

A Study of Process Development of Pharmaceutical Drugs by Liquid Chromatography

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Abstract

Detectors for separating, identifying, and quantifying the associated doxazosin mesylate (DXZN) substances were developed and validated using a simple and fast reverse phase liquid chromatography (LC) method for monitoring process developments with an electrospray ionisation (ESI)-mass spectrometry system. These DXZN-related chemicals are used as fingerprints to track the HPLC profiles of their manufacturing processes using high-performance liquid chromatography (HPLC). At 265 nm, a photodiode array detector is used with an Inertsil ODS-3 column and an acetonitrile-ammonium acetate solution to carry out the mobile phase separation (10mM, PH 4.0). The LC-ESI-MS-MS may be used to detect additional contaminants generated during synthesis. Data from UV, Fourier transform-IR, ¹H NMR, and MS were used to find the pollutants.

Keywords: *Process Development, Pharmaceutical Drugs, Liquid Chromatography, Quantifying the Associated Doxazosin Mesylate (DXZN), Liquid Chromatography (LC), DXZN-Related Chemicals.*

1. INTRODUCTION

Impurities in APIs are becoming a hot topic of discussion. According to several regulatory standards, the impurity profile has lately become just as essential as the cleanliness profile. In the pharmaceutical industry, an impurity is considered to be any extra organic material resulting from the synthesis or the unwanted chemicals remaining with API, in addition to the therapeutic ingredient or component. APIs and prepared APIs in medical goods may age and produce impurities. Impurity generation can occur either during formulation or after ageing. Impurities in APIs like furan-2-sulphonylurea may be found with the use of interdisciplinary methods, which might be a great illustration of this idea. The existence of these harmful chemicals, even in trace amounts, has the potential to compromise the efficacy and safety of pharmaceuticals. Regulatory agencies have recently expressed concern with impurity profiling. It's important to note that several Pharmacopoeias, like the British Pharmacopoeia (BP), USP, and Indian Pharmacopoeia (IP), place increasing restrictions on the amount of impurities that may be contained in APIs and/or formulas. For the treatment of new drug compounds, products, residual solvents, and microbiological impurities, the International Conference on Harmonization of Technical Requirements for Human Registration of Pharmaceuticals (ICH) published guidelines for validating impurities analytical methods.

The number of new medications introduced to the market each year rises. These drugs may be brand-new or they may undergo a partial structural re-design of an already existing drug. Any kind of analytical measurement's goal is to provide reliable, repeatable findings. To achieve this goal, it is critical to use well-validated analytical methods. Quality, dependability, and consistency of analytical outputs are critical components of good analytic practice. Validation techniques may be used to evaluate these attributes. Analytical methods must be validated under most legislation and quality standards that apply to laboratories. There is often a lag time between when a drug is introduced to the market and when it is included to the pharmacopoeia. Toxicology reports, the development of patient resistance, and competitors' introduction of better medications have all contributed to this concern. Pharmacopoeia may not have standards or analytical techniques for these medicines if these conditions exist. As a result, new analytic methods for these medications may be developed in the future. It is critical to find, develop, and

produce medications that analytical methods be developed and validated before using them. To meet the needs of patients who previously had them unmet, pharmaceutical goods that combine two or more medicines into one product with therapeutic benefits are known as combination products. To create these goods, analytical methods must be developed and validated through the use of multiple medicinal products. Analytical chemists charged with developing and verifying analytical methods may face significant obstacles as a result of these combination products. To ensure that medical products are identified, pure, powerful, and effective, quality control laboratories use authorised test methods that arise from this process. An important task in the creation of a high-quality and safe pharmaceutical process is identifying and measuring pollutants. Active pharmaceutical ingredients (APIs) and drug-forming APIs are linked by pharmaceutical contaminants that remain with the APIs or appear during stability testing during API formation or ageing. The existence of these harmful chemicals, even in trace amounts, has the potential to compromise the efficacy and safety of pharmaceuticals. It is necessary to employ a variety of analytical methods in order to accurately identify various pharmaceutical components. To evaluate the quality of novel medications under development, new analytic methods must be created.

In general, a drug is anything that alters a living creature's normal physiological function when ingested. Drug laws, government limitations, medical usage, and conversational use all have different definitions, thus no one word applies. To put it another way: A drug is defined in pharmacology as a "chemical substance used in the treatment of disease" or "used in various ways to enhance physical or mental well-being". Drugs may be administered for a brief period of time or on a regular basis to treat chronic conditions. Medicines are distinguished from indigenous biochemicals by the fact that the latter are imported from outside. Be an example, insulin is referred to as a hormone when generated by the pancreas within the body, while it is referred to as medicine when injected into the body from outside. There is currently a growing class of organic compounds made up of pharmaceuticals and their byproducts due to the widespread use of these substances in environmental and biological samples for the diagnosis of different human and animal diseases. Chemicals enter water when people urinate or wash them away in the shower. Disposing of outdated or no longer required medications may sweep some people away. There are now laws against the dumping of medications at pharmacies, hospitals, and nursing homes, as well as among residents. Drugs and personal care products ending up in aquatic environments has been a major source of concern in recent years.

2. LITERATURE REVIEW

Bharath D (2015) There can be no impurities in the medicine composition. The active therapeutic components in it are seen as unwanted things or organic matter (APIS). When both APIs are produced and matured, and the dosage form is finished, impurities are created. The final pharmaceutical product's safety and efficacy may be compromised if these undesirable substances are present. In this study, we looked at the impurity profiling techniques utilised by the different regulatory authorities in the United States and Europe. Dosage regulation-related papers use impurity profiling, calculation, and technique to represent impurities.

Yik-Ling Chew (2016) A technique known as stability testing analyses the stability of medicinal substances and active pharmaceutical ingredients (APIs) in pharmaceutical bulks. The ICH requirements require that stability tests be properly validated. A stability test's critical components are sensitivity, specificity, accuracy, dependability, repeatability, and robustness. A validated test can identify changes in the concentration of a drug substance or API over time and accurately estimate the amount of contaminants that are degrading the substance. The drug material has been separated from the impurities and is now ready for use. The benefits and disadvantages of HPLC, GC, HPTLC, CE, and SFC were discussed and evaluated. The combination of chromatographic separation and spectroscopic detection techniques may improve the test's stability. The use of a hyphenated system may display quantitative and qualitative examination of pharmaceutical compounds and contaminants in parallel. HPLC-DAD, HPLC-FL, GC-MS, LC-MS, and LC-NMR are a few examples of this kind of analysis. The contaminants are chemically identified by the system's spectroscopy after the samples have been chromatographically separated. Stability testing for drug material and pharmaceutical formulation was performed using several chromatographic methods, including hyphenated approaches for defining contaminants and identifying them with supporting literature.

Parmar, I., (2014). Unwanted substances in active pharmaceutical compounds are known as impurities, and they include substances that are produced during the synthesis process in addition to the active ingredient, such as impurities. Patients' health and well-being may be jeopardized if there is even a trace of impurity in the medication. The International Harmonization Council Guidelines provide that a new medical product must be approved for the

market before an analytical impurity monitoring may be performed. If a pharmaceutical product is contaminated, it may not have the desired therapeutic effect. Current analytical methods are required to identify and quantify an impurity in an active medicinal component. For the purpose of profiling impurities, this research examines the basic facts, emphasizes the advantages of an analytical approach, and also focuses on limiting different analytical methods and identifying possible ways to solve these limits.

Shahadat Hossain (2013) The pharmaceutical tablet must meet certain requirements in order to be classified as standard medicine approval. Many standard criteria, including as identification, strength, quality, purity, and stability are tested by the pharmaceutical industry to ensure tablet accuracy. Therefore, pharmaceutical procedures must be managed regardless of issues. Controlling the process includes inspecting the raw ingredients, monitoring the process, and ensuring that the end product meets the desired specifications. This is why it's crucial to keep tabs on the effectiveness of process control. If you want to accomplish this successfully, you'll need new equipment and tighter environmental controls. The Quality Control Unit shall properly verify the identity, strength, quality, and purity of pharmaceutical items throughout the manufacturing process before approving or rejecting any of them. In this research, pharmaceutical products are subjected to Quality Control Tests, which use pharmacopoeia-based instruments for the pharmaceutical industry.

Mandour, Asmaa A., (2017) A broad range of synthetic, medicinal, and industrial uses need the use of heterocyclic molecules. Antibacterial, antifungal, antiviral, anti-protozoal, and anthelmintic properties of heterocyclic-containing compounds have been documented. To determine the concentrations of heterocyclic compounds, a variety of methods have been used, including HPLC equipped with UV-visible or fluorescence, as well as liquid chromatography-mass spectroscopy, UV spectrophotometry and electrochemical techniques. Four medicines were studied: brinzolamide, timolol maleate, flumethasone pivalate, and clioquinol. The study examined various published techniques used to identify and quantify pharmaceutical pharmaceuticals containing heterocyclic compounds. The most frequently used analytical method for quantitative analysis of the four chosen medicines is HPLC, according to studies of the scientific literature.

Norah Albekairi (2015) As a result of the advancement of analytical techniques, companies may save costs while also reducing their impact on the environment. These monoliths were made as reactive and tunable platforms in capillary columns (0.25 mm i.e. 20 in length) using poly (glycidyl methacrylate-co-ethylene dimethacrylate) and then worked on the basis of an epoxy-opening reaction with OCC. Ascorbic acid, paracetamol, caffeine, aspirin, and ibuprofen were identified using the columns as reversed stationary phases in pharmaceutical combinations. The FT-IR spectroscopy, SEM, and a specific surface area have been used to assess synthesised monoliths, and the changes in porosity and hydrodynamic properties have been verified before and after modification. In spite of the fact that prior to the alteration, the columns couldn't separate drugs, they were able to do it in around 10 minutes at a rate of 23 microliters per minute with chromatographic resolution higher than 2.12.

3. CLASSIFICATION OF DRUGS

Chemical properties, administration technique or route, biological system or therapeutic effects may all be used to classify drugs. An active chemical component may be utilised to treat a particular illness to classify a medication. Each medication may be divided into a number of different groups.

Prescription medication classification is a process through which drugs of the same class are given to patients. Drugs may also be classified based on where the active ingredient comes from, which can lead to abuse or harm. The process of standardizing medications is still under progress. The classification system is constantly being improved due to changes in medical product structure and kind.

Classifications Are Based On:

- Chemical Classification
- Pharmacological Classification
- Potential for Abuse Classification (DEA Drug Schedules)
- Mechanism of action
- Physiologic effects (cellular or molecular interactions)
- Therapeutic effects (Conditions treated)

❖ **Chemical Classification**

Chemical structure is a common way to classify drugs. In spite of the fact that this is beneficial to medicinal chemists, it fails to provide a reliable classification system for drug outcomes. When it comes to biological impacts, some compounds with identical chemical structures have very similar effects, while others in the same class may have very distinct effects. The biological effects of drugs that differ chemically may be similar, which means that any substance can be used. Chemical characteristics such as acidity, baseness, or salinity may also be used to classify drugs.

❖ **Pharmacological Classification**

Medicines are organised using this approach according to the primary pharmacological activity. Almost all chemicals have a wide range of side effects, as well as major ones. Pharmacological categorization often takes into account a chemical's primary medicinal use. Most medications are classified according to their main psychopathological influence rather than the following approach, which concentrates on the major psychotropic effects of each chemical. As an example, pseudoephedrine is a common decongestant with mild stimulant properties. Pseudoephedrine's decongestant activity is its primary effect, while its stimulant effect is a side effect. Psychologically, the decongestant action of pseudoephedrine is a secondary (but more effective) consequence to its stimulant effect. As with caffeine and nicotine, pseudoephedrine is classified as a mild stimulant.

❖ **Potential for Abuse Classification (DEA Drug Schedules)**

Pharmaceuticals are divided by the Drug Enforcement Administration (DEA) into five categories based on the likelihood that they would be misused. These schedules govern the legal distribution and usage of the majority of medications, and abuse carries a significant financial penalty. It is the Drug Enforcement Agency's job to coordinate local, state, and federal efforts to reduce the flow of illicit narcotics into the country. It's no surprise that the DEA schedules are sometimes just called "the DEA schedules."

❖ **Drugs as Environmental Pollutants**

As "emerging pollutants," pharmaceuticals are often unregulated poisons that may be subject to regulation in the future. They're substances that haven't been studied before and may pose a threat to natural ecosystems as well as human health and well-being. To name just a few: pharmaceuticals; misuse medicines; personal care products (PCPs); steroid and hormone compounds; surfactants; fluorinated compounds; flame retardants; industrial additives; gasoline agents; and goods derived from these chemicals and their processing; When it comes to organic compounds, how they enter the environment is determined by its usage and how it is utilised. Once they're out in the world, they may be used and disposed of as people see fit. For certain waste water processes, these emissions are a concern since most of the developing pollutants 11 come from human use. Therefore, it is critical in waste water treatment facilities to look at the fate of emerging contaminants. Contaminants are released into the environment, and emerging pollutants serve as removal processes. Transformative processes generate products with varying environmental behaviour and ecotoxicology, depending on the presence of synthetic chemicals in the environment or technology.

4. INTRODUCTION TO STUDIED CATEGORIES OF DRUGS

Antiepileptics, antidepressants, quinolones, and acyl homoserine lactones are some of the medications we've looked at throughout our study. An overview of these medicines may be found below:

❖ **Antiepileptics**

Antiepileptic medicines include a wide range of epileptic seizure treatment options. 14 neurons fire rapidly and excessively during a seizure, and antiepileptics try to stop that. Around 1% of the population suffers from epilepsy, making it one of the most prevalent neurological diseases. Standard anti-epileptic medications can manage seizures in around 75% to 80% of people with epilepsy. Since the invention of potassium bromide and paraldehyde in the 1850s-1880s, many generations of anti-epileptic medicines have been used therapeutically, greatly improving the lives of many people suffering from seizures. Traditional anti-epileptics such as carbamazepine, ethosuximide,

phenobarbital, phenytoin, and valproate are often utilised. There has been considerable research into novel antiepileptic medications because of the therapeutic failure in 20 to 25 percent of patients, and nine of these medicines have been developed and authorised as a complement to conventional therapy for patients who have reacted poorly to it thus far. Lamotrigin, levetiracetam, oxcarbazepine, tiagabine, topiramate, vigabatrin, and zonisamide are some of the medications used to treat vigilance. These two drugs are felbamate and gabapentine.

❖ Antidepressants

About 121 million people across the world suffer from depression, which is a chronic or recurrent mood disorder. Depressive disorders will be the second most common cause of death and disability worldwide by 2020, according to the World Health Organization. The symptoms of this common mental disease include a variety of moods, loss of interest or pleasure, guilt or poor self-esteem. Because of these problems, it's difficult for a person to go about their everyday activities as normally as before. An estimated 850 thousand people each year die as a result of depression leading to suicide as the worst-case scenario. Bipolar illness, dysthymia, and severe depression are all types of depression (unipolar depression). Depression and anxiety disorders such as social anxiety are treated with antidepressants, which are drugs used to treat mood disorders including severe depression and dysthymia.

Since the introduction of MAOI inhibitors and tricyclic antidepressants in the 1950s, depression pharmacology has come a long way since the first treatment was devised for the condition (TCAs). With better understanding of the neurological system came a host of new undesirable responses due to the drugs' side effects, toxicity, and severe pharmacological interactions. The development of an entirely new generation of chemically and neuropharmacological unrelated medicines, which seems to be safer and tolerated better, has occurred since the late 1980s. Selectivity for particular neurotransmitter transport and receptors distinguishes the various AD classes. Antidepressants such as SSRIs, noradrenergic and special serotonergic antidepressants (NaSSAs), and SSRIs include: serotonin and noradrenaline reuptake inhibitors (NaRIs).

❖ Quinolones and Fluoroquinolones

The quinolone antibiotic family has gotten a lot of attention since it was first discovered over 40 years ago. Toxicologically, we now know a lot more about the molecular mechanisms by which quinolones kill pathogenic bacteria, generate quinolone resistance in these species, and induce tissue damage. The Quinolone antibacterial medication family was not isolated from living organisms like some of the first antibiotics discovered in the previous century. When Leshner et al. found nalidixic acid by accident while synthesizing chloroquine, an antimalarial drug, the prolific creation of quinolones began. As a consequence of this discovery, a quinolone chemical library was created, with a focus on the quinolones that are now in clinical trials. Many more discoveries have been made in the meanwhile, but only a few have provided insight into the mechanisms of quinolone action. These insights include the ability to alter the quinolone nucleus in order to increase potency and the range of antibacterial activity.

❖ N-Acyl Homoserine Lactones

Biological quorum sensing signal molecules in the N-Acyl homoserine lactone (AHL) family. Using quorum sensing, bacteria may coordinate their group-based activities by detecting the population density. In biofilm development, the signals modify gene expression, such as the switch between the flagella and pili genes.

Signaling molecules are synthesised and released from cells into the surrounding environment. The proteins of the LuxI family are responsible for generating these signals. Signal molecule concentration in the environment as a consequence of an increase or decrease in the population density is a function of A population density threshold may trigger gene expression to begin. As a result, bacteria are able to coordinate their individual behaviours. The length of the R-group side chain varies across N-AHLs derived from different bacteria. The chain may be anything from four to eighteen carbon atoms long. The C-3 methylene group is either reduced entirely or has a three-oxy, three-hydroxylic, or totally unsaturated bond. Many bacterial species generate AHL analogues, but the communication mechanisms they use have very similar regulatory properties.

5. QUALITY CONTROL OF DRUGS

When evaluating the quality of a large quantity of a medicine, it's better to do it in bulk (1991). Quality (PD Sethi, 1997) is important in any product or service, but it is more critical in medicine since it deals with people's lives. Medicines, unlike other consumer goods, cannot have a second feature. With quality control, the goal is to produce a perfect product by stopping and eliminating faults at various stages in the manufacturing process. Drug analysis is a scientific field that focuses on identifying and quantifying drugs in small sample amounts (particles). For biopharmaceutical and pharmacokinetics research, bulk materials, dosage form, and more recent bioassessments are all included in this package.

❖ **Rationale for The Reporting and Control of Degradation Products**

The applicant should summarize the degradation products found during the development and/or stability testing of the proposed pharmaceutical product. This summary should be based on a thorough scientific evaluation of the new medicinal product's degradation pathways and pollutants that may result from direct interaction with excipients or the container closure mechanism. A summary of any laboratory studies to detect degradation products in the new medical product should be included in the application as well. Results from lots generated during the research phase as well as those from commercial procedures should be included in this report. Exclusion of impurities that are not degradation products of the drug ingredient or excipient impurities must be justified. Any inconsistencies between the commercial procedure's impurity profiles and the development profiles of the batches should be rectified. Stability tests conducted in the specified storage environment should identify any product degradation found when present at quantities greater than the identification thresholds (>). Any efforts to discover a degradation product that isn't found in laboratory research should be mentioned in the registration application. At a level below deterioration, the products are present.

6. REGULATORY GUIDELINES ON IMPURITIES IN AN ACTIVE PHARMACEUTICAL INGREDIENT

Ethical, economic, and competitive factors, as well as concerns about safety and side effects, make it necessary to keep an eye on contaminants in drug goods. It implies different things to different people or the same people in pharmaceuticals and industries when they monitor pollutants and manage these impurities. As a result, everyone must use the same terminology when discussing impurities³.

The following are different government recommendations on impurities:

- ICH recommendations on "stability checks on novel medicinal goods and chemicals" - Q1A - Q1A.
- ICH recommendations "New Drug Impurities" - Q3A - Q3A.
- ICH Guidelines "New Drug Impurities" - Q3B - Q3B
- ICH Guidelines "Impurities: Residual Solvent Guidelines" - Q3C - Q3C
- US-FDA rules "NDAs - New Drug Substances Impurities"
- US-FDA rules "ANDAs – New Drug Substances Impurities"
- Australian prescription drugs regulatory guidelines, TGA, Australia.

7. COMMON TERMS OF IMPURITIES

The compounds produced during the synthesis of the desired substance or along the way.

❖ **Penultimate Intermediate**

Finally, it's the chemical that comes before the ultimate goal molecule.

❖ **By-Products**

Other than the process's essential intermediates, this chemical is produced. Overreaction, incomplete reaction, demonization and rearrangement, unwanted interactions between starting materials or intermediates and chemical processes or catalysts are examples of side reactions that may result in these reactions.

❖ **Transformation Products**

These two types of products are intertwined in chemical reactions. These reaction products are similar to by-products, but they are better known.

❖ **Interaction Products**

Whether on purpose or by accident, these chemicals sparked interactions between various molecules.

❖ **Related Products**

Some of these compounds have chemical similarities with common pharmaceuticals, suggesting they may have biological effects as well.

❖ **Degradation Products**

The breakdown of an active component or other subject of interest is caused by the influence of environmental factors such as heat, light, and moisture.

❖ **Crystallization-Related Impurities**

The pharmaceutical industry is required by regulatory authorities to demonstrate substantial interest in polymorphism and solvatomorphism because of the knowledge that a chemical's crystalline structure may have a major effect on the system's strength-state characteristics. When describing a crystal system, the term "polymorphism" is often used to explain how different crystal packing configurations may be used to identify substances with the same elemental composition. Solvatomorphism occurs when the material appears in several crystal packing arrangements, each with a unique elemental composition.

❖ **Stereochemistry-Related Impurities**

Chemicals having identical chemical structure but different spatial orientation may be considered API pollutants, however stereochemistry-related substances must be examined. Enantiomers are another name for chiral substances. Current thinking is that chiral medicine's single-enantiomeric form is the better chemical entity, since it has the potential to provide a more favourable phenomena and therapeutic index. Levofloxacin (S-isomeric) and ofloxacin (R-isomeric) have comparable pharmacokinetic profiles, indicating that a single isomer has no advantage in this regard. Most single isomer medications on the market include levofloxacin (S-ofloxacin), lavalbuterol (R-albuterol), and anorexigenic levofloxacin (S-omeprazole).

❖ **Residual Solvents**

In the manufacturing process, organic volatile chemicals called residual solvents are used or generated. Some solvents used in the production of bulk medications should be avoided since they have been shown to cause toxicity. According to their potential for harming human health, residual solvents are divided into three categories¹⁰. Particularly when it comes to leftover solvents.

❖ **Synthetic Intermediates And By-Products**

During the synthesis process, impurities in pharmaceutical compounds or NCEs may originate from raw materials, intermediates, or by-products. Ecstasy tablets, for example, produced pollutants intermediately via reductional animation pathways, according to the impurity profile of GC-MS and MDMA samples.

❖ **Formulation-Related Impurities**

Excipients used in the formulation of a medicinal component may be the source of many medication product impurities. In addition, during the formulation, a drug ingredient is subjected to a variety of conditions that may cause it to degrade or have other undesirable effects. Because of batch differences, a marginal product may no longer be trusted if it comes from an excipient. Solutions and suspensions degrade easily when subjected to hydrolysis or solvolysis. For degradation/impurities resulting in sub-power, Fluocinonide Topical USP solution (0.05 percent) was recalled in US bottles of 60 mL. Liquid dose formulations are susceptible to contamination by

microorganisms as well as degradation. Anion and cation compatibility, solution/suspension pH, component interaction, and the primary container all play a role here.

❖ **Impurities Arising During Storage**

Impurities may develop during medication storage or transportation for a variety of reasons. Stability studies are critical for predicting, evaluating, and assuring the safety of a medicinal product.

❖ **Method Related Impurity**

1-(2, 6-dichlorophenyl) indolin-2-one is generated by a recognised contaminant during autoclave terminal sterilization when a parenteral dosage of diclofenac sodium is manufactured. An indolinone derivative and sodium hydroxide are produced by the intermolecular cyclical reaction of diclofenac sodium under the autoclaving conditions (123 + 2o C). The amount of this impurity that forms depends on the formula's initial pH.

❖ **Mutual Interaction Amongst Ingredients**

Most vitamins lose their potency as they age because of the lability of the compound. There are no harmful pollutants produced by vitamin degradation; nevertheless, active compounds' potency drops below Pharmacopoeia limits.

❖ **Impurities in Pharmaceutical Drug Substances**

- Impurities defined as a foreign particle that impairs a substance's purity. Impurities in many pharmaceutical or medical formulations may usually be of many kinds.
- A foreign particle that causes unfavourable or harmful responses in excess of its limitations. E.g., lead, heavy metals, arsenic, etc.
- Impurities that cannot produce hazardous consequences yet deteriorate chemical action. Example: harsh soap with water surplus.
- Impurities that cause the active component to be incompatible with other substances or decrease the active ingredient characteristics.

8. CONCLUSION

The concealment of the regulatory authority's assessment process for approving pharmaceutical goods is evolving as analytical approaches for assessing them are evaluated. Regulatory agencies and the pharmaceutical sector are both concerned about the gaps in current analytical methods. There is a growing trend in the USA, South America, and Europe to buy medicines from foreign manufacturers, which increases the burden on manufacturers to show that their products are free of potential contaminants as well as actual contaminants. To locate pharmaceutical producers and regulatory authorities dependable quantitative techniques for estimating process-related impurities, intermediates, and degradation products with high sensitivity, this research proposes a sophisticated analytical approach called RRLC. A variety of analytical approaches have been used to estimate pharmaceutical formulations' active component concentration in various matrices. According to a review of the literature, very few efforts have been made to estimate impurities using RRLC. To quantify contaminants in pharmaceutical formulations, the author used a new method in addition to the currently used High performance liquid chromatography (HPLC).

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