

Analysis of Pharmaceuticals and Personal Care Products (PPCPs) as Contaminants in Drinking Water by LC/MS/MS Using Agilent Bond Elut PPL

Authors

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Abstract

This work describes the development of a fast and robust workflow using offline solid phase extraction (SPE) Agilent Bond Elut PPL followed by LC/MS/MS for the analysis of multiclass pharmaceuticals and personal care product (PPCPs) contaminants in drinking water. Various SPE products were investigated, and Bond Elut PPL SPE was selected as having the best performance for this application. The PPL method was then optimized step-by-step. The quantitation result demonstrates that the average recoveries of 39 PPCPs spiked with two concentration levels were in the range of 79% to 127% with RSD below 20%. The limit of quantitation (LOQ) was in the range of 0.5 to 13 ng/L.

Experimental

Chemicals and reagents

All reagents and solvents used in sample preparation were HPLC or analytical grade, and the reagent and solvents used in the LC/MS analysis were LC/MS-grade. Acetonitrile (ACN) and methanol (MeOH) were from Honeywell (Muskegon, MI, USA). Formic acid (FA), ammonium formate, and ascorbic acid were obtained from Anpel (Shanghai, China). Monopotassium phosphate was obtained from J&K Scientific Ltd. (Beijing, China). Ammonium fluoride and ethylenediaminetetraacetic acid disodium salt dihydrate (Na₂EDTA) were obtained from Sigma-Aldrich. All target standards and internal standards at 100 µg/mL in acetonitrile, were purchased from Alta (Tianjin, China) and stored at -20 °C. Penicillin and cephalosporin solutions were freshly made with 100 µg/mL in 1:1 ACN:water before usage, for stability.

Equipment and consumables

- Eppendorf Centrifuge 5810R (Hamburg, Germany)
- Agilent Bond Elut PPL, 6 mL cartridge, 500 mg (part number 12255001)
- Agilent Bond Elut SPE Reservoir 60 mL (part number 12131012)
- Adapter cap for 1, 3, and 6 mL Bond Elut Cartridges, 15/pk (part number 12131001)
- Agilent Vac Elut 20 Manifold (part number 12234101)

Instrument conditions

LC/MS/MS detection was performed on an Agilent 1290 Infinity II LC system. This consisted of the Agilent 1290 Infinity II high speed pump (G7120A), the Agilent 1290 Infinity II multisampler (G7167B), and the Agilent 1290 Infinity II multicolumn thermostat (G7116B).

These were coupled to an Agilent triple quadrupole LC/MS (G6470A) with an Agilent Jet Stream Electrospray ion source. Agilent MassHunter Workstation software was used for data acquisition and analysis. Table 1 lists the LC/MS/MS method conditions. The MRM transitions and settings are listed in Table 2.

Table 1. LC/MS/MS method conditions.

LC/MS/MS Parameter	Setting		
Column	Agilent ZORBAX RRHD Eclipse Plus C18, 2.1 × 100 mm, 1.8 µm (p/n 959758-902)		
Column Temperature	40 °C		
Autosampler Temperature	10 °C		
Injection Volume	10 µL		
Mobile Phase	A) Water, containing 4.5 mM ammonium formate, 0.5 mM ammonium fluoride, 0.1% formic acid B) Methanol, containing 4.5 mM ammonium formate, 0.5 mM ammonium fluoride, 0.1% formic acid		
Gradient	Time (min)	%B	Flow rate (mL/min)
	0	2	0.35
	1	2	
	3	20	
	8	30	
	10	40	
	15	70	
	16	98	
	19	98	
Stop Time	19 min		
Source Parameters			
Gas Temperature	300 °C		
Gas Flow	10 L/min		
Nebulizer	40 psi		
Sheath Gas Temperature	350 °C		
Sheath Gas Flow	11 L/min		
Ionization Mode	Positive		
Capillary Voltage	+3,500		
Nozzle Voltage	+500		
Time Segments			
Agilent 1290 Infinity II binary system			
Start Time (min)	Scan type	Div valve	Delta EMV (+)
0	DMRM	To Waste	0
2.8	DMRM	To MS	400
19	DMRM	To Waste	0

Table 2. MRM conditions for the targeted analytes.

Compound Name	Precursor Ion	Product Ion	RT (min)	Fragmentor	Collision Energy	Cell Accelerator Voltage
1,7-Dimethylxanthine	181.1	124.0	4.7	116	22	4
		69.1			34	
		42.2			46	
4-Acetamidophenol- ¹³ C ₂ - ¹⁵ N	155.1	110.9	3.9	93	14	4
		65.0			34	
Acetaminophen	152.1	110.1	3.9	111	18	4
		93.1			26	
		65.1			38	
Ampicillin	350	160.0	6.6	113	10	4
		114.0			36	
		106.0			16	
Carbamazepine	237.1	194.0	13.8	136	22	4
		179.0			42	
		165.0			50	
Ceftiofur	524	241.0	11.8	146	6	5
		126.0			40	
		124.7			58	
Cephalexin	348.1	174.1	6.1	116	2	4
		158.2			2	
		106.0			40	
Cephalexin-d5	353.1	158.1	6.1	88	6	4
		111.0			30	
Cephadrine	350.1	175.9	7.1	102	17	4
		157.9			8	
		107.8			30	
Cinoxacin	263.1	245.1	10.2	85	14	4
		217.1			22	
		189.0			30	
Ciprofloxacin	332.1	314.0	6.9	149	20	4
		288.0			20	
		245.0			40	
Ciprofloxacin-d8	340.2	322.2	6.9	131	26	4
		235.0			46	
Clarithromycin	748.5	590.4	15.3	100	18	5
		158.0			30	
		83.1			55	
Cloxacillin	436	277.0	14.6	70	12	4
		160.0			12	
Dehydronifedipine	345.1	284.1	14.1	146	30	4
		268.1			30	
Diltiazem	415.2	178.0	13.3	141	26	4
		150.0			50	
		109.0			55	
Diphenhydramine	256.2	167.0	12.3	80	14	4
		165.0			54	
		152.0			46	

Compound Name	Precursor Ion	Product Ion	RT (min)	Fragmentor	Collision Energy	Cell Accelerator Voltage
Enrofloxacin	360.2	342.2	7.3	156	20	4
		316.2			16	
		245.1			32	
Erythromycin	734.5	576.2	14.3	172	6	5
		157.8			18	
		82.8			54	
Erythromycin- ¹³ C-d3	738.5	161.8	14.3	141	30	5
		82.7			58	
Flumequine	262.1	244.1	13.3	108	12	4
		202.0			32	
		126.0			52	
Fluoxetine	310.1	148.1	14.5	106	6	4
		91.0			10	
		44.2			14	
Fluoxetine-d5	315.2	153.1	14.5	83	4	4
		95.0			50	
		44.1			10	
Ormetoprim	275.2	259.1	6.4	90	30	4
		123.1			26	
		81.1			54	
Oxacillin	402.1	243.0	14.2	106	10	4
		160.0			14	
Oxolinic acid	262.1	243.9	11.1	114	20	4
		159.9			45	
Penicilline G	335.1	176.1	13.1	85	2	4
		160.1			2	
Penicilline G-d7	342.1	183.1	13.1	85	10	4
		160.1			10	
Sarafloxacin	386.1	368.1	8.3	150	20	4
		342.1			20	
		299.1			40	
Sarafloxacin-d8	394.2	376.1	8.3	131	22	4
		350.0			18	
		303.1			30	
Sulfacetamide	215	155.9	3.5	80	4	4
		108.0			16	
		92.0			20	
Sulfachloropyridazine	285	156.0	6.7	108	12	4
		108.1			24	
		92.1			24	
Sulfadiazine	251.1	156.0	4.1	100	8	4
		108.1			20	
		92.1			28	
Sulfadimethoxine	311.1	156.0	10.5	141	16	4
		108.1			28	
		92.1			36	
Sulfadoxine	311.1	156.0	7.7	126	16	4
		92.1			32	

Compound Name	Precursor Ion	Product Ion	RT (min)	Fragmentor	Collision Energy	Cell Accelerator Voltage
Sulfamerazine	265.1	156.0	4.9	114	12	4
		108.0			20	
		92.1			28	
Sulfameter	281.1	215.1	5.6	150	20	4
		156.0			20	
		108.0			35	
Sulfamethazine	279.1	186.1	6.0	116	12	4
		124.0			21	
		92.1			38	
Sulfamethazine-d4	283.1	124.0	6.0	103	30	4
		96.0			34	
Sulfamethizole	271	156.0	5.7	112	9	4
		92.0			29	
Sulfamethoxazole	254.1	156.0	6.9	108	12	4
		92.1			24	
Sulfamethoxazole-d4	258.1	160.0	6.9	90	14	4
		96.1			30	
Sulfaphenazole	315.1	158.1	9.7	150	40	4
		92.0			40	
Sulfapyridine	250.1	156.0	4.7	150	17	4
		92.0			29	
Sulfaquinoxaline	301.1	156.0	11.1	118	16	4
		92.0			32	
Thiabendazole	202	175.0	6.8	130	24	4
		131.0			36	
		65.0			52	
Thiabendazole-d4	206.1	179.0	6.7	141	30	4
		135.1			42	
Trimethoprim	291.2	261.1	5.5	151	18	4
		230.0			20	
		123.1			24	
Trimethoprim-d3	294.2	230.1	5.5	90	26	4
		123.1			26	
Tylosin	916.5	772.4	14.3	280	30	5
		174.1			40	
		101.0			56	

Sample preparation

Tap water was collected from the Shanghai municipal water supply. To 1 L of water, 30 mg of ascorbic acid, 5.848 g of monopotassium phosphate, and 0.5 g of Na₂EDTA were added and mixed thoroughly until completely dissolved. A portion of the water sample was then spiked appropriately with standard solution at various levels, and internal standard solution at 1 mg/L. Water samples were then extracted following the SPE procedure, using Bond Elut PPL as shown in Figure 1.

Figure 2 shows the LC/MS/MS MRM chromatogram of the targets in the fortified water sample at 20 ng/L.

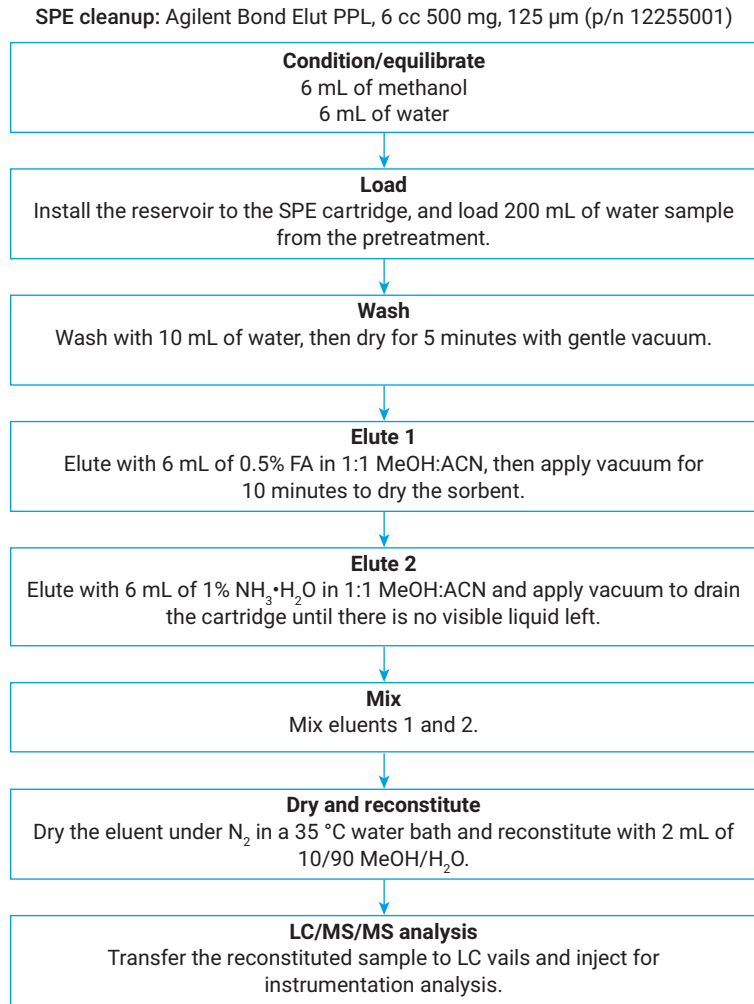


Figure 1. Agilent Bond Elut PPL SPE procedure for water sample extraction.

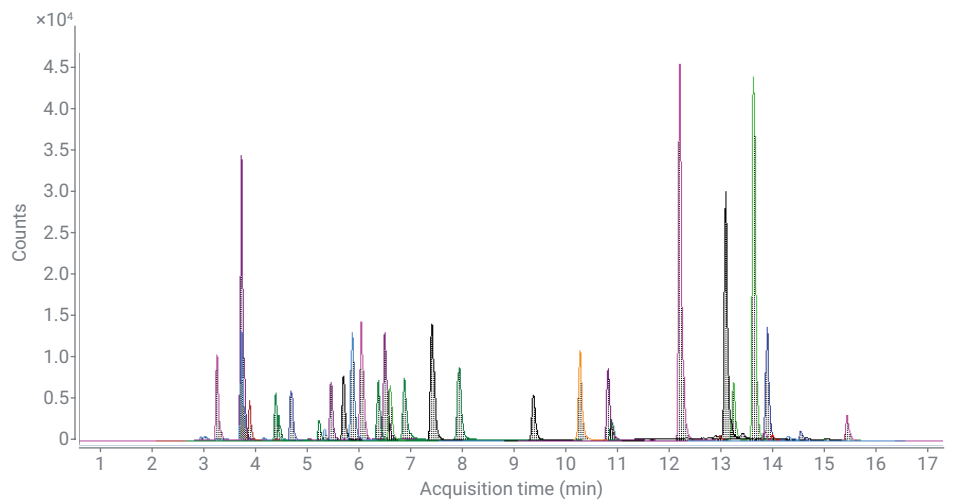


Figure 2. LC/MS/MS MRM chromatogram of targets in tap water sample at 20 ng/L.

Results and discussion

Sample preparation optimization

The optimization of the SPE method included following three parameters: SPE product selection, sample loading conditions, and target elution conditions.

SPE sorbents selection

Four commercially available SPE products were investigated using 50 mL of neat standard solution: Agilent Bond Elut Plexa, Agilent Bond Elut ENV, Agilent Bond Elut PPL, and HLB, with the same loading process. The sample loading process refers to EPA method

1694¹ where the sample was adjusted to a pH of 2 with 1 M HCl. The elution was conducted with 100% MeOH, except Bond Elut PPL, which recommends acidic and basic sequential elution for multiclass target analysis in the user guide.² The recovery results of the representative targets in Figure 3 show that Bond Elut PPL delivered best recoveries overall. For some of the targets, such as erythromycin and penicillin G, the recoveries show extremely low values, no matter which SPE products are used for extraction, which might be relevant to degradation during sample preparation.

Loading conditions

Chlorine residuals in drinking water can react with some antibiotics and cause a stability issue on the targets. It was reported that ascorbic acid can be an effective chlorine-quenching agent without affecting the analysis and stability of antibiotics in water.³ As a result, ascorbic acid was added to the drinking water to remove chlorine, thus preserving the sensitive targets. Other than the EPA method, some literature has suggested acidic loading for antibiotic drugs or PPCPs, to enhance lipophilicity to achieve strong retention on the sorbent.⁴ However, the acidic

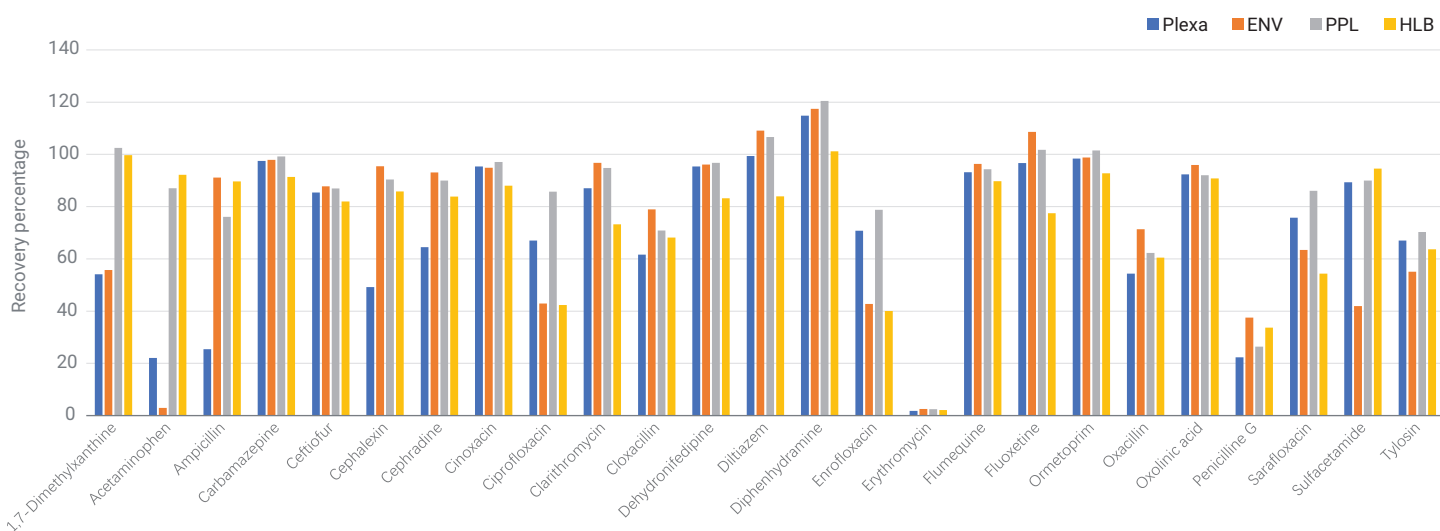


Figure 3. Comparison of different SPE products for the extraction of representative targets.

condition caused low recoveries and higher variability of erythromycin and penicillin G, which could result in the method failure. To verify the applicability of the sample loading condition, both acidic and neutral loading were tested for comparison. The results in Figure 4 show that, for erythromycin and penicillin G, the neutral loading condition delivered higher recoveries than acidic loading condition, while for the rest of the targets, similar results were obtained with both loading conditions. Additionally, the stability of the PPCPs in neutral water and acidified water (pH 2) was tested under room temperature for 12 hours, by monitoring the analyte responses using LC/MS/MS with sampling every 90 minutes. As shown in Figure 5, the acidic sample condition caused degradation of the penicillins and macrolides significantly and rapidly. Conversely, these targets showed much better stability in the neutral sample over time. As a result, the neutral sample loading condition was applied to the final SPE method.

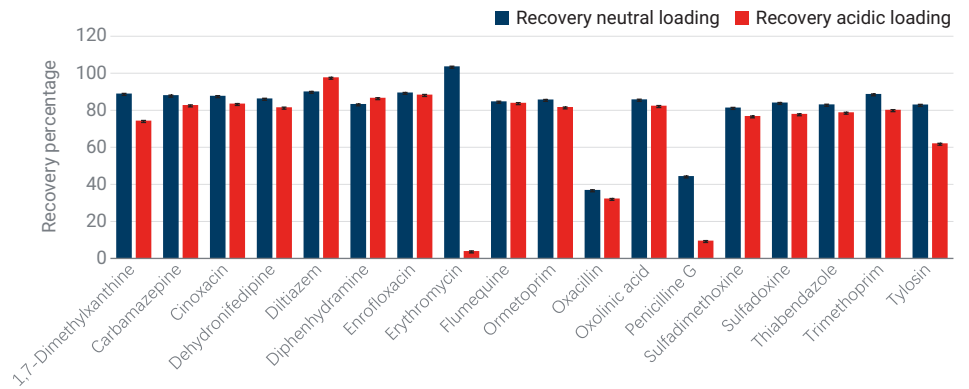


Figure 4. Recovery and reproducibility comparison with neutral sample loading and acidic sample loading for representative PPCPs (n = 5).

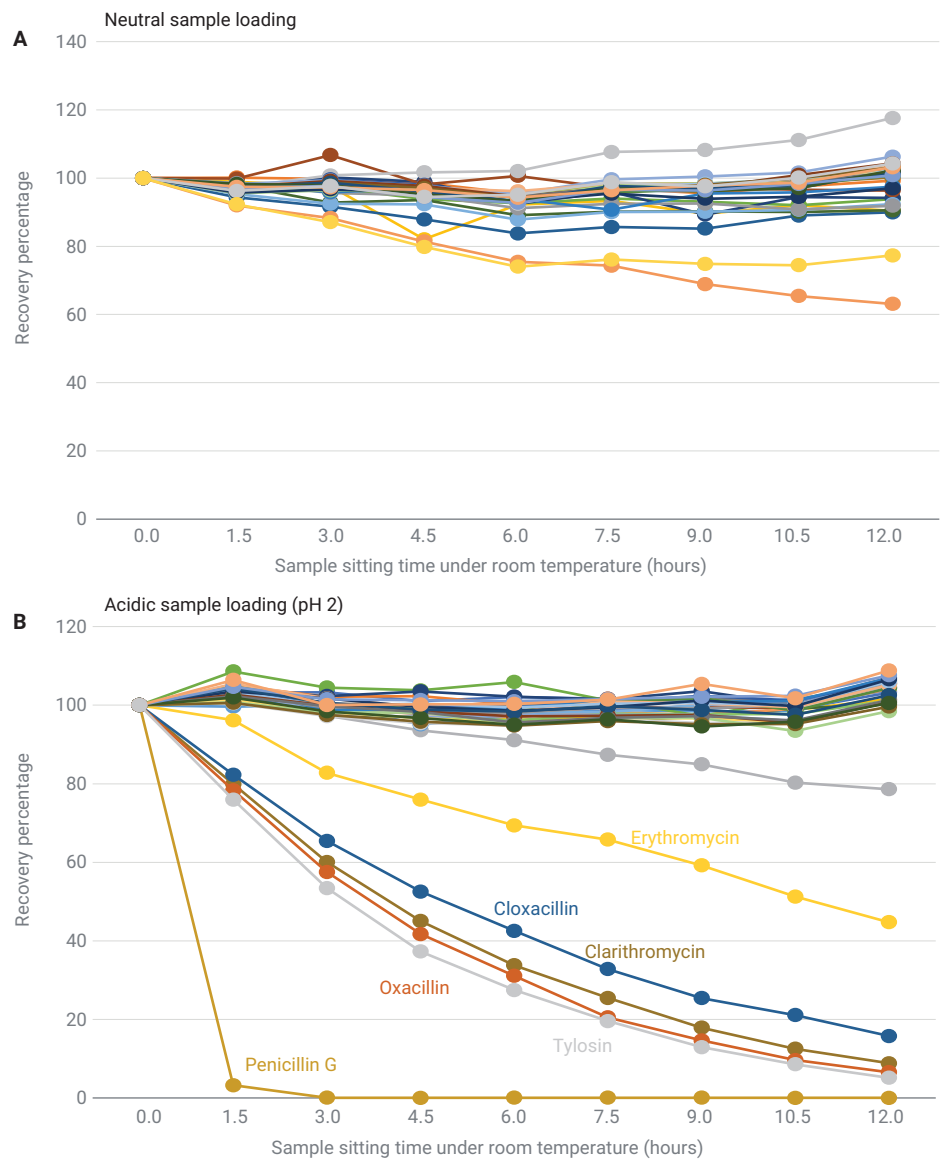


Figure 5. Stability study of the PPCPs in neutral and pH of 2 acidic buffered solution at room temperature.

Elution condition

As recommended in the Bond Elut PPL guidelines², neutral elution with MeOH provides good recoveries for most of the targets, while acidic or basic elution using acidified or alkaline solvent or solvent mixture improves certain analyte recoveries significantly. For multiclass target analysis, acidic and basic sequential elution delivers the best comprehensive results.² Thus, the different conditions for elution were investigated in consideration of both targets' recoveries and acid labile compound stability. The results shown in Figure 6 confirm the necessity of acidic-basic sequential elution to achieve the acceptable recoveries for all of targets in this application.

Method validation

The quantitative method validation includes calibration curve linearity, limit of quantification (LOQ), analyte recovery, and precision at both low and high spiking levels. The detailed quantitation results are shown in Table 3. Ten or more calibration standards were used to generate calibration curves over the dynamic range from 0.05 ng/mL to 25, 50, or 100 ng/mL, depending on various targets which correspond

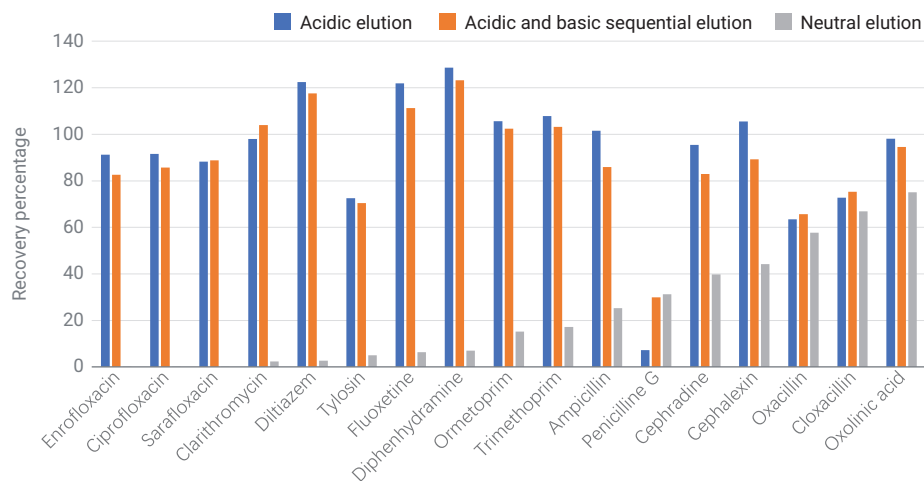


Figure 6. Comparison of the different sample elution conditions for representative PPCPs.

to 0.5 to 1,000 ng/L spiking level in the water sample. Linear regression fit and $1/x^2$ weighting were used. Excellent calibration curve linearity was demonstrated with correlation coefficients (R^2) >0.992 for all of targets. The low QC spiking level at 5 ng/L was analyzed with seven replicates, and the method detection limit (MDL) was defined as 3.14 times the standard deviation (SD), while the

lower LOQ is calculated to be four times the MDL.^{5,6} The LOQs of the PPCPs ranged from 0.5 to 13 ng/L in drinking water. Acceptable recoveries (79% to 127%) were achieved, except the high recovery of 1,7-dimethylxanthine at the low spiking level (5 ng/L), caused by positive contribution from the matrix background. Method reproducibility was demonstrated with less than 20% RSDs for all analytes at both spiking levels.

Table 3. Method quantitation results for 39 PPCPs in drinking water with LC/MS/MS.

Analytes	IS	Calibration Range (ng/L)	R ²	LOQ (ng/L)	5 ng/L Spiking Level (n = 5)		20 ng/L Spiking Level (n = 5)	
					LQC-Rec%	LQC-RSD	HQC-Rec%	HQC-RSD
1,7-Dimethylxanthine	Trimethoprim-d3	0.5 to 1,000	0.9992	3.1	150	3.3%	109	1.9%
Acetaminophen	4-Acetamidophenol- ¹³ C ₂ - ¹⁵ N	0.5 to 1,000	0.9999	1.4	102	2.1%	107	0.7%
Ampicillin	Penicilline G-d7	0.5 to 1,000	0.9995	4.6	95	9.1%	79	4.1%
Carbamazepine	Trimethoprim-d3	0.5 to 250	0.9923	0.5	112	0.6%	109	1.3%
Ceftiofur	4-Acetamidophenol- ¹³ C ₂ - ¹⁵ N	0.5 to 1,000	0.9996	2.8	90	2.0%	88	4.1%
Cephalexin	Cephalexin-d5	0.5 to 1,000	0.9997	12.9	103	18.0%	107	7.4%
Cephradine	Trimethoprim-d3	0.5 to 1,000	0.9995	7.2	104	13.5%	94	9.1%
Cinoxacin	Ciprofloxacin-d8	0.5 to 1,000	0.9955	1.8	100	2.6%	123	2.2%
Ciprofloxacin	Ciprofloxacin-d8	0.5 to 1,000	0.9979	2.0	90	3.8%	103	0.7%
Clarithromycin	Trimethoprim-d3	0.5 to 1,000	0.9980	0.9	108	1.1%	109	3.1%
Cloxacillin	4-Acetamidophenol- ¹³ C ₂ - ¹⁵ N	0.5 to 1,000	0.9999	5.2	93	9.7%	98	2.2%
Dehydronifedipine	Trimethoprim-d3	0.5 to 1,000	0.9991	0.7	105	1.2%	107	1.8%
Diltiazem	Ciprofloxacin-d8	0.5 to 1,000	0.9988	1.1	104	1.7%	127	4.3%
Diphenhydramine	Ciprofloxacin-d8	0.5 to 1,000	0.9931	0.9	110	1.3%	118	3.7%
Enrofloxacin	Ciprofloxacin-d8	0.5 to 1,000	0.9990	2.6	114	4.0%	122	2.8%
Erythromycin	Erythromycin- ¹³ C-d3	0.5 to 1,000	0.9994	8.6	105	11.4%	119	2.9%
Flumequine	Erythromycin- ¹³ C-d3	0.5 to 250	0.9978	5.2	100	8.5%	115	1.1%
Fluoxetine	Fluoxetine-d5	0.5 to 1,000	0.9989	0.9	109	1.5%	111	0.8%
Ormetoprim	Sulfamethazine-d4	0.5 to 250	0.9982	1.6	115	2.4%	116	2.4%
Oxacillin	Penicilline G-d7	0.5 to 1,000	0.9997	3.6	98	5.4%	89	2.0%
Oxolinic acid	Trimethoprim-d3	0.5 to 500	0.9981	1.2	113	1.7%	106	3.2%
Penicilline G	Penicilline G-d7	0.5 to 1,000	0.9991	4.1	91	6.9%	107	1.7%
Sarafloxacin	Sarafloxacin-d8	0.5 to 1,000	0.9993	1.7	98	2.9%	105	0.7%
Sulfacetamide	Sulfamethoxazole-d4	0.5 to 500	0.9922	1.0	88	1.5%	87	1.1%
Sulfachloropyridazine	Cephalexin-d5	0.5 to 1,000	0.9983	4.0	96	4.9%	88	3.4%
Sulfadiazine	Sulfamethoxazole-d4	0.5 to 1,000	0.9935	0.7	86	1.2%	83	1.5%
Sulfadimethoxine	Trimethoprim-d3	0.5 to 1,000	0.9958	1.6	98	3.0%	101	1.8%
Sulfadoxine	Trimethoprim-d3	0.5 to 500	0.9962	2.0	104	2.9%	104	1.3%
Sulfamerazine	Sulfamethoxazole-d4	0.5 to 1,000	0.9951	0.7	99	1.3%	99	1.6%
Sulfameter	Sulfamethoxazole-d4	0.5 to 1,000	0.9967	2.6	101	4.8%	104	2.7%
Sulfamethazine	Sulfamethazine-d4	0.5 to 1,000	0.9941	1.5	100	2.1%	108	1.2%
Sulfamethizole	Sulfamethoxazole-d4	0.5 to 1,000	0.9996	1.7	86	3.9%	83	1.7%
Sulfamethoxazole	Sulfamethoxazole-d4	0.5 to 1,000	0.9997	1.7	101	3.1%	101	1.3%
Sulfaphenazole	Sulfamethoxazole-d4	0.5 to 1,000	0.9971	0.8	102	1.3%	97	1.6%
Sulfapyridine	Sulfamethoxazole-d4	0.5 to 500	0.9948	1.5	100	1.7%	96	2.6%
Sulfaquinolaxine	Cephalexin-d5	0.5 to 1,000	0.9995	4.7	94	5.5%	80	4.2%
Thiabendazole	Thiabendazole-d4	0.5 to 1,000	0.9952	1.4	106	1.5%	105	1.8%
Trimethoprim	Trimethoprim-d3	0.5 to 1,000	0.9943	2.2	105	3.1%	109	1.6%
Tylosin	Thiabendazole-d4	0.5 to 1,000	0.9988	3.4	92	6.3%	104	5.5%

Conclusion

A reliable analytical method was developed for multiclass multiresidue analysis of PPCPs in drinking water using the Agilent Bond Elut PPL SPE extraction, followed by LC/MS/MS detection. The method was validated for quantitative analysis based on LOQs, recoveries and precisions, and calibration ranges. This was demonstrated to be a robust and reliable method for routine monitoring of the PPCPs in drinking water, and has potential extension to environmental water analysis.

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