

Validation of a stability indicator assay method using high-performance liquid chromatography with UV detection for epalrestat



INTRODUCTION

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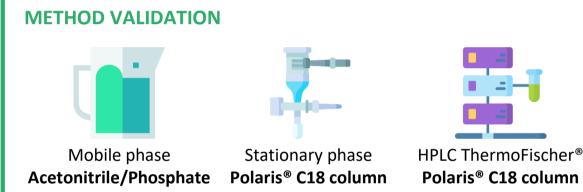
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Phosphomannomutase 2 deficiency (PMM2-CDG) is the most common congenital glycosylation disorder, causing severe cerebellar developmental disorders with a highly variable phenotype depending on the patient. There is currently **no cure**, but several clinical studies show that epalrestat, an antidiabetic drug not currently marketed in Europe, could be effective in treating the cerebellar symptoms of this condition. A clinical study on the repositioning of this drug for this indication is currently being developed.



Develop and validate an HPLC-UV assay method in order to begin a feasibility study for the preparation of epalrestat capsules.

MATERIALS & METHODS





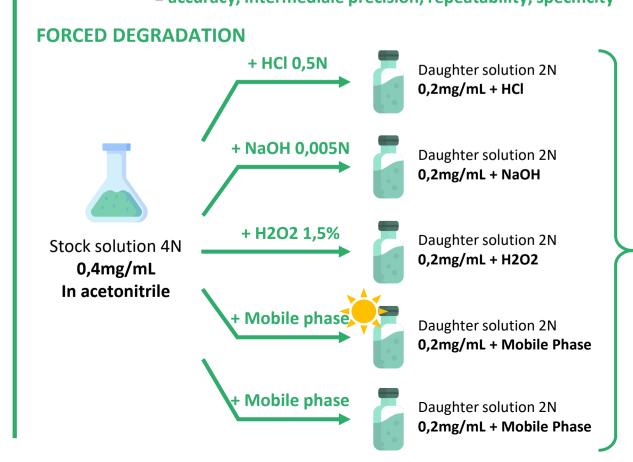


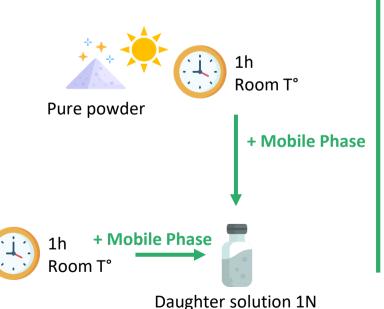


UV detector 395nm

Range: [0.08 - 0.12] mg/mL QC: 0.85 - 0.10 - 0.15 mg/mL

buffer 25mM pH6,5 (32/68) -> Analytical method developed and validated according to the recommandations of the International Council of Harmonization (ICH) = accuracy, intermediale precision, repeatability, specificity





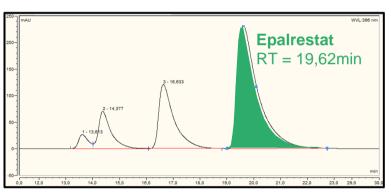
0,1mg/mL

RESULTS

Method validation							
Linear equation	Y = 3827, AND slop AND y-inte	R ² = 0,984					
	QC1 QC2		QC3				
Accuracy (Mean ± SD, n=9)	0,090 mg/mL ± 0,002	0,099 mg/mL ± 0,003	0,115 mg/mL ± 0,004				
Intermediate precision (ER, n=9)	0,46%	-0,78%	-0,32%				
Repeatability (CV, n=10)	0,26 %						
Quantification limit	0,036 mg/mL						
Detection limit	0,012 mg/mL						

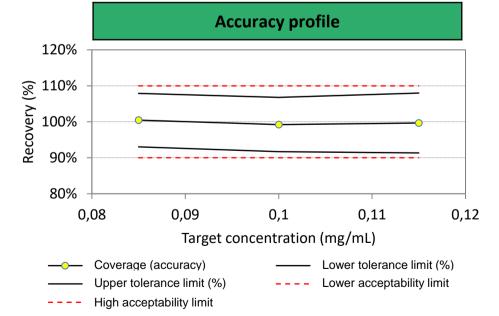
Epalrestat RT = 19,62r	WVL:396 nn
RT = 19,62r	
150-	nin
50-	
0	
55	

Chromatogram of epalrestat



Chromatogram of epalrestat degraded by light (1 hour)

Forced degradation							
	HCI 0,5N	NaOH 0,005N	H2O2 1,5%	Light solution	Light Powder		
Degradation	77,1%	57,9%	91,0%	26,8%	1		
RT of degradation product	13,5min 14,3min 16,6min	16,8min	6,4min 11,1min	13,6min 14,3min 16,6min	1		



DISCUSSION/CONCLUSION

The method has been validated according to the criteria of international guideline ICH Q2 (R1) and allows for the establishment of an epalrestat dosage.

Inter-day variability remains high. The handling protocol needs to be optimized. The stability study and galenic formulation can begin.