Development and Validation of Highly Precise Methods for the Spectrophotometric Determination of Cefpirome in Pharmaceutical Dosage Forms

Basavaraj Hiremath^{1,*}, Nagesh Gunavanthrao Yernale², Mahadev Dhanraj Udayagiri³

¹Department of Chemistry, S. S. Margol Degree College, Shahabad, Kalaburagi, Karnataka, INDIA. ²Department of Chemistry, Guru Nanak First Grade College, Bidar, Karnataka, INDIA. ³Government College (Autonomous) Rajapur, Kalaburagi, Karnataka, INDIA.

ABSTRACT

Aim: Cefpirome (CFP) in pure and pharmaceutical dosage forms determination by spectrophotometer; two very sensitive techniques have been developed. **Materials and Methods:** By mixing alkaline β -Naphthol (2-NPL) with diazotized cefpirome drug, we get the pink colour at λ_{max} 544 nm in procedure I. Drug undergoes oxidation by ferric ion followed by complex formation with 2,2'bipyridine (2,2'BPD) to obtain a blood red colour at λ_{max} 520 nm in procedure II. Under ideal conditions, the goal is to maximize the efficiency of procedure I and II. **Results:** Concentrations of 0.3-3.0 and 0.5-5.0 µg/ml are used in procedure I and II, respectively, where Beer's rule of molar absorptivity of 1.837 × 10⁵ and 1.470 × 10⁵ is followed. It is possible to calculate three different concentrations of RSD as well as RE (relative error). **Conclusion:** It was found that the novel procedures may be used to a wide variety of pharmaceutical formulations, and they are simple, consistent, economical, fast and highly reproducible.

Keywords: Accuracy, Cefpirome, Chromogen, Diazotization, Formulation, Oxidation.

Correspondence

Dr. Basavaraj Hiremath Assistant Professor, Department of Chemistry, S. S. Margol Degree College, Shahabad, Kalaburagi-585228, Karnataka, INDIA. Email id: drbhiremath25@gmail.com ORCID ID 0000-0002-9029-2187

Received: 03-06-2021; Revised: 11-08-2022; Accepted: 11-10-2022.

INTRODUCTION

However, unlike other broad-spectrum fungi, penicillinaseresistant cephalosporins are physically and functionally identical to penicillin. These antibiotics are deemed safe for human ingestion because of their wide range of antibacterial action. The beta-lactam ring's active nucleus can be given antibacterial and medicinal properties by swapping out nuclei at positions 3 and 7. Antibacterial properties are attributed to the cell wall's inhibition of mucopeptide production. Traditionally, the cephalosporins are divided into first, second, third, fourth and fifth-generation agents.¹⁻³



DOI: 10.5530/001954640247

Copyright Information © 2023 Author(s). Distributed under Creative Commons CC-BY 4.0

Publishing partner : EManuscript Tech [www.emanuscript.in]

Class I–lactamase resistance is less likely to develop against this antibiotic than cephalosporins.⁵⁻⁷ The fourth- generation cephalosporin (CFP) can be used to treat patients with septic shock or multiple sepsis because of its broad range of activity and ability to withstand lactamase degradation.⁸

It is possible to measure the concentration of CFP using variety of techniques, including HPLC,⁹⁻¹¹ RP-HPLC,¹²⁻¹⁴ UPLC¹⁵ and UV-visible spectrophotometric method.¹⁶⁻¹⁸ Even though these systems have the required linearity, precision, and recovery, they have a lower limit of detection (LOD) and longer reaction time due to their intrinsic lack of sensitivity. In addition to being time consuming and inaccurate, long heating durations and a large linear temperature range are demerits of these approaches. Comparing the suggested methods outcome to those of the reported methods has shown in Table 1.

A simple, robust, quick and inexpensive assay for the detection of CFP in pure and pharmaceutical dosage forms was developed in this work. The ICH criteria were followed and these methods was proven to be successful.¹⁹

ğ
Ť
ne
5
ţ
xis
e e
ţ
ţ
Ň
ds
٩
let
E C
ţ,
ne
₫
ĥ
do
Ð
þe
ds
se
bq
Dro
e
£
0
sol
ari
ďu
5
ä
, e
ab
Η.

Ref.	6	16	13	∞	18	12	14	15	19	Present method
Remarks	Less accurate and precise % RE: 0.70-15.0, intra-day and inter-day coefficient of variance 1.67% and 6.27% respectively.	High basic condition required	Less accurate and precise % RE: 0.42-3.84, intra-day and inter-day coefficient of variance 0.01% and 2.36% respectively.	Less sensitive; narrow linear dynamic range; less precise (RSD > 0.8%)	Involves heating at > 60°C for 15 min. during the reaction	Less accurate and precise, recoveries < 88.80% with RSD of 5%	Drug metal ion interaction occurs only at 37°C, scrupulous control of experimental variables and special equipment for kinetic measurement required	Less sensitive; narrow linear dynamic range; less precise RSD > 0.81%.	Colour stable for up to 30 min; involves heating at > 60°C for 15 min. during the reaction	Simple, highly sensitive, accurate and precise, (intra-day and inter-day RSD < 0.87%) and accurate (% RE < 0.6), colour stability 6 hr and 7 hr respectively.
LOQ in µg/ml	NA	NA	0.021	NA	0.614	0.5	20 ng	1.08	NA	0.27
Linear range	0.5-200 µg/ml	$\begin{array}{l} 5\text{-}20\ \mu\text{g/ml}\\ (\epsilon=1.852\times10^3\ \text{L/mol})\\ \text{mol/cm} \end{array}$	0.5-50 μg/ml	6- 22 mg/ml 2-20 mg/ml	0.2-6 μg/ml	0.5-64.0 μg/ml	10 ng	7.5-75 μg/ml	5.0-40 μg/ml 2.5-20 μg/ml 2.5-40 μg/ml	0.3-3.0 μg/ml 0.5-5.0 μg/ml
Detection	UV at 263 nm	700 nm	UV at 265 nm	UV at 271 nm UV at 265 nm	515 nm	UV at 258 nm	UV at 265 nm	PDA at 265 nm	512 nm 565 nm 510 nm	544 nm 520 nm
Experimental details	Acetonitrile (0.02M)-Potassium dihydrogen phosphate buffer (6:94, v/v, pH 2.0) was the mobile phase (1 ml/ min)	Folin-Ciocalteau reagent	Mediterranea C _{1s} Column; Methanol and water (30:70 v/v) was the mobile phase (1 ml/min)	 i) 0.01M HCl solution ii) Techsphere ODS Column; Methanol and water (30:70 v/v) was the mobile phase (0.8 ml/min) 	1,10-phenanthroline reagent	μ -Bondapak C ₁₈ Column, Acetonitrile: acetate buffer (13:87 v/v, pH = 5) was the mobile phase (1.0 ml/min)	B144A, OD-5-100, C ₁₈ Column, Methanol-Water (15:85 v/v) was the mobile phase (1.0 ml/min)	Phenomnex C ₁₈ column, 0.01M phosphate buffer and acetonitrile (50:50 v/v) was the mobile phase (0.3 ml/min)	 i) α-naphthylamine ii) N-(1-naphthyl)ethylenediamine iii) 1,10-phenonthraline 	i) 2NPL ii) 2,2° BPD
Method	HPLC	Visible Spectrophotometry	RP-HPLC	i) UV Spectrophotometry ii) HPLC	Visible Spectrophotometry	HPLC	RP-HPLC	UPLC	Visible Spectrophotometry	Visible Spectrophotometry
SI. No.	-	7	ŝ	4	Ŋ	9	~	œ	6	10

MATERIALS AND METHODS

Instrumentation

ELICO Model SL-164 quartz cells were used for all absorbance measurements, which were carried out using double-beam UV-visible spectrophotometer.

Reagents and Standards

An analytical reagent (AR) grade from SD Fine Chem., Mumbai and deionised water were utilized for the running solutions in the current study. Correctly weighed quantity of 2-naphthol is dissolved in alkaline medium to produce 0.2% solution. Conc. HCl is diluted with deionized water to produce 0.1% HCl. Ammonium sulfamate carefully weighed and dissolved in deionized water to get a 0.2%. Dissolving the accurately weighed quantity of 2,2'-bipyridine in alcohol to obtain a solution of 0.2% of 2,2'-bipyridine. 0.03 M solution of FeCl₃ is prepared by dissolving an accurate amount of FeCl₃ in deionised water. An Indian company, Alkem Laboratories Inc., graciously donated pure cefpirome (CFP) to the cause. Forgen 250 mg, P Rom 500 mg, and Refzil 1 gm injections are all readily accessible for purchase on the open market today.

Cefpirome (CFP) accurately weighed quantity dissolved in deionized water to generate a stock solution (100 mg/ml). Further dilution of stock solution in deionized water to produce a solution of concentration (10 μ g/ml).

General procedures

Procedure I

CFP (1.0 ml = 10 μ g/ml) running standard solution (0.3-3.0 ml) poured into 10 ml calibrated flasks. To each flask 1.0 ml of 0.1 M HCl and 0.5 ml of 0.1% NaNO₂ solutions were added. Ammonium sulfamate 0.5 ml of 0.2% and an alkaline 2NPL 1.0 ml of 0.2% were added to every flask. The final amount was diluted with deionized water in order to meet the requirement. CFP concentration was estimated by measuring the absorbance at 544 nm of each solution and comparing it to the calibration curve. The colour doesn't change throughout the course of 6 hr.

Procedure II

CFP (1 ml =10 μ g/ml) was diluted to various quantities in volumetric flasks (ranging from 0.5 -5.0 ml). A 0.2 ml of 0.03 M aqueous solution of FeCl₃ and 0.5 ml of 0.2% alcoholic solution of 2,2' BPD were added to each flask. The final volume was made to 10ml with deionized water. Blood red coloured species were compared to a reagent blank for absorbance at 520 nm. Colour retention lasts for almost 8 hr. Calibration curve was used to determine the exact quantity of CFP.

Procedure for Pharmaceutical Dosage

Pharmaceutical dosage containing CFP was obtained from local market sources. A volumetric flask with a capacity 100 ml was





Scheme 2

used to transfer 100 mg of drug's constituents from five wellmixed vials. Firstly 60 ml deionized water was poured into the flsak and final volume made to 100 ml with deionized water. Working solution of 10 μ g/ml was obtained by further dilution and the desired volume was used for the CFP determination.

RESULTS

CFP was diazotized with nitrous acid followed by coupling with 2NPL to obtain a pink coloured species due to the presence of an amine group in CFP, shows λ_{max} at 544 nm (Scheme 1) for procedure I. In procedure II CFP drug reduces the Fe³⁺ to Fe²⁺ ion which on reaction with 2, 2' BPD to obtain a blood red coloured species which shows λ_{max} at 520 nm (Scheme 2). These experimental procedures have been used for quantitative determination of CFP in pure and pharmaceutical dosage forms.

DISCUSSION

Method development Procedure I

A pink coloured species with maximum absorbance at λ_{max} 544 nm obtained by the diazotization of CFP with HCl and NaNO₂ followed by coupling with 2NPL. The blank, on the other hand, appears to have almost little absorption at this wavelength in contrast (Figure 1). At 544 nm, all absorbance measurement was made due to the declining trend in blank absorbance. Concentration and volume of the acid and alkaline 2NPL solution along with reaction time were evaluated (changing one parameter at a time). As shown in Figure 2, there is no significant difference in absorbance when 0.1% HCl acid used in volume of between 0.2 to 5.0 ml. From this it was observed that 1.0 ml of 0.1% HCl shows maximum absorbance. 0.5 to 2.5 ml of 0.1% NaNO₂ solution was used to reach the maximum absorbance. As shown in the Figure 3 reaction time between CFP and 2NPL



Figure 1: Absorption spectra of Method I.



Figure 2: Effect of 0.1M HCI (CFP 3.0 µg/ml for Method I).



Figure 3: Effect of reaction time (CFP 3.0 µg/ml for Method I).



Figure 4: Effect of 0.2% 2NPL (CFP 3.0 µg/ml for Method I).



Figure 5: Absorption spectra of Method II.

was optimized to 5 min and colour remains unaltered about 6 hr. 0.2% 2NPL solution volume was varied in the range of 0.2 to 5.0 ml and maximum absorbance is shown at the volume of 1.0 ml, there is no significant change in the absorbance for increasing the volume Figure 4. Therefore, 1.0 ml of 0.2% 2NPL solution was used in the procedure.

Procedure II

When cefpirome (CFP) react with 2,2'BPD in the presence of FeCl₃, a blood red colored species was obtained and shows maximum absorbance at λ_{max} 520 nm with respect to blank Figure 5. Optimization procedure for the assay of CFP most similar as that of procedure I, 0.03 M FeCl₃ solution was used in the range of 1.0 to 5.0 ml and maximum absorbance occur at the volume of 1.0 ml, at higher concentration there is no changes in the absorbance and sensitivity. Therefore, the volume of 1.0 ml of 0.03 M FeCl₃ solution was used throughout the experiment. As



Figure 6: Effect of 0.2% 2,2'BPD (CFP 5.0 µg/ml for Method II).

Parameter	Method I	Method II
Colour	Pink	Blood- red
$\lambda_{\max}(nm)$	544	520
Stability (h)	6	8
Beer's law limits, (µg/ml) (C)	0.3-3.0	0.5-5.0
Molar absorptivity L/mol/cm	1.837×10^5	$1.470 imes 10^5$
Limit of detection (LOD) (µg/ml)	0.0812	0.0589
Limit of quantification (LOQ) (μ g/ml)	0.2679	0.1945
Sandell's sensitivity (µg/cm²)	0.0033	0.00463
Regression eq	uation (Y) ^a	
Slope (a)	0.0738	0.1017
Intercept (b)	0.2499	0.1757
Correlation coefficient (r)	0.9995	0.9993
S _a	0.0113	0.01543
S _a ²	0.000128	0.000238
Confidence limit, slope	0.0738 ± 0.0095	0.1017 ± 0.0129
S _b	0.0480	0.01103
S _b ²	0.0023	0.000121
Confidence limit, intercept	$0.2499, \pm 0.0401$	0.1757 ± 0.0092

 ${}^{a}\mathrm{Y}$ = ax+b, where x is the concentration in $\mu g/ml;{}^{b}\mathrm{Eight}$ replicates;

 \mathbf{S}_{a} = Standard deviation of slope; \mathbf{S}_{b} = Standard deviation of intercept.

shown in the Figure 6, alcoholic of 0.2% 2,2'BPD solution volume was varied from 0.2 to 1.0 ml, the maximum absorbance was found at 1.0 ml, this volume was fixed in the procedure and the colour remained stable for upto 8 hr.

Validation of the method Analytical data

Plots of absorbance vs concentration in the examined range indicate the experiment conditions. Table 2 shows a linear relationship between sensitivity and regression parameters. At 95% confidence level intercept (b), slope (a), correlation coefficient (r), confidence limit of intercept (\pm t S_b) and slope

(± t S_a) were calculated. Least square is used for the calculation of square standard deviation variance (S_D²). For Procedure I, the correlation coefficient and intercept were both close to zero, in Procedure II since absorbance is inversely proportional to concentration.

Precision and accuracy

Precision of the current procedures (intra-day/inter-day) were tested by the use of three different pharmaceutical dosage of CFP in seven replicates. Both procedure I and II have a relative standard deviation (RSD) of less than 0.4% and 0.5%. RSD readings ranged from 0.53 to 0.45% throughout the period.

When the ratio between the reference values and the obtained findings is high enough, analytical procedures are accurate. The percentage relative error (RE %) between the measured mean concentration and the concentration collected was used to evaluate the accuracy of the result. Table 3 results shows the acceptable accuracy of the current procedures within the Beer's law limit of three concentration having percentage of relative error (% RE) is 0.76 -0.95.

Selectivity

Analytical test material was used to assess the selectivity of the procedure. We have confirmed the analytes difference in absorbance for the blank sample. The excipients in the vials were tested using the current procedure after the vail solution was prepared utilizing the aforementioned method.

It appears form the 99.58 ± 0.32 (n=7) and 99.37 ± 0.28 (n=7) CFP recoveries made under optimal circumstances that excipients were not a factor in the CFP tset. Slope variation indicates that excipients are not affecting the active ingredient.

Robustness and ruggedness

As per the ICH guidelines¹⁹ what matters most is how effectively the procedures can deal with small and purposeful changes in the way it process data. The methods sturdiness was tested by varying the reagent intensity and reaction time, two critical criteria. The existing procedure is unaffected by even the small change in RSD

Method Nominal	inal ration ug/ml	Intra-d pre	ay accurad cision; n =	cy and = 7	Inter-day accuracy and precision; <i>n</i> = 7			
	Nomi concent taken, µ	CFP found, µg/ml	RE, %	RSD, %	CFP found, µg/ml	RE, %	RSD, %	
Ι	2.0	1.986	0.714	0.396	1.984	0.800	0.529	
	4.0	3.983	0.428	0.189	3.970	0.750	0.361	
	6.0	5.979	0.357	0.150	5.958	0.700	0.423	
	3.0	2.977	0.762	0.373	2.971	0.952	0.359	
II	6.0	5.980	0.333	0.193	5.966	0.571	0.452	
	9.0	8.974	0.285	0.108	8.959	0.460	0.236	

% (intermediate precision). In order to conduct a drug test, a lot of tools and analyzers must be gathered in a single laboratory (ICH guidelines 2005). Ruggedness is a result of achieving intermediate precision. Analyses of CFP in pharmaceutical dosage form were conducted by four separate analyst using three different concentration and three different tools are used by one analyst, and results were compared. Table 4 shows that when the RSD % values are low, the procedures being employed are accurate.

Application to the analysis of vials

Cefpirome (CFP) results are compared to those from other procedures utilizing commercial vials of injections. Student's t-test and variance F-test were used to analyze the data in Table 5. Proposed and reference procedures are statistically indistinguishable. As a result, the Student's *t*-test and variance *F*-test have the same level of precision and accuracy.

Recovery study

A recovery using the standard addition method shows that the current procedures are accurate and reliable. Each of the three levels of estimate was performed three times. It is clear form Table 6 that present procedures are repeatable and that CFP recovery from excipients is not compromised by the low standard deviation.

CONCLUSION

For procedure I and II, the maximum wavelength of the cefpirome (CFP) spectrophotometric assays using 2 NPL and 2,2'BPD reagents was 544 nm and 520 nm. Procedure I and II have LOD values of 0.081 and 0.159, respectively. Injectible vials of CFP may be tested for accuracy using these procedures. Due to the high cost of HPLC equipment and reagents, many researchers are unable to use the already published methods due to their limited linear dynamic ranges and sensitivity (Table 1). The present procedures are the most sensitive spectrophotometric procedures for CFP ever described in terms of linear range and sensitivity.

Table 4: Robustness and	ruggedness	expressed	as intermed	iate
precision (%RSD).				

		Method rol	bustness	Method ruggedness			
	lm/g	Parameter altered					
Method	СFP taken, µç	Acid Concentration*	Reaction Time**	Inter-analyst RSD%, (<i>n</i> = 4)	Inter- instruments, RSD%, (<i>n</i> = 3)		
Ι	2.0	0.49	0.74	0.78	0.42		
	4.0	0.73	0.53	0.42	0.76		
	6.0	0.51	0.81	0.61	0.31		
Π	3.0	0.39	0.49	0.49	0.59		
	6.0	0.86	0.56	0.65	0.41		
	9.0	0.46	0.83	0.81	0.56		

*In method I and II, HCl concentration used 0.05, 0.1 and 0.15 M; **Reaction times were 5, 10 and 15 min. for method I and II.

Table 5: Assay results in injection and statistical composition with the reference method.

Injection	Newsingl	Percent of label claim ± SD				
brand name*	amount	Reference method	Method I	Method II		
Forgenª	100 mg	99.86 ± 0.10	99.77 ± 0.11 t = 1.78 F = 1.21	99.81 ± 0.13 t = 0.94 F = 1.69		
P Rom ^b	500 mg	99.96 ± 0.99	99.87 ± 0.82 t = 1.68 F = 1.45	99.89 ± 0.94 t = 1.31 F = 0.90		
Refzil ^c	1000 mg	99.56 ± 0.57	99.48 ± 0.41 t = 1.50 F = 1.93	99.52 ± 0.39 t = 0.75 F = 2.13		

*Marketed by: a. Alkem Laboratories Ltd., India; b. Global Mediscience Ltd., India; c. Sun Pharmaceutical Industries Ltd., India.

Tabulated *t*-value and *F*-value at the 95% confidence level is 2.365 and 3.79 respectively.

Vial of injection studied		Me		Method II				
	CFP in injection µg/ml	Pure CFP added µg/ml	Total found µg/ml	Pure CFP recovered percent ± SD*	CFP in injection µg/ml	Pure CFP added µg/ml	Total found μg/ml	Pure CFP recovered percent ± SD*
	2.0	1.0	2.99	99.00±0.46	2.5	1.5	3.98	98.66±0.56
Forgen 100 mg	2.0	2.0	3.97	98.50±0.71	2.5	2.5	4.99	99.60±0.31
	2.0	3.0	4.96	99.66±0.34	2.5	3.5	5.97	99.14±0.74
P Rom 500 mg	3.0	2.0	4.97	98.40±0.61	3.5	2.0	5.48	99.00±0.41
	3.0	3.0	5.95	99.33±0.84	3.5	3.0	6.45	98.33+0.24
	3.0	4.0	6.97	99.25±0.73	3.5	4.0	7.47	99.25±0.19
Refzil 1000 mg	4.0	5.0	8.97	99.40±0.31	4.5	2.5	6.95	98.00±0.29
	4.0	6.0	9.95	99.16±0.59	4.5	3.5	7.96	98.85±0.66
	4.0	7.0	10.97	99.57+0.77	4.5	4.5	8.97	99.33 ± 0.85

Table 6: Results of recovery study via standard addition method.

Because they are simple to execute, accurate, stable, and durable, these procedures are well-suited for routine analysis.

ACKNOWLEDGEMENT

The authors are thankful to the Principal and Management for providing laboratory facilities.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ABBREVIATIONS

CFP: Cefpirome (CFP); **2NPL:** 2-naphthol; **2,2' BPD:** 2,2'bipyridine; **RSD:** Relative Standard Deviation; **SD:** Standard Deviation; **RE:** Relative error; **LOQ:** Limit of quantitation; **ICH:** Conference on Harmonization; **AR:** Analytical Reagent.

SUMMARY

The spectrophotometric assays of cefpirome (CFP) in pure and pharmaceutical dosage are performed by using two highly sensitive proposed methods by 2NPL and 2,2'BPD are the reagent and shows the wavelength of maxima at 544 and 520 nm for the method I and II respectively. The method I produces a pinkcolored chromogen peaking at λ_{max} 544 nm by reacting diazotized cefpirome drugs with 2-naphthol (2NPL) in an alkaline medium. Method II is based on the oxidation of the drug with ferric ion followed by complex formation with 2,2'bipyridine (2,2'BPD) to form a blood red colored chromogen exhibiting λ_{max} at 520 nm. At best possible conditions, methods I and II are optimized. For methods, I and II, Beer's law is followed in the concentration ranges of 0.3-3.0 and 0.5-5.0 µg/ml, respectively, with molar absorptivity of 1.837 X 10^5 and 1.470 X 10^5 for each form. At three separate concentrations, intra-day and inter-day (RSD) and relative error (RE) are measured. The methods are selective, precise, stable, and rugged, and can be used for regular analysis with ease.

REFERENCES

 Martinez LG, Falco PC, Cabeza AS. Comparison of several methods used for the determination of cephalosporins. Analysis of cephalexin in pharmaceutical samples. J Biomed Anal. 2002;29(3):405-23. doi: 10.1016/s0731-7085(02)00089-4, PMID 12062642.

- Tumah H. Fourth-generation cephlosporins: *In vitro* activity against nosocomial gram-negative bacilli compared with beta-lactam antibiotics and ciprofloaxacin. Chemotherapy. 2005;51(2-3):80-5. doi: 10.1159/000085614, PMID 15870501.
- Lima B, Bodeau S, Quinton MC, Leven C, Lemaire-Hurtel AS, Bennis Y. Validation and application of an HPLC-DAD method for routine Therapeutic drug monitoring of ceftobiprole. Antimicrob Agents Chemother. 2019;63(7):e00515-e00519. doi: 10.1128/AAC.00515-19. PMID 31010863.
- Williams M. The merck index: An encyclopedia of chemicals, drugs, and BioLogicals. 15th ed O'Neil MJ, Royal Society of Chemistry, Cambridge, editors, 2013. UK ISBN 9781849736701. doi: 10.1002/ddr.21085.
- Wiseman LR, Lamb HM. Cefpirome. A review of its antibacterial activity, pharmacokinetic properties and clinical efficacy in the treatment of severe nosocomial infections and febrile nutropenia. Drugs. 1997;54(1):117-40. doi: 10.2165/00003495-199754010-00013, PMID 9211085.
- Tumah HN. *In vitro* activity of cefepime and cefpirome compared to other thirdgeneration cephem antibiotics against garm-negative nosocomial pathogens. Pharmazie. 2004;59(11):854-8. PMID 15587586.
- Roos JF, Lipman J, Kirkpatrick CMJ. Population pharmacokinetics and pharmacodynamics of cefpirome in critically ill patients against gram-negative bacteria. Intensive Care Med. 2007;33(5):781-8. doi: 10.1007/s00134-007-0573-7, PMID 17342515.
- Oppe TP, Julia M, Schapoval EES. Development and validation of UV-spectrophotometry and liquid chromatography methods for determination of cefpirome in raw materials and pharmaceutical dosage. Drug Anal Res. 2019;3(1):42-50. doi: 10.22456/2527-2616.93809.
- Breilh D, Lavalee C, Fratia A, Ducint D, Cony-Makhoul P, Saux MC. Determination of cefepime and cefpirome in human serum by HPLC using an ultra filtration for antibiotic serum extraction. J Chromatgr Biomed Sci Appl. 1999;734:121-7.
- Evagelou V, Tsantili-Kakoulidoli A, Koupparis M. Determination of the dissociation constant of the cephalosporinscefepime and cefpirome using UVspectrophotometry and pH-potentiometry. J Pharm Biomed Anal. 2003;31(6):1119-28. doi: 10.1016/s0731-7085(02)00653-2, PMID 12667928.
- Zalewski P, Skibiński R, Cielecka-Piontek J, Bednarek-Rajewska K. Development and validation of stability indicating HPLC method for the determination of cefpirome sulphate. Acta Pol Pharm. 2014;71(5):731-6. PMID 25362801.
- 12. Sriwiriyajan S, Mahatthanatrakul W. Development of an analytical method for cefpirome in plasma by simplified HPLC technique and its applications. Arzneim Forsch. 2010;60(6):336-9. doi: 10.1055/s-0031-1296297, PMID 20648924.
- Nawaz M, Saeed AM, Sultan N. Simultaneous determination of cefpirome, cefaclor, ceftezidine and cefphadrine in pharmaceutical formulations by reverse phase HPLC. Acta Chromatogr. 2011;23(2):205-13.
- Arayne MS, Sultana N, Nawaz MA. A RP-HPLC method for the assay of cefpirome and its application in drug metal interaction studies. Pak J Pharm Sci. 2006;19(1):39-44. PMID 16632451.
- Pavuluri S, Siddiraju S. UPLC method development and validation for the determination of cefpirome sulphate in pharmaceutical dosage form. Int J Pharm. 2016;6(3):168-73.
- Seshagiri Rao JVLN, Anantha Kumar D, Mallikarjuna Rao D, Nayana Tara P, Silpa D. Spectrophotometric assay of cefpirome sulphate. Indian J Pharm Sci. 2005;4:747-8.
- Chafle DM. Spectrophotometric determination of cefpirome in pharmaceutical preparation. Asian J Pharm Clin Res. 2020;13(9):124-7. doi: 10.22159/ajpcr.2020. v13i9.38457.
- Vanitha Prakash K, Venkateshwar Rao J, Appala Raju N, Himabindu V. Spectrophotometric estimation of cefpirome sulphate in pharmaceutical formulations. Asian J Chem. 2008;20(4):2587-90.
- International Conference on Hormonization of Technical Requirements for Registration of Pharmaceuticals for Human Use. ICH harmonised tripartite guideline, validation of analytical procedures: text and methodology. Vol. Q2. London; 2005. (p. R1).

Cite this article: Hiremath B, Yernale NG, Udayagiri MD. Development and Validation of Highly Precise Methods for the Spectrophotometric Determination of Cefpirome in Pharmaceutical Dosage Forms. Ind. J. Pharm. Edu. Res. 2023;57(1):271-7.