



**DEVELOPMENT AND VALIDATION OF A LC-MS/MS BIOANALYTICAL METHOD
FOR AZILSARTAN: APPLICATION TO PHARMACOKINETIC STUDIES**

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ABSTRACT

A simple, accurate liquid chromatography with tandem mass spectrometry (LC/MS-MS) method has been developed and validated in human plasma. The method employed liquid-liquid extraction. Samples containing Azilsartan were chromatographed on a Hypersil gold column (C18, 5 μ m, 100 x 4.6 mm) at a temperature of 40°C. The isocratic mobile phase composition was a mixture of 2 mM ammonium formate (pH 4.0) / methanol (20:80 v/v), which was pumped at a flow rate of 0.5 mL / min with split ratio of 20:80. The retention time under these chromatographic conditions was found to be 2.20 minutes with run time 2.82 minute. Ethyl acetate & n-Hexane (80:20, v/v) was found to be good extracting and produced a satisfactory chromatogram. The developed LC/MS-MS method was found to be selective, simple, sensitive, accurate and linear for the analysis of Azilsartan in human plasma. The retention time and in-run time was very short, hence required less mobile phase for the method, making it more economical and rapid. The method was applicable for the pharmacokinetic study of Azilsartan.

Key words: Azilsartan, LC/MS-MS, Validation, Plasma

INTRODUCTION

Azilsartan (AZL) is chemically is a benzimidazolecarboxylic acid, a 1,2,4-oxadiazole and an aromatic ether [1-3]. It is a new antihypertensive agent as an angiotension II receptor antagonist that is highly selective to elicit a higher reduction in systolic blood pressure than other antihypertensive drugs [6-8]. The drug acts on the rennin angiotension system in two ways to decrease total peripheral resistance. First, it blocks the binding of angiotension II to AT1 receptors in vascular smooth muscle, causing vascular dilatation [4-12].

This paper described a newly developed LC–MS/MS method for the quantitation of Azilsartan in human plasma with more sensitivity compared to other methods.

MATERIALS AND METHODS

Materials

Azilsartan reference standards and Telmisartan (internal standard) was obtained from the Dr.Reddy's Laboratories Ltd, Hyderabad, India, Ethyl acetate (GR Grade), n-hexane (GR Grade), Acetonitrile (HPLC Grade), methanol (HPLC Grade), Di-Potassium hydrogen phosphate anhydrous (GR Grade) and Ammonium format (GR Grade) from Merck (India). A Milli-Q system (Millipore, Bedford, MA, USA) was used.

Instrumentation

The system (Waters, Milford, USA) is equipped with an Acquity SM sample manager, Acquity BSM binary solvent

manager and thermo stated column compartment. The chromatography was performed on a Hypersil gold column (C18, 5 μ m, 100 x 4.6 mm) at a temperature of 40°C. The isocratic mobile phase composition was a mixture of 2 mM ammonium formate (pH 4.0) / methanol (20:80 v/v), which was pumped at a flow rate of 0.5 mL / min with split ratio of 20:80. Mass spectrometric detection was performed on a Quattro premier XE triple quadrupole instrument (Waters, Milford, USA) using multiple reaction monitoring (MRM). A turbo electrospray interface in positive ionization mode was used. Data processing was performed using Masslynx 4.1 software.

Preparation of standard solution

A stock solution was prepared by dissolving accurately weighed quantity of Azilsartan in methanol to yield a final concentration of 1mg /mL, sonicated for 5 minutes, allowed to equilibrate to room temperature and suitably diluted with methanol. The stock solution was further diluted by suitable dilution with methanol. The standard chromatogram is presented in **Figure 1**.

Extraction of Azilsartan from plasma

A 100 μ L volume of plasma was transferred to a 4mL vial, and then 50 μ L of IS working solution (5.0 μ g/mL) was spiked. After vortexing for 30 sec, add 100 μ L of 1.0 M Di-Potassium hydrogen phosphate anhydrous solution. Then 2.5 mL aliquot of the extraction

solvent ethyl acetate: n-Hexane (80:20, v/v) was added. The sample was vortex-mixed for 10 min and then centrifuged at 1891 ± 100 for 5 minutes at 10°C . The organic layer (2.0 mL) was quantitatively transferred to a 4 mL glass tube and evaporated to dryness at 40°C under a stream of nitrogen.

Then, the dried extract was reconstituted in 500 μL of Mobile phase and a 5 μL aliquot was injected into the chromatographic system.

Preparation of calibration curve and Quality control samples

Standard stock solution of Azilsartan (2 mg/mL) and Telmisartan ISTD (1 mg/mL) were separately prepared in methanol. Spiking solutions for calibration curve and quality controls were prepared by appropriate dilution in methanol:water (50:50). The IS working solution (5 $\mu\text{g}/\text{mL}$) was prepared by diluting its stock solution with methanol:water (50:50). Spiking solutions (0.2 mL) were added to drug-free human plasma (9.8 mL) as a bulk, to obtain Azilsartan spiking concentration levels of 45.8280 to 10052.5460 ng/mL. The calibration curve is presented in **Figure 2**.

The quality control pools were divided into aliquots and stored in the freezer at -70°C until analysis. Each validation run consisted of a double quality control, system suitability sample, blank samples (a plasma sample processed without an IS), a zero sample (a plasma processed with IS), calibration curve consisting of eight non-zero samples covering the total range (45.8280 to 10052.5460 ng/mL)

and QC samples at four concentrations ($n = 6$, at each concentration). Such validation runs were generated on 4 consecutive days. Calibration samples were analyzed from low to high at the beginning of each validation run and other samples were distributed randomly through the run. Linearity was assessed by a weighted ($1/x^2$) least squares regression analysis and the calibration curve had a correlation coefficient (r^2) of 0.99. The acceptance criterion for each back-calculated standard concentration was 15% deviation from the nominal value except LLOQ.

System suitability tests

Throughout the study, the suitability of the chromatographic system was monitored by calculating the trailing/asymmetry factor, theoretical plates and relative standard deviation.

Intraday accuracy and precision

Within-batch and between-batch accuracy and precision evaluations were performed by repeated analysis of Azilsartan in human plasma. The run consisted of a calibration curve with six replicates of each LLOQ, low, medium and high-quality control samples. During routine analysis, each analytical run included a set of calibration samples, a set of QC samples in duplicate and plasma samples to be determined. The overall precision of the method expressed as relative standard deviation and accuracy of the method.

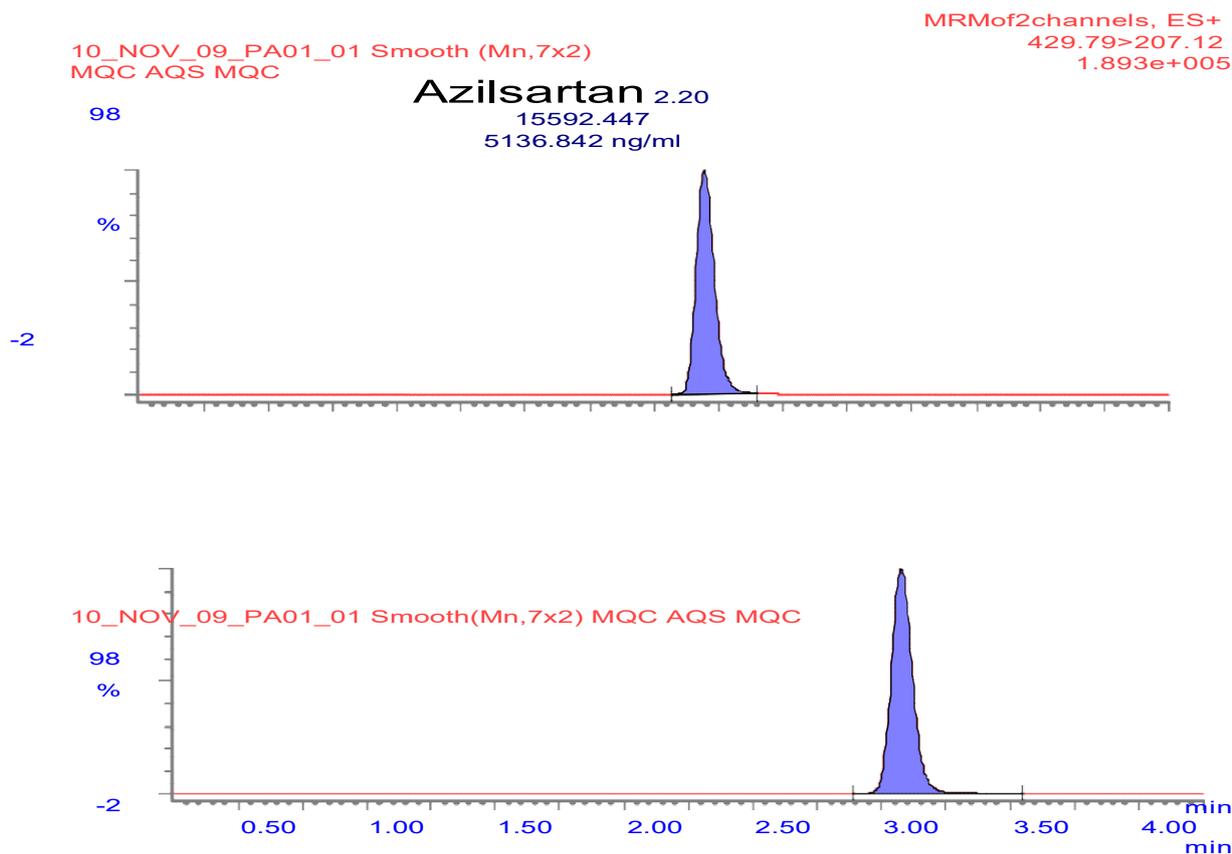


Figure 1: Representative Chromatogram of an Aqueous Standard Solution for Azilsartan

Compound name: Azilsartan
 Correlation coefficient: $r = 0.995757$, $r^2 = 0.991532$
 Calibration curve: $0.000189002 * x + 0.00134224$
 Response type: Internal Std (Ref 2), Area * (IS Conc. / IS Area)
 Curve type: Linear, Origin: Exclude, Weighting: $1/x^2$, Axis trans: None

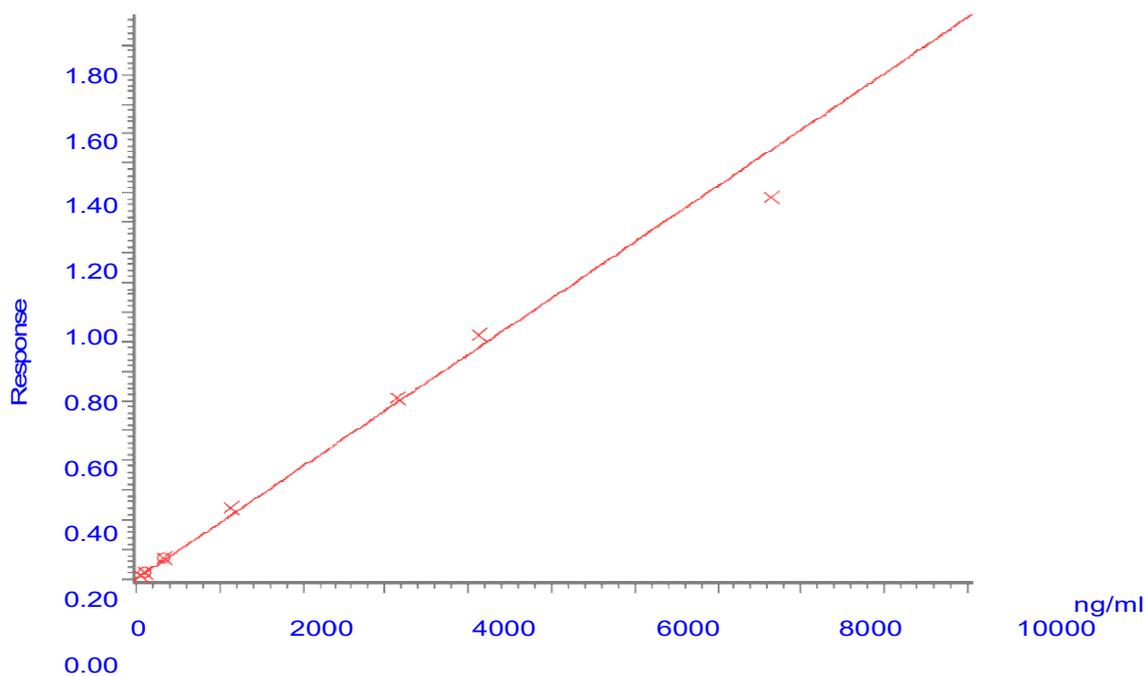


Figure 2: Representative Regression Analysis of a Calibration Curve for Azilsartan

RESULTS AND DISCUSSION

The mobile phase selected achieved a good resolution and symmetric peak shapes for the analyte and IS with a short run time. The high proportion of organic solvent eluted the Azilsartan and Telmisartan (IS) at retention times of 2.54 and 3.15 min, respectively. A flow rate of 0.5 mL/min produced good peak shapes and permitted a run time of 4.0min. Liquid-liquid extraction (LLE) was used for the sample preparation in this work. A mixture of ethyl acetate & n-Hexane (80:20, v/v) was found to be optimal, which can produce a clean chromatogram for a blank plasma sample. The average recoveries of Azilsartan from spiked plasma samples at low, medium and high level are 70.76%, 54.62% and 64.66% respectively and for Telmisartan (ISTD) is 90%. Recoveries of the analytes and IS were good and it was consistent, precise and reproducible. Therefore, the method has proved to be robust in high-throughput bioanalysis. The percentage CV of matrix factor for Azilsartan and internal standard were found to be 3.44 and 4.02 respectively. The matrix effect percentage of Azilsartan and Internal Standard were found to be 89.59 and 94.99 respectively. As all data fall within the FDA guidelines, we conclude that the degree of matrix effect was sufficiently low to produce acceptable

data and the method can be considered as valid. There were no interfering peaks present in the specificity study. The accuracy values for between and within-batch studies at the LLOQ and at low, medium and high concentrations of Azilsartanin plasma were within acceptable limits (n=6) (Table 1 & 2).

Table 1: Intra-batch Precision and Accuracy of Azilsartan

| QC ID | LOQQC | LQC | MQC | HQC |
|------------------------------|----------|-----------|------------|-------------|
| Actual Concentration (ng/mL) | 46.3920 | 122.0860 | 4181.0180 | 7466.1040 |
| TRIALP&A - 01 | 56.1368 | 109.1036 | 3982.7360 | 7564.9464 |
| | 59.5375 | 109.8563 | 4180.0470 | 7806.0204 |
| | 44.9463 | 115.4619 | 4154.7798 | 7857.2726 |
| | 49.7561 | 138.6521 | 4395.9020 | 7618.1380 |
| | 42.1524 | 106.5795 | 4260.5413 | 7261.3645 |
| | 42.0944 | 119.7933 | 4303.3897 | 7752.8609 |
| Mean | 49.10392 | 116.57445 | 4212.89930 | 7643.43380 |
| SD | 7.395798 | 11.831040 | 142.394210 | 217.675366 |
| %CV | 15.06 | 10.15 | 3.38 | 2.85 |
| %Nominal | 105.85 | 95.49 | 100.76 | 102.38 |
| P&A - 01 | 42.6291 | 120.0145 | 3513.6415 | 5912.6907 |
| | 34.2259 | 106.5976 | 4105.3525 | 6861.6116 |
| | 44.8543 | 117.7216 | 4099.8027 | 6706.1650 |
| | 48.5606 | 113.5732 | 4177.4517 | 7108.4657 |
| | 53.7434 | 128.1663 | 3718.9795 | 7180.9537 |
| | 48.6064 | 130.2663 | 3963.6062 | 7973.3084 |
| Mean | 45.43662 | 119.38992 | 3929.80568 | 6957.19918 |
| SD | 6.673992 | 8.899119 | 260.701746 | 673.584249 |
| %CV | 14.69 | 7.45 | 6.63 | 9.68 |
| %Nominal | 97.94 | 97.79 | 93.99 | 93.18 |
| P&A - 02 | 46.5957 | 130.2384 | 4493.6161 | 8880.4926 |
| | 46.3241 | 142.7414 | 4217.2103 | 8333.6467 |
| | 44.5531 | 138.9865 | 4367.3197 | 8123.7939 |
| | 47.2754 | 105.0805 | 4298.6353 | 7397.8854 |
| | 49.8179 | 119.3640 | 6575.6248* | 6317.2861 |
| | 48.5787 | 122.3038 | 4693.9951 | 6509.9986 |
| Mean | 47.19082 | 126.45243 | 4414.15530 | 7593.85055 |
| SD | 1.838361 | 13.863502 | 186.380061 | 1032.118234 |
| %CV | 3.90 | 10.96 | 4.22 | 13.59 |
| %Nominal | 101.72 | 103.58 | 105.58 | 101.71 |

Table 2: Inter-batch or Total Precision and Accuracy of Azilsartan

| QC ID | LOQQC | LQC | MQC | HQC |
|------------------------------|----------|-----------|------------|------------|
| Actual Concentration (ng/mL) | 46.3920 | 122.0860 | 4181.0180 | 7466.1040 |
| TRIALP&A - 01 | 56.1368 | 109.1036 | 3982.7360 | 7564.9464 |
| | 59.5375 | 109.8563 | 4180.0470 | 7806.0204 |
| | 44.9463 | 115.4619 | 4154.7798 | 7857.2726 |
| | 49.7561 | 138.6521 | 4395.9020 | 7618.1380 |
| | 42.1524 | 106.5795 | 4260.5413 | 7261.3645 |
| | 42.0944 | 119.7933 | 4303.3897 | 7752.8609 |
| P&A - 01 | 42.6291 | 120.0145 | 3513.6415 | 5912.6907 |
| | 34.2259 | 106.5976 | 4105.3525 | 6861.6116 |
| | 44.8543 | 117.7216 | 4099.8027 | 6706.1650 |
| | 48.5606 | 113.5732 | 4177.4517 | 7108.4657 |
| | 53.7434 | 128.1663 | 3718.9795 | 7180.9537 |
| | 48.6064 | 130.2663 | 3963.6062 | 7973.3084 |
| P&A - 02 | 46.5957 | 130.2384 | 4493.6161 | 8880.4926 |
| | 46.3241 | 142.7414 | 4217.2103 | 8333.6467 |
| | 44.5531 | 138.9865 | 4367.3197 | 8123.7939 |
| | 47.2754 | 105.0805 | 4298.6353 | 7397.8854 |
| | 49.8179 | 119.3640 | 6575.6248 | 6317.2861 |
| | 48.5787 | 122.3038 | 4693.9951 | 6509.9986 |
| Mean | 47.24378 | 120.80560 | 4305.70173 | 7398.16118 |
| SD | 5.705881 | 11.801255 | 627.365175 | 751.047684 |
| %CV | 12.08 | 9.77 | 14.57 | 10.15 |
| %Nominal | 101.84 | 98.95 | 102.98 | 99.09 |

CONCLUSION

A simple, sensitive, and reliable LC/MS-MS method has been developed and validated for the determination of Azilsartan in human plasma. The method is accurate, reproducible, and specific. The retention time and in-turn run time was very short, hence required less mobile phase for the method, making it more economical and rapid. The method may be applicable for pharmacokinetic studies of Azilsartan in human plasma.

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