

Development and Validation of UV-spectrophotometric Procedures for Efavirenz Quantitative Determination

Slabiak Oksana I¹, Ivanchuk Iryna M¹, Klimenko Lina Yu^{2*}, Tokaryk Galyna V¹, Kolisnyk Iuliia S²

¹Pharmacy Department, Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine

²Analytical Chemistry Department, National University of Pharmacy, Kharkiv, Ukraine

Received: 20th Feb, 18; Revised: 29th May, 18, Accepted: 3rd Aug, 18; Available Online: 25th Sep, 2018

ABSTRACT

Efavirenz is a non-nucleoside reverse transcriptase inhibitor and attributed to the group of antiretroviral medicines used for treatment of HIV infection. For efavirenz determination the method of HPLC is widely used, but efavirenz is applied in high concentration and less sensitive methods of analysis such as spectrophotometry may be useful for its quantification. The aim is to develop UV-spectrophotometric procedures of efavirenz quantification and carry out step-by-step validation of the developed procedures. UV-spectra of efavirenz in 96% ethanol and 0.1 M sodium hydroxide solution have been investigated and the absorption maximums are observed at 247 nm and 267 nm respectively. The procedures of efavirenz quantitative determination by the method of UV-spectrophotometry have been developed using the mentioned solvents and wavelengths respectively. Their validation by such parameters as stability, linearity, accuracy and precision in the variants of the method of calibration curve, method of standard and method of additions has been carried out. All procedures of efavirenz quantitative determination are acceptable for application. The best linearity, accuracy and repeatability have been fixed for the procedure with application of 0.1 M sodium hydroxide solution as a solvent in the variant of the method of additions.

Keywords: efavirenz, UV-spectrophotometry, validation, method of calibration curve, method of standard, method of additions

INTRODUCTION

Efavirenz is a synthetic antiretroviral medicine and attributed to the group of non-nucleoside reverse transcriptase inhibitors; it is used for treatment of HIV infection as a first-line medicine¹.

The action mechanism of efavirenz is noncompetitive suppression of reverse transcriptase (the enzyme of HIV-1 virus), at the same time efavirenz does not inhibit α -, β - and γ -DNA-polymerases. Efavirenz is active only to HIV-virus of type 1²⁻⁴.

Efavirenz is possessed of quite a number of side effects showed by psychiatric symptoms, including insomnia, nightmares, memory loss, depression, and anxiety. Treatment with efavirenz accompanies with certain neuropsychological symptoms in 50% of cases; its neurotoxicity exceeds other antiretroviral medicines⁵⁻¹².

The studies of efavirenz showed that in 20 – 50% of cases the toxic concentrations of the medicine in blood were fixed¹³⁻¹⁶. There are cases of acute poisoning due to administration of efavirenz, including cases of suicide attempts¹⁷⁻¹⁹.

Use of efavirenz can produce a false positive result in blood and urine tests for marijuana²⁰.

Chemically, efavirenz is (*S*)-6-chloro-4-cyclopropylethynyl-1,4-dihydro-4-trifluoromethyl-2*H*-3,1-benzoxazin-2-one and has the structural formula as shown on

Figure 1.

For efavirenz determination the method of HPLC is widely used, it ensures high selectivity and sensitivity of analysis²¹⁻²⁵.

Efavirenz is applied in high concentration; the recommended single oral dose is 600 mg⁴. Thus, we may use for determination of the medicine less sensitive methods of analysis such as spectrophotometry, and chemical structure of efavirenz allows to use direct UV-spectrophotometry for its quantification.

So the purpose of our paper is to develop UV-spectrophotometric procedures of efavirenz quantification and carry out step-by-step validation of the developed procedures in the variants of the method of calibration curve (MCC), method of standard (MS) and method of additions (MA) to choose the optimal variant for further application.

MATERIALS AND METHODS

Equipment

All spectrophotometric measurements were carried out using a single beam UV/VIS spectrophotometer SPEKOL®1500 (Analytik Jena AG, Germany) with wavelength scanned from 1100 nm to 190 nm. The software was WinASPECT®Spekol 2.3. The spectral band width was 1 nm. The pair of quartz square cells S90-309Q (UNICO, USA) with 10 mm pathlength and wavelength range from

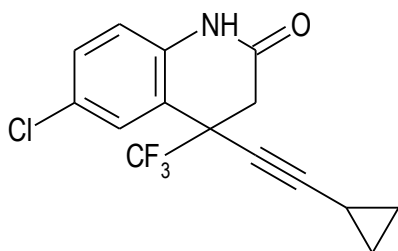
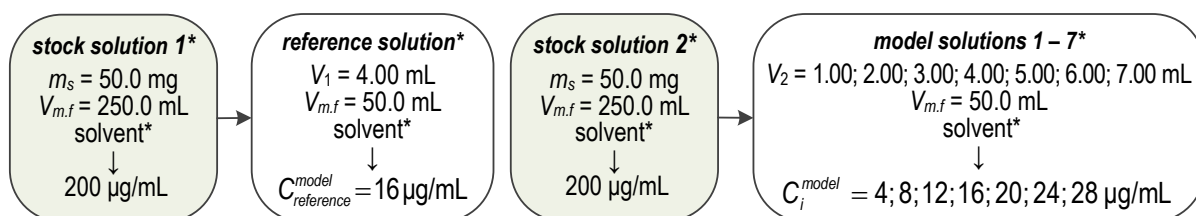


Figure 1: Chemical structure of efavirenz.

– Single-volume pipettes», ISO 1042:1998 «Laboratory glassware – One-mark volumetric flasks», ISO 4788:2005 «Laboratory glassware – Graduated measuring cylinders», ISO 385:2005 «Laboratory glassware – Burettes» and calibrated according to ISO 4787:2010 «Laboratory glassware – Volumetric instruments – Methods for testing of capacity and for use» and «Guidelines for calibration in analytical chemistry»²⁶ was used throughout this study.

Reagents and chemicals

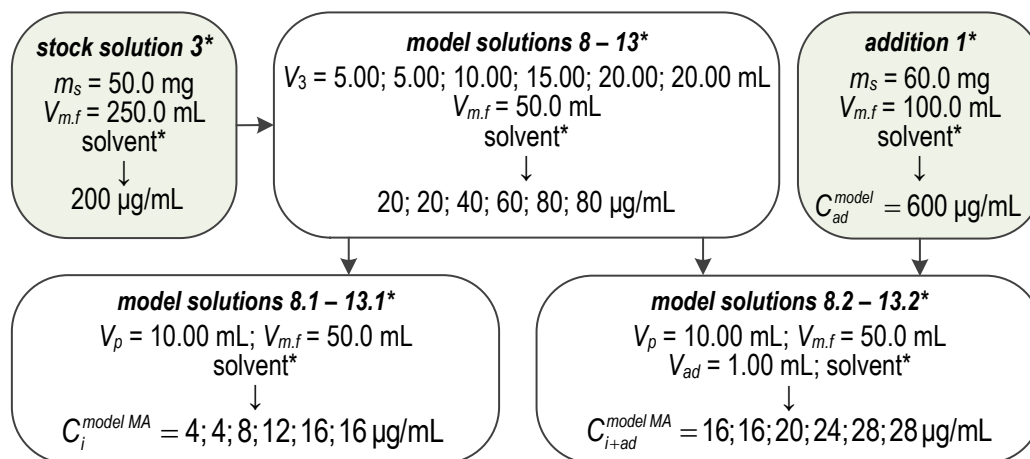
Efavirenz was of pharmacopoeial purity and obtained from



* solutions batch A: 96% C₂H₅OH

solutions batch B: 0.1 M NaOH

Scheme 1. The preparation procedure for reference and model solutions of efavirenz for MCC and MS.



* solutions batch A: 96% C₂H₅OH

solutions batch B: 0.1 M NaOH

Scheme 2: The preparation procedure for model solutions of efavirenz for MA.

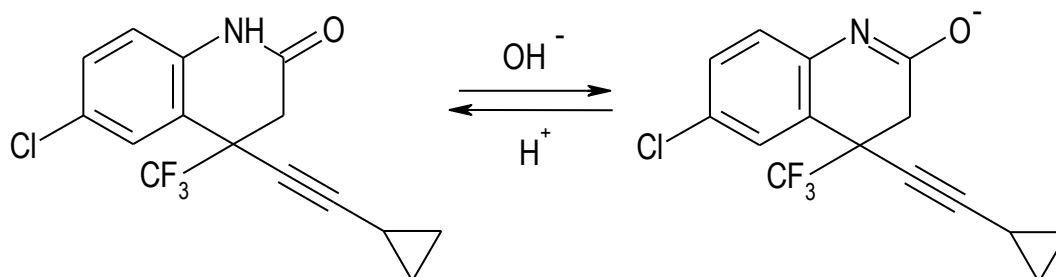


Figure 2: Possible transformations in the efavirenz solutions when changing the medium pH.

200 to 1200 nm was used throughout the whole experiment.

Weighing was carried out using digital analytical balance AN100 (AXIS, Ukraine) with $d = 0.0001$ g.

Glassware satisfied ISO 648:2008 «Laboratory glassware

the pharmaceutical company «Zdorovie» Ltd. All other reagents (ethanol, sodium hydroxide) were of analytical grade.

Reference and model solutions

The method of calibration curve and the method of

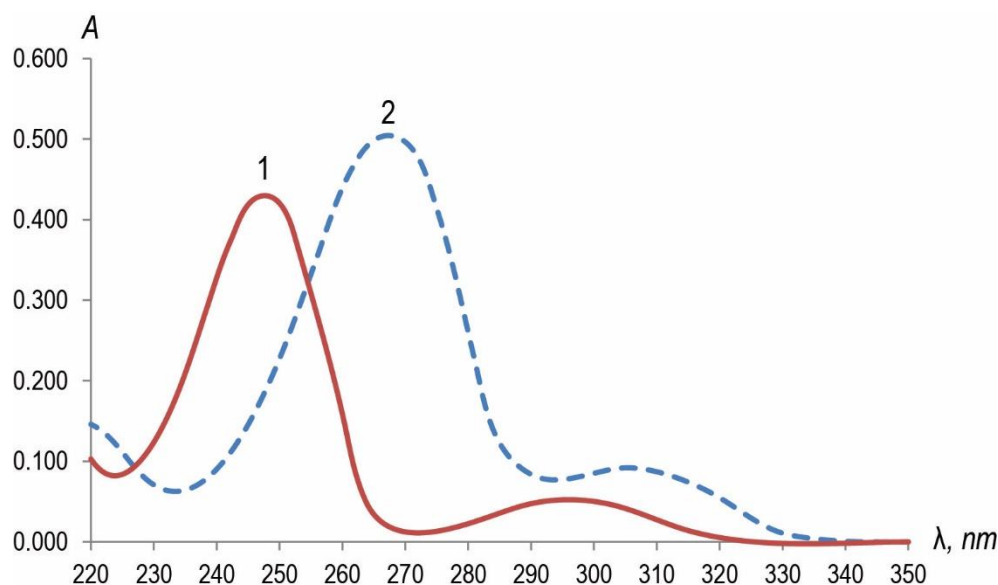


Figure 3. The UV-spectra of efavirenz ($l = 10$ mm; concentration is $10 \mu\text{g/mL}$):

1 – solvent is 96% ethanol, $\lambda_{\text{max}} = 247$ nm ($A_{1\text{cm}}^{1\%} = 530$) and 295 nm;

2 – solvent is 0.1 M sodium hydroxide solution, $\lambda_{\text{max}} = 267$ nm ($A_{1\text{cm}}^{1\%} = 610$) and 307 nm

Table 1: The results of in process stability verification for efavirenz in model solutions.

Parameter	Values					
	0 h	1 h	12 h	24 h	36 h	48 h
96% C ₂ H ₅ OH						
$A^{\text{model stability}}$	0.842	0.846	0.847	0.841	0.846	0.848
$A_0^{\text{model stability}} - A_t^{\text{model stability}}$	–	0.003	0.004	0.001	0.004	0.005
$\delta^{\text{model stability}}, \%$	–	0.40	0.51	0.12	0.47	0.63
$\delta^{\text{model stability}} \leq \max \delta^{\text{model}} = 2.05\%$	–	satisfied	satisfied	satisfied	satisfied	satisfied
0.1 M NaOH						
$A^{\text{model stability}}$	0.968	0.966	0.967	0.962	0.964	0.964
$A_0^{\text{model stability}} - A_t^{\text{model stability}}$	–	0.003	0.001	0.007	0.004	0.005
$\delta^{\text{model stability}}, \%$	–	0.28	0.14	0.69	0.41	0.48
$\delta^{\text{model stability}} \leq \max \delta^{\text{model}} = 2.05\%$	–	satisfied	satisfied	satisfied	satisfied	satisfied

standard (Scheme 1)

The stock solutions 1 and 2 ($200 \mu\text{g/mL}$) were prepared by dissolving 50.0 mg of efavirenz in the solvent and the solutions were diluted to 250.0 mL with the same solvent. The reference solution ($16 \mu\text{g/mL}$) was prepared by diluting 4.00 mL of the stock solution 1 to 50.0 mL with the solvent. The stock solution 2 was diluted with the solvent to prepare the model solutions 1 – 7 having concentrations of 4; 8; 12; 16; 20; 24 and $28 \mu\text{g/mL}$ respectively.

The method of additions (Scheme 2)

The stock solution 3 ($200 \mu\text{g/mL}$) was prepared by dissolving 50.0 mg of efavirenz in the solvent and the solution was diluted to 250.0 mL with the same solvent. The addition solution 1 ($600 \mu\text{g/mL}$) was prepared by dissolving 60.0 mg of efavirenz in the solvent and the solution was diluted to 100.0 mL with the same solvent. The stock solution 3 was diluted with the solvent to prepare the model solutions 8 – 13 having concentrations of 20; 20; 40; 60;

80; 80 $\mu\text{g/mL}$ respectively. The model solutions 8.1 – 13.1 were prepared by diluting 10.00 mL of the model solution 8 – 13 to 50.0 mL with the solvent. For preparing the model solutions 8.2 – 13.2 10.00 mL of the model solutions 8 – 13 were mixed with 1.00 mL of the addition solution 1 and diluted to 50.0 mL with the solvent.

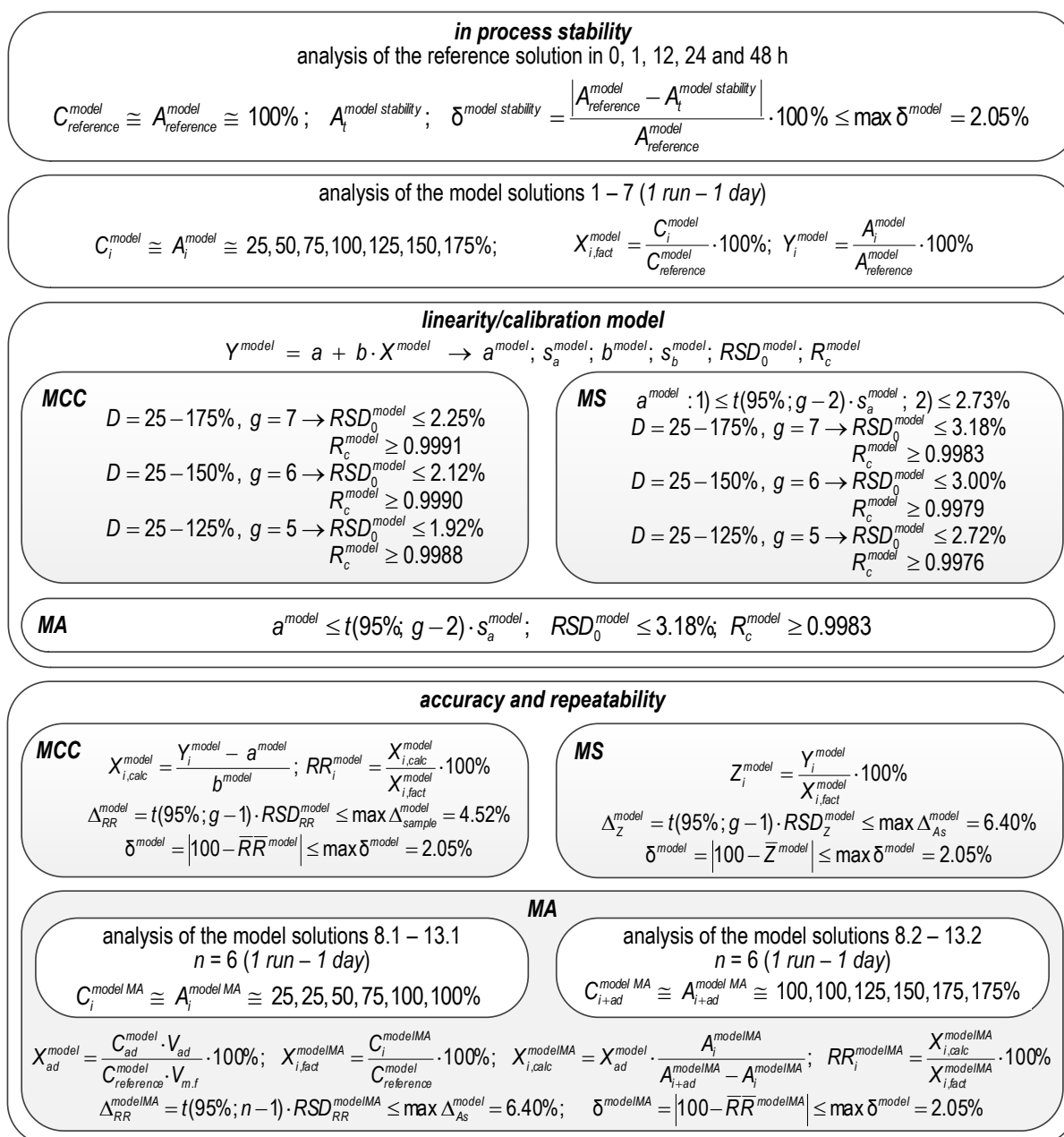
For all cases the solutions batches A and B were prepared using 2 solvents such as 96% ethanol and 0.1 M sodium hydroxide solution respectively.

The absorbance of the model solutions 1 – 7, 8.1 – 13.1 and 8.2 – 13.2 was measured 3 times with randomization of cell position. The respective solvents were used as a compensation solutions.

RESULTS AND DISCUSSION

Analytical procedures development

Proceeding from the chemical structure the following transformations may be hypothesized for efavirenz when



Scheme 3. The validation stages of UV-spectrophotometric procedures for efavirenz determination

changing the medium pH (Figure 2).

Our assumptions have been confirmed by the UV-spectra of the efavirenz solutions in the different solvents with the different pH values; the UV-spectra mentioned above are presented on Figure 3.

Thus, it has been observed the shift of efavirenz absorption maximum to the right (247 nm → 267 nm) when increasing the pH from neutral to alkaline values.

For each absorption maximum and solvent the values of specific absorbance have been calculated (Figure 3) for the concentration range of 4 – 28 µg/mL.

Taking into account the obtained data we have developed two UV-spectrophotometric procedures for efavirenz quantitative determination using the respective solvents – 96% ethanol and 0.1 M sodium hydroxide solution.

Method validation (Scheme 3)

Validation of the developed procedures has been carried

out in the variants of the method of calibration curve^{27–31}, method of standard^{27,32} and method of additions^{27,33}.

Such validation parameters as in process stability, linearity/calibration model, accuracy and precision (repeatability) have been estimated by model solutions.

Method validation by model solutions according to Scheme 3 suggested by us²⁷ allows to assess the suitability of the actual analytical procedure for further work.

The validation provides application of the normalized coordinates:

$$X_i = \frac{C_i}{C_{st}} \cdot 100\%; Y_i = \frac{A_i}{A_{st}} \cdot 100\% \quad (1)$$

i. e. transition from the equation $A_i = b_1 \cdot C_i + a_1$ to the equation $Y_i = b_2 \cdot X_i + a_2$, that allows to calculate the

Table 2: The results of linearity verification of efavirenz determination procedures by the method of UV-spectrophotometry.

Parameter	Values		Acceptability criterion		
	96% C ₂ H ₅ OH	0.1 M NaOH	MCC	MS	MA
<i>D</i> = 25 – 175% (<i>g</i> = 7)					
<i>b</i> ^{model}	0.989	1.021	–	–	–
<i>s</i> _{<i>b</i>} ^{model}	0.014	0.008	–	–	–
<i>a</i> ^{model}	2.030	–0.733	–	≤ 2.73%	–
<i>s</i> _{<i>a</i>} ^{model}	1.514	0.857	–	<i>a</i> ^{model} ≤ 2.015 · <i>s</i> _{<i>a</i>} ^{model}	–
<i>RSD</i> ₀ ^{model}	1.791	1.014	≤ 2.25%	≤ 3.18%	–
<i>R</i> _{<i>c</i>} ^{model}	0.9995	0.9999	≥ 0.9991	≥ 0.9983	–
<i>D</i> = 25 – 150% (<i>g</i> = 6)					
<i>b</i> ^{model}	1.001	1.019	–	–	–
<i>s</i> _{<i>b</i>} ^{model}	0.016	0.011	–	–	–
<i>a</i> ^{model}	1.185	–0.654	–	≤ 2.73%	–
<i>s</i> _{<i>a</i>} ^{model}	1.568	1.051	–	<i>a</i> ^{model} ≤ 2.015 · <i>s</i> _{<i>a</i>} ^{model}	–
<i>RSD</i> ₀ ^{model}	1.684	1.129	≤ 2.12%	≤ 3.00%	–
<i>R</i> _{<i>c</i>} ^{model}	0.9995	0.9998	≥ 0.9990	≥ 0.9979	–
<i>D</i> = 25 – 125% (<i>g</i> = 5)					
<i>b</i> ^{model}	1.026	1.011	–	–	–
<i>s</i> _{<i>b</i>} ^{model}	0.011	0.015	–	–	–
<i>a</i> ^{model}	–0.261	–0.189	–	≤ 2.73%	–
<i>s</i> _{<i>a</i>} ^{model}	0.937	1.237	–	<i>a</i> ^{model} ≤ 2.015 · <i>s</i> _{<i>a</i>} ^{model}	–
<i>RSD</i> ₀ ^{model}	0.893	1.179	≤ 1.92%	≤ 2.72%	–
<i>R</i> _{<i>c</i>} ^{model}	0.9998	0.9997	≥ 0.9988	≥ 0.9976	–

$$\begin{aligned} \max \Delta_{As}^{model} &= 0.32 \cdot \max \Delta_{As} = 0.32 \cdot 20.00\% = 6.40\%; \\ \max \Delta_{cal}^{model} &= \max \Delta_{sample}^{model} = \frac{\max \Delta_{As}^{model}}{\sqrt{2}} = 0.707 \cdot \max \Delta_{As}^{model} = 0.707 \cdot 6.40\% = 4.52\%; \quad \dots(5) \\ \max \delta^{model} &= 0.32 \cdot \max \Delta_{As}^{model} = 0.32 \cdot 6.40\% = 2.05\%. \end{aligned}$$

Equation 5: uncertainty of analyte quantification in model solutions

validation characteristics, which do not depend on the analyte and features of the method of analysis.

The efavirenz concentration in the model solution for the point of 100% in the normalized coordinates *C*_{100%}^{model} has been chosen as the concentration provided the absorbance at the level of 0.7 – 0.9.

For normalization of the obtained experimental data the reference solution with the analyte concentration of *C*_{reference}^{model} = *C*_{100%}^{model} is used.

The analytical ranges *D* of the methods application are 25 – 125%, 25 – 150% and 25 – 175%; the number of concentration levels *g* equals 5, 6 or 7 respectively in constant increments of 25%.

Acceptability criteria for validation parameters have been formed on the basis of systematic application of “insignificance concept”^{34,35} – the confidence interval Δ_2 is

insignificant as compared with the confidence interval Δ_1 at the conventional level *p* = 95%, if the following inequality is correct:

$$\Delta_2 \leq 0.32 \cdot \Delta_1, \quad (2)$$

and proceeding from the value of extreme uncertainty Δ_{As} for the method in analytical toxicology, which equals 25% and 20%^{36,37} – for the lowest point of the analytical range of the methods application and for the rest of range.

In the MCC acceptability criteria for linear dependence and precision have been found proceeding from the equality of uncertainty of plotting the calibration curve Δ_{cal} and uncertainty of analysis of the sample to be analysed Δ_{sample} .

Acceptability criteria for validation parameters have been calculated proceeding from the assumption that

Table 3: The results of accuracy and precision verification (MCC) of efavirenz determination procedures by the method of UV-spectrophotometry.

Factual concentration of efavirenz in model solution ($C_{reference}^{model} = 16 \mu\text{g/mL}$)		Absorbance A_i^{model}	Found in % to standard absorbance $Y_i^{model}, \%$	Calculated concentration of efavirenz in model solution $X_{i,cac}^{model}, \%$			$RR_i^{model}, \%$			
$C_i^{model}, \mu\text{g/mL}$	$X_{i, fact}^{model}, \%$			25 –	25 –	25 –	25 –	25 –	25 –	
96% C ₂ H ₅ OH										
4	25.0	0.219	25.96	24.21	24.74	25.56	96.83	98.98	102.22	
8	50.0	0.427	50.73	49.27	49.49	49.70	98.53	98.97	99.40	
12	75.0	0.645	76.53	75.36	75.25	74.85	100.49	100.34	99.79	
16	100.0	0.853	101.31	100.42	100.00	98.99	100.42	100.00	98.99	
20	125.0	1.086	128.93	128.36	127.58	125.91	102.69	102.07	100.73	
24	150.0	1.258	149.31	148.98	147.94	–	99.32	98.62	–	
28	175.0	1.461	173.45	173.40	–	–	99.08	–	–	
$A_{reference}^{model} = 0.842$							$\overline{RR}^{model}, \%$	99.62	99.83	100.23
							$\delta^{model}, \% = 100 - \overline{RR}^{model} $	0.38	0.17	0.23
							$\delta^{model} \leq \max \delta^{model} = 2.05\%$	satis- fied	satis- fied	satis- fied
							$RSD_{RR}^{model}, \%$	1.83	1.28	1.29
							$\Delta_{RR}^{model}, \% = RSD_{RR}^{model} \cdot t(95\%; g - 1)$	3.57	2.58	2.75
							$\Delta_{RR}^{model} \leq \max \Delta_{sample}^{model} = 4.52\%$	satis- fied	satis- fied	satis- fied
0.1 M NaOH										
4	25.0	0.250	25.85	26.05	26.00	25.75	104.20	104.01	103.00	
8	50.0	0.484	49.98	49.70	49.68	49.61	99.39	99.35	99.22	
12	75.0	0.730	75.42	74.62	74.63	74.76	99.50	99.51	99.68	
16	100.0	0.964	99.59	98.30	98.34	98.66	98.30	98.34	98.66	
20	125.0	1.234	127.47	125.63	125.69	126.23	100.50	100.56	100.98	
24	150.0	1.481	152.91	150.55	150.65	–	100.37	100.43	–	
28	175.0	1.724	178.00	175.14	–	–	100.08	–	–	
$A_{reference}^{model} = 0.968$							$\overline{RR}^{model}, \%$	100.34	100.37	100.31
							$\delta^{model}, \% = 100 - \overline{RR}^{model} $	0.34	0.37	0.31
							$\delta^{model} \leq \max \delta^{model} = 2.05\%$	satis- fied	satis- fied	satis- fied
							$RSD_{RR}^{model}, \%$	1.86	1.96	1.73
							$\Delta_{RR}^{model}, \% = RSD_{RR}^{model} \cdot t(95\%; g - 1)$	3.61	3.95	3.69
							$\Delta_{RR}^{model} \leq \max \Delta_{sample}^{model} = 4.52\%$	satis- fied	satis- fied	satis- fied

uncertainty of analyte quantification in model solutions Δ_{As}^{model} is insignificant as compared with total uncertainty Δ_{As} :

Validation results

In process stability of efavirenz in the model solution was verified in the way of measuring the absorbance for the reference solution immediately and in 1, 12, 24 and 48 hours after its preparation, and the systematic error $\delta^{model\ stability}$ was calculated and assessed (Table 1).

In process stability of efavirenz in model solutions is satisfied the acceptability criteria for all periods of time and for both solvents.

These results have been taken into account when determining all validation parameters.

To determine *linearity/calibration model* the model solutions 1 – 7 were analysed within 1 run, correlation coefficient R_c^{model} , rest standard deviation RSD_0^{model} and also absolute term a^{model} (if it is necessary) were calculated and assessed (Table 2).

To estimate *precision (repeatability) and accuracy: MCC*: the model solutions 1 – 7 concentrations were calculated using the linear dependence obtained and the values «found/given» RR_i^{model} were used to determine the

Table 4: The results of accuracy and precision verification (MS) of efavirenz determination procedures by the method of UV-spectrophotometry.

Factual concentration of efavirenz in model solution ($C_{reference}^{model} = 16 \mu\text{g/mL}$)		Absorbance A_i^{model}	Found in % to standard absorbance $Y_i^{model}, \%$	$Z_i^{model}, \%$		
$C_i^{model}, \mu\text{g/mL}$	$X_{i, fact}^{model}, \%$			25 – 175%	25 – 150%	25 – 125%
96% C ₂ H ₅ OH						
4	25.0	0.219	25.96	103.84	103.84	103.84
8	50.0	0.427	50.73	101.46	101.46	101.46
12	75.0	0.645	76.53	102.04	102.04	102.04
16	100.0	0.853	101.31	101.31	101.31	101.31
20	125.0	1.086	128.93	103.14	103.14	103.14
24	150.0	1.258	149.31	99.54	99.54	–
28	175.0	1.461	173.45	99.11	–	–
$A_{reference}^{model} = 0.842$			$\bar{Z}^{model}, \%$	101.49	101.89	102.36
			$\delta^{model}, \% = 100 - \bar{Z}^{model} $	1.49	1.89	2.36
			$\delta^{model} \leq \max \delta^{model} = 2.05\%$	satisfied	satisfied	satisfied
			$RSD_Z^{model}, \%$	1.73	1.51	1.10
			$\Delta_Z^{model}, \% = RSD_Z^{model} \cdot t(95\%; g - 1)$	3.37	3.05	2.34
			$\Delta_Z^{model} \leq \max \Delta_{As}^{model} = 6.40\%$	satisfied	satisfied	satisfied
0.1 M NaOH						
4	25.0	0.250	25.85	103.41	103.41	103.41
8	50.0	0.484	49.98	99.97	99.97	99.97
12	75.0	0.730	75.42	100.56	100.56	100.56
16	100.0	0.964	99.59	99.59	99.59	99.59
20	125.0	1.234	127.47	101.98	101.98	101.98
24	150.0	1.481	152.91	101.94	101.94	–
28	175.0	1.724	178.00	101.72	–	–
$A_{reference}^{model} = 0.968$			$\bar{Z}^{model}, \%$	101.31	101.24	101.10
			$\delta^{model}, \% = 100 - \bar{Z}^{model} $	1.31	1.24	1.10
			$\delta^{model} \leq \max \delta^{model} = 2.05\%$	satisfied	satisfied	satisfied
			$RSD_Z^{model}, \%$	1.34	1.45	1.58
			$\Delta_Z^{model}, \% = RSD_Z^{model} \cdot t(95\%; g - 1)$	2.60	2.93	3.36
			$\Delta_Z^{model} \leq \max \Delta_{As}^{model} = 6.40\%$	satisfied	satisfied	satisfied

confidence interval Δ_{RR}^{model} and the systematic error δ^{model} respectively (Table 3);

MS: the ratios Z_i^{model} for the model solutions 1 – 7 were calculated and used to determine the confidence interval Δ_Z^{model} and the systematic error δ^{model} respectively (Table 4);

MA: the model solutions 8.1 – 13.1 and 8.2 – 13.2 were analysed within 1 run, the model solutions 8.1 – 13.1 concentrations were recalculated and the values «found/given» $RR_i^{model MA}$ were used to determine the

confidence interval $\Delta_{RR}^{model MA}$ and the systematic error $\delta^{model MA}$ respectively.

The values of confidence interval and systematic error were compared with the respective acceptability criteria. Validation of the procedures has been carried out within 3 different analytical runs using different batches of reagents and different glassware; experiments have been performed by three different analysts. The results obtained within one analytical run are presented in Tables 1 – 5, but results of other analytical runs are at the same range of values. The total results of validation allow to point to the conclusion about acceptable *linearity*, *accuracy* and *precision* of both UV-spectrophotometric procedures of

Table 5: The results of accuracy and precision verification (MA) of efavirenz determination procedures by the method of UV-spectrophotometry

Factual concentration of efavirenz in model solution ($C_{reference}^{model} = 16 \mu\text{g/mL}$)		Absorbance		Calculated concentration of efavirenz in model solution	$RR_i^{modelMA}, \%$
$C_i^{modelMA}, \mu\text{g/mL}$	$X_{i, fact}^{modelMA}, \%$	$A_i^{modelMA}$	$A_{i+ad}^{modelMA}$	$X_{i, calc}^{modelMA}, \%$	
96% C ₂ H ₅ OH					
4	25	0.211	0.849	24.80	99.22
4	25	0.209	0.826	25.41	101.62
8	50	0.421	1.061	49.34	98.67
12	75	0.631	1.251	76.33	101.77
16	100	0.837	1.471	99.01	99.01
16	100	0.851	1.481	101.31	101.31
				$\overline{RR}^{modelMA}, \%$	100.27
				$\delta^{modelMA}, \% = 100 - \overline{RR}^{modelMA} $	0.27
				$\delta^{modelMA} \leq \max \delta^{model} = 2.05\%$	satisfied
				$RSD_{RR}^{modelMA}, \%$	1.44
				$\Delta_{RR}^{modelMA} = t(95\%; n-1) \cdot RSD_{RR}^{modelMA}$	2.91
				$\Delta_{RR}^{modelMA} \leq \max \Delta_{As}^{model} = 6.40\%$	satisfied
0.1 M NaOH					
8	50	0.242	0.964	50.28	100.55
8	50	0.244	0.962	50.97	101.95
16	100	0.489	1.224	99.80	99.80
24	150	0.738	1.480	149.19	99.46
32	200	0.973	1.718	195.91	97.95
32	200	0.978	1.717	198.51	99.26
				$\overline{RR}^{modelMA}, \%$	99.83
				$\delta^{modelMA}, \% = 100 - \overline{RR}^{modelMA} $	0.17
				$\delta^{modelMA} \leq \max \delta^{model} = 2.05\%$	satisfied
				$RSD_{RR}^{modelMA}, \%$	1.34
				$\Delta_{RR}^{modelMA} = t(95\%; n-1) \cdot RSD_{RR}^{modelMA}$	2.70
				$\Delta_{RR}^{modelMA} \leq \max \Delta_{As}^{model} = 6.40\%$	satisfied

efavirenz quantitative determination in the variant of the MCC, MS and MA for all ranges of the method application. It gives us the possibility to recommend these procedures for further application in forensic toxicology with the purpose of development of the methods of biological liquids analysis for efavirenz quantification.

For the most cases the procedures in the variant of MA are characterized by the best values of accuracy and the middle level of precision. In turn, the procedures in the variant of MS are characterized by the best values of precision and the worst values of accuracy. For the variant of MCC the middle accuracy and the worst precision are observed. Thus application of the method of additions is optimal for analysis.

As for the solvents used in analysis, it should be noted that the best linearity, accuracy and repeatability have been fixed for the procedure with application of 0.1 M sodium hydroxide solution as a solvent.

CONCLUSIONS

Two new procedures of efavirenz quantitative determination by the method of UV-spectrophotometry have been developed using 96% ethanol and 0.1 M sodium hydroxide solution as the solvents (wavelengths λ_{max} are 247 nm and 267 nm respectively). Their validation by such parameters as stability, linearity, accuracy and precision in the variants of the method of calibration curve, method of standard and method of additions has been carried out and acceptability for application has been shown.

REFERENCES

- Bastos MM, Costa CCP, Bezerra TC, da Silva FC, Boechat N. Efavirenz a nonnucleoside reverse transcriptase inhibitor of first-generation: approaches based on its medicinal chemistry. Eur J Med Chem. 2016; 108: 455–465. doi: 10.1016/j.ejmech.2015.11.025.

2. Bell C, Matthews GV, Nelson MR. Non-nucleoside reverse transcriptase inhibitors – an overview. *Int J STD AIDS*. 2003; 14(2): 71–77.
3. Waters L, John L, Nelson M. Non-nucleoside reverse transcriptase inhibitors: a review. *Int J Clin Pract*. 2007; 61(1): 105–118.
4. Andany N, Gold WL. Single-tablet antiretroviral treatment (once daily). *CMAJ*. 2016; 188(13): 971. doi: 10.1503/cmaj.151412.
5. Puzantian T. Central nervous system adverse effects with efavirenz: case report and review. *Pharmacotherapy*. 2002; 22(7): 930–933.
6. Grilo NM, João Correia M, Miranda JP, Cipriano M, Serpa J, Matilde Marques M, Monteiro EC, Antunes AMM, Diogo LN, Pereira SA. Unmasking efavirenz neurotoxicity: time matters to the underlying mechanisms. *Eur J Pharm Sci*. 2017; 105: 47–54. doi: 10.1016/j.ejps.2017.05.010.
7. Variava E, Sigauke FR, Norman J, Rakgokong M, Muchichwa P, Mochan A, Maartens G, Martinson NA. Brief Report: Late Efavirenz-Induced Ataxia and Encephalopathy: A Case Series. *J Acquir Immune Defic Syndr*. 2017; 75(5): 577–579. doi: 10.1097/QAI.0000000000001451.
8. Muñoz-Moreno JA, Fumaz CR, Ferrer MJ, González-García M, Moltó J, Negredo E, Clotet B. Neuropsychiatric symptoms associated with efavirenz: prevalence, correlates, and management. A neurobehavioral review. *AIDS Rev*. 2009; 11(2): 103–109.
9. Zalila H, Elloumi H, Gaha N, Ghachem R, Ghazali I, Boussetta A. Acute psychosis under efavirenz in a HIV patient. *Tunis Med*. 2010; 88(2): 119–121.
10. Kenedi CA, Goforth HW. A systematic review of the psychiatric side-effects of efavirenz. *AIDS Behav*. 2011; 15(8): 1803–1818. doi: 10.1007/s10461-011-9939-5.
11. Declodt EH, Maartens G. Neuronal toxicity of efavirenz: a systematic review. *Expert Opin Drug Saf*. 2013; 12(6): 841–846. doi: 10.1517/14740338.2013.823396.
12. Abers MS, Shandera WX, Kass JS. Neurological and psychiatric adverse effects of antiretroviral drugs. *CNS Drugs*. 2014; 28(2): 131–145. doi: 10.1007/s40263-013-0132-4.
13. Borand L, Laureillard D, Madec Y, Chou M, Pheng P, Marcy O, Sok T, Goldfeld AE, Taburet AM, Blanc FX. Plasma concentrations of efavirenz with a 600 mg standard dose in Cambodian HIV-infected adults treated for tuberculosis with a body weight above 50 kg. *Antivir Ther*. 2013; 18(3): 419–423. doi: 10.3851/IMP2483.
14. Schneider S, Peltier A, Gras A, Arendt V, Karasi-Omes C, Mujawamariwa A, Ndimubanzi PC, Ndayisaba G, Wennig R. Efavirenz in human breast milk, mothers', and newborns' plasma. *J Acquir Immune Defic Syndr*. 2008; 48(4): 450–454. doi: 10.1097/QAI.0b013e31817bbc21.
15. Mutwa PR, Fillekes Q, Malgaz M, Tuyishimire D, Kraats R, Boer KR., Burger DM, van Schaik RH, Munganga N, Geelen SP. Mid-dosing interval efavirenz plasma concentrations in HIV-1-infected children in Rwanda: treatment efficacy, tolerability, adherence, and the influence of CYP2B6 polymorphisms. *J Acquir Immune Defic Syndr*. 2012; 60(4): 400–404.
16. Fillekes Q, Natukunda E, Balungi J, Kendall L, Bwakura-Dangarembizi M, Keishanyu R, Ferrier A, Lutakome J, Gibb DM, Burger DM, Walker AS. Pediatric underdosing of efavirenz: a pharmacokinetic study in Uganda. *J Acquir Immune Defic Syndr*. 2011; 58(4): 392–398.
17. Mollan KR, Smurzynski M, Eron JJ, Daar ES, Campbell TB, Sax PE, Gulick RM, Na L, O'Keefe L, Robertson KR, Tierney C. Association between efavirenz as initial therapy for HIV-1 infection and increased risk for suicidal ideation or attempted or completed suicide: an analysis of trial data. *Ann Intern Med*. 2014; 161(1): 1–10. doi: 10.7326/M14-0293.
18. Burger DM, de Mast Q, Schellekens AF. [Efavirenz and risk of suicide in HIV patients]. *Ned Tijdschr Geneesk*. 2015; 159: A8357 [Article in Dutch].
19. Efavirenz: suicides. *Prescrire Int*. 2015; 24(161): 156.
20. Oosthuizen NM, Laurens JB. Efavirenz interference in urine screening immunoassays for tetrahydrocannabinol. *Ann Clin Biochem*. 2012; 49(Pt 2): 194–196. doi: 10.1258/acb.2011.011118.
21. Curley P, Siccardi M, Moss DM, Owen A. Development and validation of an LC-MS/MS assay for the quantification of efavirenz in different biological matrices. *Bioanalysis*. 2016; 8(20): 2125–2134. doi: 10.4155/bio-2016-0021.
22. Montgomery ER, Edmanson AL, Cook SC, Hovsepian PK. Development and validation of a reverse-phase HPLC method for analysis of efavirenz and its related substances in the drug substance and in a capsule formulation. *J Pharm Biomed Anal*. 2001; 25(2): 267–284.
23. Saras-Nacenta M, López-Púa Y, López-Cortés LF, Malloles J, Gatell JM, Carné X. Determination of efavirenz in human plasma by high-performance liquid chromatography with ultraviolet detection. *J Chromatogr B Biomed Sci Appl*. 2001; 763(1–2): 53–59.
24. Ramachandran G, Kumar AK, Swaminathan S, Venkatesan P, Kumaraswami V, Greenblatt DJ. Simple and rapid liquid chromatography method for determination of efavirenz in plasma. *J Chromatogr B Analyt Technol Biomed Life Sci*. 2006; 835(1–2): 131–135.
25. Barreiros L, Cunha-Reis C, Silva EM, Carvalho JR, das Neves J, Sarmento B, Segundo MA. Development and validation of a liquid chromatography-MS/MS method for simultaneous quantification of tenofovir and efavirenz in biological tissues and fluids. *J Pharm Biomed Anal*. 2017; 136: 120–125. doi: 10.1016/j.jpba.2016.12.028.
26. Danzer K, Otto M, Currie LA. Guidelines for calibration in analytical chemistry. Part 2. Multispecies calibration. *Pure Appl Chem*. 2004; 76(6): 1215–1225.
27. Klimenko LYu. The integrated approach to development and validation of the procedures of analytes quantification in biological fluids for chemical and toxicological analysis, DSc thesis, National University of Pharmacy, Kharkiv, Ukraine, 2016 [in Russian].

28. Klimenko LYu, Petyunin GP. Development of approaches to validation of UV-spectrophotometric methods of quantitative determination in forensic and toxicological analysis: linearity and application range. *Farmatsevtichnyi chasopys*. 2014; 2(30): 46–51.
29. Klimenko LYu, Petyunin GP, Trut SM, Moroz VP. [Acceptability criteria for linear dependence when validating UV-spectrophotometric methods of quantitative determination in forensic and toxicological analysis]. *Current issues in pharmacy and medicine: science and practice*. 2014; 2(15): 15–22 [Article in Russian].
30. Klimenko LYu, Trut SM, Petyunin GP, Kostina TA. Determining accuracy in validation of UV-spectrophotometric methods of quantitative measurement in forensic toxicological analysis. *Ukrainian Biopharmaceutical Journal*. 2014; 2(31): 55–67.
31. Klimenko LYu, Trut SM, Mykytenko OYe. Approaches to determination of precision for UV-spectrophotometric methods of quantitative determination in forensic and toxicological analysis. *Farmatsyia Kazakhstana*. 2014; 3(154): 44–48.
32. Klimenko LYu. [Development of approaches to determination of linearity, accuracy and precision of UV-spectrophotometric methods of quantitative determination by the method of standard in forensic and toxicological analysis]. *Farmatsyia Kazakhstana*. 2014; 4(155): 31–35 [Article in Russian].
33. Klimenko LYu. Determination of linearity, accuracy and precision of UV-spectrophotometric methods of quantitative determination in forensic and toxicological analysis in the variant of the method of additions. *Farmatsyia Kazakhstana*. 2014; 7(158): 51–58.
34. State Pharmacopoeia of Ukraine, SE «Ukrainian Scientific Pharmacopoeial Center for Quality of Medicines», Kharkiv, 2016, 2nd ed.
35. Gryzodub OI. Standardized validation procedures for methods of medicines quality control, SE «Ukrainian Scientific Pharmacopoeial Center for Quality of Medicines», Kharkiv, 2016.
36. Guidance for the Validation of Analytical Methodology and Calibration of Equipment used for Testing of Illicit Drugs in Seized Materials and Biological Specimens, United Nations Office on Drugs and Crime, Laboratory and Scientific Section, New York, 2009.
37. Moffat AC, Osselton MD, Widdop B. Clarke's analysis of drugs and poisons in pharmaceuticals, body fluids and postmortem material, Pharmaceutical Press, London, 2011, 4th ed.