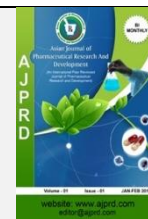


Available online on 15.06.2020 at <http://ajprd.com>

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

© 2013-20, publisher and licensee AJPRD, This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited



Open Access

Research Article

Detection of Impurities in Bulk Drug and Capsule of Fluconazole

Uttam Kumar Sarker¹, Md. Mahasin Ali¹, Fatiha Farhana¹, Md. Atikul Islam^{1*}, Shifat Kaisar², Mir Misbahuddin³, Md. Rabiul Islam⁴ and Md. Elias Molla⁴¹Department of Chemistry, Faculty of Science, Hajee Mohammad Danesh Science and Technology University, Dinajpur-5200, Bangladesh.²Biochemist, Department of Biochemistry, Khwaja Yunus Ali Medical College and Hospital, Enayetpur, Sirajgonj, Bangladesh.³Department of Pharmacology, Faculty of Basic Science, Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka, Bangladesh.⁴Department of Chemistry, Faculty of Science, Jahangirnagar University, Savar, Dhaka, Bangladesh.

ABSTRACT

Objectives: The purpose of this study was to identify the impurities and their amounts in the fluconazole bulk drug and capsule FLUNACTM (150 mg).**Method:** HPLC with diode array detector was used to carry out the study. The composition of mobile phase was acetonitrile: water (85:15 %) with flow rate of 0.7 mL/min and detected at 260 ± 1 nm.**Results:** Two impurities (one is known impurity A and other unknown impurity) were detected in the bulk drug and also in capsule FLUNAC (150mg). The total amount of impurities in fluconazole bulk drug and capsule were 0.368% and 0.392% respectively.**Conclusion:** The total amount of impurities was less than 1% which is acceptable.**Keywords:** Fluconazole, Impurities, HPLC.**ARTICLE INFO:** Received 07 March 2020; Review Completed 03 May 2020; Accepted 08 May 2020; Available online 15 June. 2020

Cite this article as:

Sarker U K¹, Ali M M, Farhana F¹, Islam M A^{1*}, Kaisar S², Misbahuddin M³, Islam M R⁴, Molla M E⁴, Detection of Impurities in Bulk Drug and Capsule of Fluconazole, Asian Journal of Pharmaceutical Research and Development. 2020; 8(3):14-17
DOI: <http://dx.doi.org/10.22270/ajprd.v8i3.717>

*Address for Correspondence:

Md. Atikul Islam, Assistant Professor, Department of Chemistry, Hajee Mohammad Danesh Science and Technology University, Dinajpur-5200, Bangladesh.

INTRODUCTION

Fluconazole is an anti-fungal drug. The antifungal fluconazole is used against superficial and systemic candidiasis and in the treatment of cryptococcal infection for patients with the acquired immuno deficiency syndrome¹⁻⁶. It is also used for the treatment of fungal infection by inhibiting the action of fungal cytochrome enzyme⁷⁻⁹. Fluconazole decreases ergosterol synthesis by interfering with cytochrome P450 activity, thus inhibiting cell membrane formation of susceptible fungi including *B dermatitidis*, *Epidermophyton* spp, *Candida* spp, *C immitis*, *C neoformans*, thus leading to cell death. Fluconazole is formulated in different dosage forms. In USP, three potential impurities of Fluconazole are listed (Fluconazole related compounds A, B, and C). Impurity is defined as any substance co-existing with the original drug, such as starting material or intermediates or that is formed, due to any side reactions. At present the

control of pharmaceutical impurities is a demanding issue to the pharmaceutical industry.

The International Conference on Harmonization (ICH) has formulated a workable guideline regarding the control of impurities¹⁰. Drug impurity has become essential as per various regulatory requirements. In the pharmaceutical world, an impurity is considered as any other organic material, besides the drug substance, or ingredients, arise out of synthesis or unwanted chemicals that remains with API's. The presence of these unwanted chemicals, even in small amount, may influence the efficacy and safety of the pharmaceutical products¹¹. Impurities can be classified as Organic impurities (process and drug related), Inorganic impurities and Residual solvents. Impurities in new drug substances can be addressed from two perspectives, the chemical aspect which includes classification and identification of impurities, report generation, listing of impurities in specifications, and a brief discussion of

analytical procedures, the safety aspect which includes the specific guidance for quantifying impurities, substantially

at lower levels in a drug substance used in clinical studies¹².

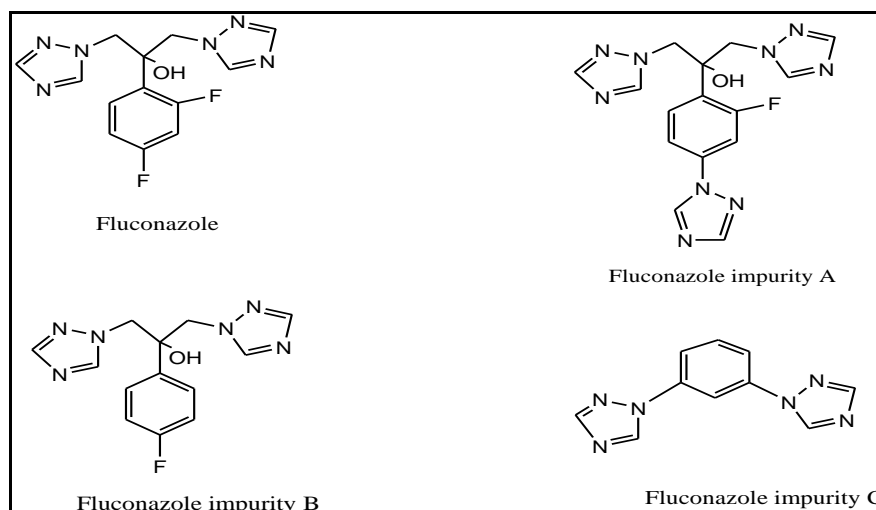


Figure 1. Fluconazole and its impurity A, B and C

MATERIALS AND METHODS

Chemicals

Fluconazole and its three impurities, impurity A, B and C were supplied by Cadila healthcare Ltd. Ahmedabad, India. HPLC grade acetonitril was purchased from E. Merk (Germany). Capsule FLUNACTM (150mg); fluconazole, batch number: 0909) was supplied by Drug International Ltd, Bangladesh.

Chromatographic condition

The HPLC-UV diode-array system consisted of Agilent model 1200 series solvent reservoir, binary pump, degasser, auto sampler, column oven and photo diode array detector. Chromatographic data were collected and analyzed using Chemstation software.

A reverse-phase high performance liquid chromatography (HPLC) was used for the determination of fluconazole both in fluconazole bulk drug and capsule FLUNACTM (150 mg)¹³. The chromatographic analyses were performed on an Agilent 5 μ m C18 column (150 \times 4.6 mm). The mobile phase used for analysis consisted of 85% acetonitril (HPLC grade; E. Merck, Germany) and 15% water was delivered at a rate of 0.7 mL/min. Separations were carried out at 50°C. The wavelength was set at 260 nm with bandwidth 1 nm. Injection of sample (50 μ L) was done using an autosampler. The peak with retention time and area were defined using software.

Identification of impurities

One milligram of each impurity (impurity A, impurity B, impurity C) was dissolve into the mobile phase separately

and then diluted into different concentrations. One microgram of each sample was injected into the HPLC system separately to identify the peak using retention time. Then all the above mentioned impurities with fluconazole (1 μ g each) were mixed in mobile phase of which 50 μ L was injected.

One tablet FLUNACTM (150 mg) was powdered and dissolved in 150 mL of mobile phase (1 mg/mL). It was then diluted to 100 μ g/mL using mobile phase and finally filtered using syringe filter 0.22 μ m. Fifty microliter of the sample was injected into the HPLC system.

RESULTS AND DISCUSSION

The peak of the impurity A appeared first with a retention time of 6.98 min was shown in **Figure 2**. Other peaks were: impurity B (11.66 min), impurity C (13.02 min). Impurity A=150 μ L (10 μ g/mL), Impurity B=500 μ L (100 μ g/mL), Impurity C=8 μ L (100 μ g/mL), Fluconazole =100 μ L (100 μ g/mL), mobile phase 242 μ L. The volume of drug injected was 50 μ L.

In case of FLUNACTM (150mg) all peaks were similar to fluconazole bulk drug which were shown in **Figure 3 and 4**. An unknown peak was detected in both fluconazole bulk drug and FLUNACTM (150 mg). Impurity B and Impurity C were not detected in both fluconazole bulk drug and FLUNACTM (150 mg). Unknown impurity showed the highest amount (0.271%) among all the impurities. The total amount of these impurities in fluconazole bulk drug was 0.368% and in FLUNACTM (150 mg) capsule was 0.392% shown in **Table 1**. Only 0.024% impurity was increased during the production of capsule.

Table 1: Percentage of impurities of fluconazole present in bulk drug and capsule FLUNACTM

Peak No.	Impurities	Retention time (min)	Present (%)	
			Bulk drug*	Cap. FLUNAC TM (150 mg)*
1	Impurity A	7.3	0.106	0.121
2	Unknown impurity	8.5	0.262	0.271
Total impurities			0.368	0.392

*Data are mean of three samples

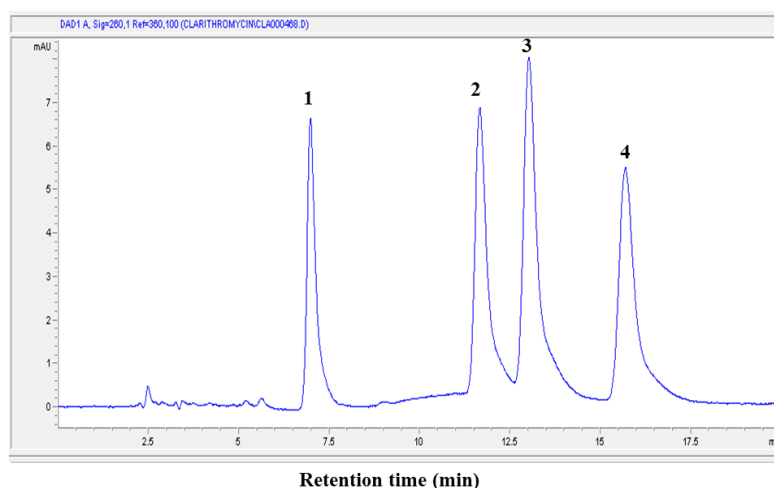


Figure: 2 Chromatogram shows peaks of fluconazole standard and its impurities. [RT = Retention time, Peak 1 (RT, 6.98 min) was impurity A, peak 2 (RT, 11.66 min) was impurity B, peak 3 (RT, 13.02 min) was impurity C, Peak 4 (RT 15.7 min) was the fluconazole]

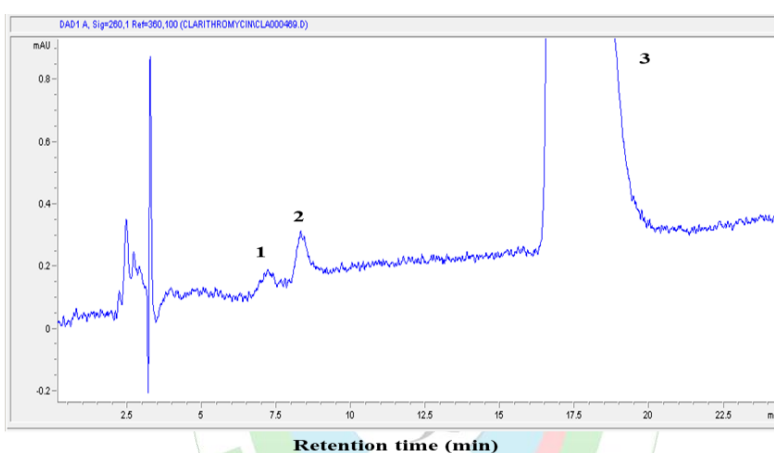


Figure: 3 Chromatogram shows peaks of fluconazole and its impurities in fluconazole bulk drug. [RT = Retention time, peak 1 (RT, 7.20 min) was impurity A, peak 2 (RT, 8.31 min) was unknown impurity, peak 3 (RT, 17.05 min) was the fluconazole]

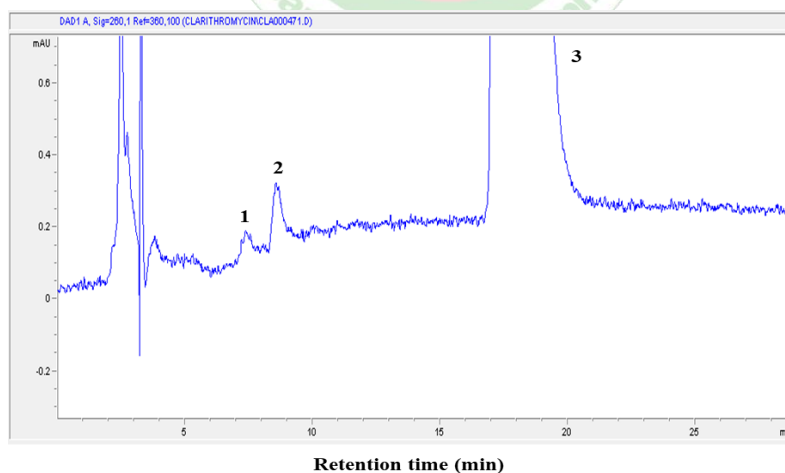


Figure: 4 Chromatogram shows peaks of fluconazole and its impurities in tablet FLUNAC™ (150 mg). [RT = Retention time, peak 1 (RT, 7.36 min) was impurity A, peak 2 (RT, 8.56 min) was unknown impurity, peak 3 (RT, 17.59 min) was the fluconazole]

The International Conference on Harmonization (ICH) has published guidelines on impurities in new drug substances, products and residual solvents. According to ICH guidelines on impurities in drug products, identification of impurities below the 0.1% level is not considered to be necessary unless the potential impurities are expected to be unusually potent or toxic¹⁴. The maximum daily dose qualification threshold is considered to be less than 1 mg/day.

CONCLUSION

The amount of impurities in finished product (Cap. FLUNAC™) was less than 1% which is acceptable.

ACKNOWLEDGEMENT

The authors are thanks full to Mr. Mohammed Yusuf, Director (Technical), Khwaja Yunus Ali Medical College Hospital, Enayetpur, Sirajgonj, Bangladesh.

REFERENCES

1. Sheehan DJ, Hitchcock CA, Sibley CM. Current and emerging azole antifungal agents, *Clinical Microbiological reviews* 1999; 12(1):40-79.
2. Vensel TD. Fluconazole: a valuable fungistatic. Primary care update for ob/gyns. 2002; 9(5):181-3.
3. Stern JJ, Hartman BJ, Sharkey P, Rowland V, Squires KE, Murray HW, Graybill JR. Oral fluconazole therapy for patients with acquired immunodeficiency syndrome and cryptococcosis: experience with 22 patients. *The American journal of medicine*. 1988; 85(4):477-80.
4. Fox R, Neal KR, Leen CL, Ellis ME, Mandal BK. Fluconazole resistant *Candida* in AIDS. *Journal of Infection*. 1991; 22(2):201-4.
5. Petitjean O, Jacolot A, Tod M. Pharmacologie des antifongiques azolés systémiques. *Médecine et Maladies Infectieuses*. 1995; 25:14-26.
6. Zervos M, Meunier F. Fluconazole (Diflucan®): a review. *International journal of antimicrobial agents*. 1993; 3(3):147-70.
7. Rogers TE, Galgiani JN. Activity of fluconazole (UK 49,858) and ketoconazole against *Candida albicans* in vitro and in vivo. *Antimicrobial agents and chemotherapy*. 1986; 30(3):418-22.
8. Humphrey MJ, Jevons S, Tarbit MH. Pharmacokinetic evaluation of UK-49,858, a metabolically stable triazole antifungal drug, in animals and humans. *Antimicrobial agents and chemotherapy*. 1985; 28(5):648-53.
9. Anandkumar Y, Kapse-Mistry S, Kadu P. UV spectrophotometric method development and validation for estimation of fluconazole. *World Journal of Pharmaceutical Research*. 2015 Aug 17; 4(11):814-21.
10. Roy J. Pharmaceutical impurities-a mini-review. *AAPs PharmSciTech*. 2002; 3(2):1-8.
11. Misbahuddin M, Islam MS, Sarker UK. Detection of Impurities in a tablet of Atorvastatin. *KYAMC Journal*. 2011; 1(2):43-7.
12. Bari SB, Kadam BR, Jaiswal YS, Shirkhedkar AA. Impurity profile: significance in active pharmaceutical ingredient. *Eurasian journal of analytical chemistry*. 2007; 2(1):32-53.
13. Scriba GK. Selected fundamental aspects of chiral electromigration techniques and their application to pharmaceutical and biomedical analysis. *Journal of pharmaceutical and biomedical analysis*. 2002; 27(3-4):373-99.
14. International Conference on Harmonisation-ICH. Draft revised guidance on impurities in new drug products. Fed. Regist. Q3B (R). 2000; 65(139):44791.

