <https://doi.org/10.3928/0090-4481-20070601-09>.
7. Guideline, I. H. T. International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use Pharmaceutical Development Q8(R2); 2009.
8. Padala, A.; Kurla, V. V.; Pawar, A. K. M. Quality By Design (QbD) Based Development of a Stability Indicating RP-HPLC Method for Estimation of Cobicistat in Bulk. *Int. J. Pharm. Sci. Res.*2018, 9 (6), 2589–2594.
9. Vanitha, C.; Reddy, B. K.; Satyanarayana, S. V. Quality-by-Design Approach to Selective Stability Indicating RP-HPLC Method Development and Validation for Estimation of Sofosbuvir in Bulk Drug. *Int. J. Res. Pharm. Sci.*2018, 9 (2), 298–308.
10. Pradhan, R.; Krishna, K. V.; Wadhwa, G.; Taliyan, R.; Khadgawat, R.; Kachhawa, G.; Singhvi, G.; Dubey, S. K. QbD-Driven Development and Validation of HPLC Method for Determination of Bisphenol A and Bis-Sulphone in Environmental Samples. *Int. J. Environ. Anal. Chem.*2020, 100 (1), 42–54. <https://doi.org/10.1080/03067319.2019.1629585>.
11. Mohan, T. S. S. J.; Jogia, H. A.; Mukkanti, K. Novel Stability-Indicating UHPLC Method Development and Validation for the Quantification of Perindopril, Amlodipine and Their Impurities in Pharmaceutical Formulations: Application of QbD Approach. *Chromatographia*2020, 83 (10), 1197–1220. <https://doi.org/10.1007/s10337-020-03936-6>.



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12. Kudchadkar, S.S; Pai, S. QbDbased RP-HPLC method development for five fluoroquinolone anti-bacterials-through creation of Design Space for Critical Attributes. *Int. J. Pharm. Sci. and Res.*[Internet]. 2019,10(11),4907-4912. Available from: <http://dx.doi.org/10.13040/IJPSR.0975-8232.10>
13. Sunderland, J.; Tobin, C. M.; Hedges, A. J.; MacGowan, A. P.; White, L. O. Antimicrobial Activity of Fluoroquinolone Photodegradation Products Determined by Parallel-Line Bioassay and High Performance Liquid Chromatography. *J. Antimicrob. Chemother.*2001, 47 (3), 271–275. <https://doi.org/10.1093/jac/47.3.271>.
14. Zhou, M.; Peng, J.; He, R.; He, Y.; Zhang, J.; Li, A. High Performance Liquid Chromatography Coupled with Resonance Rayleigh Scattering for the Detection of Three Fluoroquinolones and Mechanism Study. *Spectrochim. Acta Part A Mol. Biomol. Spectrosc.*2015, 136 (B), 1181–1187. <https://doi.org/10.1016/J.SAA.2014.10.004>.
15. Sousa, J.; Alves, G.; Campos, G.; Fortuna, A.; Falcão, A. First Liquid Chromatography Method for the Simultaneous Determination of Levofloxacin, Pazufloxacin, Gatifloxacin, Moxifloxacin and Trovafloxacin in Human Plasma. *J. Chromatogr. B*2013, 930, 104–111.
16. Liang, H.; Kays, M. B.; Sowinski, K. M. Separation of Levofloxacin, Ciprofloxacin, Gatifloxacin, Moxifloxacin, Trovafloxacin and Cinoxacin by High-Performance Liquid Chromatography: Application to Levofloxacin Determination in Human Plasma. *J. Chromatogr. B*2002, 772 (1), 53–63.
17. Nguyena, H. A.; Grelleta, J.; Boubakar, B.; Quentinb, C.; Sauxa, M.C. Simultaneous Determination of Levofloxacin, Gatifloxacin and Moxifloxacin in Serum by Liquid Chromatography with Column Switching. *J. Chromatogr. B*2004, 810 (1), 77–83.
18. De Smet, J.; Boussery, K.; Colpaert, K.; De Sutter, P.; De Paepe, P.; Decruyenaere, J.; Van Bocxlaer, J. Pharmacokinetics of Fluoroquinolones in Critical Care Patients: A Bio-Analytical HPLC Method for the Simultaneous Quantification of Ofloxacin, Ciprofloxacin and Moxifloxacin in Human Plasma. *J. Chromatogr. B*2009, 877 (10), 961–967.
19. Pan, Z.; Peng, J.; Chen, Y.; Zang, X.; Peng, H.; Bu, L.; Xiao, H.; He, Y.; Chen, F.; Chen, Y. Simultaneous Determination of Five Fluoroquinolones by the Selective High Performance Liquid Chromatography Associating with Sensitive Resonance Light Scattering and Mechanism Study. *Microchem. J.*2018, 136, 71–79. <https://doi.org/10.1016/J.MICROC.2017.01.009>.
20. Shervington, L. A.; Abba, M.; Hussain, B.; Donnelly, J. The Simultaneous Separation and Determination of Five Quinolone Antibiotics Using Isocratic Reversed-Phase HPLC: Application to Stability Studies on an Ofloxacin Tablet Formulation. *J. Pharm. Biomed. Anal.*2005, 39 (3–4), 769–775. <https://doi.org/10.1016/J.JPBA.2005.04.039>.
21. Watabe S, Yokoyama Y, Nakazawa K, Shinozaki K, Hiraoka R, Takeshita K, S. Y. Simultaneous Measurement of Pazufloxacin, Ciprofloxacin, and Levofloxacin in Human Serum by High-Performance Liquid Chromatography with Fluorescence Detection. *J. Chromatogr. B*2010, 878 (19), 1555–1561.
22. Nimmagadda, S.; Narasu, L.; Shankar, B.P.;Mulangi, R. Development and Validation of a HPLC Method for Simultaneous Quantitation of Gatifloxacin, Sparfloxacin and Moxifloxacin using Levofloxacin as Internal Standard in Human Plasma: Application to a Clinical Pharmacokinetic Study. *Biomed. Chromatogr.*2008, 22 (11), 1288–1295.
23. Santoro, M. I. R. M.; Kassab, N. M.; Singh, A. K.; Kedor-Hackmam, E. R. M. Quantitative Determination of Gatifloxacin, Levofloxacin, Lomefloxacin and Pefloxacin Fluoroquinolonic Antibiotics in Pharmaceutical Preparations by High-Performance Liquid Chromatography. *J. Pharm. Biomed. Anal.*2006, 40 (1), 179–184. <https://doi.org/10.1016/j.jpba.2005.06.018>.
24. Naveed, S.; Sultana, N.; Saeed Arayne, M.; Dilshad, H. A New HPLC Method for the Assay of Levofloxacin and Its Application in Drug-Metal Interaction Studies. *J. Sci. Innov. Res. JSIR*2014, 3 (31), 91–96.
25. Pan, Z.; Peng, J.; Chen, Y.; Zang, X.; Peng, H.; Bu, L.; Xiao, H.; He, Y.; Chen, F.; Chen, Y. Simultaneous Determination of Five Fluoroquinolones by the Selective High Performance Liquid Chromatography Associating with Sensitive Resonance Light Scattering and Mechanism Study. *Microchem. J.*2017. <https://doi.org/10.1016/j.microc.2017.01.009>.
26. De, A. K.; Bera, A. K.; Pal, B. Quantification of Fluoroquinolones from Bulk, Pharmaceutical Formulations And Biological Matrices Using Chromatographic Techniques. *Int. J. Pharm. Sci. Res.*2016, 7 (2), 531–542.
27. Sumithra, M.; Shanmugasundaram, P.; Ravichandran, V. Quality by Design-Based Optimization and Validation of New Reverse Phase-High-Performance Liquid Chromatography Method for Simultaneous Estimation of



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- Levofloxacin Hemihydrate and Ambroxol Hydrochloride in Bulk and Its Pharmaceutical Dosage Form. *Asian J. Pharm. Clin. Res.*2016, 9 (3), 190–196. <https://doi.org/10.22159/ajpcr.2016.v9s3.14040>.
28. Siewert, S. Validation of a Levofloxacin HPLC Assay in Plasma and Dialysate for Pharmacokinetic Studies. *J. Pharm. Biomed. Anal.*2006, 41 (4), 1360–1362. <https://doi.org/10.1016/j.jpba.2006.02.010>.
 29. Kothekar, K. M.; Jayakar, B.; Khandhar, A. P.; Mishra, R. K. Quantitative Determination of Levofloxacin and Ambroxol Hydrochloride in Pharmaceutical Dosage Form by Reversed- Phase High Performance Liquid Chromatography. 2007, 2 (1).
 30. Nimmagadda Srinivas1, 2, Lakshmi Narasu2, B. P. S. and Ramesh M. Development and Validation of a HPLC Method for Simultaneous Quantitation of Gatifloxacin, Sparfloxacin and Moxifloxacin Using Levofloxacin as Internal Standard in Human Plasma: Application to a Clinical Pharmacokinetic Study. *Biomed. Chromatogr.*2008, 22 (11), 1288–1295.
 31. Szerkus, O.; Jacyna, J.; Gibas, A.; Sieczkowski, M.; Siluk, D.; Matuszewski, M.; Kaliszan, R.; Markuszewski, M. J. Robust HPLC–MS/MS Method for Levofloxacin and Ciprofloxacin Determination in Human Prostate Tissue. *J. Pharm. Biomed. Anal.*2017, 132, 173–183. <https://doi.org/10.1016/j.jpba.2016.10.008>.
 32. Luo, S.; Lei, J.; Zhang, R.; Cai, H.; Li, R. Determination of Levofloxacin in Plasma and Cerebrospinal Fluid with HPLC and Its Pharmacokinetics in Patients Undergoing Neurosurgical Operations. *Yaoxue Xuebao*1998, 33 (12), 937–940.
 33. Matos, A. C.; Pinto, R. V.; Bettencourt, A. F. Easy-Assessment of Levofloxacin and Minocycline in Relevant Biomimetic Media by HPLC–UV Analysis. *J Chromatogr Sci*2017, 55(7), 757–765.
 34. Czyski, A.; Anusiak, K.; Tezyk, A. The Degradation of Levofloxacin in Infusions Exposed to Daylight with an Identification of a Degradation Product with HPLC-MS. *Sci. Rep.*2019, 9 (1), 1–7. <https://doi.org/10.1038/s41598-019-40201-9>.
 35. González, J. A. O.; Mochón, M. C.; de la Rosa, F. J. B. Simultaneous Determination of Cefepime and the Quinolones Garenoxacin, Moxifloxacin and Levofloxacin in Human Urine by HPLC-UV. *Microchim. Acta*2005, 151 (1–2), 39–45.
 36. Llopis, B.; Funck-Brentano, C.; Tissot, N.; Bleibtreu, A.; Jaureguiberry, S.; Fourniols, E.; Aubry, A.; Zahr, N. Development and Validation of a UPLC-MS/MS Method for Simultaneous Quantification of Levofloxacin, Ciprofloxacin, Moxifloxacin and Rifampicin in Human Plasma: Application to the Therapeutic Drug Monitoring in Osteoarticular Infections. *J. Pharm. Biomed. Anal.*2020, 183, 113137. <https://doi.org/10.1016/JJPBA.2020.113137>.
 37. Gupta, H.; Aqil, M.; Khar, R. K.; Ali, A.; Chander, P. A Single Reversed-Phase UPLC Method for Quantification of Levofloxacin in Aqueous Humour and Pharmaceutical Dosage Forms. *J. Chromatogr. Sci.*2010, 48 (6), 484–490. <https://doi.org/10.1093/chromsci/48.6.484>.
 38. Zheng, Y.; Wang, Z.; Lui, G.; Hirt, D.; Treluyer, J. M.; Benaboud, S.; Aboura, R.; Gana, I. Simultaneous Quantification of Levofloxacin, Pefloxacin, Ciprofloxacin and Moxifloxacin in Microvolumes of Human Plasma Using High-Performance Liquid Chromatography with Ultraviolet Detection. *Biomed. Chromatogr.*2019, 33 (5). <https://doi.org/10.1002/bmc.4506>.
 39. Wang, W. J.; Li, T.; Li, J.; Liu, Q.; Xie, Y. C. HPLC-MS Identification of Degradation Products of Levofloxacin. *Yaoxue Xuebao*2012, 47 (4), 498–501.
 40. Zhou, Z.; Yang, M.; Yu, X.; Peng, H.; Shan, Z.; Chen, S.; Lin, Q.; Liu, X.; Chen, T.; Zhou, S.; Lin, S. A Rapid and Simple High-Performance Liquid Chromatography Method for the Determination of Human Plasma Levofloxacin Concentration and Its Application to Bioequivalence Studie. *Biomed. Chromatogr.*2007, 21 (10), 1045–1051.
 41. Nagaraj, Y. Development of Some New and Sensitive Analytical Method for the Estimation and Validation of Levofloxacin by Reverse Phase High Performance Liquid Chromatography (RP-HPLC). *Int. J. Pharma Bio Sci.*2013, 4 (1), 102–120.
 42. Ye, J.; Song, X.; Liu, Z.; Zhao, X.; Geng, L.; Bi, K.; Chen, X. Development of an LC-MS Method for Determination of Three Active Constituents of Shuang-Huang-Lian Injection in Rat Plasma and Its Application to the Drug Interaction Study of Shuang-Huang-Lian Freeze-Dried Powder Combined with Levofloxacin Injection. *J. Chromatogr. B Anal. Technol. Biomed. Life Sci.*2012, 898, 130–135. <https://doi.org/10.1016/j.jchromb.2012.04.036>.





Sachi S. Kudchadkar and Sanjay Pai

43. Schulte, S.; Ackermann, T.; Bertram, N.; Sauerbruch, T.; Paar, W. D. Determination of the Newer Quinolones Levofloxacin and Moxifloxacin in Plasma by High-Performance Liquid Chromatography with Fluorescence Detection. *J. Chromatogr. Sci.*2006, 44 (4), 205–208. <https://doi.org/10.1093/chromsci/44.4.205>.
44. Czyski, A.; Szalek, E. An HPLC Method for Levofloxacin Determination and Its Application in Biomedical Analysis. *J. Anal. Chem.*2016, 71 (8), 840–843.
45. Dongala, T.; Katakam, L. N. R.; Palakurthi, A. K.; Katari, N. K. RP-HPLC Stability Indicating Method Development and Validation of Pseudoephedrine Sulfate and Related Organic Impurities in Tablet Dosage Forms, Robustness by QbD Approach. *Anal. Chem. Lett.*2019, 9 (5), 697–710. <https://doi.org/10.1080/22297928.2019.1696701>.
46. Jain, A.; Beg, S.; Saini, S.; Sharma, T.; Katare, O. P.; Singh, B. Application of Chemometric Approach for QbD-Enabled Development and Validation of an RP-HPLC Method for Estimation of Methotrexate. *J. Liq. Chromatogr. Relat. Technol.*2019, 42 (15–16), 502–512. <https://doi.org/10.1080/10826076.2019.1626742>.
47. Sahu, P. K.; Ramiseti, N. R.; Cecchi, T.; Swain, S.; Patro, C. S.; Panda, J. *An Overview of Experimental Designs in HPLC Method Development and Validation*; Elsevier B.V., 2018; Vol. 147. <https://doi.org/10.1016/j.jpba.2017.05.006>.
48. Karmarkar, S.; Garber, R.; Genchanok, Y.; George, S.; Yang, X.; Hammond, R. Quality by Design (QbD) Based Development of a Stability Indicating HPLC Method for Drug and Impurities. *J. Chromatogr. Sci.*2011, 49 (6), 439–446. <https://doi.org/10.1093/chrsi/49.6.439>.
49. Czyski, A. Analytical Methods for Determining Third and Fourth Generation Fluoroquinolones: A Review. *Chromatographia*2017, 80 (2), 181–200. <https://doi.org/10.1007/s10337-016-3224-8>.
50. Bhatt, D. A.; Rane, S. I. QbD Approach to Analytical Rp-Hplc Method Development and its Validation. *Indian J. Pharm. Pharm. Sci.*2011, 3 (1), 179–187.
51. Chadran, S.; Singh, R. S. P. Comparison of Various International Guidelines for Analytical Met...: Ingenta Connect. *Die Pharm. - An Int. J. Pharm. Sci.*2007, 62 (1), 4–14. <https://doi.org/https://doi.org/10.1691/ph2007.1.5064>.
52. McMaster, M. C. Appendix B: Solvents and Volatile Buffers for LC/MS. In *LC/MS*; John Wiley & Sons, Inc., 2005; pp 139–142. <https://doi.org/10.1002/0471736589.app2>.
53. Böttcher, S.; Baum, H. V.; Hoppe-Tichy, T.; Benz, C.; Sonntag, H. G. An HPLC Assay and a Microbiological Assay to Determine Levofloxacin in Soft Tissue, Bone, Bile and Serum. *J. Pharm. Biomed. Anal.*2001, 25 (2), 197–203. [https://doi.org/10.1016/S0731-7085\(00\)00478-7](https://doi.org/10.1016/S0731-7085(00)00478-7).
54. Lee, S.; Desta, K. T.; Eum, S. Y.; Dartois, V.; Cho, S. N.; Bae, D.; Shin, S. C. Development and Validation of LC-ESI-MS/MS Method for Analysis of Moxifloxacin and Levofloxacin in Serum of Multidrug-Resistant Tuberculosis Patients: Potential Application as Therapeutic Drug Monitoring Tool in Medical Diagnosis. *J. Chromatogr. B Anal. Technol. Biomed. Life Sci.*2016, 1009–1010, 138–143.
55. Krull, I. S.; Swartz, M. Analytical Method Development and Validation for the Academic Researcher. *Anal. Lett.*1999, 32 (6), 1067–1080.
56. Blessy, M.; Patel, R. D.; Prajapati, P. N.; Agrawal, Y. K. Development of Forced Degradation and Stability Indicating Studies of Drugs—A Review. *J. Pharm. Anal.*2014, 4 (3), 159–165. <https://doi.org/10.1016/J.JPHA.2013.09.003>.
57. Kothari, C. S.; Patel, N. N. Critical Review: Significance of Force Degradation Study with Respect to Current Pharmaceutical Scenario Bio-Analytical Methods for Some Selected Drugs View Project Method Development for Polyherbal Formulation View Project. *Asian J. Res. Chem.*2013, 6 (3), 286–296.
58. Maggio, R. M.; Vignaduzzo, S. E.; Kaufman, T. S. Practical and Regulatory Considerations for Stability-Indicating Methods for the Assay of Bulk Drugs and Drug Formulations. *TrAC - Trends Anal. Chem.*2013, 49, 57–70. <https://doi.org/10.1016/j.trac.2013.05.008>.
59. Mehta, J.; Pancholi, Y.; Patel, V.; Kshatri, N.; Vyas, N. Development and Validation of a Sensitive Stability Indicating Method for Quantification of Levofloxacin Related Substances and Degradation Products in Pharmaceutical Dosage Form. *Int. J. PharmTech Res.*2010, 2 (3), 1932–1942.
60. Lalitha Devi, M.; Chandrasekhar, K. B. A Validated Stability-Indicating RP-HPLC Method for Levofloxacin in the Presence of Degradation Products, Its Process Related Impurities and Identification of Oxidative Degradant. *J. Pharm. Biomed. Anal.*2009, 50 (5), 710–717. <https://doi.org/10.1016/j.jpba.2009.05.038>.





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61. Lukaszewicz, P.; Kumirska, J.; Bialk-Bielinska, A.; Maszkowska, J.; Mioduszewska, K.; Puckowski, A.; Stepnowski, P. Application of High Performance Liquid Chromatography for Hydrolytic Stability Assessment of Selected Antibiotics in Aqueous Environment. *Curr. Anal. Chem.* 2016, 12 (4), 324-329(6).
62. Walfish, S. Analytical Methods: A Statistical Perspective on the ICH Q2A and Q2B Guidelines for Validation of Analytical Methods. *BioPharm Int.*2006.
63. Shabir, G. Validation of High-Performance Liquid Chromatography Methods for Pharmaceutical Analysis: Understanding the Differences and Similarities between Validation. *J. Chromatogr.* A2003.
64. Green, J. M. Peer Reviewed: A Practical Guide to Analytical Method Validation. *Anal. Chem.*1996, 68 (9), 305A-309A. <https://doi.org/10.1021/ac961912f>.
65. Jenke, D. R. Chromatographic Method Validation: A Review of Current Practices and Procedures. I. General Concepts and Guidelines. *J. Liq. Chromatogr. Relat.*1996, 19 (5), 719–736.
66. Peters, F. T.; Drummer, O. H.; Musshoff, F. Validation of New Methods. *Forensic Sci. Int.*2007, 2007 (165), 216–224.
67. Branch, S. K. Guidelines from the International Conference on Harmonisation (ICH). *J. Pharm. Biomed. Anal.*2005, 2005 (38), 798–805.
68. Ermer, J.; Miller, J. H. M. B. *Method Validation in Pharmaceutical Analysis: A Guide to Best Practice*; Ermer, J., Miller, J. H. M. B., Eds.; John Wiley & Sons, 2006.
69. (69) Chandran, S.; Singh, R. Comparison of Various International Guidelines for Analytical Method Validation. *Die Pharm. - An Int. J. Pharm. Sci.*2007, 62 (1), 4–14.
70. Araujo, P. Key Aspects of Analytical Method Validation and Linearity Evaluation. *J. Chromatogr. B*2009, 877 (23), 2224–2234.
71. Taverniers, I.; Loose, M. De; Bockstaele, E. Van. Trends in Quality in the Analytical Laboratory. II. Analytical Method Validation and Quality Assurance. *Trends Anal. Chem.*2004, 23 (8), 535–552.
72. Rote, A. R.; Saudagar, R. B. New Analytical Method Development and Validation of Ciprofloxacin and Ornidazole in Human Plasma by High Performance Thin Layer Chromatography. *Pharm. Methods*2016, 7 (2), 89–93.
73. Suthar, A. P.; Dubey, S. A.; Patel, S. R.; Shah, A. M. Determination of Risperidone and Forced Degradation Behavior by HPLC in Tablet Dosage Form. *International Journal of PharmTech Research*,2009,1(3),568-574.
74. Pinto, I. C.; Cerqueira-Coutinho, C.; de Freitas, Z. M. F.; Santos, E. P. dos; do Carmo, F. A.; Ricci Junior, E.; Pinto, I. C.; Cerqueira-Coutinho, C.; de Freitas, Z. M. F.; dos Santos, E. P. Development and Validation of an Analytical Method Using High Performance Liquid Chromatography (HPLC) to Determine Ethyl Butylacetylaminopropionate in Topical Repellent Formulations. *Brazilian J. Pharm. Sci.*2017, 53 (2). <https://doi.org/10.1590/s2175-97902017000216033>.
75. Dadhich, B.; Goyal, R.; Agarwal, D.; Gandhi, M. Review On: Development and Validation of HPLC in Pharmaceutical Dosage Form. *Asian J. Pharm. Res. Dev.*2020, 8 (4), 110–121. <https://doi.org/10.22270/ajprd.v8i4.656>.
76. Prasad, S. S.; Anna, V. R.; Kasimala, B. B. Quality by Design (Qbd) Based Development and Validation of an HPLC Method for the Estimation of Lurasidone in Pharmaceutical Formulations. *Journal of Critical Reviews*, 2020, 7(18), 2155-2161.

Table 1: Chromatographic Conditions That Have Been Optimized

Parameters	Method 1	Method 2
Stationary phase (column)	C18 (250 mm×4.6 mm, 5 μm)	C18 (250 mm×4.6 mm, 5 μm)
Mobile phase	Methanol: 20mM phosphate buffer, pH 3.0 with Orthophosphoric acid	ACN: 0.1% TEA, pH 3.0 with Formic acid
Ratio (v/v)	43:57	15:85
Flow rate (mL/min)	0.8	0.8
Run time (min)	8.0	10.0





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Injection Volume (μL)	20	20
Detection Wavelength (nm)	294	294

Table 2: Shows The Methods Used To Determine The Efficiency Of A System.

Sr No	Parameters	Acceptance Criteria	Method 1		Method 2	
			LEV	LDA	LEV	LDA
1	Plates of theorem	>1000	4517	4190	7642	7594
2	a restraining element	<2	1.296	1.362	1.243	1.522
3	RSD in the area	<2%	0.528	0.616	1.861	1.155
4	Retention Time RSD	<1%	0.488	0.356	0.255	0.093
5	Between-peak resolution	>2	_____	2.169	_____	12.000

Table 3: Shows the Correlation Coefficients (R²) and Linearity Equations for Each of the Methodologies under Discussion.

Sr.No.	Drug	R ²	Linearity equation
1	Method 1	0.999	$y = 121479x + 6584.9$
2	Method 2	0.999	$y = 21142x - 49348$

Table 4 : Summarises The Findings.

Parameter	Method 1	Method 2
Linearity range($\mu\text{g}/\text{mL}$)	30-210	10-120
LOD($\mu\text{g}/\text{mL}$)	5.92	1.29
LOQ($\mu\text{g}/\text{mL}$)	19.75	4.29
Precision	Complies	Complies
Assay (Limits 90-110%) *	98.71%	98.71%
Accuracy	95-101%	100-101%
Robustness**	Complies	Complies

Table 5: Critical Attributes And Ranges Analyzed.

Sr.No.	Method 1			Method 2		
	Critical Attribute	Value	Range	Critical Attribute	Value	Range
1	% of Methanol	43%	41-45%	% of Acetonitrile	15%	13-17%
2	pH of Buffer	3.0	2.8-3.2	pH of Buffer	3.0	2.8-3.2
3	Flow Rate (mL/min)	0.8	0.6-1.0	Flow Rate (mL/min)	0.8	0.6-1.0

Table 6 : The Approaches Were Both Robust When Using ANOVA As A Statistical Analysis Tool

Method	CA	n	Mean Conc ($\mu\text{g}/\text{mL}$)	F obtained	Critical F-value (0.05 significance level)
1 (using concentration 60 $\mu\text{g}/\text{mL}$)	% of Methanol	9	59.984	2.278	5.14
	pH of Buffer	9	59.911	2.182	
	Flow Rate	9	59.696	1.915	
2 (using concentration 25 $\mu\text{g}/\text{mL}$)	% of Acetonitrile	9	24.836	0.529	5.14
	pH of Buffer	9	24.841	0.788	
	Flow Rate	9	24.873	0.383	





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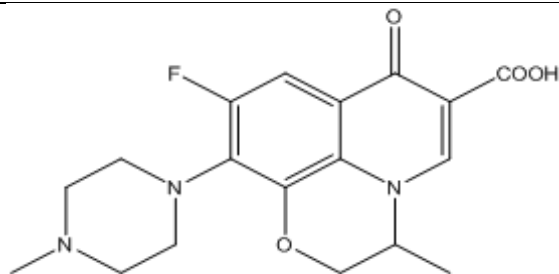


Figure 1: shows the LEV's structure.

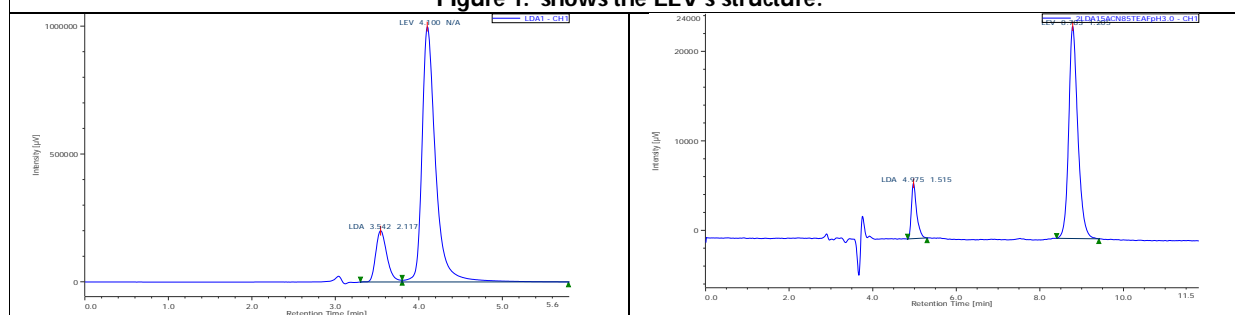


Fig. 2: Representative LEV and Acid Degradant LDA chromatograms obtained using (a) Method 1 and (b) Method 25.



Certificate for Poster Presentation



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ERRATA

Sr. No.	Location	Error	To be read as / corrected to
1	p 8, line 1	ie	i.e.
2	pp 26,27 MOX HPLC methods	terabutyl	tetrabutyl
3	p 30, OFL eye drops	sulpate	sulphate
4	p 43, LEV degradant	photodegradantn	photodegradant
5	p 45, NOR degradant	decarboxyated	decarboxylated
6	p 68, row 4	dectection	detection

DECLARATION

I, Rupali Keny (Sachi Kudchadkar) hereby declare that this thesis represents work which has been carried out by me and that it has not been submitted, either in part or full, to any other University or Institution for the award of any research degree.

Place: Taleigao Plateau.

Date : 06-02-2023



Rupali Keny / Sachi Kudchadkar

CERTIFICATE

I hereby certify that the work was carried out under my supervision and may be placed for evaluation.



(Guide)

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