

DUAL RUN-DUAL WAVELENGTH HPTLC METHOD DEVELOPMENT AND VALIDATION FOR DETERMINATION OF FIVE ANTIDIABETIC DRUGS IN BULK AND THEIR PHARMACEUTICAL DOSAGE FORMS

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ABSTRACT

Objective: A sensitive, selective, precise and validated high-performance thin layer chromatographic method for analysis of five Antidiabetic drugs in bulk and their available combined dosage forms has been developed.

Methodology: The method employed TLC aluminum plates precoated with silica gel 60 F₂₅₄ as the stationary phase. A dual run technique was adopted for better resolution amongst all five drugs with solvent system initially chloroform: methanol: Ammonia (9:1:0.2 v/v/v) upto half the height of the plate. The plates were dried and developed again in system chloroform: methanol: Ammonia (9:1.5:0.2 v/v/v) of higher polarity till 80 mm height. This was found to give compact spots for all five drugs. (R_f value of Metformin Hydrochloride, Repaglinide, Glimepiride, Pioglitazone and Sitagliptin Phosphate = 0.10 ± 0.02, 0.23 ± 0.02, 0.45 ± 0.02, 0.54 ± 0.02 and 0.66 ± 0.02 respectively). Densitometric analysis was carried out in the absorbance mode at 238 nm for Metformin Hydrochloride (MFH), Repaglinide (REP) and Glimepiride (GLM) while at 268nm for Pioglitazone (PIO) and Sitagliptin Phosphate (SGP).

Results: The linear regression data for the calibration plots showed good linear relationship with r² close to 0.9999 in the concentration range of 200-800 ng/spot for drugs other than SGP which showed linearity between 2000-8000ng/spot. The method was validated for precision, accuracy, ruggedness and recovery as per ICH guidelines and was applied for quantification in various formulations.

Conclusion: The developed method could be used for quantification of any of the selected five drugs in bulk or in their available combined pharmaceutical dosage forms.

Keywords: HPTLC Method, Antidiabetic Drugs, Dual Run Technique, Simultaneous Determination

INTRODUCTION

With advancement and modernization in field of drug development, newer and newer drugs have been invented every year. In past two decades several new categories of oral antidiabetic drugs have been invented and formulated in various combinations. A market survey carried out clearly indicated the use of oral antidiabetics i.e. Metformin Hydrochloride, Repaglinide, Glimepiride, Pioglitazone and newer DPP4 inhibitor drug Sitagliptin Phosphate, either alone or in combination with one another, the most by physicians and specialists. Metformin Hydrochloride (MFH) and Glimepiride (GLM) are sulphonylureas; Repaglinide (REP) a metaglinide; Pioglitazone

(PIO) a thiazolidinedione and Sitagliptin Phosphate (SGP) a DPP₄ inhibitor [1] (Figure 1) regulates the control of insulin in body via several mechanisms and maintains body's glucose levels. Today Indian markets are flooded with more than 800 generic brands of these drugs and same is the scenario globally [2]. Several methods like UV, HPLC, LC-MS, LC-MS MS and capillary electrophoresis [3-21] have been developed for quantification of these drugs alone or in combination. Due to its better resolution, cost effectiveness and higher sensitivity, High pressure thin layer chromatography is a widely adopted method of analysis. Thus it was thought of interest to develop a universal industrially applicable method for quantification of these drugs using HPTLC method.

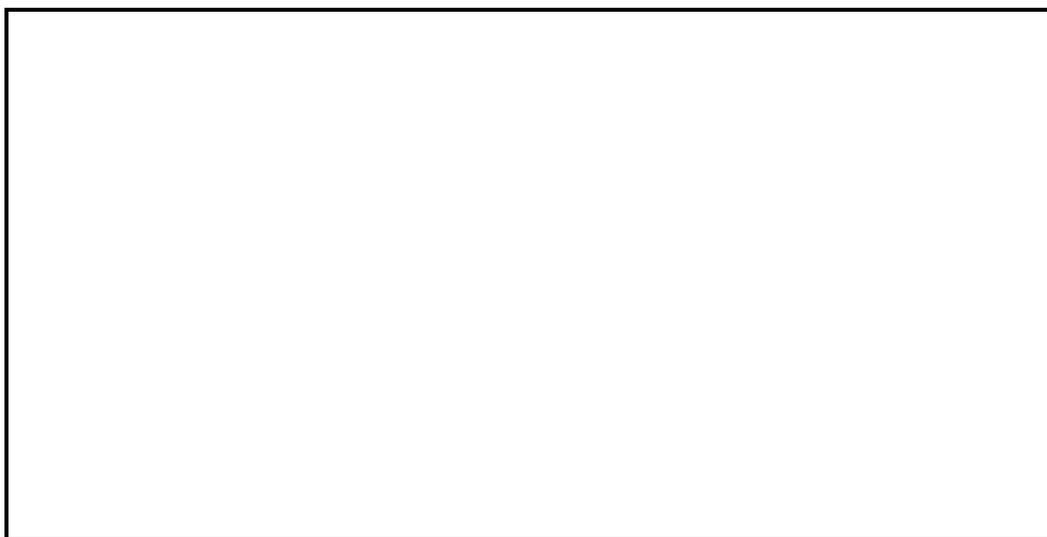


Fig. 1: Structures of Antidiabetic drugs

MATERIALS AND METHODS

Chemicals and Reagents

Pure drug samples of Metformin hydrochloride, Pioglitazone, Glimepiride and Repaglinide were gifted by Torrent Research Centre, Ahmedabad, Gujarat. Pure drug sample of Sitagliptin Phosphate was gifted from Sun Pharmaceuticals, Vadodara, Gujarat. Chloroform, methanol, ammonia and all other chemicals utilized during experiments were of analytical grade and purchased from SD Fine Chemicals, New Delhi, India. All the market formulations were purchased from local pharmacy.

Instrumentation and Chromatographic conditions

The HPTLC system (Camag, Switzerland) consisted of Linomat IV auto-spotter connected to a nitrogen cylinder, CAMAG TLC scanner-3 and CATS-4 software. A twin trough chamber (10 × 10 cm²) was utilized for development of the plates. Pre-coated silica gel 60 F₂₅₄ TLC plates (10 × 10 cm², layer thickness 0.2 mm, Merck, Darmstadt, Germany) were used as a stationary phase. TLC plates were pre-washed with methanol and activated at 60 °C for 5 min prior to sample application. The standard and formulation samples in mixture of all drugs were spotted on precoated TLC plates in the form of narrow bands of lengths 5 mm. Linear ascending development was carried out in twin trough chamber (10 × 10 cm²). Dual development technique was adopted for resolution amongst all drugs, where in initially plate was developed upto 4 cm height in mobile phase chloroform: methanol: ammonia (9: 1: 0.1 v/v/v), plate was dried and re-developed in more polar mobile phase system chloroform: methanol: ammonia (9: 1.5: 0.1 v/v/v) upto 8 cm height. Densitometric scanning was performed on CAMAG TLC scanner 3 in Absorbance/Reflectance mode, operated by CATS-4 software. The spots were analyzed at a dual wavelength mode i.e. at 238 nm for MFH, REP and GLM while 268 nm for PIO and SGP. The slit dimensions used in the analysis were length and width of 5 × 0.45 mm with a scanning rate of 20 mm/s.

Preparation of standard stock solutions and calibration curves

For preparation of stock solutions, accurately weighed MFH, REP, GLM and PIO (10 mg) were transferred into a series of 10 mL volumetric flask, dissolved and diluted with methanol. Accurately weighed SGP (100 mg) was transferred into a 10 mL volumetric flask, dissolved and diluted with double distill water. For preparation of working standard solution, aliquot (1 mL) from each flask of stock solutions were transferred into a 10 mL volumetric flask and diluted with methanol upto the mark to obtain a final concentration of 100 µg/mL of MFH, REP, GLM and PIO while 1000 µg/mL of SGP. Calibration was obtained by applying mixture of working standard solutions ranging from 2.0 to 8.0 µL by Hamilton syringe with the help of Linomat IV auto-spotter on TLC plate that gave concentration 200-800 ng/spot for MFH, REP, PIO and GLM and 2000-8000 ng/spot for SGP. This was replicated for five times. From the developed plates calibration curve was plotted as mean peak areas versus concentration.

Analysis of marketed tablet formulations

1) OBIMAT-SR: (Metformin Hydrochloride Tablets - 500 mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. Aliquot quantity (1 mL) was transferred to 50 mL volumetric flask and diluted with methanol up to the mark. Take 2.5ml of above solution into 10ml volumetric flask and diluted to the mark with methanol. The solution (10 µL) was applied on TLC plate along with standard calibration curve.

2) JANUVIA: (Sitagliptin phosphate-100mg)

Accurately weigh and powdered 10 tablets. Powder equivalent to 100 mg of Sitagliptin phosphate was transferred to 50 mL volumetric flask. Triple distilled water (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper

41. and diluted with triple distilled water up to the mark. The solution (2 µL) was applied on TLC plate along with standard calibration curve.

3) ACTOS: (Pioglitazone-15mg)

Accurately weigh and powdered 10 tablets. Powder equivalent to 15 mg of Pioglitazone was transferred to 50 mL volumetric flask. methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. and diluted with methanol up to the mark. The solution (2 µL) was applied on TLC plate along with standard calibration curve.

4) GLP: (Glimepiride-2mg)

Accurately weigh and powdered 10 tablets. Powder equivalent to 2 mg of Glimepiride was transferred to 50 mL volumetric flask. methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. and diluted with methanol up to the mark. The solution (5 µL) was applied on TLC plate along with standard calibration curve.

5) ACTOPLUS MET: (Metformin hydrochloride-500mg + Pioglitazone-15mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. The solution (2 µL) was applied on TLC plate along with standard calibration curve for detection of pioglitazone. Aliquot quantity (1 mL) was transferred to 50 mL volumetric flask and diluted with methanol up to the mark. Take 2.5ml of above solution into 10ml volumetric flask and diluted to the mark with methanol. The solution (10 µL) was applied on TLC plate along with standard calibration curve for detection of Metformin hydrochloride.

6) EUREPA- TOR-MF: (Metformin hydrochloride-500mg + Repaglinide-2mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. The solution (5 µL) was applied on TLC plate along with standard calibration curve for detection of Repaglinide. Aliquot quantity (1 mL) was transferred to 50 mL volumetric flask and diluted with methanol up to the mark. Take 2.5ml of above solution into 10ml volumetric flask and diluted to the mark with methanol. The solution (10 µL) was applied on TLC plate along with standard calibration curve for detection of Metformin hydrochloride.

7) JANUMET: (Metformin hydrochloride-500mg+Sitagliptin phosphate-100mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. The solution (2µL) was applied on TLC plate along with standard calibration curve for detection of sitagliptin phosphate. Aliquot quantity (1mL) was transferred to 50 mL volumetric flask and diluted with methanol up to the mark. Take 2.5ml of above solution into 10ml volumetric flask and diluted to the mark with methanol. The solution (10 µL) was applied on TLC plate along with standard calibration curve for detection of Metformin hydrochloride.

8) AMARYL-MZ: (Metformin hydrochloride-500mg+Glimepiride-2mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. The solution (5µL) was applied on TLC plate along with standard calibration curve for detection of Glimepiride and The solution (10 µL) was applied on TLC plate along with standard calibration curve for detection of Metformin hydrochloride.

9) TRIGLYNASE-2

(Metformin hydrochloride-500mg+Pioglitazone-15mg+Glimepiride 2mg)

Accurately weigh and powder 10 tablets. Powder equivalent to 500 mg of Metformin Hydrochloride was transferred to 50 mL volumetric flask. Methanol (30 mL) was added to it and was sonicated for 15 min and filtered using whatmann filter paper 41. The solution was diluted with methanol up to the mark. The solution (5 μ L) was applied on TLC plate along with standard calibration curve for detection of Glimepiride and the solution (2 μ L) was applied on TLC plate for analysis of pioglitazone. Aliquot quantity (1 mL) was transferred to 50 mL volumetric flask and diluted with methanol up to the mark. Take 2.5ml of above solution into 10ml volumetric flask and diluted to the mark with methanol. The solution (10 μ L) was applied on TLC plate along with standard calibration curve for detection of Metformin hydrochloride.

Method Validation**Linearity**

For linearity study 2.0 to 8.0 μ L of working standard solution was spotted on precoated TLC plate. So the linearity responses were accessed in range of 200-800 ng/spot for MFH, REP, GLM and PIO while 2000-8000 ng/spot for SGP.

Precision

Precision of the method was determined in the terms of intra-day and inter-day variation (%RSD). Intra-day precision (%RSD) was assessed by analyzing standard drug solutions within the calibration range, three times on the same day. Inter-day precision (%RSD) was assessed by analyzing drug solutions within the calibration range on three different days over a period of 7 days.

Accuracy

To the pre-analyzed sample a known amount of standard solution of pure drug was spiked at three different levels (80%, 100% and

120%). These solutions were subjected to re-analysis by the proposed method.

Sensitivity

The sensitivity of measurement of MFH, REP, GLM, PIO and SGP by the use of proposed method was estimated in terms of Limit of Detection (LOD) and Limit of Quantitation (LOQ). The LOD and LOQ were calculated by equation. Based on the standard deviation of the response and the slope, LOD and LOQ were estimated using the formulae:

$$\text{LOD} = 3.3 \sigma/S$$

Where, σ = the standard deviation of the response

S = the slope of the calibration curve

$$\text{LOQ} = 10 \sigma/S$$

Where, σ = the standard deviation of the response

S = the slope of the calibration curve

LOD and LOQ were determined from the standard deviations of the responses for five replicate determinations.

RESULTS AND DISCUSSION**Method development**

The TLC procedure was optimized for determination of all the chosen antidiabetic drugs. Dual run development resulted in good resolution with sharp and symmetrical peaks at Rf of MPH, REP, GLM, PIO and SGP = 0.10 \pm 0.02, 0.23 \pm 0.02, 0.45 \pm 0.02, 0.54 \pm 0.02 and 0.66 \pm 0.02 respectively (Figure 2). Scanning of the plates was done at dual wavelength (238 and 268 nm) as MFH, REP and GLM showed wavelength maximum at 237-238 nm while PIO and SGP showed at 268 nm respectively. It was observed that pre-washing of TLC plates with methanol (followed by drying and activation) ensured good reproducibility and peak shape of all the drugs.

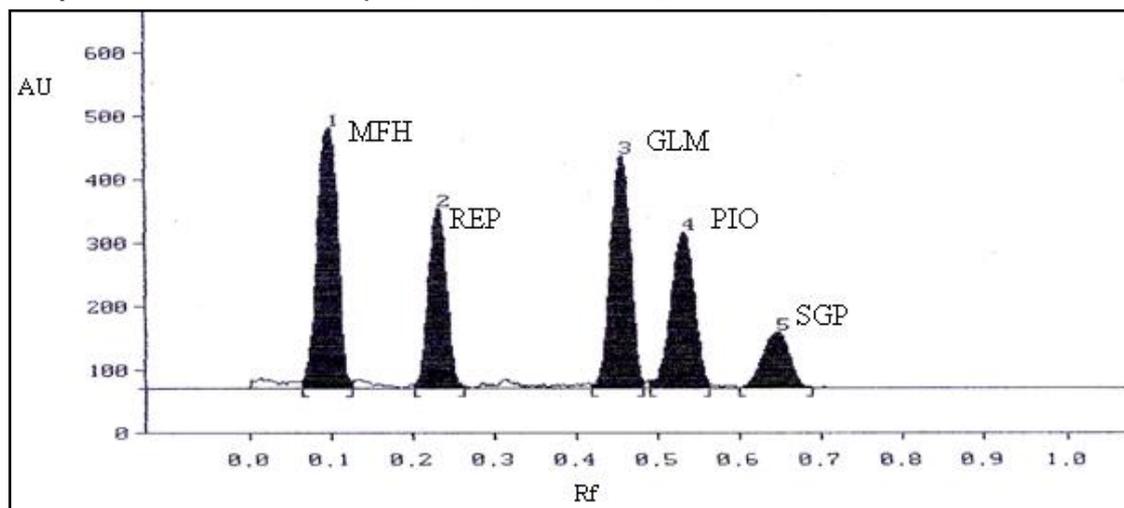


Fig. 2: Chromatogram of standard drugs in mixture

Validation**Linearity**

Linear regression data for the calibration plots revealed good linear relationships between area and concentration over the ranges 200-800 ng/spot for MFH, REP, GLM and PIO while 2000-8000 ng/spot for SGP. The linear equations and regression for the calibration plots are given in Table 1.

Precision

The precision of the method was expressed as relative standard deviation (RSD %). The %RSD values for intra-day precision study

and inter-day study listed in Table 2 were \leq 2.0%, confirming that the method was sufficiently precise.

Accuracy

When the method was used for accuracy and subsequent analysis of all the drugs from the pharmaceutical dosage form, and spiked with 80, 100, and 120% of additional pure drug, the recovery was found close to 100 % confirming the accurateness of the method. (Table 3)

Sensitivity

The LOD and LOQ were calculated by equation. The LOD and LOQ values for all the drugs were as listed in Table 4.

Analysis of marketed tablet formulations

Several available brands in varying combinations of all selected anti diabetic drugs when analyzed using developed method gave sharp

and well defined peaks at their respective Rf. The result in table also indicates that there was no interference from the excipients which are commonly present in tablet dosage form.

Table 1: Calibration details of antidiabetic drugs

| Sr. No | Drug | Linearity Equation | Regression (r ²) |
|--------|------|--------------------|------------------------------|
| 1. | MFH | y = 10.63x + 1376 | r ² = 0.999 |
| 2. | REP | y = 5.78x + 572.9 | r ² = 0.997 |
| 3. | GLM | y = 10.33x + 2414 | r ² = 0.998 |
| 4. | PIO | y = 6.60x + 1867 | r ² = 0.998 |
| 5. | SGP | y = 0.74x + 1164 | r ² = 0.999 |

Table 2: Intraday and Interday precision data

| | Conc. (ng/spot) | Intraday Area Mean(n=3) ± SD | % RSD | Interday Area Mean(n=3) ± SD | % RSD |
|-----|-----------------|------------------------------|-------|------------------------------|-------|
| MFH | 200 | 3454.03 ± 32.39 | 0.93 | 3498.06 ± 65.42 | 1.87 |
| | 500 | 6658.70 ± 35.28 | 0.52 | 6684.66 ± 50.31 | 0.75 |
| | 800 | 9624.40 ± 26.15 | 0.27 | 9807.00 ± 73.47 | 0.74 |
| REP | 200 | 1657.20 ± 32.92 | 1.98 | 1656.46 ± 29.42 | 1.77 |
| | 500 | 3534.56 ± 34.40 | 0.97 | 3509.06 ± 29.25 | 0.83 |
| | 800 | 5052.50 ± 27.74 | 0.54 | 5097.13 ± 45.30 | 0.88 |
| GLM | 200 | 3162.30 ± 44.15 | 1.39 | 3126.96 ± 56.57 | 1.81 |
| | 500 | 5257.63 ± 35.17 | 0.66 | 5169.23 ± 57.11 | 1.10 |
| | 800 | 7039.40 ± 27.10 | 0.38 | 7052.27 ± 52.00 | 0.73 |
| PIO | 200 | 4353.27 ± 43.41 | 0.99 | 4396.67 ± 77.86 | 1.77 |
| | 500 | 7533.40 ± 49.12 | 0.65 | 7575.80 ± 39.09 | 0.51 |
| | 800 | 10655.50 ± 43.46 | 0.40 | 10581.13 ± 73.43 | 0.67 |
| SGP | 2000 | 2654.36 ± 33.76 | 1.27 | 2652.67 ± 49.58 | 1.89 |
| | 5000 | 4926.33 ± 52.61 | 1.07 | 4853.53 ± 55.12 | 1.13 |
| | 8000 | 7190.90 ± 39.02 | 0.54 | 7206.43 ± 56.90 | 0.79 |

Table 3: Results of % Recovery studies (n=3) by standard addition technique

| % Recovery | MFH | PIO | GLM | SGP |
|------------|--------------|--------------|--------------|--------------|
| 0% | 98.83 | 98.10 | 98.50 | 99.51 |
| 50% | 100.17 | 97.47 | 97.83 | 98.84 |
| 100% | 97.29 | 99.07 | 100.04 | 97.93 |
| 150% | 98.35 | 98.76 | 96.39 | 99.98 |
| Mean ± SD | 98.60 ± 1.46 | 98.43 ± 0.85 | 98.08 ± 1.84 | 98.92 ± 1.03 |

Table 4: LOD and LOQ data for drugs

| | MFH | REP | GLM | PIO | SGP |
|-------------|-------|-------|-------|-------|--------|
| LOD (µg/mL) | 23.12 | 20.26 | 20.16 | 28.44 | 225.92 |
| LOQ (µg/mL) | 70.07 | 61.41 | 61.08 | 86.18 | 684.62 |

Table 5: Assay results for marketed tablet formulations

| Sr. No. | Brand | Company | Drug | % Assay ± SD |
|---------|--------------|----------------|---|--|
| 1. | OBIMET-SR | Abbott | Metformin Hydrochloride-500mg | 98.47 ± 1.18 |
| 2. | JANUVIA | Merck | Sitagliptin Phosphate-100mg | 99.86 ± 1.31 |
| 3. | ACTOS | Mylan | Pioglitazone-15mg | 98.45 ± 1.03 |
| 4. | GLP | IPCA | Glimepiride-2mg | 97.27 ± 1.16 |
| 5. | ACTOPLUS MET | Mylan | Metformin Hydrochloride-500mg + Pioglitazone-15mg | 99.63 ± 0.28 97.48 ± 0.90 |
| 6. | EUREPA MF | Torrent | Metformin Hydrochloride-500mg + Repaglinide-2mg | 98.73 ± 0.52 98.50 ± 1.24 |
| 7. | JANUMET | Merck | Metformin Hydrochloride-500mg + Sitagliptin Phosphate-100mg | 98.02 ± 0.45 97.67 ± 0.97 |
| 8. | AMARYL-M2 | Sanofi Aventis | Metformin Hydrochloride-500mg + Glimepiride-2mg | 99.73 ± 0.26 95.28 ± 0.73 |
| 9. | TRIGLYNASE-2 | USV | Metformin Hydrochloride-500mg + Pioglitazone-15mg + Glimepiride-2mg | 98.14 ± 0.34 97.85 ± 1.16 97.26 ± 0.91 |

CONCLUSION

The developed HPTLC method is simple, precise, accurate and reproducible and can be used for determination of MFH, REP, GLM, PIO and SGP in bulk and their available combined pharmaceutical dosage forms. The method was validated as per International Conference on Harmonization (ICH) guidelines.

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