DEGRADATION KINETIC STUDIES OF NON-PHARMACOPEIAL DRUG PRODUCTS AND DETERMINATION OF THEIR FORCED DEGRADANTS AND IMPURITIES

Thesis submitted for the fulfillment of the requirements for the Degree of Doctor of Philosophy

By

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DECLARATION

I do hereby declare that this thesis "Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Forced Degradants and Impurities" is submitted as a requirement for the fulfillment of the Doctor of Philosophy (PhD) degree in department of Pharmaceutical Technology, University of Dhaka, is an original research works of mine and have not been previously submitted elsewhere for the award of any Degree or Diploma.

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CERTIFICATION

This thesis entitled "Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Forced Degradants and their Impurities" submitted by Sharifa Sultana, in fulfillment of the degree of Doctor of Philosophy Pharmaceutical Technology is a record of unique work conducted under my guidance. The thesis contains no material previously published or written by another person for any other degree or diploma.

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Abstract

Stability of a drug is assessed to ensure the chemical and physical integrity of the drug product and its capacity to remain protected against exposure to environment, such as air, light, and heat throughout its shelf-life. Development and use of stability-indicating methods are critical parameters in drug regulation to prevent counterfeit medicines. Forced degradation or stress testing according to ICH Q3B (R2) is a part of this process, used to predict the stability of drug substance or drug product with effects on purity, potency, and safety.

Three dipeptidyl peptidase IV (DPP-IV) inhibitors, sitagliptin, vildagliptin and linagliptin used to treat type 2 diabetes mellitus (T2DM) were studied, which are not yet included in the official book, i.e. USP, BP. The collected samples from pharmaceutical companies of Bangladesh were evaluated by comparing with innovator products. It is required to establish specificity of a stability indicating method, which also provide a perception into degradation pathways as well as degradation products of the drug molecules and helps in structure elucidation of the degradants by spectral analysis.

The aims of the studies were to evaluate the quality of these three DPP-IV inhibitors. The present investigation also deals with method development and optimization by applying quality by design (QbD) approaches and validation of the selective stability-indicating RP-UHPLC method according to ICH Q2 (R1) guideline. From degradation kinetics studies halflives (*t1/2*) and shelf -lives (*t0.9*) of these three drug molecules were determined at room temperature by applying Arrhenius equation. Major degradation products of linagliptin were isolated and characterized by IR, $1H-MMR$ and $13C-NMR$ spectroscopic method and described plausible degradation pathways.

All brands which were used in these studies were similar with their innovator products in terms of weight variation, hardness, disintegration and potency. For the comparison of dissolution profile with the reference product, the difference factor (f1) and similarity factor (f2) were calculated in four different dissolution media. Seven brands of sitagliptin, seven brands of vildagliptin and five brands of linagliptin among nine are similar and bioequivalent to innovator brand in respect to drug release pattern where the f1 value less than 15 and f2 value more than 50.

The optimized chromatographic condition for separation and quantitation of sitagliptin, vildagliptin and linagliptin was reverse phase ultra high performance liquid chromatography (RP-UHPLC) equipped with X-bridge C_{18} column (4.6 i.d. \times 150 mm, 5 μ m) having flow rate 1 ml/min using phosphate buffer (pH 6) and acetonitrile (70:30, v/v) as mobile phase at 246nm, 228nm and 267nm for vildagliptin, linagliptin and sitagliptin, respectively using photodiode diode array plus (PDA+) detector. The column oven temperature was ambient for analysis of all samples. The retention time for vildagliptin, linagliptin and sitagliptin were 2.423 ± 0.04 min, 3.203 ± 0.06 min and 4.189 ± 0.12 min respectively.

For routine analysis of these three products in pharmaceutical companies single, simple, precise, sensitive, accurate and robust method was developed and optimized by applying Quality by design (QbD) approaches using design of experiments (DoE) where 3³ full factorial Box -Behnken Design (BBD) model were used. Three factors were utilized for the experimental design of the method as independent variables which comprise percentages of organic modifiers, pH of buffer in mobile phase and flow rate. The co-variates or responses included the retention time, resolution between peak 1 and 2(Rs1) and resolution between peak 2 and 3 (Rs2). This design was statistically analyzed by ANOVA, normal plot of residual, box-cox plot for power transform, perturbation, counter plot and 3D response surfaces plots. The quadratic effect of different variables like percentages of acetonirile in mobile phase(*p< 0.0001*), flow rate (*p< 0.0001*) and pH of buffer (*p< 0.003*) separately as well as in interaction was most significant on retention time(RT), resolution between peak 1 and 2(Rs1) and resolution between peak 2 and 3 (Rs2).

iii The developed method was validated as per the requirements of ICH-Q2B guidelines for specificity, system suitability, linearity, sensitivity, precision, accuracy, and robustness. The linear regression analysis data for the linearity plot showed correlation coefficient values in case of sitagliptin of 0.999 with LOD value of 0.06 µg/mL and LOQ of 0.225µg/mL, in case of vildagliptin of 0.998 with LOD value of 0.01 µg/mL and LOQ of 0.05µg/mL and in case of linagliptin of 1.0 with LOD value of 0.005 µg/ml and LOQ of 0.015µg/ml. The relative

standard deviation (%RSD) for inter-day and intra-day precision was not more than 2.0%. The method was found to be accurate with percentages recovery of $100\pm2\%$ and the $\%$ RSD was less than 2%. The results showed that the proposed method is simple, sensitive and highly robust for routine analysis.

Forced degradation or stress testing is performed according to ICH Q1A and ICH Q1B guideline to meet the stability testing of a drug substance or a drug product with effects on purity, potency, and safety. This study was carried out to ensure stability indicating assay method. The stressed condition were hydrolytic (acid and base), oxidative, thermal and photolytic. The degradation kinetics was estimated in acidic, alkaline, oxidative and thermal forced degradation condition. The half-lives (*t1/2*) and shelf -lives (*t0.9*) of the drugs were calculated by using an Arhenius plot. The calculated half-life of sitagliptin was maximum (2310h) in thermal and minimum (138.5h) in acid hydrolysis condition, for vildagliptin maximum (990h) in thermal and minimum (115.5h) in acid hydrolysis condition and for linagliptin maximum (1732.5h) in thermal and minimum (385h) in acid hydrolysis conditions. The proposed stability indicating method revealed that these three gliptins were stable in various heat and photolytic condition; however, protection is recommended during storage and handling in strong acidic, alkaline and oxidative condition. Five major degradants of linagliptin in acidic (3) and oxidative (2) forced degradation condition were isolated and characterized by IR, $1H-MMR$ and $13C-NMR$ spectroscopic methods. After acidic degradation novel compounds are 1-(2-amino-5- (hydroxylmethyl) – 1 - methyl – 1 H – imidazol – 4 – yl) – 1 – methyl – 3 - $($ (4 – methyl – 1, 2 dihydroquinazolin -2-yl) methyl)urea **(DA1)**; 7,7'-((2E,4E)-3 , 4 – dimethylhexa – 2 , 4 diene-1, 6 – diyl) bis $(8 - (R) - 3 -$ aminopiperidin – 1 – yl) – 3 – methyl – 1 - $(4$ methyl quinazolin-2-yl)methyl)-3,7-dihydro-1H-purine-2,6-dione) **(DA2)** and 1-(3-amino-7-methyl-8-oxo-5,8-dihydroimidazo[1,5-a]pyridin-1-yl)-1-methyl-3-((4-methylquinazolin-2- yl) methyl) urea **(DA3)**. The two novel oxidative degradants are 1 -(but – 2 – yn – 1 –yl)–4-(1-methyl – 3 - ((4 – methylquinazolin – 2 – yl) methyl) ureido) - 1H – imidazole – 5– carboxylic acid $(DO2)$ and 5,6 – diamino – 1 – methyl – 3 - $($ (4 – methylquinazolin – 2 –yl) methyl)pyrimidine-2,4(1H,3H)-dione **(DO3)**.

From this study it can be concluded that the quality of antidiabetic DPP-IV inhibitors manufactured by Bangladeshi pharmaceutical companies fulfill the world class requirement based on the comparison with innovator products which are effectively worked on T2DM to reduce the global burden on diabetes.

Degradation Pathways of LNG

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Introduction

Medicines are perhaps as old as mankind and the perception how their quality to be ensured has changed progressively over the time [1]. The regulation of modern medicines started only after immense progress in the field of life sciences in 19th century which laid a solid ground to work for the modern drug research and development. This process got paced up after the second world war started. In 1937 more than 100 people in 15 states of the United States were died due to diethylene glycol poisoning in sulfanilamide elixir, where the chemical was used as a solvent without any safety testing [2,3]. However, in countries with poor regulatory environment, medicines are still contaminated with diethylene glycol that have killed patients [4]. In 2009, 25 Bangladeshi children died after taking paracetamol syrup because it contained poisonous diethylene glycol according to report [5].

A numerous number of cases were related to substandard and counterfeit drugs around the world. The substandard drugs are ineffective and often dangerous to the patient because of their faulty formulation and also for low quality ingredients which do not meet the correct scientific specifications.

Products with the correct ingredients may be included in counterfeit drugs because of fake packaging, insufficient active ingredients or without active ingredients [6]. Thus health hazard effects of counterfeit drugs are greater than substandard drugs [7]. Counterfeit and substandard drugs are a prime cause of morbidity, mortality and loss of public confidence in drugs and health structures [8].

WHO has calculated approximately 10% of the global pharmaceuticals market consists of counterfeit drugs, but this percentage are to be increased 25% in developing countries, and may exceed up to 50% in certain countries [9]. FDA finds that up to 25% of the drugs consumed in poor countries are either substandard or counterfeit [10]. India and China are recognized as the most leading countries in the production of counterfeit drugs and bulk active ingredients used for counterfeiting worldwide [11]. Several studies depicted that counterfeits of pharmaceuticals sourced in China and India were noticed in 42 and 33 countries, respectively [12]. The prevalence of substandard or counterfeit medicines in Lao PDR, Tanzania, Cambodia and Uganda are 12.2–44.5%,

followed by Indonesia, Nigeria, Cameroon 18–48% and in Myanmar, Cambodia, Lao PDR, Ghana, Kenya, Tanzania, Uganda, Madagascar, Mali, Mozambique, Zimbabwe 11– 44% [13].

Substandard and counterfeit drugs are also intensely noticeable in developed countries along with poor and developing countries. For example, in North America, counterfeit atorvastatin [14], erythropoietin [14], growth hormone [15], filgrastim [14,15], gemcitabine [16,17], and paclitaxel [16,17] have been reported. In 2007–2008, 149 Americans died due to the uses of adulterated blood thinner, heparin that was legally imported. In 2012, 11 people died and sickened another 100 people in the US because of contaminated steroids [18]. In another case, avastin were found to contain no active ingredients in the vials of the cancer medicine. In a study, WHO found that about 28% of antibiotic and 20–90% of antimalarial drugs were failed quality specifications [19].

Drugs are merely not ordinary consumer's products. In most cases, consumers are not in a position to make decisions about when to use drugs, which drugs to use, how to use them and to consider potential benefits against risks because no medicine is completely safe. Professional advice from either prescribers or dispensers is needed in making these types of decisions.

Pharmaceutical industries are bound to satisfy certain standards to claim it to be a quality drug. The main criteria for the quality of any drug in dosage form are its safety, potency, efficacy, stability, patient acceptability and regulatory compliance [20]. The quality of pharmaceutical products must be reliable and reproducible from batch to batch to ensure the safety and efficacy. It is required for drug manufacturers to test their products to ensure the requisite quality both during and after manufacturing at various intervals during the shelf-life of the product.

WHO supports the prescribing practice of generic medicines to minimize the expense of the health care system, but this should be carried out with sufficient and enough evidence for the replacement of one brand for another [21]. Generic drugs are not only minimizes the health care expenses [22] but also the quality of the drugs. Comparison of bioequivalence study between the generic products against the innovator product is

one of the main challenges and foremost factors for a generic marketing authorization [23]. It is very important to do bioequivalence studies for generic products on account of any significant difference in the rate and extent by which the therapeutic ingredients become available at the site of drug action, administered under identical conditions in an adequately designed study [24]. Dissolution test serves as an indicator to identify bioavailability problems [25]. Drug products which are biopharmaceutically as well as chemically equivalent must have the same quality, strength, purity, content uniformity, disintegration and dissolution rates [26]. In vitro quality control (QC) of pharmaceutical products is a fixed set of investigation started during production by in-process quality control tests and after production by finished product quality control tests according to official pharmacopoeias and different regulatory agencies. QC tests help to avoid the confusion regarding safety, potency, efficacy and stability of pharmaceuticals [27].

1.1. Stability of Drug

Stability is the ability of a drug substance or a drug product to remain stable within established or recognized specifications to make sure its identity, strength, quality and purity, all through its specified shelf lives [28].

In a rational design and evaluation of dosage forms for drugs, the stability of the active components is a major criterion to determine their suitability.

Several forms of instability can occur. Such as-

- **First,** the drug may be chemically degraded, that leads to significant reduction of the amount of the therapeutic agent in the particular dosage form. In case of drugs with narrow therapeutic index the patient needs to be carefully titrated as a result serum levels are not too high which are potentially toxic or too low that they are ineffective to give pharmacologic effect.
- **Second,** even though the degradation of the active drug may not be that extensive, a toxic degradant may be found in the decomposition process. For example, tetracycline, which is converted into more toxic compound, epianhydro tetracycline.
- **Third,** instability of a drug product can reduce its bioavailability, rather than to loss of drug or the formation of toxic degradation products. The reduction in bioavailability can hinder the therapeutic efficacy of the dosage form. This phenomenon can be caused by physical and chemical changes in the excipients in

the dosage form, which is not dependent of changes the active drug may have undergone.

 Fourth, there may be considerable changes in the physical state of the dosage forms since most drugs are organic molecules. The pathways of organic pharmaceutical products are must to be recognized. The major difference that has to be considered is that most pharmaceutical reactions occur in the presence of or influenced by water, oxygen, or light, rather than other active ingredients. And hence the most common routes of decomposition are: hydrolysis, oxidation, photolysis, racemization, and decarboxylation [29].

1.1.1. Stability Testing

The aim of stability testing is to endow with evidence or verification on how the quality of a drug substance or drug product varies with time due to diversity of environmental factors such as temperature, humidity, and light, and to establish a retest period for the drug substance or a shelf life for the drug product and recommended storage conditions [30].

1.1.2. Stress Testing or Forced Degradation Studies

Stress testing of the drug substance can recognize the possible degradation products and degradation pathways. Stability testing is necessary to analyze the inherent stability of the molecule and validate the stability representing power of the analytical procedures used. The nature or methodology of the stress testing will vary on each drug substance and the category of drug product involved. Stress testing is typically to be carried out on a single batch of the drug substance. It should include the effect of temperatures [in 10°C increments (e.g., 50°C, 60°C, etc.) above that for accelerated testing], humidity (e.g., 75% RH or greater) where appropriate, oxidation, and photolysis on the drug substance.

The stress testing is to be supposed to also evaluate the susceptibility of the drug substance to hydrolysis. It is done within a wide range of pH values either in solution or suspension. Photo stability testing should be done with high importance as it is considered to be an essential part of stress testing. The standard conditions or criteria for photo stability testing are described in ICH Q1B.

In stability study, degradation products are evaluated under various stress conditions is useful to establish degradation pathways and developing and validating appropriate analytical procedures. However, if any degradation product has been demonstrated that they not formed under accelerated or long term storage conditions then it is not necessary to evaluate that certain product specifically. Results from these studies will outline a vital part of the information provided to regulatory authorities [30].

1.1.2.1. Reasons for Conducting Forced Degradation Studies

Forced degradation studies are carried out for the following reasons:

- \triangleright To develop and validate stability indicating methodology;
- \triangleright To determine the intrinsic stability of a drug molecule, and to elucidate the structure elucidation of degradation products;
- \triangleright To determine the degradation pathways of drug substances and products;
- \triangleright To differentiate the drug and non drug related degradation products in the formulations.

1.1.2.2. FDA Recommended Degradation Studies for a Drug Substance

The following are FDA recommended degradation studies for a drug substance (FDA 1998):

- \triangleright Stressing the drug substance in solution and suspension form at acidic and alkaline pH medium and under high oxygen environment;
- \triangleright Stressing the solid drug at temperature and humidity conditions in excess to accelerated conditions;
- \triangleright Stressing the drug under photolytic condition in the solid state and solution;
- \triangleright Manifestation of the stability indicating methods with forced degraded / spiked samples;
- \triangleright Separation or complete depiction of degradation products (by NMR, MS, UV etc);
- \triangleright Determination of the mechanism and kinetics of the degradation products if possible.

Thus, for degradation study of a drug substance, it should be exposed to acid /base, oxidative, exposure to light, thermal and humidity.

1.1.2.3. Regulatory Considerations

In accordance to the International Conference on Harmonization (ICH) guidelines impurities in pharmaceuticals can be defined as components that remain with the active pharmaceutical ingredients, or arise during the manufacturing process and/or storage of the drug substance [31]. The performance of the pharmaceutical products may be influenced by the presence of these impurities, even in small amounts. The ICH and FDA have published guidelines for the identification and qualification of impurities in new drug substances and drug products [32-33]. According to the guidelines, impurities can be characterized as organic or inorganic impurities and residual solvents. Organic impurities may include impurities in starting synthesis materials, synthesis byproducts, degradation products and intermediates. For degradation products, the ICH Guidance Q3B (R2) provides recommendations for reporting, control, identification and qualification in drug products [32]. The critical values for reporting, identifying and qualifying impurities vary based on drug dosing regimens, and are shown in **Table 1.1** [32].

Reporting Thresholds	
Maximum daily dose	Threshold
≤ 1 g	0.1%
> 1 g	0.05%
Identification Thresholds	
≤ 1 g	0.1%
> 1 g	0.05%
Identification Thresholds	
< 1 mg	1.0% or 5 µg TDI, whichever is lower
1 mg - 10 mg	0.5% or 20 µg TDI, whichever is lower
>10 mg - 2 g	0.2% or 2 mg TDI, whichever is lower
>2 g	0.10%

Table 1.1- Thresholds for Degradation Products in New Drug Products

TDI: Total daily intake of the degradation product

The critical value for *reporting* impurities ranges from 0.05% to 0.1%, and reporting an impurity may or may not require identification.

Identification is required for any degradation product observed in stability studies present at a level greater than the identification threshold. Identification requires assignment of a specific chemical composition of the impurity. The critical value for identification is typically between 0.1% and 0.5% depending on the daily drug dose. For low dose drugs (< 1mg per day), the identification threshold is 1% of the total daily intake (TDI) or 5 μg (whichever is lower).

Qualification is the process of evaluating safety data and establishing acceptance criteria for a degradation product. If any degradation product exceeds the limit of quantification threshold then it must be qualified. Depending on the maximum daily dose, the critical range of the qualification threshold ranges from 0.15% to 1%.

For a given degradation product, its acceptance criteria should be established no higher than its qualified level and along with safety considerations [33]. Sometimes the qualification thresholds are exceeded and adequate data are not available to qualify the degradation product. In this case, additional studies should be conducted on the drug product containing the degradant or isolated degradation products.

The guidelines of FDA and ICH provide a feasible way to control degradation products of drug. However, degradation products that exceed qualification thresholds or that are potentially toxic compounds are not under this guidance as they do not provide a rationale for them.

1.1.2.4. Purposes of Forced Degradation Studies

Forced degradation studies are carried out to achieve the following purposes:

- \triangleright Establishment of the degradation pathways of drug substances and drug products.
- \triangleright Differentiation of the degradation products that are related to drug products from those that are generated from non-drug product in a formulation.
- \triangleright Elucidation of the structure of degradation products.
- \triangleright Determination of the intrinsic stability of a drug substance in formulation.
- \triangleright Depiction of the degradation mechanisms such as hydrolysis, oxidation, thermolysis or photolysis of the drug substance and drug product [30, 34].
- \triangleright Establishment of stability indicating nature of a developed method.
- \triangleright Evaluation of the chemical properties of drug molecules.
- \triangleright Generation of stable formulations.
- \triangleright Production of a degradation profile similar to that of what would be observed in a formal stability study under ICH conditions.

 \triangleright Rectify the stability-related anomalies [35].

1.1.2.5. Forced Degradation Testing Time

Before stress testing, it is very important to know the appropriate time to carry out stress studies to develop new drug substance and new drug product. FDA guidance states that force degradation testing should be performed during phase III of regulatory submission process. Force degradation studies should be done using solutions of different pH, in presence of oxygen and light, and at increased temperatures and humidity levels so that the stability of the drug substance can be determined. Generally, force degradation studies are carried out on a single batch. The results are to be summarized and submitted in an annual report [36]. Starting force degradation would be very effective if it is done during early in preclinical phase or phase I of clinical trials. These tests are performed on drug substance in order to attain enough time to identify products formed after degradation and elucidate structures and also to optimize the stress conditions. An early stress study also provides appropriate recommendations for improvisation of manufacturing process and selecting suitable stability-indicating analytical procedures [37].

1.1.2.6. Limits of Forced Degradation Testing

Many discussions among pharmaceutical scientists have already been held about the question of how much degradation is sufficient. Degradations of drug substances of 5- 20% are considered acceptable and reasonable in case of chromatographic assays validation [38, 39]. Some pharmaceutical scientists suggest that degradation of 10% can be favorable to use in analytical validation for small pharmaceutical molecules. So acceptable stability limits of 90% of label claim is frequent [28]. Other suggestion is like that the drug substance spiked with a combination of known degradation products can be used to challenge the methods engaged to monitor in stability of drug product [34]. No such limits for physiochemical changes, loss of activity or degradation during shelf life have been established for individual types or groups of biological products [40]. It is not always mandatory that forced degradation study would result in a degradation product. The study can be concluded if no degradation is observed after drug substance or drug product has been exposed to stress conditions than those conditions mentioned in an accelerated stability protocol [41]. Over-stressing a sample is not recommended

as this may cause the formation of a secondary degradation product that is not to be seen in formal shelf-life stability studies. On the other hand, under-stressing may not generate sufficient degradation products which can fail the whole stress study [42]. Protocols for generation of product related degradation may be different for each drug substance and drug product because of their differences in matrices and concentrations. It is recommended that maximum of 14 days for stress testing in solution (a maximum of 24h for oxidative tests) to provide stressed samples for methods development [43].

1.1.2.7. Approach for Forced Degradation Conditions Selection

Forced degradation is conducted to make representative samples for the development of stability-indicating methods for drug substances and drug products. The options of stress conditions are supposed to be consistent with the products breakdown under normal manufacturing process, storage, and use conditions which are specific in each individual case [44]. A common procedure of degradation conditions used for drug substance and drug product is shown in **Figure 1.1**. To conduct force degradation studies successfully a list of stress factors are recommended to take account like acid and base hydrolysis, thermal degradation, photolysis, oxidation [36,45-47] and may include freeze–thaw cycles and shear stress conditions [40]. The conditions of pH, temperature and specific oxidizing agents to be used are not specified in the guidelines. The protocol of photolytic degradation studies is left to the applicant's judgment even though it is specified in ICH Q1B that the light source is supposed to produce combination of visible and ultraviolet (320–400 nm) outputs, and exposure time should be reasonable [41]. The initial trial should be aimed to degrade the drug by approximately 10%. It is found to be practical to start with extreme conditions such as 80◦C or even higher temperatures and testing at shorter (2, 5, 8, 24h, etc.) multiple time points, so that the rate of degradation can be evaluated [48]. The primary and secondary degradants can be illustrated by testing at initial stage. Thus improved degradation pathway can be established. In another approach, the drug substance is considered labile when degradation is started. Then stress would be augmented or lessened to obtain enough degradation. As compared to more stressful environment and less time approach, this tactic is better because of some reasons. (i) If there is any modification in the mechanism of reaction during a insensitive condition , and (ii) If there is any practical difficulty in neutralizing or diluting every sample, when it is associated with a high concentration of reactants, e.g., acid or base, before an injection can be made on the HPLC column. Both these reasons suggest as normal as possible conditions to carry out the degradation of the drug [49]. Studies should be repeated when formulations or methods change because the change may lead to the production of new degradation products.

Figure1.1. Diagram of Stress Study Used for Degradation of Drug Substance and Drug Product. [50]

1.1.2.8. Conditions for Forced Degradation Study

Different conditions to conduct forced degradation studies according to ICH Q3B (R2) are discussed below.

1.1.2.8.1. Hydrolytic Conditions

Hydrolysis is one of the most common degradation chemical reactions over different pH range. Hydrolysis which is a chemical process includes decomposition of a chemical compound by reaction with water. Acidic or basic hydrolysis study involves catalysis of ionizable functional groups that are present in the molecule. In forced degradation study, when drug substance is exposed to acidic or basic conditions, primary degradants are found in desirable range. The selection of the type and concentrations of acid or base is dependent on the stability of the drug substance. Hydrochloric acid or sulfuric acid (0.1–1M) for acid hydrolysis and sodium hydroxide or potassium hydroxide (0.1– 1M) for base hydrolysis are suggested as suitable reagents for hydrolysis [51,52]. Cosolvents can be used to dissolve the drugs in HCl or NaOH if the compounds for stress testing are poorly soluble in water. Drug substance structure is used as the basis for selection of co-solvent. Stress testing assessment is usually started at room temperature and if there is no degradation, an increased temperature (50–70◦C) is applied. Stress testing should be completed within 7days. The degraded sample is then neutralized by means of appropriate acid, base or buffer to circumvent added decomposition.

1.1.2.8.2. Oxidation Conditions

Though other oxidizing agents such as metal ions, oxygen and radical initiators can also be used, hydrogen peroxide is widely used for oxidation of drug substances in forced degradation studies. Selection of an oxidizing agent, its concentration, and conditions are dependent on the drug substance. It is reported that subjecting the solutions to 0.1– 3% hydrogen peroxide at neutral pH and room temperature for seven days or up to a maximum 20% degradation could potentially generate relevant degradation products [52]. An electron transfer mechanism is involved in the oxidative degradation of drug substance to form reactive anions and cations. Amines, sulfides and phenols are susceptible to electron transfer oxidation to give N-oxides, hydroxylamine, sulfones and sulfoxide [53]. The functional group with labile hydrogen like benzylic carbon, allylic carbon and tertiary carbon or α -positions with respect to hetero atom is susceptible to oxidation to form hydroperoxides, hydroxide or ketone [54, 55].

1.1.2.8.3. Photolytic Conditions

The photo stability testing of drug substances must be evaluated to demonstrate that a light exposure does not result in unacceptable change. Photo stability studies are performed by exposure to UV or fluorescent conditions to generate primary degradants of drug substance. ICH guidelines recommend some conditions for photo stability testing [41]. Samples of drug substance and solid or liquid drug product must be out in the open to a minimum of 1.2 million lxh and 200 Wh/m² light. The most commonly accepted wavelength of light is in the range of 300 – 800 nm to cause the photolytic degradation [56,57]. The highest illumination suggested is 6 million lxh [55]. Light stress conditions can persuade photo oxidation through free radical reaction mechanism. Functional groups like carbonyls, nitro-aromatic, N-oxide, alkenes, aryl chlorides, weak C–H and O–H bonds, sulfides and polyenes are expected to initiate photosensitivity of drugs [58].

1.1.2.8.4. Thermal Conditions

Thermal degradation (e.g. dry heat and wet heat) should be carried out at more strenuous conditions than recommended ICHQ1A accelerated testing conditions. Solidstate drug substances samples and drug products are to be exposed to dry heat, moist heat and liquid drug products are to be exposed to dry heat. Studies may be conducted at higher temperatures for a shorter period [52]. Effect of temperature on thermal degradation of a substance is studied through the Arrhenius equation [55, 59, 60]. Thermal degradation study is carried out at 40–105◦C.

1.2. Stability Indicating Method (SIM)

A stability indicating method (SIM) is an analytical process which is used to enumerate the decline in the sum of the active pharmaceutical ingredient (API) in drug product due to degradation. According to an FDA guidance document, a stability-indicating method is a validated quantitative analytical process used to identify the stability of the drug substances and drug products changes with time. A stability-indicating method measures the changes in active ingredients concentration avoiding intrusion from other degradation products, impurities and excipients precisely [45]. Force degradation is carried out to demonstrate specificity of the developed method to measure the changes in concentration of drug substance when little information is available about potential degradation product. The development of a suitable stability indicating method provides a background for the pre-formulation studies, stability studies and the development of proper storage requirements. Bakshi and Singh [49] discussed some critical issues about developing stability indicating methods. Comments and suggestions on stability indicating assays are also made by Dolan [61]. Smela [62] discussed from a regulatory point of view about stability indicating analytical methods. The RP-HPLC is a
most widely used analytical tool for separation and quantifying the impurities and it is most frequently coupled with a UV detector [59]. The following are the steps involved for development of SIM on HPLC which meets the regulatory requirements.

1.2.1. Sample Generation

The API is tested stressfully at conditions which are more acute than accelerated degradation conditions to generate samples for SIM. Decomposition of drug at hydrolytic, oxidative, photolytic and thermal conditions are involved as discussed earlier. The stress study of API both in solid and solution form is performed with an aim to produce degradation products which are likely to be formed in realistic storage conditions [63]. This sample is then used to develop a stability indicating method.

1.2.2. Method Development

For method development, various physiochemical properties like pKa value, log P, solubility and absorption maximum of the drug must be recognized, as it lays a foundation for HPLC method development. Solubility and logP aids in selecting mobile phase and sample solvent and pKa value aids in determining the pH of the mobile phase [49]. Reverse phase column is better option to begin the separation of sample components because the degradation is carried out in aqueous solution. Methanol, water and acetonitrile can be used in mobile phase in various amounts at the initial stages of separation. Solubility of analyte is the key factor to select between methanol and acetonitrile for organic phase. Initially the water and organic phase ratio starts with 50:50 and suitable modifications is done as trials proceed to obtain a good separation of peaks. Buffer is also added to get better peak separation and peak symmetry if necessary. Sometimes the method is extended to liquid chromatography– mass spectrometry (LC–MS). In this case mobile phase buffer should be MS compatible like triflouro acetic acid and ammonium formate. The selectivity of the method is affected by variation in column temperature as analytes respond differently to temperature changes. 30–40◦C temperature range is optimum to generate good reproducibility [64]. Pushing the drug peak further in chromatogram results in separation of all degradation products. Also a sufficient run time after the drug peak is to be allowed to obtain the degradants peak eluting after the drug peak [49]. It can be possible that the drug peak may hide an impurity or degradants peak. These types of peaks may co-elute with the drug during the method development. This leads to the requirement of peak purity analysis to determine the method specificity. Direct analysis can be done online by using photodiode array (PDA) detector. PDA gives information of the homogeneity about the spectral peak. But it is not appropriate for the degradants having the similar ultraviolet spectrum to the drug. Indirect method involves change in the chromatographic conditions like mobile phase ratio and column which will affect the peak separation. The spectrum of altered chromatographic condition is then compared with the original spectra. If the degradant peaks and percentage of the drug peak remain same, then it can be confirmed that the drug peak is homogeneous [65]. The degradant that co-elutes with the drug would be acceptable if it is not found during accelerated and long term storage conditions [30]. The method is then optimized for separating closely eluting peaks by changing flow rate, injection volume, column type and mobile phase ratio.

1.3. Quality by Design (Qbd) Approach in Method Development and Optimization:

Joseph M. Juran was first defined the term Quality by Design (QbD) [66] and applied with great success. The underlying concept of QbD is that quality must be designed in to a product through the systematic implementation of an approach to establish a absolute understanding of the product and the processes utilized to develop and manufacture it. To improve quality control strategies are developed and used to verify continuously. Recently the FDA has begun to approve the QbD approach for the pharmaceutical sector [67]. But there are a lots of claim of the concept. For example the requirement for modeling the influence of variables on quality, methodical experimental design strategies and to make sure the traceability of information from the stages of design during validation.

Now a days analytical chemists have started to apply QbD approaches for chromatographic methods development, prompting a revisit of method development strategies. Modern technology allows to investigate the strategies for chromatographers to develop new methods and optimization by applying Quality by Design.

Pharmaceutical industry has paying attention on product quality, safety, and efficacy. By applying scientific tools, QbD (Quality by Design) product quality has been improved.

These QbD tools will minimize the threat by increasing the quality and productivity. The implementation of ICH quality guidelines Q8 to Q11 are always recommended by regulatory authorities [68-70].

Analytical Quality by Design (AQbD)

According to ICH, is defined as "A systematic approach to development that begins with predefined objectives and emphasizes product and process understanding and process control, based on sound science and quality risk management."

The outcome of AQbD is well establised and suitable for intended purpose with robustness throughout the lifecycle. Different tools of AQbD life cycle are ATP (Analytical Target Profile), CQA(Critical Quality Attributes), risk assessment, method optimization and development with DoE (design of experiment), MODR (method operable design region), control strategy and risk assessment, AQbD method validation, and continuous method monitoring. **Figure 1.2** represents the AQbD life cycle with each tool.

Figure1.2. Lifecycle of Qbd [71]

1.3.1. Analytical Target Profile (ATP)

General ATP (**Table 1.2**) for analytical procedures is as follows:

(a) Selection of target analytes (API and impurities),

(b) Selection of technique to be used (HPLC, GC, HPTLC, ion chromatography, chiral HPLC)

(c) Selection of method requirements (assay or impurity profile or residual solvents).

(a) Target Analytes Selection.

Common ATP for HPLC methods during impurities profile are described in **Table 1.2**.

Table1.2. Common ATPs for Impurity Profile by HPLC Method

(b) Technique Selection.

Every analytical technique has its own principle. So based on the analytes characteristics it can be chosen. Analytical test items and analytical techniques are the following:

- (1) Identification by IR: FT-IR spectrophotometer,
- (2) Impurity profile (Chromophore): HPLC with UV detector,
- (3) Impurity profile (non-Chromophore): HPLC with RID/ELSD and so forth,
- (4) Assay by HPLC (Chromophore): HPLC with UV detector,
- (5) Assay by HPLC (non-Chromophore): HPLC with RID/ELSD and so forth.

(c) Method Requirements Selection. Method requirements can vary from one method to another. The common ATPs for impurity profile by HPLC method are listed in **Table [1](https://www.hindawi.com/journals/jchem/2015/435129/tab2/).6**.

1.3.2. Critical Quality Attributes (CQA)

Critical quality attributes for analytical methods describes method attributes and parameters. Different CQA is required for each analytical technique.

For HPLC analysis CQA are

- 1. Buffer of mobile phase
- 2. pH of mobile phase
- 3. Diluents
- 4. Column selection
- 5. Organic modifier and
- 6. Elution method

For GC analysis CQA are

- 1. Gas flow
- 2. Oven temperature and program
- 3. Injection temperature
- 4. Sample diluents and
- 5. Concentration

For HPTLC method CQA are

- 1. TLC plate
- 2. Mobile phase

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- 3. Injection concentration and volume
- 4. Plate development time
- 5. Color development reagent and
- 6. Detection method

The CQA for analytical method development based on the nature of impurities and DS can such as solubility, pH value, polarity, charged functional groups, boiling point, and solution stability.

1.3.3. Risk Assessment.

Risk Assessment is a science-based process can be performed from initial stage of method development to continuous method monitoring. AQbD come up to involve the risk detection at early stages of progress followed by appropriate improvement plans with control strategies that will be recognized. Ishikawa fishbone diagram is generally used for risk identification and assessment. The following **Figure1.3** shows fishbone risk identification approach for typical analytical test procedure according Raman et al [71].

Figure1.3. Ishikawa Fishbone Diagram for Risk Identification

1.3.4. Design of Experiment (DoE) for Method Optimization and Development

Sometimes the potential and critical analytical method variables are defined with initial risk assessment. At that time, DoE is performed to verify and purify critical method variables. And this process is based on statistical significance. It is determined as per unit operation or combination of selected multiple method variables and their interactions and responses (critical method attributes). This tactic provides a brilliant prospect to screen a number of conditions generated from a limited number of experiments. Data evaluations are very vital to determine critical method variables and this is done by using statistical tools. The proper optimal ranges for method variables where a robust region for the critical method attributes could be obtained.

According to ICH Q8 guideline, process robustness is defined as "the ability of a process to tolerate variability of materials and changes of the process and equipment without negative impact on quality." Starting materials properties can affect the drug substance synthetic process robustness, impurity profile, physicochemical properties, process capability, and stability. Process understanding endow with the adequate information to establish robustness parameters after evaluation of different operating conditions, difference scales, and different equipments.

1.3.5. Method Operable Design Region (MODR)

Method operable design region (MODR) is used for set up of a multidimensional space based on method factors and settings. MODR can present appropriate method act. It is also used to establish significant method controls like system suitability, relative retention time (RRT), and relative response factor (RRF). Additional method verification exercises are applied to establish ATP conformance and ultimately define the MODR.

1.3.6. Control Strategy and Risk Assessment

Control strategy [72-73] is a planned set of controls, derived from analyte nature and MODR understanding. Complete statistical data is used to establish method control strategy which is collected during the DoE and MODR stages discussed earlier. Correlations can be drawn between method and analyte attributes using this statistical experimental data for the ability to meet ATP criteria. Control strategy will decide the method parameters irregularity for example reagent grade, instrument brand or type, and type of column. Method control strategy is not appeared as noticeably dissimilar under the AQbD approach while compared to the traditional or conventional approach. However, method controls are established based on CQA, DoE. MODR experimental data is used to make sure a stronger connection between the method purpose and performance.

1.3.7. Analytical Quality by Design (Aqbd) Method Validation

AQbD [74] method validation approach is the validation of analytical method over a range of different API batches. It uses both DoE and MODR knowledge for designing method validation for all kinds of API manufacturing changes without revalidation. This approach is very important as it provides the required ICH validation elements and also information on interactions, measurement uncertainty, control strategy, and continuous improvement. It requires less resource than the traditional validation approach without any compromising quality.

1.3.8. Continuous Method Monitoring (CMM) and Continual Improvement

Life cycle management is a control strategy which is applied to implement the design space in commercial stage. CMM is final step in AQbD life cycle. It is a continuous process of sharing knowledge gained during development and implementation of design space including results of risk assessments, assumptions based on prior knowledge or information, statistical design considerations, and bridge between the design space, MODR, control strategy, CQA, and ATP. After establishment of the method validation procedure, it can be used for routine purpose and continuous method performance can be monitored investigations, and so forth. CMM allows the analyst to proactively recognize and deal with any out-of-trend performance.

AQbD is an approach that is concerned with moving away from reactive trouble shooting to proactive failure diminution. The stage of project in the development timeline is very important as the type and extent of the risk assessment depends on it. AQbD success rate depends on many variables such as exact approach, planning, tools usage, and performance of work in a appropriate time. The appropriate risk assessment tools at the right time prevent method failures and better understanding on the design space and control strategy [75-84].

1.4. Method Validation

Analytical method validation is the process which is established by laboratory studies. It fulfills the effectiveness of the method to acquire the official requirements for the intended analytical application. Validation is required for any new or modified method

to confirm that it is capable of providing precise, reproducible and robust results with a variation of equipment, operators in the same or different laboratories. The method validation procedure for analysis starts with the designed and organized approach by the applicant of the validation data to maintain analytical procedures [85]. The obtained results from method validation can be used to evaluate the quality, acceptability, reliability and stability of analytical results. The analytical methods validation is conducted as per ICH guidelines.

Validation or revalidation of analytical methods is required [86]

- \triangleright Before their introduction into routine use
- \triangleright Whenever any conditions are changes
- \triangleright Whenever the method is changed
- \triangleright

1.4.1. Parameters for Method Validation

Typical parameters recommended by FDA, USP, and ICH are as follow [86, 88]

- \triangleright Specificity
- \triangleright Linearity & Range
- \triangleright Precision
- Method precision (Repeatability)
- Intermediate precision (Reproducibility)
- \triangleright Accuracy (Recovery)
- \triangleright Solution stability
- Limit of Detection (LOD)
- Limit of Quantification (LOQ)
- Robustness
- \triangleright System suitability
- \triangleright Forced degradation studies

1.4.2. Components Required for Validation

The common compendial requirements for the establishment of analytical methods for finished products are categorized in following ways (**Table 1.3**):

Category 1: Identification and Qualification of main components or active ingredients in its finished pharmaceutical products.

Category 2: Determination of impurities in bulk drug substances or degradation compounds in finished pharmaceutical products. It includes the quantitative assay and limit tests.

Category 3: Determination of performance characteristics

Category 4: Identification tests.

Table 1.3. Parameters to be Covered in Validation

R: Required

NR: Not required

*****: May be required depending on the nature of the specific test

1.4.2.1. Specificity: Specificity or selectivity of an analytical method as its capacity to determine any interference with the analyte accurately, such as excipients, synthetic precursors, enantiomers, and degradation products that may be anticipated to be present in the sample matrix [87].

1.4.2.2. Linearity and Range: The linearity of an analytical method validation is its aptitude to get result which is directly proportional to the concentration (amount) of analyte in the sample. A linear relationship should be assessed across the range of the analytical procedure. It is described directly on the drug substance by diluting a

standard stock solution of the drug product with proposed method. Linearity is usually articulated as the confidence limit about the slope of the regression line [86-88]. For determining the linearity, minimum of five concentrations are recommended according to ICH guideline [89]. The range of an analytical method is the difference between the upper levels and lower levels which have been confirmed to be determined with linearity, precision and accuracy using the method [87].

1.4.2.3. Precision: The precision of an analytical procedure expresses the closeness of agreement or the degree of scatter between a series of measurements obtained from multiple sampling of the same homogeneous sample under the prescribed conditions. Precision may be considered at three levels: repeatability, intermediate precision and reproducibility [89].The precision of an analytical procedure is usually expressed as the standard deviation or relative standard deviation of series of measurements. Precision may be defined as either the degree of reproducibility or the repeatability of the analytical procedure under normal conditions. Intermediate precision (also known as ruggedness) expresses within laboratories variations, as on different days, or with different analysts or equipment within same laboratory. Precision of an analytical procedure is determined by assaying a sufficient number of aliquots of a homogeneous sample to be able to calculate statistically valid estimates of standard deviation or relative standard deviation.

1.4.2.4. Accuracy (Recovery): The accuracy of an analytical procedure is defined as the closeness of agreement between the value which is accepted either as a conventional true value or an accepted reference value and the value found. lt is determined by applying the method to samples to which known amounts of analyte have been added. These should be analyzed against standard and blank solutions to ensure that no interference exists. The accuracy is then calculated from the test results as a percentage of the analyte recovered by the assay. It may often be expressed as the recovery by the assay of known, added amounts of analyte [88,89].

1.4.2.5. Limit of Detection (LOD): Limit of detection (LOD) is the lowest amount of analyte in a sample that can be detected but may not be quantitated as an exact value of an individual procedure. In analytical procedures that exhibit baseline noise, the LOD

can be based on a signal-to-noise (S/N) ratio (3:1), which is usually expressed as the concentration of analyte in the sample.

1.4.2.6. Limit of Quantification (LOQ): The limit of Quantitation (LOQ) or Quantitation limit of an individual analytical procedure is the lowest amount of analyte in a sample that can be quantitatively determined with suitable precision and accuracy. For analytical procedures such as HPLC that exhibit baseline noise, the LOQ is generally estimated from a determination of S/N ratio (10:1) and is usually confirmed by injecting standards which give this S/N ratio and have an acceptable percent relative standard deviation as well [89].

1.4.2.7. Robustness: is defined as the measure of the ability of an analytical method to remain unaffected by small but deliberate variations in method parameters (e.g. pH, mobile phase composition, temperature and instrumental settings) and provides an indication of its reliability during normal usage. Determination of robustness is a systematic process of varying a parameter and measuring the effect on the method by monitoring system suitability and/or the analysis of samples [88, 89].

1.4.2.8. System suitability: System suitability tests are an integral part of liquid chromatographic methods. They are used to verify that the detection sensitivity, resolution and reproducibility of the chromatographic system are adequate for the analysis to be done. The tests are based on the concept that the equipment, electronics, analytical operations and samples to be analyzed constitute an integral system that can be evaluated as such. Factors, such as the peak resolution, number of theoretical plates, peak tailing and capacity have been measured to determine the suitability of the used method [86-89]. The acceptance criteria of system suitability parameters are described in **Table 1.4**.

SI#	Parameter name	Acceptance criteria		
$\mathbf 1$	Number of theoretical plates or Efficiency (N) > 2000			
2	Capacity factor (K)	< 1		
3	Separation or Relative retention (α)	>1		
4	Resolution (Rs)	> 1.5		
5	Tailing factor or Asymmetry(T)	< 2		
6	Relative Standard Deviation (RSD)	\lt 2		

Table-1.4. Acceptance Criteria (Limits) of System Suitability Parameters

1.5. Drug Selection:

Diabetes is one of the major public health problem, one of four priority noncommunicable diseases (NCDs) targeted for action over the world. It is a serious, chronic disease that occurs either when enough insulin is not produced from pancreas, or when the body cannot effectively use the insulin it produces. Both the number of cases and the prevalence of diabetes have been increasing over the past few decades. Globally, it was reported that 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. Since 1980, the global prevalence of diabetes has nearly doubled rising from 4.7% to 8.5% in the adult population [90]. This reflects an increase in associated risk factors like being overweight or obese.

Diabetes prevalence has been rising faster in low- and middle-income countries than in high-income countries over the past decade. It was reported that diabetes caused 1.5 million deaths in 2012. An additional 2.2 million deaths were caused by higher-thanoptimal blood glucose, by increasing the risks of cardiovascular and other diseases. 43% of these 3.7 million deaths occur before the 70 years of age [90].

The percentage of deaths caused by high blood glucose or diabetes that occurs prior to age 70 is higher in low- and middle-income countries than in high-income countries. Because sophisticated laboratory tests are usually required to differentiate between type 1 and type 2 diabetes, separate global estimates of diabetes prevalence for type 1 and type 2 do not exist. The majority of people suffering from diabetes are affected by type 2 diabetes. Earlier this used to occur nearly entirely among adults, but now occurs in children too[91] .

Type 2 diabetes mellitus (T2DM) is characterized by both progressive beta cell dysfunction and insulin resistance. To treat irregular glucose metabolism focuses on expanding the insulin response to hyperglycemia, improving insulin sensitivity or altering glucose removal through the gut or urine. Dipeptidyl-peptidase-IV (DPP-IV) inhibitors or 'gliptins' that block the inactivation of glucagon-like peptide-1 (GLP-1), which stimulates glucose-dependent insulin secretion and inhibits glucagon secretion. Morever, satiety is improved, gastric emptying is slowed, and food intake is reduced [92]. With use of GLP-1 receptor agonists these effects are more prominent.

There are five DPP-IV inhibitors, including alogliptin, linagliptin, saxagliptin, and sitagliptin in the United States and Europe and vildagliptin which is only available in Europe (**Table 1.5**). This class of therapy is administered once per day orally with the exception of vildagliptin which is administered twice per day. DPP-IV inhibitors can be taken without regard to food. DPP-IV inhibitors are not recommended for use as initial mono therapy for Type-2 Diabetes Mellitus (T2DM) treatment [93].

These are most frequently prescribed in combination with lifestyle alteration and metformin, sulfonylureas, thiazolidinediones, and/or basal insulin, but selected patients intolerant to metformin have been effectively treated with DPP-IV inhibitor monotherapy. There are a number of combination products available, together with gliptin–metformin and gliptin–sodium glucose transporter-2 inhibitor products [94].

Sl	Drug	Approval	Brand	Dosage	Dose	Dose	Available in
#			name®		change in	change in	combination
					renal	hepatic	
					dysfunction	dysfunction	
$\mathbf{1}$	Sitagliptin	FDA	Januvia, (Merck)	25 _{mg}	Yes	N _o	Metformin
		approved		50 mg			Simvastatin
		Oct 2006		100 mg			
$\overline{2}$	Vildagliptin	EU approved 2008	Galvus (Novartis)	50 mg	Yes	Not recommend ed for use	Metformin
		FDA	Onglyza(Astr	2.5 _{mg}			
3	Saxagliptin	approved July 2009	aZeneca)	5 _{mg}	Yes	N _o	Metformin
		FDA	Tradjenta				Metformin
$\overline{4}$	Linagliptin	approved	(Boehringer)	5 _{mg}	N _o	N _o	
		May 2011	Ingelheim)				Empagliflozin
		FDA	Nesina	6.25 mg			Metformin
5	Alogliptin	approved	(Takeda	12.5 mg	Yes	N _o	Pioglitazone
		2013	Pharma Ltd.)	25 _{mg}			

Table 1.5. Comparison of Available DPP-IV Inhibitors Used in T2DM.

There is very minor risk of hypoglycemia which can be negligible when DPP-IV inhibitors are used as monotherapy or in combination with metformin [95]. Hypoglycemia risk is augmented when gliptins are used in combination with sulfonylureas or insulin. Interestingly, in a study of vildagliptin added to insulin therapy,

in the setting of superior glycemic enhancement drastically lower rates of hypoglycemia were experienced in patients treated with vildagliptin compared to those receiving placebo [96]. Weight gain is usually neutral across the DPP-IV inhibitor class [34]. There appears to be neutral effect on lipids, with a general trend toward better triglyceride levels. Systolic blood pressure decrease is very modest and comparable within the class [97]. The gliptins are considered as safe in renal dysfunction; however, alogliptin, saxagliptin, and sitagliptin have requirement of dose adjustment for renal impairment [96, 98]. Linagliptin and saxagliptin do not need dose adjustment for liver dysfunction. Alogliptin and sitagliptin also do not need dose adjustment for mild or moderate liver dysfunction but should be administered with caution in severe liver impairment.

Day by day the requirements of DPP-IV inhibitors are increased for the treatment of T2DM. That's why three DPP-IV inhibitors, Sitagliptin, Vildagliptin and Linagliptin were chosen for the study.

1.5.1. Profile of Sitagliptin

Sitagliptin is a medication which is prescribed for the treatment of T2DM. It is combined with exercise and diet to improve blood glucose levels in individuals suffering from type 2 diabetes. It is used as an anti-diabetic drug which is a new oral hypoglycemic, the novel dipeptidyl peptidase-IV (DPP-IV) inhibitor class of drugs. This enzyme-inhibiting drug can be administered either as monotherapy or in combination with metformin or a thiazolidinedione for control of T2DM. The mechanism of drug is to competitively inhibit a protein/enzyme, dipeptidyl peptidase-IV (DPP-IV), that increases active incretins level (GLP-1 and GIP), reduces amount glucagon release and increases insulin level. Different characteristics of sitagliptin are described in **Table 1.6**.

Table 1.6. Features of Sitagliptin [99]

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

1.5.2. Profile of Vildagliptin

Formerly, Vidagliptin was identified as LAF237. It is a new oral anti-hyperglycemic agent (anti-diabetic drug) of the new dipeptidyl peptidase-4 (DPP-IV) inhibitor class of drugs. Vildagliptin works by inhibiting the inactivation of GLP-1 and GIP by DPP-IV. It enhances the secretion of insulin by GLP-1 and GIP in the beta cells and repress glucaon release by the alpha cells of the islets of Langerhans in the pancreas. At present, it is in clinical trials in the U.S. and has been reported to lessen hyperglycemia in T2DM. The drug is still unapproved for use in the US, but it was approved in Feb 2008 by European Medicines Agency for use within the EU and is listed on the Australian PBS with some certain restrictions. Different features of vildagliptin are summarized in **Table 1.7**.

Table 1.7. Features of Vildagliptin [100]

1.5.3. Profile of Linagliptin

Linagliptin is a DPP-IV inhibitor developed by Boehringer Ingelheim. It is used in the treatment of T2DM. There are two pharmacological characteristics that make linagliptin different apart from other DPP-IV inhibitors. The characteristics are- it has a non-linear pharmacokinetic profile and is not primarily eliminated by the renal system. Linagliptin was approved by FDA on May 2, 2011. Different characteristics of linagliptin is described in **Table 1.8.**

Table 1.8. Features of Linagliptin [101]

Identification				
Physical State	White to off white powder			
Chemical Formula	$C_{25}H_{28}N_8O_2$			

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

1.6. Objective of the Study

- \triangleright Comparative quality study of existing market products of sitagliptin, vildagliptin and linagliptin with the FDA approved innovator
- \triangleright Development and optimization of method by applying QbD approach
- \triangleright Validation of stability indicating assay method in accordance of ICH guideline Q2(R1)
- \triangleright Identification of degradants by forced degradation studies according to ICH guideline Q1A(R2)
- \triangleright To establish degradation pathways of drug substances and drug products
- \triangleright To differentiate drug products related degradants from those that are generated from non-drug product in a formulation
- \triangleright To elucidate the structure of degradation products
- \triangleright To determine the intrinsic stability of a drug substance in formulation
- \triangleright To reveal the degradation mechanisms such as hydrolysis, oxidation, thermolysis or photolysis of the drug substance and drug product
- \triangleright To determine the forced degradation rate constant in hydrolysis, oxidation and thermal condition of these drugs
- \triangleright To estimate the half-lives ($t_{1/2}$) and shelf -lives ($t_{0.9}$) of the drugs at stress condition as well as room temperature
- \triangleright To produce a degradation profile similar to that of what would be observed in a formal stability study under ICH conditions
- \triangleright To solve stability-related problems

Literature Review

Diabetes mellitus is a disorder occurred by chronic hyperglycemia. It is defined by the current WHO and American diabetes association based on the plasma glucose levels. If the value of venous fasting plasma glucose (FPG) is 7.00 m mol/L or venous plasma glucose is 11.1 m mol/L, 2 h after intake of a 75 g oral glucose load is diagnosed, then the patient is considered as diabetic. According to the classification of WHO diabetes mellitus based on aetiology in four types, such as type 1, type 2, gestational diabetes and other specific types [102-103]. This is mainly occur due to insulin deficiency or insulin resistance. Due to exposure to certain drugs, viruses, genetic mutation in PPAR γ gene and diseases such as pancreatitis and cystic fibrosis it can be rarely occurred [104]. Hyperglycemia is associated with reduced life expectancy and quality due to microvascular and macrovascular disorders [105]. Dipeptidyl peptidase-IV (DPP-IV) inhibitors are among all the recent therapies for type 2 diabetes that has not reacted to life style intervention alone [106].

Global report on diabetes in 2014 reveled that 422 million adults were living with diabetes globally, whereas in 1980 it was 108 million. So, the necessities of antidiabetic drugs especially DPP-IV inhibiting drugs have been rising in pharmaceutical market day by day[107]. That's why this study focused on the quality checking of three popular DPP-IV, i.e. sitagliptin, vildagliptin and linagliptin, in terms of stability indicating assay method by applying QbD approaches and isolation and characterization of prominent degradants product.

Sitagliptin, chemically [(R)-4-oxo-4-[3-(triflouromethyl)-5,6-dihydro[1,2,4]triazolo[4,3 a]pyrizine-7(8H)-yl]-1- (2,4,5-trifloro phenyl)butan-2-amine] (Figure 1), is a long-acting pyrizine-based drug. It is one of the promising drugs used for the treatment of type II diabetes [108,109]. Since the inception in 2006 as first dipeptidyl peptidase-IV (DPP-IV) inhibitor, it is a well-known hypoglycemic drug concurrently administered with lifestyle changes [110]. By enhancing the effect of incretins, it reduces blood glucose concentration and finally causes significant increase in insulin secretion. Literature review revealed the determination of sitagliptin in dosage form either alone or combined form by UV spectrophotometry [111-112] , RP-HPLC[113-117], UPLC[118], tandem mass spectrometry [119,120] and capillary electrophoresis [121]. Very few

stability indicating assay method either alone or combination of other molecules was found [118,122-123]. However, UV spectrophotometry is the easiest method but needs relatively larger amount of analytes for detection and it is poor in accuracy and precision. HPLC is the best choice for analysis because of its sensitivity. Most of the published methods for the quantitation of sitagliptin contained complex mixture in mobile phase [113-114], larger amount of organic solvent in mobile phase[112,116] and relatively high retention time[115,118].Therefore, the aim of these studies are to establish a validated simple, cost-effective, precise and rapid UHPLC method to quantify sitagliptin in oral tablet dosage form. There is no methods found where QbD approach is used for method optimization and no degradation kinetic study is found.

Vildagliptin, a pyrrolidine derivative, chemically known as (S)-1-[N-(3-hydroxy-1 adamantyl) glycyl] pyrrolidine-2-carbonitrile, belongs to the dipeptidyl peptidase- IV (DPP-IV) inhibitor class of drugs [124]. The drug is a potent antidiabetic agent that enhances glycemic control by preventing the inactivation of incretin hormones like glucose dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1), as GLP-1 and GIP increase the secretion of insulin in the beta cells and decrease glucagon release by the alpha cells of the islets of Langerhans in the pancreas.

The gut incretin hormones are secreted in the human small intestine after taking a meal and responsible for insulin release in response to increased glucose levels. As the release of insulin by GLP-1 is glucose dependent so it has lower risk of hypoglycemia. However, the clinical use of GLP-1 is limited by its short half-life (2 minutes) due to rapid degradation by the proteolytic enzyme DPP-IV. Inhibition of the DPP-IV enzyme is a good therapeutic approach in the treatment of diabetes to improve GLP-1 activity. Vildagliptin administration enhances the ability of GLP-1 to produce insulin in response to elevated concentrations of blood glucose, inhibit the release of glucagon following meals [125].

According to FDA guidance, stability testing for new drug molecules and drug products is a validated quantitative analytical procedure which can determine the modification of relevant properties of the drug molecules and drug product with time. This method can accurately assess the active ingredients, without interference from degradants, process related impurities, excipients used in formulation, or other potential impurities [126]. The ICH guideline 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 (ie, 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"[30].

The analytical method of vildagliptin is still now unofficial which is not included in any compendia, i.e. the British or the United States Pharmacopeias. From the literature survey, there was some reported analytical methods such as UV spectrophotometry [127], HPLC [128-131] and LC-ESI-MS/MS [132] methods have been declared for the estimation of Vildagliptin. Very few stability indicating method of vildagliptin either alone or in combination was reported [131,133]. But no reported study on the vildagliptin degradation kinetics and half-life determination at room temperature under acidic, alkaline, thermal and oxidation conditions at different temperatures and their respective degradation kinetic parameters. Thus, our study aim to build up a simple, precise, rapid and accurate UHPLC stability-indicating assay method to quantify vildagliptin in its bulk and dosage form and to study its forced degradation outcome as well as its degradation kinetics and half-life at room temperature were calculated with the help of Arrhenius plot.

Linagliptin, a dipeptidyl peptidase-4 (DPP-IV) inhibitor is a xanthine derivative, work as an oral hypoglycemic drug [134] which was approved in 2011 by USA, Japan and Europe for the treatment of type-II diabetes mellitus [135]. Linagliptin block the degradation of incretin, which inhibits the breakdown of glucagon-like peptide (GLP-1) and glucose-dependent insulinotropic peptide (GIP), stimulate insulin secretion, resulting in a reduction in plasma glucose, glucagon levels, and inhibition of gastric emptying [136–138]. Linagliptin has minimal risk of hypoglycemia due to its effect as a glucose-dependent insulin secretagogue [139]. Usually linagliptin can be used as either alone or in combination with other common medications used to treat diabetes, such as metformin, sulfonylurea, pioglitazone or insulin [104]. Linagliptin has no effect on body weight increase and due to its insignificant renal excretion, no dose adjustment is required for patients with hepatic disorder [140].

The general guideline of ICH Q3A (R2) and Q3B (R2) recommended the characterization of impurities or degradation products that are present at a level greater than the identification threshold in a drug substance or drug product [32,141,142]. To understand the degradation pattern of the drug substance, formation of impurities or degradants study in the drug substance, their isolation and characterization is very important. This gives valuable information about the drug stability under various conditions, that is also considerable for determining storage and other conditions of the bulk and dosage form. Moreover, improvements in the manufacturing process of bulk drug substance are difficult to achieve without understanding the possible degradation pathways [143-149].

Linagliptin is still now unofficial, not included in any of the pharmacopoeia. From the literature search many analytical methods by UV [150-151], HPTLCn, RP-HPLC [104,108, 152-155], UPLC [156], LC-MS/MS [157] methods were used for the quantitation of linagliptin in bulk, pharmaceutical dosage forms and biological fluids [157, 158] either alone [108,152-153] or in combination with other antidiabetic drugs [154-155, 158]. Synthesis and characterization of process related impurities of linagliptin have been reported recently [159-162]. However, there is no reported study has attempted to isolate or characterize degradation products of linagliptin. The present investigation deals with all (i) degradation studies including acid, base, thermal and photo stability on the drug substances under the ICH guideline (ii) isolated and characterized major degradation product through LC–MS/MS, IR and NMR, and (iii) describes plausible degradation pathways and (iv) developed and validated a simple, rapid, and sensitive stability-indicating RP-UHPLC method for quantification of linagliptin.

Materials and Methods

3.1. Materials

3.1.1. Chemicals and Reagents

The HPLC and analytical grade chemicals and reagents were collected for accomplishing the study. All the reagents used are listed in **Table 3.1**.

Table 3.1. List of Reagents

3.1.2. Equipment and Instruments

For smooth conduction of the study following instruments and equipments were used, as shown in **Table 3.2**. All the instruments were calibrated periodically.

3.1.3. Drug Sample

Nine commercially available brands of Sitagliptin (STG), Vildagliptin (VLG) and Linagliptin (LNG) tablet each with a label claim 50 mg, 50 mg and 5 mg, respectively were purchased from the various retail pharmacies of Dhaka city in Bangladesh. Innovator products of these three APIs are Januvia (STG), Galvus 50 (VLG) and Trajenta (LNG) were used in this study for comparison. Sample coding of brands are shown in **Table 3.3**. The working standards of these three API were found from two pharmaceutical companies as a generous gift sample to conduct the research **(Table 3.4)**.

Sample coding

Sitagliptin, vildagliptin and linagliptin tablets were coded as STG, VLG and LNG, respectively where STG-1, VLG-1 and LNG-1 were the innovator samples of each group and remaining STG-2 to 10, VLG-2 to 10 and LNG-2 to 10 were manufactured by Bangladeshi pharmaceutical companies **(Table 3.3)**

Table 3.3: Sample Coding

Table 3.4. Working Standard

3.2 Methods

3.2.1. Methods for Physical Evaluation of local Product

In-vitro quality control parameters between commercially available tablet brands of Sitagliptin, Vildagliptin and Linagliptin in Bangladeshi pharmaceutical market were compared with the innovator product through the evaluation of weight variation, hardness, disintegration time, assay and dissolution profile.

3.2.1.1. Weight Variation Test

According to the USP-NF weight variation test was accomplished by weighing 20 tablets for each of the ten brands individually using an electronic balance, then calculating the average weights and comparing the individual tablet weights to the average. The difference in the two weights was used to calculate weight variation by using the following formula **(Eq-1)** [163].

Weight variation = (I^w - Aw)/A^w × 100%...................................**Eq. (1)**

Where, I_w = Individual weight of the tablet and

 A_w = Average weight of the tablet.

The tablet complies with the test if not more than 2 of the individual weights deviate from the average weight by more than the 5% [163].

3.2.1.2. Hardness Test

Monsanto hardness tester was used to check the hardness of the tablet. Ten tablets were arbitrarily selected from each of the ten brands and tested. This test determine the pressure required to break entirely placed tablets by applying pressure with coiled spring. The acceptable limit for this test is 4 -7 kg/cm² [163, 164].

3.2.1.3. Disintegration Test

USP disintegration apparatus was used to determine the disintegration time (DT). For disintegration testing one tablet was placed in each tube for each brand and the solvent was of water maintained at 37 ± 2 °C. A standard motor driven device was used to move the basket assembly containing the tablets up and down through a distance of 5–6 cm at a frequency of 28–32 cycles per minute. Perforated plastic discs were used to prevent the floating of tablets. The apparatus was operated for 30 min [163, 165].

To comply with the USP-NF standards, the tablets must disintegrate and all particles must pass through the 10-mesh screen within 30 min. If any residue remains, it must have a soft mass [24, 163].

3.2.1.4. Dissolution Test

There is no biopharmaceutics classification of STG was found, it can be incidental that the drug is Class 1, since it presents high solubility and high permeability (bioavailability of 87%). Hence, the absorption process would not be incomplete by the solubility and or by permeability. [166, 167]. However, the dissolution rate can be extensively changed when the drug is mixed with excipients during manufacturing, and in some cases, this can lead to a reduction in bioavailability and clinical reply.

Vildagliptin is considered to be a Class I drug substance (high solubility, high permeability). Linagliptin is considered to be a Class III drug substance (high solubility, poor permeability) due to incomplete oral systemic bioavailability (about 30% compared to intravenous administration) and the moderate permeability.

The solubility of the drug was tested using an amount of solute (STG, VLG and LNG) and solvent (dissolution medium) equivalent to three times the formulation dose in 900 mL of medium. The media 0.1 M HCl, distilled water, phosphate buffer (pH 6.8), and acetate buffer (pH 4.5) were used. These media were used because they are relevant to physiological pH and are frequently used in dissolution testing [168]. The dissolution tests were conducted using 900 mL of each medium. The media were heated and kept at a temperature of 37 ± 0.5 °C. USP apparatus 2 (paddle) at 100 rpm was tested, and aliquots of 5 mL were withdrawn at 10, 20, 30, and 45 min. and this was immediately replaced with the same volume of fresh test media. The sample was filtered with Whatman filter paper, grade 1, 110 mm diameter.

Guidance of FDA for Dissolution:

The model developed by Moore and Flanner is used to evaluate the dissolution profile using two factors, f1 and f2 [169] following the FDA guidance for comparing the dissolution profiles [170]. A profile comparison is not necessary for products that are rapidly dissolving (i.e., more than 85% in 15 minutes or less). The difference factor (f1) calculates the percent (%) difference between the two curves at each time point and is a measurement of the relative error between the two curves **(Eq-2).** The similarity factor (f2) is a logarithmic reciprocal square root transformation of the sum of squared error and is a measurement of the similarity in the percent $(\%)$ dissolution between the two curves **(Eq-3).**

Statistical Calculations

- Similarity Factor (f2) = 50xlog {[1+ (1/n) S t=1n (Rt-Tt) 2] -0.5 x100}..................**Eq.(2)**
- Difference Factor (f1) = {[S t=1n |Rt-Tt|] / [S t=1n Rt]} x100......................................**Eq.(3)**

Where,

- n = number of dissolution sample times,
- Rt = percent dissolved at each time point for the reference at time t.
- Tt = percent dissolved at each time point for the test dissolution at time t.
	- **f2 value 50-100 ensures sameness of two products**
	- **f1 value 0-15 ensures minor difference between two products [168,171].**

3.2.1.5. Assay Test

Table 3.5. Chromatographic Conditions

- **Stock and Standard Solutions Preparation:** Stock solutions of working standard (STG, VLG, LNG) (1 mg/mL) were prepared in mobile phase. Final concentration of standard solution of 50 μg/mL was prepared from the stock solution by suitable dilution with mobile phase and filtered through 0.45μm disc filter (Filter-Bio).
- **Sample Preparation:** Tablets of STG, VLG and LNG were crushed to finely grinded powder. A stock sample solution of 1 mg/mL was prepared in mobile phase by transferring a weighed amount of the finely grinded powder equivalent to 100 mg of API to 100 mL volumetric flask containing 50 mL mobile phase. The solution was sonicated (Human Lab Instrument Co. Ltd., Korea) for 10 min and the volume was adjusted to the mark with mobile phase. The solution was then filtered (Whatman filter paper, Grade 1, 110 mm diameter). For assay of tablet, a working sample solution of 50 μg/mL was prepared from the stock solution by dilution with the mobile phase and filtered through 0.45μm disc filter (Filter-Bio).
- **Injection:** 20 μL of filtered standard and sample solution were injected with triplicate injection. The potency of each brand was calculated from the peak area of standard and sample.
- **Calculation:** Potency was calculated according to the (**Eq-4**).

 (Peak Area of Sam X Wt. of Std X Potency of Std X Dilution Factor x 100) (Peak Area of Std X Wt. of Sam X 100 X Avg. Wt) Where, Peak Area of Sam= Peak Area of sample Peak Area of Std= Peak Area of standard Wt. of Std= Weight of standard Wt. of Sam= Weight of sample Avg. Wt= Average weight of tablet **% of content** = **Eq. (4)**

For non-pharmacopieal or INN drug product the assay in the release specifications is \pm 5% of the label claim (i.e. 95.0-105.0%) [172].

3.2.2. Method Development and Optimization by Using QbD

An extensive literature review was done before starting the study. It was on the various parameters of method development and available method for the determination of various drug components. The following physico-chemical properties of these drugs were analyzed to design and develop new methods.

3.2.2.1. Physicochemical Parameters of Drugs

To develop a precise, sensitive HPLC method following information of drugs were required (**Table 3.6**).

Table 3.6. Physicochemical Parameters of Drugs

Based on these physicochemical parameters, different methods in reverse phase-ultra high performance liquid chromatography (RP- UHPLC) system were used to separate the commonly used gliptins (STG, VLG and LNG).To achieve better separation, different methodology were applied based on variation of organic (acetonitrile, methanol) and inorganic (water and buffer) modifier, flow rates (0.5–2 mL/min), pH of buffer (3 to 7) in mobile phase, column variation (C_{18} and C_8), columns lengths (150 and 250 mm), column oven temperature (25 to 35◦C) variation. Finally the method was optimized by applying quality by design (QbD) approach.

3.2.2.2. QbD Approach for Method Development and Optimization

- \triangleright Single method development for three gliptins, i.e. Vildagliptin, Linagliptin and Sitagliptin.
- \triangleright Optimization by QbD approach using Design of Experiments (DoE).
- \triangleright Software: Design–Expert[®] version 10.0.3.1.
- Model: Box-Behnken Experimental Design (BBD).
- \geq 3³ Factorial design consisting 30 runs.
- \triangleright Model design optimization done by ANOVA and Lack of fit.

3.2.2.3. Method Variables

For the method development and optimization according to QbD three independent variables or factors were selected and their effects were found from three responses described in **Table 3.7**.

Table 3.7. Method Variables

3.2.2.4. Independent Factors with Their Levels

The levels of three independent factors for this study are in between -1 to +1(**Table 3.8**)

Table 3.8. Independent Factors with Levels

3.2.2.5. Box Behnken Experimental Design (BBD)

Box Behnken Experimental Design (BBD) is used to optimized the method which is described in **Table 3.9**. According to the suggestion of BBD 30 runs were designed for development and optimization of method.

Table 3.9. Box Behnken Experimental Design (BBD) Layout

3.2.3. Method Validation

3.2.3.1. Validation Parameter According to ICH Q2 (R1)

The developed and optimized method was validated as per the ICH Q2 (R1) [173] guidelines for following parameters such as system suitability, linearity , LOD, LOQ, specificity, precession (repeatability and intermediate precession), accuracy test, and robustness.

3.2.3.2. System Suitability

For system suitability determination, 20 μL of filtered standard solution with a concentration of 10 μg/mL of STG, VLG and LNG were injected simultaneously from a single vial. These standard solutions were injected as six replicate injections in UHPLC. The limit of acceptance for peak area, tailing factor, number of theoretical plate, retention time, resolution between VLG and LNG (Rs1) and resolution between LNG and STG (Rs2) were studied.

3.2.3.3. Linearity and Detection Limit

The calibration curve was constructed for standard with different concentrations from 10 μg/mL to 50 μg/mL for VLG and STG and for LNG the concentration was 0.1 μg/mL to 1.0 μg/mL. For this study triplicate injections of each concentration were analyzed. The linear regression and correlation coefficient were found out separately for these three gliptins (STG, VLG, LNG) from the obtained graph between average peak area and concentration.

For the calculation of lower limit of detection (LOD), the sigma method was used [174]. This method depends on the slope and least standard deviation of the response. **Equation-(5) and (6)** were used for the calculation of LOD and LOQ, respectively.

LOD =3.3r/SP..**Eq(5)**

LOQ =10r/SP...**Eq(6)**

Where, $r =$ the minutest standard deviation value in response and

 $SP =$ the slope of the calibration curve

3.2.3.4. Specificity

Specificity is determined by injecting separately blank, placebo and standard solution of VLG, LNG and STG in triplicate. The results were confirmed by the peak purity analysis.

3.2.3.5. Precision

Precision of the developed method was assessed by repeatability or intra-assay precision and intermediate precision analyses. Repeatability was determined from six replicate injections of 20 μL each of nominal standard solution (50μg/mL). The nominal standard solution was analyzed for a period of six days with six replicate injections of 20 μL each on daily basis. The results of both the studies were compared (intermediate precision) and expressed as %RSD of the measurements.

3.2.3.6. Accuracy

To check for accuracy of the developed method as well as studying the interference of formulation additives on analysis the recovery experiments were carried out by spiking the sample solution with standard drug substance at 80%, 90%, 100%, 110% and 120%. All determinations were carried out in triplicate. The percent recovery of the added standard drug to the assay samples was calculated by using the equation **(Eq-7)** [175].

% recovery = [(Cc-Cf)/Cs] x 100......................................Eq(7)

Where,

Cc= the concentration of analyte present in the combination of standard and test

Cf= the concentration of analyte in formulation and

Cs= the concentration of standard analyte used in the combination

3.2.3.7. Robustness

The robustness of a chromatographic method may be assessed by variations in parameters such as mobile phase composition, pH of mobile phase and ionic strength of buffer, temperature and different lots or suppliers of columns [176-175]. For this study robustness was assessed by determining the effect of small and deliberate changes in

Degradation Kinetic Studies of Non-Pharmacopoeial Drug Products and Determination of their Degradants

flow rate $(0.8, 1, 1.2 \text{ ml/min})$ pH of the mobile phase $(\text{pH} = 5.8, 6.0 \text{ and } 6.2)$ and percentages of actonitrile in mobile phase (65, 70 and 75%).

3.2.4. Stress Study

3.2.4.1. Stress Condition

For conducting forced degradation study the drug substances are stressed by using following condition (**Table-3.10**).

Table 3.10. Stress Condition

3.2.4.2. Sample Preparation for Degradation Studies

3.2.4.2.1. Acidic Degradation Studies

1mL of stock solution with a concentration of 1mg/mL was added with 3mL of 1N hydrochloric acid and heated in a water bath with temperature of 80° C for 2 hr. The degraded sample solutions were then transferred into volumetric flasks quantitatively. For neutralization of the reaction equal volumes of 1N sodium hydroxide base was added for acidic degradation and diluted with mobile phase to obtain a concentration of 50 μg/mL solution before injection into the UHPLC system and the chromatograms were recorded to check the stability of sample.

3.2.4.2.2. Alkaline Degradation Studies

1mL of stock solution with a concentration of 1mg/mL was added with 3mL of 1N sodium hydroxide and heated in a water bath with temperature of 80^oC for 2 hr. The For neutralization of the reaction equal volumes of 1N hydrochloric acid was added for alkaline degradation and diluted with mobile phase to obtain a concentration of 50 μg/mL solution before injection into the UHPLC system and the chromatograms were recorded.

3.2.4.2.3. Oxidative Degradation Studies

1mL of stock solution with a concentration of 1mg/mL was added with 3mL of 3% v/v hydrogen peroxide (H_2O_2) and heated in a water bath with temperature of 80^oC for 2 hr. The degraded sample solutions were then transferred into volumetric flasks quantitatively and diluted with mobile phase to obtain a concentration of 50 μg/mL solution before injection into the UHPLC system and the chromatograms were recorded to check the degradation by oxidation.

3.2.4.2.4. Thermal Degradation

1mL of stock solution with a concentration of 1mg/mL was placed in oven at 1050C for 48 hrs for thermal degradation. The degraded sample solutions were transferred into volumetric flasks and diluted with mobile phase to obtain a concentration of 50 μg/mL solution before injection into the UHPLC system and the chromatograms were recorded.

3.2.4.2.5. Photolytic Degradation

Two (1 mg/mL) solutions were used to assess the effect of light. Among these two one solution was subjected to ultraviolet light (254 nm) for 72 h, while the another one was subjected to day light for 72 h. These solutions were then diluted with the mobile phase to achieve final concentration of 50 μg/mL solution before injection into the UHPLC system and the chromatograms were recorded.

3.2.5. Forced Degradation Kinetic Study

3.2.5.1. Condition for Degradation Kinetic Study

For the kinetic investigation, drug substances were stressed at different stress condition with a definite time interval which was described in **Table 3.11**.

Table 3.11.Condition for Degradation Kinetic Study

3.2.5.2. Sample preparation for kinetic Study

3.2.5.2.1. Acidic Hydrolysis

1 mL of stock solution (1 mg/mL) was poured into a series of volumetric flasks, then 3 mL 1N HCl was added and mixed properly. The volumetric flasks were placed in a thermostated water bath at different temperatures (60, 80 and 105°C) for different time intervals $(0, 0.5, 1, 2, 4$ and $(8 h)$. The resultant solutions were neutralized $(PH = 7)$ using 1N NaOH after the specified time, and diluted with the mobile phase to achieve final concentration of 50 μg/mL.

3.2.5.2.2. Basic Hydrolysis

1 mL of stock solution (1 mg/mL) was poured into a series of volumetric flasks, then 3 mL 1N NaOH was added and mixed properly. The volumetric flasks were placed in a thermostated water bath at different temperatures (60, 80 and 105°C) for different time intervals $(0, 0.5, 1, 2, 4$ and $(8 h)$. The resultant solutions were neutralized $(pH = 7)$ using 1N HCl after the specified time, and diluted with mobile phase to achieve final concentration of 50 μg/mL.

3.2.5.2.3. Oxidation with H2O²

1 mL of stock solution (1 mg/mL) was poured into a series of volumetric flasks, then 3 mL 3% v/v H_2O_2 was added and mixed. At different temperatures (40, 60 and 80°C) the volumetric flasks were placed in a thermostated water bath for different time intervals (0, 1, 4, 8, 12 and 24h). The obtained solutions were diluted with mobile phase to get final concentration of 50 μg/mL.

3.2.5.2.4. Thermal Degradation:

1 mL of stock solution (1 mg/mL) was poured into a series of volumetric flasks. At different temperatures (60, 80 and 105°C), the volumetric flasks were placed in an oven for different time intervals (0, 1, 4, 12, 24 and 48h). The resultant solutions were diluted after the specified time interval with the mobile phase to get final concentration of 50μg/mL.

3.2.5.2.5. Photolytic Degradation

a) At daylight

1 mL of stock solution (1 mg/mL) was poured into a series of volumetric flasks. The volumetric flasks were placed in normal sunlight for different time intervals (0, 24, 48, 72,120 and 168h). The resultant solutions were diluted after the specified time interval with the mobile phase to get final concentration of 50 μg/mL.

b) At 254nm UV chamber

1 mL of stock solution (1 mg/mL) was kept into a series of volumetric flasks. The volumetric flasks were placed in an UV chamber at 254nm at room temperature for different time intervals (0, 24, 48, 72,120 and 168h). The resultant solutions were diluted after the specified time interval with the mobile phase to obtain final concentration of 50 μg/mL.

3.2.5.3. Forced Degradation kinetic Study

Stability studies and degradation kinetics are a integral parts of the quality control of a drug or medicinal product on an industrial scale. Degradation kinetics is also used to evaluate the stability under certain conditions as well as to compare stress conditions. Therefore, the intrinsic stability and kinetic studies are fundamental elements in the search for possible degradation products of drugs; however, these products do not commonly appear under normal drug storage conditions [178].

The logarithmic values of percentages of the remaining concentrations at different time intervals were used to establish the degradation plots of vildagliptin, linagliptin and sitagliptin in the solution prepared for kinetic treatment of acidic, basic, oxidative and thermal degradation at different temperature. The degradation kinetic parameters such as the degradation rate constant (K), degradation half-life (*t50*), shelf life (*t90*) and *t¹⁰* were derived from the Arrhenius plots. Triplicate injection was done for each experiment and data were further processed and degradation kinetic parameters were calculated. From Arrhenius plot the predicted kinetic parameters were extrapolated for the degradation of vildagliptin, linagliptin and sitagliptin at 25°C.

In the development of a pharmaceutical formulation in addition to a identifying polymorphism, it is important to determine the intrinsic stability of the drug to predict possible reactions and degradation products. The intrinsic stability of the substance should be evaluated in terms of temperature, humidity, oxidation, UV light exposure, and hydrolysis at different pH values [179]. The photostability test can be evaluated under the conditions recommended by ICH Q1B [180], by subjecting the substance to ultraviolet irradiation. Some degradation pathways can be complex; however, not all decomposition products formed under conditions of intrinsic, yet more drastic, stability can be observed in the drug when subjected to the official conditions of the stability studies [178,179,181].

3.2.5.4. Stability Analysis Using Arrhenius Equation Plot

The influence of temperature on the degradation kinetics of sitagliptin, vildagliptin and Linagliptin were determined using accelerated stability testing and Arrhenius equation [182-183] (**Eq-8**)

$$
\ln(k) = \ln(A) - \text{Eq/RT}
$$

Where,

k = degradation rate constant,

A = frequency factor,

 $E\alpha$ = activation energy,

R = gas constant and

T = absolute temperature in degrees Kelvin.

The *k* value depends on the *E*α and is characteristic of a specific compound [184].

Based on the pseudo-first-order reaction kinetics, [182] **Eq.(9)** was generated into its logarithmic (base 10) form.

Log(C/C0)= k't/2.303----------------------------------**Eq.(9)**

Where,

k'= pseudo-first-order rate constant,

C0= initial concentration,

C = concentration of drug remaining after time *t*,

*C/C0 =*fraction of drug remaining after time *t*,

The values of *k*' at each temperature can be determined using **Eq. (9)**, from the slope of the regression equation generated from the plot between log % drug remaining and time (*t*) in months.

The value of 1000/T (in Kelvin) was calculated for each temperature and the Arrhenius plot between *ln* (*k*') vs. 1000/T was constructed. The slope and intercept values of this plot were equal to -*E*α/*R* and *ln (A)*, respectively, according to **Eq. (8)**. The *E*α was calculated by multiplying the slope value by *R* (8.314 J.mol−1. Kelvin−1). The significance of the *E*α value is to determine the temperature dependency of a chemical reaction. The higher the value of *E*α for a chemical reaction the greater the acceleration with increase in temperature and the more the stability of a drug is temperature dependent.[184,185] Generally, drugs with lower *E*α values have significantly longer shelf-lives.[184]

The rate constant (*k'25*) that corresponds to room temperature (25°C) was calculated from the regression equation.

The *k'25* value was used for the calculation of shelf life (*t90*), half-life (*t50*), and the time required for the drug to decrease its initial amount by 90 % (*t10*). The determination of the *t90, t50*, and *t10* values were calculated based on **Eq. (10-12).**

t⁵⁰ = 0.693/ k'---------------------------------**Eq. (10)**

t90 = 0.105/ k'---------------------------------**Eq. (11)**

t10 = 2.303/ k'---------------------------------**Eq. (12)**

3.2.6. Isolation and Characterization of Degradants of Linagliptin

Major degradants of LNG are oxidative and acidic degradants. These two degradants product were generated by applying sufficient stress. Two oxidative and three acidic degradants were collected and isolated according to the **Figure 3.1.** Then structure elucidation of these products were done by IR and NMR specteroscopy.

Figure: 3.1. Flow chart of Degradant Collection and Isolation Process

3.2.6.1. Isolation and Characterization of Acidic Degradants

For the generation of major alkaline degradants 5g of pure LNG were weighed and dissolved by 50 ml of acetonitrile then the solution was mixed properly by sonnication for 5 minutes. Then 50 ml of 5 N HCl solution was added slowly with the solution then kept in oven at 105°C for 12 hour. Then the solution was neutralized by adding 5N NaOH untill the pH become neutral. Sufficient amount of degradants were produced which was ensured by checking in the UHPLC. Then the resultant solution was extracted three times with ethyl acetate. The organic layer was dried over anhydrous sodium sulfate, and the solvent was evaporated by vacuum evaporator to obtain a solid mass. The latter was chromatographed over a normal phase and reverse phase both chromatography with column of silica gel and sephadex LH-20 respectively. Different solvent system based on polarity was used as mobile phase. For normal phase column chromatography the optimized mobile phase was ethyl acetate and methanol in gradient mode. The elution was started with100% ethyl acetate. Polarity of the mobile phase was increased step wise by adding methanol with its 1% increment at a time, i.e., using mobile phase composed of a mixture of ethyl acetate and methanol in ratios of 99:1 followed by 98:2, 97:3, and so ongoing upto 90:10. In case of reverse phase column chromatography the optimized mobile phase was water and methanol in gradient mode. The elution was started with100% water. Polarity of the mobile phase was decreased step wise by adding methanol with its 1% increment at a time, i.e., using mobile phase composed of a mixture of water and methanol in ratios of 99:1 followed by 98:2, 97:3, and so ongoing up to 90:10. The column was run with a minimum of 100mL of each mixture of this mobile phase or till the analyte continued to elute with a particular mixture. The fractions containing single degradants were pooled which was ensured by checking in the UHPLC with a single peak. The solvent was evaporated by using vacuum to obtain a solid mass. The solid residue of degradents were characterized through 1H-NMR, 13C-NMR and IR spectral analysis.

3.2.6.2. Isolation and Characterization of Oxidative Degradants

For the generation of major oxidative degradants 5g of pure LNG were weighed and dissolved by 50 ml of acetonitrile then the solution was mixed properly by sonnication for 5 minutes. In the resultant solution 50 ml of 10% H₂O₂ v/v solution was added slowly then kept in dark places for 12 hour with continuous stirring in a magnetic stirrer. Sufficient amount of degradants were produced which was ensured by checking in the UHPLC. To prevent further decomposition or formation of secondary degradants the reaction was quenched by adding platinum wire for one hour. Then the resultant solution was extracted three times with chloroform. The organic layer was dried over anhydrous sodium sulfate, and the solvent was evaporated by using vacuum to obtain a solid mass. The latter was chromatographed over a normal phase chromatography with column of silica gel. Different solvent system based on polarity was used as mobile phase and the optimized mobile phase was ethyl acetate and methanol in gradient mode. The elution was started with100% ethyl acetate. Polarity of mobile phase was increased step wise by adding methanol with its 1% increment at a time, i.e., using mobile phase composed of a mixture of ethyl acetate and methanol in ratios of 99:1 followed by 98:2, 97:3, 90:10. The column was run with a minimum of 100mL of each mixture of this mobile phase or till the analyte continued to elute with a particular mixture. The fractions containing single degradants were pooled which was ensured by checking in the UHPLC with a single peak. The solvent was evaporated by using vaccum to obtain a solid mass. The solid residue of degradents were characterized by 1H-NMR, ¹³C-NMR and IR spectral analysis.

3.2.6.3. Structure Elucidation by NMR and IR Spectroscopy

For the characterization or conformation of the structure 1H NMR, 13C NMR and IR spectroscopy were used.

3.2.6.3.1. IR Spectroscopy

The IR spectra of LNG and its oxidative and acidic degradation product were recorded on a Perkin–Elmer spectrum BX spectrophotometer.

3.2.6.3.2. NMR Spectroscopy

The 1H NMR experiments were performed on Avance Bruker NMR spectrophotometer (Fallanden, Switzerland), operated at 400 MHz $(1H-NMR)$ and 100 MHz $(13C-NMR)$ using standard software packages. Chloroform was used as a solvent and tetra methyl silane (TMS) was used as internal standard.

Results and Discussion

Label claim of pharmaceutical products refer to the ability to maintain the physical, chemical and therapeutic integrity of the product during the time of storage and usage by the patient at a specified time period. It is measured by the rate of changes that take place in the pharmaceutical dosage forms. In these studies three selected DPP-IV, sitagliptin (STG), vildagliptin (VLG) and linagliptin (LNG) were subjected to evaluate their physical and chemical integrity by testing weight variation, hardness, disintegration, dissolution and assay of nine brands of each drug, manufactured by pharmaceutical companies of Bangladesh and compared with their innovator products. An UHPLC method was developed and optimized by applying QbD approaches for simultaneous estimation of API in dosages form. To ensure the stability indicating assay method, forced degradation studies were conducted in different prescribed stress conditions by ICH Q1A (R2). The developed method was validated according to ICH Q2 (R1) guideline. Degradation kinetics studies also carried out to determine rate of degradation as well as determining half life (*t1/2*) and shelf life (*t0.9*) at room temperature. Major degradants of LNG were isolated by using liquid column chromatography and structure of degradants were confirmed by IR and NMR (1H and ¹³C) spectroscopy.

4.1. Evaluation of Physical Parameters

The quality parameters of three prominent DPP-IV inhibitors were compared with their innovator product. From the study, it was observed that the result of weight variation, hardness, disintegration, dissolution and assay of nine brands of sitagliptin, vildagliptin and linagliptin manufactured by Bangladeshi pharmaceutical companies of Bangladesh were similar to innovator product as well as met the requirement of official specification [186].

4.1.1. Weight Variation Test

To check the quality control parameters of sitagliptin tablet, samples were collected from top, middle and lower ranked pharmaceutical industries of Bangladesh and then compared with the innovator (STG-1) product, Januvia manufactured by Merck and Co., USA. The percent weight variation for innovator sample was $1.01\% \pm 0.05$ whereas for

the local product, the values varied from $0.54\% \pm 0.14$ to $2.13\% \pm 0.04$. All the data were near about innovator product. Minimum percent weight variation was found in STG-6 (**Table 4.1**).

The percent weight variation of vildagliptin tablet manufactured by nine pharmaceutical companies of Bangladesh were compared with the innovator sample Galvus (VLG-1) manufactured by Novartis, UK. The data of innovator sample was 1.12% \pm 0.22 whereas for the local product the value varied from 1.01% \pm 0.03 to 1.41% \pm 0.16. All the values were similar to innovator product. Minimum percent weight variation was found in VLG-4 (**Table 4.1**).

In case of linagliptin the percent weight variation for the tablet manufactured by nine pharmaceutical companies of Bangladesh were compared with the innovator sample Trajenta (LNG-1) manufactured by Boehringer Ingelheim & Lilly, USA. The data of innovator sample was $0.99\% \pm 0.11$ whereas for the local product the values varied from $0.44\% \pm 0.26$ to $2.33\% \pm 0.42$. All the found values were similar to innovator product. Minimum percentages of weight variation was found in LNG-2 (**Table 4.1**).

According to the United States Pharmacopoeia (USP), the percent weight variation should be within ±5% for tablets having average weight more than 324 mg. The tablets met the USP test as there are not more than 2 tablets outside the percentage limit and no tablets deviate twice of the percentage limit.

Sample	Weight Variation $(\%)^*$, (Mean $\pm \%$ RSD)							
	STG	VLG	LNG					
$Sam-1$								
(Innovator)	1.01 ± 0.05	1.12 ± 0.22	0.99 ± 0.11					
$Sam-2$	1.13 ± 0.04	1.01 ± 0.16	0.44 ± 0.26					
$Sam-3$	0.99 ± 0.16	1.01 ± 0.05	1.14 ± 0.45					
Sam-4	1.23 ± 0.25	1.01 ± 0.03	0.71 ± 0.13					
Sam-5	1.51 ± 0.06	1.01 ± 0.09	1.55 ± 0.06					

Table 4.1. Percent Weight Variation of Sitagliptin, Vildagliptin and Linagliptin

* : 20-times replication for each brand

All brands of sitagliptin, vildagliptin and linagliptin were complied with the official specification of USP for weight variation as the percent deviations from average weight of all the tablets were within the acceptable range of $\pm 5\%$ [2].

4.1.2. Hardness Test

Found data of hardness test of sitagliptin tablet manufactured by pharmaceutical companies of Bangladesh were compared with the innovator (STG-1) product. Average hardness of innovator product was 5.36±0.07 which were similar to the local sitagliptin product (4.26±0.14 to 6.23±0.03 kgf). In case of vildagliptin, hardness of local products $(4.86\pm0.07$ to 6.13 ± 0.16 kgf) were found, that were close to the innovator product $(5.55\pm0.35 \text{ kgf})$. Average hardness of local product of linagliptin $(4.23\pm0.08 \text{ to}$ 6.25±0.12kgf) were also found similar to the innovator (5.66±0.07kgf) (**Table 4.2**).

Sample	Hardness (Kgf)* (Mean \pm %RSD)						
	STG	VLG	LNG				
Sam-1 (Innovator)	5.36 ± 0.07	5.55 ± 0.35	5.66 ± 0.07				
Sam-2	4.92 ± 0.04	5.64 ± 0.14	6.23 ± 0.25				
Sam-3	6.23 ± 0.03	6.05 ± 0.22	6.22 ± 0.12				
Sam-4	5.15 ± 0.11	6.13 ± 0.16	4.55 ± 0.26				
$Sam-5$	4.26 ± 0.14	4.98 ± 0.21	6.02 ± 0.51				

Table 4.2. Hardness of of Sitagliptin, Vildagliptin and Linagliptin

Sam-6	4.48 ± 0.05	5.04 ± 0.22	4.23 ± 0.08
Sam-7	5.63 ± 0.06	5.66 ± 0.11	6.25 ± 0.12
Sam-8	6.21 ± 0.22	5.42 ± 0.13	6.09 ± 0.11
Sam-9	4.69 ± 0.09	4.86 ± 0.07	5.68 ± 0.21
$Sam-10$	6.11 ± 0.14	4.93 ± 0.04	5.91 ± 0.06

*: 10-times replication for each brand

All the obtained data of hardness test in sitagliptin, vildagliptin and linagliptin were complied with the official specification of USP [186].

4.1.3. Disintegration Test

The disintegration times for sitagliptin tablets were found from 0.5 ± 0.18 to 6.3 ± 0.12 min which was near to the disintegration time of innovator, januvia $(3.6 \pm 0.04 \text{ min})$. The lowest disintegration time found in STG-8. In case of vildagliptin, the disintegration time of local products were varied from 1.8 ± 0.15 to 6.4 ± 0.04 min where the disintegration time of innovator, galvus was 5.8 ± 0.08 min, and the lowest disintegration time found in VLG-5. The disintegration time of linagliptin were varied from 2.2 \pm 0.06 to 5.5 \pm 0.04 min, and 4.2 \pm 0.02 min was the disintegration time of innovator and the lowest disintegration time found in LNG-9 (**Table 4.3**)

Sample	Disintegration (Min)* (Mean $\pm \% RSD$)						
	STG	VLG	LNG				
Sam-1							
(Innovator)	3.6 ± 0.04	5.8 ± 0.08	4.2 ± 0.02				
Sam-2	6.3 ± 0.12	5.6 ± 0.11	2.5 ± 0.03				
$Sam-3$	4.5 ± 0.06	2.5 ± 0.06	5.5 ± 0.04				
Sam-4	5.6 ± 0.14	6.4 ± 0.04	3.2 ± 0.11				
Sam-5	6.0 ± 0.25	1.8 ± 0.15	4.0 ± 0.05				
Sam-6	6.4 ± 0.02	4.5 ± 0.02	2.4 ± 0.08				

Table 4.3. Disintegration Time of Sitagliptin, Vildagliptin and Linagliptin

*: 6-times replication for each brand

According to USP specification, film coated tablets should disintegrate within 30 min [188]. So, all the samples of sitagliptin, vildagliptin and linagliptin were complied with the official specification.

4.1.4. Potency Test

The potency of sitagliptin were found within the range of $95.30 \pm 0.03\%$ to 99.25 ± 0.08 % and in case of vildagliptin, the potency varied from 95.55 ± 0.06 to 99.68 ± 0.03 % and the potency of linagliptin were 95.20 ± 0.14 to 100.2 ± 0.02% (**Table 4.4**).

		Potency $(\%)^*$	
Sample		$(Mean \pm \% RSD)$	
	STG	VLG	LNG
$Sam-1$			
(Innovator)	99.25 ± 0.08	99.68 ± 0.03	99.85 ± 0.08
$Sam-2$	96.84 ± 0.04	96.84 ± 0.18	98.25 ± 0.04
$Sam-3$	96.12 ± 0.06	97.29 ± 0.04	96.75 ± 0.03
Sam-4	95.30 ± 0.03	96.35 ± 0.09	100.2 ± 0.02
Sam-5	97.62 ± 0.01	97.62 ± 0.07	97.36 ± 0.07
Sam-6	96.52 ± 0.08	98.21 ± 0.05	95.30 ± 0.09
Sam-7	98.21 ± 0.19	98.41 ± 0.09	96.25 ± 0.12
Sam-8	100.2 ± 0.11	95.80 ± 0.12	97.38 ± 0.03
Sam-9	97.42 ± 0.03	96.38 ± 0.04	95.20 ± 0.14
$Sam-10$	96.66 ± 0.16	95.55 ± 0.06	98.25 ± 0.04
	*: 3-times replication for each brand.		

Table 4.4. Potency of Sitagliptin, Vildagliptin and Linagliptin

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

So, all the brands showed potency within the range of (95-105) % of labeled amount of drug and complied according to USP [188].

4.1.5. Dissolution Test

The dissolution profiles of sitagliptin, vildagliptin and linagliptin was described in **Table 4.5, 4.6, 4.7** and **Figure 4.1, 4.2, 4.3**, respectively. The percent release of sitagliptin in 0.1N HCl were found 89.21% to 104.5%; in acetate buffer 81.20% to 95.54%; in phosphate buffer 85.56% to 100.5%; and in distilled water 93.21% to 104.5%. (**Table4.5**). The found percent release of vildagliptin in 0.1N HCl were found 91.56% to 104.1%; in acetate buffer 79.56% to 92.32%; in phosphate buffer 88.56% to 101.2%; and in distilled water 93.11% to 104.2% (**Table 4.6**). Linagliptin showed dissolution in 0.1N HCl, 95.40% to 106.8%; in acetate buffer 94.65% to 107.3%; in phosphate buffer 96.54% to 109.5%; and in distilled water 98.25% to 108.6 % (**Table 4.7**) after 45 min. The result demonstrate in all tablets fulfilled the general requirements of USP [188].

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

Figure 4.1. Dissolution Profile of STG in 0.1N HCl (A), Acetate Buffer (pH 4.6) (B), Phosphate Buffer (pH 6.8) (C) and Distilled Water (D).

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

Disso.	Time					Drug Dissolved (%)					
Medium	(min)	VLG-	VLG-	VLG-	VLG-	VLG-	VLG-	VLG-	VLG-	VLG-	VLG-
		1	2	3	4	5	6	7	8	9	10
0.1N HCl	10	36.69	75.21	62.14	39.36	64.20	56.61	66.55	47.09	65.04	46.92
	20	48.25	86.53	75.26	43.59	76.52	78.27	86.14	62.91	77.06	62.22
	30	75.69	90.65	82.21	72.65	84.66	86.20	93.25	89.27	88.52	84.05
	45	98.25	102.3	93.46	91.56	98.25	99.65	104.1	94.33	98.51	93.14
	10	28.86	45.65	33.89	25.62	32.20	41.36	29.65	46.25	44.82	41.33
Acetate Buffer	20	48.62	65.20	49.65	44.66	64.11	59.08	53.21	69.15	60.95	65.42
(pH 4.6)	30	67.59	78.26	71.64	60.08	72.09	78.43	71.47	73.20	78.13	71.15
	45	89.56	84.35	80.29	79.68	81.45	92.32	87.21	80.16	86.33	79.56
Phosphate	10	32.25	65.22	56.24	71.09	41.22	66.14	72.56	48.20	61.54	52.23
Buffer	20	53.64	81.91	65.21	84.22	59.66	84.21	88.54	59.33	79.58	75.54
(pH 6.8)	30	75.66	90.01	86.22	90.11	75.24	92.14	91.20	75.42	86.62	83.69
	45	95.68	99.56	100.2	95.42	88.56	101.2	100.5	90.80	103.4	91.99
	10	46.55	65.24	72.06	54.24	65.53	75.41	68.02	49.65	78.51	68.58
Distilled	20	65.88	78.63	84.59	72.20	84.51	81.53	76.82	65.10	86.08	81.10
Water	30	86.32	89.95	91.24	86.12	90.16	92.50	85.47	89.22	94.17	89.24
	45	100.2	94.56	100.2	94.31	96.31	98.52	99.04	93.11	104.2	95.62

Table 4.6. Percent Dissolution of Vildagliptin in Four Different Media

Figure 4.2. Dissolution Profile of VLG In 0.1N HCl (A), Acetate Buffer (pH 4.6) (B), Phosphate Buffer (pH 6.8) (C) and Distilled Water (D).

Disso.	Time		Drug Dissolved (%)										
Media	(min)	LNG- 1	LNG- $\mathbf{2}$	LNG- 3	LNG- 4	LNG- 5	LNG- 6	$LNG-7$	LNG- 8	LNG- 9	LNG- 10		
	10	49.53	55.65	65.21	56.25	65.4	59.6	48.7	68.5	56.5	72.46		
0.1NHCl	20	94.56	90.25	98.86	91.8	87.5	75.5	64.3	75.5	68.2	84.59		
	30	98.7	97.66	102.1	97.49	95.6	88.5	82.9	91.8	78.5	93.66		
	45	102.5	106.8	104.7	104.8	103.2	106.2	95.4	104.2	99.5	100.4		
Acetate Buffer	10	38.06	85.6	75.28	95.5	85.15	60.25	70.2	78.8	71.11	49.56		
	20	102.3	99.5	100.2	97.62	98.2	100.2	100.5	98.25	98.2	64.25		
(pH 4.6)	30	105.7	102.9	103.1	101.5	100.5	105.6	103.2	100.2	100.2	87.28		
	45	107.3	106.5	105.6	105.7	105.2	109.8	108.6	106.5	108.5	94.65		
Phosph	10	53.3	82.5	75.5	65.2	72.2	84.21	73.16	86.32	92.3	58.06		
ate	20	103.3	95.5	100.3	97.62	95.6	101.2	98.25	95.6	99.5	68.57		
Buffer	30	105.5	103.8	104.1	102.5	101.2	106.3	103.2	98.26	105.3	84.69		
$($ pH 6.8)	45	106.8	105.3	105.9	105.9	108.5	109.5	105.2	104.2	109.2	96.54		
	10	36.45	62.3	71.85	75.23	85.24	74.1	78.21	81.62	45.29	76.45		
Distilled	20	91.79	87.9	90.25	89.45	95.22	84.25	85.88	96.32	75.65	89.25		
Water	30	105.4	100.9	101.6	100.1	102.5	95.61	100.2	105.2	85.1	96.24		
	45	107.1	105.8	106.8	105.9	105.3	106.5	108.6	108.5	98.25	102.1		

Table 4.7. Percent Dissolution of Linagliptin in Four Different Media

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Figure 4.3. Dissolution Profile of LNG in 0.1N HCl (A), Acetate Buffer (pH 4.6)(B), Phosphate Buffer (pH 6.8) (C) and Distilled Water (D).

4.1.6. Comparison of Dissolution Data

To compare the dissolution profile, difference factor (f1) and similarity factor (f2) were calculated which has been adopted by FDA and the European Agency for the evaluation of medicinal products by the committee for proprietary medicinal products (CPMP). According to the FDA guidance [189], dissolution profiles are similar if f1 values are between 0 and 15 while f2 values are between 50 and 100.

The calculated f1 and f2 values of STG in brand 2, 4, 5, 6, 7, 8 and 10 in different dissolution medium were found within the above requirements thus it can be said that these brands are similar and bioequivalent to innovator product in respect of *in vitro* drug release pattern. The other brands (3,9) were also very close to these values (**Table 4.8**).

Marked values meet the requirement

The calculated f1 and f2 values of VLG in brand 3, 4, 5, 6, 7, 8 and 10 in different dissolution medium were found within the above requirements. So, these brands are similar and bioequivalent to innovator brand in respect of *in vitro* drug release pattern (**Table 4.9**). The other brands (2, 9) are also very close to these values.

Table 4.9. Difference Factor (f1) and Similarity Factor (f2) of Vildagliptin

Sample	0.1N HCl			Acetate Buffer $(pH=4.5)$		Phosphate Buffer $($ pH=6.8)	Distilled Water	
	f1	f2	f1	f2	f1	f2	f1	f2
$VLG-2$	26	35	21	44	31	32	14	46
$VLG-3$	25	36	8	62	20	42	16	40
$VLG-4$	10	53	19	41	33	29	7	62
$VLG-5$	18	40	13	52	9	59	15	43
$VLG-6$	17	42	16	50	34	31	18	39
VLG-7	27	34	5	73	37	28	12	46
$VLG-8$	8	62	37	30	10	53	5	68
$VLG-9$	20	39	18	47	29	34	21	36
VLG-10	4	66	18	46	21	40	15	43
			Marked values meet the requirement					

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In LNG the calculated f1 and f2 values of brand 2, 3, 4, 5 and 7 in different dissolution medium were found within the requirements. Thus it can be said that these brands are similar and bioequivalent to innovator brand in respect of *in vitro* drug release pattern (**Table 4.10**). The other brands (6, 8, 9, and 10) are also very close to these values.

Sample	0.1N HCl		Buffer Acetate $(pH=4.5)$		Buffer Phosphate $(pH=6.8)$		Distilled Water	
	f1	f2	f1	f2	f1	f2	f1	f2
$LNG-2$	5	68	15	31	11	41	10	44
$LNG-3$	7	54	12	36	7	47	12	37
$LNG-4$	4	70	19	27	6	58	14	35
$LNG-5$	8	53	16	31	9	51	17	31
$LNG-6$	12	46	8	47	10	40	16	35
$LNG-7$	16	38	11	40	8	50	16	34
$LNG-8$	14	43	14	34	14	38	15	32
$LNG-9$	16	38	12	39	12	35	16	42
$LNG-10$	12	45	23	32	19	34	17	34

Table 4.10. Difference Factor (f1) and Similarity Factor (f2) of Linagliptin

Marked values meet the requirement

Overall qualities of the manufactured drugs by Bangladeshi pharmaceutical companies are satisfactory. Most of the drugs fulfill the global requirements though there are some brands which remain in the border line of specification. Such type of study helps to reduce counterfeit or sub-standard medication by checking the quality parameters.

4.2. Method Development and Optimization by Applying Quality by Design (Qbd) Approach

4.2.1. Qbd Approach for Method Development

Quality by design (QbD) approaches were used for the method development and optimization where design of experiment (DoE) used 3³ full factorial Box -Behnken experimental design (BBD) model. This BBD model suggested 30 runs to conduct this method development and optimization process.

4.2.2. Evaluation of Model Response-1(Retention Time-RT)

Response 1 is the retention time of peak 2, i.e. peak of linagliptin. According to the suggestion of BBD, from 30 runs RT values were found between 2.291 min and 11.079 min. For the optimization of RT values, quadratic equation of RT **(Eq-13)** described the relationship of three independent variables with retention time of linagliptin.

Quadratic Equation of Model Responses-1(RT)

RT= +5.62-2.15*A-0.88*B+1.20*C+0.41*AB -1.03*AC+0.033*BC+1.04*A² +0.033*B² -0.99*C2...**Eq.(13)**

Table 4.11. ANOVA for Response Surface Quadratic Model

S: Significant, **NS**: Not significant

The model F-value of 21.06 implies the model is significant. There was only 0.01% chance that an F-value was larger that could occur due to noise. Probability values of F less than 0.0500 indicated the model terms significant. In this case A, B, C, AC, A^2 , C^2 were significant model terms. Values greater than 0.1000 indicated the model terms insignificant (**Table 4.11**).

4.2.3. Graphical Representation of Effects Of Variables on Retention Time(RT)

The model was examined using Lack of Fit test, which indicated insignificant lack of fit value corresponding with higher p-value as compared to the model F-value. Additionally, Normal plot of residual indicated all the data were concentrated along the model fit line and only one observable value was remain in outlier in the data (**Figure 4.4-A**).

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Figure 4.4. (A)-Normal plot of residual,(B)- Counter Plot, (C)-Predicted vs. Actual plot, (D)- Box-Cox plot for power transform, (E)-3D response surfaces effect (F)- Perturbation plot of R1(RT).

4.2.4. Evaluation of Model Response-2(Resolution1-Rs1)

Model rsponse-2 (RS1) is the resolution between the peak vildagliptin and linagliptin. From 30 runs, RS-1 values were obtained within 1.42 to 21.28. Surface linear model described the relationship of independent variables with response-2 (Rs-1) through the equation of RS1 (**Eq-14**).

Surface Linear Model Equation of Responses-2 (Rs1)

$$
Rs1 = +11.25 - 4.54*A + 0.017*B + 2.44*C
$$
.................**Eq.(14)**

The ANOVA result was described in **Table 4.12** where the model F-value of 10.39 implies the model is significant. There is only a 0.01% chance that an F-value was larger that could occur due to noise. Probability values of F less than 0.0500 indicate model terms are significant. In this case A, B, C are significant model terms. Values greater than 0.1000 indicate the model terms are not significant.

Source	Sum of squares	Degrees of freedom(df)	Mean square	F-value	p-value	Remarks
Model	477.75	3	159.25	10.39	${}< 0.0001$	S
A-ACN	370.92	$\mathbf{1}$	370.92	24.19	${}< 0.0001$	S
B-Flow Rate 5.000E-003		$\mathbf{1}$	5.000E-003	3.261E-004	0.0037	S
$ C$ -Buffer pH	106.82	$\mathbf 1$	106.82	6.97	0.0013	S
Residual	398.60	26	15.33			
Lack of Fit	398.60	23	17.33			
Pure Error	0.000	3	0.000			
Cor Total	876.35	29				

Table 4.12. ANOVA for Response Surface Linear model

S: Significant

4.2.5. Graphical Representation of Effects of Different Variables on Resolution-1(Rs1)

From the graphical data (**Figure 4.5**) the model was examined using Lack of Fit test, which indicated insignificant lack of fit value corresponding with higher p-value as compared to the model F-value. Additionally, normal plot of residual indicated most of the data were concentrated along the model fit line and there were only two observable values were remain in outlier in data (**Figure 4.5-A**).

Figure 4.5. (A)-Normal Plot of Residual, (B)- Counter Plot, (C)-Predicted Vs. Actual Plot, (D)- Box-Cox Plot for Power Transform, (E)-3D Response Surfaces Effect (F)- Perturbation Plot of R2 (Rs1)

4.2.6. Evaluation of Model Response-3 (Resolution 2-Rs2)

Model response-3(Rs-2) is the resolution between the peak linagliptin and sitagliptin. From 30 runs, obtained Rs-2 values were within 1.42 to 18.04. Response surface model described the relationship of three independent variables with response-3 (Rs2) through the equation of Rs2 (**Eq-15**).

Response Surface Model Equation of Response-3(Rs2)

Rs2= + 5.75-1.01*A-0.14*B+1.17*C+4.167E-003*AB+2.49*AC-0.033*BC...............**Eq. (15)**

From **Table 4.13** the Model F-value of 7.17 implies the model is significant relative to the noise. There is a 35.78 % chance that an F-value was larger that could occur due to noise. Probability values of F less than 0.0500 indicate model terms are significant. Values greater than 0.1000 indicate the model terms as not significant.

Source	Sum of Squares	Degrees of freedom(df)	Mean Square	F-value	p-value	Remarks
Model	117.37	6	19.56	7.17	0.003	S
A-ACN	18.32	$\mathbf{1}$	18.32	4.09	0.0306	S
B-Flow Rate	0.33	$\mathbf{1}$	0.33	6.020	0.0495	S
C-Buffer pH	24.50	$\mathbf{1}$	24.50	8.46	0.0239	S
AB	2.083E-004	$\mathbf{1}$	2.083E-004	1.242E-005	0.0472	S
AC	74.20	$\mathbf{1}$	74.20	4.43	0.0465	S
BC	0.013	$\mathbf{1}$	0.013	7.952E-004	0.0277	$\mathbf S$
Residual	385.65	23	16.77			
Lack of Fit	385.65	20	19.28			
Pure Error	0.000	3	0.000			
Cor Total	503.02	29				

Table 4.13. ANOVA Result for Response Surface Model

S: Significant

4.2.7. Graphical Representation of Effects of Different Variables on Resolution-2(Rs2)

From the graphical data (**Figure 4.6**) the model was examined using Lack of Fit test, which indicated insignificant lack of fit value corresponding with higher p-value as compared to the model F-value. Additionally, normal plot of residual indicated all the data were concentrated along the model fit line and there was no observable outlier in the data (**Figure 4.6-A**).

Figure 4.6. (A)-Normal Plot of Residual, (B)- Counter Plot, (C)-Predicted Vs. Actual Plot, (D)- Box-Cox Plot for Power Transform, (E)-3D Response Surfaces Effect (F)- Perturbation Plot of R3(Rs2)

4.2.8. Predicted Vs. Adjusted R-Squared Values:

The predicted R-squared for all responses R1 (0.7461), R2 (0.3363) and R3 (0.7977) are in reasonable agreement with the adjusted R-squared values of 0.8616, 0.4927 and 0.9466, respectively i.e. the difference was less than 0.2 in each case. The signal to noise ratio was measured by the adequate precision. The ratio of 17.10, 9.781 and 5.827 indicate an adequate signal (ratio > 4.0). These models can be used to navigate the design space (**Table 4.14**).

Table 4.14. Predicted Vs. Adjusted R-Squared Values for Response R1, R2 and R3

According to the 3D response surfaces and quadratic model equation as well as the graph of perturbation, it is observed that variables A and B both have negative effect and the variable C has positive effect on RT (**Figure 4.4**), and the variable C has positive effect, A has negative effect and B has no effect on both Rs1 (**Figure 4.5**) and Rs2 (**Figure 4.6**). It shows that the relationship between factors and response is not always linear, when one or more than one factor is altered simultaneously then a factor can result in different grade of responses. The statistical results for RT, Rs1 and Rs2 indicated that the analytical method was robust since variations in the experimental conditions did not affect on the quantitative analysis of sitagliptin, vildagliptin and linagliptin.

The quadratic effect of different variables like percentages of acetonitrile in mobile phase (*p < 0.0001*), flow rate (*p < 0.0001*) and pH of buffer (*p< 0.003*) separately as well as in interaction was most significant on retention time (RT), resolution between peak 1 and 2(Rs1) and resolution between peak 2 and 3 (Rs2).

4.2.9. Optimized Method

The response surfaces and quadratic model proposed 100 solutions for method optimization. The experimental results of the predicted method were found to be analogous with the suggested responses and all the results fall within the level of acceptance (NMT 2.0%) as shown in **Table 4.15**.

Method	%ACN	Flow Rate (ml/min)	Buffer pH	RT	RS1	RS ₂
Predicted level	30	1.000	6.00	3.228	8.817	7.385
Experimental	30	1.000	6.00	3.207	8.681	7.422
Deviation $(\%)$				0.650	1.542	0.501

Table 4.15. Predicted Vs. Experimental Method

The desirability of the optimized factor is shown in **Figure 4.8**. The desirability values usually exist in the range of 0–1. If the value is near to zero, it means the solution of the method is not strong whereas the value toward 1 side means the solution or method is
very strong [190]. The obtained desirability value was maximum (i.e. 1) which indicates the method is highly strong.

Figure 4.8. The 3D Surface Response Plot Of Desirability for Optimization of Factors.

The statistical results for retention time RT, resolution between peak of VLG and LNG (Rs1), and peak between LNG and STG (Rs2) indicated that the analytical method was robust since variations in the experimental conditions did not affect the quantitative analysis of these three compounds. The experimental results of the predicted method were found to be analogous with the suggested responses and all the results fall within the level of acceptance.

4.3. Method Validation

By applying QbD approach, an analytical method for the estimation of three prominent DPP-IV inhibitors, sitagliptin (STG), vildagliptin (VLG) and linagliptin (LNG) was developed and optimized. This optimized method is validated according to ICH Q2 (R1) guideline [191]. The parameters required to validate a method are described below-

4.3.1. System Suitability

To assess system suitability of the proposed method, peak area, tailing factor, theoretical plates, retention time of six replicate injections of standards and the resolution between peak of VLG and LNG (Rs1) and the resolution between peak of LNG and STG(Rs2) were evaluated. Percentage relative standard deviation (%RSD) of peak area and retention time were not more than 2%, values of tailing factor were less than 1.5 and theoretical plate values were 4910 ± 0.63 to 6938 ± 0.35 . The results (Mean \pm %RSD of six replicates) of the chromatographic parameters in **Table 4.16** indicating the good performance of the system.

4.3.2. Linearity and Detection Limit

The method was linear in the range of 10-50 μg/mL for VLG and STG with correlation coefficient 0.998 and 0.999 and 0.1-1.0 μg/mL for LNG with correlation coefficient of 1.0. These values indicated the existences of good correlation between concentration and responses. The lower limit of detection (LOD) of the VLG, LNG and STG (**Figure 4.9**) were found 0.01, 0.005 and 0.06 μg/mL and limit of quantification (LOQ) were 0.05, 0.015 and 0.225 μg/mL, respectively indicating the method was highly sensitive. The linearity results are shown in **Table 4.17** and the linearity curve was shown in **Figure 4.10**.

Parameters	VLG	LNG	STG
Regression Correlation Coefficient	0.998	1.00	0.999
Y-intercept	266722	47340.08	2099

Table 4.17. Linearity Parameters of VLG, LNG and STG

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

Slope of Regression Line		241883 4210436.5 42127	
LOD (μ g/mL)	0.01	0.005	0.06
$L OQ$ (μ g/mL)	0.05	0.015	0.225

Figure 4.9. Chromatogram of LOD

Figure 4.10. Linearity Curve Of VLG (A), LNG (B) and STG (C)

4.3.3. Specificity

The specificity of the method was established by injecting the blank and placebo (synthetic mixtures). It was observed that there is no interference of the placebo and blank with principal peaks; hence, the method was specific for these three drugs. The UV spectrum of VLG, LNG and STG were determined by PDA plus detector which showed that the peak purity values were 1.06 (VLG), 1.03 (LNG) and 1.04 (STG), and the maximum absorption wavelength were found at 246 nm (VLG), 228 nm (LNG), and 268 nm (STG) (**Figure 4.11**). In peak purity study with a photo diode detector, purity values were near about 1.0 and lower than the purity threshold (1.5) for all three analytes.

Figure 4.11. Chromatogram of Blank (A), Placebo (B) and VLG (2.423min), LNG (3.203min), STG (4.189min) (C) with peak purity and maximum wavelength.

4.3.4. Precision

The %RSD for repeatability and inter-day precision for VLG, LNG and STG were not more than 2%, which indicate the method is precise. The results of repeatability and inter-day precision are shown in **Table 4.18** and **Table 4.19**, respectably.

Sample	$Day-1$	$Day-2$	$Day-3$	$Day-4$	$Day-5$	Day- 6	Day-7
VLG	$50.05\pm$ $50.11 \pm 0.$ $50.07 \pm 0.$ 0.06 04 13		$50.04 \pm 0.$ 11	$49.97 \pm 0.$ 09	$49.85 \pm 0.$ 15	$49.69 \pm 0.$ 24	
LNG.	5.08 5.04 5.10 ± 0.03 ± 0.08 ± 0.17		5.01 ± 0.22	4.99 ± 0.1 4	4.96 ± 0.3 2	4.93 ± 0.1 8	
STG	$50.10\pm$ 0.15	$50.12 \pm 0.$ 23	$49.99 \pm 0.$ 21	$49.88 \pm 0.$ 16	$49.76 \pm 0.$ 09	$49.65 \pm 0.$ 13	$49.51 \pm 0.$ 08

Table 4.19. Intermediate Precision: Inter-Day Precision

4.3.5. Accuracy or Recovery Study

The mean accuracy or % recoveries of VLG, LNG and STG were found 98.50±0.13 to 99.47±0.02%, 98.74±0.15 to 101.0±0.06% and 98.53±0.03 to 100.4±0.04% , respectively. The percent recovery studies were shown in **Table 4.20**. All the obtained values were within in compendial specification [192].

4.3.6. Robustness

The variation for robustness study was performed by changing flow rate (± 0.2) ml/min), pH of mobile phase (± 0.2) and composition of mobile phase ($\pm 5\%$ ACN), and %RSD NMT 2% indicated good and satisfactory robustness of the proposed method (**Table 4.21**).

Table 4.21. Robustness Study

All the obtained values of validation were indicating that the developed and optimized method was suitable, linear, precise, accurate, and robust for the simultaneous estimation of VLG, LNG and STG in bulk and pharmaceutical dosage form.

4.4. Forced Degradation Studies

Forced degradation studies are obligatory in the development of stability-indicating and degradant-monitoring methods as part of a validation protocol. These studies also provide valuable insight in examining degradation products and plausible pathways of degradation of drug substances and products. It was carried out in five condition, i.e. acid hydrolysis, alkaline hydrolysis, oxidation, thermal and photo degradation of three

DPP-IV inhibitor (VLG, LNG and STG). The purity of drug peaks was established by purity angles.

4.4.1. Forced Degradation Studies of Vildagliptin

Applying VLG to different stress conditions and then, analysis through UHPLC indicated following degradation behavior. The percent degradation are given in **Table 4.22** and the chromatogram are shown in **Figure 4.12.**

In acidic medium (1N HCl), the degradation behavior of locally manufactured VLG were near about the innovator sample, appeared at retention time of 2.034, 3.474 min, and % degradation in all sample were NMT 13.25±0.25 %.

In alkaline condition (1N NaOH), degradants of VLG was found at the retention time of 3.988, 5.179, 8.634 min and the % degradation were found NMT 14.25±0.24 % in local product whereas the innovator sample degraded 8.86±0.16%.

The degradation product of VLG in oxidative condition $(3\% H_2O_2)$ were found at 2.130, 2.807, 3.230 min and % degradation was very high in compared to other stress condition. The highest degradation was 28.95±0.32 % in a local product but in case of innovator sample the value was 25.58±0.22%.

After thermal degradation of VLG, degradation product was appeared at retention time of 5.971 and 6.562 min but the % degradation was low which was not more than 6.85±0.29%.

The photolytic degradant of VLG was found at retention time of 4.099min and % degradation was NMT 3.21±0.05 %. In presence of sunlight VLG was remained stable where only 1.44±0.43 % degradation occurred in a local product after 72 hours.

Stress	RT (min) of Major		% Degradation (Mean±%RSD)		
Condition	Degradation Peak	(Innovator) $VLG-1$	$VI.G-2$		VLG-4
Acidic hydrolysis	2.034, 3.474	10.79±0.21	12.54±0.11	13.25 ± 0.25	11.58 ± 0.41
Alkaline hydrolysis	3.988,5.179,8.634	8.86 ± 0.16	14.25 ± 0.24	5.63 ± 0.26	10.22 ± 0.19

Table 4.22. Forced Degradation Studies of Vildagliptin

Degradation Kinetic Studies of Non-Pharmacopeial Drug Products and Determination of their Degradants

Oxidation	2.130, 2.807, 3.230	25.58±0.22	28.95±0.32	26.21 ± 0.13	24.34 ± 0.03	
Thermal	5.971, 6.562	5.58 ± 0.35	6.02 ± 0.15	4.28 ± 0.42	6.85 ± 0.29	
degradation						
Photo	4.099	2.25 ± 0.19	1.89 ± 0.19	2.95 ± 0.31	3.21 ± 0.05	
(254nm)						
Day light	4.943	1.08 ± 0.08	1.24 ± 0.15	0.97 ± 0.36	1.44 ± 0.43	

Figure 4.12. Chromatograms of (1) Standard, (2) Sample, (3) Acidic Degradation, (4) Alkaline Degradation, (5) Oxidative Degradation, (6) Thermal Degradation, (7) Photolytic Degradation and (8) Daylight Degradation of VLG.

4.4.2. Forced Degradation Studies of Linagliptin

Forced degradation studies of LNG through UHPLC system under different stress conditions indicated the following degradation behavior which are given in **Table 4.23** and the chromatogram are shown in **Figure 4.13**.

In acidic condition (1N HCl) the decomposition behavior of locally manufactured LNG was close to the innovator sample, appeared at retention time of 2.523, 4.700, 6.030 min and the % degradation was NMT 25.45±0.07%.

After hydrolytic degradation by alkali (1N NaOH), the degradation product of LNG was appeared at retention time of 2.537, 3.000, 3.991, 7.288 min and % degradation were NMT 15.14±0.21 % in local product whereas the innovator sample degraded 10.12±0.05%.

In oxidative degradation (3% H_2O_2), the degradation product of LNG was appeared at retention time of 2.346, 3.797, 6.060 min and % degradation is very high in compared to other stress conditions. The maximum degradation was 38.15±0.14% in a local product but in case of innovator sample the value was 32.45±0.43%. They are similar in terms of degradation pattern.

In thermal (NMT $4.15\pm0.29\%$), photolytic (NMT $3.85\pm0.13\%$) and daylight (NMT 1.89±0.13%) degradation percentages were insignificant.

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Figure 4.13. Chromatograms of (1) Standard, (2) Sample, (3) Acidic Degradation, (4) Alkaline Degradation, (5) Oxidative Degradation, (6) Thermal Degradation, 7) Photolytic Degradation and (8) Daylight Degradation of LNG.

4.4.3. Forced Degradation Studies of Sitagliptin

Forced degradation studies of STG under different stress conditions indicated the following degradation behavior which are given in **Table 4.24** and the chromatogram are shown in **Figure 4.14**.

In acidic medium (1N HCl), the degradation behavior of locally manufactured STG was similar to the innovator sample, appeared at retention time of 3.164, 7.807 min and % degradation in all sample were NMT 26.33±0.36 %.

In alkaline medium (1N NaOH), the degradation product of STG was appeared at retention time of 1.607, 3.539, 6.922 min and % degradation were NMT 35.59 \pm 0.33 % in innovator sample.

In oxidative decomposition (3% H₂O₂), the degradation product of STG was appeared at retention time of 2.911, 5.833, 8.320 min. The highest degradation was 22.49±0.09 % in a local product whereas innovator sample degraded 19.15±0.71 %.

In thermal (NMT 5.21±0.10%), photolytic (NMT 3.24±0.04%) and daylight degradation (NMT 2.53±0.16%), the degradation percentages were insignificant.

Stress	RT (min) of Major	% Degradation (Mean±%RSD)							
Condition	Degradants' Peak	(Innovator) $STG-1$	$STG-2$	$STG-3$	$STG-4$				
Acidic hydrolysis	3.164, 7.807	25.69 ± 0.52	14.25 ± 0.18	23.22 ± 0.25	26.33 ± 0.36				
Basic hydrolysis	1.607, 3.539, 6.922	35.59 ± 0.33	26.32 ± 0.59	25.26 ± 0.31	32.21±0.22				
Oxidative	2.911, 5.833, 8.320	19.15 ± 0.71	22.49 ± 0.09	20.20 ± 0.25	21.89 ± 0.51				
Thermal	2.429, 7.352	1.36 ± 0.24	2.06 ± 0.15	3.45 ± 0.11	5.21 ± 0.10				
Photo (254nm)	2.017	2.89 ± 0.63	1.58 ± 0.06	2.77 ± 0.05	3.24 ± 0.04				
Daylight	$*ND$	1.76 ± 0.23	1.28 ± 0.09	2.53 ± 0.16	1.88 ± 0.32				

Table 4.24. Forced Degradation Studies of Sitagliptin

*ND: Not detected

From the above result, it can be summarized that vildagliptin is more sensitive to oxidative and alkaline degradation and stable in thermal and photolytic degradation. Linagliptin is also sensitive to oxidative and acid hydrolytic degradation but stable in thermal and photolytic degradation. Sitagliptin is highly unstable in base hydrolytic condition in comparison to other condition and stable in thermal and photolytic

degradation. So, appropriate conditions must be maintained to store these three gliptins.

4.5. Degradation Kinetic Studies

The degradation kinetics of acidic and basic hydrolysis, oxidative and thermal degradation of vildagliptin, linagliptin and sitagliptin were investigated at 60, 80 and 105°C. In case of oxidation with H_2O_2 , the degradation kinetics was studied at 40, 60 and 80°C showing notable decomposition rate. The rate constant (*k'25*) that corresponds to room temperature (25°C) was calculated from the regression equation of Arrhenius equation (**Eq-4**). The calculation of shelf life (*t90*), half-life (*t50*), and the time required for the drug to decrease its initial amount by 90 % (*t10*) values were calculated from the value of *k'25* (**Eq. 6, 7, 8**)*.*

4.5.1. Forced Degradation Kinetics of Vildagliptin

The degradation kinetics of acidic and basic hydrolysis, oxidative and thermal condition of vildagliptin was investigated by using Arrhenius equation at different temperature. In all degradation-kinetic studies, the degradation rate followed pseudo-first order kinetics (**Figure 4.15**).

Figure 4.15. Degradation kinetics of Vildagliptin by (1) Acidic Hydrolysis, (2) Alkaline Hydrolysis, (3) Oxidation and (4) Thermal degradation.

Degradation rate constant (K) and its corresponding half-life (*t1/2*) under different stress conditions of vildagliptin was described in **Table 4.25**. The degradation kinetics rate constant (*k'25*) at room temperature (25°C) were found 0.002h-1, 0.003 h-1, 0.005h- 1 and $0.0007h⁻¹$ in acidic, alkaline, oxidative and thermal stress, respectively. The lowest *k'25* value was found in thermal stress (0.0007h-1) which indicated the highest stability in thermal degradation. At the same time, highest *k'25* value was found in oxidative stress (0.005h-1) indicating the lowest stability in oxidative degradation*.* The calculation of shelf life (*t90*), half-life (*t50*), and the time required for the drug to decrease from its initial amount by 90% (*t10*) values for vildagliptin were calculated from the value of *k'25* at room temperature are described in **Table 4.26**.

Table 4.25. Degradation Rate Constant (K) and its Corresponding Half-life (*t1/2***) under Different Stress Conditions of Vildagliptin**

Stress	Temp(\circ C)	R^2	$K(h^{-1})$	$t_{1/2}$ (h)
	105	0.981	0.046	15.07
Acidic	80	0.919	0.019	36.47
	60	0.995	0.004	173.25
	105	0.994	0.034	20.38
Alkaline	80	0.998	0.027	25.67
	60	0.924	0.008	86.63
	80	0.998	0.079	8.77
Oxidative	60	0.973	0.022	31.50
	40	0.997	0.013	53.31
	105	0.984	0.009	77.00
Heat	80	0.975	0.004	173.25
	60	0.942	0.002	346.50

Table 4.26. Degradation Kinetics Rate Constant (*K'25***) at Room Temperature (25°C) and its Corresponding Shelf life (***t90***), Half-life (***t50***), and 90% Decomposition of Vildagliptin (***t10***).**

4.5.2. Degradation Kinetics of Linagliptin

The degradation kinetics of acidic and basic hydrolysis, oxidative and thermal condition of linagliptin was investigated by using Arrhenius equation at different temperature. In all degradation-kinetic studies, the degradation rate followed pseudo-first order kinetics (**Figure 4.16**).

Figure 4.16. Degradation Kinetics of LNG by (1) Acidic Hydrolysis, (2) Basic Hydrolysis, (3) Oxidation, (4) Thermal Degradation.

Degradation rate constant (K) and its corresponding half-life (*t1/2*) under different stress conditions of linagliptin was described in **Table 4.27**. The degradation kinetics rate constant (*k'25*) at room temperature (25°C) were 0.0018h-1, 0.0016 h-1, 0.008h-1 and 0.0004h-1 in acidic, alkaline, oxidative and thermal stress, respectively. The lowest *k'25* value was found in thermal stress (0.0004) which indicated the highest stability in thermal degradation. At the same time, highest *k'25* value was found in oxidative stress which indicate the lowest stability in oxidative degradation*.* The calculation of shelf life (*t90*), half-life (*t50*), and the time required for the drug to reduce from its initial amount

by 90% (*t10*) values for linagliptin were calculated from the value of *k'25* at room temperature which was described in **Table 4.28**.

Stress	Temp $(\circ C)$	\mathbf{R}^2	$K(h^1)$	$t_{1/2}$ (h)
	105	0.996	0.056	12.38
Acidic	80	0.999	0.023	30.13
	60	0.801	0.005	138.60
	105	0.968	0.033	21.00
Alkaline	80	0.989	0.016	43.31
	60	0.683	0.004	173.25
	80	0.977	0.085	8.15
Oxidative	60	0.962	0.048	14.44
	40	0.974	0.019	36.47
	105	0.992	0.006	115.50
Thermal	80		0.004	173.25
	60	0.979	0.001	693.00

Table 4.27. Degradation Rate Constant (K) And Its Corresponding Half-life(*t1/2***) under Different Stress Conditions of Linagliptin**

Table 4.28. Degradation Kinetics Rate Constant (*K'25***) at Room Temperature (25°C) and its Corresponding Shelf life (***t90***), Half-life (***t50***), and 90% Decomposition of Linagliptin (***t10***).**

4.5.3. Degradation Kinetics of Sitagliptin

The degradation kinetics of acidic and basic hydrolysis, oxidative and thermal condition of sitagliptin was investigated by using Arrhenius equation at different temperature. In all degradation-kinetic studies, the degradation rate followed pseudo-first order kinetics (**Figure 4.17**).

Figure 4.17. Degradation kinetics of STG by (1) Acidic Hydrolysis, (2) Basic Hydrolysis, (3) Oxidation and (4) Thermal degradation.

Degradation rate constant(K) and its corresponding half-life($t_{1/2}$) under different stress conditions of sitagliptin was described in **Table 4.29**. The degradation kinetics rate constant (*k'25*) at room temperature (25°C) were 0.0061h-1, 0.0075h-1, 0.0029h-1 and 0.0013h-1 in acidic, alkaline, oxidative and thermal stress respectively. The lowest *k'25* value was found in thermal stress (0.0013h-1) which indicated the highest stability in thermal condition. At the same time, highest *k'25* value was found in alkaline stress(0.0075h-1) which indicate the lowest stability in alkaline degradation*.* The calculation of shelf life (*t90*), half-life (*t50*), and the time required for the drug to decrease from its initial amount by 90% (*t10*) values for sitagliptin were calculated from the value of *k'25* at room temperature are described in **Table 4.30**.

Table 4.29. Degradation Rate Constant (K) and Its Corresponding Half-Life (*T1/2***) under Different Stress Conditions of Sitagliptin**

Stress	Temp(\circ C)		K(h)	t1/2(h)	
Acidic	105	0.981	0.076	9.12	
	80	0.919	0.039	1777	

	60	0.995	0.018	38.50
	105	0.994	0.097	7.14
Alkaline	80	0.998	0.068	10.19
	60	0.924	0.014	49.50
	80	0.998	0.062	11.18
Oxidative	60	0.973	0.031	22.35
	40	0.997	0.007	99.00
	105	0.914	0.013	53.31
Heat	80	0.937	0.009	77.00
	60	0.992	0.003	231.00

Table 4.30. Degradation Kinetics Rate Constant (*K'25***) at Room Temperature (25°C) and Its Corresponding Shelf Life (***T90***), Half-Life (***T50***), and 90% Decomposition of Sitagliptin (***T10***).**

Degradation kinetics study of VLG, LNG and STG reveled that all the products follow pseudo first order degradation kinetics i.e. the reaction is not first-order reaction naturally but made first order by increasing or decreasing the concentration of one or the other reactant. Prediction of half and shelf life or the stability of the product can be done by determining the rate constant at room temperature.

4.6. Isolation and Characterization of Degradants of Linagliptin

The major degradants of linagliptin were acidic and oxidative degradants. These degradants were isolated by column chromatography and subjected to IR and NMR spectroscopy for structure elucidation. The possible degradants were shown in the UHPLC chromatogram in acidic degradation (**Figure 4.18-A**) and oxidative degradation (**Figure 4.18-B**).

Figure 4.18. UHPLC Chromatogram of Acidic Degradants (A) and Oxidative Degradants (B) of Linagliptin.

4.6.1. Spectral Data of Linagliptin

For the structure elucidation of degradants products, comparison of data between degradants product and mother product, linagliptin was required. Position of proton and carbon number of linagliptin was assigned according to **Figure 4.19.** ¹H-NMR (**Figure 4.20-4.22**), and 13C-NMR (**Figure 4.23-4.25**), and IR data (**Figure-4.26**) were analyzed which are summarized in **Table 4.31-4.33.**

Figure 4.19. Structure of Linagliptin with assigned position

Table 4.31. 1H-NMR data of Standard Linagliptin in CDCl3.

Position		¹ H-NMR δ _H (ppm), <i>J</i> (Hz)
$H_2 - 10$	5.49	2H, s
$H-15$	7.77	1H, d, J=8.4 Hz.
$H-16$	7.41	1H, t, J=7.6 Hz.
$H-17$	7.66	1H, t, J=7.6 Hz.
$H-18$	7.91	1H, d, J=8.0 Hz.
$H_2 - 19$	4.80	2H, br. s
$H_3 - 22$	1.71	3H, s
$H-24b$	3.60	1H, dd, $J=12$, 2.8 Hz.
$H-24a$	$2.99 - 3.05$	1H, m
$H-25$	2.83	1H, dd, J=12.0, 12.4 Hz.
H-26a	$1.24 \sim 1.33$	1H, m
$H-26b$	$1.78 - 1.81$	1H, m

Table 4.32. 13C -NMR Data of Standard Linagliptin in CDCl3.

Figure 4.20. ¹H-NMR Spectrum of Standard Linagliptin in CDCl³

Figure 4.21. Partially Expanded 1H-NMR Spectrum of Standard Linagliptin in CDCl³

Figure 4.22. Partially Expanded 1H-NMR spectrum of standard linagliptin in CDCl³

13C-NMR Linagliptin

		\circ $\cap \cup \cup \cup \cap$ \circ $N \cap H \cap (20)$ 4 $\begin{array}{c} \mathcal{M} \rightarrow \mathcal{M$ ∞ $\begin{array}{c}\n\cup \\ \sim \\ \sim \\ \sim\n\end{array}$ ω 6000044 $\mathrel{\sqcap}$ \rightarrow +++++		$01 \leq 01 \leq N$ $1001 - 100$ $\begin{array}{c}\n\mathbf{1} & \mathbf{0} & \mathbf{0} & \mathbf{1} & \math$ $w \otimes w \otimes w$ M N N N HHHH	α ∞ ω \blacksquare Þ \circ $\overline{}$	$\begin{array}{c} \varpi \vee \omega \wedge \omega \rightarrow \omega \end{array}$ \cup N in N or N \cdots 077769	\mathcal{O} \overline{Q} \circ \cdot ∞ m	$\infty \mapsto \infty$ 00N N M N \cdot \cdot \cdot $O \cap Q$ りょう	(1) (0) (0) (0) (0) (0) (1) 00990000 0.00000000 α , α , α \cdots MMNNNN	n w 6100 \cdot . m _m	NAME EXPNO PROCNO Date	Current Data Parameters DU Linagliptin \overline{c} 1 F2 - Acquisition Parameters 20180710
											Time INSTRUM PROBHD PULPROG TD SOLVENT ΝS DS SWH FIDRES AQ $\mathbb{R} \mathbb{G}$ DW \rm{DE} TE D1 D11 TD0	10.52 spect 5 mm PABBO BB/ zgpg 524288 CDC13 64 θ 25252.525 Hz 0.048165 Hz 10.3809023 sec 208.5 19.800 usec 6.50 usec 302.6 K 1.00000000 sec 0.03000000 sec 1
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200	180	160	140	120	100	80	60	40	20	ppm	$\mathbb{G}\mathbb{B}$ ${\rm PC}$	θ 1.40

Figure 4.23. ¹³C-NMR Spectrum of Standard Linagliptin in CDCl³

Figure 4.24. Partially Expanded ¹³C-NMR Spectrum of Standard Linagliptin in CDCl³

Table 4.33. IR Data of Standard Linagliptin

Figure 4.26. IR Spectrum of Standard Linagliptin

4.6.2. Structure Elucidation of Acidic Degradant of Linagliptin-1(DA1)

1-(2-Amino-5-(hydroxymethyl)-1-methyl-1H-imidazol-4-yl)-1 methyl-3-((4-methyl-1,2-dihydroquinazolin-2-yl)methyl)urea **(DA1)**

¹H-NMR (**Figure 4.27-4.29**) and ¹³C-NMR (**Figure 4.30-4.32**) data of DA1 in CDCl₃ and assignments of all carbons and protons of these compounds are given in **Table 4.34** and **Table 4.35**, respectively.

The 13C-NMR spectrum of linagliptin showed 25 resonance signals, but the 13C-NMR of DA1 showed only 17 resonance signals. Comparison of the ¹³C-NMR spectra of linagliptin and DA1 indicated that signals for C-20 (δ 81.2), C-21 (δ 73.2), C-22 (δ 3.6), C-24 (δ 58.0), C-25 (δ 46.2), C-26 (δ 35.7), C-27 (δ 21.7) and C-28 (δ 47.3) of linagliptin are absent in DA1. Carbons at C-24, C-25, C-26, C-27 and C-28 constituted the 3-aminopiperidyl ring system in linagliptin. Therefore, these findings revealed absence of the 3 amino-piperidyl moiety in DA1. The carbons at C-20, C-21, C-22 are part of 2-butynyl group at N-7 of linagliptin. The peak for C-19 appeared at δ 25.3 in ¹³C-NMR and corresponding protons appeared as 3H singlet at δ 1.78 in ¹H-NMR spectrum. This observation indicated that acid induced cleavage of carbon-carbon bond between C-19 and C-20 had been occurred during degradation process.

The resonance signal of carbon at $C-6$ (δ 154.3) of linagliptin shifted to a high-field region at δ 49.8 in the ¹³C-NMR spectrum of DA1. Similarly, the resonance signal of carbon at C-12 (δ 168.4) of linagliptin shifted to a high-field region at δ 79.2 in the ¹³C-NMR spectrum of DA1. In addition, the ¹H-NMR spectrum of DA1 showed three additional of peaks, two for a methylene group protons and one for a methine proton. The methylene protons appeared at δ 4.08 (1H, dd, $/$ =4.0, 13.2 Hz.) and δ 4.02 (1H, dd, *J*=4.0, 10.6 Hz.), and the methine proton appeared at δ 4.74 (1H, dd, *J*=5.2, 14.0 Hz.). These finding clearly revealed that bond cleavage between N-1 and C-6 of pyrimidine-2,4-dione moiety of the linagliptin, and reduction of the bond between N-11 and C-12 occurred during the degradation process. Thus the structure of DA1 was elucidated as 1-(2-amino-5-(hydroxymethyl)-1-methyl-1H-imidazol-4-yl)-1-methyl-3-((4-methyl-1, 2-dihydroquinazolin-2-yl) methyl) urea.

IR data **(Table 4.36 and Figure 4.33**) also support this structure by showing the peak of hydroxyl group at position 3307.7 cm-1 and 1023.8 cm-1 for carbonyl position.

Table 4.34. Comparison 13C-NMR Spectral Data of Acid Degradant-1 (DA1) with Linagliptin.

Table 4.35. Comparison 1H-NMR Spectral Data of Acid Degradant-1 (DA1) with Linagliptin.

Positio	¹ H-NMR Linagliptin $\delta_{\rm H}$ (ppm), <i>J (Hz)</i>		¹ H-NMR DA1	
n(C#)				
H -6a			4.08	1H, dd, J=4.0, 13.2 Hz.
$H-6b$			4.02	1H, dd, J=4.0, 10.6 Hz.
$6-OH$			5.56	1H, s
			$5.56 - 5.5$	
$H_2 - 10$	5.49	2H, s	9	2H, m
$H-12$			4.74	1H, dd, $J=5.2$, 14.0 Hz.
$H-15$	7.77	1H, d, J=8.4 Hz.	7.89	1H, d, J=8.0 Hz.
$H-16$	7.41	1H, t, J=7.6 Hz.	7.55	1H, d, J=7.6 Hz
$H-17$	7.66	1H, t, J=7.6 Hz.	7.97	1H, dt, J=1.2, 8.0 Hz.
$H-18$	7.91	1H, d, J=8.0 Hz.	8.03	1H, d, J=8.4 Hz.
$H_2 - 19$	4.80	2H, br. s	1.78	3H, s
$H_3 - 22$	1.71	3H, s		
$H-24b$	3.60	1H, dd, $J=$ 12, 2.8 Hz.		
$H-24a$	$2.99 - 3.05$	1H, m		
$H-25$	2.83	1H, dd, J=12.0, 12.4 Hz.		
H-26a	$1.24 - 1.33$	1H, m		
$H-26b$	$1.78 - 1.81$	1H, m		

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Figure 4.27. 1H NMR Spectrum of Acid Degradant-1(DA1) in CDCl³

Figure 4.28. Expanded 1H-NMR spectrum of Acid Degradant-1(DA1) in CDCl³

Figure 4.29. Expanded 1H-NMR Spectrum of Acid Degradant-1(DA1) in CDCl³

Figure 4.30. ¹³C-NMR Spectrum of Acid Degradant-1(DA1) in CDCl³

Figure 4.31. Expanded ¹³C-NMR Spectrum of Acid Degradant-1(DA1) in CDCl³

Figure 4.32. Expanded ¹³C-NMR Spectrum of Acid Degradant-1(DA1) in CDCl³

Table 4.36. IR Data of Acid Degradant-1(DA1)

 Figure 4.33. IR Spectrum of Standard of Acid Degradant-1(DA1)

4.6.3. Structure Elucidation of Acidic Degradant-2 of Linagliptin (DA2)

7,7'-((2E,4E)-3,4-dimethylhexa-2,4-diene-1,6-diyl)bis(8-((R)-3-aminopiperidin-1-yl)-3 methyl-1-((4-methylquinazolin-2-yl)methyl)-3,7-dihydro-1H-purine-2,6-dione) **(DA2)**

¹H-NMR (**Figure 4.34 - 4.36**) and ¹³C-NMR (**Figure 4.37- 4.39**) data of DA2 in CDCl³ and assignment of all carbons and protons of this degradant product were given in **Table 4.37** and **4.38**, respectively.

In 1H-NMR spectrum of linagliptin, the terminal methyl protons of 2-butynyl group at N-7 (H₃-22) appeared at δ 1.71 (3H, s). These methyl protons were experiencing the anisotropic effect of the carbon-carbon triple bond, and were situated spatially at the shielding region of the triple bond. In 13C-NMR, carbon of this methyl group also appeared at very high field δ 3.56. Both these protons and carbon peaks were absent in the 13C-NMR and 1H-NMR spectra, respectively, of DA2. Instead, a low filed shifted carbon at 26.1 was appeared. This observation clearly indicated that some change had been occurred at the carbon-carbon triple bond.

On the other hand, carbons of the carbon-carbon triple bond (C-20 and C-21) appeared at δ 81.2 and δ 73.2. These peaks were also absent in the ¹³C-NMR of DA2. Instead of these peaks, two additional sp² hybridized carbons signals at δ 121.6 and δ 133.1 were appeared. Moreover, one more methane proton peak in the 1H-NMR spectrum of DA2

was observed at 5.89 (dd, *J*= 5.6, 6.0 Hz.). All of the above findings clearly revealed that the carbon-carbon triple bond had been converted to a carbon-carbon double bond in DA2 at C-20 and C-21 position. The signal δ 5.89 (dd, J = 5.6, 6.0 Hz.) was assigned to the proton of $C-20$. As no proton signal for $C-21$ was observed and CH_3 signal still appeared as a singlet in the 1H-NMR of DA2, it unambiguously revealed that C-21 was a quaternary sp² carbon atom in DA2. Chemical shift values of these carbons (C-20 and C-21) ruled out the presence on any electronegative atom next to them. Thus, the structure of DA2 was elucidated as 7,7'-((2E,4E)-3,4-dimethylhexa-2,4-diene-1,6 diyl)bis(8-((R)-3-aminopiperidin-1-yl)-3-methyl-1-((4-methylquinazolin-2-yl)methyl)- 3,7-dihydro-1H-purine-2,6-dione), which is a dimer of linagliptin via C-21 carbon.

IR data (**Table 4.39 and Figure 4.40**) support this data by showing a single distinguishable peak of alkene at the position 1654.2 cm-1.

Table 4.37. Comparison of ¹³C-NMR data of acid degradant-2(DA2) with linagliptin in CDCl3.

Table 4.38. Comparison of 1H-NMR data of acid degradant-2(DA2) with linagliptin in CDCl3.

	¹ H-NMR Linagliptin		¹ H-NMR DA2			
Position(C#)	δ_H (ppm), J (Hz)					
$H_2 - 10$	5.49	2H, s	5.54	2H, s		
$H-15$	7.77	1H, d, J=8.4 Hz.	7.87	1H, d, $J=8.4$		
$H-16$	7.41	1H, t, J=7.6 Hz.	7.51	1H, t, J=7.6 Hz		
$H-17$	7.66	1H, t, J=7.6 Hz.	7.75	1H,t, J=7.6 Hz.		
$H-18$	7.91	1H, d, J=8.0 Hz.	8.00	1H, d, J=8.4		
$H_2 - 19$	4.80	2H, br. s	4.81	2H, br. s		
$H-20$			5.89	1H, dd, J=5.6, 6.0 Hz		
$H_3 - 22$	1.71	3H, s	2.11	3H, s		
$H-24b$	3.60	1H, dd, J= 12, 2.8 Hz.	3.59	1H, overlapped		
H-24a	$2.99 - 3.05$	1H, m	$3.00 - 3.04$	1H, m		
$H-25$	2.83	1H, dd, J=12.0, 12.4 Hz.	$2.93 - 2.98$	1H, m		
H-26a	$1.24 - 1.33$	1H, m	$1.45 - 1.53$	1H, m		
$H-26b$	$1.78 - 1.81$	1H, m	$1.74 - 1.77$	1H, m		
$H-27a$	$1.60 - 1.68$	1H, m	$2.04 - 2.07$	1H, m		
$H-27b$	$1.89 - 1.93$	1H, m	$1.87 - 1.90$	1H, m		
H-28a	$3.49 - 3.52$	1H, m	$3.33 - 3.36$	1H, m		
$H-28b$	$2.96 - 2.98$	1H, m	$3.22 - 3.27$	1H, m		
$H_2 - 29$	1.97	2H, br. s	1.97	2H, s		
$H_3 - 30$	3.47	3H, s	3.54	3H ₅		
$H_3 - 31$	2.78	3H, s	2.88	3H, s		

Figure 4.34. 1H NMR Spectrum of acid Degradant-1(DA2) in CDCl³

Figure 4.35. Expanded 1H NMR Spectrum of Acid Degradant-1(DA2) in CDCl³

Figure 4.36. Expanded 1H-NMR Spectrum of Acid Degradant-1(DA2) in CDCl³

Figure 4.37. ¹³C-NMR Spectrum of Acid Degradant-2(DA2) in CDCl³

Figure 4.38. Partially Expanded ¹³C-NMR Spectrum of Acid Degradant-2(DA2) in CDCl³

Table 4.39. IR Data of Acid Degradant-2(DA2)

Figure 4.40. IR spectrum of standard of acid degradant-2(DA2)

4.6.4. Structure Elucidation of Acidic Degradant-3 of Linagliptin (DA3)

1-(3-amino-7-methyl-8-oxo-5,8-dihydroimidazo[1,5-a]pyridin-1-yl)-1-methyl-3-((4 methylquinazolin-2-yl)methyl)urea **(DA3)**

¹H-NMR (**Figure 4.41-4.43**) and ¹³C-NMR (**Figure 4.44-4.46**) data of DA3 in CDCl₃ and assignment of all carbons and protons of this drug are given in **Table 4.40** and **Table 4.41**, respectively.

In 1H-NMR spectrum of linagliptin, the terminal methyl protons of 2-butynyl group at N-7 (H₃-22) appeared at δ 1.71 (3H, s). These methyl protons are experiencing the anisotropic effect of the carbon-carbon triple bond, and are situated spatially at the shielding region of the triple bond. In 13C-NMR, carbon of this methyl group also appeared at very high field δ 3.56. Similar to DA2, both these protons and carbon peaks are absent in the 13C-NMR and 1H-NMR spectra of DA3. Instead, a low filed shifted carbon at δ 26.1 was appeared. This observation clearly indicated that some change had been occurred at the carbon-carbon triple bond.

On the other hand, carbons of the carbon-carbon triple bond (C-20 and C-21) appeared at δ 81.2 and δ 73.2 in the 1H-NMR spectrum of linagliptin. These peaks were also absent in the 13 C-NMR of DA3. Instead of these peaks, two additional sp² hybridized carbon resonance signals at δ 121.4 and δ 154.7 were appeared. In addition to it, one more methine proton in the ¹H-NMR spectrum of DA2 was observed at δ 5.89 (d, *J*= 6.6 Hz.). All of the above findings clearly revealed that the carbon-carbon triple bond had been converted to a carbon-carbon double bond in DA2 at C-20 and C-21 position. The signals δ 5.89 (d, t= 6.6 Hz.) was assigned to the proton of C-20, as no proton signal for C-21 was observed and CH_3 signal appeared as a singlet at 2.13 in the ¹H-NMR of DA3. On the other hand, carbonyl carbon at C-6 position of linagliptin was appeared at 154.3. Corresponding carbon signal in DA3 was appeared at high field at δ 208.8. This observation suggested that the bond between N-1 and C-6 had broken down and a new bond was formed between C-6 and C-21. Corresponding resonance signal of the carbons C-24 (δ 58.0), C-25 (δ 46.2), C-26 (δ 35.7), C-27 (δ 21.7) and C-28 (δ 47.3) of linagliptin were not appeared in the 13C-NMR of DA3. Similarly, in the 1H-NMR of DA3, signals for H-26a (δ 1.24 ~1.33), H-26b (δ 1.78 ~1.81), H-27a (δ 1.60 ~1.68), H-27b (δ 1.89 ~1.93), H-28a (δ 3.49 ~3.52), H-28b (δ 2.96 ~2.98) and H₂-29 (δ 1.97) of linagliptin were absent. From these spectroscopic evidences, we proposed the structure of DA3 as 1-(3-amino-7-methyl-8-oxo-5, 8-dihydroimidazo[1,5-a]pyridin-1-yl)-1-methyl-3-((4 methylquinazolin-2-yl)methyl)urea.

IR data (**Table 4.42, Figure 4.47**) also support this structure by providing notable peak at 3307.7 cm^{-1} .

Position(C#)	¹³ C-NMR Linagliptin	¹³ C-NMR DA2	
	δ_c (ppm)		
$C-2$	151.8	151.8	
$C-4$	149.8	150.2	
$C-5$	104.4	105.1	
C-6	154.3	208.8	

Table 4.40. Comparison 13C-NMR Data of Acid Degradant-3(DA3) with Linagliptin

Table 4.41. Comparison 1H NMR Data of Acid Degradant-3(DA3) with Linagliptin

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Figure 4.41. ¹H-NMR spectrum of acid degradant-3(DA3) in CDCl³

Figure 4.42.Partially Expanded 1H-NMR Spectrum of Acid Degradant-3(DA3) in CDCl³

Figure 4.43. Partially Expanded 1H-NMR Spectrum of Acid Degradant-3(DA3) in CDCl³

Figure 4.44. 13C-NMR Spectrum of Acid Degradant-3(DA3) in CDCl³

Figure 4.45. Partially Expanded 13C -NMR Spectrum of Acid Degradant-3(DA3) in CDCl³

Figure 4.46. Partially Expanded 13C -NMR Spectrum of Acid Degradant-3(DA3) in CDCl³

Table 4.42. IR Data of Acid Degradant-3(DA3)

Figure 4.47. IR Spectrum of Acid Degradant-3(DA3) of Linagliptin

4.6.5. Characterization of Oxidative Degradant-2 of Linagliptin (DO2)

⁽⁽¹⁻⁽but-2-yn-1-yl)-1H-imidazol-4-yl)(methyl)carbamoyl)((4-methylquinazolin-2 yl)methyl)carbamic acid **(DO2)**

The ¹H-NMR data of linagliptin and DO2 (**Figure 4.48**) in CDCl₃ and assignments of all protons of these compounds are given in **Table 4.43**.

The signals for H-24_a at δ 2.99~3.05 (1H, m), H-24_b at δ 3.60 (1H, dd, *J* = 12, 2.8 Hz.), H-25 at δ 2.83 (1H, dd, *J* = 12.0, 12.4 Hz.), H-26_a at δ 1.24~1.33 (1H, m), H-26_b at δ 1.78~1.81 (1H, m), H-27_a at δ 1.60~1.68 (1H, m), H-27_b δ 1.89 ~ 1.93 (1H, m), H-28_a δ 3.49 ~ 3.52 (1H, m), H-28_b δ 2.96 ~ 2.98 (1H, m) and H₂-29 at δ 1.97 (2H, br. s) for the 3-amino-piperidyl ring system in linagliptin were absent in the 1H-NMR spectra of DO2. In the 1H-NMR spectrum of DO2, a downfield shifted acidic proton signal appeared at δ 11.20 (1H, br. s). Additionally, peak for a methane proton appeared at δ 8.40 in the spectrum.

From these observation structure of DO2 was proposed as ((1-(but-2-yn-1-yl)-1Himidazol-4-yl)(methyl)carbamoyl)((4-methylquinazolin-2-yl)methyl)carbamic acid.

IR data also support this compound which contain distinguishable peak of carboxylic group at the position 2984.8 cm-1 (**Table 4.44** and **Figure 4.49**).

Table 4.43. Comparison of 1H-NMR Spectral Data of Oxidative Degradant-2(DO2) with Linagliptin in CDCl3.

Figure 4.48. 1H NMR Spectrum of Oxidative Degradant-2(DO2) in CDCl³

Table 4.44. IR Data of Oxidative Degradant-2(DO2)

Figure 4.49. IR Spectrum of Oxidative Degradant-2(DO2)

4.6.6. Characterization of Oxidative Degradant-3 of Linagliptin (DO3)

5,6-diamino-1-methyl-3-((4-methylquinazolin-2-yl)methyl)pyrimidine-2,4(1H,3H) dione **(DO3)**

The ¹H-NMR data (**Figure 4.50**) of linagliptin and DO3 in CDCl₃ and assignments of all protons of these compounds are given in **Table 4.45**.

The signals for H-24_a at δ 2.99~3.05 (1H, m), H-24_b at δ 3.60 (1H, dd, *J* = 12, 2.8 Hz.), H-25 at δ 2.83 (1H, dd, *J* = 12.0, 12.4 Hz.), H-26_a at δ 1.24~1.33 (1H, m), H-26_b at δ 1.78~1.81 (1H, m), H-27_a at δ 1.60~1.68 (1H, m), H-27_b δ 1.89 ~ 1.93 (1H, m), H-28_a δ 3.49 ~ 3.52 (1H, m), H-28_b δ 2.96 ~ 2.98 (1H, m) and H₂-29 at δ 1.97 (2H, br. s) for the 3-amino-piperidyl ring system in linagliptin were absent in the 1H-NMR spectra of DO3. Additionally, ¹H-NMR peaks of H₂-19 at δ 4.80 (2H, br. s) and H₃-22 at δ 1.71 (3H, s) for the 2-butynyl group at N-7 of linagliptin were also absent in DO3. From this

finding the structure of DO3 is proposed as 5,6-diamino-1-methyl-3-((4 methylquinazolin-2-yl)methyl)pyrimidine-2,4(1H,3H)-dione.

IR data also support this compound which contain distinguishable peak of primary amine at the position 2950.6 cm-1 (**Table 4.46** and **Figure 4.51**).

Position(C#)	¹ H-NMR Linagliptin		1H-NMR DO3	
	$\delta_{\rm H}$ (ppm), J (Hz)			
$H_2 - 10$	5.49	2H, s	5.30	2H, s
$H-15$	7.77	1H, d, J=8.4 Hz.	8.10	1H, d
$H-16$	7.41	1H, t, J=7.6 Hz.	7.60	1H, t
$H-17$	7.66	1H, t, J=7.6 Hz.	7.75	1H, t
$H-18$	7.91	1H, d, J=8.0 Hz.	7.85	1H, d
$H_2 - 19$	4.80	2H, br. s		
$H_3 - 22$	1.71	3H, s	2.13	3H, s
$H-24b$	3.60	1H, dd, $J=12$, 2.8 Hz.		
$H-24a$	$2.99 - 3.05$	1H, m		
$H-25$	2.83	1H, dd, J=12.0, 12.4 Hz.		
H-26a	$1.24 - 1.33$	1H, m		
$H-26b$	$1.78 - 1.81$	1H, m		
$H-27a$	$1.60 - 1.68$	1H, m	$\overline{}$	
$H-27b$	1.89~1.93	1H, m		
H-28a	$3.49 - 3.52$	1H, m		
$H-28b$	2.96~2.98	1H, m	\overline{a}	
$H_2 - 29$	1.97	2H, br. s		
$H_3 - 30$	3.47	3H, s	3.3	3H, s
$H_3 - 31$	2.78	3H, s	2.8	3H, s

Table 4.45. Comparison of 1H-NMR Spectral Data of Oxidative Degradant-3(DO3) with Linagliptin in CDCl3.

Figure 4.50 1H NMR Spectrum of Oxidative Degradant-3(DO3) In CDCl³

Figure 4.51. IR Spectrum of Standard of Oxidative Degradant-3(DO3)

4.6.7. Plausible Degradation Pathway of Linagliptin

The degradation pattern of LNG after acidic and oxidative stress were showed in **Figure 4.52** which represent the plausible degradation pathway of linagliptin. The novel compound after acidic degradation are 1-(2-amino-5-(hydroxymethyl)-1-methyl-1Himidazol-4-yl)-1-methyl-3-((4-methyl-1,2-dihydroquinazolin-2-yl)methyl)urea **(DA1)**; 7,7'-((2E,4E)-3,4-dimethylhexa-2,4-diene-1,6-diyl)bis(8-((R)-3-aminopiperidin-1-yl)-3 methyl-1-((4-methyl quinazolin-2-yl)methyl)-3,7-dihydro-1H-purine-2,6-dione) **(DA2)** and 1-(3-amino-7-methyl-8-oxo-5,8-dihydroimidazo[1,5-a]pyridin-1-yl)-1-methyl-3- ((4-methylquinazolin-2-yl)methyl)urea **(DA3)**. The two novel oxidative degradants are 1-(but-2-yn-1-yl)-4-(1-methyl-3-((4-methylquinazolin-2-yl)methyl)ureido)-1Himidazole-5-carboxylic acid **(DO2)** and 5,6-diamino-1-methyl-3-((4-methylquinazolin-2-yl)methyl)pyrimidine-2,4(1H,3H)-dione **(DO3)**.

Figure 4.52: Degradation Pathways of LNG

LNG= Linagliptin DO2= Oxidative degradant-2 of LNG DO3= Oxidative degradant-3 of LNG DA1= Acidic degradant-1 of LNG DA2= Acidic degradant-2 of LNG DA3= Acidic degradant-3 of LNG
Conclusion

Drugs play pivotal role in improving the quality of human health and ensuring wellbeing. Quality of drug is one of the prime concerns other than safety and efficacy. Impurities generating during storage which influences the quality of the drug are a major threat in pharmaceutical industry. The development of an appropriate stability indicating methods are playing important role in the drug development.

The objective of the current research work is the development of stability indicating methods of three prominent DPP-IV inhibitors, sitagliptin, vildagliptin and linagliptin. Quality by design (QbD) was used for development and optimization of method. The optimized method was validated according to ICH Q2 (R1) guideline. Degradation kinetic studies were conducted and half life (*t1/2*) and shelf life (*t0.9*) were calculated. Plausible degradation pathways designed and isolated five major forced degradation products of linagliptin at different stress conditions. Their structures were confirmed by various spectroscopic methods, such as IR, NMR.

Quality of pharmaceutical dosage form is very crucial task to confirm the safety and efficacy of drugs. The physical and chemical properties of sitagliptin, vildagliptin and linagliptin, manufactured by Bangladeshi pharmaceutical companies were evaluated and compared with innovator drug. The obtained weight variation, hardness, thickness, disintegration and potency of locally manufactured drugs were similar to reference product as well as they meet the compendial requirements. *In-vitro* dissolution study also conducted, that provide satisfactory difference factor (f1≤15) and similarity factor (f2≥50) that may be relevant to the prediction of *in vivo* performance. From the obtained result it is clear that the Bangladeshi pharmaceutical companies satisfy the regulatory requirements to ensure quality.

Quality by design (QbD), a modern terminology used for the method development and optimization. *3³* full factorial design used Box-Behnken Design (BBD) model to optimize the effects of three independent variables, percentages of organic modifiers, pH of buffer of mobile phase, and flow rate with three responses, i.e. retention time of linagliptin, resolution between VLG and LNG, and resolution between LNG and STG. From the *ANOVA* data of three models , response surface quadratic model(*p< 0.0001*) for retention time, surface linear model(*p< 0.0001*) for resolution between peak 1 (VLG) and peak 2 (LNG), and response surface model(*p< 0.003*) for resolution between peak 2

(LNG) and peak 3 (STG) were significant with the interaction of three independent variables. The obtained experimental data of the predicted method were found to be equivalent with the suggested responses and all the values fall within the accepted level (NMT 2.0%) The desirability of the optimized method was highly strong (value=1).

In accordance with ICH Q2 (R1) guideline the developed and optimized method was fully validated and found to be accurate, precise, reproducible, robust, and specific; confirming the stability indicating nature of the method. The retention time of these three drugs were very low which indicate the method is rapid, less time consuming. Less amount of organic modifier (30% ACN) was required that ensure the cost effectiveness of the method. Very low detection limit of this method indicated its high sensitivity and selectivity. The method seems to be suitable for the quality control in the pharmaceutical industry and also for quantitation of drug substances in biological fluid during *in vivo* studies.

Forced degradation studies were conducted separately for theses three nonpharmacopoeial gliptins. From the forced degradation behavior of STG, VLG and LNG , they were stable in thermal and photolytic stress but notable degradation was found in acid hydrolysis by HCl (LNG, STG), alkaline hydrolysis by NaOH (STG), and oxidation by $H₂O₂$ (VLG, LNG).

Forced degradation kinetics was investigated at acid and base hydrolysis, oxidation, and thermal degradation condition. Degradation kinetic studies of these drugs revealed that all the degradation reactions followed pseudo-first order kinetics. The rate constant (*k'25*) that corresponds to room temperature (25°C) was calculated from the regression equation of Arrhenius equation. The minimum value of k'25 was found in thermal decomposition which indicated the thermal stability of these products. The maximum *k'25* value was found in oxidative stress in both vildagliptin and linagliptin degradation whereas for sitagliptin maximum *k'25* value was found in alkaline degradation indicating the lowest stability. So, appropriate conditions must be maintained to store these three gliptins.

Synthesis and characterization of process related impurities of LNG have been reported recently. However, none of these reported studies have attempted to isolate or characterize degradation products of linagliptin. This study describes the isolation and

structure elucidation of five major degradants of acidic (3) and oxidative (2) stress by liquid column chromatography and subjected to IR and NMR (1H, 13C) spectroscopy. The novel compound after acidic degradation are 1-(2-amino-5-(hydroxymethyl)-1-methyl-1H-imidazol-4-yl)-1-methyl-3-((4-methyl-1,2-dihydroquinazolin-2-yl)methyl)urea **(DA1)**; 7,7'-((2E,4E)-3,4-dimethylhexa-2,4-diene-1,6-diyl)bis(8-((R)-3-aminopiperidin-1-yl)-3-methyl-1-((4-methyl quinazolin-2-yl)methyl)-3,7-dihydro-1H-purine-2,6-dione) **(DA2)** and 1-(3-amino-7-methyl-8-oxo-5,8-dihydroimidazo[1,5-a]pyridin-1-yl)-1 methyl-3-((4-methylquinazolin-2-yl)methyl)urea **(DA3)**. The two novel oxidative degradants are 1-(but-2-yn-1-yl)-4-(1-methyl-3-((4-methylquinazolin-2 yl)methyl)ureido)-1H-imidazole-5-carboxylic acid **(DO2)** and 5,6-diamino-1-methyl-3- ((4-methylquinazolin-2-yl)methyl)pyrimidine-2,4(1H,3H)-dione **(DO3)**.

Isolation and characterization of other degradants of linagliptin, vildagliptin and sitagliptin, and their toxicological studies are under investigation in order to find out their unexplored characteristics.

Reference

- 1. Rago L, Santoso B. Drug regulation: history, present and future. Drug Benefits and Risks: International Textbook of Clinical Pharmacology, revised 2nd edition. 2008:65-77.
- 2. Jarrell K. Regulatory history: Elixir sulfanilamide. Journal of GXP Compliance. 2012 Jul 1;16(3):12.
- 3. Ballentine C. Taste of raspberries, taste of death: the 1937 elixir sulfanilamide incident. FDA Consumer magazine. 1981 Jun;15(5).
- 4. Hanif M, Mobarak MR, Ronan A, Rahman D, Donovan JJ, Bennish ML. Fatal renal failure caused by diethylene glycol in paracetamol elixir: the Bangladesh epidemic. Bmj. 1995 Jul 8;311(6997):88-91.
- 5. Rid's syrup unauthorized, toxic element found. The Daily Star.2009. Available at: https://www.thedailystar.net/news-detail-99261 [Accessed Jun. 2018].
- 6. Food and Drug Administration. Counterfeit Medicine. 2016. Available at: https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafe ly/counterfeitmedicine/ [Accessed Jul. 2017].
- 7. Caudron JM, Ford N, Henkens M, Mace C, Kiddle‐Monroe R, Pinel J. Substandard medicines in resource‐poor settings: a problem that can no longer be ignored. Tropical Medicine & International Health. 2008 Aug;13(8):1062-72.
- 8. Cockburn R, Newton PN, Agyarko EK, Akunyili D, White NJ. The global threat of counterfeit drugs: why industry and governments must communicate the dangers. PLoS medicine. 2005 Mar 14;2(4):e100.
- 9. Kabiru JW. The effects of counterfeits on pharmaceutical distribution and retailing in Mombasa county, Kenya. Available at: http://erepository.uonbi.ac.ke/bitstream/handle/11295/60692/The%20effects%2 0of%20counterfeits%20on%20pharmaceutical%20distribution%20and%20retailin g%20in%20Mombasa%20county,%20kenya.pdf?sequence=3 [Accessed Jul. 2017].
- 10. Dégardin K, Roggo Y, Margot P. Understanding and fighting the medicine counterfeit market. Journal of pharmaceutical and biomedical analysis. 2014 Jan 18;87:167-75.
- 11. Khan AY, Ghilzai NM. Counterfeit and substandard quality of drugs: the need for an effective and stringent regulatory control in India and other developing countries. Indian Journal of Pharmacology. 2007 Jul 1;39(4):206.
- 12. Ahen F. Responsibilization and MNC–Stakeholder Engagement: Who Engages Whom in the Pharmaceutical Industry?. InStakeholder engagement: Clinical research cases 2017 (pp. 87-112). Springer, Cham.
- 13. Almuzaini T, Choonara I, Sammons H. Substandard and counterfeit medicines: a systematic review of the literature. BMJ open. 2013 Aug 1;3 (8):e002923.
- 14. [Rudolf PM,](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rudolf%20PM%5BAuthor%5D&cauthor=true&cauthor_uid=15070787) [Bernstein IB.](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bernstein%20IB%5BAuthor%5D&cauthor=true&cauthor_uid=15070787) Counterfeit drugs. N Engl J Med. 2004 Apr 1; 350 (14):1384-6.
- 15. Charatan F. Fake prescription drugs are flooding the United States. BMJ: British Medical Journal. 2001 Jun 16;322 (7300):1446.
- 16. Morris M. Pharmacist gets 30 years for diluting medicines. Kansas City Star. 2002:A1.
- 17. Margolies D. Payments set for Courtney victims. Kansas City Star. 2003 Feb;9.
- 18. Fake pharmaceuticals-bad medicine. The Economist. 2012 Oct. 13. Available at: https://www.economist.com/international/2012/10/13/bad-medicine. [Accessed Dec. 2017].
- 19. Ahmad K. WHO fights fake pharmaceuticals. The Lancet Infectious Diseases. 2006 Apr 1;6(4):195.
- 20. Uddin MS, Mamun AA, Tasnu T, Asaduzzaman M. In-process and finished products quality control tests for pharmaceutical tablets according to pharmacopoeias. J Chem Pharm Res. 2015;7 (9):180–185.
- 21. Fahmy S, Abu-Gharbieh E. In vitro dissolution and in vivo bioavailability of six brands of ciprofloxacin tablets administered in rabbits and their pharmacokinetic modeling. BioMed research international. 2014;2014.
- 22. Pitt B. Generic drugs in cardiology: will they reduce health care costs?. Journal of the American College of Cardiology. 2004 Jul. 7;44(1):10-3.
- 23. Wedel C. Global development strategy for generic medicinal products with regard to bioequivalence studies–special focus on the biowaiver approach in Canada, Australia and Brazil. 2012. Available at:

http://dgra.de/media/pdf/studium/masterthesis/master_wedel_c.pdf. Accessed 21 Dec 2017. [Accessed Dec. 2017].

- 24. Shargel L, Wu-Pong S, Yu ABC. Applied biopharmaceutics & pharmacokinetics. 6th ed. New York: McGraw-Hill; 2012
- 25. Shah VP. Dissolution: a quality control test vs. a bioequivalence test. Dissolution Technologies. 2001;8(4):6-7.
- 26. Hassali MA, Thambyappa J, Saleem F, Haq N, Aljadhey V. Generic substitution in Malaysia: recommendations from a Systematic Review. Journal of Applied Pharmaceutical Science. 2012;2(8):159-64.
- 27. Sufian MA, Uddin MS, Islam MT, Zahan T, Hossain K, Uddin GM, Mamun AA. Quality control parameters of parenteral pharmaceuticals based on pharmacopoeias. Indo Am JP Sci. 2016;3(12):1624-38.
- 28. Bajaj S, Singla D, Sakhuja N. Stability testing of pharmaceutical products. J App Pharm Sci. 2012;2:129-38.
- 29. Carstensen JT, Rhodes C. Drug stability, revised, and expanded: principles and practices. CRC Press; 2000 Jul 28.
- 30. Guideline IH. Stability testing of new drug substances and products. Q1A (R2), current step. 2003 Feb;4:1-24. Available at: http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality/ Q1A_R2/Step4/Q1A_R2__Guideline.pdf [assessed April 2017]
- 31. Guideline IH. Guidance for Industry Q3A Impurities in New Drug Substances. Q3A, current step 2008; Jun;4: 1-14. Available at: http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality/ Q3A_R2/Step4/Q3A_R2__Guideline.pdf [Accessed Dec. 2017].
- 32. Guideline IH. Impurities in new drug products. Q3B (R2), current step. 2006 Jun;4:1- 5 . Available at: .

http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality/ Q3B_R2/Step4/Q3B_R2__Guideline.pdf [Accessed Dec. 2017].

- 33. FDA U. Guidance for industry ANDAs: Impurities in drug products. Center for Drug Evaluation and Research (CDER), US Washington, DC. 2010.
- 34. Reynolds DW, Facchine KL, Mullaney JF, Alsante KM, Hatajik TD, Motto MG. Conducting forced degradation studies. Pharmaceutical technology. 2002 Feb;26(2):48-56.
- 35. Brummer DH. How to approach a forced degradation study. Life Sci. Technol. Bull. 2011 Jan; 31:1-4.
- 36. Blessy MR, Patel RD, Prajapati PN, Agrawal YK. Development of forced degradation and stability indicating studies of drugs—A review. Journal of pharmaceutical analysis. 2014 Jun 1;4(3):159-65.
- 37. Kats M. Forced degradation studies: regulatory considerations and implementation. Bio Pharm Int. 2005; 18:1–7.
- 38. Szepesi G, Gazdag M, Mihalyfi K. Selection of high-performance liquid chromatographic methods in pharmaceutical analysis: III. Method validation. Journal of Chromatography A. 1991 Jun 28;464:265-78.
- 39. Carr GP, Wahlich JC. A practical approach to method validation in pharmaceutical analysis. Journal of pharmaceutical and biomedical analysis. 1990 Jan 1;8(8- 12):613-8.
- 40. Seamon KB. Specifications for biotechnology-derived protein drugs. Current opinion in biotechnology. 1998 Jun 1;9(3):319-25.
- 41. Guideline IH. Stability testing: photostability testing of new drug substances and products. Q1B, Current Step. 1996;4. Available at: http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformatio n/Guidances/ucm073373.pdf. [Assessed Mar. 2018]
- 42. Maheswaran R. FDA PERSPECTIVES-Scientific Considerations of Forced Degradation Studies in ANDA Submissions. Pharmaceutical Technology. 2012 May 2;36(5):73.
- 43. Klick S, Muijselaar P, Waterval J, Eichinger T, Korn C, Gerding TK, Debets AJ, Sängervan de Griend C, van den Beld C, Somsen GW, De Jong GJ. Stress testing of drug substances and drug products. Pharm Technol. 2005 Feb;29(2):48-66.
- 44. Jenke DR. Chromatographic Method Validation: A Review of Current Practices and Procedures. II. Guidelines for Primary Validation Parameters. Journal of liquid chromatography & related technologies. 1996 Mar 1;19(5):737-57.
- 45. FDA U. Guidance for industry Analytical Procedures and Methods Validation for Drugs and Biologics. Center for Drug Evaluation and Research (CDER), US Washington, DC. 2015. Available at: https://www.fda.gov/downloads/drugs/guidances/ucm386366.pdf. [Assessed Mar. 2018]
- 46. Guidance R. Validation of chromatographic methods. Center for Drug Evaluation and Research (CDER), Washington. 1994 Nov 1;2. Available at: https://www.fda.gov/downloads/drugs/guidances/ucm134409.pdf. [Assessed Jun. 2018]
- 47. Guideline IH. Guidance for Industry Q2B: Validation of Analytical Procedures: Methodology. Q2B, Current Step. 1996;4 Available at: https://www.geinstruments.com/sites/default/files/pdf_test/reg_ICH_2QB_validati on_of_analytical_procedures_methodology.pdf. [Assessed Jun. 2018]
- 48. Banker GS, Rhodes CT, Modern Pharmaceutics.4th ed. NewYork: Marcel Dekker publishing; 2002.
- 49. Bakshi M, Singh S. Development of validated stability-indicating assay methods critical review. Journal of pharmaceutical and biomedical analysis. 2002 Jun 15;28(6):1011-40.
- 50. Blessy MR, Patel RD, Prajapati PN, Agrawal YK. Development of forced degradation and stability indicating studies of drugs—A review. Journal of pharmaceutical analysis. 2014 Jun 1;4(3):159-65.
- 51. Singh S, Bakshi M. Guidance on the conduct of stress tests to determine inherent stability of drugs. Pharmaceutical Technology Asia. 2000 Sep 1;(24):1-14.
- 52. Alsante KM, Ando A, Brown R, Ensing J, Hatajik TD, Kong W, Tsuda Y. The role of degradant profiling in active pharmaceutical ingredients and drug products. Advanced drug delivery reviews. 2007 Jan 10;59 (1):29-37.
- 53. Gupta A, Yadav JS, Rawat S, Gandhi M. Method development and hydrolytic degradation study of Doxofylline by RP HPLC and LC–MS/MS. Asian J. Pharm. Anal. 2011 Jan;1:14-8.
- 54. Süverkrüp R. SW Baertschi (Ed.). Pharmaceutical Stress Testing, Predicting Drug Degradation, Drugs and the Pharmaceutical Sciences, vol. 153, Taylor & Fracis, Boca Raton (2005).
- 55. Alsante KM, Hatajik TD, Lohr LL, Santafianos D, Sharp TR. Solving impurity/degradation problems: case studies. Handbook of Isolation and Characterization of Impurities in Pharmaceuticals. 2003 Jun 26;5:361-400.
- 56. Baertschi SW, Thatcher SR. Sample presentation for photo stability studies: problems and solutions. InPharmaceutical Photostability and Stabilization Technology 2006 Sep 18 (p. 445). Taylor & Francis New York.
- 57. Allwood MC, Plane JH. The wavelength-dependent degradation of vitamin A exposed to ultraviolet radiation. International journal of pharmaceutics. 1986 Jul 1;31(1- 2):1-7.
- 58. Ahuja S, Scypinski S. Modern pharmaceutical analysis: An overview. Handbook of Modern Pharmaceutical Analysis. 2001 Jan 1;3:1.
- 59. Qiu F, Norwood DL. Identification of pharmaceutical impurities. Journal of liquid chromatography & related technologies. 2007 Feb 1;30(5-7):877-935.
- 60. Trabelsi H, Hassen IE, Bouabdallah S, Bouzouita K, Safta F. Stability indicating LC method for the determination of pipamperone. Journal of pharmaceutical and biomedical analysis. 2005 Oct 4;39(5):914-9.
- 61. Dolan JW. Stability-indicating assays. LC GC North America. 2002;20(4):346-9.
- 62. J.W. Smela, Regulatory considerations for stability indicating analytical methods in drug substance and drug product testing, Am. Pharm. Rev. 8(3)(2005)51–54.
- 63. Annapurna MM, Mohapatro C, Narendra A. Stability-indicating liquid chromatographic method for the determination of Letrozole in pharmaceutical formulations. Journal of pharmaceutical analysis. 2012 Aug 1;2(4):298-305.
- 64. Snyder LR, Kirkland JJ, Glajch JL. Practical HPLC method development. John Wiley & Sons; 2012 Dec 3.
- 65. M.P. Riddhiben, M.P.Piyushbhai, M.P. Natubhai, Stability indicatingHPLC method development—a review,Int.Res.J. Pharm.2(5)(2011) 79–87.
- 66. Juran JM, GodfreyAB, Juran's Quality Handbook 5th Edition, McGraw‐Hill, 1998.
- 67. Guideline IH. Pharmaceutical development. Q8. Current Step. 2009;4. Available at: https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality /Q8_R1/Step4/Q8_R2_Guideline.pdf. [Assessed May. 2018]
- 68. Guideline IH. Quality risk management. Q9, Current step. 2005 Mar;4:408. Available at:

https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality /Q9/Step4/Q9_Guideline.pdf [Assessed May. 2018]

69. Guideline IH. Pharmaceutical quality system q10. Current Step. 2008 Jun;4. Available at:

https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality /Q10/Step4/Q10_Guideline.pdf. [Assessed May. 2018]

- 70. Guideline IH. Development and manufacture of drug substances (chemical entities and biotechnological/biological entities) Q11. London: European medicines agency. 2011 May. Available at: http://www.ich.org/products/guidelines/quality/qualitysingle/article/development-and-manufacture-of-drug-substances-chemical-entitiesand-biotechnologicalbiological-en.html. [Assessed May. 2018]
- 71. Raman NV, Mallu UR, Bapatu HR. Analytical Quality by Design (AQbd) Approach to Test Method Development and Validation in Drug Substance Manufacturing. Journal of Chemistry.2015; 435129.
- 72. Davis B, Lundsberg L, Cook G. PQLI Control strategy model and concepts. Journal of Pharmaceutical Innovation. 2008 Jun 1;3(2):95-104.
- 73. Piriou J, Elissondo B, Hertschuh M, Ollivier R. Control Strategy as the keystone of the product life cycle, from product/process understanding to continuous process verification and improvement. Pharmaceutical Engineering. 2012;32(1):1-8.
- 74. Scypinski S, Roberts D, Oates M, Etse J. Analytical method transfer. Pharm. Technol. 2002 Mar;26(3):84-8.
- 75. Snee RD. QbD in test method development and validation. Pharmaceutical Processing. 2014 May.
- 76. Borman P, Nethercote P, Chatfield M, Thompson D, Truman K. The application of quality by design to analytical methods. 2007;31:142-152
- 77. Montgomery DC, Jennings CL, Kulahci M. Design and Analysis of Experiments 8th Edition. New York: John Wiley & Sons; 2013.
- 78. Nunnally BK, McConnell JS. Six sigma in the pharmaceutical industry: understanding, reducing, and controlling variation in pharmaceuticals and biologics. CRC Press; 2007 Jun 13.
- 79. Schweitzer M, Pohl M, Hanna-Brown M, Nethercote P, Borman P, Hansen G, Smith K, Larew J. Implications and opportunities of applying QbD principles to analytical measurements. Pharmaceutical Technology. 2010 Feb 2;34(2):52.
- 80. Snee RD. Crucial considerations in monitoring process performance and product quality. Pharmaceutical Technology. 2010 Oct 1;34(10):38-40.
- 81. Box GEP, Hunter JS, Hunter WG. Statistics for Experimenters. 2nd ed. New York: John Wiley and Sons; 2005
- 82. Snee RD, Hoerl RW. Going on Feel. Quality Progress. 2012 May 1;45(5):39.
- 83. Schepers U, Wätzig H. Application of the equivalence test for analytical method transfers: Testing precision using the United States Pharmacopoeia concept< 1 0 1 0. Journal of pharmaceutical and biomedical analysis. 2006 Apr 11;41(1):290-2.
- 84. Swartz ME, Krull IS. Analytical method transfer. LC-GC: Chromatography Online.2006; 24(11); 20-24.
- 85. Bliesner DM. Validating chromatographic methods: a practical guide. John Wiley & Sons; 2006 Sep 11.
- 86. Bhagyasree T, Injeti N, Azhakesan A, Rao UM. A review on analytical method development and validation. International Journal of Pharmaceutical Research & Analysis. 2014; 4(8): 444-8.

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- 87. Shrivastava A, Gupta VB. HPLC: Isocratic or Gradient Elution and Assessment of Linearity In Analytical Methods. Journal of Advanced Scientific Research. 2012 May 1;3(2).
- 88. Kumar V, Bharadwaj R, Gupta G, Kumar S. An Overview on HPLC Method Development, Optimization and Validation process for drug analysis. The Pharmaceutical and Chemical Journal. 2015;2(2):30-40.
- 89. Guideline IH. Validation of analytical procedures: text and methodology Q2 (R1). International Conference on Harmonization, Geneva, Switzerland 2005 Nov (pp. 11- 12).
- 90. World Health Organization. Global report on diabetes. World Health Organization, 2016. Available at: http://www.who.int/diabetes/global-report/en/. [Accessed Dec. 2017].
- 91. Chan M. Obesity and Diabetes: The Slow-Motion Disaster. The Milbank Quarterly. 2017 Mar;95(1):11-4.
- 92. Koliaki C, Doupis J. Incretin-based therapy: a powerful and promising weapon in the treatment of type 2 diabetes mellitus. Diabetes Therapy. 2011 May 1;2(2):101-21.
- 93. Inzucchi SE, Bergenstal RM, Buse JB, Diamant M, Ferrannini E, Nauck M, Peters AL, Tsapas A, Wender R, Matthews DR. Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach: update to a position statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes care. 2015 Jan 1;38(1):140-9.
- 94. Munir KM, Lamos EM. Diabetes type 2 management: what are the differences between DPP-4 inhibitors and how do you choose?. 2017: 839-841.
- 95. Karagiannis T, Paschos P, Paletas K, Matthews DR, Tsapas A. Dipeptidyl peptidase-4 inhibitors for treatment of type 2 diabetes mellitus in the clinical setting: systematic review and meta-analysis. Bmj. 2012 Mar 12;344:e1369.
- 96. Fonseca V, Schweizer A, Albrecht D, Baron MA, Chang I, Dejager S. Addition of vildagliptin to insulin improves glycaemic control in type 2 diabetes. Diabetologia. 2007 Jun 1;50(6):1148-55.
- 97. Duvnjak L, Blaslov K. Dipeptidyl peptidase-4 inhibitors improve arterial stiffness, blood pressure, lipid profile and inflammation parameters in patients with type 2 diabetes mellitus. Diabetology & metabolic syndrome. 2016 Dec;8(1):26.
- 98. Sweetman SC. Martindale: the complete drug reference—Micromedex healthcare series, vol. 117.
- 99. Sitagliptin-Drugbank.(cat.no. DB01261) 2007 May 16. Available at: https://www.drugbank.ca/drugs/DB01261. [Accessed Dec. 2017].
- 100. Vildagliptin-Drugbank.(cat.no. DB04876) [document on the Internet].2007 Oct. 20. Available at: https://www.drugbank.ca/drugs/DB04876. [Accessed Dec. 2017].
- 101. Linagliptin-Drugbank.(cat.no. DB08882) [document on the Internet].2007 Oct. 20. Available at: https://www.drugbank.ca/drugs/DB08882. [Accessed Dec. 2017].
- 102. World Health Organization. Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia: report of a WHO/IDF consultation.2006.
- 103. World Health Organization. Definition, diagnosis and classification of diabetes mellitus and its complications: report of a WHO consultation. Part 1, Diagnosis and classification of diabetes mellitus. Geneva: World health organization; 1999.
- 104. Mourad SS, El-Kimary EI, Hamdy DA, Barary MA. Stability-indicating HPLC-DAD method for the determination of linagliptin in tablet dosage form: application to degradation kinetics. Journal of chromatographic science. 2016 Oct 17;54(9):1560- 6.
- 105. American Diabetes Association. Standards of medical care in diabetes. Diabetes care. 2005 Jan 1;28 (suppl 1):s4-36.
- 106. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, Zinman B. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes care. 2009 Jan 1;32(1):193-203.
- 107. World Health Organization. Global Report on Diabetes. 2016. Available at: http://www.who.int/diabetes/global-report/en/. [Accessed 25 Feb. 2018]
- 108. Khan G, Sahu D, Agrawal YP, Sabarwal N, Jain A, Gupta AK. Simultaneous estimation of metformin and sitagliptin in tablet dosage form. Asian Journal of Biochemical and Pharmaceutical Research. 2011;1(2):352-8.
- 109. Herman GA, Stevens C, Van Dyck K, Bergman A, Yi B, De Smet M, Snyder K, Hilliard D, Tanen M, Tanaka W, Wang AQ. Pharmacokinetics and pharmacodynamics of sitagliptin, an inhibitor of dipeptidyl peptidase IV, in healthy subjects: results from two randomized, double‐blind, placebo‐controlled studies with single oral doses. Clinical Pharmacology & Therapeutics. 2005 Dec 1;78(6):675-88.
- 110. Dicker D. DPP-4 inhibitors. Diabetes care; 2011. 34: 276-278.
- 111. El-Bagary RI, Elkady EF, Ayoub BM. Spectroflourometric and spectrophotometric methods for the determination of sitagliptin in binary mixture with metformin and ternary mixture with metformin and sitagliptin alkaline degradation product. International journal of biomedical science: IJBS. 2011 Mar;7(1):62
- 112. Jain P, Chaudhary A, Desai B, Patel S, and Shimpi H. Development and validation of first order derivative UV spectrophotometric method for determination of sitagliptin in bulk and in formulation. International Journal of Drug Development and Research. 2011. 3:194–9.
- 113. Konari SN, Jacob JT. Stability indicating validated RP-HPLC technique for the analysis of multicomponent anti-diabetic drug combos in pharmaceutical dosage forms. Karbala International Journal of Modern Science. 2015 Sep 1;1(1):39-48.
- 114. Shyamala M, Mohideen S, Satyanarayana T, Narasimha Raju CH, Suresh Kumar P, Swetha K. Validated RP-HPLC for simultaneous estimation of sitagliptin phosphate and metformin hydrochloride in tablet dosage form. American J Pharm Tech Res. 2011;1(2):93-101.
- 115. Bhende SD, Balaram Varanasi M, Abbulu K, Divya Swetha M, Shravanthi V, Karuna Kumari J, Shayamala T. RP-HPLC method for the simultaneous estimation of Sitagliptin phosphate and Metformin hydrochloride in combined tablet dosage forms. Oriental Journal of Chemistry. 2012;28(1):463.
- 116. Lavanya R, Yunoos M, Pradesh A. Development and Validation of RP-HPLC method for the estimation of Sitagliptin Phosphate in Bulk and its Tablet Dosage Form. Journal of Advanced Pharmacy Education & Research Oct-Dec. 2013;3(4).
- 117. Patil S, Ramesh B, Hareesh AR, Patil K, Dhokane A. Development and Validation of RP-HPLC Method for the Estimation of Sitagliptin Phosphate in Tablet Dosage Form. Asian Journal of Research in Chemistry. 2010 Sep 28;3(3):653-5.
- 118. Malleswararao CS, Suryanarayana MV, Mukkanti K. Simultaneous determination of sitagliptin phosphate monohydrate and metformin hydrochloride in tablets by a validated UPLC method. Scientia pharmaceutica. 2012 Jan;80(1):139.\
- 119. Swales JG, Gallagher RT, Denn M, Peter RM. Simultaneous quantitation of metformin and sitagliptin from mouse and human dried blood spots using laser diode thermal desorption tandem mass spectrometry. Journal of pharmaceutical and biomedical analysis. 2011 Jun 1;55(3):544-51.
- 120. Zeng W, Musson DG, Fisher AL, Chen L, Schwartz MS, Woolf EJ, Wang AQ.

Degradation Kinetic Studies of Non-Pharmacopoeial Drug Products and Determination of their Degradants

Determination of sitagliptin in human urine and hemodialysate using turbulent flow online extraction and tandem mass spectrometry. Journal of pharmaceutical and biomedical analysis. 2008 Feb 13;46(3):534-42.

- 121. Sohajda T, Hu WH, Zeng LL, Li H, Szente L, Noszál B, Béni S. Evaluation of the interaction between sitagliptin and cyclodextrin derivatives by capillary electrophoresis and nuclear magnetic resonance spectroscopy. Electrophoresis. 2011 Oct;32(19):2648-54.
- 122. Pathade P, Imran M, Bairagi V, Ahire Y. Development and validation of stability indicating UV spectrophotometric method for the estimation of sitagliptin phosphate in bulk and tablet dosage form. Journal of pharmacy research. 2011 Mar;4(3):871-3.
- 123. Dubala A, Khatwal R, Kosaraju J, Meda V, Samanta MK. Bioanalytical method development and validation of sitagliptin phosphate by RP-HPLC and its application to pharmacokinetic study. Int J Pharm Pharm Sci. 2012 Mar;4(2):691-4.
- 124. El-Bagary RI, Elkady EF, Ayoub BM. Liquid chromatographic methods for the determination of vildagliptin in the presence of its synthetic intermediate and the simultaneous determination of pioglitazone hydrochloride and metformin hydrochloride. International journal of biomedical science: IJBS. 2011 Sep;7(3):201.
- 125. Khan MP, Basha SAA, Mudabbir MAH. Formulation and Evaluation of Bilayer Matrix Tablets for Controlled Delivery of Metformin HCl and Vildagliptin. International Journal of Pharmacy & Technology. 2014; 6(2): 6739-56.
- 126. Procedures A. Methods Validation, Draft guidance, US Department of Health and Human Services. Food and drug Administration, CDER, CBER. 2000 Aug.
- 127. Naveed S, Rehman H, Zainab FQ. Method development and validation of Vildagliptin using UV spectrophotometer. Int. J. Pharm Sci & Res. 2014;5(10):714- 7.
- 128. Chaphekar MM, Hamrapurkar PD. Development and validation of RP-HPLC assay method for vildagliptin using Qbd approach and its application to forced degradation studies International Journal of Pharmaceutical Sciences and Drug Research. 2016;8:157-65.
- 129. Khatun R, Phase MM. HPLC Method for the determination of Vildagliptin from tablet dosage form. Int. J. of Pharm. & Life Sci. 2013;2(3):90-8.
- 130. Sultana R, Bachar SC, Rahman F. Development and validation of stability indicating assay method of vildagliptin in bulk and tablet dosage form by RP-HPLC. International journal of pharmacy & life sciences. 2013 Apr 1;4(4).
- 131. Barden AT, Salamon B, Schapoval EE, Steppe M. Stability-indicating RP-LC method for the determination of vildagliptin and mass spectrometry detection for a main degradation product. Journal of chromatographic science. 2012 May 1;50(5):426- 32.
- 132. He YL, Yamaguchi M, Ito H, Terao S, Sekiguchi K. Pharmacokinetics and pharmacodynamics of vildagliptin in Japanese patients with type 2 diabetes. International journal of clinical pharmacology and therapeutics. 2010 Sep;48(9):582-95.
- 133. Satheeshkumar N, Pradeepkumar M, Shanthikumar S, Rao VJ. Development of validated stability indicating assay method for simultaneous estimation of metformin hydrochloride and vildagliptin by RP-HPLC. Drug research. 2014 Mar;64(03):124-9.
- 134. Deacon CF, Holst JJ. Linagliptin, a xanthine-based dipeptidyl peptidase-4 inhibitor with an unusual profile for the treatment of type 2 diabetes. Expert opinion on investigational drugs. 2010 Jan 1;19(1):133-40.
- 135. Fuchs H, Runge F, Held HD. Excretion of the dipeptidyl peptidase-4 inhibitor linagliptin in rats is primarily by biliary excretion and P-gp-mediated efflux. European Journal of Pharmaceutical Sciences. 2012 Apr 11;45(5):533-8.
- 136. Sachs GE, Chang HH, Rabon E, Schackman RO, Lewin MI, Saccomani GA. A nonelectrogenic H+ pump in plasma membranes of hog stomach. Journal of Biological Chemistry. 1976 Dec 10;251(23):7690-8.
- 137. DiBona DR, Ito S, Berglindh T, Sachs G. Cellular site of gastric acid secretion. Proceedings of the National Academy of Sciences. 1979 Dec 1;76(12):6689-93.
- 138. Fellenius E, Berglindh T, Sachs G, Olbe L, Elander B, Sjöstrand SE, Wallmark B. Substituted benzimidazoles inhibit gastric acid secretion by blocking $(H++ K+)$ ATPase. Nature. 1981 Mar;290(5802):159.
- 139. Barnett AH. Linagliptin: a novel dipeptidyl peptidase 4 inhibitor with a unique place in therapy. Advances in therapy. 2011 Jun 1;28(6):447-59.
- 140. Del Prato S, Barnett AH, Huisman H, Neubacher D, Woerle HJ, Dugi KA. Effect of linagliptin monotherapy on glycaemic control and markers of β‐cell function in

patients with inadequately controlled type 2 diabetes: a randomized controlled trial. Diabetes, Obesity and Metabolism. 2011 Mar 1;13(3):258-67.

- 141. Guideline IH. Q3A (R2), Impurities in New Drug Substances. In International Conference on Harmonization 2006.
- 142. Elkins P, Coleman D, Burgess J, Gardner M, Hines J, Scott B, Kroenke M, Larson J, Lightner M, Turner G, White J. Characterization of the isomeric configuration and impurities of (Z) -endoxifen by 2D NMR, high resolution $LC \Box$ MS, and quantitative HPLC analysis. Journal of pharmaceutical and biomedical analysis. 2014 Jan 25;88:174-9.
- 143. Guvvala, Vinodh, et al. "Novel degradation products of argatroban: Isolation, synthesis and extensive characterization using NMR and LC-PDA-MS/Q-TOF." *Journal of pharmaceutical analysis* 8.2 (2018): 86-95.
- 144. Douša M, Srbek J, Rádl S, Černý J, Klecán O, Havlíček J, Tkadlecová M, Pekárek T, Gibala P, Nováková L. Identification, characterization, synthesis and HPLC quantification of new process-related impurities and degradation products in retigabine. Journal of pharmaceutical and biomedical analysis. 2014 Jun 1;94:71-6.
- 145. Abiramasundari A, Joshi RP, Jalani HB, Sharma JA, Pandya DH, Pandya AN, Sudarsanam V, Vasu KK. Stability-indicating assay method for determination of actarit, its process related impurities and degradation products: Insight into stability profile and degradation pathways. Journal of pharmaceutical analysis. 2014 Dec 1;4(6):374-83.
- 146. Saini B, Bansal G. Isolation and characterization of a degradation product in leflunomide and a validated selective stability-indicating HPLC–UV method for their quantification. Journal of pharmaceutical analysis. 2015 Jun 1;5(3):207-12.
- 147. Sudhakar P, Nirmala M, Babu JM, Vyas K, Reddy GM, Bhaskar BV, Reddy PP, Mukkanti K. Identification and characterization of potential impurities of amlodipine maleate. Journal of pharmaceutical and biomedical analysis. 2006 Feb 24;40(3):605-13.
- 148. Rapolu R, Raju CK, Srinivas K, Awasthi A, Navalgund SG, Surendranath KV. Isolation and characterization of a novel acid degradation impurity of amlodipine besylate using Q-TOF, NMR, IR and single crystal X-ray. Journal of pharmaceutical and biomedical analysis. 2014 Oct 1;99:59-66.
- 149. Tiwari RN, Shah N, Bhalani V, Mahajan A. LC, MSn and LC–MS/MS studies for the

characterization of degradation products of amlodipine. Journal of pharmaceutical analysis. 2015 Feb 1;5(1):33-42.

- 150. Kumari Ks, Sailaja B. International Journal of Current Research in Chemistry and Pharmaceutical Sciences. Int. J. Curr. Res. Chem. Pharma. Sci. 2015;2(4):83-98.
- 151. Sekhar Ck, Sudhakar P, Reddy Gr, Babu Pv, Swamy Nl. A new UV-method for determination of bortezomib in bulk and pharmaceutical dosage form. Int J Pharm Bio Sci. 2013;3:623-7.
- 152. Lakshmi B, Reddy TV. A novel RP-HPLC method for the Quantification of Linagliptin in Formulations. Journal of atoms and molecules. 2012 Mar 1;2(2):155.
- 153. Badugu LR. A Validated RP-HPLC method for the determination of Linagliptin. Am. J. PharmTech Res. 2012;2(4):463-70.
- 154. Swamy AJ, Baba KH. Analytical method development and method validation for the simultaneous estimation of metformin HCL and linagliptin in bulk and tablet dosage form by RP-HPLC method. Int J Pharm. 2013;3(3):594-600.
- 155. Mallikarjuna RN, Gowri SD. RP-HPLC method for simultaneous estimation and stability indicating study of metformin and linagliptin in pure and pharmaceutical dosage forms. International Journal of Pharmacy and Pharmaceutical Sciences. 2015;7(3):191-7.
- 156. Dubey N, Singh GN, Tyagi A, Bhardwaj R, Raghav CS. Development and validation of ultraperformance liquid chromatography (UP-LC) method for estimation of a new anti-diabetic drug linagliptin in bulk and its tablet formulation
- 157. Ss Ms, Begum A, Saradhi Nd. Bioanalytical Method Development and Validation of Linagliptin In Plasma Through LCMS/MS. International Journal of Bioassays. 2014 Jun 6;3(7):3146-51.
- 158. Pandya RH, Rathod R, Maheswari DG. Bioanalytical method development and validation for simultaneous determination of linagliptin and metformin drugs in human plasma by RP-HPLC method. Pharmacophore. 2014 Mar 1;5(2):202-18.
- 159. Parsha S, Kumar YR, Ravichander M. LC–MS/MS and NMR characterization of key impurities in linagliptin and pramipexole. Journal of Liquid Chromatography & Related Technologies. 2015 Nov 26;38(19):1699-712.
- 160. Huang Y, He X, Wu T, Zhang F. Synthesis and characterization of process-related impurities of antidiabetic drug linagliptin. Molecules. 2016 Aug 9;21(8):1041.
- 161. Nandi S, Reddy AN, Reddy PV, Reddy KS. Process related impurities in anti-diabetic

drug linagliptin. Journal of Research and Opinion. 2015 May 10.

- 162. Jadhav SB, Reddy PS, Narayanan KL, Bhosale PN. Development of RP-HPLC, Stability Indicating Method for Degradation Products of Linagliptin in Presence of Metformin HCl by Applying 2 Level Factorial Design; and Identification of Impurity-VII, VIII and IX and Synthesis of Impurity-VII. Scientia pharmaceutica. 2017 Jun 27;85(3):25.
- 163. U.S. Pharmacopoeia-National Formulary [USP 33 NF 28] 2010. Rockville, Md: United States Pharmacopeial Convention, Inc; 2015.
- 164. Musa H, Sule YZ, Gwarzo MS. Assessment of physicochemical properties of metronidazole tablets marketed in Zaria, Nigeria. Int J Pharm Pharm Sci. 2011 Jun;3(Suppl 3):27-9.
- 165. Uddin MS, Mamun AA, Rashid M, Asaduzzaman M. In-process and finished products quality control tests for pharmaceutical capsules according to pharmacopoeias. Br J Pharm Res. 2016;9(2):2.
- 166. Amidon GL, Lennernäs H, Shah VP, Crison JR. A theoretical basis for a biopharmaceutic drug classification: the correlation of in vitro drug product dissolution and in vivo bioavailability. Pharmaceutical research. 1995 Mar 1;12(3):413-20.
- 167. Galia E, Nicolaides E, Hörter D, Löbenberg R, Reppas C, Dressman JB. Evaluation of various dissolution media for predicting in vivo performance of class I and II drugs. Pharmaceutical Research. 1998 May 1;15(5):698-705.
- 168. Food and Drug Administration. Guidance for industry: Dissolution Testing of Immediate Release Solid Oral Dosage Forms U.S. Department of Health and Human Services. Center for Drug Evaluation and Research (CDER), US Washington, DC. 1997 **Aug.** Aug. Available at: https://www.fda.gov/downloads/drugs/guidances/ucm070237.pdf [Accessed] Nov. 2017].
- 169. Moore JW. Mathematical comparison of dissolution profiles. Pharmaceutical technology. 1996;20:64-75.
- 170. Food and Drug Administration. Guidance for industry: waiver of in vivo bioavailability and bioequivalence studies for immediate-release solid oral dosage forms based on a biopharmaceutics classification system. Food and Drug Administration, Rockville, MD. 2000 Aug.
- 171. Oliveira PR, Mendes C, Klein L, Sangoi MD, Bernardi LS, Silva MA. Formulation development and stability studies of norfloxacin extended-release matrix tablets. BioMed research international. 2013;2013.
- 172. Guideline IH. Test procedures and acceptance criteria for new drug substances and new drug products: Chemical substances. Q6A . InInternational Conference on Harmonization, Geneva, Switzerland 1999. Available at: https://www.fda.gov/drugs/guidancecomplianceregulatoryinformation/guidance s/ucm134966.htm. [Accessed Dec. 2017].
- 173. Herman GA, Stevens C, Van Dyck K, Bergman A, Yi B, De Smet M, Snyder K, Hilliard D, Tanen M, Tanaka W, Wang AQ. Pharmacokinetics and pharmacodynamics of sitagliptin, an inhibitor of dipeptidyl peptidase IV, in healthy subjects: results from two randomized, double‐blind, placebo‐controlled studies with single oral doses. Clinical Pharmacology & Therapeutics. 2005 Dec 1;78(6):675-88.
- 174. Awotwe-Otoo D, Agarabi C, Faustino PJ, Habib MJ, Lee S, Khan MA, Shah RB. Application of quality by design elements for the development and optimization of an analytical method for protamine sulfate. Journal of pharmaceutical and biomedical analysis. 2012 Mar 25;62:61-7.
- 175. Sagirli O, Önal A, Toker SE, Şensoy D. Simultaneous HPLC analysis of olmesartan and hydrochlorothiazide in combined tablets and in vitro dissolution studies. Chromatographia. 2007 Aug 1;66(3-4):213-8.
- 176. César ID, Pianetti GA. Robustness evaluation of the chromatographic method for the quantitation of lumefantrine using Youden's test. Brazilian Journal of Pharmaceutical Sciences. 2009 Jun;45(2):235-40.
- 177. Guideline IH. Validation of analytical procedures: text and methodology Q2 (R1). InInternational Conference on Harmonization, Geneva, Switzerland 2005 Nov (pp. 11-12).
- 178. Oliveira MA, Yoshida MI, Belinelo VJ, Valotto RS. Degradation kinetics of atorvastatin under stress conditions and chemical analysis by HPLC. Molecules. 2013 Jan 24;18(2):1447-56.
- 179. Guideline IH. Stability testing of new drug substances and products. Q1A (R2, In International Conference on Harmonisation (ICH) 2003 Feb;4:1-24.
- 180. Guideline IH. Stability testing: Photostability testing of new drug substances and products Q1B, In International Conference on Harmonisation (ICH) 1996 May.

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- 181. United States Pharmacopeial Convention. In United States Pharmacopoeia, 31st ed.; USP Convention: Rockville, MD, USA, 2008.
- 182. Waterman KC, Adami RC. Accelerated aging: prediction of chemical stability of pharmaceuticals. International Journal of Pharmaceutics. 2005 Apr 11;293(1- 2):101-25.
- 183. Sinko PJ. Dispersed systems. Martinís Physical Pharmacy and Pharmaceutical Sciences, Sinko PJ and Singh Y. Eds. 2011:397-434.
- 184. Socarras S, Magari RT. Modeling the effects of storage temperature excursions on shelf life. Journal of pharmaceutical and biomedical analysis. 2009 Feb 20;49(2):221-6.
- 185. Guo Z, Ma M, Wang T, Chang D, Jiang T, Wang S. A kinetic study of the polymorphic transformation of nimodipine and indomethacin during high shear granulation. AAPS PharmSciTech. 2011 Jun 1;12(2):610-9.
- 186. U.S. Pharmacopoeia-National Formulary [USP 32 NF 27]. Rockville, Md: United States Pharmacopeial Convention, Inc; 2009;726
- 187. U.S. Pharmacopoeia-National Formulary [USP 29 NF 24]. Rockville, Md: United States Pharmacopeial Convention, Inc; 2009; 2778
- 188. U.S. Pharmacopoeia-National Formulary [USP 35 NF 30]. Rockville, Md: United States Pharmacopeial Convention, Inc; 2010. [711] Physical Tests.
- 189. Waiver of in vivo bioavailability and bioequivalence studies for immediate-release solid oral dosage forms based on a biopharmaceutics classification system; guidance for industry; U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), U.S. Government Printing Office: Washington, DC, 2000.
- 190. Kumar L, Reddy MS, Managuli RS, Pai G. Full factorial design for optimization, development and validation of HPLC method to determine valsartan in nanoparticles. Saudi Pharmaceutical Journal. 2015 Oct 31;23(5):549-55. http://www.sciencedirect.com/science/article/pii/S1319016415000390, accessed date, 27/11/2017
- 191. International Conference on Harmonization of technical Requirements for Registration of Pharmaceuticals for Human use, ICH Harmonized Tripartite guideline-Validation of Analytical procedures: Text and methodology Q2 (R1), Current step 4 version., London 2005.

192. U.S. Pharmacopoeia-National Formulary [USP 30 NF 25]. Rockville, Md: United States Pharmacopeial Convention, Inc; 2007. [3504]; 249‐253