

**Spectrofluorimetric Determination of Brexpiprazole via Quenching of Erythrosine B  
Fluorescence: Optimization using Box-Behnken Design**

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**Table S1:** Box Behnken experimental design for optimizing the factors affecting the reaction process of erythrosine B and **BRX**.

Std	Run	<b>Factor 1</b>		<b>Factor 2</b>		<b>Factor 3</b>		<b>Factor 4</b>	
		A:Buffer pH	mL	B:Buffer volume	mL	C:Erythrosine B volume	mL	D:Reaction time	min
<b>13</b>	1	3	0.5			0.5		10	
<b>26</b>	2	3		1		1		10	
<b>1</b>	3	2		0.5		1		10	
<b>8</b>	4	3		1		1.5		15	
<b>9</b>	5	2		1		1		5	
<b>11</b>	6	2		1		1		15	
<b>16</b>	7	3		1.5		1.5		10	
<b>7</b>	8	3		1		0.5		15	
<b>12</b>	9	4		1		1		15	
<b>20</b>	10	4		1		1.5		10	
<b>6</b>	11	3		1		1.5		5	
<b>10</b>	12	4		1		1		5	
<b>2</b>	13	4		0.5		1		10	
<b>3</b>	14	2		1.5		1		10	
<b>15</b>	15	3		0.5		1.5		10	
<b>14</b>	16	3		1.5		0.5		10	
<b>27</b>	17	3		1		1		10	
<b>17</b>	18	2		1		0.5		10	
<b>18</b>	19	4		1		0.5		10	
<b>23</b>	20	3		0.5		1		15	
<b>4</b>	21	4		1.5		1		10	
<b>22</b>	22	3		1.5		1		5	
<b>19</b>	23	2		1		1.5		10	
<b>21</b>	24	3		0.5		1		5	
<b>24</b>	25	3		1.5		1		15	
<b>5</b>	26	3		1		0.5		5	
<b>25</b>	27	3		1		1		10	

**Table S2:** Experimental data for robustness testing of the proposed method for **BRX** analysis.

<b>Parameter</b>	<b>Modification</b>	<b>% Recovery ± RSD%</b>
<b>Buffer (pH)</b>	3.1	98.22 ± 0.573
	3.2 (optimum)	99.37 ± 0.371
	3.3	99.23 ± 0.727
<b>Erythrosine B volume (mL)</b>	1.1	99.34 ± 0.537
	1.2 (optimum)	100.71 ± 0.782
	1.3	100.55 ± 0.517
<b>Buffer volume (mL)</b>	0.9	99.31 ± 0.844
	1 (optimum)	100.51 ± 0.551
	1.1	100.40 ± 0.776

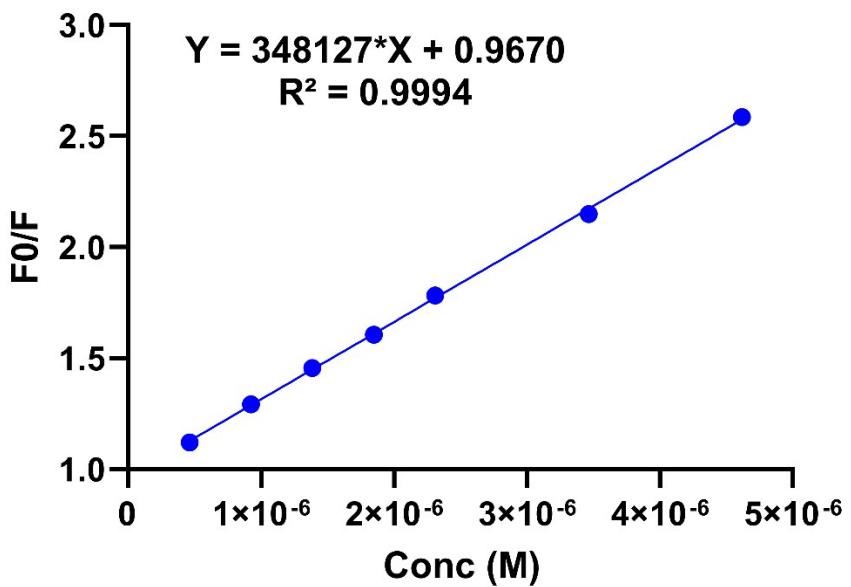
**Table S3:** Application of the proposed method for determination of **BRX** in spiked human plasma.

<b>Drug</b>	<b>Amount taken</b> ( $\mu\text{g/mL}$ )	<b>Amount found</b> ( $\mu\text{g/mL}$ ) <sup>a</sup>	<b>%Recovery</b>
<b>BRX</b>	0.4	0.397	99.25
	0.6	0.589	98.17
	0.8	0.791	98.88
	1	0.984	98.40
	1.5	1.487	99.13
<b>mean</b>			<b>98.77</b>
<b>SD</b>			<b>0.467</b>
<b>RSD%</b>			<b>0.473</b>

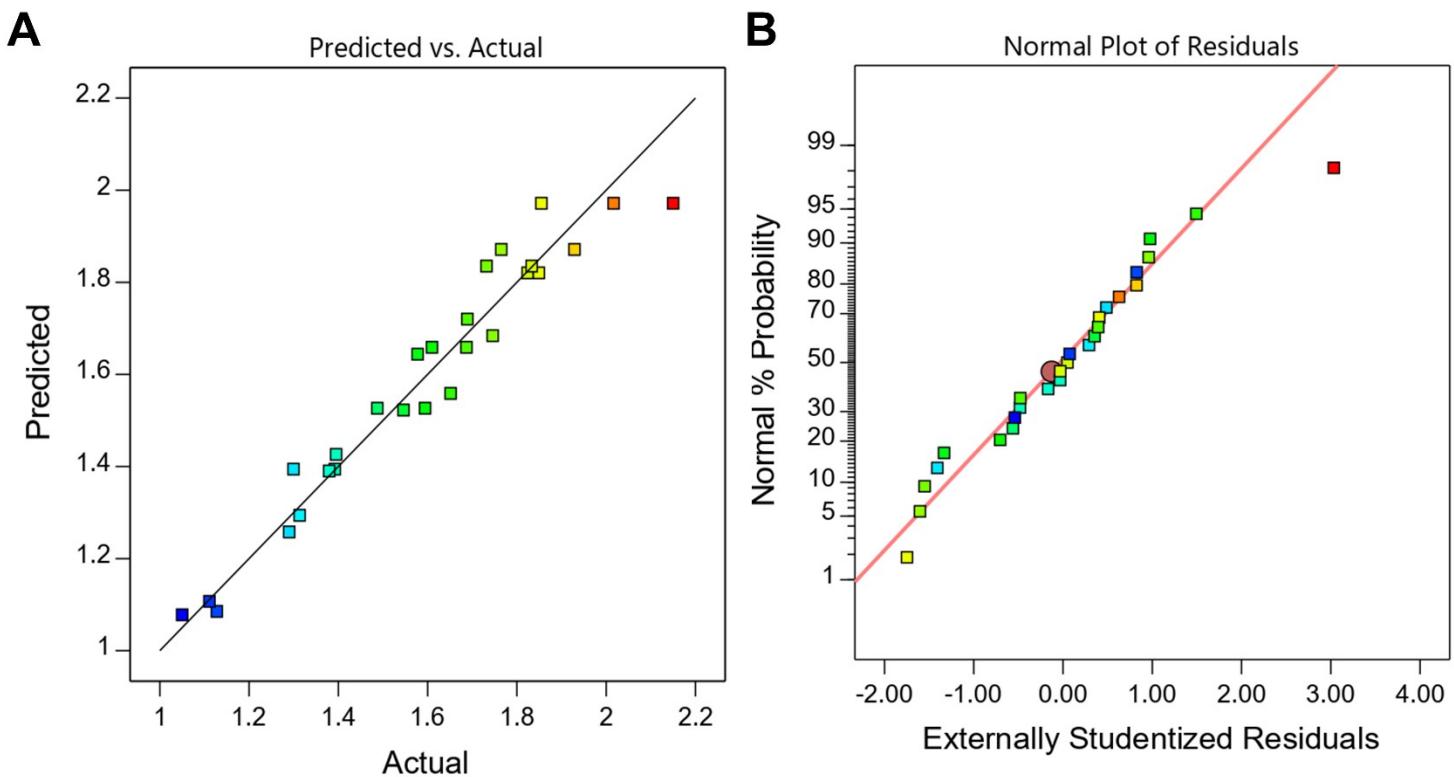
<sup>a</sup> average of three determinations.

**Table S4:** Stability study of BRX in human plasma.

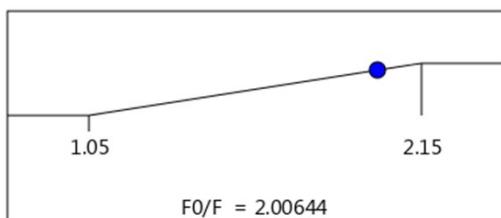
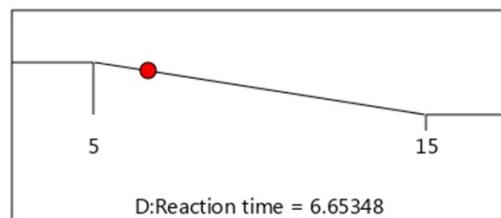
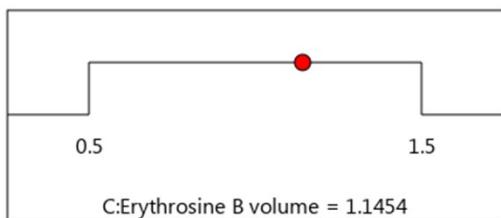
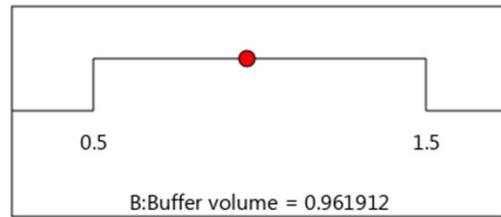
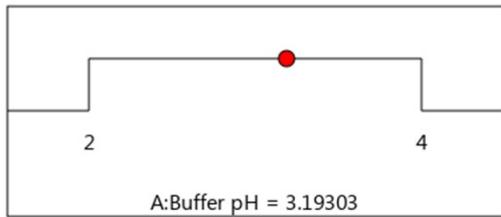
<b>Conditions</b>	<b>LQC (0.3 µg/mL)</b>	<b>HQC (1.8 µg/mL)</b>
	<b>% Recovery ± SD</b>	<b>% Recovery ± SD</b>
<b>Long-term stability</b>	97.66 ± 1.17	97.27 ± 1.14
<b>Short-term stability</b>	98.22 ± 1.06	98.17 ± 0.67
<b>Post-preparative stability</b>	98.57 ± 1.10	98.71 ± 1.47
<b>Stock solution stability</b>	100.31 ± 0.82	100.11 ± 1.12
<b>Three freeze-thaw cycle stability</b>	97.33 ± 1.22	97.28 ± 1.27



**Fig. S1:** Stern-Volmer plot for the quenching of erythrosine B fluorescence by brexpiprazole (BRX) showing the linear relationship between F<sub>0</sub>/F ratio and BRX concentration (M). The linear regression equation  $F_0/F = 348127[BRX] + 0.9670$  ( $R^2 = 0.9994$ ) confirms the static quenching mechanism with a Stern-Volmer constant (K<sub>SV</sub>) of  $3.48 \times 10^5 \text{ M}^{-1}$ .



**Fig. S2:** Model validation plots for the spectrofluorimetric method (A) Predicted vs. actual plot showing a straight line between model predictions and observed values. (B) Normal plot of externally studentized residuals, showing a straight line indicating a normal distribution of the data.



Desirability = 0.869

**Fig. S3:** Numerical optimization of the investigated factors on the reaction process of **BRX** and erythrosine B showing the best conditions for maximum F0/F ratio.