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Analytical Method Validation of Related Substance Test Parameter of Fosaprepitant in Fosaprepitant Formulation



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ABSTRACT

Analytical results of pH, light transmission and water content test parameters were found satisfactory. pH of the formulations is on alkaline side as the drug is stable in alkaline compared to acidic environment. Fosaprepitant dimeglumine has four functional groups which have pKa values of 3.05 ± 0.03 , $4.92 \pm$ 0.02, 9.67 \pm 0.01 and 10.59 \pm 0.03. The pka value of 3.05 corresponds to the morpholinium group, the pka of 4.92 corresponds to the monophosphate group, the pka of 9.67 corresponds to the meglumine counter ion, and the pka of 10.59 corresponds to the triazolinone NH group. Water content of the formulation is found around 0.5% level. Chemical evaluation such as assay test parameter result was observed satisfactory wherein the level of assay in all three formulations is around 98%. However, with respect to impurities formation, all the known impurities such as Aprpitant, Impurity A, B, C and D impurity levels were found satisfactory levels in nonaqueous formulations indicating less degradation when compared to degradation in the aqueous environment. It was also to be noted that % content of unknown impurity is satisfactory levels in all the three formulations. From the above experiment, it was concluded that further fine tuning to arrest the degradation impurities in the formulation needs to be worked out and also various other formulation experiments need to be worked out.

INTRODUCTION:

Fosaprepitant injection is used along with other medications to prevent nausea and vomiting in adults that may occur within 24 hours or several days after receiving certain cancer chemotherapy treatments. Fosaprepitant injection can also be used in children 6 months of age and older¹. Fosaprepitant injection is in a class of medications called antiemetics¹. It works by blocking the action of neurokinin, a natural substance in the brain that causes nausea and vomiting. Fosaprepitant injection is *not* used to treat nausea and vomiting that you already have. Fosaprepitant is a substance P/neurokinin-1 (NK1) receptor antagonist, indicated in adults and pediatric patients 6 months of age and older, in combination with other antiemetic agents, for the prevention of: Acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin. Delayed nausea and vomiting are associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). EMEND for injection.

Fosaprepitant dimeglumine, a prodrug of aprepitant, a substance P/neurokinin-1 (NK1) receptor antagonist, an antiemetic agent, chemically described as 1-Deoxy-1-(methylamino)-D-glucitol[3-[[(2R,3S)-2-[(1R)-1-[3,5-bis(trifluoromethyl)phenyl]ethoxy]-3-(4-fluorophenyl)-4-morpholinyl]methyl]-2,5-dihydro-5-oxo-1H-1,2,4-triazol-1-yl]phosphonate (2:1) (salt). Its empirical formula is C23H22F7N4O6P · 2(C7H17NO5) and its structural formula is:

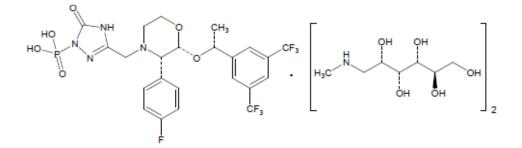


Figure No. 1: Molecular Structure of Fosaprepitant Dimeglumine

Fosaprepitant dimeglumine is a white to off-white amorphous powder with a molecular weight of 1004.83. It is freely soluble in water.

Fosaprepitant is a prodrug of aprepitant and accordingly, its antiemetic effects are attributable to aprepitant. Aprepitant is a selective high-affinity antagonist of human substance

P/neurokinin 1 (NK1) receptors. Aprepitant has little or no affinity for serotonin (5-HT3), dopamine, and corticosteroid receptors, the targets of existing therapies for chemotherapyinduced nausea and vomiting (CINV). Aprepitant has been shown in animal models to inhibit emesis induced by cytotoxic chemotherapeutic agents, such as cisplatin, via central actions. Animal and human Positron Emission Tomography (PET) studies with aprepitant have shown that it crosses the blood-brain barrier and occupies brain NK1 receptors. Animal and human studies have shown that aprepitant augments the antiemetic activity of the 5-HT3-receptor antagonist ondansetron and the corticosteroid dexamethasone and inhibits both the acute and delayed phases of cisplatin-induced emesis.

Antiemetic drugs help to block specific neurotransmitters in the body. These neurotransmitters trigger impulses such as nausea and vomiting, so blocking the impulses will help shut them down.Fosaprepitant dimeglumine is a new drug indicated to prevent nausea and vomiting associated with highly emetogenic cisplatin-based and moderately emetogenic cancer chemotherapy in adults. Due to its complexity in managing, since it requires reconstitution and dilution before intravenous administration. It is a phosphorylated prodrug that is rapidly converted to aprepitant, an oral selective neurokinnin-I receptor antagonist approved²⁻⁵.

An **antiemetic** is a <u>drug</u> that is effective against <u>vomiting</u> and <u>nausea</u>. Antiemetics are typically used to treat <u>motion sickness</u> and the <u>side effects</u> of <u>opioid analgesics</u>, <u>anesthetics</u>, and <u>chemotherapy</u> directed against <u>cancer</u>. They may be used for severe cases of <u>gastroenteritis</u>, especially if the patient is dehydrated.

Some antiemetics previously thought to cause birth defects appear safe for use by pregnant women in the treatment of <u>morning sickness</u> and the more serious <u>hyperemesis</u> gravidarum^{6&7}.

Neurokinin-1 (NK-1) receptor antagonists are a new class of antiemetic drugs that possess unique anxiolytic, antidepressant, and antiemetic properties. The discovery of neurokinin-1 (NK-1) receptor blockers was a crucial point in the prevention of emesis associated with cancer chemotherapy⁸⁻⁹.

The following parameters were considered for the analytical method validation for the assay test parameter of Fosaprepitant in Fosaprepitant Injection.

The following parameters are evaluated during method development.

2Citation: Siddeswar Penugondla et al. Jcpr.Human, 2023; Vol. 16 (4): 54-75.

- Precision
- Accuracy
- Linearity
- Solution Stability
- Specificity (Forced Degradation)

Table No.:1. Summary of the Assay Test Method Validation Results.

Validatio				
n				
Paramete	Acceptance criteria	Results		
r				
	% RSD of Fosaprepitant peak from six replicate injections standard preparation should be NMT5.0.	3.2		
	Resolution between Fosaprepitant and N-Oxidc			
	impurity should be not less than 1.5 obtained from system suitability solution-I	4.6		
	Resolution between Acid impurity and unknown			
	impurity at RRT 0.28 should be NLT obtained	4.5		
System	from System suitability solution-2.			
Suitabilit	USP plate count/Theoretical plates of			
У	Fosaprepitant peak from first injection of standard	72081		
	should not be less than 2000.			
	USP tailing factor/Asymmetry of Fosaprepitant			
	peak from first injection of standard should not be	1.1		
	more than 2.0.			
		There is no interference of		
	Diluent and placebo peaks should not interfere	diluent, placebo peaks with		
	with Fosaprepitant and impurities.	Fosaprepitant peak and		
Specificit		impurity peaks		
-	The peaks of impurities and Fosaprepitant peak	There is no interference of		
У	should not interfere with each other.	peaks of impurities and		

		Fosaprepitant war	ith each
Precision		other.	
Trecision	The % RSD of the Retention time for the Fosaprepitant peak obtained from 6 injections of standard preparation should be NMT 1.0	0.0	
System precision	The % RSD of the Area response for the Fosaprepitant peak obtained from 6 injections of standard preparation should be NMT 5.0	3.2	
	For the spiked method precision	Impurities	% RSD
	%RSD for known impurities (≤0.5%)results from	Acid Impurity Chloro Impurity	3.3 3.2
	six determinations should be NMT15.0	Diol Impurity	3.0
		N-Oxide impurity	6.5
	HUMAN	Specified unidentified impurity at RRT 0.28	ND
		Specified unidentified impurity at RRT 0.44	4.9
Method Precision	%RSD for % unknownimpuritiesresultsfromsixdeterminations shouldbeNMT10.0	Specified unidentified impurity at RRT 0.65	7.4
		Specified unidentified impurity at RRT 1.14	ND
		Specified	ND

		unidentified	
		impurity at	
		RRT 1.16	
	% RSD for single maximum unknown impurity		
	$(\geq 05\%)$ results from six determinations should be	NA	
	NMT 15.0.		
	%RSD of total impurities for 6 determinations	3.2	
	should be NMT 10.0	5.2	
		Impurities	% RSD
		Acid Impurity	0.8
		Chloro	2.5
	% RSD for % known impurities from SIX	Impurity	2.5
	determinationsshouldbeNMT10.0	Diol Impurity	2.7
		N-Oxide	-
		impurity	7.8
		Specified	
		unidentified	
	and the second s	impurity at	ND
		RRT 0.28	
	HUMAN	Specified	
T		unidentified	
Interme		impurity at	4.4
diate		RRT 0.44	
Precision	%RSD for% known impurities (≤0.5%) results	Specified	
	from six determinations should be NMT 15.0	unidentified	
		impurity at	6.8
		RRT 0.65	
		Specified	
		unidentified	
		impurity at	ND
		RRT 1.14	
		Specified	
		unidentified	ND

	impurity at		
	RRT 1.16		
%RSD for single maximum unknown impurity			
$(\geq 05\%)$ results from six determinations Should	4.7		
be NMT 15.0.			
%RSD of total impurities for 6 determinations	1.7		
should be NMT 10.0			
	Impurities	% RSD	
%RSD of% known	Acid Impurity	3.2	
impurities for 12 determinations (method	Chloro	3.0	
precision & Intermediate precision) should be	Impurity	5.0	
NMT10.0	Diol Impurity	4.2	
NM110.0	N-Oxide	8.0	
	impurity	0.0	
	Specified		
	unidentified	ND	
Surter,	impurity at		
	RRT 0.28		
HUMAN	Specified		
HUMAN	unidentified	5.5	
	impurity at	5.5	
	RRT 0.44		
%RSD for known impurities (0.5%) results for	Specified		
12 determinations (Method precision and	unidentified	11.1	
Intermediate precision)shouldbeNMT15.0	impurity at	11.1	
	RRT 0.65		
	Specified		
	unidentified	ND	
	impurity at	TLD .	
	RRT 1.14		
	Specified		
	unidentified	ND	
	impurity at		

	RRT 1.16
% RSD for single maximum unknown impurity	
$(\geq 05\%)$ for 12 determinations (method precision	NA
& Intermediate precision) should be NMT 15.0	
% RSD for the total impurities results from 12	
determinations (method precisions &	2.5
Intermediate precision) should be NMT 10.0.	

SYSTEM SUITABILITY:

To verify that the analytical system is working properly and can give accurate and precise results, the system suitability parameters are to be set. Injected Diluent (Blank) (one injection), Standard Preparation (6injections), recorded chromatograms and checked the system suitability.

Table No.:2. Results of System Suitability	

Acceptance Criteria	Results
%RSD of Fosaprepitant peak from six replicate injections standard preparation should be NMT 5.0.	3.2
Resolution between Fosaprepitant and N-Oxide impurity should be not less than 1.5 obtained from system suitability solution-I	4.6
Resolution between Acid impurity and unknown impurity at RRT 0.28 should be NLT 1.5 obtained from System suitability solution-2	4.5
USP plate count/Theoretical plates of Fosaprepitant peak from first injection of standard should not be less than 2000.	72081
USP tailing factor/Asymmetry of Fosaprepitant peak from first injection of standard should not be more than 2.0.	I.I

Data Interpretation:

From the above results, it was concluded that the system is suitable for Analytical Method Validation.

SPECIFICITY:

Specificity is the ability of analytical method to assess unequivocally the analyte in the presence of components that may be expected to be present, such as impurities, degradation products and matrix components.

Performed the specificity parameter of the method by injecting Diluent (Blank), Placebo Solution, System Suitability Solution-1, System Suitability Solution-2, Standard Preparation, Placebo Preparation, Sample Preparation, Acid Impurity, Diol Impurity, Chloro Impurity, N-Oxide Impurity and Sample spiked with impurities into the Chromatographic System and recorded the Retention Times.

Acceptance Criteria:

Diluent and placebo peaks should not interfere with Fosaprepitant and impurities.

The peaks of Impurities and Fosaprepitant peak should not interfere with each other

Solutions		Retention time(<i>in</i> min.)
	C. E. L'ELE	
Blank		
Placebo Solution	HIMA	N
	Acid Impurity	8.546
	Diol Impurity	13.831
System Suitability	Chloro Impurity	23.705
Solution-I	Fosaprepitant	26.335
	N-Oxide Impurity	29.181
SystemSuitabilitySolution-	UnknownatRRT0.28	7.503
o system suitability solution-	Acid impurity	8.548
2	Fosaprepitant	26.355
Standard Solution		26.912
	Acid Impurity	ND
	Diol Impurity	13.853
Sample Solution	Chloro Impurity	ND
Sample Solution	N-Oxide Impurity	ND

Table No.:3. Results of Specificity

	Fosaprepitant	26.382
	Acid Impurity	8.619
	Diol Impurity	13.866
Individual Impurities	Chloro Impurity	23.759
	N-Oxide Impurity	29.238
	Acid Impurity	8.585
	Diol Impurity	13.859
Sample Spiked with	Chloro Impurity	23.739
Impurities	N-Oxide Impurity	29.201
	Fosaprepitant	26.370

Data Interpretation:

From the above results, it was concluded that there was no interference of peaks of Diluent, Impurities and Fosaprepitant with each other.

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 homogeneous samples. The precision of analytical method is usually expressed as the standard deviation or relative standard deviation (Coefficient of variation) of series of measurements.

SYSTEM PRECISION:

The system precision is checked by using standard chemical substances to ensure that the analytical system is working properly. The retention time and area response of six determinations should be measured and calculated% relative standard deviation.

Injected Diluent (Blank) (one injection), and Standard preparation (6Injections) and checked the system suitability parameter.

Acceptance criteria:

The% RSD of the Retention time for the Fosaprepitant peak obtained from 6 injections of standard preparation should be NMT 1.0

➤ The %RSD of the Area response for the Fosaprepitant peak obtained from 6 injections of standardpreparationshouldbeNMT5.0

I	Fosaprepitant							
Injection No.	Retention Time (in minutes)	Area Response						
[26.767	40348						
2	26.753	37264						
3	26.756	38173						
1	26.754	40121						
5 26.749		37979						
5	26.740	39164						
Mean	26.753	38842						
% RSD	0.0	3.2						

Table No.:4. Results of System Precision

Data Interpretation:

From the above results, it was concluded that Retention time & Area responses were consistent as evidenced by relative standard deviation. Hence, it was concluded that the system precision parameters meet the requirement of method validation.

METHOD PRECISION:

In method precision a homogeneous sample of a single batch should be analyzed six times. This indicates whether a method is giving consistent results of a single batch. Analyzed the six sample preparations of Fosaprepitant for Injection 30mg/vial of the same batch as per analytical procedure. Calculated the % of impurities.

For Spiked Method Precision

> % RSD for% known impurities results from six determinations should be NMT 10.0

> % RSD for known impurities (≤ 0.5 %) results from six determinations should be NMT 15.0

> % RSD for single maximum unknown impurity ($\geq 05\%$) results from six determinations

Should be NMT 15.0.

> % RSD of total impurities for 6 determinations should be NMT 10.0

	Spiked Precision (%)										
Sample Preparation	Acid Impurity	ł	Diol purity	Chl Impi		N-Oxid Impurit	-	Spec unid imp at RRT 0.28	Spec unid imp at RRT 0.44		
1	0.221	C).215	0.1	98	0.183		ND	0.215		
2	0.203	C	0.220	0.2	.07	0.182		ND	0.232		
3	0.204	C	.203	0.2	17	0.212		ND	0.246		
4	0.208	0	.216	0.2	01	0.181		ND	0.227		
5	0.210	0	.221	0.2	09	0.192		ND	0.238		
6	0.204	0	.217	0.2	04	0.181		ND	0.221		
Mean	0.208	0	.215	0.2	06	0.189		NA	0.230		
%RSD	3.3		3.0	3.	2	6.5		NA	4.9		
Sample Preparation				nid imp RT 1.14		unid imp RT 1.16	n	Single aximum	Total Impurities		
1	0.142		٨	1D		ND		NA	1.252		
2	0.138		N	ID		ND		NA	1.281		
3	0.155		ND			ND		NA	1.347		
4	0.134		N	ID	-	ND		NA	1.234		
5	0.143		N	ID]	ND		NA	1.291		
6	0.124		N	D]	ND		NA	1.249		
Mean	0.139		N	A]	NA		NA	1.276		
% RSD	7.4		N	Α]	NA		NA	3.2		

 Table No.:5. Results of Method Precision

Data Interpretation:

From the above results, it was concluded that the method was precise.

INTERMEDIATE PRECISION:

The intermediate precision ensures that the analytical results will remain unaffected with change in analyst and day.

Repeated the method precision for spiked sample set by other analyst using different column, different instrument on different day.

Precision Matrix:

The precision activity [Method Precision & Intermediate Precision] was carried using 2 different scientist and found compliance to the requirement.

Calculated the % of impurities. Compared the results obtained in method precision and intermediate precision.

Acceptance Criteria

> % RSD for % known impurities from six determinations should be NMT10.0

> % RSD for % known impurities (≤0.5%) results from six determinations should be NMT 15.0

> % RSD for single maximum unknown impurity ($\geq 05\%$) results from six determinations should be NMT 15.0.

> % RSD of total impurities for 6 determinations should be NMT I0.0

> % RSD of % known impurities for 12 determinations (method precision & Intermediate precision) should be \leq NMT10.0

> % RSD for known impurities ($\leq 0.5\%$) results for 12 determinations (Method precision and Intermediate precision) should be NMT 15.0

> % RSD for single maximum unknown impurity(≥ 05%)resultsfor12determinations(method precision & Intermediate precision) should be NMT 15.0

➢ % RSD for the total impurities results for 12 determinations (method precision & Intermediate precision) should be NMT10.0.

Sample Preparation	Spiked Precision (%)							
	Acid Impurity	Diol Impurity	Chloro Impurity	N-Oxide Impurity	Spec unid imp at RRT 0.28	Spec unid imp at RRT 0.44		
1	0.200	0.211	0.207	0.172	ND	0.227		
2	0.198	0.200	0.210	0.157	ND	0.228		
3	0.201	0.202	0.208	0.170	ND	0.208		
4	0.199	0.196	0.215	0.184	ND	0.206		
5	0.198	0.207	0.205	0.166	ND	0.211		
6	0.202	0.199	0.219	0.195	ND	0.217		
Mean	0.200	0.203	0.211	0.174	NA	0.216		
%RSD	0.8	2.7	2.5	7.8	NA	4.4		

Table No.:6. Results of Intermediate Precision

Sample Preparation	Spec unid imp at RRT 0.65	Spec unid imp at RRT 1.14	Spec unid imp at RRT 1.16	Single maximum	Total Impurities
1	0.126	ND	ND	0.048	1.276
2	0.127	ND	ND	0.050	1.259
3	0.115	ND	ND	0.051	1.245
4	0.108	ND	ND	0.051	1.250
5	0.110	ND	ND	0.049	1.238
6	0.121	ND	ND	0.055	1.297
Mean	0.118	NA	NA	0.051	1.261
% RSD	6.8	NA	NA	4.7	1.7

Table No.: 7

	Sample Preparation	Acid impurity (%)	Diol impurity (%)	Chloro impurity (%)	N-Oxide impurity (%)	Spec unid imp at RRT 0.28 (%)
Method precision	1	0.221	0.215	0.198	0.183	ND
	2	0.203	0.220	0.207	0.182	ND
	3	0.204	0.203	0.217	0.212	ND
	4	0.208	0.216	0.201	0.181	ND
	5	0.210	0.221	0.209	0.192	ND
	6	0.204	0.217	0.204	0.181	ND
u	7	0.200	0.211	0.207	0.172	ND
Intermediate precision	8	0.198	0.200	0.210	0.157	ND
	9	0.201	0.202	0.208	0.170	ND
	10	0.199	0.196	0.215	0.184	ND
	11	0.198	0.207	0.205	0.166	ND
I	12	0.202	0.199	0.219	0.195	ND
N	Mean	0.204	0.209	0.208	0.181	NA
%	5 RSD	3.2	4.2	3.0	8.0	NA

Comparison of the results obtained in Method precision and Intermediate Precision

N. I. I.I.

	% Impurity						
	Sample Preparation	Spec unid imp at RRT 0.44	Spec unid imp at RRT 0.65	Spec unid imp at RRT 1.14	Spec unid imp at RRT 1.16	Single Maximum	Total Impurities
	1	0.215	0.142	ND	ND	NA	1.252
ision	2	0.232	0.138	ND	ND	NA	1.281
prec	3	0.246	0.155	ND	ND	NA	1.347
Method precision	4	0.227	0.154	ND	ND	NA	1.234
Met	5	0.238	0.134	ND	ND	NA	1.291
	6	0.221	0.143	ND	ND	NA	1.249
U 0	7	0.227	0.126	ND	ND	NA	1.276
ecisi	8	0.228	0.127	ND	ND	NA	1.259
te pr	9	0.208	0.115	ND	ND	NA	1.245
Intermediate precision	10	0.206	0.108	ND	ND	NA	1.250
	11	0.211	0.110	ND	ND	NA	1.238
Ir	12	0.217	0.121	ND	ND	NA	1.297
N	Mean		0.129	NA	NA	NA	1.268
%	% RSD		11.1	NA	NA	NA	2.5

Data Interpretation:

From the above results, it was concluded that the method was rugged.

FORMULAE FOR CALCULATION:

a) Correlation Coefficient (r): $r = \frac{n \sum xy - (\sum x)(\sum y)}{\sqrt{n(\sum x^2) - (\sum x)^2} \sqrt{n(\sum y^2) - (\sum y)^2}}$ $\sum = \text{Sum of, x} = \text{Conc. Of the Component, y} = \text{Av. Area response ratio of component, n = number of observations}$ b) Slope(a)= $\frac{(n \sum XY - \sum X \sum Y)}{(n \sum X2 - (\sum X)2)}$ c) The equation of straight line: Y=aX+b d) Tailing factor (T): T= (a+b)/2a e) Theoretical plates (N): N=16(Ve/Wb)^2 f) Resolution (Rs) = 2(t_2-t_1)/w_1+w_2 t_2 : Retention time of peak (2)

- t_1 : Retention time of peak (1)
- w_2 : Peak width at the base line of peak (2)
- w_1 : Peak width at the base line of peak (1)

g) Intercept on the Y axis (b) = \overline{Y} - a \overline{X} , $\overline{(X)}$ = mean values of X), $\overline{(Y)}$ = mean values of Y)

h) Calculate the content of any Known/Unknown impurity with respect to the Carfilzomil label claim as per below formula:

Conton		AT WS DT P 100
Conten	IL OI	Impurity in % = x x x x RF
		AS DS N 100 LC
AT	:	Area of peak response of Known/Unknown Impurity from test preparation.
AS	:	Average area of Carfilzomib peak from the Standard preparation
WS	:	Weight of Carfilzomib standard taken in mg
DS	:	Dilution of standard Preparation in mL
DT	:	Dilution of sample preparation in mL
Ν	:	No.of vials reconstituted for test preparation
Р	:	Potency of Carfilzomib standard (on as is basis)
LC	:	Label claim of Carfilzomib in (30 mg/vial)
RF	:	Response factor for Known impurities

For unknown impurities the RF is calculated as 1.0 Total Impurities = Sum of Known and Unknown impurities

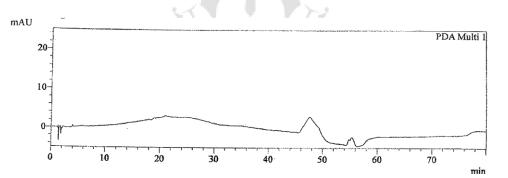
i) RF Calculation:

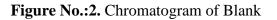
RRF

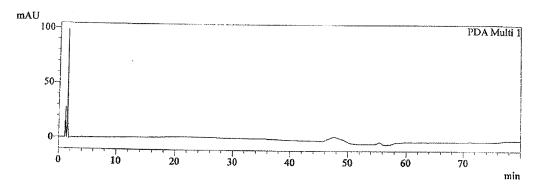
	RF	RRT(about)	% LOD	% LOQ
Carfilzomib			0.014	0.042
Acid Impurity	0.86	0.33	0.013	0.039
Chloro Impurity	1.02	0.90	0.012	0.036
Diol Impurity	1.02	0.53	0.015	0.044
N-Oxide Impurity	1.11	1.12	0.015	0.044

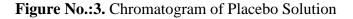
Table No.:8. Details of RF, RRT, LOD & LOQ of Impurities.

Various chromatograms which are part of assay test parameter analytical method validation is presented below









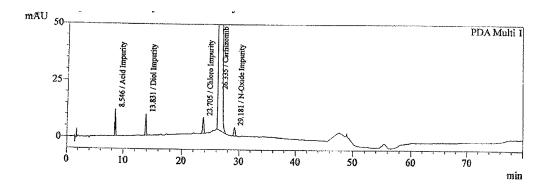


Figure No.:4. Chromatogram of System Suitability Solution-I

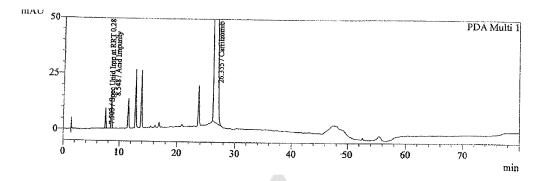


Figure No.:5. Chromatogram of System Suitability Solution-II

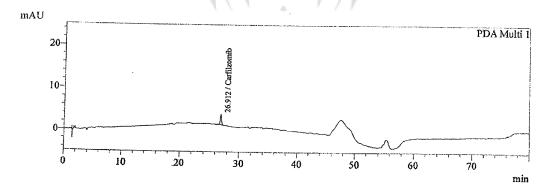


Figure No.:6. Chromatogram of Standard Solution

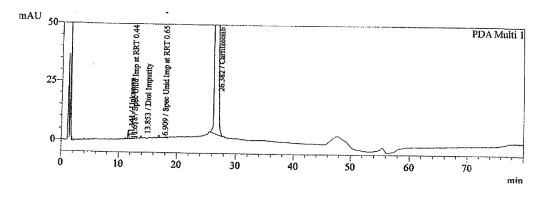


Figure No.:7. Chromatogram of Sample Solution

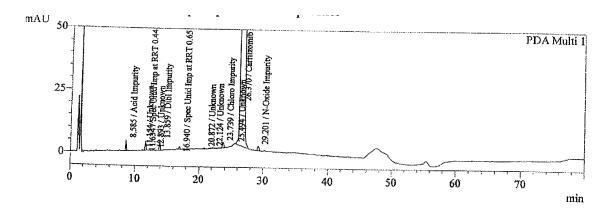


Figure No.:8. Chromatogram of Sample with Spiked Impurities

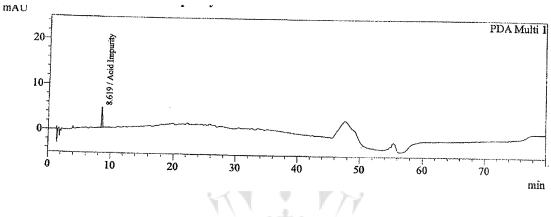


Figure No.:9. Chromatogram of Acid Impurity

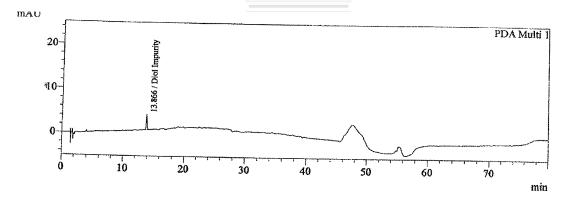


Figure No.:10.Chromatogram of Diol Impurity

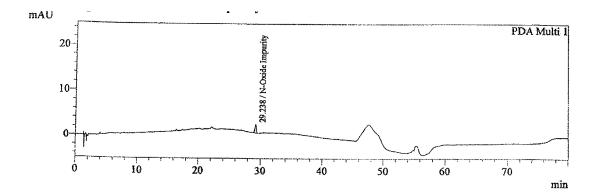


Figure No.:11. Chromatogram of Chloro Impurity

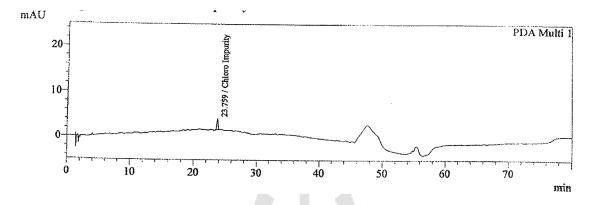


Figure No.:12.Chromatogram of N-Oxide Impurity

Analytical results of pH, light transmission and water content test parameters were found satisfactory. pH of the formulations is on alkaline side as the drug is stable towards alkaline compared to acidic environment. Fosaprepitant dimeglumine has four functional groups which have pKa values of 3.05 ± 0.03 , 4.92 ± 0.02 , 9.67 ± 0.01 and 10.59 ± 0.03 . The pka value of 3.05 corresponds to the morpholinium group, the pka of 4.92 corresponds to the monophosphate group, the pka of 9.67 corresponds to the meglumine counter ion, and the pka of 10.59 corresponds to the triazolinone NH group. Water content of the formulation is found around 0.5% level. Chemical evaluation such as assay test parameter result was observed satisfactory wherein the level of assay in all three formulations is around 98%. However, with respect to impurities formation, all the known impurities such as Aprpitant, Impurity A, B, C and D impurity levels were found satisfactory levels in nonaqueous formulations indicating less degradation when compared to degradation in the aqueous environment. It was also to be noted that % content of unknown impurity is satisfactory levels in all the three formulations. From the above experiment, it was concluded that further fine tuning to arrest the degradation impurities in the formulation needs to be worked out and also various other formulation experiments needs to be worked out.

Analytical Method Development & Validation:

In order to understand the assay and impurities levels in the present research work, an inhouse analytical method development for Assay and Related substances was developed and it is learned that methods were found stability indicating in nature. As a part of analytical method validation, Assay and Related substances test parameter of the finished product validation was carried out. The details of the method validation were captured in the materials and methods. The validation exercise was carried in compliance to the ICH guidelines for MethodValidationQ2 (R1) and USP39<1225>Validation of Compendial Methods. The analytical method validation was carried out satisfactorily with the parameters like precision, accuracy, robustness and linearity. The validated method was applied to analyze initial samples of aqueous trails [FF1 to FF3] and non-aqueous formulations [NFF1 to NFF3] and the stability exposed and photostability exposed samples of optimized formulation [NFF1].

CONCLUSION:

The adopted method of HPLC for an estimation of impurities under related substances test parameter of Fosaprepitant in Fosaprepitant Injection is validated and the method is found specific and precise. A system suitability test was established and related parameters were recorded. Hence this method stands validated and could be used for regular and stable exposed samples analysis.

REFERENCES:

^{1.} Gilmore J, D'Amato S, Griffith N, Schwartzberg L. Recent advances in antiemetics: new formulations of 5HT3-receptor antagonists. Cancer Manag Res. 2018;10:1827-1857.

^{2.} Tsukiyama I, Hasegawa S, Ikeda Y, Takeuchi M, Tsukiyama S, Kurose Y, Ejiri M, Sakuma M, Saito H, Arakawa I, Inoue T, Yamaguchi E, Kubo A. Cost-effectiveness of aprepitant in Japanese patients treated with cisplatin-containing highly emetogenic chemotherapy. Cancer Sci. 2018 Sep;109(9):2881-2888.

^{3.} Kramer MS, Cutler N, Feighner J, Shrivastava R, Carman J, Sramek JJ, et al. (September 1998). "Distinct mechanism for antidepressant activity by blockade of central substance P receptors". Science. 281 (5383): 1640–5.<u>Bibcode:1998Sci...281.1640K</u>. doi:10.1126/science.281.5383.1640. <u>PMID 9733503</u>.

^{4.} Varty GB, Cohen-Williams ME, Hunter JC (February 2003). "The antidepressant-like effects of neurokinin NK1 receptor antagonists in a gerbil tail suspension test". Behav Pharmacol. 14 (1): 87–95. <u>doi:10.1097/00008877-200302000-00009</u>. <u>PMID</u> <u>12576885</u>.

^{5.} Varty GB, Cohen-Williams ME, Morgan CA, et al. (2002), "The gerbil elevated plus-maze II: anxiolytic-like effects of selective neurokinin NK1 receptor antagonists", Neuropsychopharmacology, 27 (3): <u>371–</u> 9, doi:10.1016/S0893-133X(02)00313-5, PMID 12225694.

^{6.} Hesketh, P. J. (1994), "New treatment options for chemotherapy-induced nausea and vomiting", Supportive Care in Cancer, 12 (8): 550–554, doi:10.1007/s00520-004-0651-0, PMID 15232725, archived from the original on 2013-01-29

7. Jump up to: Watanabe, Y.; Asai, H.; Ishii, T.; Kiuchi, S.; Okamoto, M.; Taniguchi, H.; Nagasaki, M.; Saito, A. (January 2008), <u>"Pharmacological characterization of T-2328, 2-fluoro-4 '-methoxy-3 '-((((2S,3S)-2-phenyl-3-piperidinyl)amino)methyll)(1,1 '-biphenyl)-4-carbonitrile dihydrochloride, as a brain-penetrating antagonist of tachykinin NK1 receptor", Journal of Pharmacological Sciences, 106 (1): <u>121–</u>127, doi:10.1254/jphs.FP0071400, PMID 18187929</u>

8. Jump up to: Brain, S. D.; Cox, H. M. (2006), "Neuropeptides and their receptors: innovative science providing novel therapeutic targets", <u>British Journal of Pharmacology</u>, 147 (S1):S202–S211, doi:10.1038/sj.bjp.0706461, PMC 1760747, PMID 16402106

9. Humphrey, J. M. (2003), "Medicinal Chemistry of Selective Neurokinin-1 Antagonists", Current Topics in Medicinal Chemistry, 3 (12): 1423–1435, doi:10.2174/1568026033451925, PMID 12871173

10. Quartara, L.; Altamura, M. (August 2006), "Tachykinin receptors antagonists: From research to clinic", Current Drug Targets, 7 (8): 975–992, <u>doi:10.2174/138945006778019381</u>, <u>PMID 16918326</u>

11. Navari RM (December 2007). "Fosaprepitant (MK-0517): a neurokinin-1 receptor antagonist for the prevention of chemotherapy-induced nausea and vomiting". Expert Opin Investig Drugs. **16** (12):1977–85. doi:10.1517/13543784.16.12.1977. PMID 18042005.

