

International Journal of Biomed Research

Pritam Jain *

Open Access

Review Article

A Concise Review- An Analytical Method Development and Validation of Armodafinil

Pritam Jain *, Manali Bhamre, Mayur Nandre, Snehal Dhulgunde

Patel Institute of Pharmaceutical Education and Research, Karwand Naka, Shirpur.

*Corresponding Author: Pritam Jain, R.C. Patel Institute of Pharmaceutical Education and Research, Karwand Naka, Shirpur.

Received date: January 05, 2023; Accepted date: January 30, 2023; Published date: February 06, 2023

Citation: Ashwin Singh Chouhan. (2023), A Concise Review- An Analytical Method Development and Validation of Armodafinil, *International Journal of Biomed Research.* 2(1): DOI: 10.31579/2834-8087/011

Copyright: © 2023, Pritam Jain, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

The HPLC method for Armodafinil both bulk & in combination are given in Table 1 which includes parameters like matrix, stationary phase, mobile phase composition, detection wavelength RF value, retention time etc. HPTLC method reported in Table 2 includes parameter like matrix, stationary phase, mobile phase, RF, DL etc. The table 3 includes the GC-MS method for Armodafinil which involve the parameters like Matrix, stationary phase, mobile phase composition, Carrier gas, Retention time, flow rate etc. The table 4 includes the Capillary Electrophoresis method for Armodafinil which involve the parameters like Matrix, Capillaries wavelength, Separation Voltage, Temperature and pressure etc. Spectrometric methods for Armodafinil include UV-Visible Spectroscopy.

Keywords: RP-HPLC; armodafinil; method development and validation

Introduction

Armodafinil is the R-enantiomer of modafinil, a wake-promoting drug that predominantly affects brain areas involved in wakefulness control [1]. The US Food and Medicine Administration has licensed the drug for the treatment of individuals with excessive drowsiness caused by obstructive sleep apnea, narcolepsy, or shift work disorder [2]. The working mechanism is still a mystery. The dopamine transporter in the striatum and the

norepinephrine transporter in the thalamus are both sensitive to modafinil [3]. Hypocretin, histamine, -adrenergic, -aminobutyric acid and/or glutamate receptors are all affected by modafinil [4]. 2-[(R)-(diphenylmethyl) sulfinyl] acetamide and 2-(R-benzhydrylsulfinyl) acetamide are the chemical names for armodafinil [5].

Figure 1: Armodafinil Structure.

Armodafinil Pharmacodynamics:

mechanisms in vivo [6]. Armodafinil inhibits dopamine re-uptake via binding to the dopamine transporter. It is not, however, a dopamine receptor

agonist that acts directly or indirectly. In some animal brain regions, these binding inhibitory effects have been linked to higher extracellular dopamine levels [5]. Modafinil has complicated pharmacodynamic features since it interacts with a number of central pathways, including the catecholaminergic system. Both the R- and S-enantiomers bind to DAT35 and raise DA levels in many brain locations, including the prefrontal cortex (PCF), enhancing executive functions such as attention, impulse control, and memory [7].

Amodafinil pharmacokinetics:

Absorption: After numerous or a single oral administration, modafinil is absorbed at least 40 to 65 percent (oral bioavailability) and reaches maximum plasma concentrations (Cmax) 2–4 hours later. Because of its limited water solubility, it is not suitable for intravenous delivery in humans [7]. Oral administration of armodafinil causes rapid absorption, with peak plasma concentrations appearing in about 2 hours in the fasting condition. Food has no effect on armodafinil's overall bioavailability; however, the time to peak concentration can be delayed by 2–4 hours [5].

Distribution: Modafinil has a plasma protein binding of around60%, primarily to albumin, and an apparent volume of distribution of 0.8 L/kg following single or several oral doses, indicating that it can easily permeate tissues [7]. About 60% of modafinil is linked to plasma proteins, primarily albumin [8].

Metabolism: Modafinil is extensively degraded in the liver, largely via amide hydrolysis to form an acid metabolite, into inactive metabolites; ((\pm)2-[(diphenylmethyl) sulfinyl] acetic acid; modafinic acid) catalyzed by an esterase and/or amidase; ii) by S-oxidation via cytochrome CYP3A4 or CYP3A5 to produce a sulfone (2- [(diphenylmethyl) sulfanilyl] acetamide); iii) by aromatic ring hydroxylation; and iv) by glucuronide conjugation [7]. The principal metabolic process is amide hydrolysis, which does not require cytochrome P450 (CYP) activity. Cytochrome CYP3A4/5 plays a role in sulfone production [8].

Excretion: The elimination half-life is roughly 12–15 hours, owing to the kinetics of the R-enantiomer, as the S-enantiomer has a half-life of 4–5 hours [9]. Individuals with cirrhosis had a 60% reduction in modafinil clearance, while patients with chronic hepatic insufficiency have a doubled Cmax [10]. The main urinary metabolite, modafinil acid, accounts for 35 percent to 60 percent of the dosage [11].

Analytical accounts on Armodafinil:

The widespread literature survey exposed multiple analytical techniques like UV spectrophotometry method, HPLC, HPTLC, LC-MS/MS, for the determination of Armodafinil in bulk and pharmaceutical formulation. These reported methods describe the evaluation of armodafinil in various dosage forms like tablets and matrix like human plasma.

Chromatographic overview:

HPLC Method

P. Vivek Sagar et. al. outlined a stability showing RP HPLC method for the estimation of armodafinil in tablet dosage form. Chromatography was carried out using isocratic elution on a 4.6 x 250 mm stainless steel Hibar C18 column filled with octadecylsilane bound to porous silica (C18) with a particle size of 5 micron. The mobile phase is made up of 50:50 v/v acetonitrile and water. The effluent is measured at 220 nm and the flow rate is 1.0 ml/min. The retention time for armodafinil was 3.8 minutes [12].

Kambham Venkateswarlu et. al. given a validated stability indicating RP-HPLC method for estimation of Armodafinil in pharmaceutical dosage forms; also presented characterization of its base hydrolytic product. The separation was carried out on a C18 column with a 45:55 percent v/v combination of water and methanol as the mobile phase. At 1ml/min, eluents were identified at 220nm. Milder stress conditions were used first, followed by greater circumstances. For Armodafinil, the linearity of the suggested approach was tested in the range of 20-120g/ml. It was discovered that the retention time was 8.1 minutes [13].

Devi Ramesh et. al. performed an analytical approach for development and validation of new LC-MS/MS method for the determination of armodafinil in human plasma. Using 0.2 percent formic acid: methanol (15:85 v/v) as mobile phase on a hypurity advance C-18 column (5; 100 4.6 mm) at a flow rate of 1.0 ml/min, chromatographic separation was obtained in 3.0 minutes. The linearity of the drug concentration range of 50-10000 ng/mL was demonstrated (r2 = 0.9989) [14].

Ramisetti Nageswara Rao et. al. given an enantioselective HPLC resolution of synthetic intermediates of armodafinil and related substances; where armodafinil was studied on polysaccharide-based stationary phases, viz. cellulose tris-(3,5-dimethylphenylcarbamate) (Chiralcel OD-H) and amylose tris-(3,5-dimethylphenylcarbamate) (Chiralpak AD-H) by HPLC. When comparing the cellulose-based Chiralcel OD-H column to the amylose-based Chiralpak AD-H column, a satisfactory separation was achieved. A mobile phase containing n-hexane–ethanol–TFA (75:25:0.15 v/v/v) was used to achieve baseline separation with Rs A1.38. At 225 nm, a photodiode array detector was used to detect the enantiomers, while a polarimetric detector was used to identify the enantiomers [15].

CN Prathyusha Naik et. al. performed stability indicating assay method of armodafinil. The C8 (250 x 4.6 mm, 5m) column was used to separate the mobile phase of water and methanol (10 percent v/v OPA) 55:45 percent v/v. At 1ml/min, eluents were identified at 225 nm. Stress tests were carried out utilising acid, base, oxidizing agents, light, and heat to achieve a 10-20% deterioration rate. Between 10 and 150 mcg/ml, linearity was discovered. The LOD and LOQ were determined to be 0.78 and 2.37 g/ml, respectively [16].

Deepti Jain et. al. outlined intrinsic stability study of armodafinil hydrochloride by forced degradation and impurity profiling. Armodafinil and its degradation products were satisfactorily separated on a Zorbax Eclipse Plus C18 column (250 4.6 mm, 5 m) in 20 minutes using a gradient of 0.1 percent formic acid and acetonitrile at 1 ml/min flow rate with a photodiode-array detector set to 252 nm. In alkaline settings, the drug was significantly damaged, followed by acidic and neutral conditions, with no degradation found in thermal, oxidative, or ultra-violet degradation conditions [17].

Krishna veni Nagappan et. al. performed development and validation of stability indicating RP HPLC method for the estimation of armodafinil and characterization of its base degradation product by LC-MS/MS. The separation was performed on a Hibar Purospher C18 (250 mm 4.6 mm; 5) column with 0.01 M ammonium formate (pH 4.5, adjusted with acetic acid) as the mobile phase and 45:55 percent v/v methanol as the stationary phase. The eluents were measured at 220 nm and the flow rate was kept constant at 1 mL/min. To obtain sufficient degradation, stress experiments were conducted with 1 mg/mL of the drug solution, starting with mild circumstances and progressing to severe conditions [18].

Sr.	Drug	Matrix/	Stationary	Mobile Phase	Detection	Flow Rate	Ret.	Detector	Ref.
No.		Dosage	Phase		(nm)	(ml/min)	Time		No.
		form					(min.)		
1.	Armodafinil	Tablet	Stainless steel	Acetonitrile and	220 nm	1.0 ml/	3.8 min.	UV detector	12
			Hibar C18	water (50:50		min			
			column (4.6 x	v/v)					
			250 mm; 5µm)	·					
2.	Armodafinil	_	C18 column	water: methanol	220 nm	1.0	8.1 min.	UV-PDA	13
			(250 × 4.6mm;	(45:55% v/v)		ml/min		detector	
			5μm)						
3.	Armodafinil	Human	Hy purity	0.2% formic	_	1.0	3.0 min.	-	14
٥.	111110 000111111	Plasma	advance C-18	acid: methanol		ml/min	0.0		1.
		Tasma	column (100 ×	(15:85% v/v)					
			4.6 mm; 5µm)	(13.0370 777)					
4.	Armodafinil	Its related	Chiral Pak AD-	n-hexane:	225 nm	0.8	-	SPDM10AVP	15
4.	Aimodainii	substances			223 11111	mL/min	-	PDA detector	13
		substances						PDA detector	
			(25064.6 mm	(75:25:0.15					
-	A 1.0" 1		id; 5 lm)	v/v/v)	225	1.0	0.2	DD 4 1	1.0
5.	Armodafinil	-	C8 (250 ×	water: methanol	225nm	1.0	8.2 min.	PDA detector	16
			4.6mm, 5µm)	(10% OPA)		ml/min			
				(55:45 v/v)					
6.	Armodafinil	Degradation	Zorbax Eclipse	0.1% formic	252 nm	1.0	4.82	Photodiode-	17
		product	Plus C18	acid and		ml/min	min.	array detector	
			column (250 ×	acetonitrile (in					
			4.6 mm, 5 μm)	gradient mode)					
7.	Armodafinil	-	Hibar	0.01 M	220 nm	1.0	6.42	SPD-M20A	18
			Purospher C18	ammonium		ml/min	min.	PDA detector	
			column (250	formate (pH 4.5,					
			$mm \times 4.6 mm;$	Adjusted with					
			5μ)	acetic acid):					
				methanol (45:55					
				% v/v)					
8.	Armodafinil	Tablets	Delvosil ODS –	acetonitrile and	220 nm	1.2	4.45	Waters 2489	19
			UG-5 C18	pH 2.5		ml/min	min.	U.V-Visible	
			column	phosphate				detector/2695	
			(250×4.6 mm,	buffer, adjusted				Separation	
			5μ)	to pH 2.5 with				Module	
				the help of					
				dilute					
				orthophosphoric					
				acid (60:40,					
				v/v).					
9.	Armodafinil	Human	Waters	Mobile phase A:	_	0.7	1.63	PDA detector	20
<i>)</i> .	7 IIIII Gaiiiii	Plasma	symmetry, C18	mixture of water		ml/min	min.	1 D11 detector	20
		1 1031110	column (4.6 ×	with 0.1%		1111/111111	111111.		
			150 mm, 5 μm)	formic acid.					

				Mobile phase B:					
				mixture of					
				acetonitrile:					
				water with 0.1%					
				formic acid					
				(95:5% v/v).					
				The isocratic					
				elution was					
				carried out at a					
				90:10% v/v					
10.	Armodafinil	Tablets	Hypersil ODS	methanol:	225 nm	1.0	4.2 min.	-	21
			C-18 column	phosphate		ml/min			
			(150 x 4.6 mm,	buffer 3.0					
			5μ)	(60:40 %v/v)					
11.	Armodafinil	Tablets	Chirobiotic T	Methanol:	225 nm	1.0	6.0	UV/VI'S	22
			column (250 x	triethylamine		ml/min	min.	detector	
			4.6 mm, 5 µm)	(100/0.05, v/v)					
12.	Armodafinil	-	Kromasil C18	acetonitrile:	225 nm	1.0	1.30	SPD-M20A	23
			(Hichrome)	0.02 M		ml/min	min.	diode array	
			column (25 cm	ammonium				detector	
			× 4.6 mm i.d.;	acetate as a					
			particle size 5	mobile phase in					
			m)4	gradient elution					
				mode					

Table 1: HPLC method for analysis of Amphetamine.

HPTLC Method

Dr. Hitendra S. Joshi et. al. reported stability indicating HPTLC method for estimation of modafinil in the bulk and tablet formulation; where the stationary phase was aluminium foil TLC plates precoated with silica gel

60F 254, while the mobile phase was ethyl acetate, acetone, and methanol in the volume ratio of (7:2:1 v/v). For modafinil, a compact band (Rf 0.420.02) was obtained. A solid linear connection (r 2=0.9995) was found between peak area and concentration in the range of 80-320 ng/spot using linear regression analysis [24].

Sr.	Drug	Matrix/	Stationary Phase	Mobile	Detection	Rf	Linearity	Ref.
No.		Dosage Form		Phase			Range	No.
1.	ARM	Tablets	Merck TLC plates pre-	ethyl	232 nm	0.42	80-320	24
			coated with silica gel 60	acetate:			ng /spot	
			F254 (10 cm ×10 cm	acetone:				
			with 250 μm layer	methanol				
			thicknesses)	(7:2:1 v/v/v)				

Table 2: HPTLC method for analysis of Armodafinil.

Gas Chromatography/Mass Spectrometry:

Manabolu Surya Surendra Babu et. al. reported a direct standard headspace method for the determination of chloroacetic acid and dichloroacetic acid in armodafinil drug substance by GC-MS. Cl-AcOH and DCl-AcOH were separated by helium carrier gas on a DB-624 column (30 m x 0.32 mm, 1.8

m), which contains 6 percent cyanopropyl phenyl and 94 percent dimethylpolysiloxane stationary phase. For Cl-AcOH, the limits of detection (LOD) and limits of quantification (LOQ) were 0.00003 g mL1 and 0.00009 g mL1, respectively, while for DCl-AcOH analyte, they were 0.00003 g mL1 and 0.00009 g mL1, respectively [25].

Sr.	Drug	Matrix/	Stationary Phase	Carrier	Retention	Flow	Ref.
No.		Dosage Form		Gas	time (min.)	Rate	No.
1.	ARM	-	DB-624 column (30 m x 0.32	Helium	-	-	25
			mm, 1.8 µm), containing 6%				
			cyanopropyl phenyl and 94%				
			dimethylpolysiloxane				

Table 3: Gas Chromatography/Mass Spectrometry method for analysis of Armodafinil.

capillary electrophoresis:

Wei Wang et. al. outlined enantiomeric separation and determination of the enantiomeric impurity of armodafinil by capillary electrophoresis with sulfobutyl ether- β -cyclodextrin as chiral selector method where the following conditions were used: 20 mmol/L phosphate buffer, pH 7.5, 20 mmol/L sulfobutyl ether—cyclodextrin, and 20% methanol, at 25 °C. The ideal settings resulted in a good resolution of 3.3 for the two enantiomers of modafinil. (S)-modafinil had a limit of detection (LOD) of 1.25 g/mL and a limit of quantification (LOQ) of 2.50 g/mL, respectively [26].

Khaldun M. AL Azzam et. al. reported enantioselective determination of modafinil in pharmaceutical formulations by capillary electrophoresis, and computational calculation of their inclusion complexes. Using a bare fused-silica capillary with a background electrolyte (BGE) of 25 mM H3PO41 M tris solution; pH 8.0; containing 30 mg mL1 of ulphated-cyclodextrin (S-

CD), good chiral separation of the racemic mixture was accomplished in less than 5 minutes with a resolution factor of Rs=2.51. The separation was done in normal polarity mode at 25 degrees Celsius, 18 kV, and with hydrostatic injection [27].

Khaldun M. Al Azzam et. al. outlined the determination of the binding constants of modafinil enantiomers with ulphated b-cyclodextrin chiral selector by capillary electrophoresis using three different linear plotting methods. With S-b-CD, a CE approach for separating the enantiomers of modafinil was described. The electrophoretic settings were based on our prior work [15], with the standard being injected hydrodynamically (50 mbar) for 5 seconds under the following conditions: The BGE was 25 mM H3PO4 – 1 M tris solution, pH 8.0; S-b-CD, 30 mg/mL; voltage, 18 kV; capillary temperature, 251C; detector wavelength, 225 nm; and the BGE was 25 mM H3PO4 – 1 M tris solution, pH 8.0; (12.19 mM) [28].

Sr.	Drug	Matrix/	Detection	Capillaries (Fused	Separation	Temp./	Ref.
No.		Dosage		Silica Capillary)	Voltage	Pressure	No.
		Form					
1.	ARM	-	225 nm	untreated 50 μm I.D.	20 kV	50	26
				fused-silica capillary		mbar	
				with a total length of 50			
				cm and an effective			
				length of 41.5 cm			
2.	ARM	Tablet	225 nm	50 μm i. d×56 cm,	18 kV	50	27
				(detection length, 8.5		mbar	
				cm from the outlet end			
				of the capillary			
3.	ARM	-	225 nm	Uncoated bare fused-	18 kV	50	28
				silica capillary 50 mm		mbar	
				id 56 cm, (detection			
				length, 8.5 cm from the			
				outlet end of the			
				capillary) from Agilent			
				Technologies			

Table 4: Capillary Electrophoresis method for analysis of Armodafinil.

Spectrophotometric overview:

UV-Visible Spectroscopy Method:

Tejaswi Jonnalagadda et. al. reported a simple visible spectrophotometric method for the determination of armodafinil in bulk and pharmaceutical dosage form. In the range of 10- 50 g/ml, the drug follows Beer Lambert law, with a correlation coefficient of 0.999. Armodafinil's percentage

recovery in pharmaceutical dosage form is between 96 and 106 percent. The oxidative coupling reaction of 3-methyl-2-benzathiazoline hydrazone (MBTH) in the presence of ferric chloride is the basis for this approach (Fecl3). With the solvent system methanol: water, an absorption-maxima were discovered at 596nm [29].

Financial Disclosure Statement:

No funding to disclose.

Competing Interests Statement:

No competing interests to declare.

References:

- 1. Garnock-Jones, K. P., Dhillon, S. and Scott, L.J., (2009). Armodafinil. *CNS drugs*, 23(9), pp. 793-803.
- 2. Bogan, R.K., (2010). Armodafinil in the treatment of excessive sleepiness. *Expert opinion on pharmacotherapy*, 11(6), pp.993-1002.
- Wittkampf, L.C., Arends, J., Timmerman, L. and Lancel, M., (2012). A review of modafinil and armodafinil as add-on therapy in antipsychotic-treated patients with schizophrenia. *Therapeutic Advances in Psychopharmacology*, 2(3), pp.115-125.
- Loland, C.J., Mereu, M., Okunola, O.M., Cao, J., Prisinzano, T.E., et al, (2012). R-modafinil (armodafinil): a unique dopamine uptake inhibitor and potential medication for psychostimulant abuse. *Biological psychiatry*, 72(5), pp.405-413.
- 5. Lankford, D.A., (2008). Armodafinil: a new treatment for excessive sleepiness. *Expert opinion on investigational drugs*, 17(4), pp.565-573.
- J. Kinslowa, Steven D. Shapirob, Michael F. Grunebaumc, Eliza C. Miller, Acute hypertensive crisis and severe headache after concurrent use of armodafinil and tranylcypromine: Case report and review of the literature Connor.
- 7. Sousa, A. and Dinis-Oliveira, R.J., (2020). Pharmacokinetic and pharmacodynamic of the cognitive enhancer modafinil: relevant clinical and forensic aspects. *Substance Abuse*, 41(2), pp.155-173.
- Niemegeers, P., Maudens, K.E., Morrens, M., Patteet, L., Joos, L., et al, (2012). Pharmacokinetic evaluation of armodafinil for the treatment of bipolar depression. *Expert* opinion on drug metabolism & toxicology, 8(9), pp.1189-1197.
- Kumar, R., (2008). Approved and investigational uses of modafinil. *Drugs*, 68(13), pp.1803-1839.
- Dinges, D.F., Arora, S., Darwish, M. and Niebler, G.E., (2006). Pharmacodynamic effects on alertness of single doses of armodafinil in healthy subjects during a nocturnal period of acute sleep loss. *Current medical research and opinion*, 22(1), pp.159-167.
- Wong, Y.N., King, S.P., Simcoe, D., Gorman, S., Laughton, W., et al, (1999). Open-label, single-dose pharmacokinetic study of modafinil tablets: influence of age and gender in normal subjects. *The Journal of Clinical Pharmacology*, 39(3), pp.281-288.
- Sagar, P.V., Bagum, N. and Rani, S.S., (2014). Stability indicating RP HPLC method for the estimation armodafinil in tablet dosage form. *Int. J. Pharm. Pharma Sci*, 6, pp.604-609.
- Venkateswarlu, K., Rangareddy, A., Narasimhaiah, K., Sharma, H., Mallikarjuna, N. et al, (2017). A validated stability indicating RP-HPLC method for estimation of Armodafinil in pharmaceutical dosage forms and characterization of its base hydrolytic product. *Pak J Pharm* Sci, 30(1), pp.23-8.

- Ramesh, D., Ramakrishna, S. and Habibuddin, M., (2012).
 Development and Validation of New LC-MS/MS Method for the Determination of armodafinil in Human Plasma. *Current Pharmaceutical Analysis*, 8(3), pp.295-305.
- Nageswara Rao, R., Shinde, D.D. and Kumar Talluri, M.V.,
 (2008). Enantioselective HPLC resolution of synthetic intermediates of armodafinil and related substances. *Journal of separation science*, 31(6-7), pp.981-989.
- 16. Naik, C.P. and Sekhar, K.C., (2018). Reliable and Sensitive Stability Indicating Assay Method of Armodafinil. *Journal of Young Pharmacists*, 10(1), p.52.
- 17. Jain, D. and Basniwal, P.K., (2016). Intrinsic stability study of armodafinil hydrochloride by forced degradation and impurity profiling. *Pharm Anal Acta*, 7, p.466.
- 18. Nagappan, K.V., Sungroya, N., Devi, D., Yamjala, K., Byaran, G. et al, (2017). Development and Validation of Stability Indicating RP HPLC method for the estimation of armodafinil and Characterization of its base Degradation Product by LC-MS/MS. GSTF Journal of Advances in Medical Research, 2(1).
- Khile, A.S., Devi, N.G., Rao, M.S. and Ramachandran, D.,
 (2017). Development And Validation Of RP-LC Method For Armodafinil in Pharmaceutical Formulations.
- 20. Chandasana, H., Kast, J., Bittman, J.A. and Derendorf, H., (2018). Quantitative determination of armodafinil in human plasma by liquid chromatography–electrospray mass spectrometry: Application to a clinical study. Biomedical Chromatography, 32(11), p.e4342.
- 21. Ramesh, D. and Habibuddin, M., Application of Validated Rp-Hplc Method for The Determination of Armodafinil in Bulk and Formulation. *Int J Curr Pharm Res*, 9(5), pp.158-161.
- 22. Harvanová, M. and Gondová, T., (2017). New enantioselective LC method development and validation for the assay of modafinil. *Journal of Pharmaceutical and Biomedical Analysis*, 138, pp.267-271.
- Nageswara Rao, R., Shinde, D.D. and Kumar Talluri, M.V.,
 (2008). Enantioselective HPLC resolution of synthetic intermediates of armodafinil and related substances. *Journal of separation science*, 31(6-7), pp.981-989.
- 24. Pandya, G.P. and Joshi, H.S., (2013). Stability indicating HPTLC method for estimation of modafinil in the bulk and tablet formulation. *IOSR J. Pharm. Biol. Sci.*, 5, pp.22-28.
- Venkata Ramana Reddy, J., Surendra Babu, M.S., Narendra Kumar, M. and Sharma, H.K., (2022). A Direct Standard Headspace Method for the Determination of Chloroacetic Acid and Dichloroacetic Acid in Armodafinil Drug Substance by GC-MS. Analytical Chemistry Letters, 12(1), pp.134-146.
- 26. Wang, W., Xiang, S., Zhou, X., Ji, Y. and Xiang, B., (2011). Enantiomeric separation and determination of the enantiomeric impurity of armodafinil by capillary electrophoresis with sulfobutyl ether-β-cyclodextrin as chiral selector. *Molecules*, 17(1), pp.303-314.
- AL Azzam, K.M., Saad, B., Adnan, R. and Idiris Saleh, M., (2009). Enantioselective determination of modafinil in pharmaceutical formulations by capillary electrophoresis, and computational calculation of their inclusion complexes. *Microchemical Acta*, 166(3), pp.311-317.

- 28. Al Azzam, K.M., Saad, B. and Aboul-Enein, H.Y., (2010). Determination of the binding constants of modafinil enantiomers with sulfated β-cyclodextrin chiral selector by capillary electrophoresis using three different linear plotting methods. *Electrophoresis*, 31(17), pp.2957-2963.
- 29. Jonnalagadda, T. and Katakam, S., (2015). A simple visible spectrophotometric method for the determination of armodafinil in bulk and pharmaceutical dosage form. *International Journal of Pharmaceutical Sciences and Research*, 6(6), p.2579.

Ready to submit your research? Choose ClinicSearch and benefit from:

- > fast, convenient online submission
- > rigorous peer review by experienced research in your field
- > rapid publication on acceptance
- > authors retain copyrights
- unique DOI for all articles
- > immediate, unrestricted online access

At ClinicSearch, research is always in progress.

 $\label{lem:lemmore_loss} \textbf{Learn more} \ \underline{\textbf{https://clinicsearchonline.org/journals/international-journal-of-biomed-research}}$



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.