

# Extraction of Acidic Compounds From Human Plasma Using Plexa PAX

# **Application Note**

**Drug Discovery** 

## Author

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## Introduction

A significant number of bioanalytical compounds in the pharmaceutical industry are basic and can easily be extracted using hydrophobic or cation exchange sorbents. However, lipid lowering statins and anti-inflammatory drugs tend to be acidic in nature. These compounds can be problematic using traditional hydrophobic exchange sorbents. A new suitable polymeric strong anion exchange material is now available.

A simple generic method was developed for acidic compounds using Plexa PAX. Method performance was evaluated by measuring analyte recoveries from the sorbent bed, linearity of extracted sample responses, and accuracy and precision of spiked plasma samples.

Because the method validation process is time consuming and requires high quality data, Solid Phase Extraction (SPE) methods that are fast, while producing good recoveries with high reproducibility are desirable. Method validation can be simplified and shortened to the extent that the SPE process is streamlined without compromising data integrity. The Bond Elut Plexa family minimizes method development with general-purpose methods and improves analytical sensitivity and reproducibility.



## **Materials and Methods**

#### **SPE Reagents and Solutions**

2% NH <sub>4</sub> OH	Add 20 µL of concentrated (28-30%) NH <sub>4</sub> 0H to 1 mL of DI water		
5% Formic Acid MeOH	Add 0.050 mL of formic acid to 1 mL of methanol		
Plexa PAX 30 mg 96 well plate (p/n A4967030)			
SPE Method			
	Plexa PAX (30 mg)		
Sample	100 µL human plasma		
Pretreatment	Dilute 1:3 with 2% NH <sub>4</sub> 0H		
Conditioning	1. 500 µL MeOH 2. 500 µL H <sub>2</sub> O		
Washes	1. 500 μL Η <sub>2</sub> Ο 2. 500 μL ΜeΟΗ		

All samples evaporated to dryness and reconstituted in 100  $\mu$ L of 80:20 5 mM aqueous ammonium formate: CH<sub>3</sub>OH.

500 µL 5% Formic Acid MeOH

LC/MS performed on an Agilent 325 LC-MS/MS - vESI,

### **LC** conditions

Elution

Mobile Phase	A: 5 mM Ammonium Formate B: Methanol
Gradient	t = 0 - 50% A : 50% B t = 2:0 - 2:59 min 20% A : 90% B t = 3:0 - 4:00 min 50% A : 50% B
Column	Pursuit XRs Diphenyl 2.0 × 50 mm, 3 μm

#### **MS** conditions

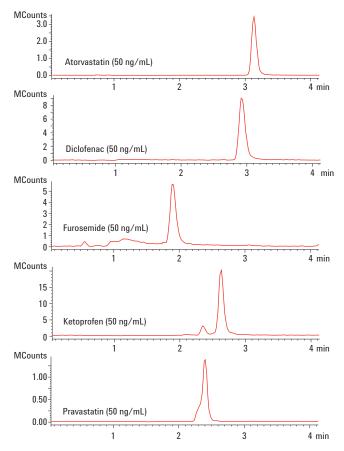
Compound	LogP	РКа	
Atorvastatin	5.7	4.5	
Diclofenac	4.2	4.2	
Furosemide	1.5	4.7	
Ketoprofen	3.2	5.2	
Pravastatin	2.6	4.6	
Compound	01	03	CE
Acetylsalicylic acid	136.0	136.0	5.0 V
Atorvastatin	557.4	397.0	30.0 V
Diclofenac	293.7	249.6	10.5 V
Furosemide	328.8	284.7	13.0 V
Ketoprofen	252.7	208.7	7.0 V
Pravastatin	423.3	320.1	13.0 V
Capillary Dry gas Temp Vortex Gas Nebulizing Gas CID Pol	41 V 285 °C, 30 psi 300 °C, 20 psi 50 psi Argon Negative		

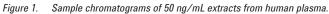
## **Results and Discussion**

#### **Analyte recoveries**

Analyte recoveries were determined by measuring analyte response compared to a spiked mobile phase standard. Any loss of analyte due to extraction inefficiency, ion suppression, or non-elution is measured in the recovery. Despite some of the recoveries being in the 50 to 60% range the responses are linear as demonstrated by the good curve linearity and accuracy of the method. Reproducible recoveries were achieved at better than 50% with RSDs less than 7% (Table 1).

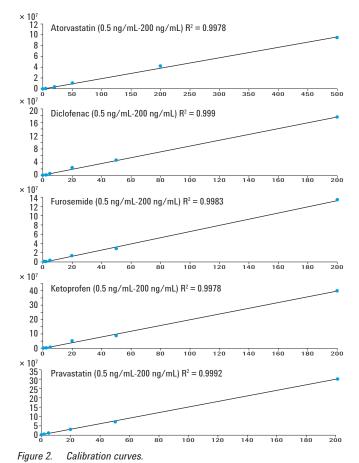
Good linearity is achieved from 0.5 ng/mL to 200 ng/mL (Figure 2). A midpoint concentration of 50 ng/mL was chosen to measure the extract accuracy of the calibration curve (Table 2).





#### Table 1. Analyte Recoveries

	PAX		
	% <b>R</b> e	ec RSD	(n=6)
Atrovasta	tin 62%	4.4%	Ď
Diclofena	c 52%	3.7%	Ď
Furosemi	de 96%	6.1%	, D
Ketoprofe	n 67%	2.3%	, D
Pravastat	in 95%	3.4%	0



#### Table 2. Accuracies

	0.5 ng/mL		50 ng∕mL	
	Accuracy	RSD (n=8)	Accuracy	RSD (n=8)
Atorvastatin	90%	11%	106%	11%
Diclofenac	116%	14%	109%	6%
Furosemide	99%	14%	95%	9%
Ketoprofen	104%	13%	108%	4%
Pravastatin	108%	9%	96%	8%

## Conclusion

A simple, easy, method for extracting acidic compounds using Plexa PAX was developed. Good recoveries for all compounds was achieved and these recoveries were linear over a range of 0.5 - 200 ng/mL in human plasma. The calibration was linear achieving correlation coefficients better than 0.995 for a single order regression. The method demonstrated accuracy and reproducibility with most results within 10% of the true value and RSDs below 15% for all compounds.

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