A Review on Estimation of Octreotide Acetate In Bulk And Pharmaceutical Dosage Form

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Abstract- The purpose of this survey to focus on extensive update of different analytical methods for determination of octreotide acetate which is used in the treatment of acromegaly and carcinoid tumor. It is somatostatin analogue and binds to the somatostatin receptor subtypes II and V, inhibiting GH secretion. Somatostatin suppresses the serum GH level and normalizes circulating IGF-I slevels. The review entails about analytical procedures like RP-HPLC, HPLC,LC/MS, capillary zone electrophoresis, two dimensional HPLC-CE methods taken from the literature. This review provides detailed information of development and validation for octreotide acetate in bulk and in pharmaceutical preparations.

Keywords- octreotide acetate, Analytical methods, Acromegaly, carcinoid tumor.

I. DFINITION OF OCTREOTIDE ACETATE

Octreotide is a synthetic long-acting cyclic octapeptide with pharmacologic properties mimicking those of the natural hormone somatostatin. Octreotide is a more potent

inhibitor of growth hormone, glucagon, and insulin than somatostatin. Similar to somatostatin, this agent also suppresses the luteinizing hormone response to gonadotropin releasing hormone, decreases splanchnic blood flow, and inhibits the release of serotonin, gastrin, vasoactive intestinal peptide (VIP), secretin, motilin, pancreatic polypeptide, and thyroid stimulating hormone.^[1]

II. APPROVAL OF OCTREOTIDE ACETATE FOR INJECTABLE SUSPENSION

In November, 1998 FDA approved octreotide acetate [2]

Name	Octreotide acetate					
Structure						
IUPAC Name	(4 <i>R</i> ,7 <i>S</i> ,10 <i>S</i> ,13 <i>R</i> ,16 <i>S</i> ,19 <i>R</i>)-10-(4-aminobutyl)-19-[[(2 <i>R</i>)-2-amino-3-					
	phenylpropanoyl]amino]-16-benzyl- <i>N</i> -[(2 <i>R</i> ,3 <i>R</i>)-1,3-dihydroxybutan-2-					

III. DRUG PROFILE:^[3,4]

	yl]-7-[(1 <i>R</i>)-1-hydroxyethyl]-13-(1 <i>H</i> -indol-3-ylmethyl)-6,9,12,15,18-					
	pentaoxo-1,2-dithia-5,8,11,14,17-pentazacycloicosane-4-carboxamide					
Molecular formula	$C_{51}H_{70}N_{10}O_{12}S_2$					
Molecular weight	1019.2 g/mol					
Physical state	Solid					
Solubility	soluble in water (water soluble), soluble in methanol, slightly soluble in					
	Acetic acid, DMSO					
Melting point	153°C to 156°C					
Storage	2-8°C					
Category	Growth inhibitor hormone					
	Absorption:Volume of distribution is found to be 0.27 l/kg and plasma					
Pharmacokinetic	protein binding is 65 %. and metabolism is reported Not Established.					
	Renal Excretion accounts for 32 % and plasma half- life is 85 min (I/V),					
study	101 min (S/C). Administration with fatty meals does not alter AUC but					
	decreases level of Cmax by 32%.					
	For treatment of acromegaly and reduction of side effect from cancer					
	chemotherapy.					
	Octapeptide analogue of somatostatin. A gastric anti-secretory agent.					
	Symptom associated with metastatic carcinoid tumor (flushing and					
	diarrhoea). And vasoactive intestinal peptide (VIP) secreting adenomas					
Uses	(watery diarrhoea). In many cases it reduces or normalizes growth					
	hormone and/or IGF-1 (somatostatin C) level in patient with					
	acromegaly.					
	Non-approved uses: AIDS- associated diarrhoea, oesophageal varices,					
	and pituitary tumors					
Side effects	Hypoglycaemia, hepatic dysfunction, acute pancreatitis, which are					
	responsible for the discontinuation of Octreotide (Acetate) therapy.					
	Symptomatic adverse reactions these include flatulence, loose stools,					
	anorexia, abdominal pain, local pain, local reaction, nausea, vomiting,					
	tingling, steatorrhea, tenderness, bloating, stinging.					
Dosage &	500ug/1mL –intravenous or subcutaneous					
Administration						

Sr. No	Title	Method	Description					
1.	^[5] USP-40	HPLC	Column: 4.6-mm* 25-cm; 4-µmPackingL87					
			Mobile Phase:Solution A: 0.02% (v/v) of					
			trifluoracetic a	cid inwater				
			Solution B: Ac	cetonitrile				
			Flow rate: 1.0	ml/min				
			Injection volur	me: 10µl				
			Wavelength: 2	20nm				
			Column tempe	erature: 40°C Rt:	16.5 min			
			Time(min)	Solution A	Solution B			
			0	90	10			
			25	65	35			
			30	10	90			
			35	10	90			
			40	90	10			
			45	90	10			
			Gradient programme:					
2.	^[6] Octreotide	HPLC	Chromatographic conditions:					
	acetate		Column: ZORBEX 300SB-C8 column (2.1 mm*					
			150mm, 5µm)					
			Mobile phase: 0.1% TFA WATER					
			0.1% TFA Acetonitrile (50:50)					
			Flow rate: 0.25 ml/min					
			Injection volume : 20 µL					
			Wavelength: 210nm					
			Column temp	erature: 40°C				

IV. REPORTED ANALYTICAL METHODS

3.	^[7] Octreotide	HPLC	Chromatographic conditions:				
	acetate and its		Column: Lichrospher - C18 column (200nm* 4.6				
	related substances		mm, 5 μm)				
			Mobile phase:				
			Mobile phase A: 0.1% trifluoroacetic in water				
			Mobile phase B: 0.1% trifluoroacetic in				
			Acetonitrile				
			Flow rate: 1.5ml/min				
			Wavelength: 215nm				
			Mobile phase was increased from 20% to 40% in				
			twenty minutes.				
4.	^[8] Impurities in	LC- MS	Chromatographic conditions:				
	octreotide acetate		Column: Hypersil C18 (4.6 mm* 250mm, 5 μm)				
	and its injection		Mobile phase A: tetramethylammonium				
			hydroxide solution (20ml of 10%)				
			tetramethylammonium hydroxide solution and 880				
			ml water were added, pH was adjusted to 5.4 with				
			10% phosphoric acid)- Acetonitrile (900:100)				
			Mobile phase B: tetramethylammonium				
			hydroxide solution (20 ml of 10%				
			tetramethylammonium hydroxide solution and				
			water 380 ml were added, pH was adjusted to 5.4				
			with 10% phosphoric acid)- Acetonitrile (400:600)				
			Flow rate: 1.0ml/min				
			Wavelength: 210nm				
5.	^[9] LC	HPLC	Chromatographic conditions:				
	determination of		Column: Lichrospher RP Select B column				
	Octreotide acetate		(125nm* 4 mm, 5 µm)				
	in compound		Mobile phase: Acetonitrile- phosphate buffer (pH				
	formulations of		7.4,20 mM, 5 μm)				
	sandostatin and		Flow rate: 1.0ml/min				

	diamorphine		Wavelength: 210nm					
	hydrochloride							
6.	^[10] The	HPLC	Chromatographic conditions:					
	compatibility and		Column: Lichrospher RP Select B column					
	stability of		(125nm* 4 mm, 5 µm)					
	octreotide acetate		Mobile phase: Acetonitrile- phosphate buffer (pH					
	in the presence of		7.4,20 mM, 50:50)					
	diamorphine		Flow rate: 1.0ml/min					
	hydrochloride in		Wavelength: 210nm					
	polypropylene							
	syringes.							
7.	^[11] Reversible	RP-HPLC	Chromatographic conditions:					
	blocking of	&LC-MS	Column: C18(250*4.6mm*5 micrometer) Dionex					
	Amino Groups of		Mobile phase: Acetonitrile in Water containing					
	octreotide for the		0.1% v/v Trifluoroactetic acid with linear gradient					
	inhibition of		from 30% to 50% for 20 minutes.					
	Formation of		Flow rate: 1ml/min					
	Acylated peptide		Wavelength: 215nm					
	Impurities in poly		The mass spectrometer is operated in the positive					
	(Lactide-co-		ion mode using the following:					
	Glycolide)		Conditions: drying gas (N) flow of 10 ml/min,					
	Delivery system		drying gas at 350°C, nebulizer pressure of 45 psi,					
			and capillary voltage is 100V. Ions were detected					
			by scan mode and mass range is					
			Set from m/z 400 to 1400.					
8.	^[12] Stability of	RP- HPLC	Chromatographic conditions:					
	Octreotide acetate		Column: Prosphere C18 (250*4.6mm*5					
	in aqueous		micrometer) with Prosphere C18 (250*4.6mm*5					
	solution and		micrometer)					
	PLGA films.		Mobile phase A: 0.1% TFA in water					
			Mobile phase B: 0.1% TFA in Acetonitrile					
			Linear gradient from 80:20 to 65:35 of mobile					

			phase A: B							
			Wavelength: 215nm							
			Flow rate: 1ml/min							
			Injection volume: 40µ1							
			Run time: 30 minutes							
9.	^[13] Prediction of	HPLC	Chromatographic conditions:							
	the stability of		Column: C18 (150* 4.6 mm, 5µm), type MG							
	Octreotide in a		Mobile phase: 1% Trifluroacetic acid:							
	mixed infusion		Acetonitrile (75:25)							
			Flow rate: 1.5ml/min							
			Wavelength: 215nm							
			Injection volume: 200µl							
			Column temperature: 40°C							
10.	^[14] Analysis of	Two	HPLC:							
	Biologically	Dimensional	Column: Nucleosil 120-5 C18 250*4 mm							
	active peptides	HPLC-CE	(Macherey- Nagel)							
			Mobile phase A: 25 mM of pH 2							
			tetramethylammonium hydroxide with 10%							
			acetonitrile.							
			Mobile phase B: 25 mM of pH 2							
			tetramethylammonium hydroxide with 60%							
			acetonitrile.							
			Time(min) Solution A Solution B							
			0 90 10							
			15 80 20							
			45 55 45							
			50 90 10							
			55 90 10							
			Flow rate: 2.0ml/min							
			Wavelength: 210nm							
			Injection volume: 100µl							
			Column temperature: 25°C							

11.	^[15] Stability of	HPLC	Column: COSMOSIL C18 (150*4.6 mm)					
	Octreotide acetate		Mobile	phase	A:	Water:	ACN:	1M
	decreases in a	tetramethylammoniumhydroxide (440:50:10)						
	sodium bisulphate		Mobile	phase	B:	Water:	ACN:	1 M
	concentration		tetramethylammonium hydroxide					
	dependent manner		(190:300:10)					
	(compatibility		Mobile phase C: Water: CAN					
	with morphine &		(50:50)					
	metoclopramide		& Adjust pH to 4.5 using two types of phosphate					
	injection)		solution (0.17 M sodium dihydrogen phosphate &					
			0.17 M disodium hydrogen phosphate)					
			Linear gradient elution, mobile phase ratio is					
			change from A:B = 73:27 to 55:45 for 12 minutes					
			& set mobile phase C at 100% from 12 to 17					
			minutes.					
			Flow rate: 1.0ml/min					
			Wavelength: 210nm					
			Injection	volume:	: 10µ1			

V. CONCLUSION

The above study presents analytical method for analysis of octreotide acetate in bulk materials and pharmaceutical dosage forms by various method. The various parameters like accuracy, precision, reliability, repeatability, analysis time and sensitivity are performed These methods are adequate to analyse the drugs in single component formulation as well as combination preparation. Literature survey suggested that various RP-HPLC, HPLC, two dimensional HPLC-CE, LC-MS, Capillary zone electrophoresis methods were developed and reported. The published methods were validated for various parameters as per ICH guidelines.

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