

**REVIEW ON ANALYTICAL METHODS DEVELOPMENT AND
VALIDATION OF LINAGLIPTIN AS AN ANTIDIABETIC AGENT****Nir D. Solanki*, Krupal J. Chaudhary, Manisha M. Parmar, Het R. Soni, Dr. Khushbu****K. Patel, Jinal Goswami**Student of Pharmaceutical Quality Assurance, Shri Sarvajanic Pharmacy Collage, Gujarat
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Attribution 4.0 International license.**ABSTRACT**

Diabetes mellitus significantly impacts global health, accounting for millions of deaths annually. The development of Dipeptidyl peptidase-4 (DPP-4) inhibitors, particularly linagliptin, offers a promising therapeutic pathway for managing type 2 diabetes. Linagliptin is distinguished by its unique non-renal elimination route, ensuring consistent dosing without adjustment for patients with renal impairment. The aim of this work is to study the pharmacological profile of linagliptin and review the various analytical methods used for its estimation in bulk and pharmaceutical formulations. This paper systematically reviews existing analytical techniques, including UV-Visible Spectroscopy, High-Performance Liquid Chromatography (HPLC), High-Performance Thin-Layer Chromatography (HPTLC), and Liquid Chromatography-Mass Spectrometry (LC-MS). Furthermore, it highlights method development strategies and validation parameters aligned with international regulatory guidelines.

INTRODUCTION**Overview of Diabetes Mellitus**

Diabetes mellitus is a widespread endocrine disorder characterized by chronically elevated blood sugar levels. This condition arises either because the pancreas fails to produce sufficient insulin or because the body's cells become unresponsive to the insulin's effects.^[1-4]

- **Symptoms:** Classic indicators include polydipsia (excessive thirst), polyuria (excessive urination), polyphagia (excessive hunger), unintended weight loss, blurred vision, fatigue, and dry skin.
- **Global Impact:** Diabetes is responsible for approximately 4.2 million deaths every year, with around 1.5 million deaths directly linked to untreated or poorly managed cases.

Types of Diabetes

- **Type 1 Diabetes:** Results from autoimmune destruction of the pancreatic beta-cells. It typically occurs in children and adolescents and frequently presents with ketoacidosis due to a rapid rate of beta-cell destruction.
- **Type 2 Diabetes:** Occurs when the body cannot use insulin correctly, leading to sugar accumulation in the blood. This can happen because the pancreas doesn't make enough insulin to help sugar enter the cells. Currently, there is no cure for type 2 diabetes.

DPP-4 Inhibitors

Dipeptidyl peptidase-4 (DPP-4) inhibitors, also known as gliptins, represent a relatively new class of oral antidiabetic agents. They are usually prescribed for people with type 2 diabetes who have not responded well to drugs such as metformin and sulphonylureas. Examples include Sitagliptin, Saxagliptin, Linagliptin, Alogliptin, Vildagliptin, and Teneligliptin.

Drug Profile: Linagliptin

Linagliptin is a novel, highly selective, and potent DPP-4 inhibitor that has emerged as a valuable therapeutic option in the management of T2DM. It was first approved by the FDA on May 02, 2011, under the brand name Tradjenta (Generic: Linagliptin).^[4-7,12]

Chemical and Physical Properties

- **IUPAC Name:** 8-[(3R)-3-aminopiperidin-1-yl]-7-(but-2-yn-1-yl)-3-methyl-1-(4-methyl-quinazolin-2-ylmethyl)-3,7-dihydro-purine-2,6-dione.
 - **Chemical Formula:** C₂₅H₂₈N₈O₂.
 - **Molecular Weight:** 472.05 gm/mol.
 - **Appearance:** White to off-white powder.
 - **Solubility:** Freely Soluble in Water and Methanol.
 - **Melting Point:** 141 - 146 °C.
- ### 2.2 Pharmacokinetics and Dosing

Linagliptin exhibits a predominantly non-renal route of elimination, with the majority of the drug excreted via the hepatobiliary system. This property eliminates the need for dose adjustments in patients with renal or hepatic impairment.

- **Absorption:** Oral, bioavailability ~30%.
- **Half-Life:** ~12 hours.
- **Dosing:** 5 mg per day (Generally well tolerated).

Analytical Methods Overview

Analytical methods are systematic approaches for examining and interpreting data. These methods work by breaking down complex information into smaller, more manageable components. The majority of analytical techniques fall into instrumental or non-instrumental categories.

Analytical method validation is a systematic process to confirm that an analytical method is suitable for its intended purpose. Validation parameters include Precision, Specificity, Accuracy, Linearity, Limit of Detection, Range, Limit of Quantification, and Robustness^[8-11].

Review of Literature on Linagliptin Estimation

Table 1: Official method of estimation of Linagliptin.

| SR NO. | OFFICIAL IN | METHOD | DESCRIPTION | REF. NO |
|--------|-----------------------------|--|--|---------|
| 1. | Indian Pharmacopoeia (2022) | Liquid Chromatography (API and Tablet) | <p>Stationary phase: A stainless-steel column (250 x 4.6 mm, 5 µm) packed with octadecylsilane bonded to porous silica.</p> <p>Mobile phase: Acetonitrile: Phosphate buffer pH 3.0 (40:60% v/v)</p> <p>Flow rate: 1.0 mL/min</p> <p>Wavelength: 225 nm</p> <p>Injection volume: 20 µL</p> | 13 |

Table 2: Reported methods for estimation of Linagliptin.

| SR NO. | METHOD | DESCRIPTION | REF. NO |
|---------------------------------------|--|---|---------|
| UV VISIBLE SPECTROSCOPY METHOD | | | |
| 1. | First Order Derivative Method for Linagliptin in bulk and pharmaceutical formulation | <p>Solvents: Methanol</p> <p>Wavelength: 299 nm</p> <p>Linearity: 5-25 µg/mL</p> | [14] |
| 2. | Method A (Absorbance), Method B (AUC) for analytical method development and | <p>Solvent: Methanol</p> <p>Wavelength: 294 nm (Method A), 289-299 nm (Method B)</p> | [15] |

| | | | |
|---|--|---|------|
| | validation of Linagliptin | Linearity: 2-12 µg/mL | |
| 3. | Assay method for Estimation of linagliptin in bulk and marketed dosage form | Solvent: Methanol Wavelength: 294 nm Linearity: 5-30 µg/mL | [16] |
| 4. | Estimation method for single linagliptin | Solvent: Methanol: Water (50:50% v/v) Wavelength: 241 nm Linearity: 10-35 µg/mL | [17] |
| 5. | Simultaneous Estimation of Linagliptin and Metformin HCl by UV Spectrophotometric Method | Solvents: Distilled Water Wavelength: Linagliptin: 298 nm, Metformin: 232 nm Linearity: Linagliptin: 2.5-12.5 µg/mL, Metformin: 500-2500 µg/mL | [18] |
| 6. | Estimation of Linagliptin with Metformin by Stability Indicating UV- Spectroscopic Method | Solvents: Distilled water or Methanol Wavelength: Linagliptin:294.4 nm, Metformin:230.4 nm Linearity: Linagliptin: 10-40 µg/mL, Metformin:2-14 µg/mL | [19] |
| 7. | Estimation of Linagliptin with Empagliflozin by UV- Spectroscopic Method | Solvents: Distilled water Wavelength: Linagliptin:238 nm, Empagliflozin: 221 nm Linearity: Linagliptin: 2.5-30 µg/mL, Empagliflozin: 2.5-30 µg/mL | [20] |
| 8. | Simultaneous Estimation of linagliptin with Empagliflozin by UV- Spectroscopic Method | Solvents: water Wavelength: Linagliptin:277 nm, Empagliflozin: 233 nm Linearity: Linagliptin 2-6 µg/mL Empagliflozin: 5-15 µg/mL | [21] |
| 9. | Different spectroscopy methods for estimation of linagliptin | Solvents: 0.1M HCl and 0.1M NaOH Wavelengths: 295 nm & 315 nm Linearity: 2-12 µg/mL | [22] |
| HIGH PERFORMANCE LIQUID CHROMATOGRAPHY | | | |
| 1. | Development and Validation of RP-HPLC Method for the estimation of Linagliptin in Bulk and its Tablet Dosage Form | Stationary phase: C ₁₈ column (250 x 4.6 mm, 5µ) Mobile phase: Acetonitrile: Phosphate Buffer pH 3.0 (60:40% v/v) Flow rate: 1 mL/min Wavelength: 293 nm Linearity: 5-25 µg/mL | [23] |
| 2. | A validated stability-indicating HPLC assay Method for Linagliptin API and tablets | Stationary phase: Inertsil ODS 3V C ₁₈ column (250 x 4.6mm, 5µ) Mobile phase: Acetonitrile: 0.1% Orthophosphoric acid in water (55:45 % v/v) in isocratic elution Flow rate: 1.0 mL/min Wavelength: 225 nm Linearity: 1-7.5 µg/mL | [24] |
| 3. | RP-HPLC Method for the Simultaneous Estimation Linagliptin and Metformin Hydrochloride in Combined tablet dosage forms | Stationary phase: Zodiac C ₁₈ column (250 × 4.6 mm, 5µm) Mobile phase: Acetonitrile: Phosphate buffer pH-4.8 (50:50% v/v) Flow rate: 1.0 mL/min | [25] |

| | | | |
|---|--|--|------|
| | | Wavelength: 272 nm Linearity: Linagliptin: 10-50 µg/mL, Metformin: 2-10 µg/mL | |
| 4. | RP-HPLC Method for the estimation of linagliptin as single formulation | Stationary phase: C ₁₈ column (150 x 4.6 mm, 5µm) Mobile phase: Mixture of 0.02 M potassium dihydrogen phosphate: Acetonitrile (70:30% v/v) Flow rate: 1.2 mL/min Wavelength: 226 nm | [26] |
| 5. | HPLC Assay Method Development and Validation of Linagliptin in Tablet Dosage Form. | Stationary phase: C ₁₈ column (150 x 4.6 mm, 5 µm) Mobile phase: Mixture of Phosphate buffer: Methanol pH-4.5 (70:30 % v/v) Wavelength: 292 nm Linearity: 1mL/min | [27] |
| HIGH PERFORMANCE THIN LAYER CHROMATOGRAPHY | | | |
| 1. | Development and validation of stability indicating High-Performance Thin-Layer Chromatography Method for estimation of Linagliptin in bulk and in pharmaceutical formulation | Stationary phase: Aluminium plates pre-coated with Silica gel 60F ₂₅₄ Mobile phase: Toluene: Ethyl Acetate: Methanol (6:3:1 % v/v/v) Wavelength: 298 nm Linearity: 100-600 ng/band | [28] |
| 2. | Validated HPTLC method for simultaneous estimation of metformin hydrochloride and Linagliptin in bulk drug and formulation | Stationary phase: Aluminium plates pre-coated with Silica gel 60F ₂₅₄ Mobile phase: Dichloromethane: Methanol: Glacial Acetic Acid (9:1:0.1 % v/v/v) Wavelength: 230 nm Linearity: Linagliptin: 100-500 ng/spot, Metformin: 20000-100000 ng/spot | [29] |
| 3. | simultaneous estimation and stability indicating study of metformin HCl and linagliptin in pharmaceutical formulation. | Stationary phase: Aluminium plates pre-coated with silica gel 60GF ₂₅₄ Mobile phase: Acetone-methanol-toluene-formic acid 4:3:2:1 % (v/v/v/v) Wavelength: 259 nm | [30] |
| ULTRA PERFORMANCE LIQUID CHROMATOGRAPHY | | | |
| 1. | Development and Validation of ultraperformance liquid chromatography (UP-LC) method for estimation of a new anti-diabetic drug Linagliptin in bulk and its tablet formulation. | Stationary phase: SB-C ₁₈ columnn (50 × 2.1 mm, 1.8 µm) Mobile phase: Mixture of Acetonitrile: 0.01M Potassium phosphate buffer pH-4 (70:30% v/v) Wavelength: 292 nm Flow rate: 0.3 mL/min | [31] |
| 2. | Estimation of linagliptin by RP-UPLC method | Stationary phase: Chiralpak AD-H (250 x 4.6 mm, 5 µm) Mobile phase: Ethanol: Methanol: Diethylamine (90:10:0.1 % v/v/v) | [32] |

| | | | |
|--|--|--|------|
| | | Wavelength: 225 nm | |
| 3. | Estimation of linagliptin by RP-UPLC method | Stationary phase: Thermo Scientific® RP-8 (100 mm × 4.6 mm; 5µm) Mobile phase: A: 0.1% Formic Acid B: Acetonitrile Wavelength: 294 nm | [33] |
| MASS SPECTROSCOPY LIQUID CHROMATOGRAPHY | | | |
| 1. | Bioanalytical method development and validation of linagliptin in plasma through LCMS method | Stationary phase: Waters, X Bridge, C ₁₈ column, (50 × 4.6 mm, 5µm) Mobile phase: Acetonitrile: 0.1% formic acid (90:10 % v/v) | [34] |
| 2. | Ultrahigh performance liquid chromatography - tandem mass spectrometry method for quantification of linagliptin in human plasma. | Stationary phase: Gemini C ₁₈ column (100 × 4.6 mm, 3µ) Mobile phase: 10 mm Ammonium formate: methanol (20:80 % v/v) | [35] |
| 3. | Pharmacokinetic interaction between linagliptin and tadalafil in healthy Egyptian males using a novel LC-MS method. | Stationary phase: Zorbax Eclipse XDB C ₁₈ column (150 × 4.6 mm, 5 µm) Mobile phase: Methanol:0.05% aqueous formic acid (50:50 % v/v) | [36] |

CONCLUSION

Diabetes mellitus significantly impacts health, causing millions of deaths annually. DPP-4 inhibitors, particularly linagliptin, offer promising management for type 2 diabetes, with unique benefits like non-renal elimination and consistent dosing, thus enhancing treatment adherence in patients, especially those with renal impairment. The literature review details various analytical methods for estimating Linagliptin, highlighting techniques like HPLC, UV spectroscopy, and mass spectrometry. The aim is to understand Linagliptin's pharmacological profile and develop standardized methods for its validation conforming to regulatory and ICH guidelines.

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